Remote Monitoring:
First Remote Patient Monitoring Program in the Nation

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Chief Executive Officer  
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Mike Bruce

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- Owner and executive officer of InScope Health, a for-profit commercial entity
- Pending industry-sponsored grant to co-deploy an RPM pilot in Tennessee
A True Story ... With a Happy Ending!
Health Disparities
- Cardiovascular Disease
- Diabetes Mellitus
- Hypertension

Barriers to Care
- Transportation
- Economic Status
- Low health literacy

Population
- 21% uninsured
- Median income - $23,500
- 70% African American
Ahoskie Comprehensive Care
Enhancing the Provider-Patient Connection
Chronic Care Management Network

Improve health and enhance care by interconnecting stakeholders to increase accountability and change patient behaviors

The Methodology
What Was Measured

**Patient**
- Satisfaction
- Patient Activation Measures Survey (PAM)
- Compliance
- Personal Cost

**Clinical Indicators**
- HgA1c
- LDL
- BP, Pulse
- Weight
- Blood glucose
- Oxygen saturation

**Health Services Use:**
- # PCP visits
- Hospital Bed Days
- Emergency Room visits
- Contact by monitoring Nurse

**Medical Costs**
- PCP visits costs
- Hospitalization costs
- ER visit costs
Patient Engagement
Overcoming the common barriers to gaining participation

Mutual Selection Process
- More than 1 hospital visit in last 6 months
- High utilization of ED, Ambulatory, Clinical Services
- At least 1 chronic disease which can be monitored by RPM

Comprehensive Patient Discovery
- Capturing demographic and psychographic assessment tool
- Gathering discrete environmental and social observations

Relationship-Centric Approach
- Up to 94% compliance in RPM Participants
- Trusted, accountable relationship between Nurse, Patient, and PCP
Physician Engagement
Enhancing a provider’s ability to care for their patients

**Improved Quality of Care**
- Fine-tuned medication adjustment
- Healthcare data captured on a daily basis
- Secure access to timely data

“Provides good feedback to the patient on their day-to-day activities.”
Dr. Colin Jones
RPM Physician

**Improved Outcomes**
- Decreased Emergency Department visits and Hospital bed days
- Improved BMI, A1C, weight, and BP

**Relationship-Centric Approach**

“Patients feel it’s a tangible connection to their provider.”
Dr. Hilary Canipe
RPM Physician
Clinical Results

**Average Systolic 18.543% decrease**

- Blood Pressure
  - SBP Install Avg: 151
  - SBP 1 Month Avg: 123

**Average Diastolic 9.302% decrease**

- Blood Pressure
  - DBP Install Avg: 86
  - DBP 1 Month Avg: 78

**Average Pulse 3.704% increase**

- Pulse
  - Install Average: 84
  - 1 month Avg: 81

**Average Weight 0.613% increase**

- Weight
  - Install Avg: 164
  - 1 month Avg: 163
### Economic Results

RPM cost containment validated by Wake Forest School of Medicine

<table>
<thead>
<tr>
<th>Participants</th>
<th>Pre RPM</th>
<th>During RPM</th>
<th>Post RPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 Participants</td>
<td>6 Months Prior to RPM</td>
<td>6 Months During RPM</td>
<td>Proven Long-term Results Over 3 Years</td>
</tr>
<tr>
<td>Hospital Bed Days</td>
<td>199</td>
<td>99</td>
<td>83% Reduction</td>
</tr>
<tr>
<td>ED Visits</td>
<td>27</td>
<td>5</td>
<td>79% Reduction</td>
</tr>
<tr>
<td>Hospital and ED Charges</td>
<td>$1.34M</td>
<td>$382K</td>
<td>87% Decrease</td>
</tr>
</tbody>
</table>

- Total Hospital and ED Charges for 24 months after RPM was $483,024. The cost of caring for these patients had significantly decreased

*The RCCHC study demonstrates that Remote Patient Monitoring influences patient behavior which leads to persistent health benefits and cost containment*
Hospitalizations, Hospital Days and Emergency Room Visits by Telehealth Status, All Participants (N=64)

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<th>Post</th>
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<td>27</td>
<td>18</td>
</tr>
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<td>Hospital Days</td>
<td>199</td>
<td>99</td>
<td>70</td>
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Valuable Outcomes

**PATIENT**

- Fewer ED/Offices visits
- Fewer hospital re-admissions
- Improves overall health and quality of life
- Improves provider relationship
- Reduces out-of-pocket expenses
- Increases accountability and healthcare IQ
- Ease of use

**PROVIDER**

- Real time access to patient health data
- Better view into patient’s lifestyle
- Supports meaningful use
- Lower healthcare cost
- Improves treatment plans and outcomes
- Supports Patient Center Medical Home and NCQA accreditation
How can RCCHC’s Mission be expanded?

**Leveraging best practices of public-private partnerships (PPP)**

- Linking credibility and capability to scale proven model – build upon our proven Community Health Programs
- HRSA 2013 grant awarded for the Central Oregon Telehealth Network (COTN)
  - Replicate RCCHC’s program enabling primary care medical home teams to rapidly enhance the efficacy of its Patient-Centered Medical Home (PCMH)
  - Use clinical protocols via short-term remote patient monitoring interventions initially working with Mosaic Medical CHC.
  - The partnership of RCCHC, OCHIN and InScope will collectively support COTN in achieving their goals.

**Delivering care via a “neutral” business and technical platform**

- Vendor independence ensures right fit and best-of-breed solutions

**Developing broad partnerships to cover diverse delivery needs**

- Successful rural, suburban, and urban deployments require reach across FQHCs, HINs, Payers, product vendors, and data stores
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