Achieving ROI in Remote Patient Monitoring: Frederick Health's Guide to Success

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Session Agenda

1. Welcome & Speaker Intros
2. RPM Best Practices
3. Program Implementation & Structure
4. Results Achieved
5. Future Plans
6. Open Q&A

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RPM Best Practices Overview

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SETTING YOUR PROGRAM FOR SUCCESS

- ESTABLISH MEASURES OF SUCCESS WITHIN THE FOLLOWING AREAS:
  - CLINICAL
  - OPERATIONAL
  - FINANCIAL
- MONITOR REGULARLY AGAINST YOUR GOALS
- PIVOT QUICKLY - - BE WILLING TO TEST NEW WORKFLOWS AND DROP WHAT DOESN'T WORK
- TRAIN AND RE-TRAIN
- INCORPORATE PROGRAM GOALS IN STAFF PERFORMANCE MANAGEMENT (AS APPROPRIATE)

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Best-Practice Program Evaluation

Clinical Best Practices

Program Success Criteria	Response	Response	Response	Score
CLINICAL BEST PRACTICES				
Is there a clear patient selection criteria, known by all your program staff?	Yes (3)	Not yet fully defined or known (2)	No (1)	
Is there a clear program discharge criteria, known by all your program staff?	Yes (3)	Not yet fully defined or known (2)	No (1)	
Are you providing your services to ALL the patients that meet eligibility criteria?	Yes (3)	Over 50% of eligible (2)	Less than 50% of eligible (1)	
Do you have a clear program referral source?	Yes (3)	Not yet fully defined (2)	No (1)	
Are all your referral sources onboard and aligned on what patients should be referred into the program?	Yes (3)	We're still getting our providers on board (2)	No (1)	
Do you monitor to see how many eligible patients were not enrolled and the reason for lack of enrollment?	Yes (3)	Sometimes (2)	No (1)	
Do you have a workflow for following up with non-adherent patients?	Yes (3)	It's not consistent (2)	No (1)	

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Best-Practice Program Evaluation

Operational Best Practices

Program Success Criteria	Response	Response	Response	Score
OPERATIONAL BEST PRACTICES				
Is there a clear vision for your program? (6-month goals, 12-month goals etc.)	Yes (3)	Yes, but it needs to be refined (2)	No (1)	
Can each of your program staff easily articulate the program vision?	Yes (3)	At least 75% can articulate (2)	Less than 50% can articulate (1)	
Do you have a weekly or monthly patient new enrollment goal?	Yes (3)	No (2)	I'm not sure (1)	
Do you track your weekly or monthly enrollments against your goals?	Yes (3)	No (2)	I'm not sure (1)	
Do you discuss the program on your weekly staff meetings?	Yes (3)	Sometimes (2)	No (1)	
Are all your referring providers aware of the program?	Yes, all of them (3)	Some of them (2)	I'm not sure (1)	
Do you regularly share patient success stories with referring providers?	Yes (3)	Sometimes, it's random (2)	No (1)	
Does your Executive Sponsor participate on quarterly program review meetings?	Yes (3)	Sometimes (2)	We don't have an executive sponsor (1)	
Are all key stakeholders that should know about your program receiving regular communication?	Yes (3)	Sometimes (2)	I'm not sure (1)	

Best-Practice Program Evaluation

Financial Best Practices

Program Success Criteria	Response	Response	Response	Score
FINANCIAL BEST PRACTICES				
Do you track ED visits and IP admissions for enrolled patients?	Yes (3)	Sometimes (2)	No (1)	
Do you track patient feedback for refusal to participate?	Yes (3)	Sometimes (2)	No (1)	
Are you sharing monthly or quarterly program data to demonstrate program ROI?	Yes (3)	Sometimes (2)	No (1)	
Are you sharing your program success data with your payers?	Yes (3)	Sometimes (2)	No (1)	
Do you have Monthly RPM reimbursement goals?	Yes (3)	We're working on it (2)	No (1)	
Are you monitoring your RPM reimbursement payments against your monthly goals?	Yes (3)	Sometimes (2)	No (1)	
Are you collecting data to support application for grants, and applying to potential grants?	Yes (3)	We're working on it (2)	No (1)	

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SUMMARY:
Components of A Successful RPM Program

- Strong Patient Onboarding and Education
- Staff Training and Ongoing Support
- Consistent Patient Referral Workflows
- Monthly goal setting
- Frequent data evaluation against goals and Intervention
- Quick correction of areas of improvement
- Regular feedback and communication to providers and program staff
- Leadership Endorsement and Involvement

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Program Implementation and Structure

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About Frederick Health

- Frederick Health is a leading healthcare provider system focused on providing comprehensive medical services to residents of Frederick County, Maryland.

- The system has over 25 locations throughout Frederick County, including:
  - hospital care
  - home care
  - hospice
  - ambulatory care centers
  - a cancer institute, employer health solutions
  - women's health services
  - urgent care facilities

- The Frederick Health Transitional and Chronic Care (TCCM) team first launched their telehealth program with HRS in 2016 with the goal of reducing readmissions and increasing cost savings to the health system.

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In the Beginning

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- In 2016, our hospital began our Chronic Care Management program with 30 RPM monitors and with the plan to monitor patients after they discharged from HHC
- Our philosophy behind the program was simple: Give people the resources they need-disease education, remote patient monitoring, follow up phone calls and home visits as needed-and they will stay out of the hospital and the ER
- We started with DC patients from our hospital HHC with the intention of growing to the community
- We had one RN to start the program and it remained so for 18 months

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Program Evolution

- After 18 months we were seeing the need to grow the program.
- More monitors were ordered, and more community outreach was begun.
- **Referrals began coming in from MD offices**, **community resource groups** and **the patients themselves**
- We were seeing the **benefits of the high touch** we had with these patients as well as the **importance of a personal relationship** with them and some of their families
- **Patients were monitored 7-days a week with weekly/biweekly calls**, monitor set ups with our staff and home visits as needed for disease education and medication teaching/management

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Program Current State

- Currently we have **350 Remote Patient Monitoring patients** and **150 Medication Management patients** who also have some of the monitors
- We have **5 RN's, 2 LPN's and 1 Social worker** on our team
- We also have **access to Pharmacists, Community Health Workers, Behavioral Health SW and Counselors and Case Managers** from PCP offices who assist us with patient needs
- **Monitors continue to be followed daily**, with calls to patients who have concerning metrics and **bi-weekly calls to all patients**
- Medication patients are seen on schedule determined with patient and clinician

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Results Achieved

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Program ROI

- Our program is offered **free of charge to our patients,** and we do not bill for reimbursement
- The hospital system decided to use the **readmission data** from HRS and a pre/post report from CRISP to obtain data to measure our ROI
- **We run the data every quarter** to coincide with HRS reporting and report out the results to our senior leadership
- We also measure ROI by how satisfied our patients are with our program. We currently have a **95% satisfaction rate**
- **Satisfaction from our team** is also an important measure of success

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ED and Readmission Data for Second Quarter, 2024

	Patient Count	% of Patient Population
30 Day Admission	4	1
30 Day ED Visit	3	1
60 Day Admission	5	1
60 Day ED Visit	3	1
90 Day Admission	6	2
90 Day ED Visit	3	1

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CRISP Data As Of June 2024

- **CRISP** Data comes from the State Designated **Health Information Exchange (H.I.E)** for Maryland
- A comparison of total cost of care pre and post program enrollment shows **consistent reduction in cost** for patients participating in RPM program

Time Period (Rolling 12 Months)	Total # of Patients w/ at least 1 visit pre or post RPM	Total Cost of Care Pre-Admission to the RPM Program	Total Cost of Care Post-Admission to the RPM Program	Cost of Care Reduction through the RPM Program
1 Month	148	$1,869,946	$424,370	**$1,445,576 (-77%)**
3 Months	222	$5,245,046	$1,127,877	**$4,117,169 (-78%)**
6 Months	213	$6,600,123	$1,696,808	**$4,903,315 (-74%)**
12 Months	186	$6,751,953	$2,575,918	**$4,176,035 (-62%)**

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Future Plans

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Transitional and Chronic Care Future

- ❑ Engage more patients in the program to help our community be healthier and happier
- ❑ Conduct video visits with patients
- ❑ Private pay model
- ❑ Grant opportunities
- ❑ Partner with providers and community agencies

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Questions?

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