From creative strategies to lowering health-care expenses to receiving patient information from outside the clinical setting under the Medicare Merit Based Incentive Payment System, RPMS is evolving into an important patient service, but also, a liability issue.

RPMS include weight scales, glucose meters, blood pressure devices, and spirometers, as well as smartphone-based apps (such as GIBuddy.org) that can gather both objective and subjective information from patients. For example, a smartphone app may collect data on a patient's status through a health assessment questionnaire on irritable bowel syndrome, the impact of a kidney stone, or rheumatoid arthritis. Patient RPMS reporting may be based on a schedule or on specified incidents. For example, a patient may report asthma attacks, and also use a RPMS spirometer daily. RPMS information may trigger a communication for the patient, to adjust the care strategy quickly and cost-effectively, or provide valuable continuity-of-care information for clinical decision-making.

Typically, the patient uses the RPMS to report on his health status and the salient aspects of his current situation. For example, a patient may weigh himself every morning, or a glucose meter may send in readings every time it's used. The RPMS device reports the results to a Web-based service that records and analyzes the reported patient information. The Web-based service incorporates physician-driven rules that may apply to all patients, in addition to some patient-specific rules. For example, a weight above 170 pounds or a weight gain of more than 2 pounds in a week may generate an alert. The alert is sent to a

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clinical call center or the physician on duty, who can then intervene and work with the patient to adjust medications, prescribe an adjustment to treatment, or tell the patient to go to a hospital. Proactive patient contacts triggered by RPMS may avert a more serious problem before the patient even knows that something is wrong. Similarly, the absence of an RPMS report may trigger a message to the patient or the clinical call center.

RPMS may take the form of a requirement under a value-based contract for care management, or a strategy developed by a healthcare organization to manage care or generate savings under a shared savings arrangement. For example, RPMS may be used in place of home health visits by a nurse or to closely monitor an at-risk patient. Indeed, RPMS was used by numerous hospitals to avoid the Medicare Readmission Adjustment for patients with a Medicare selected discharge diagnosis.

The challenge for MPL: RPMS information can be transmitted at any time and therefore requires continual monitoring to meet patient service and performance objectives. Without immediate and appropriate attention to RPMS alerts, the healthcare organization (HCO) may miss an opportunity to address an emergent issue and avoid a serious problem. Such powerful patient service tools also expose HCOs to MPL risk when the RPMS alert triggers are not properly set for a patient or RPMS alerts are ignored. Indeed, “RPMS alert fatigue” due to improperly set alert triggers may increase an HCO’s risk of failing to respond on a timely basis.

The MPL challenge entails maintaining proper monitoring standards, as well as appropriate response strategies and tactics. For example, an RPMS-based alert that is not vetted on a timely basis may undermine the goal of averting more serious issues, and also compromise patient safety.

Equally important, RPMS information must be integrated into the patient record to provide continuity-of-care information for the doctor. Unfortunately, many RPMS systems operate outside of the patient’s EHR-based records. For example, some RPMS strategies send individual results to an EHR that are not viewable through a flow chart or graph that could identify troubling RPMS trends.

RPMS liability issues could be based on serious systemic issues that affect many patients. For example, relying on a general alert rule that covers all diabetic patients may fail to trigger the alert that may not be relevant for patients whose readings fall within parameters that are appropriate for most patients, but problematic for patients with other health issues.

How to address the issues
Here are the issues that should be addressed to mitigate the MPL risk for an HCO using RPMS.

RPMS provisioning. The HCO should establish the clinical protocols for triggering a treatment plan that includes RPMS and also assure timely provisioning of RPMS services.

Mitigation strategy: The RPMS provisioning strategy should be documented at the HCO and patient level. Provisioning should assure that patients are offered the RPMS option and that the RPMS services are initiated on a timely basis.

RPMS standards. Clinically based standards for patients’ use of RPMS should be established by profiles of patients’ conditions and supporting RPMS tactics that have been developed by the HCO’s medical leaders. The RPMS alert standards should be supported by response protocols that include an escalation strategy to assure proper response to an RPMS-based alert. Mitigation strategy: Doctors should specify the alert trigger strategy for each patient as well as the clinical strategy to respond to each type of RPMS alert. Clinical staff should be trained in the proper response to alerts, the established escalation strategy, and how to analyze RPMS information for a patient.

RPMS monitoring. Monitoring RPMS results is complicated: An alert can be generated at any time from any patient. HCOs should consider using a clinical call center to monitor, and respond, to alerts. Like many healthcare technologies, RPMS systems date and time stamp all activities and issues identified. The RPMS records the timing of the information received from the patient, as well as the time an alert was sent and the time the HCO reviewed, cleared, and/or addressed the alert.

Mitigation strategy: HCOs should verify the alert response strategy and staffing to assure that RPMS alerts are addressed in a timely basis. The HCO’s response to all alerts should be documented in the patient record. Reports on response times by alert type should be reviewed on a periodic basis, to assure that adequate resources are assigned to address RPMS alerts and response standards are met.

Using RPMS for continuity of care. In addition to alerts, RPMS information provides valuable continuity-of-care information. For example, a drop or increase in alert frequency may indicate an opportunity to adjust the patient treatment plan. Similarly, graphical views of blood pressure or weight over time may show that a patient’s values are frequently coming close to the values that fire the alert triggers, and so the patient may need a session with a health coach.

Mitigation strategy: RPMS information should be reviewed with the patient during his regular clinic visits, to reinforce adherence to the care plan and treatment strategies. Doctors should verify the alert standards for each patient at each visit.

RPMS is innovating patient services and empowering HCOs to more actively manage at-risk patients, which powerfully engages the HCO as an active monitor of patient wellness. Indeed, RPMS compresses the time period within which a physician must respond to an evolving patient issue. Physicians who use RPMS need to establish the appropriate monitoring and response strategies to assure timely response to evolving patient health issues as well as avoid events that raise their MPL risk profile.

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