

# 5 Key Elements of a Successful Home Health Remote Patient Monitoring Program

**Presented by:**

**Irina Gorovaya, Amity Healthcare Group, LLC**

**Erin Vallier, AlayaCare**

**Kaila Raimondo, AlayaCare**



# Disclosures

## ▶ **Non-Discrimination Statement**

Amity Healthcare Group, LLC is an equal employment opportunity/ affirmative action employer.

Amity Healthcare Group, LLC does not discriminate in its educational programs or activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability or handicap, sex or gender (including sexual harassment and other sexual misconduct), gender identity and/or expression, sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. Retaliation is also prohibited.

## ▶ **Proprietary Interest**

If the presenter has vested interest in any product, instrument or materials that may be used in the learning event, Amity Healthcare Group will disclose this information as appropriate before the start of the learning event.

## ▶ **Information Privacy and Security**

Amity Healthcare Group maintains all learners' records in privacy and confidentiality. Records are accessed by authorized personnel only. Electronic records are accessed via password protected computer.

# Learning Objectives

After completing the webinar, the participants will be able to:

- Identify steps necessary for successful development and implementation of remote patient monitoring program in home health
- Identify key recommendations for selecting and managing remote patient monitoring equipment
- Review critical policies and procedures for a successful remote patient monitoring program
- Describe primary focus areas of patient/staff education and documentation requirements related to remote patient monitoring program
- Learn about AlayaCare, (end-to-end software solution for Private Duty, Private Pay, and Medicaid agencies that offer skilled, non-skilled, pediatrics, and infusion service to their clients) remote patient monitoring solutions
- Learn about recent developments in telehealth/remote patient monitoring

# What is Telehealth?

**Telehealth** is defined by the U.S. Health Resources and Services Administration as “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.” (Reference #4)

Telehealth also includes three modalities. (Reference #4)

**Live video (synchronous telehealth)** -the use of a secure, real-time video between a patient and a provider.

**Store-and-forward (asynchronous telehealth)**- allows patients and providers to electronically share data, images and videos followed by a subsequent interpretation or response to the information, such as a medical/surgical consultation.

**Remote patient monitoring (RPM)** - continuous monitoring of a patient for a period of time with the provider in a different location. (Reference #4).

**Remote Patient Monitoring (RPM)** refers to remote collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) that is digitally stored and/or transmitted by a healthcare professional. (Reference # 3)

**Home Telehealth** -refers to “remote care delivery or monitoring between a health care provider and a patient outside of a clinical health facility, in their place of residence (home or assisted living residence).” (Reference # 2)

## Remote Patient Monitoring

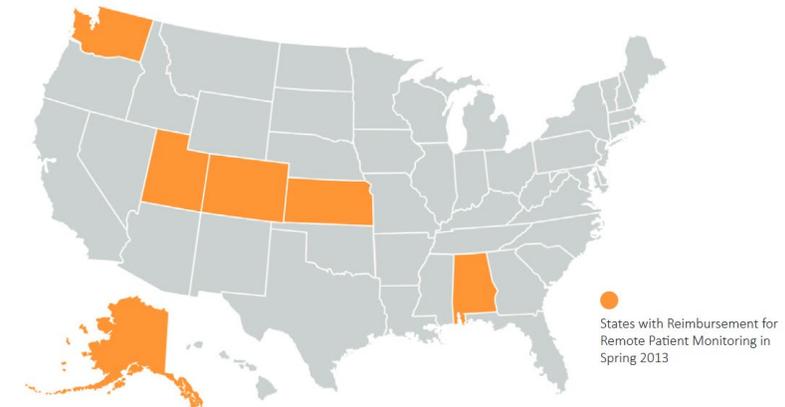
- RPM has followed an upward trend in the past seven years.
  - ❖ 2013- six (6) states were reimbursing for remote patient
  - ❖ 2019- twenty-two (22) states were reimbursing for remote patient monitoring:

Alabama, Alaska, Arizona, Colorado, Connecticut, Hawaii, Indiana, Kansas, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, New York, North Dakota, Pennsylvania, South Carolina, South Dakota, Texas, Vermont, and Washington. (Reference #3)

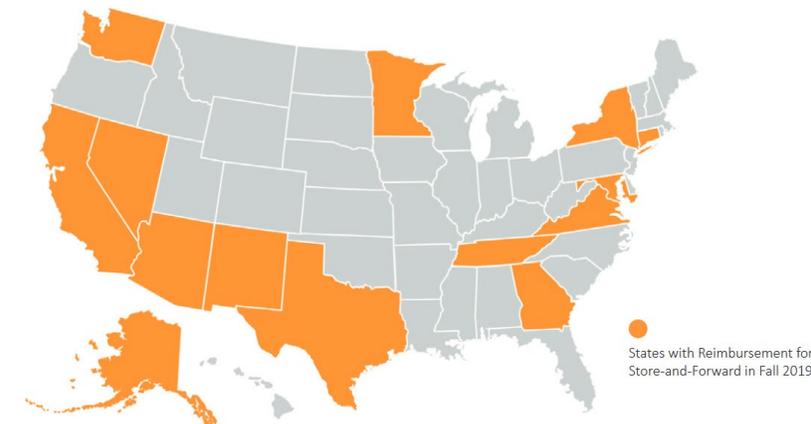
- RPM has become the second most common modality of telehealth reimbursed by state Medicaid fee-for-service programs.

(Reference #3)

Remote Patient Monitoring Medicaid Reimbursement Map in 2013

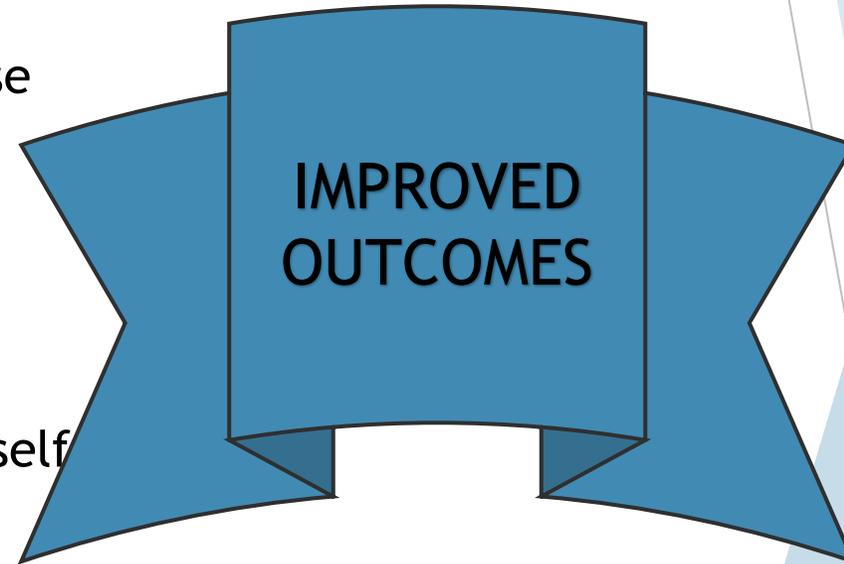


Store-and-Forward Medicaid Reimbursement Map in 2019



# Uses of Remote Patient Monitoring

- Chronic conditions (CHF, COPD, HTN, Diabetes, etc.) management:
  - ❖ predict exacerbations
  - ❖ avoid the worsening of the condition
  - ❖ prevent disease from progressing
  - ❖ prevent hospitalizations/emergency room use
- Patient education
  - ❖ disease specific education
  - ❖ improved symptom recognition
- Empowerment for self-management
  - ❖ increased participation in plan of care and self
- Patient stabilization and sense of security
  - ❖ improved access to care
  - ❖ remote check-ins



(Reference # 6)

# What are the benefits of implementing a remote patient monitoring program ?

- ▶ Innovative approach to care
- ▶ Improved access to care
- ▶ Consumer choice empowerment
- ▶ Improved patient engagement
- ▶ Proactive care = improved chronic disease management= improved outcomes

Note: 3 out of 4 Medicare beneficiaries have 2 or more chronic conditions (Reference # 5)

- ▶ Reduction in hospital admissions/re-admissions and ER room utilization

Note: recent study showed that with telemedicine, patients had 38% fewer hospital admissions, 31% fewer hospital re- admissions, and 63% more likely to spend fewer days in the hospital (Reference # 5)

# What are the challenges of implementing a remote patient monitoring program?

- Gaining buy-in from:
  - ❖ Leadership
  - ❖ Staff
  - ❖ Physicians
  - ❖ Patients
- Not having a clear vision, business plan and model with quantifiable return on investment (ROI).
- Integrating RPM data with the organization's EHR/EMR.
- Equipment cost
- Environmental barriers
- Reimbursement barriers

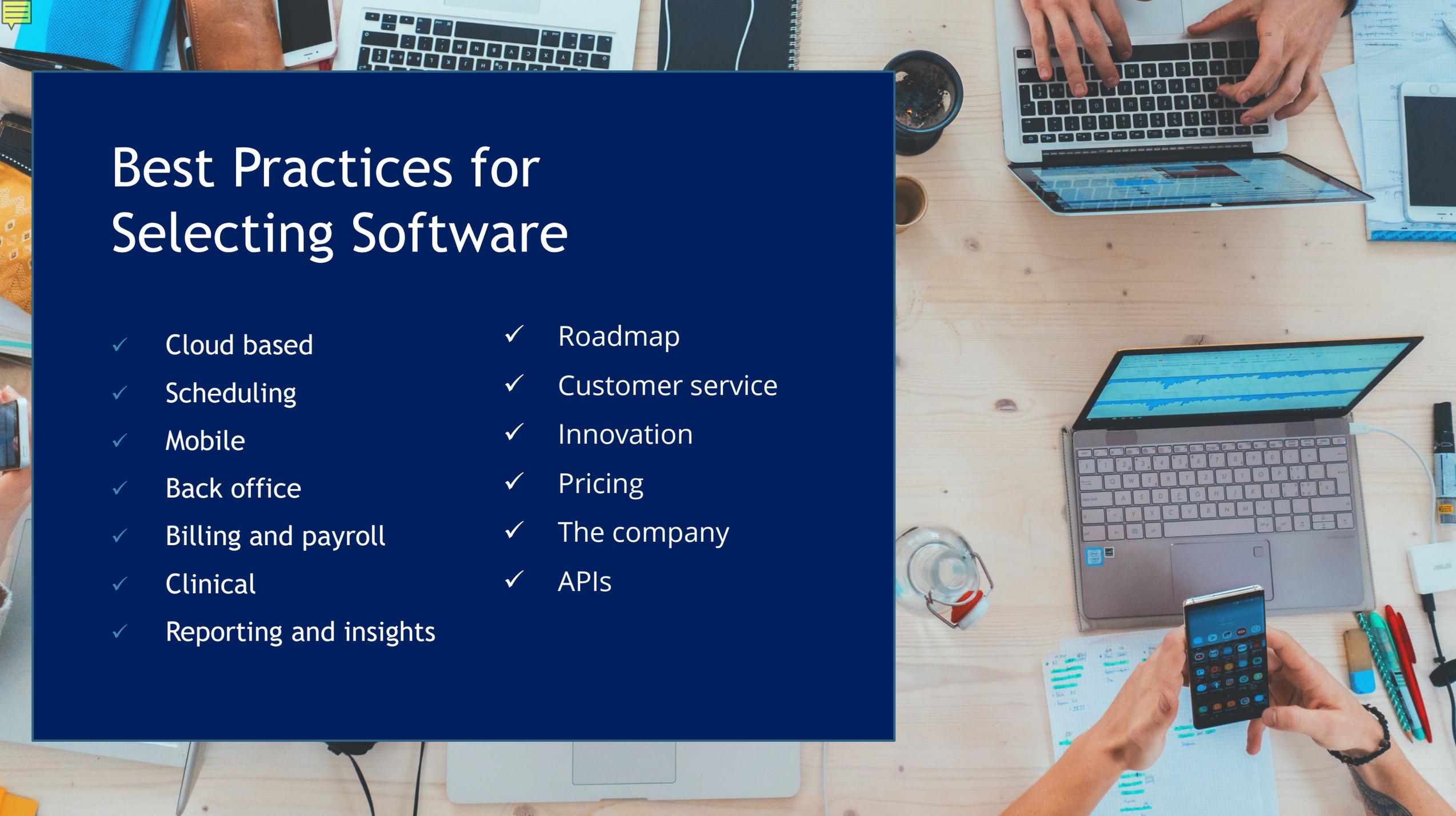
# Element#1: Selecting and Managing Remote Patient Monitoring Equipment

- ▶ RPM technologies:
  - ❖ Wired or wireless peripheral/ancillary measurement devices: blood pressure cuffs, scales, pulse oximetry, BG monitors, etc.
  - ❖ Monitoring platform (software): data analysis, disease/clinical management, alert system, records
- ▶ Choose a telehealth/RPM system that is simple, reliable, easy to use, easy to maintain and affordable to providers and patients to warrant buy-in and sustained use.
- ▶ RPM equipment considerations/requirements:
  - ❖ Environment (Is your patient population environment conducive to support the use of technology?)
  - ❖ HIPPA compliance
  - ❖ User friendliness
  - ❖ Safety
  - ❖ Cost effectiveness
  - ❖ Connectivity requirements
  - ❖ Maintenance, quality control and cleaning requirements
  - ❖ Installation process, if applicable
  - ❖ Support and reporting capabilities
  - ❖ Equipment tracking process

Reference # 1,2)

# Best Practices for Selecting Software

- ✓ Cloud based
- ✓ Scheduling
- ✓ Mobile
- ✓ Back office
- ✓ Billing and payroll
- ✓ Clinical
- ✓ Reporting and insights
- ✓ Roadmap
- ✓ Customer service
- ✓ Innovation
- ✓ Pricing
- ✓ The company
- ✓ APIs



# Best Practices for Selecting RPM Solutions



▶ Clinical



Reporting



▶ Scheduling



The company

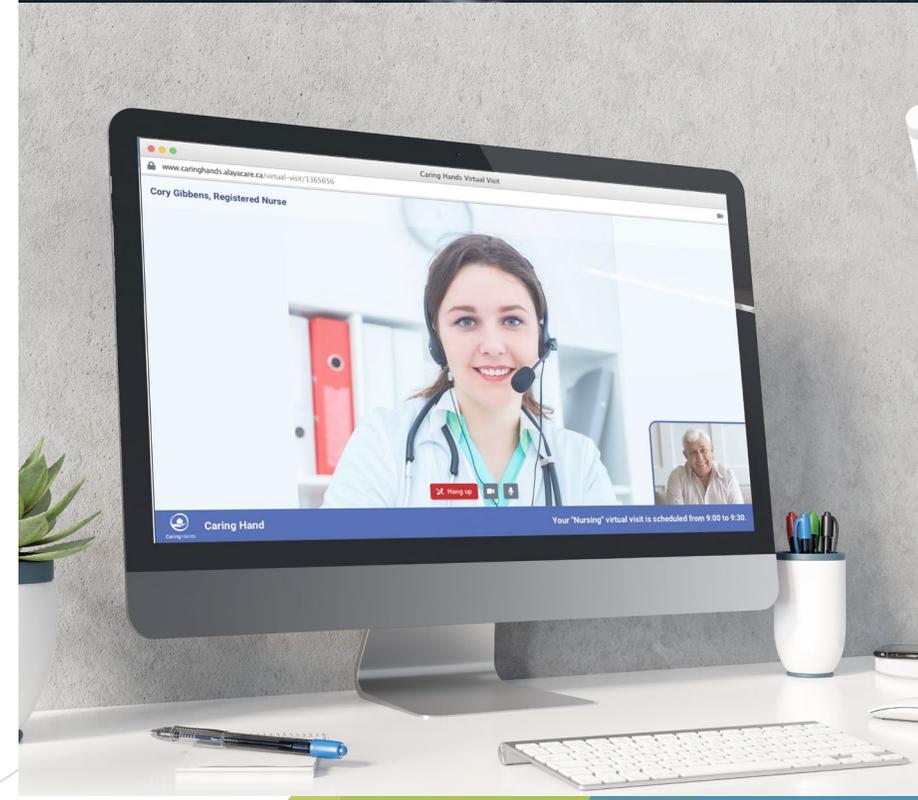


▶ Billing

- Customer service
- Roadmap/innovation
- Financials
- APIs

For a complete buyers guide:

<https://www.alayacare.com/private-duty-software-buyers-guide>



# Element#2: Policies and Procedures

Written P&P at a minimum must include the following

**(these recommendations were developed accordance with American Telemedicine Association guidelines and ACHC Telehealth Standards):**

Written detailed description of telehealth services (Reference # 1,2)

- ▶ What services are available via telehealth (i.e. virtual visits, RPM).
- ▶ How are services managed after-hours
- ▶ Financial obligations related to telehealth services, if applicable

Patient inclusion and exclusion criteria (Reference # 1,2)

- ▶ Detailing who is eligible and appropriate for each type of technology
- ▶ Inclusion criteria (patients with chronic conditions, hx of multiple hospitalizations, ER visits, patients able to effectively and safely utilize technology)
- ▶ Exclusion criteria (patient's environment is not conducive to use of telehealth technology, non-compliance, etc.)

Process of assessment and development of patient plan of care (Reference # 1,2)

- ▶ Disciplines eligible to perform face-to-face comprehensive assessment for eligibility/inclusion criteria, adequate environment for use of telehealth equipment, etc.
- ▶ Development of Plan of Care that meets patient's needs and is directed to positive clinical outcomes and decrease in utilization of resources, such as acute care hospitals/ER

# Element#2:Policies and Procedures

Process of obtaining informed consent for the use of telehealth (Reference # 1,2)

- ▶ Providers are expected to obtain written and/or verbal consent from the patient prior to initiation of telehealth/RPM service

Note: 29 states require some form of consent; follow your state consent requirements. (3)

- ▶ Consent must be documented in patient's record

Patient rights when receiving services via telehealth (Reference # 1,2)

- ▶ Right to make decision about participating in telehealth/RPM program
- ▶ Right to privacy (especially critical if utilizing video-audio capabilities)
- ▶ Right to participate in telehealth/RPM program without being discriminated on the basis of language or physical barriers

## Element#2: Policies and Procedures

Policies in regard to securing and releasing confidential and PHI information as r/t receiving services via telehealth (Reference # 1,2)

- ▶ Patient has the right to a confidential record and privacy while receiving telehealth services
- ▶ Release and/or access to the patient information/record r/t telehealth

Note: Temporary changes in HIPAA compliance allow a wider-array of non-public facing electronic communication methods during the public health emergency. However, providers should make every effort to use HIPAA compliant technologies even during the public health emergency.

Provision of telehealth services in accordance with the patient's POC (Reference # 1,2)

- ▶ POC to reflect patient's specific needs and refer to how utilization of telehealth will allow to meet the needs
- ▶ Include specific frequency and duration for telehealth/RPM services, mode of telehealth delivery (virtual visits vs. RPM), orders/parameters/protocols

# Element#2:Policies and Procedures

Process of care coordination (communication with the patient, patient's physician or other providers) as related to patient's participation in telehealth program (Reference # 1,2)

- ▶ Coordinate with patient's physician to inform of the use of telehealth/RPM and develop patient specific monitoring parameters, order set and protocols, as may be applicable

Referral process (external/internal) for a patient to participate in telehealth/RPM program (Reference # 1,2)

- ▶ What information is required for a referral to telehealth program
- ▶ Referral log

Policies in regard to standard of care provided via telehealth/RPM (Reference # 1,2)

- ▶ Care provided via telehealth/RPM must meet the same standards as care provided in-person

Process of integrating telehealth/RPM program in organizational QAPI (Reference # 1,2)

- ▶ Track effectiveness of telehealth/RPM program
- ▶ Track quality outcomes associated with the use of telehealth/RPM

# Element#3:Patient/Caregiver Education

Patient/caregiver education should include:

- ❖ Training on equipment, including peripheral devices, to be used in monitoring and managing patient's health care needs prior to their use of any monitoring equipment
- ❖ Training on proper handling, cleaning, storage, and operation of the equipment as well as safety and connectivity requirements, if any
- ❖ Instructions on frequency of monitoring
- ❖ Written instructions (clear and simple) and return demonstration on how to operate and maintain equipment. Instructions may include pictures, diagrams, etc.
- ❖ Written instructions as to whom to call in case of technical problems or after-hours
- ❖ Instructions regarding the difference between using RPM and an emergency medical response system to avoid a potential delay in need for "911" emergency care.

It is recommended for the organization to develop a policy and procedure addressing patient/caregiver education. (Reference #1,2)

Patient education should be presented in the way that empowers patients to participate in self-care

## Element#4: Staff Education

- ▶ Develop staff education process to ensure that staff is oriented to and is educated on:
  - ❖ Organization's RPM program
  - ❖ Use of equipment, including peripheral devices
  - ❖ Proper handling, cleaning, storage, and operation of the equipment as well as safety and connectivity requirements, if any
  - ❖ Troubleshooting/ Program support
  - ❖ Interpreting data, policies and procedures, patient admission criteria, etc.
- ▶ Implement staff competency assessment process that allows to validate ability of staff to provide care using technology that organization is utilizing to deliver care via RPM.
  - ❖ Initial/annual competency assessment
  - ❖ Observation visits

**It is recommended for the organization to develop a policy and procedure addressing patient/caregiver education.**

(Reference # 1,2)

# Element#5: Documentation Requirements

- ▶ Establish documentation requirements
  - ▶ Consent, telehealth program enrollment form, telehealth assessment, physician orders, visit notes, etc.
  - ▶ Documentation of services performed via telemedicine must be easily identified as such.
  - ▶ Telehealth documentation requirements must comply with general organization's documentation standards.
  - ▶ Monitored data (data collected via RPM) must be included in patient's record and should be appropriately dated and timed.

**It is recommended for the organization to develop a policy and procedure addressing patient/caregiver education.**

(Reference # 1,2)

# Technology helps you stay compliant

- ▶ Check out our virtual care guide:
- ▶ <https://www.alayacare.com/virtual-care-guide>



PRODUCTS ▾ SOLUTIONS ▾ SUPPORT & SERVICES ▾ RESOURCES ▾ ABOUT US ▾ CONTACT US

Colorado

Telehealth: **YES** | Bill Codes Available – **YES** | Latest COVID-19 update – July 9, 2020

Colorado has responded and released changes in response to COVID-19 which include:

- [Colorado Expands Telehealth Coverage, Includes Home Health Care Services](#)
- [Licensed home care agencies providing HCBS may deliver a range of services, including adult day and personal care, virtually](#)
- [Telehealth FAQ and Waived Fees](#)
- [COVID-19 State of Emergency Changes to Telemedicine Policy](#)
- [Billing Codes, Changes and Requirements for Telemedicine](#)
- [Directives for Commercial Insurance on COVID-19](#)

For information visit:

- Colorado Department of Public Health & Environment [here](#).
- Department of Health Care Policy & Financing Provider News [here](#).
- Updates and resources for Healthcare Providers in Colorado [here](#).
- Emergency Updates Mailing List [here](#).
- Anthem's care provider COVID-19 guidance [here](#).



# Technology helps you stay compliant

- ← Secure documentation hosted in AWS IaaS
- ← Audit Trails
- ← Built-in Best Practices & QA
- ← Secure Virtual Visits
- ← RPM Care Plans based on clinical best practices
- ← Clinical decision support



# Poll question

- ▶ Do you want to speak to someone at AlayaCare to learn more about your end-to-end solution & telehealth capabilities?
- ▶ Yes
- ▶ No

# ACHC Distinction in Telehealth

- ▶ In November, 2020 ACHC pioneered a distinction in Telehealth for multiple provider types (ambulatory clinics, home health, hospice, private duty, behavioral health, palliative care and renal dialysis).
- ▶ This additional recognition focuses on the provision of care to clients/patients with acute or chronic conditions using telehealth technology to allow monitoring in the clinical or home environment. collaboration among healthcare providers, and improved client/patient outcomes. Telehealth may include remote client/patient monitoring (RPM), biometrics, video, talk, or education.
- ▶ ACHC Telehealth standards are based on the American Telemedicine Association's Home Telehealth Clinical Guidelines
- ▶ The ACHC Telehealth Distinction is the evidence of recognition of the benefits that telehealth offers to improving patient care delivery, reducing hospital readmissions, and lowering costs for providers and patients.

# What are the key elements of a successful remote patient monitoring program ?

- Remote Patient Monitoring Equipment
- Policies and Procedures
- Patient/Caregiver Education
- Staff Education
- Documentation

# Contacts

## ▶ Amity Healthcare Group, LLC

- ▶ Irina Gorovaya, RN BSN MBA
- ▶ Phone: 303-690-2749
- ▶ Email: [ig@amityhealthcaregroup.com](mailto:ig@amityhealthcaregroup.com)
- ▶ Web: [amityhealthcaregroup.com](http://amityhealthcaregroup.com)

## ▶ AlayaCare

- ▶ Erin Vallier, Account Executive
- ▶ Phone: 720-291-1467
- ▶ Email: [Erin.Vallier@AlayaCare.com](mailto:Erin.Vallier@AlayaCare.com)
- ▶ Web: [alayacare.com](http://alayacare.com)

# References

1. Accreditation Commission for Health Care. *Accreditation Standards for Telehealth Distinction* (November 1, 2020).
2. American Telemedicine Association. *Home Telehealth Clinical Guidelines*. (2003).
3. Center for Connected Policy. *State Telehealth Laws and Reimbursement Policies Report*.(2020). Retrieved October 22, 2020 from, <https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf>
4. Health Resources and Services Administration. *Telehealth Programs*. <https://www.hrsa.gov/rural-health/telehealth>
5. *State-Based Trends in Leveraging Telehealth Post-COVID-19*. (May 22, 2020). Guidehouse. Retrieved October 25, 2020, from <https://guidehouse.com/insights/healthcare/2020/covid-19/state-based-trends-in-telehealth-post-covid19>
6. *Telehealth and Remote Patient Monitoring for Long-Term and Post-Acute Care: A Primer and Provider Selection Guide* LeadingAge Center for Aging Services Technologies. Retrieved January 7, 2021 <https://www.leadingage.org/white-papers/telehealth-and-remote-patient-monitoring-long-term-and-post-acute-care-primer-and#3.2.3>