Connected Care:
Pharmacist Utilization of Remote Monitoring to Support Clinical Services

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OPA
OHIO PHARMACISTS ASSOCIATION

2024 Midyear Meeting & Trade Show
November 3, 2024

Rx

Disclosure Statement

Jen Sabatino has no relevant financial relationship(s) with ineligible companies to disclose.

and

None of the planners for this activity have relevant financial relationships with ineligible companies to disclose.

Learning Objectives

At the completion of this activity, the participant will be able to:

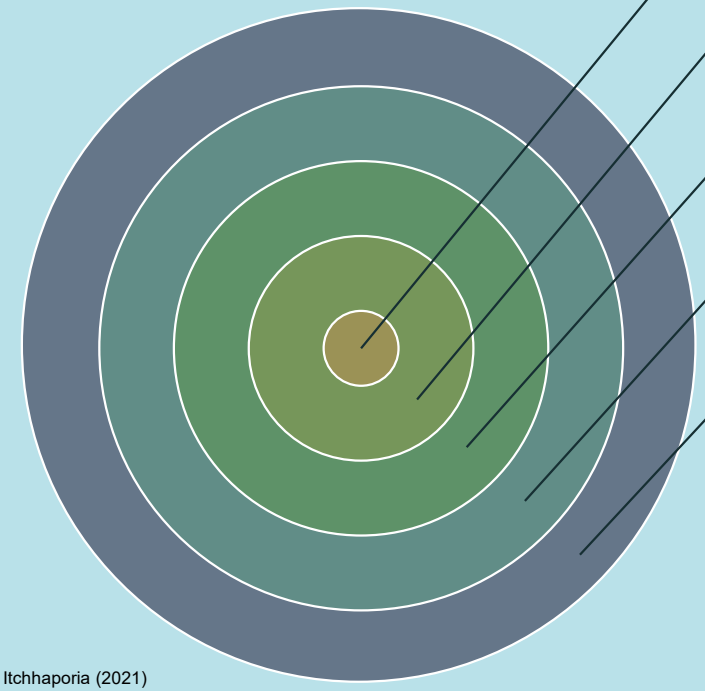
- identify the differences between remote physiologic monitoring and remote therapeutic monitoring services; and
- discuss the principles of billing for remote physiologic monitoring services.

Digital Health Transformation

COVID-19

Tech Advancement

Quintuple Aim Alignment



Improving population health

Enhancing the care experience

Reducing costs

Improving the work life of healthcare providers

Advancing health equity

Itchhaporia (2021)

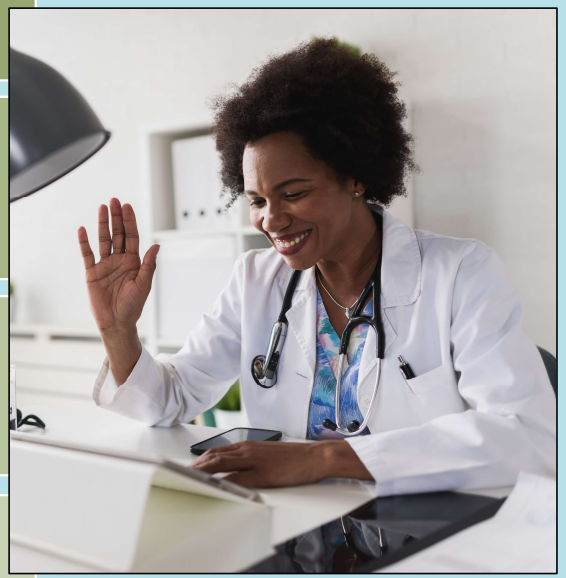
Audience Poll

How would you rate your current level of knowledge about Remote Patient Monitoring?

A. Expert- I regularly use in my practice
B. Intermediate- I have some experience in my practice
C. Beginner- I know the basics but have not implemented
D. Unfamiliar- I have little to no knowledge of this topic

Digital Health Trends

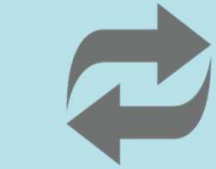
- Increased adoption of virtual care/telehealth
- New billing codes for virtual care
- Healthcare applications for AI
- Remote patient monitoring advancements



The Future of Remote Patient Monitoring. Bipartisan Policy Center. 2024

Driving Digital Health Growth

- Increasing older adult population
- Rise in chronic condition prevalence
- Patient desire for increased care access
- Need for cost-effective care alternatives



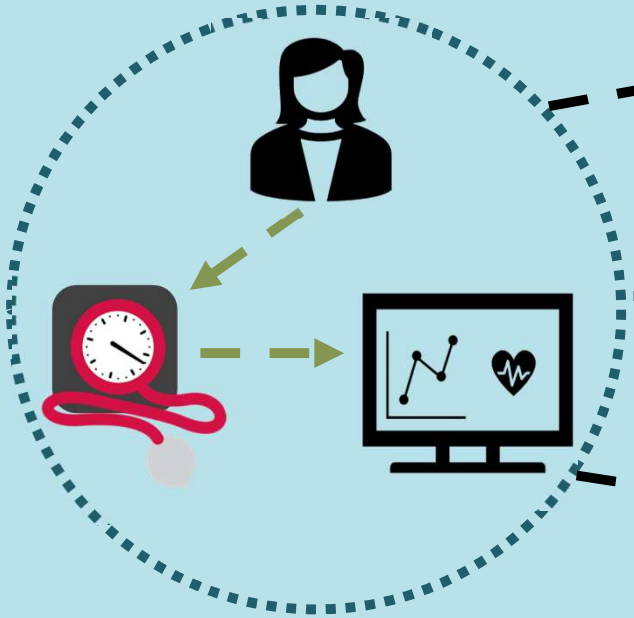
ACCESSIBLE

COST EFFECTIVE

The Future of Remote Patient Monitoring. Bipartisan Policy Center. 2024

Our Own Population

Remote Monitoring Trends

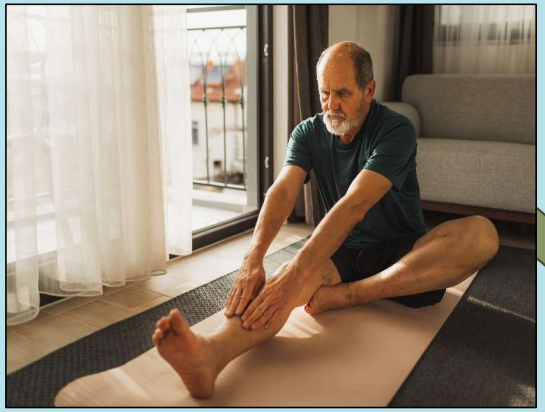


92% of institutions surveyed had or planned to offer remote monitoring services

60% of hospitals with >500 beds planned to expand offerings

8.5% of mid-sized primary care practices offered remote monitoring services

KLAS Performance Insight. RPM. 2022
KLAS Performance Insight. RPM. 2023



Remote Patient Monitoring

Remote Physiologic Monitoring (RPM)

Captures and records patient physiologic data outside of typical face-to-face visit

Electronically transmits data to healthcare provider

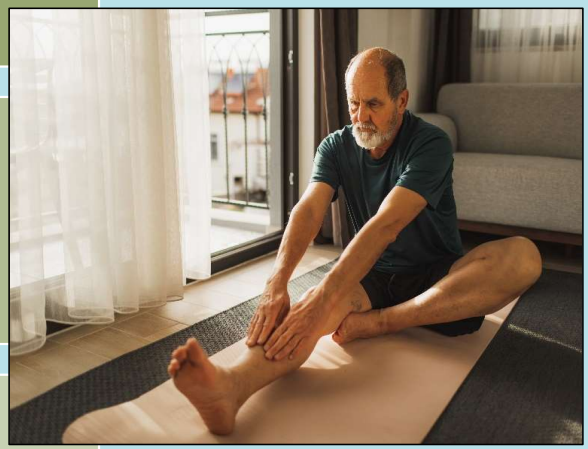
Provides more in-depth insight into daily data from patients

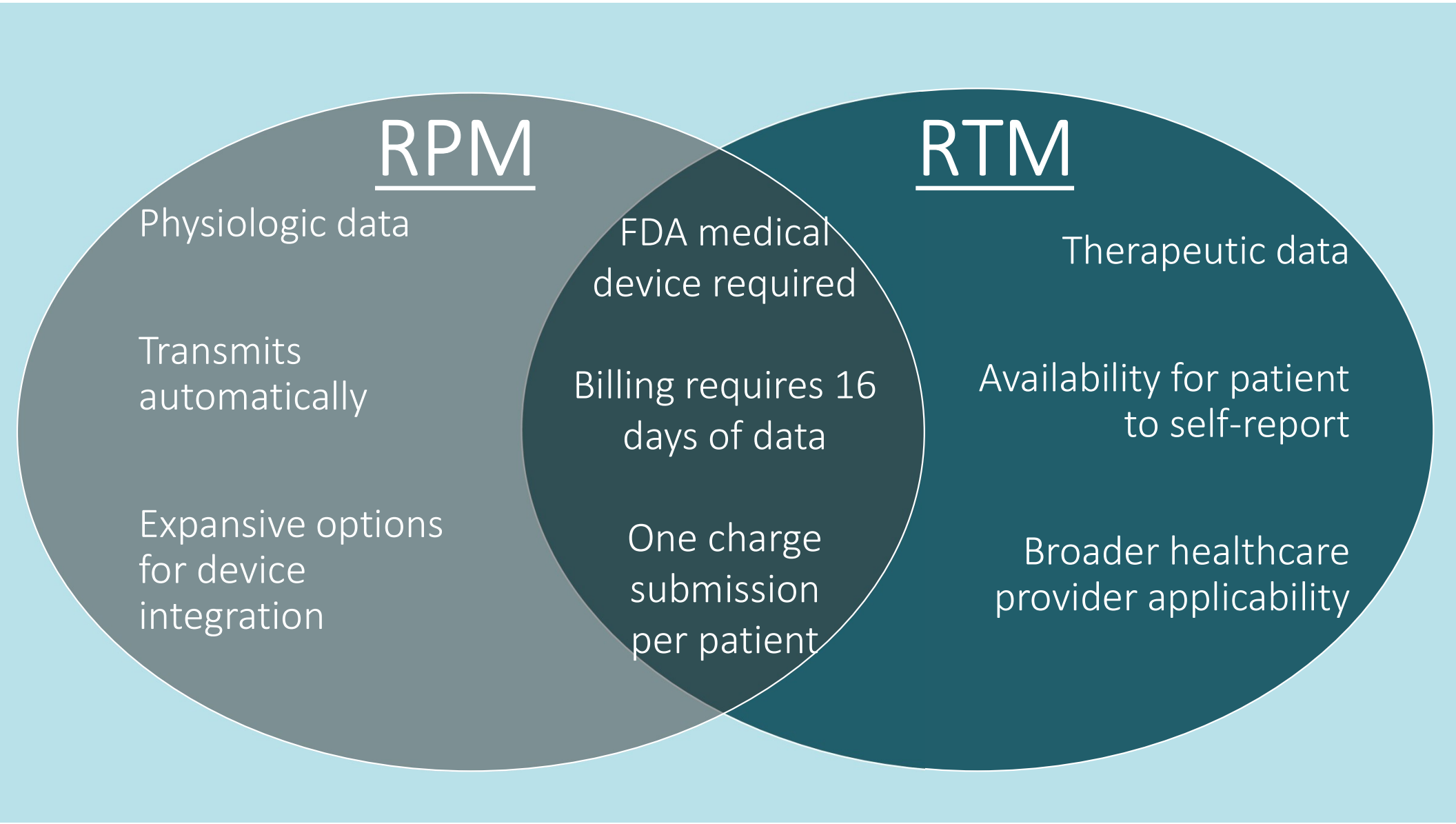
Remote Therapeutic Monitoring (RTM)

Focus on patient's movement and muscle use

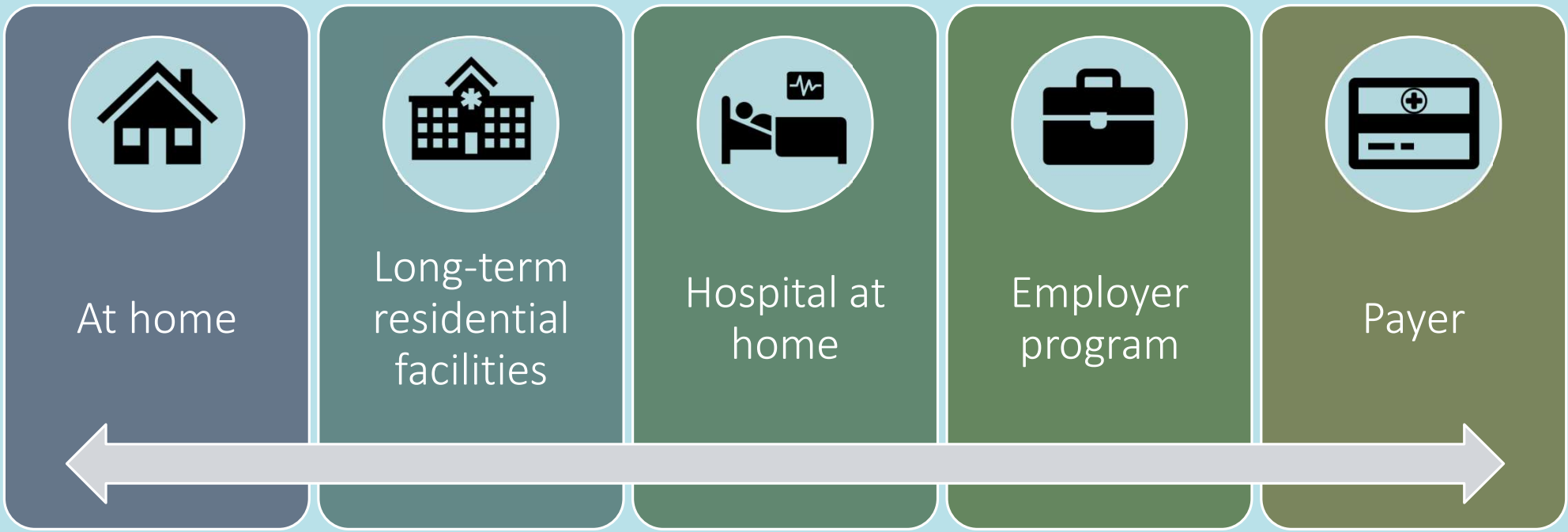
Data captured outside of normal face-to-face environment

May allow for monitoring of patient response to therapy

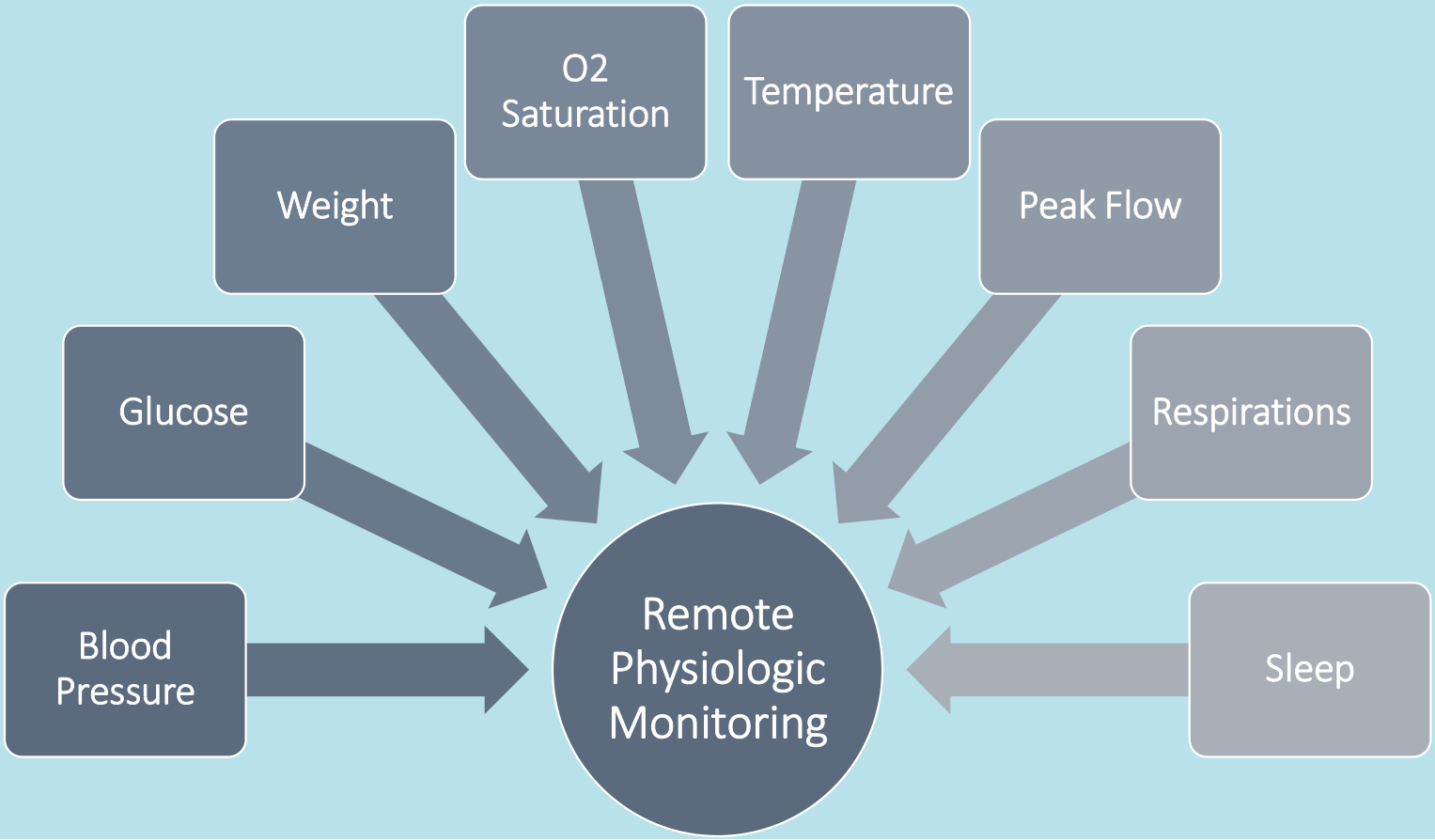



RPM
Physiologic data
Transmits automatically
Expansive options for device integration
FDA medical device required
Billing requires 16 days of data
One charge submission per patient
RTM
Therapeutic data
Availability for patient to self-report
Broader healthcare provider applicability

Spectrum of Care Settings



RPM Applicability

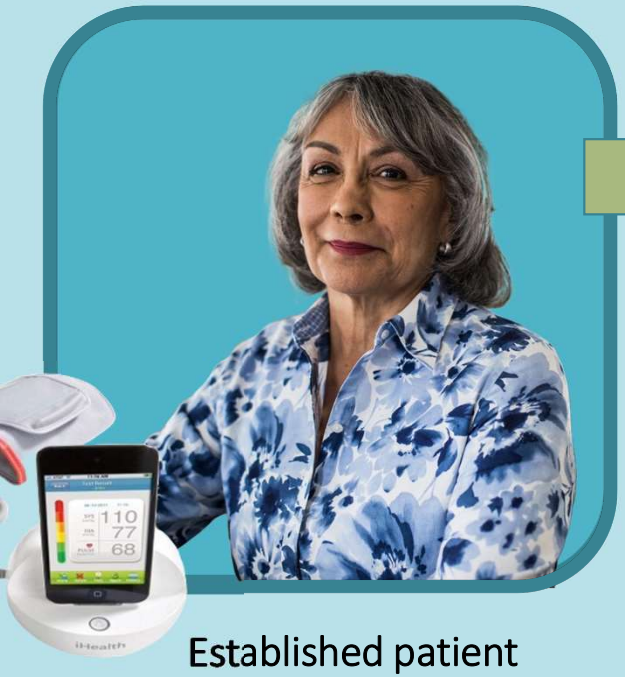


Benefits of RPM

- Provide insight into clinical status for intervention
- Enhance the provider-patient relationship
- Improve patient experience/ satisfaction
- Facilitate ongoing connection with patients
- Improve patient education for self-management
- Improve quality performance and value-based payment models
- Generate revenue for practice

RPM Billing

RPM Billing Requirements



Established patient

Clinical Staff

Physician or other Qualified Healthcare Professional

PRM Billing Requirements

- Medically reasonable and necessary
- Meets FDA definition of “medical device”
- Patient must consent
- One practitioner per 30 days

RPh Services Eligible for RPM Billing

CPT Code	Description		Specifics*		Estimated Reimbursement Rate**
99453	Initial set up and patient training on use of equipment		Billed once per episode of care	Requires 16 days of data transmission	$19
99454	Supply of device, collection, transmission, and report/summary services to the clinician		Billed once per 30 days		$50
99457	Remote physiologic monitoring treatment management services by clinical staff/physician/ other qualified health care professional in a calendar month	First 20 minutes	Billed once per calendar month		$48
99458		Each additional 20 minutes	Can be billed multiple times in calendar month Must include interactive communication with the patient/caregiver within the month		$39

*Subject to interpretation – consult your Compliance representative
**CY2023

RPh Services Eligible for CGM Billing

CPT Code	Description	Specifics*		Estimated Reimbursement Rate**
95249 (Patient owned)	Continuous glucose monitor sensor placement, hookup, calibration of monitor, patient training, and printout of recording	Billed once per device	Requires 72 hours of data transmission Must be in person Direct supervision	$65
95250 (clinic owned)	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; sensor placement, hookup, calibration of monitor, patient training, removal of sensor, and printout of recording	Billed once per 30 days		$147

*Subject to interpretation – consult your Compliance representative
**CY2023

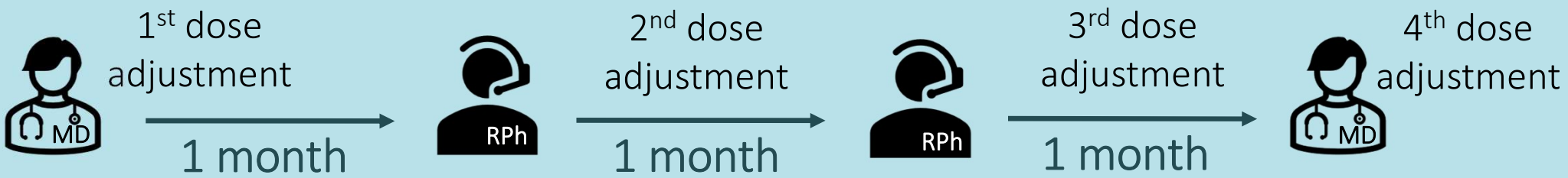
RPM Process for Disease Management

- Traditional management

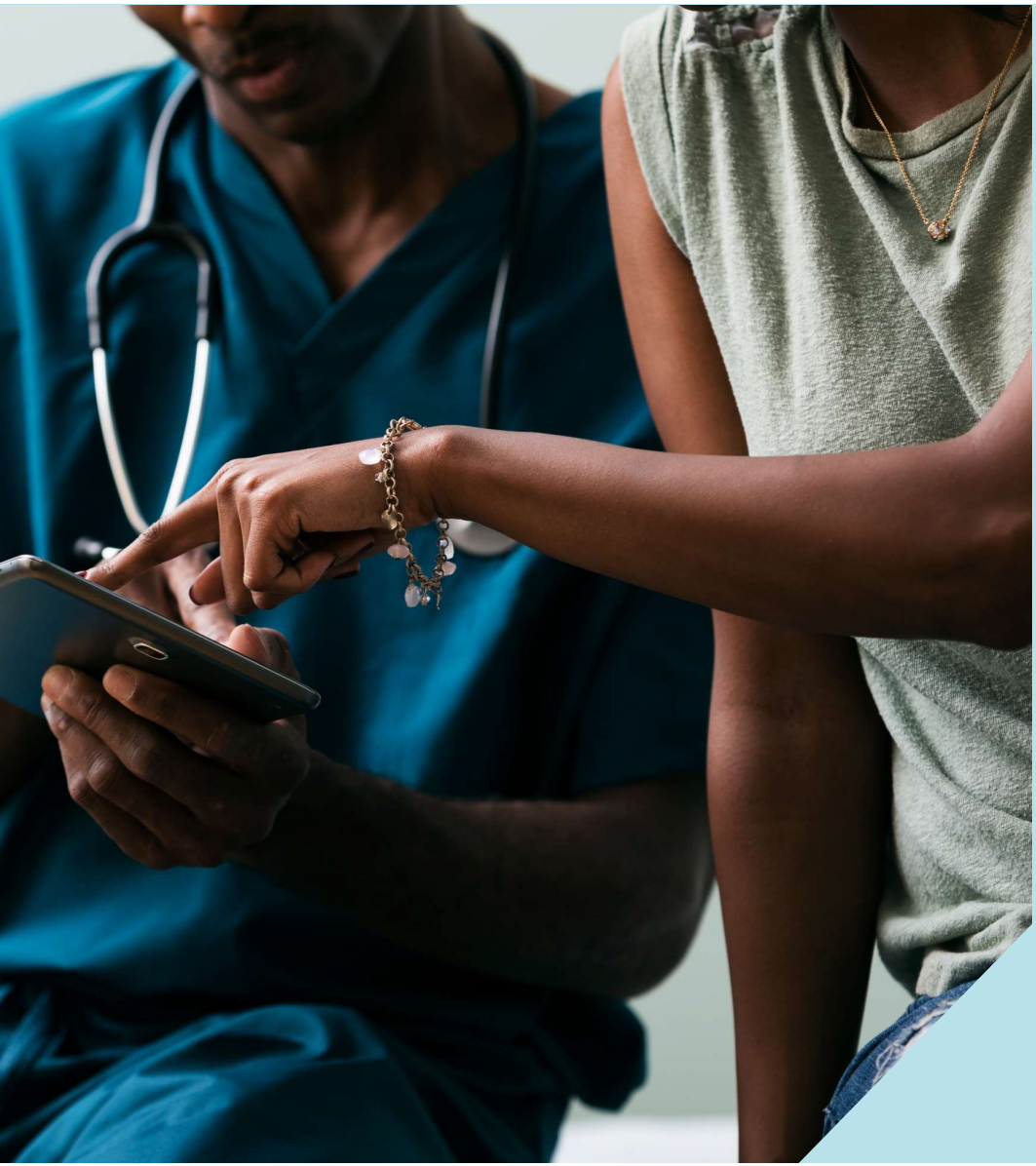
RPM Process for Disease Management

- Traditional management

- Management with between-visit outreach utilizing RPM



+ deployment of RPM device



Remote Patient Monitoring in Action

Mrs. Smith has Diabetes

- 44 y/o woman presenting for diabetes management
- PMH: DMII, HL, obesity, depression
- Diabetes medication regimen:
  - insulin glargine 36 units daily
  - insulin lispro 9 units TID AC
  - metformin XR 500 mg 2 tablets BID
- Past medications for diabetes:
  - dulaglutide 1.5 mg weekly discontinued 8/2023 due to adverse GI effects

	Latest Ref Rng & Units	7/30/2024	2/22/2024	11/17/2023
POCT HEMOGLOBIN A1C	4.7 – 5.6 %	**9.4 !**	**9.1 !**	**9.6 !**

Mrs. Smith's Blood Sugar Readings

Date	Fasting AM/ Breakfast		Lunch		Dinner		Bedtime		Middle of the Night	
	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin
7/7	123									
7/15			154				195			
7/19	138									
7/21										
7/24	150		192				170			
7/25	164						205			
7/29	140									

Continuous Glucose Monitors

- Covered with criteria varying by plan
- Sensors can transmit to clinic platform
- Control measured across several metrics

Data Before CGM

Date	Fasting AM/ Breakfast		Lunch		Dinner		Bedtime		Middle of the Night	
	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin	Blood Sugar	Insulin
7/7	123									
7/15			154				195			
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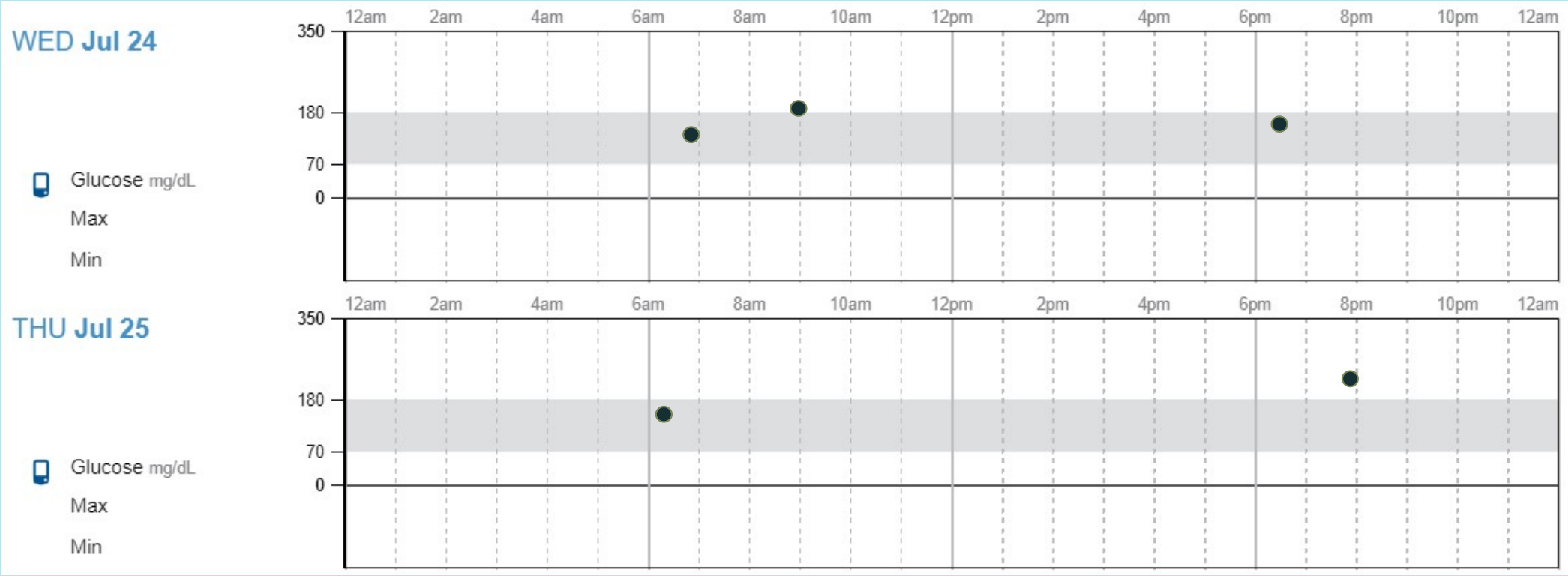
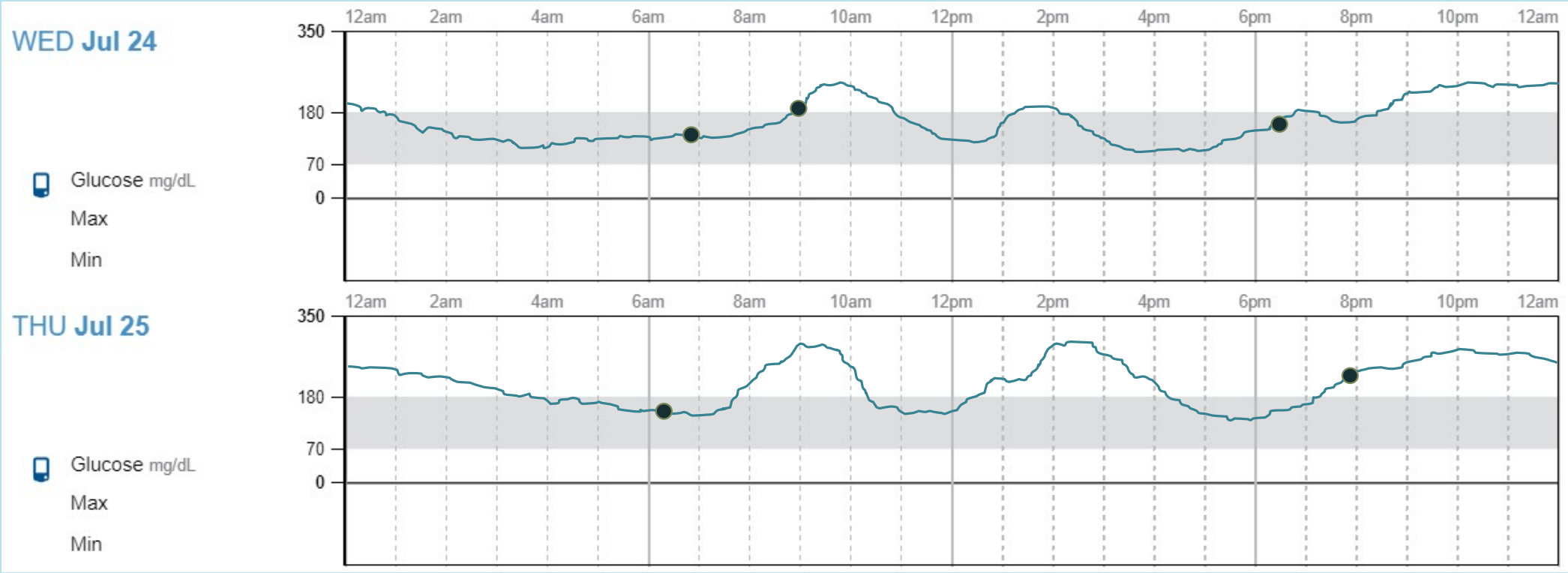
7/21										
7/24	150		192				170			
7/25	164						205			
7/29	140									

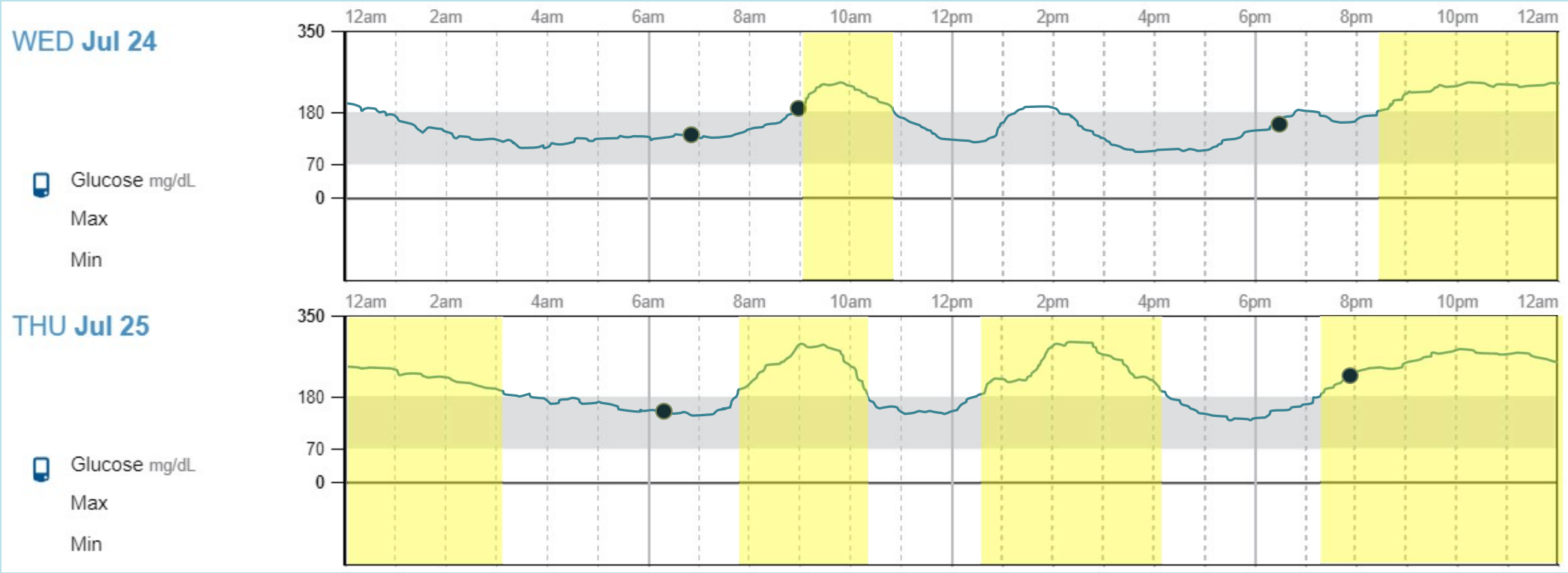
Data Before CGM



CGM Data


WED Jul 24
Glucose mg/dL
Max
Min
12am 2am 4am 6am 8am 10am 12pm 2pm 4pm 6pm 8pm 10pm 12am
350
180
70
0
THU Jul 25
Glucose mg/dL
Max
Min
12am 2am 4am 6am 8am 10am 12pm 2pm 4pm 6pm 8pm 10pm 12am
350
180
70
0

CGM Data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THU Jul 25
Glucose mg/dL
Max
Min
12am 2am 4am 6am 8am 10am 12pm 2pm 4pm 6pm 8pm 10pm 12am
350
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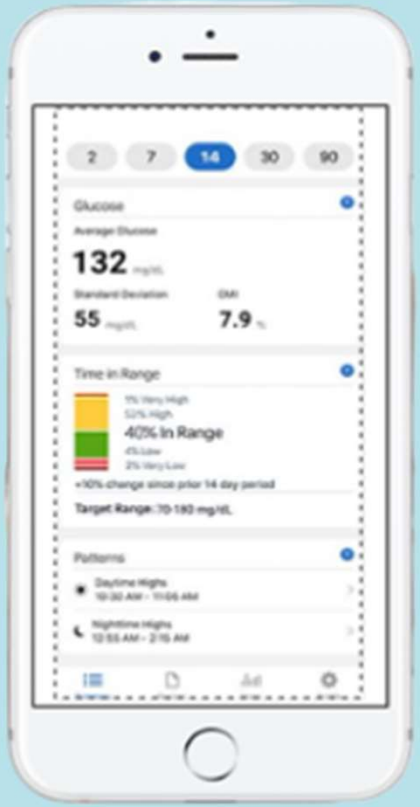
70
0

Diabetes: Mrs. Smith

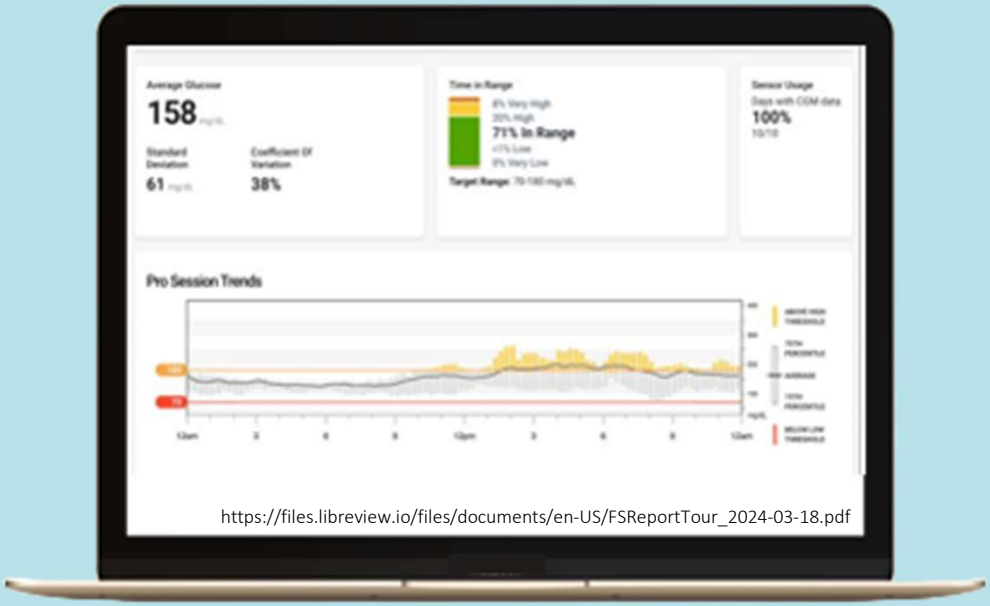


- Increased motivation with respect to lifestyle efforts
- Alert received when trending low after exercise

https://files.libreview.io/files/documents/en-US/FSReportTour_2024-03-18.pdf

Diabetes: Mrs. Smith

- Insights uncovered post prandial elevations and post-dinner snacking
- Diet improved through motivational interviewing
- With diet change, tolerated re-trial of GLP-1 receptor agonist



	Latest Ref Rng & Units	10/10/2024	7/30/2024	2/22/2024
POCT HEMOGLOBIN A1C	4.7 – 5.6 %	**7.8 !**	**9.4 !**	**9.1 !**

Audience Poll

Who is working in community and has dispensed a continuous glucose monitor (CGM)?

Audience Poll

Who among you have assisted the patient with the set up and training on use of the CGM?

Audience Poll

Who among you have connected the patient's data to a practice portal for review in management of their diabetes?

Audience Poll

Who is billing remote monitoring codes for these services?

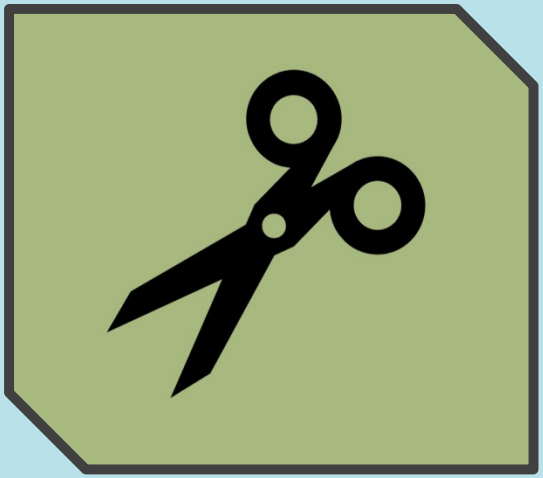
Billing for Mrs. Smith's RPM services

First Encounter	Each Month During the Episode of Care		
Device training CGM sensor placement, training on use? 72 hours of data?	Transmission 16 days of data within 30 days?	Initial RPM time 20 minutes of care management and interaction	Ongoing RPM time Each additional 20 minutes of care management and interaction
95249	N/A (patient owns)	99457	99458 (*+ 99458 + …)*

Hypertension Patients

Patient T

Patient W

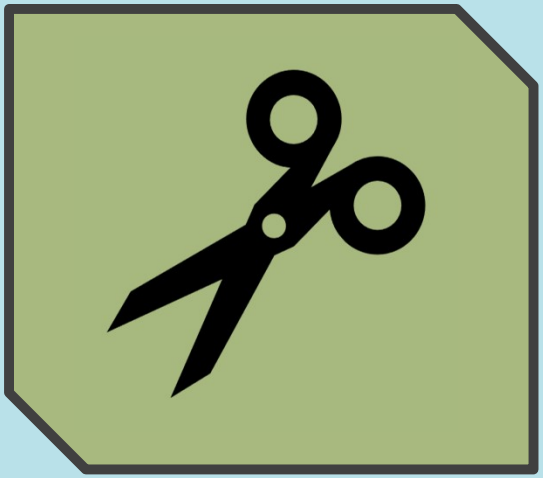


Patient S

Hypertension Patients

Patient T

Patient W

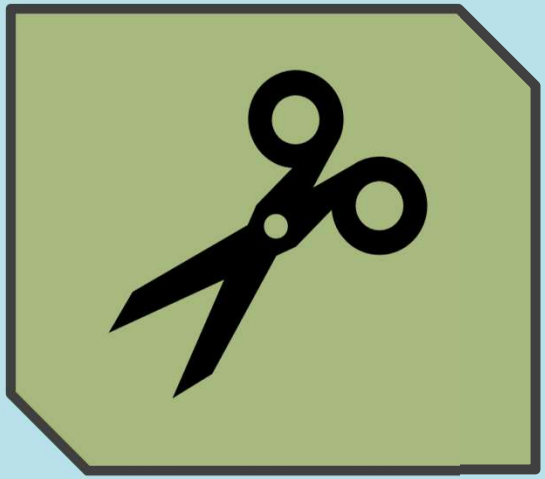


Patient S

Hypertension Patients

Patient T

Patient W



Patient S

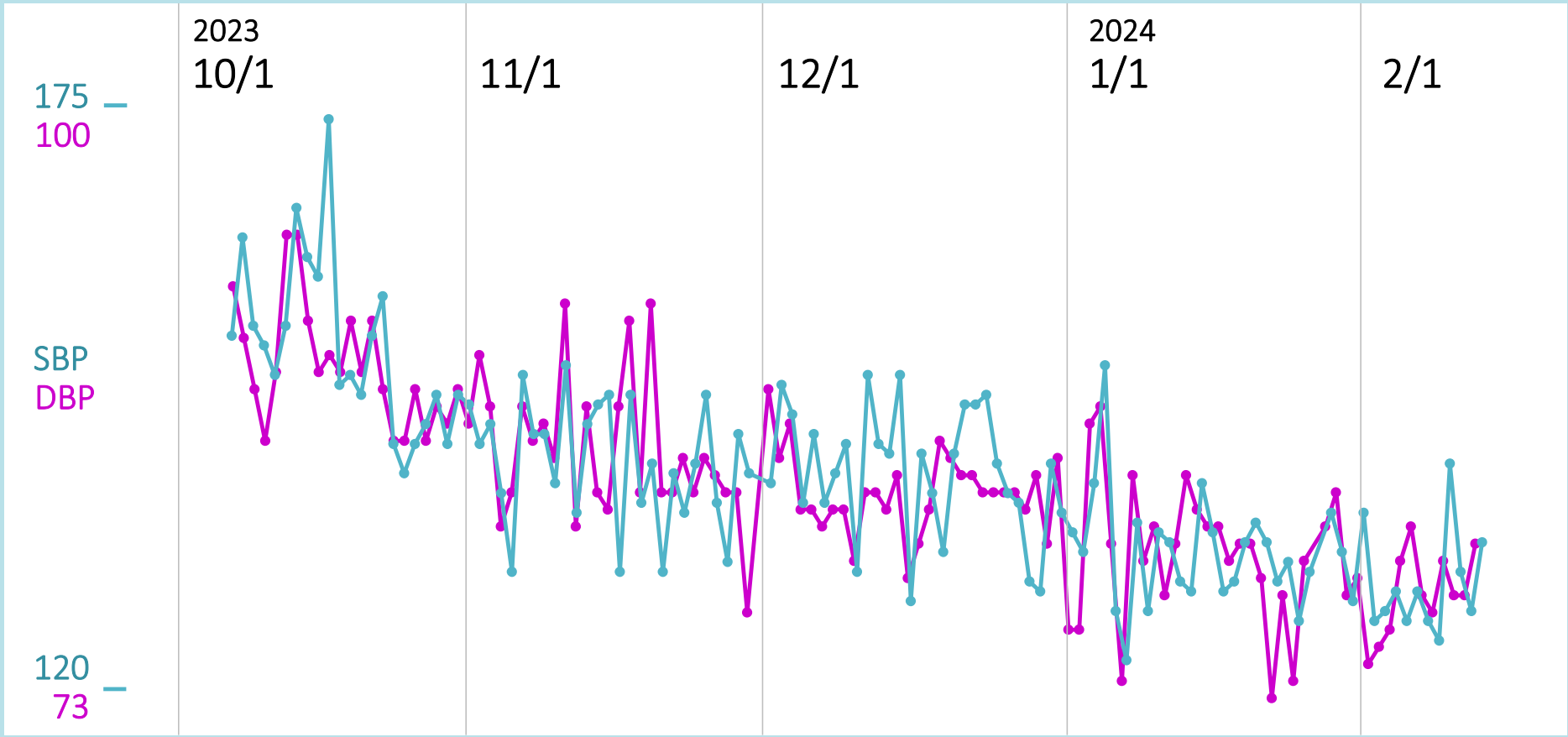
Hypertension Patients

Patient T

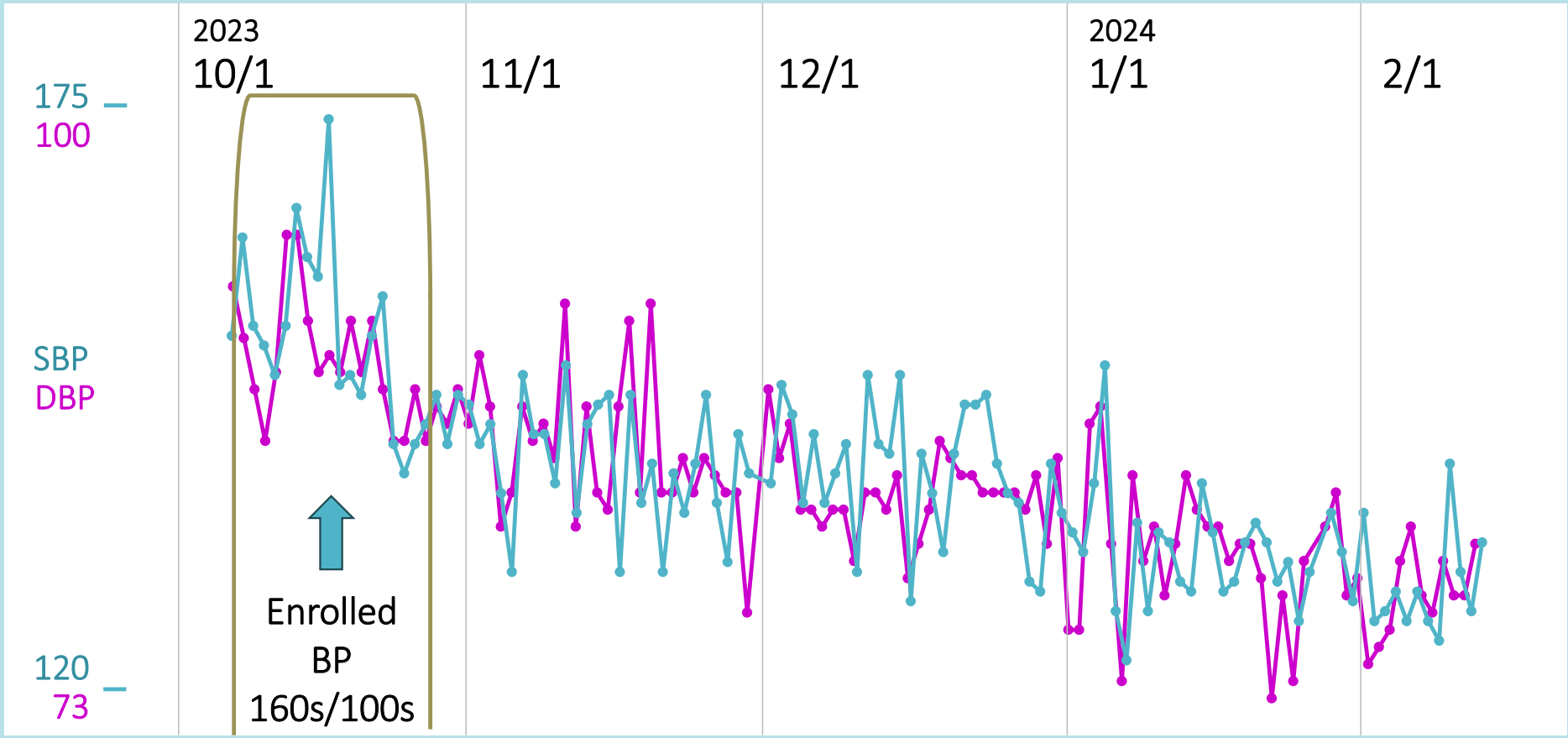
Patient W

Patient S

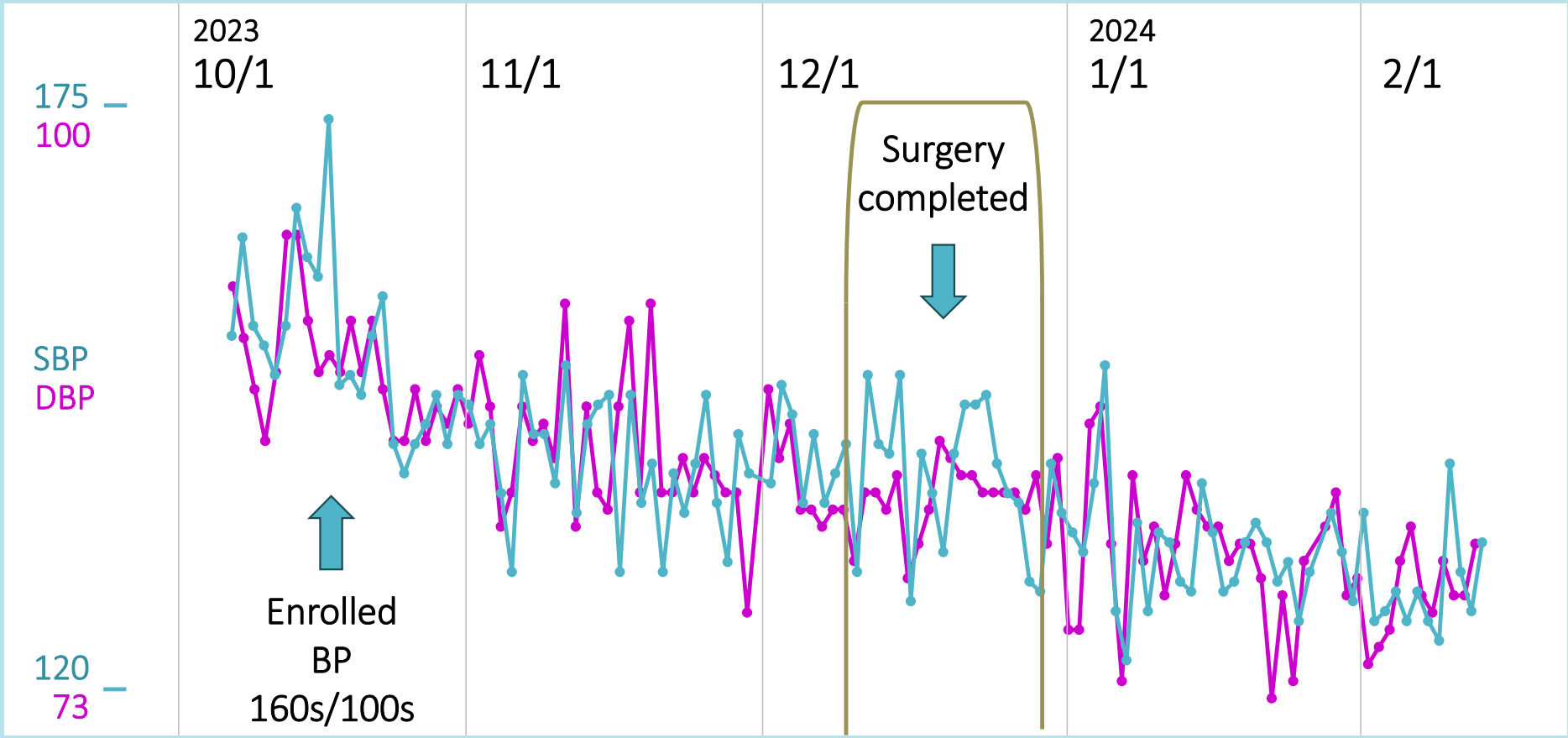
Hypertension Patients: Patient S



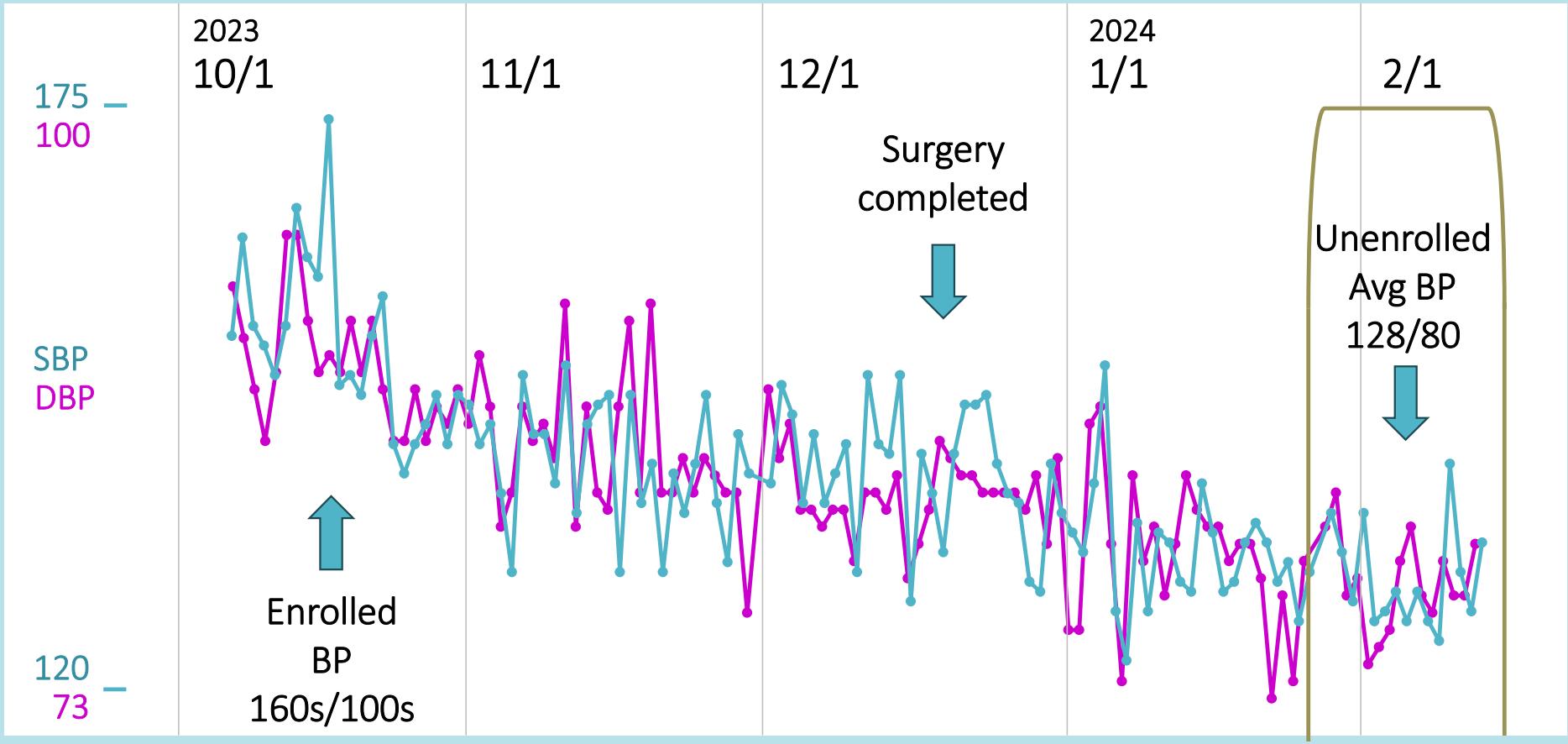
Hypertension Patients: Patient S



Hypertension Patients: Patient S

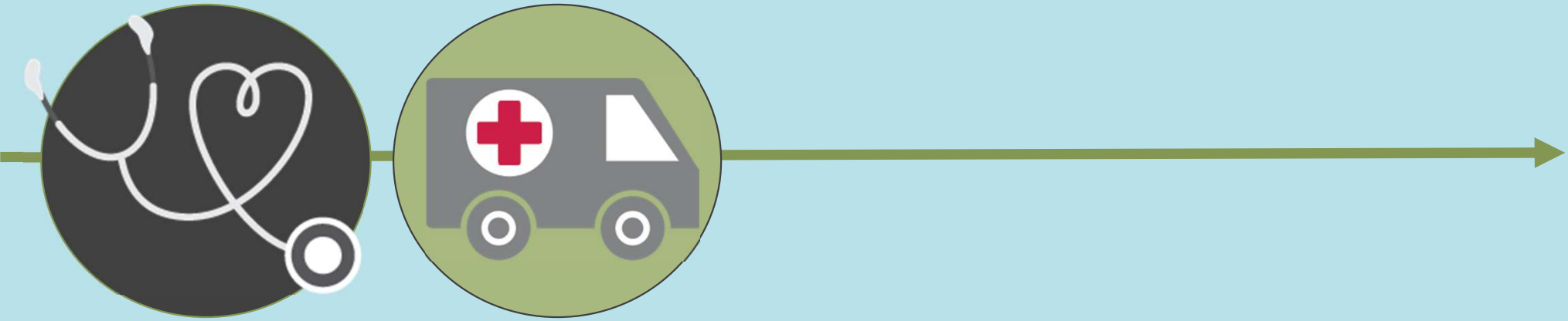


Hypertension Patients: Patient S



A Patient with Heart Failure: William

A Patient with Heart Failure: William



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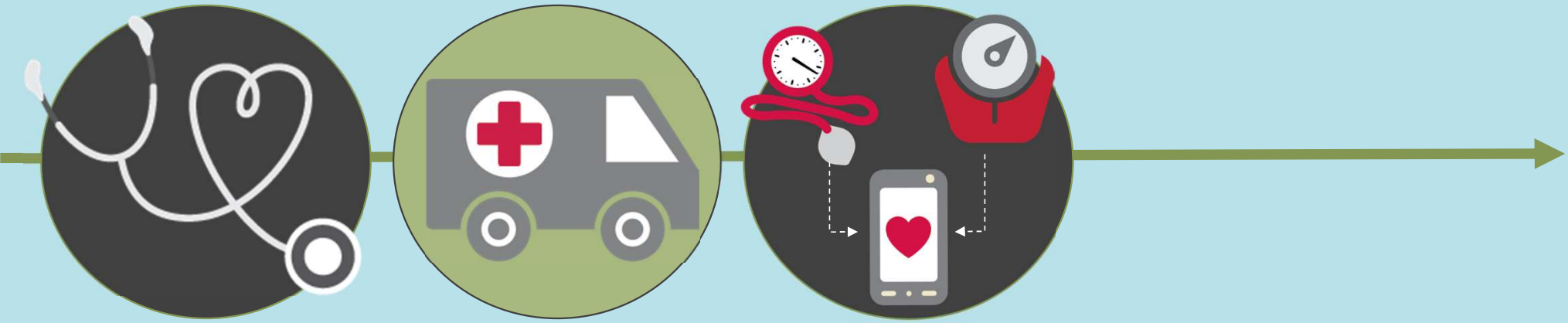
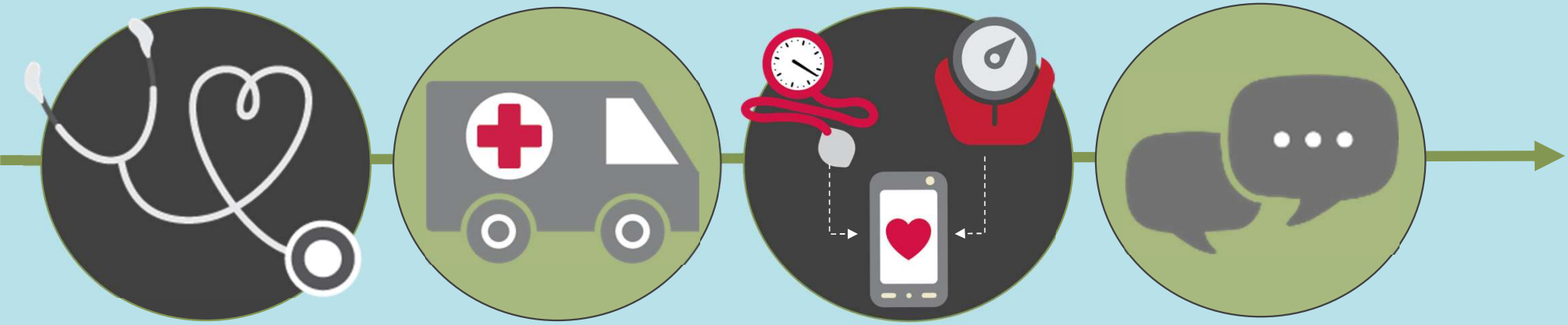
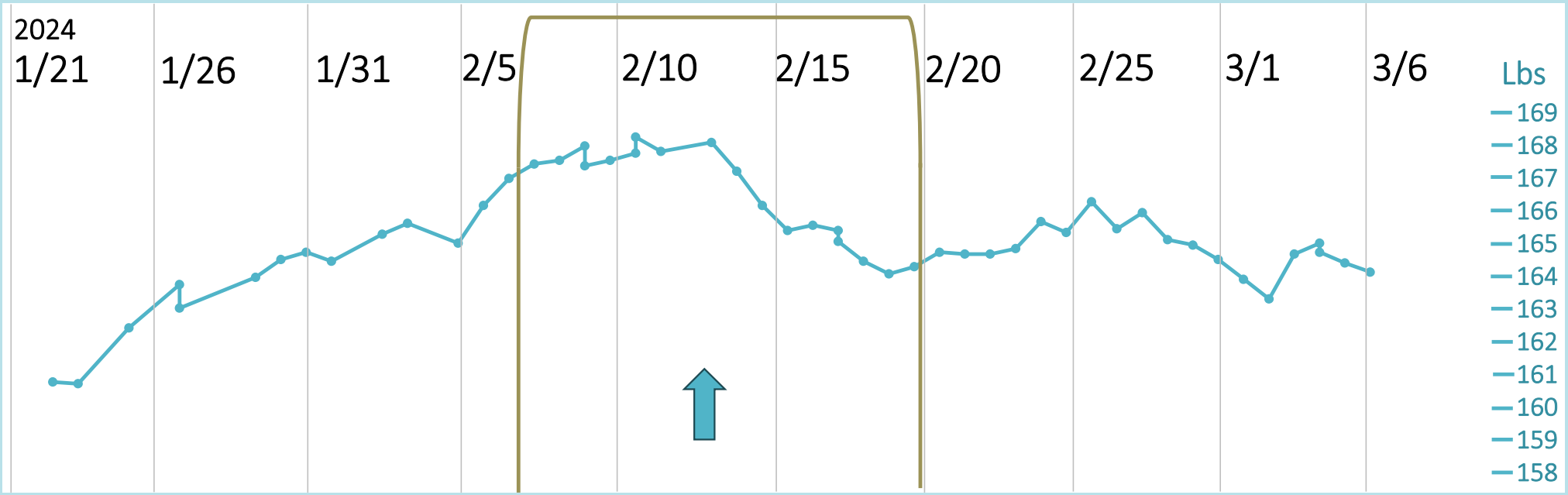


A Patient with Heart Failure: William



Cellular Enabled Weight Scale



Weight gain

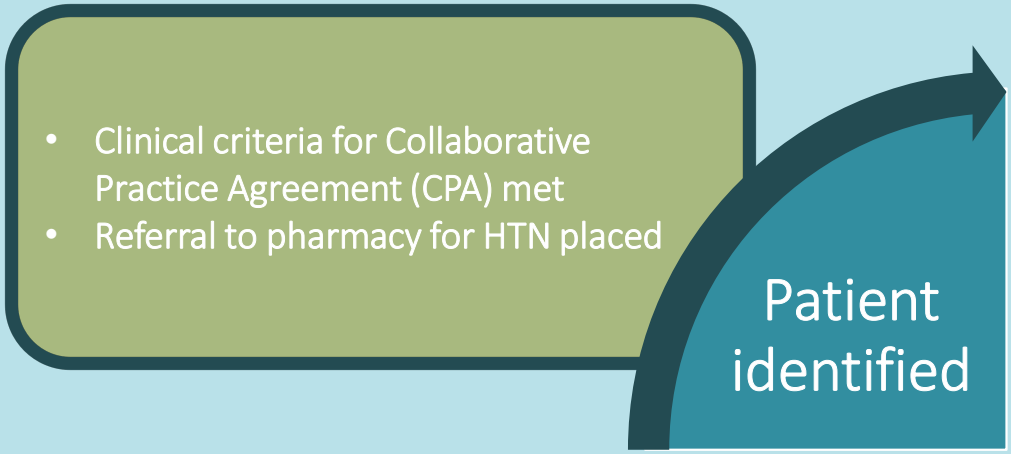
Furosemide increased
and SGLT-2 added

Billing for William's RPM services

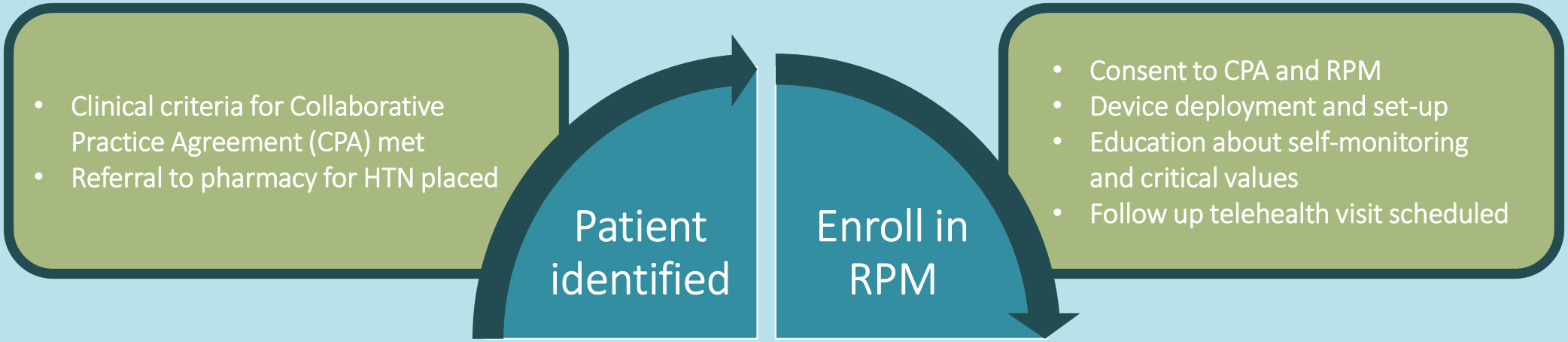
First Encounter	Each Month During the Episode of Care		
Device training Training on use? 16 days of data?	Transmission 16 days of data within 30 days?	Initial RPM time 20 minutes of care management and interaction	Ongoing RPM time Each additional 20 minutes of care management and interaction
99453	99454	99457	99458 (*+ 99458 + …)*

Remote monitoring of hypertension within OSU Primary Care clinics

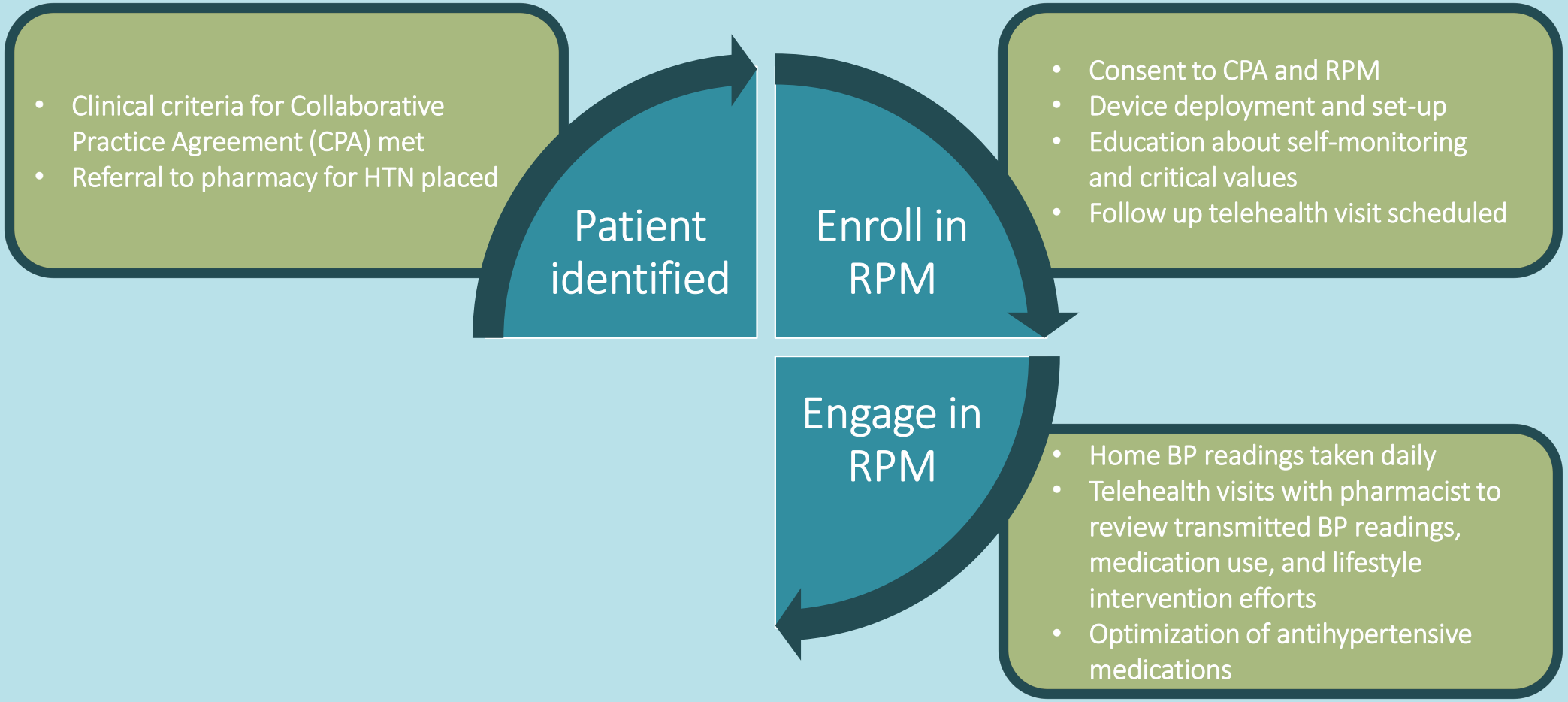
Hypertension RPM Workflow



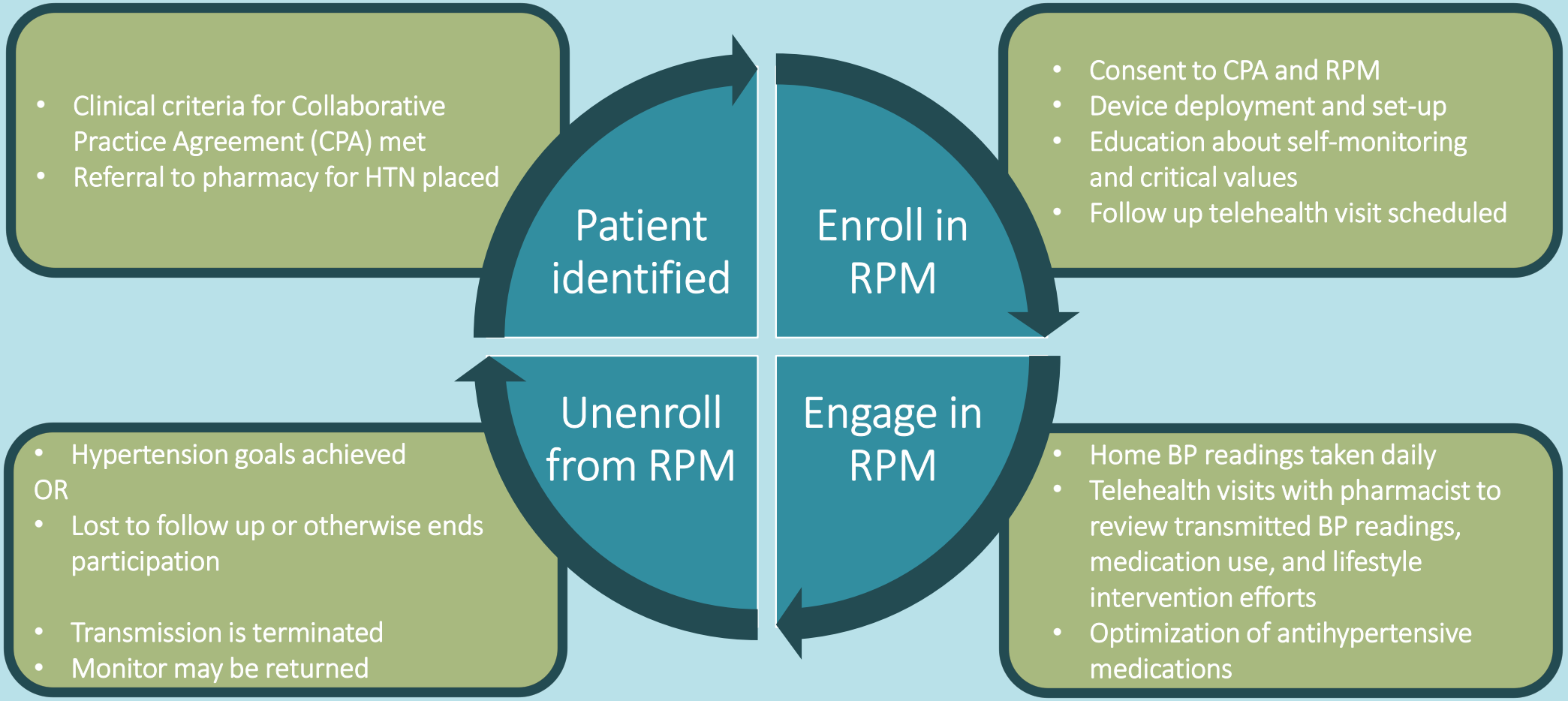
Hypertension RPM Workflow

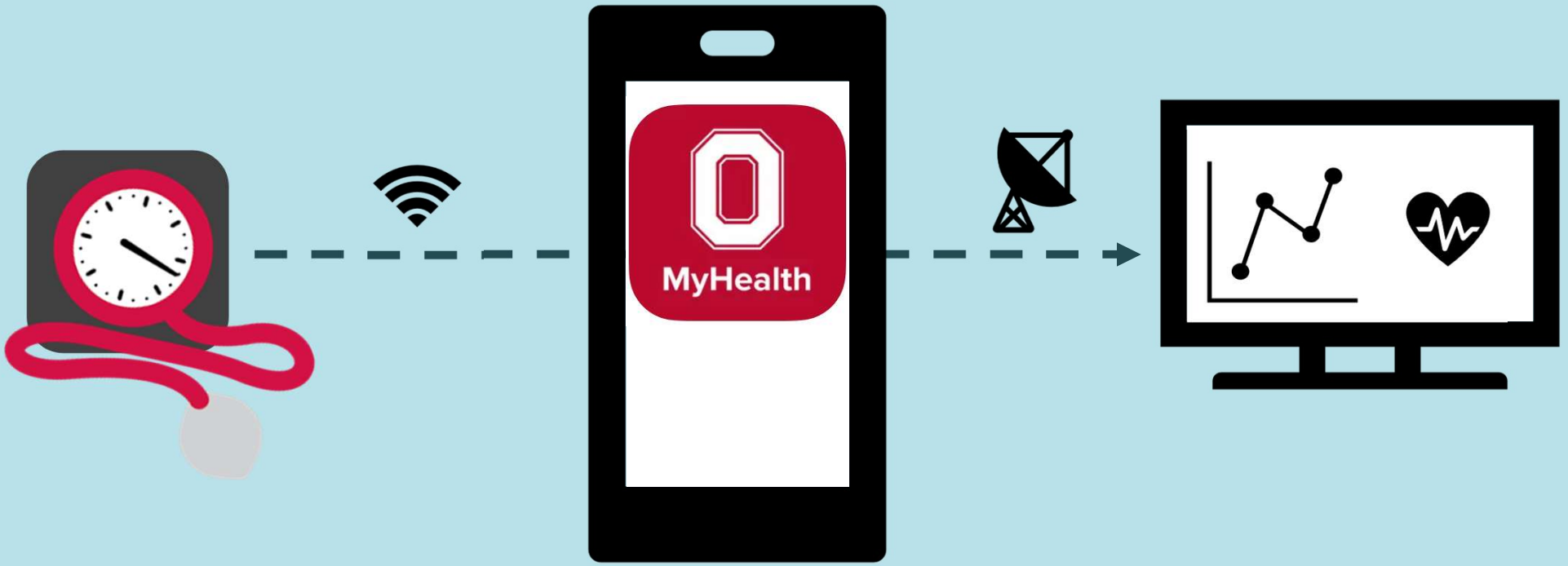


Hypertension RPM Workflow



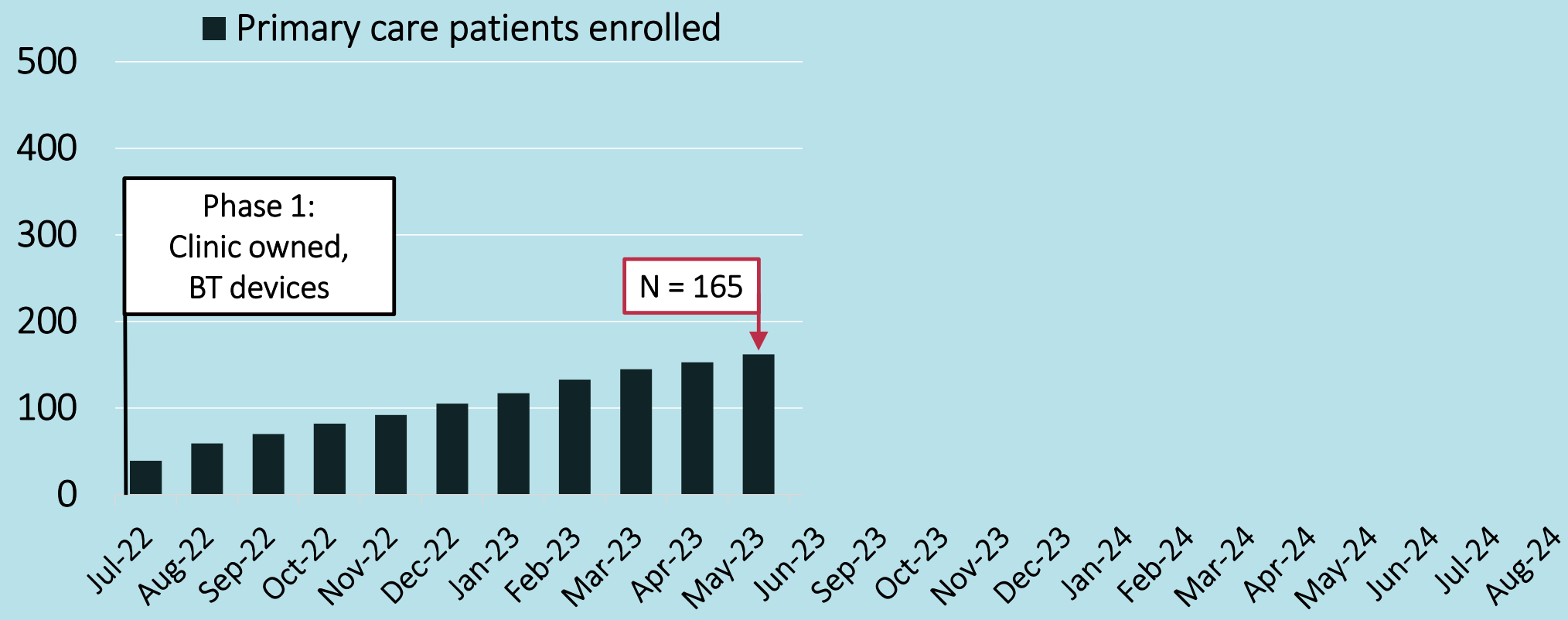
Hypertension RPM Workflow



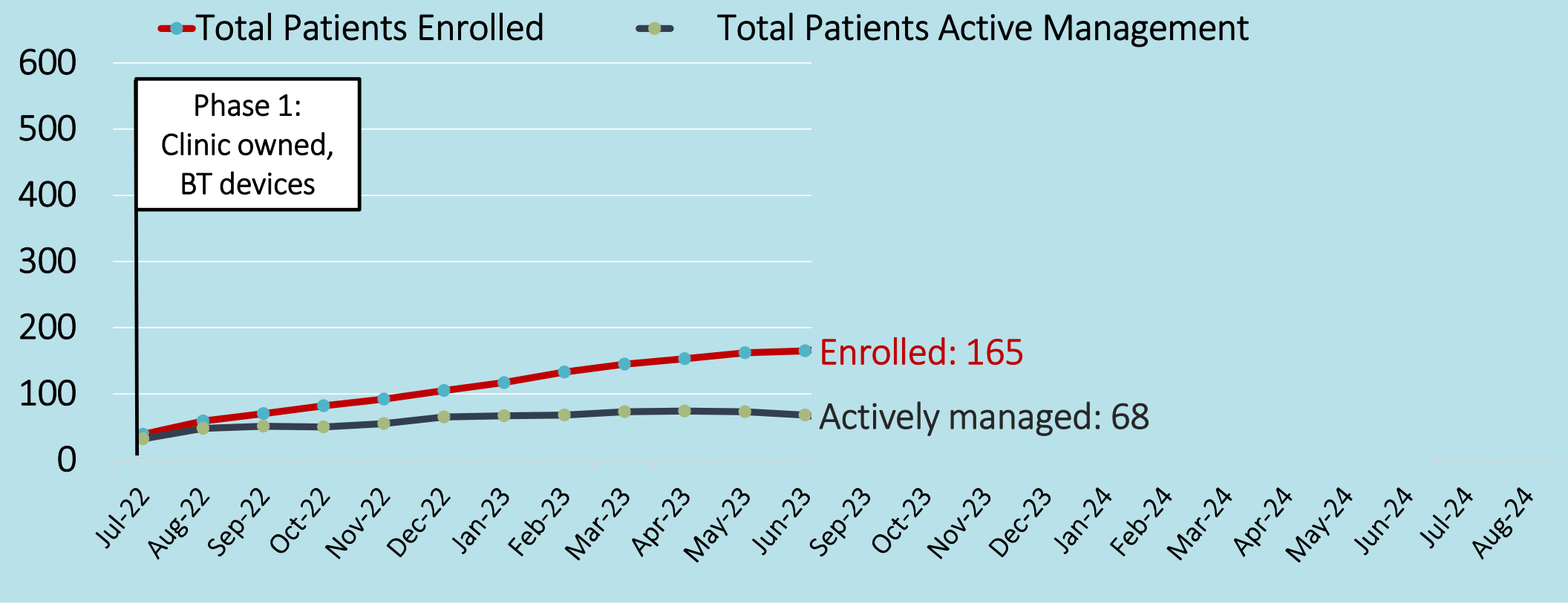


Phase 1: Clinic-owned Bluetooth (BT)-enabled Devices

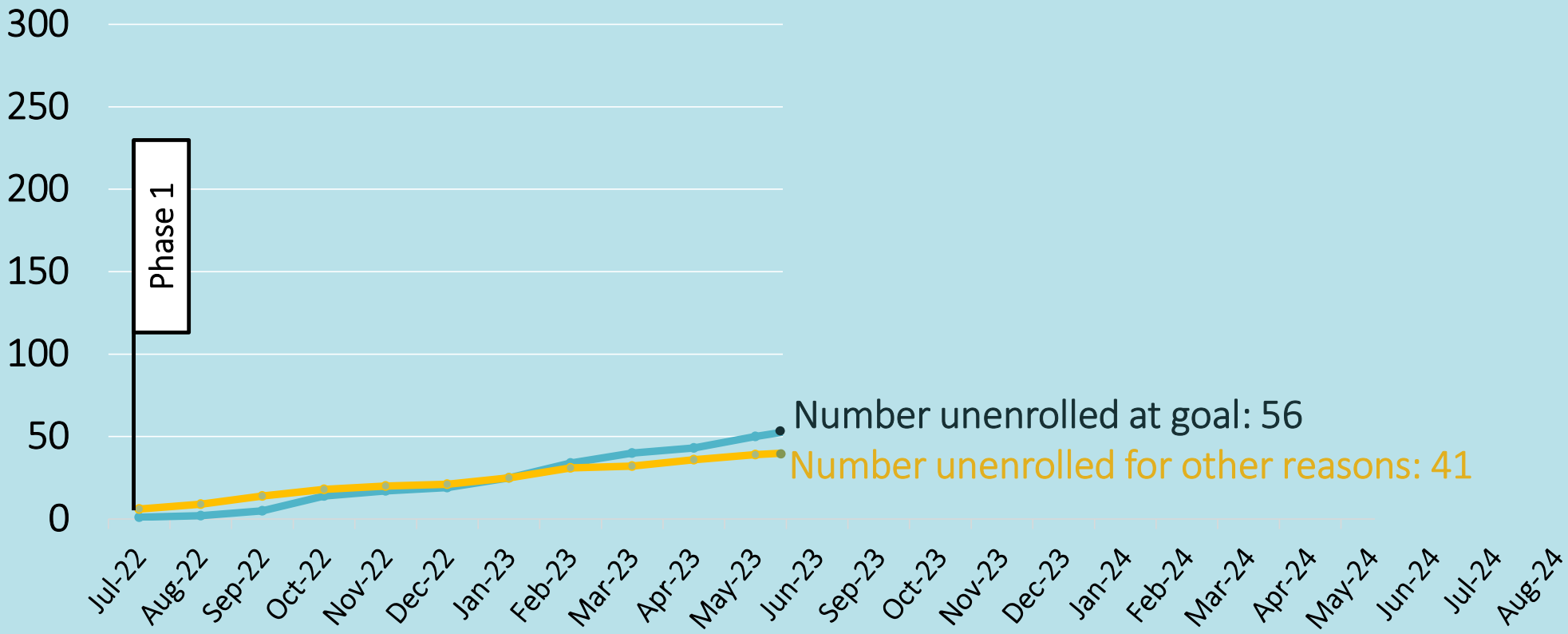
Phase 1: Growth in Total Enrollment



Phase 1: Growth in Active Management



Phase 1: Unenrollment



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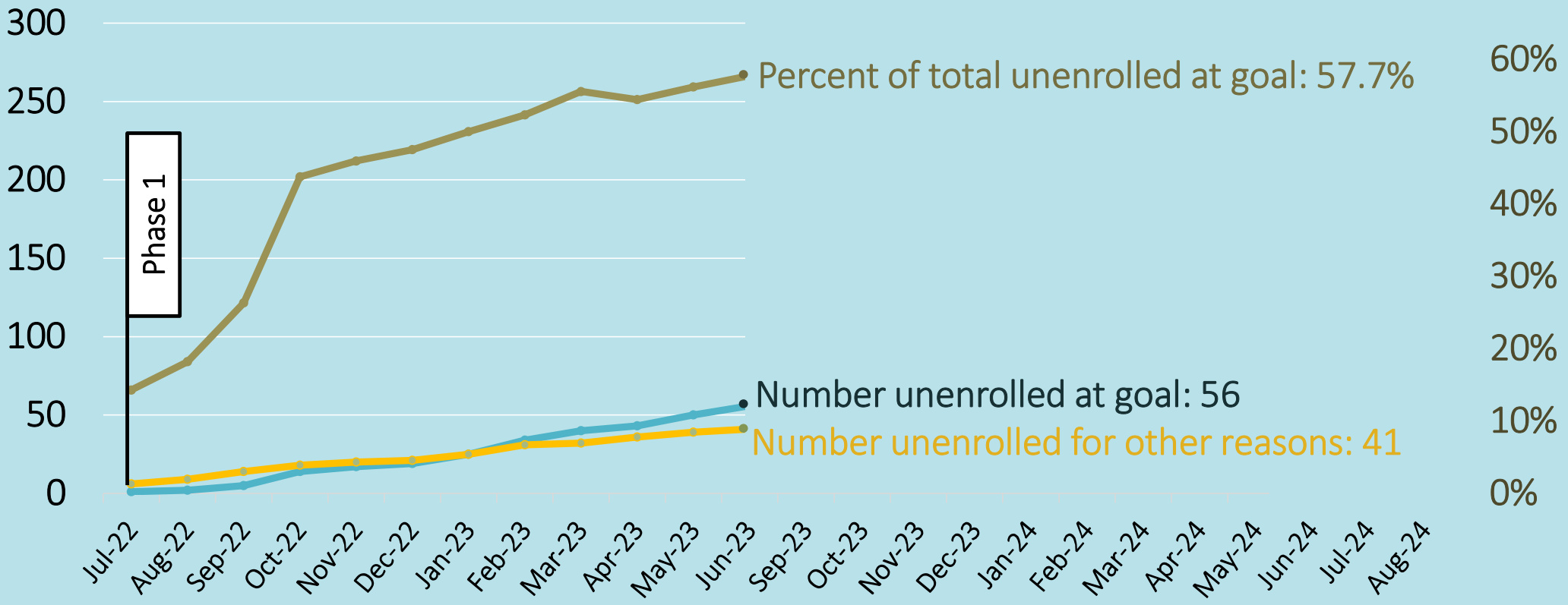


Phase 1: Clinic-owned, Bluetooth

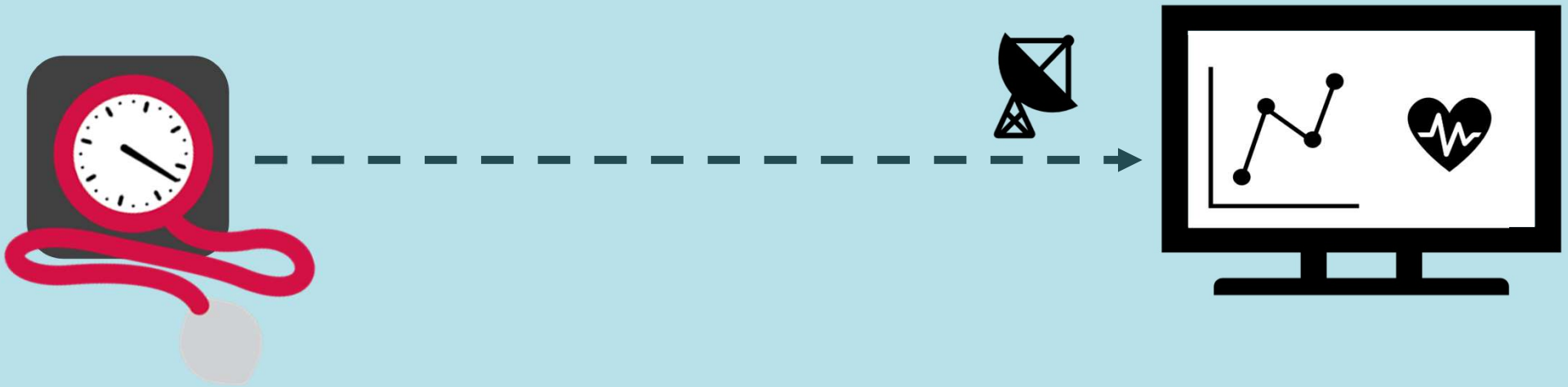
Advantages

- 3rd party tested for validity
- Available for purchase at common retailers
- Able to refurbish and redeploy

Phase 1: Clinic-owned, Bluetooth

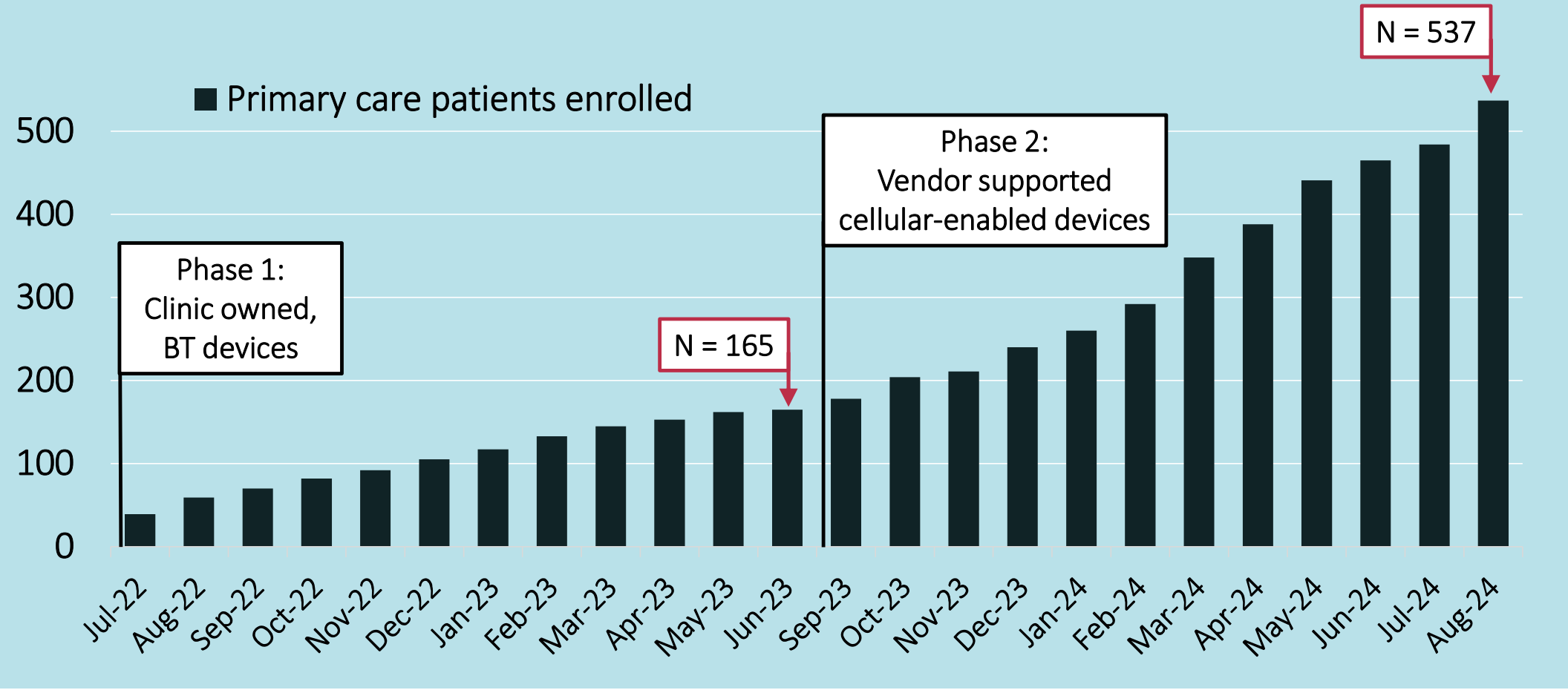
Challenges

- Technical difficulties
- Eligibility limitations
- Inventory management

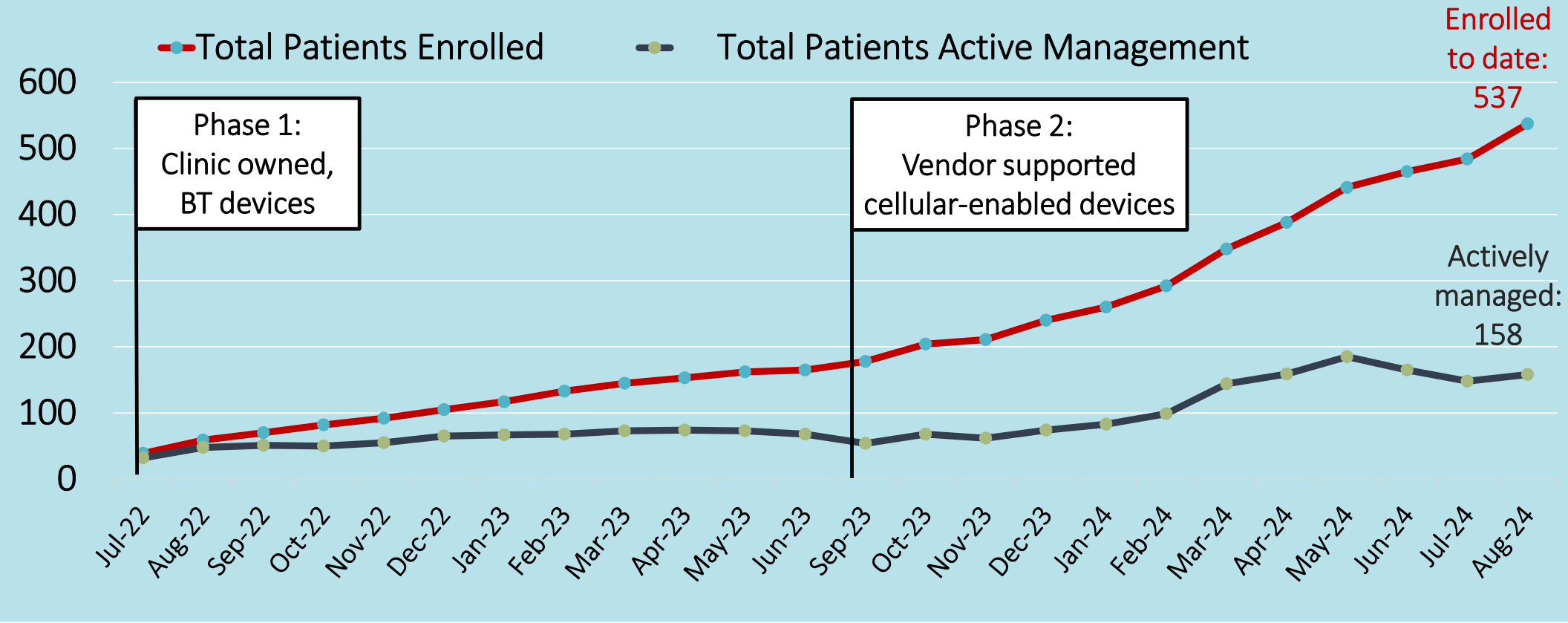


Phase 2: Vendor-supported Cellular-enabled Devices

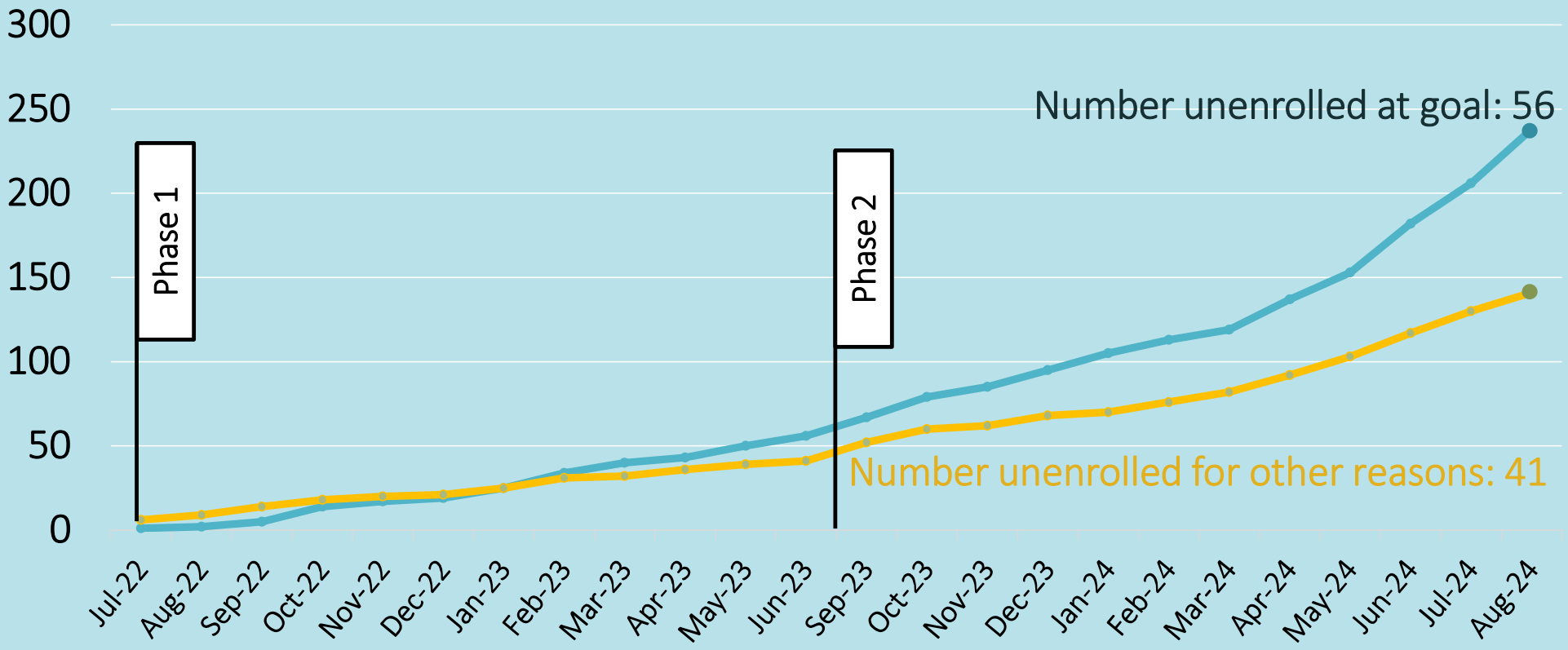
Phase 2: Growth in Total Enrollment



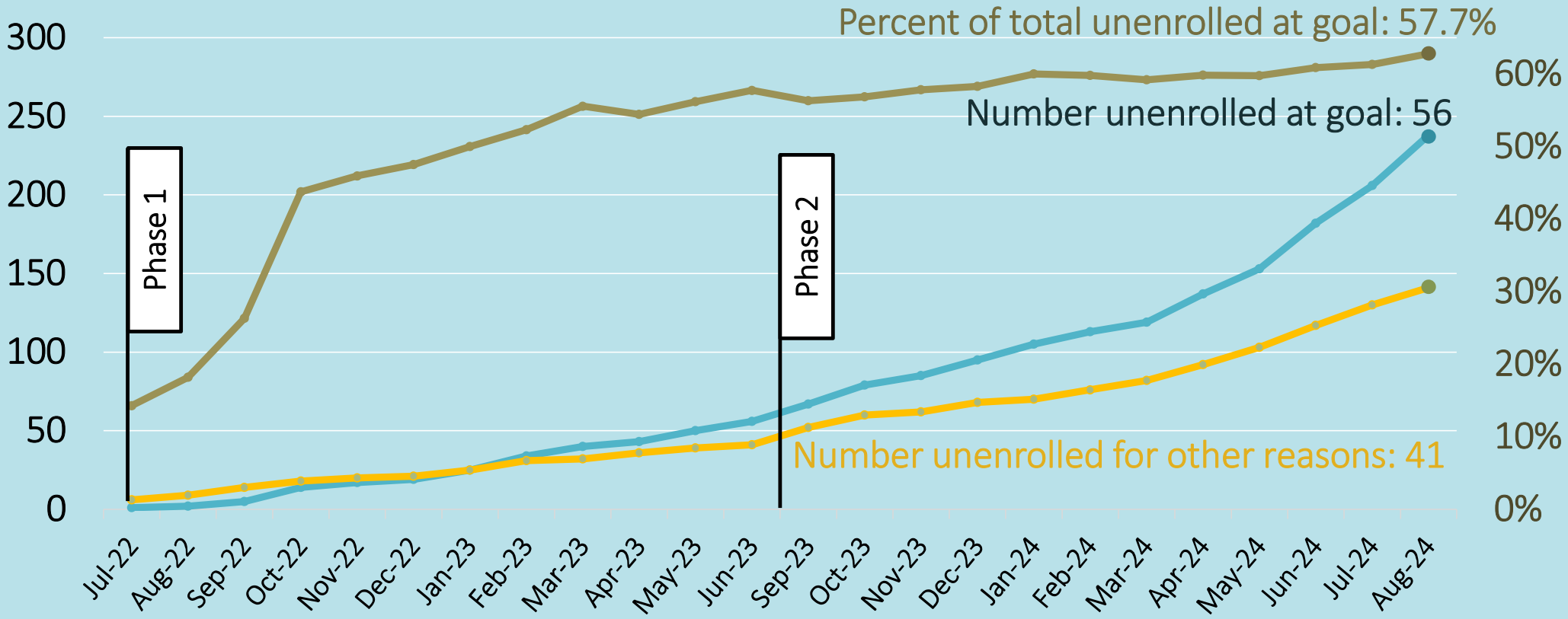
Phase 2: Growth in Active Management



Phase 2: Unenrollment



Phase 2: Unenrollment



Phase 2: Vendor Supported, Cellular

Advantages

- Expanded eligibility
- Remote deployment option
- Outsourced technical support
- Data satisfies value-based contracts

Phase 2: Vendor Supported, Cellular

Challenges

- Patient understanding of vendor role
- Unenrollment is not EPIC integrated
- Scaling after a successful pilot

Future Directions

- Expansion to all providers including residents
- Automation of billing for additional RPM codes
- Streamlining workflows
- Workflows with other members of the care team
- Formal program evaluation

“This tele-health service has been lifesaving, really. I can’t thank you and your colleagues enough for your thoroughness.”

- Patient, post-RPM, HTN now controlled

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- General Internal Medicine & Family Medicine Clinical Pharmacy Teams

Helpful Resources to Get Started

- MedNet21: Remote Patient Monitoring Webcast; 2023
- Bipartisan Policy Center: The Future of Remote Patient Monitoring, 2024
- American Medical Association: Remote Patient Monitoring Playbook, 2022
- The Ohio Pharmacists Association Practice Advancement and Innovation Committee Payor Toolkit
- Chronic Care Management (CCM): An Overview for Pharmacists. The American Pharmacists Association, 2017

Question 1

Which of the following is not true of Remote Physiologic Monitoring (RPM)?

A. Billing requires 16 days of data transmission

B. Data must be from a “medical device” as defined by FDA

C. Patients can self-report their data

D. Billing can be submitted by only one provider each 30 days

Question 1

Which of the following is not true of Remote Physiologic Monitoring (RPM)?

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Question 2

You spent 29 minutes in a telehealth encounter reviewing a patient's transmitted blood pressure readings and engaging in management of their hypertension.

Assuming all other billing requirements have been met, which CPT code can be billed at this time?

A. 99453

B. 99454

C. 99457

D. 99458

Question 2

You spent 29 minutes in a telehealth encounter reviewing a patient's transmitted blood pressure readings and engaging in management of their hypertension.

Assuming all other billing requirements have been met, which CPT code can be billed at this time?

A. 99453

B. 99454

C. 99457

D. 99458

Question 3

On October 1st, you provided a BP monitor and weight scale and trained the patient on proper use of each. On October 21st, you spent 16 minutes on the phone with the patient reviewing the readings that they transmitted daily from each device since set up to evaluate and treat their heart failure.

Which combination of CPT codes are eligible to be billed at this time?

A. 99453 + 99453

B. 99453 + 99454

C. 99454 + 99454

D. 99453 + 99457

Question 3

On October 1st, you provided a BP monitor and weight scale and trained the patient on proper use of each. On October 21st, you spent 16 minutes on the phone with the patient reviewing the readings that they transmitted daily from each device since set up to evaluate and treat their heart failure.

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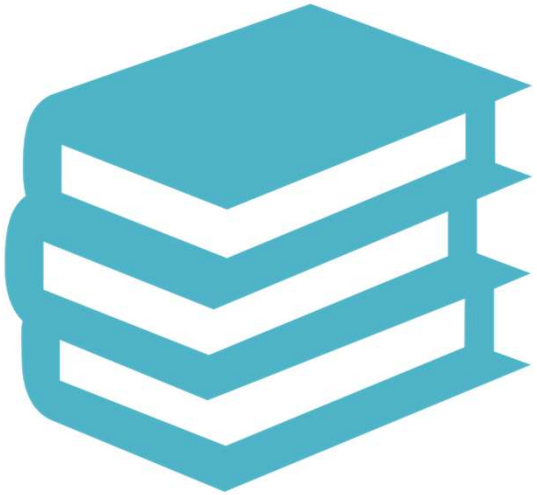

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Need More Information?

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