How Remote Patient Monitoring Can Cut Readmissions, Slash Costs

BY ROSEMARY GLAVAN, RN, MPA, CCM

Within the maelstrom of U.S. healthcare reform, remote patient monitoring has been an often overlooked and greatly underutilized means of reducing hospitals readmissions, trips to the emergency department (ED) and overall healthcare costs. That’s likely to change – and soon – as Medicare and other payers transition from a fee-for-service model under which healthcare providers are paid based on the volume of patient visits, services and procedures to an outcomes-driven, value-based model that rewards providers that deliver high-quality, cost-effective care.

CONTINUITY OF CARE BEGINS WITH COMMUNICATION

Reducing healthcare expenditures through preventive health measures is one of the primary objectives of the Affordable Care Act. Preventive care is beneficial not only for healthy individuals, but also for those with chronic health conditions or recent illnesses, so they can avoid a relapse or further deterioration of their health. Continuity of care has emerged as an essential component of preventive care, particularly for complex patient populations.

According to the Agency for Healthcare Research and Quality, 5 percent of the U.S. population – those with the most complex and extensive medical conditions – account for roughly half of the country’s healthcare expenditures. Further, an estimated 45 percent of the population has at least one chronic illness, with approximately 4 percent having five or more chronic health conditions.

Remote monitoring in the post-acute setting facilitates consistent care coordination for many of these patients in a number of ways, starting with enhanced communication between patients and clinicians. As care managers who are involved with the remote-monitoring process communicate with patients, they are able to address patients’ concerns, educate them and provide personalized guidance, as well as notifying the patient’s physician if problems arise. Ideally, this communication influences patients’ behavior – and consequently their outcomes.

COMMUNICATION INFLUENCES PATIENTS’ BEHAVIOR – AND

IMPROVING THE POST-DISCHARGE CARE TRANSITION

 Failures in the transition of care from hospital to home are a leading cause of readmissions. In light of the recent penalty instituted by the Centers for Medicaid and Medicare Services (CMS) for 30-day readmissions for heart failure, heart attack and pneumonia – and given that the penalty will increase in the next two years and other health conditions will be added to the list – healthcare providers will be financially motivated to reduce the number of readmissions.

 Patients who are well prepared to make the transition from inpatient care to home care are more apt to adhere to their treatment plan, and that adherence is a critical step in preventing readmissions. Having a discharge planner or care manager instruct patients about the benefits of a remote-monitoring program before they leave the hospital and providing in-home training on how to use a monitoring device within a day or two of their arrival home gives patients a sense of confidence and increases the likelihood of compliance.

 Additionally, remote monitoring provides physicians with real-time, clinically actionable information after patients are discharged, which can help eliminate gaps in follow-up care. Analyzing trends in patients’ biometric data can alert clinicians to aberrant readings, thereby permitting timely interventions and potentially averting decompensation that could lead to an ED visit or readmission.

INTEGRATION WITH HOLISTIC CARE

In the shift from conventional population-based disease management programs to a more holistic approach, there is greater emphasis on evaluating and treating the patient rather than focusing solely on the disease.

By comprehensively assessing a patient’s health and living environment, clinicians can determine whether the patient is a good candidate for remote monitoring. What is the patient’s level of health literacy? What is the patient’s living environment like? Is there a support system in place? What about comorbidities?

Remote monitoring can play a vital role in reducing the cost of care for individuals with one or more chronic conditions, such as diabetes, heart failure, COPD, coronary artery disease and asthma. In addition to monitoring biometric readings, care managers and other clinicians involved in the remote monitoring program can:

• Help patients understand the impact of co-morbidities and the need to manage all their conditions to achieve the best health possible.
• Show patients how they can adapt their behavior to most effectively manage their overall health.
• Help patients work with their physicians to understand their treatment plan.
• Coach patients so they gain the most value from physician interactions in their office or by phone.

ADDRESSING MEDICATION

Medication compliance can prove especially challenging for patients with newly diagnosed conditions or numerous comorbidities. According to multiple studies, an estimated 32 million individuals in this country take three or more medications daily. Among patients aged 65 or older, about one-fourth take 10 or more drugs per day. And approximately three-quarters of adults are not compliant with their drug regimen.

As they communicate with patients through the remote monitoring program, care managers have the opportunity to evaluate patients’ medication adherence. They can find out, early on, that a patient hasn’t filled a prescription or isn’t taking a drug as prescribed. They can also assist patients in making the association between the onset of symptoms and a newly prescribed drug.

THE BENEFITS OF REAL-TIME BIOMETRIC DATA

The data generated through a remote-monitoring program allows patients to quickly know Continued on page 29
of patients with chronic disease. The process includes effective clinical decision support tools and targeted personalized care information for each patient.

“Patients are definitely more involved now. Before, a patient would come in and they would be totally reliant on their physician to make sure that they are getting tests done on time. Even though we don’t like to think it, we miss those things sometimes,” says Norman. “In a busy practice where we are seeing 25 to 30 patients a day, any time we get a tool to remind us and keep the patient involved, that is important for improving care.”

These are situations where engaged providers and active patients are supported by processes, tools and resources that define consistent treatment plans. Care improves, providers are more efficient, and patients are happier.

**BIG CHANGES THROUGH SMALL STEPS**

Big changes and big challenges are under-way in healthcare, but the path forward is still unclear. The results of top-down changes are yet to be measured. There are, however, examples of bottom-up approaches that are achieving significant improvements in the delivery of care and in the health of patients. Perhaps the two will meet in the middle. Directives from above will create an environment for change and progress, while initiatives from the bottom up will improve the way patients and providers interact. In the meantime, real improvements in patient care can be achieved when patients are engaged and physicians empowered. Best of all, no grand design is required to make it happen.

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whether a medication or behavior modification is having the desired effect; they no longer need to wait a month (or two or three) for their next office visit to find out.

Having immediate access to clinically actionable biometric information makes it possible for physicians to change a patient’s treatment plan more rapidly as well. As a result, both patient and physician share a joint responsibility for the outcome.

Further, the real-time data generated through remote monitoring can be integrated into a patient’s electronic health record (EHR), in effect giving the physician a panoramic view of the patient’s health instead of a “snapshot” taken every few months during an office visit.

**OVERCOMING THE BARRIERS TO WIDESPREAD ADOPTION**

The Federal Communications Commission estimated in 2010 that broader adoption of remote patient monitoring and EHR systems could save up to $700 billion in the next 15 to 25 years. As remote monitoring gains a stronger foothold in the delivery of care, its capacity to lower healthcare costs, improve patients’ health status and quality of life, and ameliorate physicians’ workload will become even more evident.

However, acquiring physician buy-in is an absolute necessity. As it stands, physicians are seldom paid for time spent on activities associated with remote monitoring. Therefore, reimbursement policies will have to be amended before we can realistically expect to see a significant uptick in promoting remote monitoring as a standard of care. Even if reimbursement changes take time, the growth of accountable care organizations and the need for healthcare providers to take on risk (shared savings programs, bundled payments, etc.) could accelerate adoption. To succeed, these new treatment and payment models must deliver cost-effective, high-quality care that promotes better health and reduces expensive hospitalizations, ED visits and additional complication-related treatment that could be prevented.

State laws pertaining to licensing, credentialing and privileging need to be reevaluated and changed, too. When geographic boundaries are no longer an obstacle to the efficient delivery of care, remote monitoring will make it possible for patients to maintain their relationships with physicians regardless of geographic location. Virtual office visits and virtual morning rounds are already a reality. Remote monitoring could very well make them mainstream.

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4. Certification of training in all leading encryption software products and platforms. Customized solutions for encrypted data recovery. Use of encryption for data files in transit. Lock boxes available upon request.

5. Verification of qualification to handle enterprise-class data storage systems. High Security Service that meets U.S. government protocols.


7. NSA- or DOD-approved process for the secure and permanent destruction of unwanted drives and data.

Healthcare executives, administrators and boards of directors cannot afford to ignore this unknown security risk. Every organization in the healthcare ecosystem needs to implement safeguards and controls to protect PHI and minimize financial, reputational and legal ramifications. Strengthening privacy and security programs will help significantly reduce the probability of a breach.

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