

# *RPM for Oncology: Bringing the Hospital Home to Improve Lives*

Session 120, April 19, 2023

Dr. James Mitchell

Dr. Matthias Kochmann

Ankit Prasad

Veris Health - Chief Medical Officer


Sutter Health – Physician and Clinical Informationist at Sutter Health

Veris Health - Director of System Integration and Customer Support

HIMSS 23

 Veris Health

 Sutter Health

 BASS  
CANCER CENTER

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# Meet Our Speakers



**Dr. James Mitchell**

*Chief Medical Officer of  
Veris Health*

*Practicing Oncologist at  
Bass Cancer Center*



**Dr. Matthias Kochmann**

*Physician and Clinical  
Informationist at Sutter  
Health*



**Ankit Prasad**

*Director of System Integration  
and Customer Support at Veris  
Health*

# *Conflict of Interest Slide*

Dr. James Mitchell was co-founder of Oncodisc, Inc. which was acquired by Veris Health, and owns equity in Veris Health.

Dr. Matthias Kochmann and Ankit Prasad have no real or apparent conflicts of interest to report.

# Agenda

- Remote Patient Monitoring (RPM) and Oncology
- Literature Review
  - Clinical Outcomes
  - Patient Satisfaction
  - Cost Reduction & Reimbursement
  - Technology
- Future
- Structuring Your Program

# *Learning Objectives*

1. **Develop a strong value proposition for your health system's remote patient monitoring strategy**
2. **Recognize key metrics for oncology remote patient monitoring patients and tools needed to successfully monitor them**
3. **Assess costs, reimbursements, and challenges to implementing an oncology remote patient monitoring program**

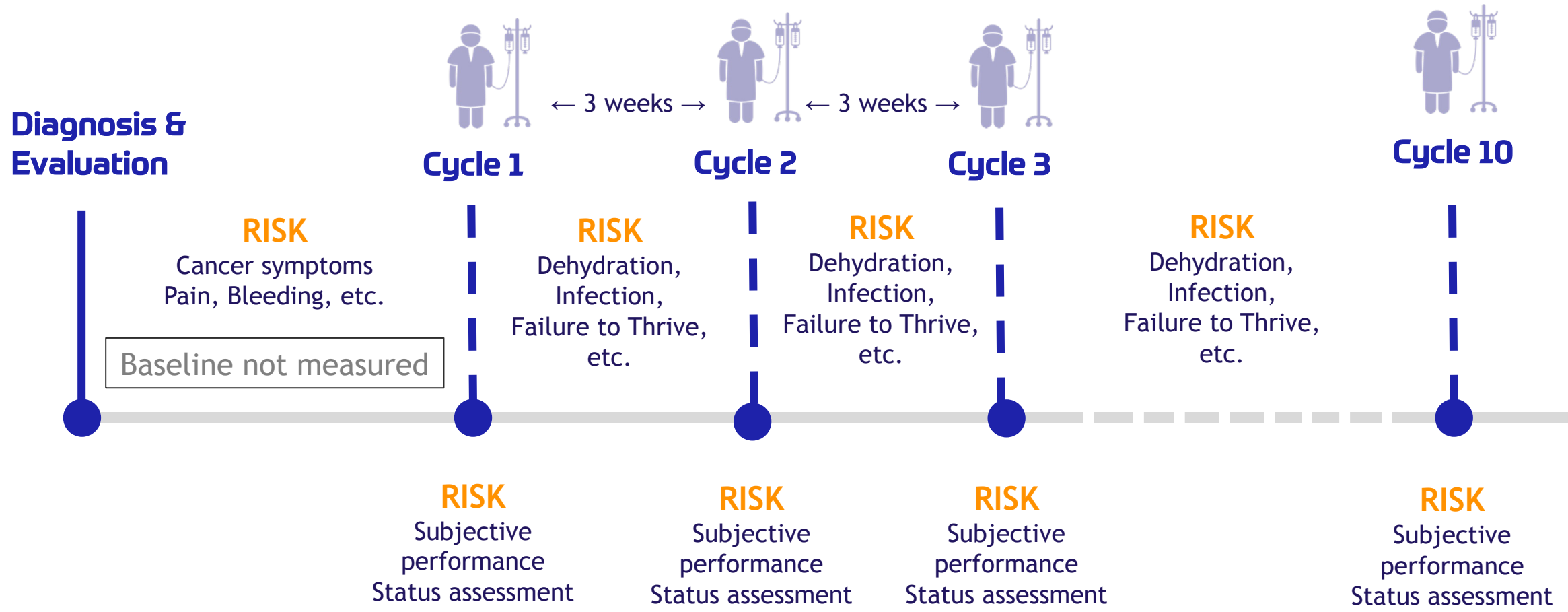
# *Oncology Facts*

**1 in 3 Americans will be diagnosed with cancer in their life<sup>1</sup>**

**1.8 million new cancer diagnosis per year in US<sup>1</sup>**

**80% Oncology care is in community outpatient<sup>2</sup>**

# Current Cancer Patient Journey



Can you reduce risk  
along the patient's  
journey?

## RPM for Oncology: Hypothesis

↓  
Early Detection & Treatment of Complications

↓  
Improve Clinical Outcome

↓  
Increased Patient  
Satisfaction

↓  
Cost-effective

Let see what the  
literature says...





# *Oncology RPM Studies*

Pub Med Literature Review 2000 - 2023:

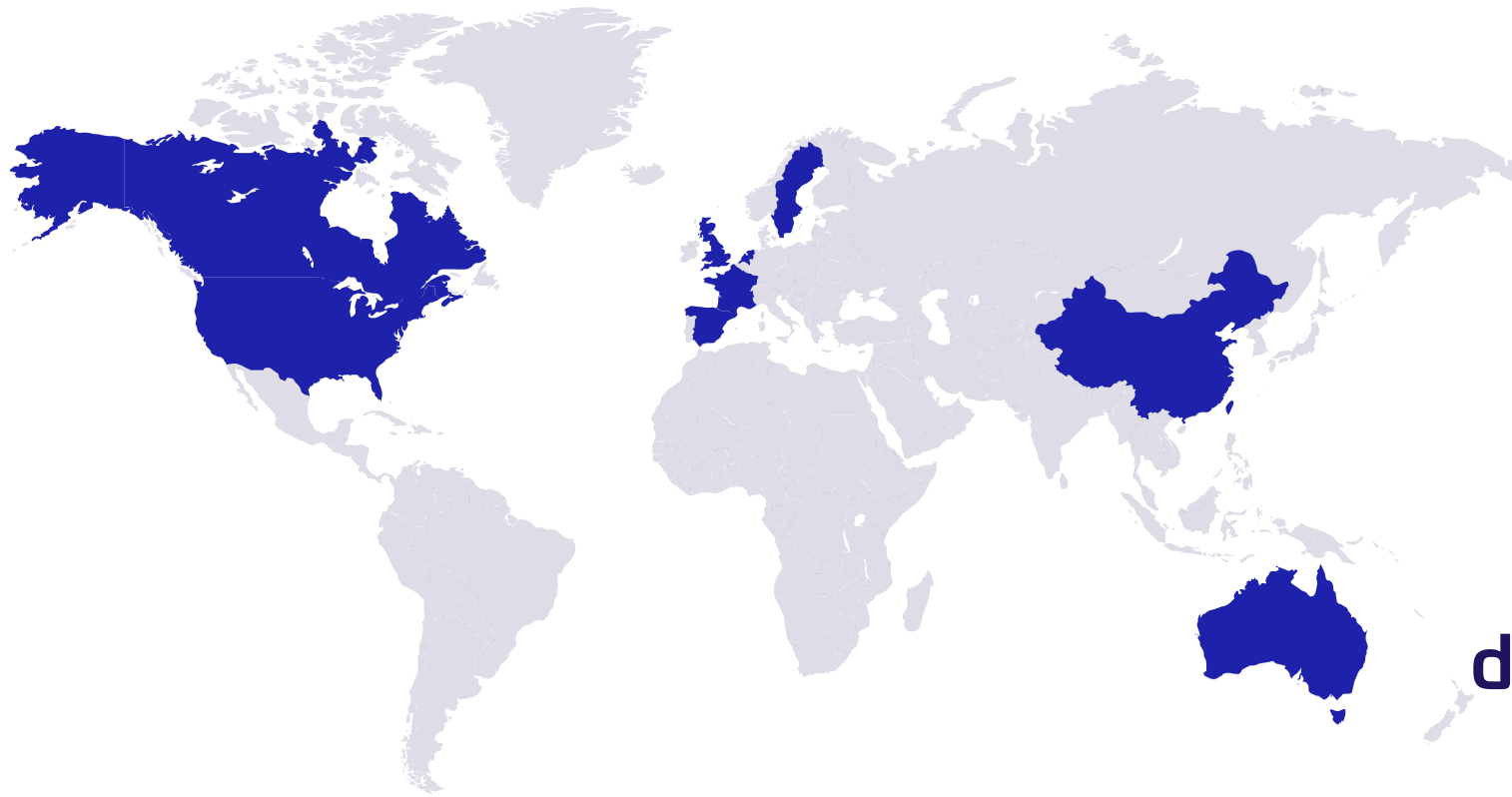
Keywords: Oncology, RPM, ePROM,  
Clinical Trial, clinical study,  
Systematic Review



100+ Results



30+ peer-reviewed  
publications from 10  
different countries and  
4 continents



# Oncology RPM Studies

Real time remote  
for cancer: Europe  
(eSMART)

Roma Maguire<sup>1</sup>, Lisa McCa

**Phase III Ran  
eHealth Inter**

Kate Abelom, PhD<sup>1,2</sup>; Lorraine Wa

Post-discharge a  
Automated Monit  
standard care: ran

Michael H. McGillion<sup>1,2</sup>; Joe

Remote, proactive,  
outpatients during  
early stage breast

Quality of Life of  
Using a Self-Ma  
Randomized Co

Alexandra M. Psihogios, PhD<sup>1,2,3</sup>

I-Ching Hou<sup>1\*</sup>, RN, PhD; Hsin-

Effect of Electronic Sym  
Among Patients With M  
A Randomized Clinical

Ethan Basch, MD, MSc; Deborah Schrag, MD, M

Role of eHealth appl  
self-management o  
of life in cancer surv

Anja van der Hout, Cornelia F. van Uden-Kraan, Kar

Targeted eHealth In  
of Recurrence: Resul

Lynne I. Wagner, PhD<sup>1\*</sup>; Janet

Cancer Health  
prostate cancer usi  
program: the result

Contextual Predict  
Intervention for Ad  
A Pilot and Feasibil

Marlyn Allicock<sup>1,2</sup>; Darla Ke

Behaviors in African

Cost-utility of an  
cancer survivors i  
controlled trial

A van der Hout<sup>1,2</sup>; E. J. van

Post Discharge  
Automated Mon  
for a randomized

Promoting physical a  
and adaptive tailored  
Activity after Cancer

Enhancing survivor  
prostate cancer usi  
program: the result

Lixin Song<sup>1,2</sup>; Peiran Guo

Employing a  
improve dec  
advanced pro  
decision part  
randomized controlled tr

Contextual Predict  
Intervention for Ad

A Pilot and Feasibil

Behaviors in African

Lourdes R. Carhuapoma<sup>1,2</sup>; Winter M. Thayer<sup>3</sup>; Catherine E

Feasibility of  
applications  
a pilot rand

Eric L. Chow<sup>1,2</sup>

Computer-  
Screening

Lisa Carter-Harris<sup>1\*</sup>; F

CaringGul  
psychoeduc  
post-diagn

Robin M. Lally<sup>1,2</sup>

Video confer  
distressed ca

Evaluating  
breast can  
controlled

Emma Lidington<sup>1</sup>, Sophie

randomized controlled tr

Lorinda A. Coombs, PhD, FNP-BC<sup>1,2</sup>; Lee Ellington, PhD<sup>3,4</sup>

Effect of general practitioner-led versus surgeon-led colon  
cancer survivorship care, with or without eHealth support  
on quality of life (I CARE): an interim analysis of 1-year  
results of a randomised, controlled trial

Julien A.M. Vos, Laura A.M. Duineveld, Thijs Wieldraaijer, Jan Wind, Wim B. Busschers, Edanur Sert, Pieter I. Tanis, Irma M. Verdonck-de Leeuw

Mobile health and supervised rehabilitation versus mobile health  
alone in breast cancer survivors: Randomized controlled trial

Mario Lozano-Lozano<sup>a,b,c,d,1</sup>; Lydia Martín-Martín<sup>a,b,c,d,1</sup>; Noelia Caliano-Castillo<sup>a,b,c,d,\*</sup>

A Stepped-Wedge Randomized Controlled Trial:  
Effects of eHealth Interventions for Pain Control Among  
Adults With Cancer in Hospice

Diana L. Wilkie, PhD, RN, FAAN; Yingwei Yao, PhD; Miriam O. Ezenwa, PhD, RN, FAAN; Mari

Outcomes of a randomized controlled trial assessing a  
smartphone Application to reduce unmet needs among people  
diagnosed with CancEr (ACE)

Patricia M. Livingston<sup>1,2</sup>; Leila Heckel<sup>2</sup>; Liliana Orellana<sup>3</sup>; David Ashley<sup>4</sup>

Age Is Not a Barrier: Older Adults  
With Cancer Derive Similar Benefit in  
a Randomized Controlled Trial of a Remote  
Symptom Monitoring Intervention  
Compared With Younger Adults

Lorinda A. Coombs, PhD, FNP-BC<sup>1,2</sup>; Lee Ellington, PhD<sup>3,4</sup>

Lorinda A. Coombs, PhD, FNP-BC<sup>1,2</sup>; Lee Ellington, PhD<sup>3,4</sup>

# Industry Buzz

## Chemotherapy Care Companion: An Oncology Remote Patient Monitoring Program

July 21, 2022

Figure. Overall Survival Among Patients With Metastatic Cancer Assigned to Electronic Patient-Reported Symptom Monitoring During Routine Chemotherapy vs Usual Care

Time	Patients-reported symptom monitoring (%)	Usual care (%)
0	100	100
10	~85	~75
20	~75	~65
30	~65	~55
40	~55	~45
50	~45	~35

MEDTECHDIVE MENU

DIVE BRIEF

### Remote patient monitoring increasingly popular, even as pandemic eases, analysis of insurance claims shows

mHealthIntelligence

### REMOTE MONITORING NEWS

## Remote Patient Monitoring Use Skyrockets 1,300%

New data shows that remote patient monitoring adoption spiked between 2019 and 2022, with high practice providers

ESMO > Oncology News

### Remote Monitoring of Patients Treated with Oral Anticancer Drugs Improves Patient Care Experience and Optimises Healthcare Resources

Findings from a randomised phase III CAPRI study

Date: 11 May 2022  
Topics: Anticancer agents & Biologic therapy

### How to incorporate PROs into clinical care

Oluwadamilola "Lola" Fayanju, MD, MA, MPHS, FACS  
Perelman School of Medicine at the University of Pennsylvania  
Philadelphia, PA

Improving the Management of symptoms during and following Cancer Treatment

Home About

Research Projects

NU IMPACT

E2C2

SIMPRO

Principal Investigator: David Cella, PhD

Northwestern University's NU IMPACT builds upon an integrated cancer symptom monitoring and management system (NMPRO), currently deployed by their health care delivery system. They will test the effectiveness of a system-wide symptom management intervention when implemented across the Northwestern Memorial HealthCare Corporation (NMHC) outpatient oncology clinics. Using a clinic-level randomized roll-out implementation trial design, they will further test, using an embedded patient-level randomized controlled clinical trial, the effectiveness of an enhanced care (EC) approach aimed to engage participants actively, and to increase self-efficacy, in the monitoring and managing of their symptoms. The existing NMPRO will constitute usual care (UC), and added patient engagement and activation features will comprise the EC condition. This innovative hybrid trial design allows for a within- and between-site evaluation of implementation along with a sufficiently powered group-based comparison to demonstrate effectiveness on individual patient outcomes. Fatigue, pain, anxiety, and depression will be assessed using PROMIS® computerized adaptive tests (CATs). In addition, NU IMPACT will assess patient clinical outcomes, including healthcare utilization, and cancer treatment delivery outcomes.



*Remote Patient  
Monitoring (RPM)  
for Oncology*

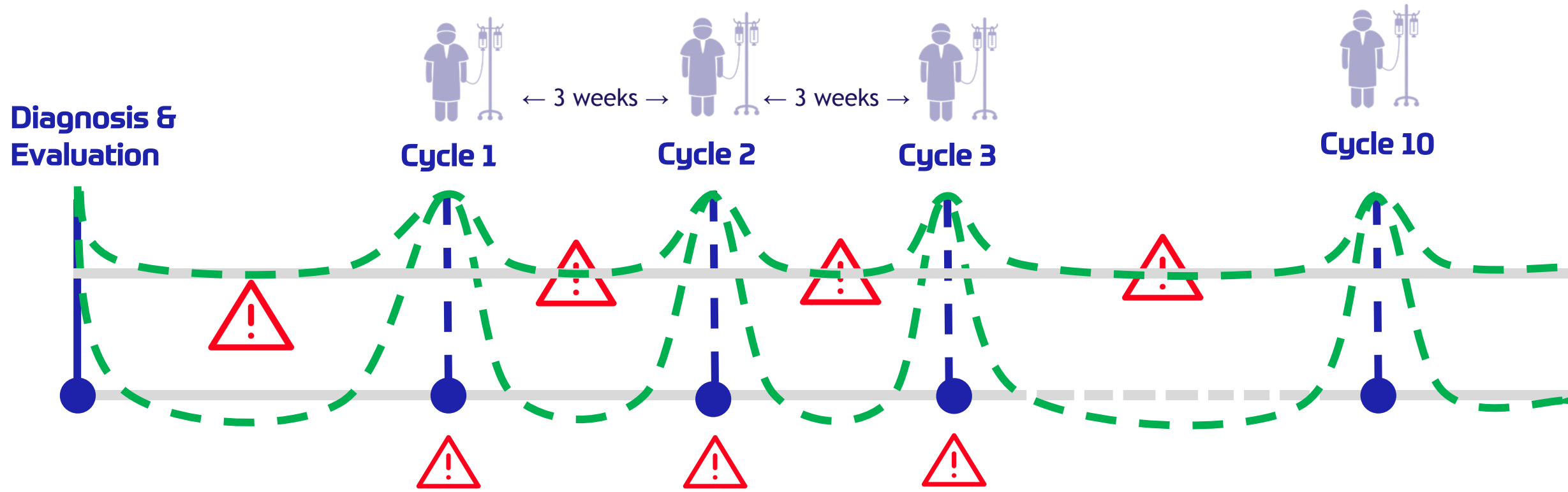
*Clinical Outcome*

# Landmark Studies

	Basch et al.	Kolodziej et al.	Denis et al.
Health Related Quality of Life	↑ 16%		
ER Visits	↓ 6%	↓ 26%	
Hospital Admissions		↓ 13%	
Chemotherapy Adherence	+ 1.9 month		
Survival	+ 5 month		+ 9 month

# Current Cancer Patient Journey

The current level of care is episodic and, as a result, fluctuates



RPM Oncology elevates the baseline of level of care, via closer monitoring - leading to earlier symptoms detection and resolution





*Remote Patient  
Monitoring (RPM)  
for Oncology*

*Patient Satisfaction*

# Testimonials

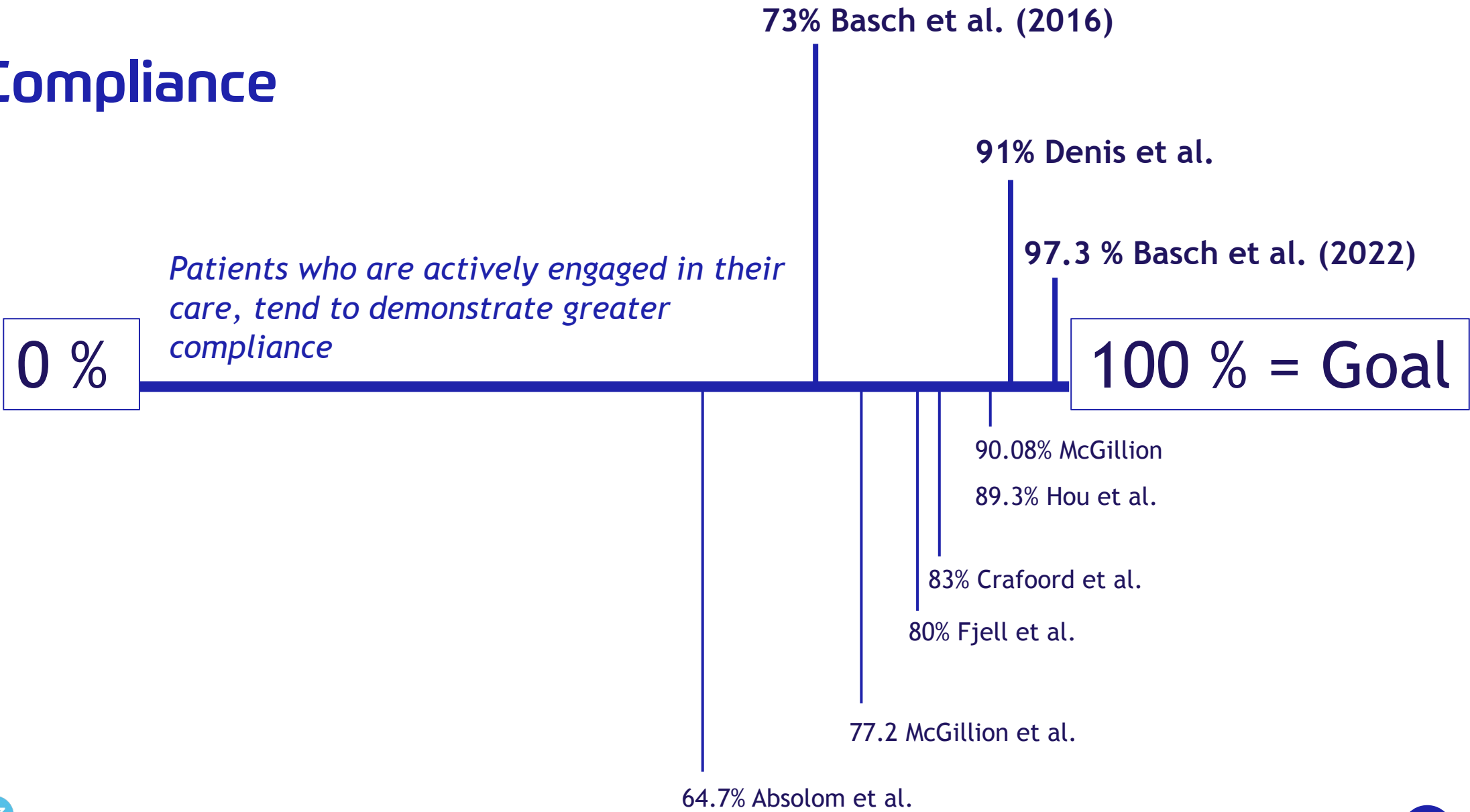
*“I **felt safe** reporting every day....It was excellent....I noticed, before logging off, that I would be called...**A huge security**....Having the app and a continuous access to help has made me feel better.”  
[Crafoord et al.]*

*“It has been very **easy and convenient**....The app is easy to use....When you feel ill, **it is a security**, but if you feel good it is a negative reminder that you are sick” [Crafoord et al.]*

*“Positive, good experience. Actually outstanding experience, it was really good for me. Showed me what I can and can't do, which was more 'can'. This was a **really positive** experience.” [McGillion et al.]*



# Compliance

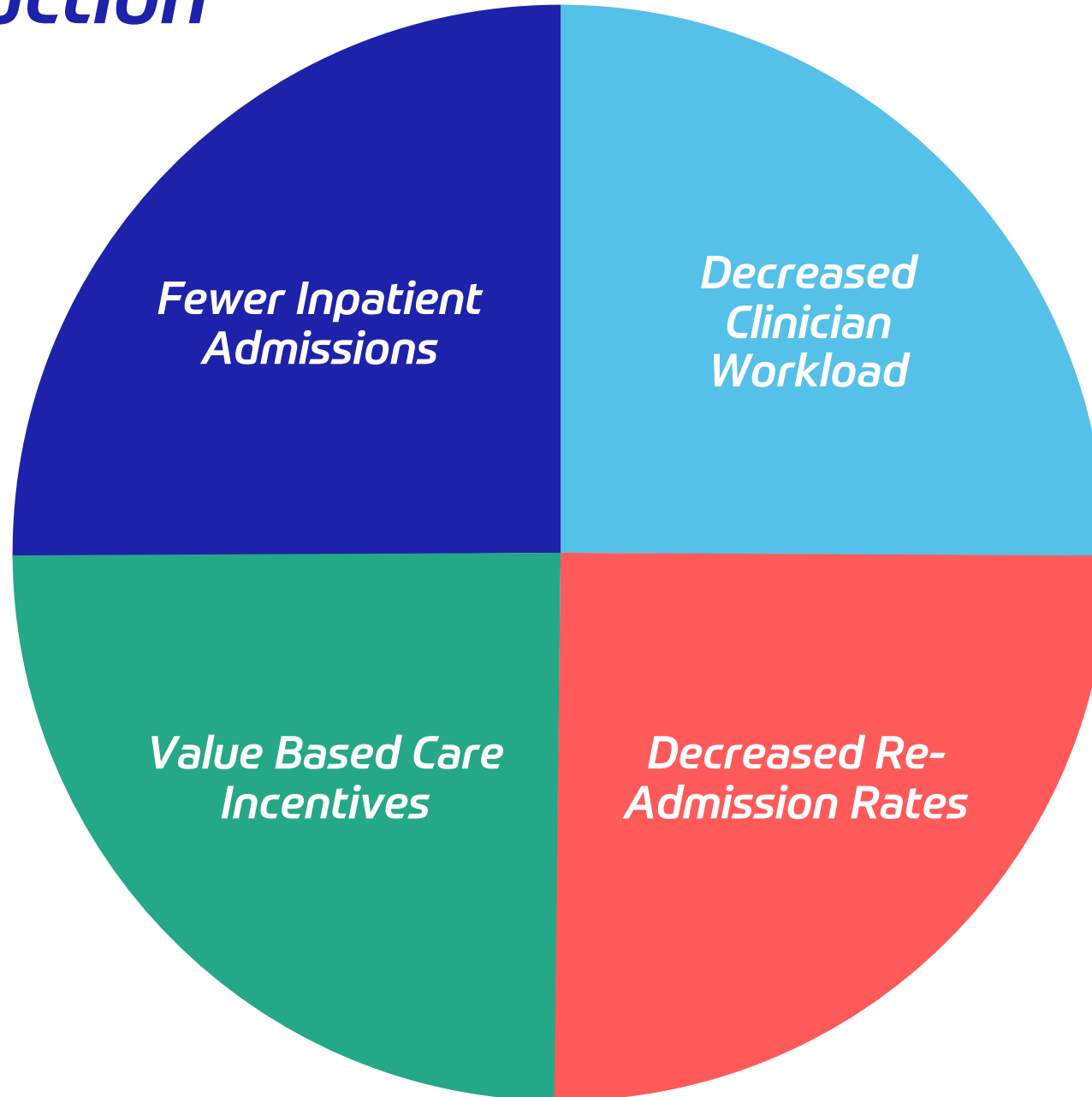




*Remote Patient  
Monitoring (RPM)  
for Oncology*

*Cost Reduction &  
Reimbursement*

# *Cost Reduction*



# Cost Reduction

**€362**

Saved per patient per year

*Lizée et. al (2018)*

**\$4708**

Saved per patient per  
treatment duration

*Longacre et. al (2020)*

# Remote Patient Monitoring – Core Reimbursement

Code	Description	Frequency	Average
99453	Setup	One-time only	\$19
99454	Recording of physiologic data	Monthly	\$50
99457	First 20 minutes clinician time	Monthly	\$48
99458	Additional 20 minutes clinician time	Monthly (x2)	\$39 (\$78)
<b>Total per month</b>			<b>\$176 (+\$19 first month)</b>



# *RPM Billing for 1000 Patients*

*Over 1 Quarter*



*Over 1 year*



# *Virtual Check-Ins – Additive Reimbursement (examples)*

Code	Description	Frequency	Average Reimbursement
99441	Telehealth (5-10 minutes)	Weekly	\$56
99442	Telehealth (11-20 minutes)	Weekly	\$91
99443	Telehealth (20-30 minutes)	Weekly	\$128



# Running The Numbers

Reimbursement  
(1000 patients)

Per Month



Per Year



Time (per 1000 patients)





# Staffing Cost

Current state  
of the art

Non- billable

Non- billable

Non- billable

Current unbillable activities are covered under RPM



Patient Portal Messages

Phone Calls

Chart Review/  
Care Management

RPM

CPT 99457

CPT 99441

CPT 99457

# *Value-Based Programs*

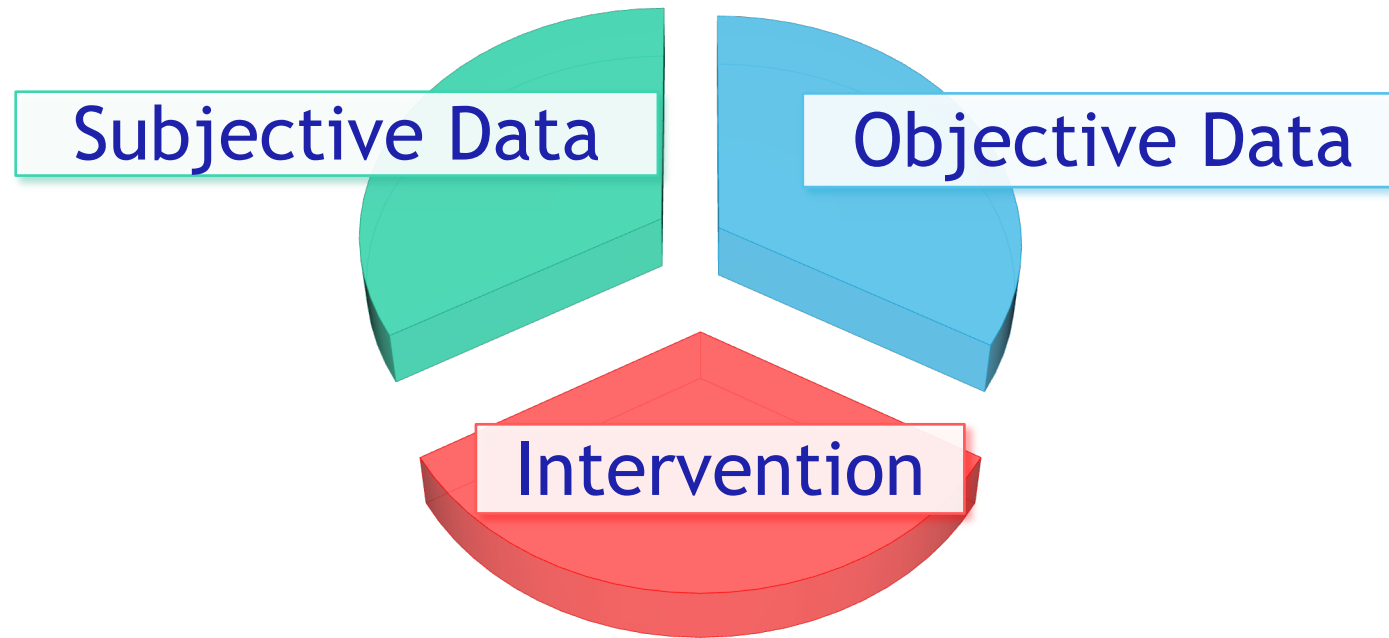
- **Driving down costs of acute care benefits practices participating in value-based programs**
  - Fewer ED visits
  - Fewer hospitalizations
  - Shorter length of stay
- **The right platform can help your practice meet program requirements**
  - **EOM – Medicare: Enhancing Oncology Model**
    - Patient questionnaires (ePRO)
    - Care plan documentation
    - Reduced Health Equity Barriers - Assessing and addressing social determinants of health & barriers to care



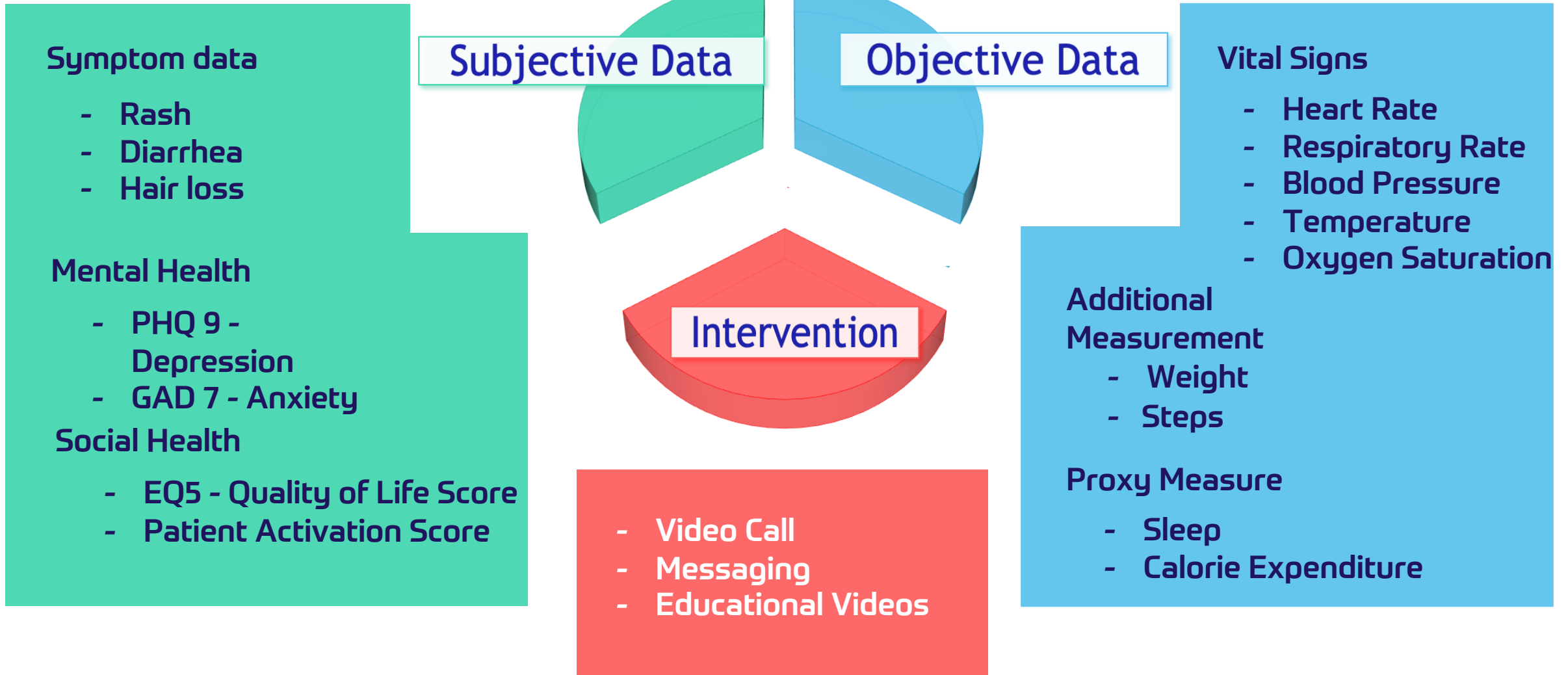
*Remote Patient  
Monitoring (RPM)  
for Oncology*

*Technology*

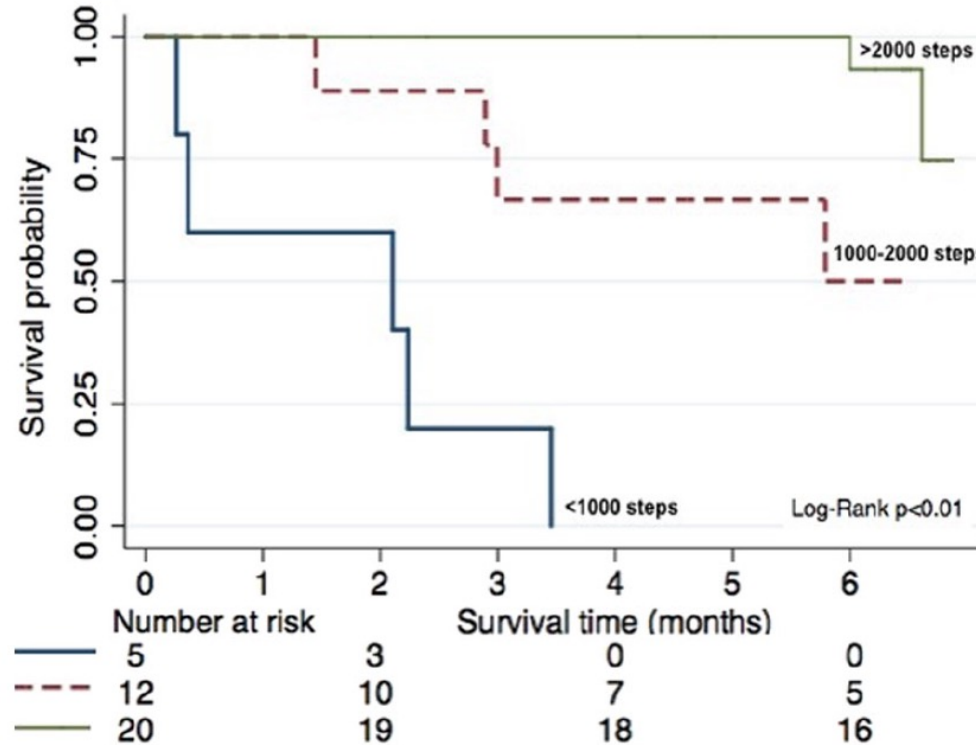
# EARLY DETECTION & ACTIONABLE DIAGNOSIS



# Electronic Patient Reported Outcome Measure (ePROM)



# Importance of Measuring Steps



*Data show increased mobility leads to improved survival*

Gresham, Gillian, et al. "Wearable activity monitors to assess performance status and predict clinical outcomes in advanced cancer patients." *NPJ digital medicine* 1.1 (2018): 27.



*Remote Patient  
Monitoring (RPM)  
for Oncology*

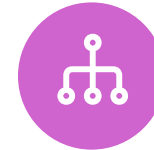
*Future*

# Data Collection

*Connected Devices*



*Data Lake*



*Machine Learning Algorithms*

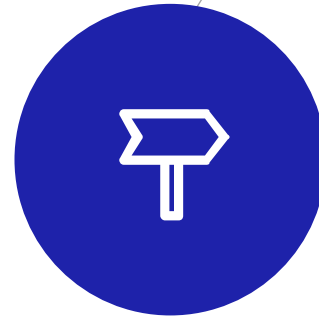


*Patient Reported*



# Data Collection

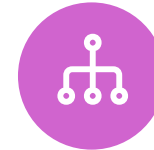
*Connected Devices*



*Data Lake*

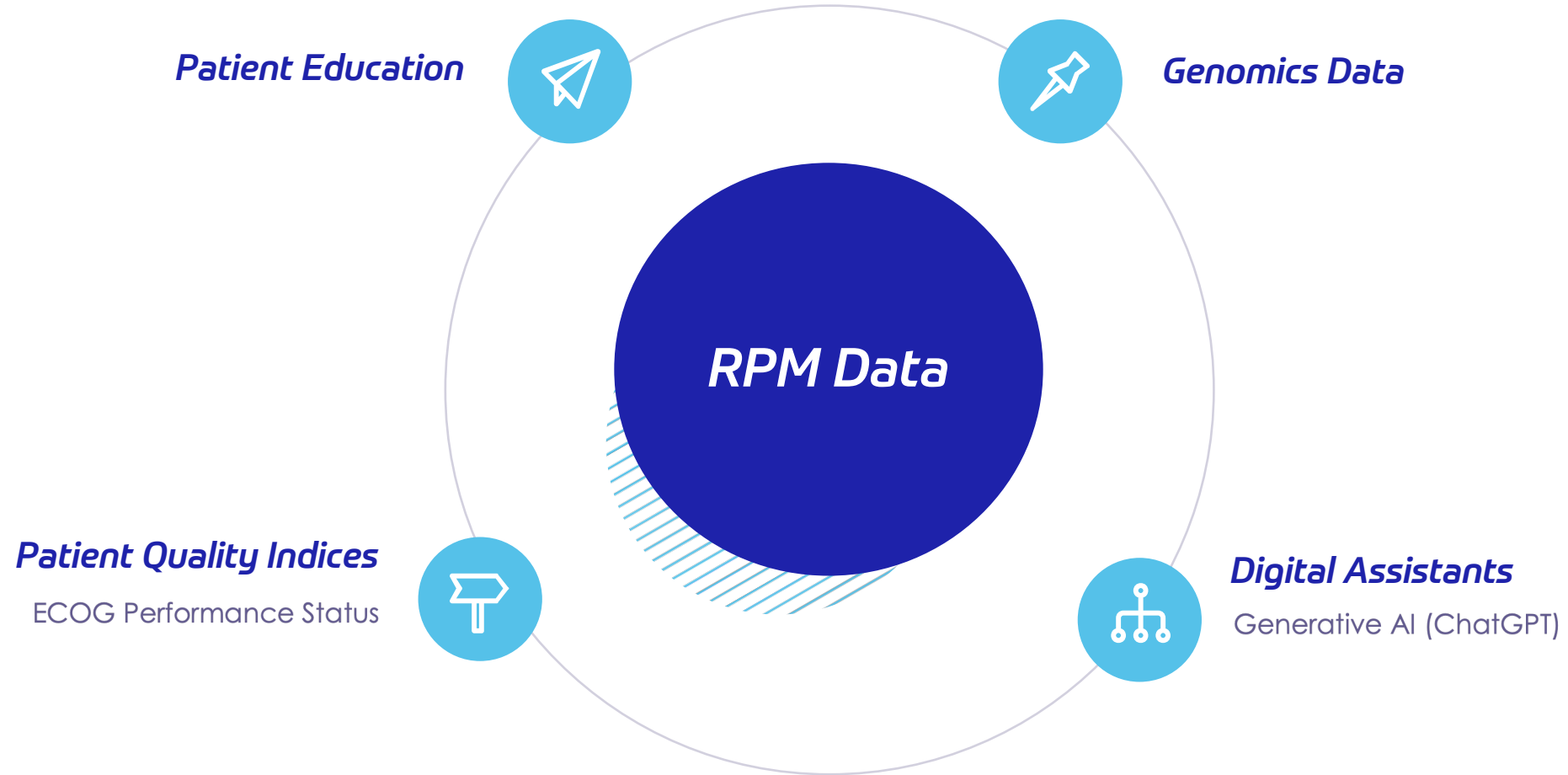


*Patient Reported*

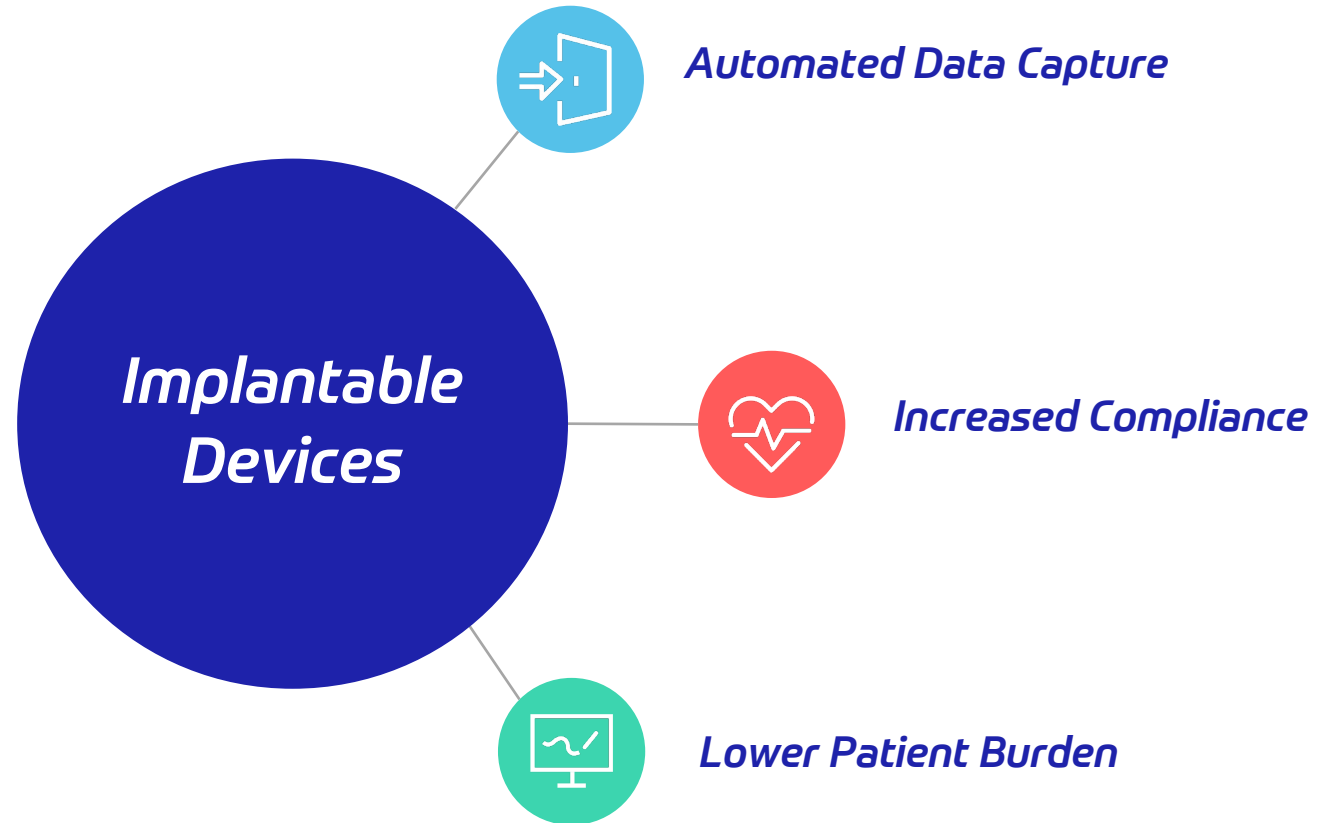


*Machine Learning Algorithms*

# Integrated Technology



# *Implantable Devices*



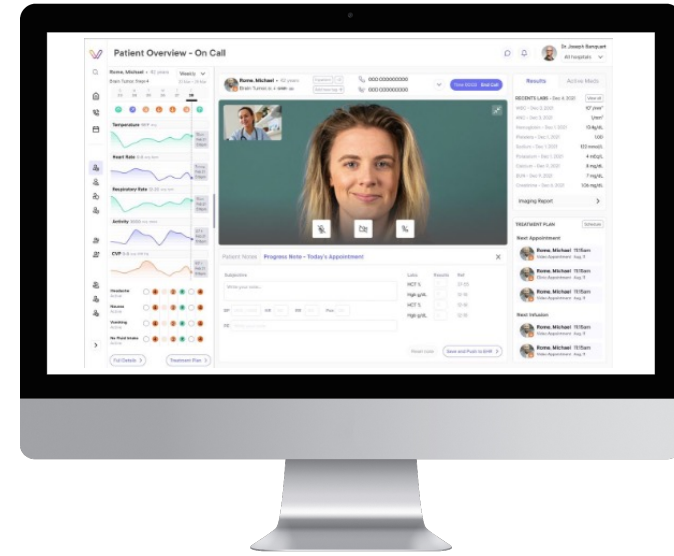


*Structuring Your  
Program*

*One-Size Fits All  
Works Well for  
Nobody*

# Choosing the Right Vendor

- ✓ Quality of RPM hardware & software
- ✓ Customer support
- ✓ Cloud vs. in-office server
- ✓ Additional care services
  - ePRO
  - Patient engagement/communication
  - Caregiver engagement
  - Telemedicine
  - Documentation support
  - Multilingual?
- ✓ Billing & coding support
  - Automated vs. manual
  - Documentation
- ✓ Data integration with EMR



# *Core Program Requirements*

- **Medical devices as defined by FDA**
- **Clinical Buy In**
- **Patient Education and Support**
- **Patient Consent**
- **RPM Order**

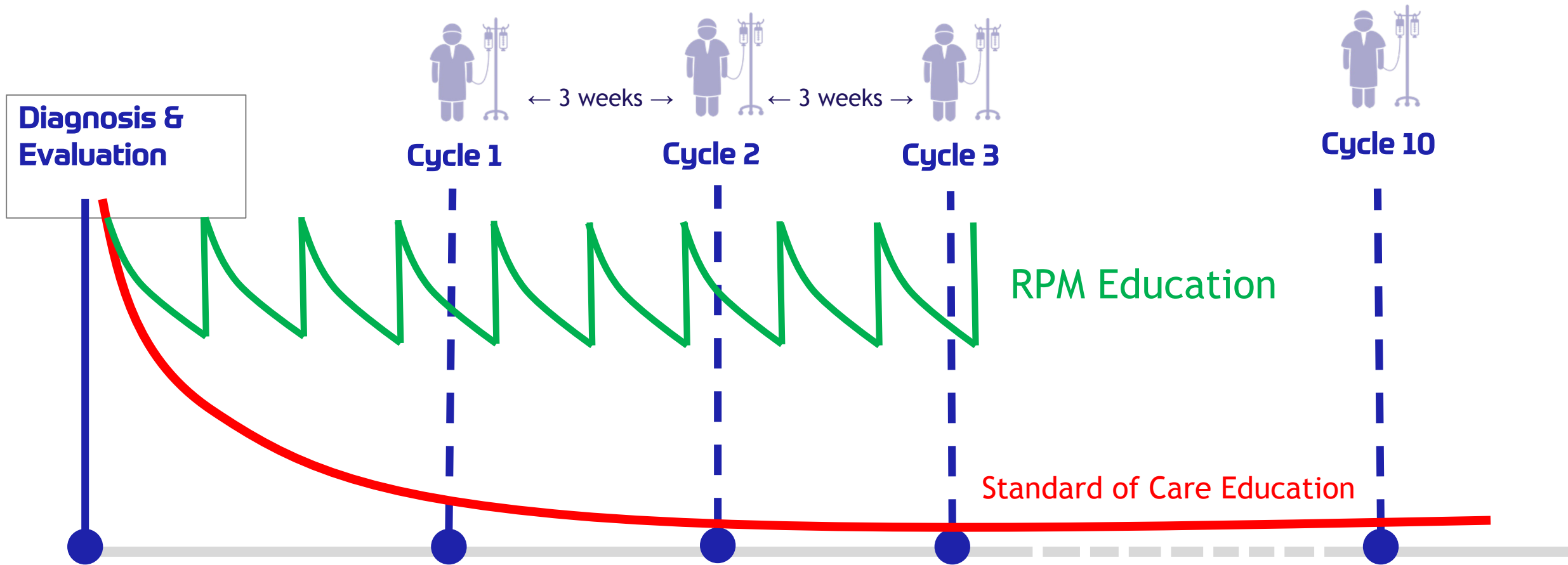


# *Areas to watch*

- Engage IT during vendor selection
- Onboarding process
- Compliance
  - Will drive clinical outcomes and reimbursement
- Reduce patient workload
  - Compatible devices
  - Data auto-upload
  - Easy symptom reporting capabilities
  - Regular reminders
  - Positive reinforcement & feedback loop



# Patient Education





A well managed RPM with the correct tools is shown to improve all aspects of the Quadruple Aim - Now Quintuple Aim

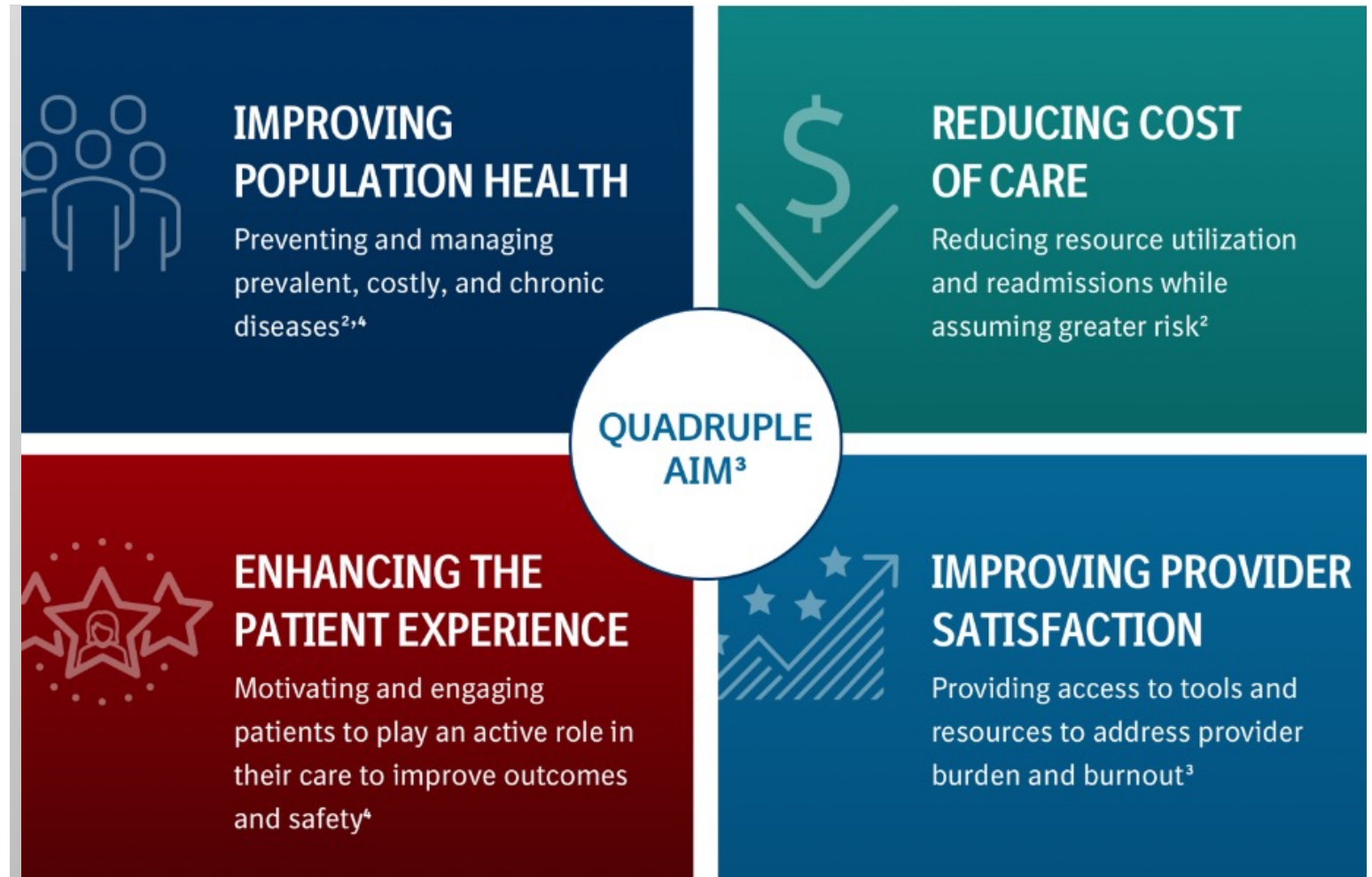


Image sourced from: <https://www.strategiesforqualitycare.com/quadruple-aim>

# Literature Slide

## I. Oncology Facts:

- I. [www.cancer.gov/about-cancer/understanding/statistics](http://www.cancer.gov/about-cancer/understanding/statistics)
- II. American Society of Clinical Oncology. (2020). The State of Cancer Care in America, 2020

## II. Literature

- I. Basch, Ethan, et al. "Symptom monitoring with patient-reported outcomes during routine cancer treatment: a randomized controlled trial." *Journal of Clinical Oncology* 34.6 (2016): 557.
- II. Basch, Ethan, et al. "Overall survival results of a trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment." *Jama* 318.2 (2017): 197-198.
- III. Kolodziej, Michael A., et al. "ePRO-based digital symptom monitoring in a community oncology practice to reduce emergency room and inpatient utilization." (2022): 1508-1508.
- IV. Denis, Fabrice, et al. "Randomized trial comparing a web-mediated follow-up with routine surveillance in lung cancer patients." *JNCI: Journal of the National Cancer Institute* 109.9 (2017).
- V. Crafoord, Marie-Therése, et al. "Engagement in an interactive app for symptom self-management during treatment in patients with breast or prostate cancer: mixed methods study." *Journal of medical Internet research* 22.8 (2020): e17058.
- VI. McGillion, Michael H., et al. "Post-discharge after surgery Virtual Care with Remote Automated Monitoring-1 (PVC-RAM-1) technology versus standard care: randomised controlled trial." *bmj* 374 (2021).
- VII. Basch, Ethan, et al. "Symptom monitoring with patient-reported outcomes during routine cancer treatment: a randomized controlled trial." *Journal of Clinical Oncology* 34.6 (2016): 557.
- VIII. Basch, Ethan, et al. "Overall survival results of a trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment." *Jama* 318.2 (2017): 197-198.
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- XII. Hou, I-Ching, et al. "Quality of life of women after a first diagnosis of breast cancer using a self-management support mHealth app in Taiwan: Randomized controlled trial." *JMIR mHealth and uHealth* 8.3 (2020): e17084.
- XIII. Absolom, Kate, et al. "Phase III randomized controlled trial of eRAPID: eHealth intervention during chemotherapy." *Journal of Clinical Oncology* 39.7 (2021): 734-747.
- XIV. Gresham, Gillian, et al. "Wearable activity monitors to assess performance status and predict clinical outcomes in advanced cancer patients." *NPJ digital medicine* 1.1 (2018): 27.