

CAC MEETING DISCUSSION QUESTIONS

Multi-Jurisdictional CAC Meeting February 28, 2023 Discussion Questions

Clinical

1. Are you using Remote Physiologic Monitoring and/or Remote Therapeutic Monitoring, as defined by the AMA CPT code descriptors in your clinical setting for your Medicare patients?

If yes,

How do you identify potential patients – e.g., In what clinical situation would they benefit from this type of intervention?

Are there specific ranges of diagnoses that you target?

Are there certain clinical situations where you might choose Physiologic Monitoring versus Therapeutic Monitoring? Please explain.

How do you determine how long to monitor the patient?

If no,

What factors led to your decision not to use the monitoring?

2. What is the advantage of using RPM or RTM over standard of care, or standard monitored care done without remote monitoring technology, for any given patient?

3. What is the goal of remote therapeutic monitoring and how is it different from remote physiological monitoring?

4. How has the use of RPM/RTM altered your plan of care for your Medicare patients?

5. What outcome measures are you using to demonstrate improved patient outcomes with RPM or RTM OVER standard of care?

6. Do you use a third-party vendor to assist you with the use of RPM or RTM code requirements?

7. Do you use RPM or RTM in conjunction with any of the Chronic Care Management CPT codes? If so, when, and how would you use them in tandem?

Literature

Please consider PICOT as you are answering the following questions.

PICOT- mnemonic from elements of a clinical research question:

- **P** – Patient population, or problem Medicare + specific Dx
 - **I** – Intervention (action or treatment) being considered *RPM does it improve patient outcomes?*
 - **C** – Comparison or control What other interventions should be considered? *Standard of care/Current Care*
 - **O** – Outcome desired or expected or objective? *To cover as a Medicare benefit: Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the beneficiary’s condition or to improve the function of a malformed body member-i.e., medical necessity.*
 - **T** – Time Frame how long will it take to reach the desired outcome if it is of value 0-3 months? 0-6 months? Longer?
1. Based on the current literature available (bibliography provided), with specific diagnoses of CHF, HTN, COPD, HBA1C, back/knee pain, and MSK (including prevention for diabetic foot ulcers and MSK conditions), what is the quality of evidence supporting the use of RPM and/or RTM over standard of care for the following patient outcomes:
 - a. Mortality?
 - b. Emergency room visits?
 - c. Hospitalizations/Rehospitalizations?
 - d. Shortening length of stay for hospitalizations?
 - e. Reduction in services (e.g., surgeries, imaging, ED admissions, etc.)
 2. Based on any currently available literature, is there high-quality evidence to support RPM and RTM as medically reasonable and necessary for any other patient outcomes? Please provide a copy or link of any supporting additional literature.