



Remote Patient Monitoring (RPM) Condition Management Program

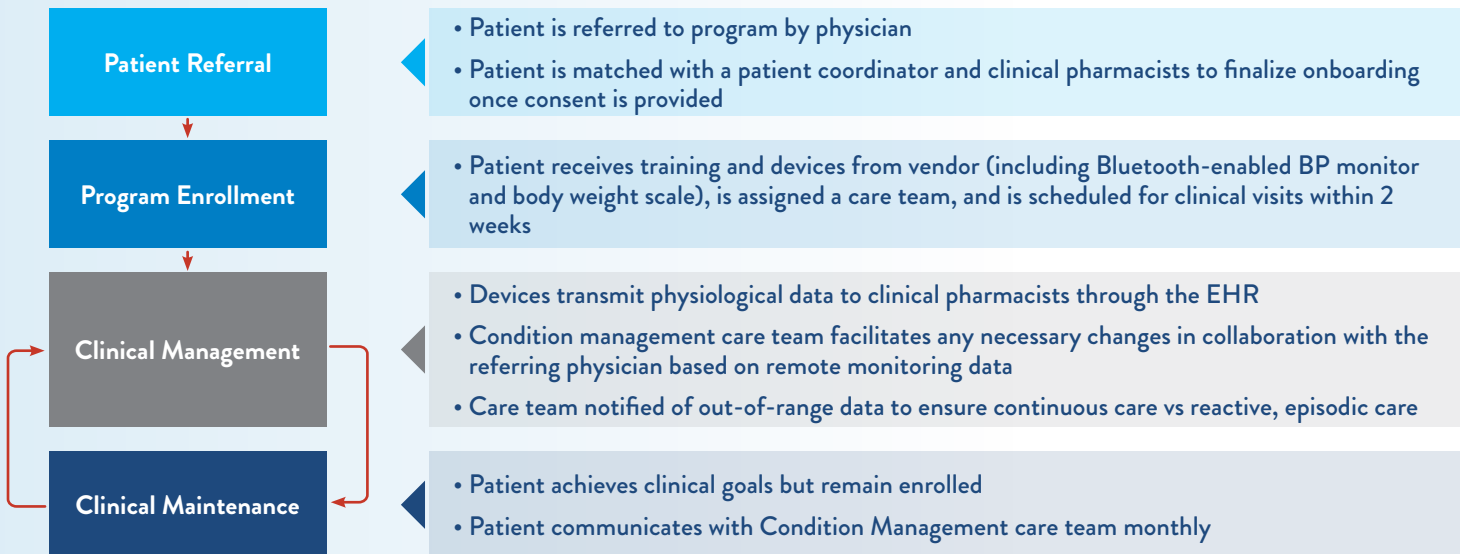
Background

Objective: Improve patient engagement, achieve clinical goals and accelerate the time it takes to achieve them, reduce ED and hospital admissions, and enhance access to care and healthcare technology

Why? COVID-19 forced health systems to rapidly innovate in remote settings and highlighted the need to improve the care continuum across vulnerable populations. Mount Sinai saw an opportunity with RPM to improve chronic disease management, enhance access, support appropriate pharmacy management, and streamline care coordination

Intervention: Condition Management Program

Developed in July 2020 to provide system-wide, virtual ambulatory pharmacy co-management services, leveraging RPM alongside an extended care team



Active for OB hypertension population. Plan to expand to diabetes, OB diabetes, and pulmonary conditions (COPD, pulmonary arterial hypertension, and lung transplant)



RPM CONDITION MANAGEMENT TEAM

Physicians: Refer patients, provide clinical supervision, and support for co-signature, and attestation for billing requirements

Patient Coordinators: Enroll and provide troubleshooting and end-to-end concierge support

RPM Specialists: Oversee coordinator workflows and are point of contact for vendor

Clinical Pharmacists: Lead clinical workflows including medication management and therapeutic optimization

Program Managers: Support all facets of the program with a focus on operations

Dietitians: Provide individualized lifestyle and nutrition care plans

Vendor Services: Provide customer service reps, ensure patients know how to use the device(s), and facilitate device fulfillment



RPM Condition Management Program

Development Process

The group identified an RPM workgroup which met 6 to 15 hours per week comprised of stakeholders representing:



Digital Health



Pharmacy



Information Technology



Finance



Legal and Compliance

The group identified relevant assets for Program success, ranging from well-trained patient coordinators to consistent messaging.

Results

Patient engagement improved

- **Sustained use of blood pressure machine** - 78% of patients using daily for >1/2 of the month
- **Successful care coordination** - 75% of patients engaging with their RPM Condition Management team for >20 minutes per month
- **Minimal program disenrollment** - low disenrollment rate of 2% per month

Enhanced access to care and healthcare technology, particularly for underserved populations

- A **program evaluation** was completed of enrolled patients from July 2020-July 2021
- **68%** of VBC patients had a blood pressure reading of **<140/90**
- Compared to a matched cohort based on age, sex, race, clinic, and prior utilization, RPM patients had a **76.1% reduction** in the odds of an inpatient admission

Key Learnings



Critical Success Factors

- Centralized approach
- Leveraging existing clinical pharmacists
- Internal communication with key decision-makers
- Information sharing and collaboration across external systems



Going Forward

- Understand implications to overall costs of care and medical loss ratio for lives attributed to value-based arrangements
- Expand RPM to a variety of conditions to improve overall clinical performance

FOR MORE INFORMATION



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