

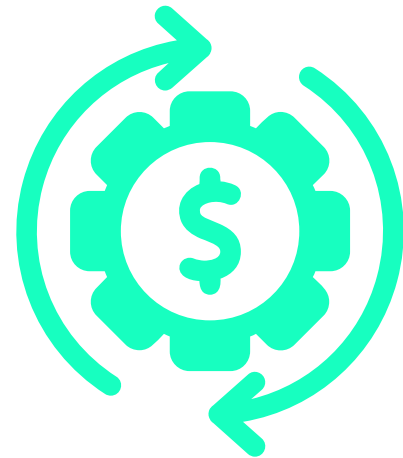


# Driving to Results

RPM & CCM Programs in USVI

Mara Echevarria RN,BSN,MSN,MPH  
Clinical Director

# What if I told you that you could...



## **Reduce healthcare cost**

and **gain** significant benefits to patients and providers.



## **Access more patients anytime, anywhere**

by relieving staff burden under any condition.



## **Educate, Engage and Empower**

patients on the management of their chronic disease.

# Possible thanks to...

**Valued Based Model:** designed to improve the **quality of patient care**

## CCM



Focus on the comprehensive management of patient's health and the development of care plans.



Services typically include:

- Care coordination
- Patient education
- Monthly care plan review

## RPM



Focus on real-time monitoring of patient data to identify changes in health status and take early action to prevent events.



Monitoring of vital signs such as:

- Blood Pressure & Pulse
- Glucose
- Oximeters
- Among others

**Care Management + Monitoring + Transmission = Guided Care**

# USVI Overview

St. Thomas, St. Croix, St. John

87,146

USVI Population  
Census, 2020

38,185

Citizens from 50-85 years old  
Census, 2020

30%

Dx: Hypertension  
(HRSA, for USVI, 2021)

45%

On average,  
**Uncontrolled Hypertension  
Blood Pressure (< 140/90 mmHg)**  
(HRSA, for USVI, 2021)



# Demonstration...

By highlighting the fact that the goal of our study was to learn **how Remote Patient Monitoring, RPM, and Chronic Care Management, CCM, improve patients' health outcomes** in the US Virgin Islands and Puerto Rico.



## Program adherence

average measurement of reading as prescribe by provider.



## Effectiveness in hitting and staying in target range

average of active patients within the desired range.

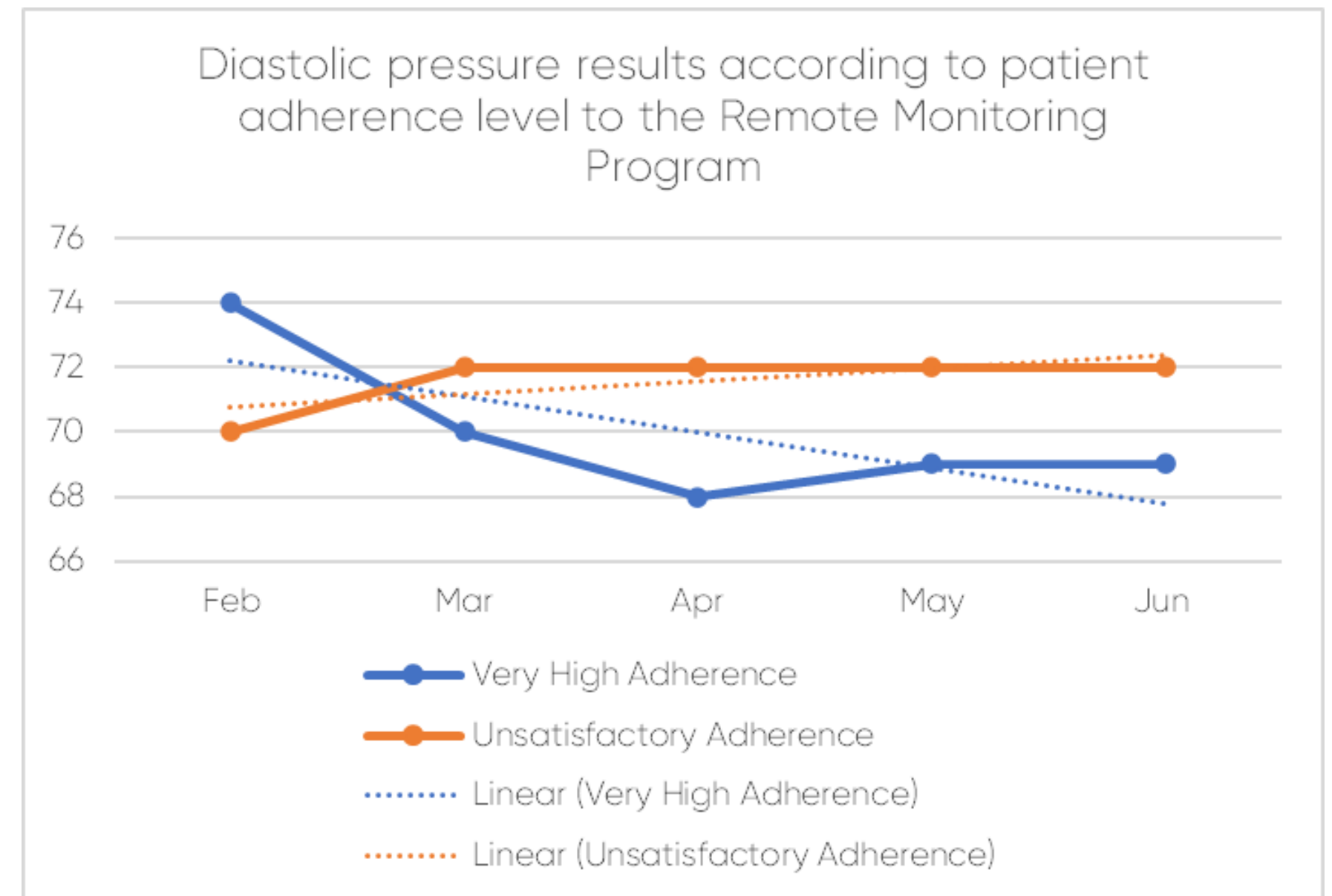
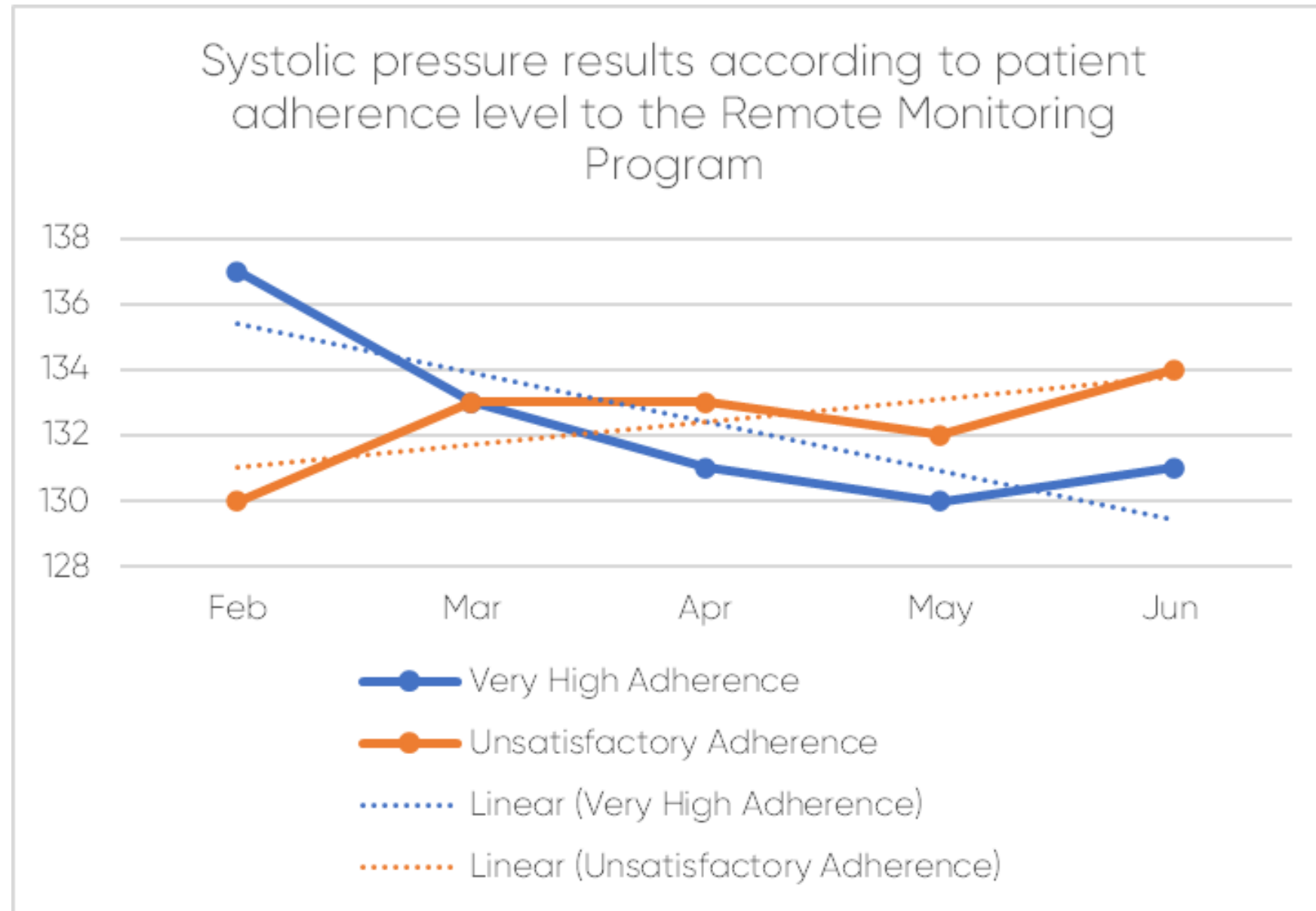


## Patient engagement

average measurement of patient satisfaction.

# Program Adherence

This part of the study shows that **70% of participating patients** who demonstrated very high adherence to RPM for at least **4 consecutive months, saw stable or improved blood pressure results.**



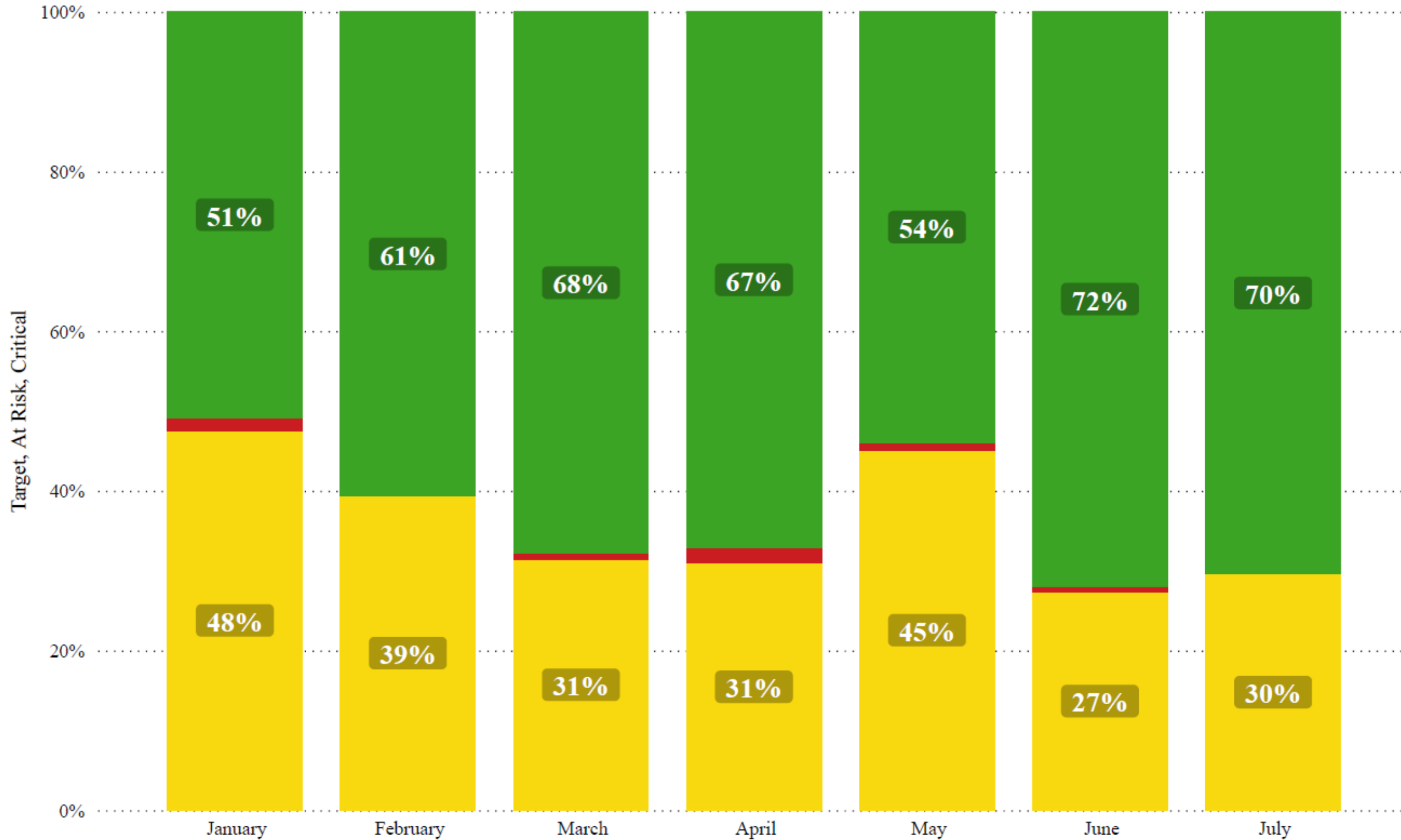
N= 270 patients of USVI & PR



# Effectiveness in staying in target range

Target, At Risk, and Critical Population from January - July 2022

● At Risk ● Critical ● Target



50% of the patients were initially in the target range.



As months go by, the proportion of patients in undesirable ranges decreases.



Leading to a **significant increase in patients within the target range.**



**70% active patients within the desired target range.**



Target blood pressure measurement withing (110-139 over 80-89 mmHg).



# Patient Engagement

CCM outcomes in USVI



**Monthly Care Plans  
Reviewed**

**CCM Program**  
N= 161 patients



**300**  
monthly  
calls

**23 min**  
average time on  
each call

**40%**  
appointment  
scheduling  
requested calls

**60%**  
medication  
refills  
requested calls



# Final Outlook

## 2023 CMS CCM Reimbursement Rates

### CCM Basic Breakdown

- Have 2 or more chronic conditions.
- Have seen by provider at least once in the last 12 months.

CPT Codes	What it Covers	Reimbursement
<b>99490</b>	<ul style="list-style-type: none"><li>• At least 20 minutes delivering care to patient per calendar month</li></ul>	<b>\$62*</b>
<b>99439</b>	<ul style="list-style-type: none"><li>• Additional 20 minutes per calendar month providing care</li></ul>	<b>\$50*</b>

\*actual reimbursement varies by region



# Chronic Care Management (CCM) Workflow

Step	Process	CMS Guideline	Responsibility	Benefit
<b>1</b>	Eligible patients	Dx. 2 or more chronic conditions	Qualify Health Provider (QHP)	Pte & MD engagement
<b>2</b>	Consent	Qualify Health Provider/CM	Qualify Health Provider/CM	Pte & MD engagement
<b>3</b>	Care Plan	Approval by CMO	CMO	Pte care and support plan
<b>4</b>	Care Management	Monthly call for follow up on care plan	digiiMED & Care Team	Coordination of Pte care
<b>5</b>	Outcomes	Management of chronic conditions	digiiMED & Care Team	Pte & Care Team satisfaction
<b>6</b>	Billing	QHP can bill for pts under CCM program when billing requirements are meet	Revenue Department	Additional income

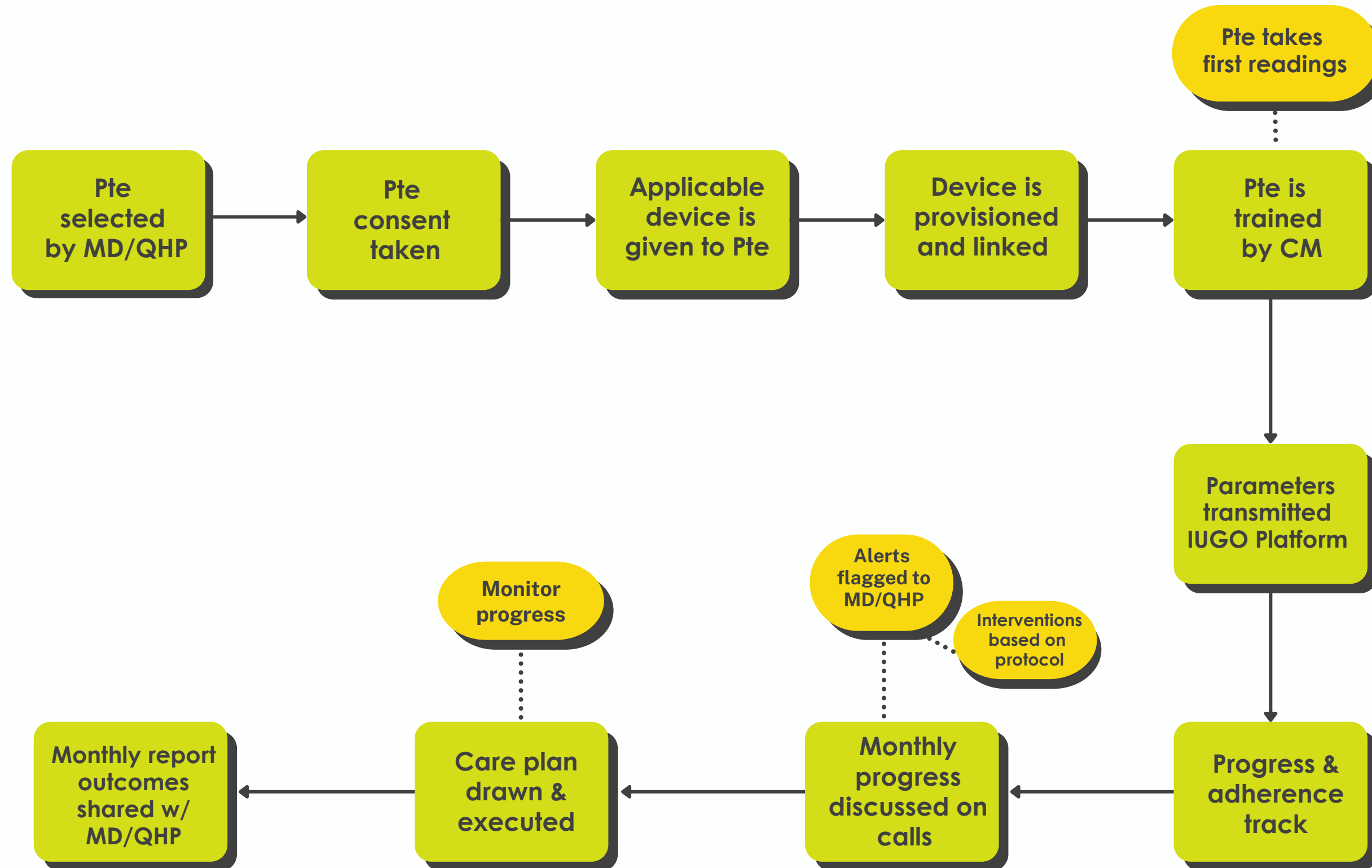
# Final Look

## 2023 CMS RPM Reimbursement Rates

CPT Codes	What it Covers	Reimbursement
<b>99453</b>	<ul style="list-style-type: none"> <li>Initial setup of RPM.</li> <li>Device and patient education.</li> </ul>	<b>\$19*</b>
<b>99454</b>	<ul style="list-style-type: none"> <li>Monthly monitoring.</li> <li>Provider must receive RPM recording 16 days during a 30-day period.</li> </ul>	<b>\$50*</b>
<b>99457</b>	<ul style="list-style-type: none"> <li>RPM management for at least 20 minutes, monthly.</li> </ul>	<b>\$48*</b>
<b>99458</b>	<ul style="list-style-type: none"> <li>Each additional minutes of RPM management service provided per month.</li> </ul>	<b>\$39*</b>
<b>99091</b>	<ul style="list-style-type: none"> <li>Providers can bill time interpreting and processing data for RPM services at least 30 minutes every 30 days.</li> </ul>	<b>\$54*</b>

\*actual reimbursement varies by region

# RPM Model of Care Workflow



## Conclusion & Recommendations



Increase the use of CCM and RPM in USVI healthcare facilities.



Provide training for healthcare professionals on CCM and RPM best practices.



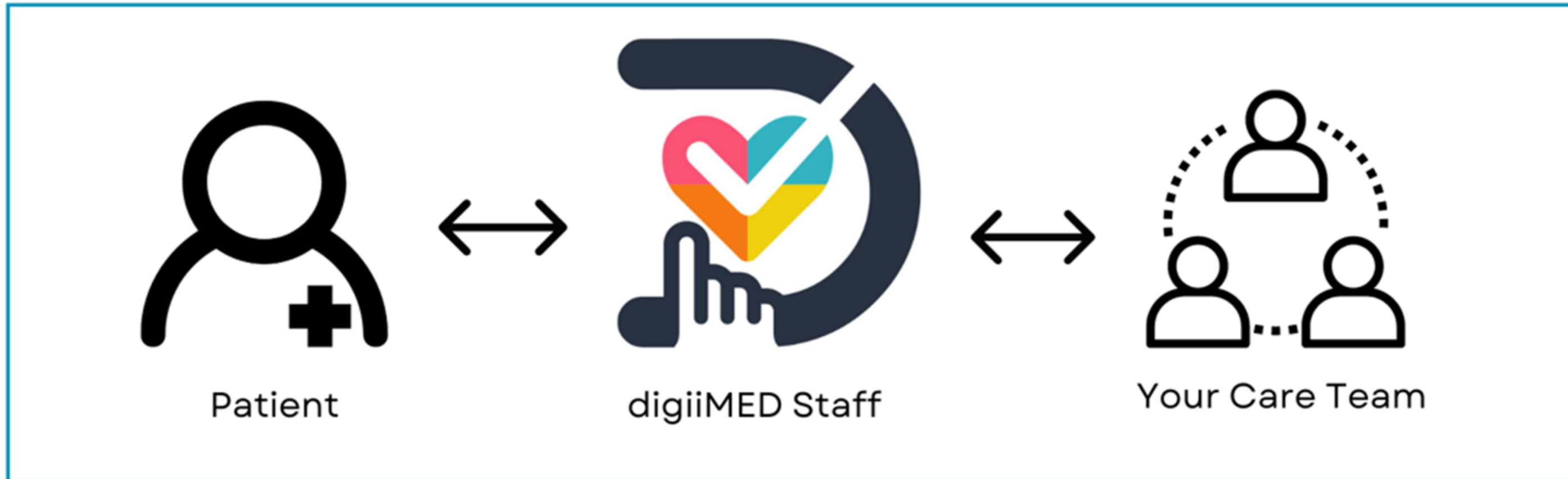
Encourage patient participation and education on the benefits of CCM and RPM programs.

**EDUCATE ENGAGE EMPOWER**



# How we work

Our team will work with you to create customized workflows based on your practice and patient needs



**EDUCATE** **ENGAGE** **EMPOWER**

# Don't get lost on the road Keep In Touch



Website

[www.digiimed.com](http://www.digiimed.com)

Email

[mara@digiimed.com](mailto:mara@digiimed.com)

