FOOTE FORWARD
Health Strategies
Moving Healthcare Forward, Together

Is Remote Patient Monitoring Right for Your Rural Organization?

Clinical Evidence • Program Readiness • Payer Requirements • Arizona RHTP Alignment

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Learning Objectives

By the end of this webinar, you will be able to:

01 — Identify evidence-supported RPM applications and outcomes

02 — Understand how physiologic data become clinical action

03 — Evaluate whether RPM is right for your rural organization

04 — Recognize key Medicare and AHCCCS requirements

What Is Remote Patient Monitoring?

RPM connects physiologic data collected at home to clinical care.

1

Device Setup + Patient Education

→

2

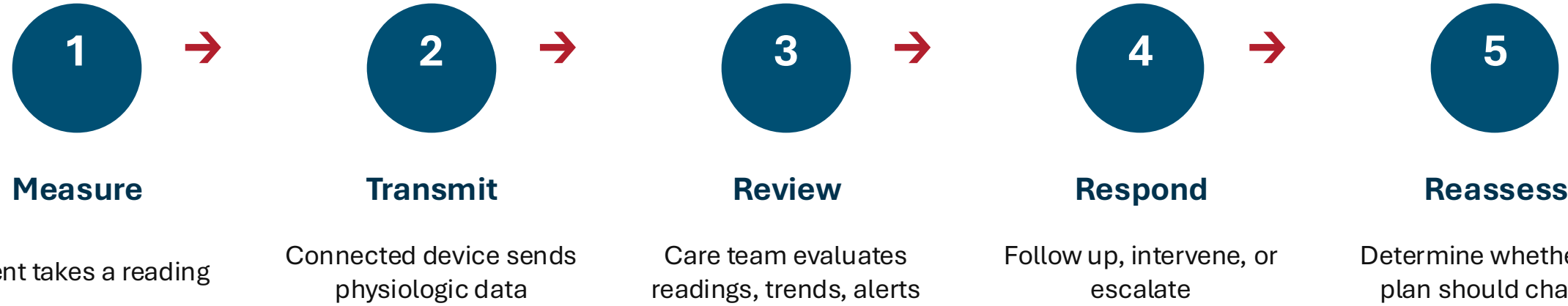
Physiologic Data Collection + Transmission

→

3

Treatment Management

RPM Turns Home Measurements Into Clinical Action



Data alone do not improve outcomes. Clinical action does.

Where Does RPM Have Evidence-Supported Clinical Value?

BP

Hypertension

Blood pressure trends

HF

Heart Failure

Weight + cardiovascular measures

A1C

Type 2 Diabetes

Glucose patterns

Data → Clinical Action → Outcomes

A device alone is not the intervention.

Hypertension

Clinical Challenge

- Office BP is only a snapshot
- Hypertension may be asymptomatic
- Treatment response can be difficult to assess between visits

RPM Can Support

- Longitudinal BP trends
- Earlier treatment review
- Patient-specific follow-up

Evidence

~7.3 mm Hg ↓ systolic BP

~10 percentage-point ↑ BP control

Best Fit

Patients whose BP data can meaningfully inform treatment decisions

Rural Relevance

Less travel
+
greater visibility between visits

Clinical value comes from patterns, response, and reassessment.

Heart Failure

Clinical Challenge

- Decompensation may develop between visits
- Early changes may not be recognized by the patient

Common Data

Weight • BP • Heart Rate • O_2 Saturation

Evidence

19% ↓ total HF hospitalizations

18% ↓ first HF hospitalization

10% ↓ all-cause mortality

Best Fit

Patients whose changing data can trigger a meaningful clinical response

Rural Relevance

Earlier visibility when care may be hours away

Remote monitoring has shown meaningful reductions in hospitalization and mortality.

Type 2 Diabetes

Clinical Challenge

A1C shows average control, not daily glucose patterns

RPM Can Identify

- Persistent hyperglycemia
- Possible hypoglycemia
- Treatment-response patterns

Evidence

~0.42 percentage-point A1C improvement

vs.
Usual Care

Best Fit

Patients whose glucose data can inform treatment and who can remain engaged

Rural Relevance

Greater support between visits with less reliance on patient-reported values

Data alone are not the intervention.

The End-to-End RPM Workflow

1. **Identify + Assess Suitability**
2. **Introduce + Enroll + Consent**
3. **Create Monitoring Plan**
4. **Set Up + Activate Device**
5. **Monitor + Manage Clinically**
6. **Reassess**
7. **Discontinue When Appropriate**

Across Every Stage — **Clear ownership • Documentation • Handoffs**

Who owns it? What must be completed? Who receives the next handoff?

Turning Incoming Data Into Clinical Action

Incoming Data → Clinical Response

1. Receive + prioritize
2. Review + validate
3. Contact patient + assess context
4. Determine response
5. Intervene + escalate
6. Follow up + reassess
7. Document

Response Pathway

Finding	Response
Within plan	Continue monitoring
Technique/device issue	Correct + repeat
Clinical concern	Clinical assessment
Treatment review needed	Treating practitioner
Urgent symptoms	Urgent/emergency protocol

Key Point

Escalation is not complete until someone assumes responsibility for the next step.

Evaluating Whether RPM Is Right for Your Rural Organization

Start With Fit

Clinical Need

Patient Population

Ability to Respond

Sustainability

Then ask:

1. Does RPM address a defined clinical need?
2. Are there patients likely to benefit and participate?
3. Can we consistently review and respond?
4. Can we sustain the service?

First determine whether RPM is a good fit. Then assess whether the organization is ready to support it.

Organizational, Technology, and Sustainability Readiness

Clinical + Operational

Staff Capacity • Skills + Scope • Ownership • Escalation

Technology + Data

Workflow Fit • Devices • Connectivity • Accessibility • Reliability • Vendor Support

Patient Support

Education • Technical Support • Ongoing Assistance

Financial

Payer mix • Patient Responsibility • Costs • Volume • Reimbursement

Rural Environment

Connectivity • Small Patient Populations • Staffing • Distance • Access to care

Readiness Decision

Ready | **Proof of Concept** | **Not Yet**

Current Medicare Requirements

Current Medicare Framework

- Acute or chronic condition
- Medically reasonable + necessary
- Established patient relationship
- Connected medical device
- Patient consent
- Eligible billing practitioner
- Coordination rules apply

2026 Data Collection

- 2–15 days
- 16+ days

in a 30-day period, depending on the service

Key Takeaway

Organizations need to understand the requirements associated with the specific RPM services they intend to provide.

Current AHCCCS Requirements

AHCCCS treats RPM as telehealth.

Coverage

Underlying service must be AHCCCS-covered and meet applicable requirements

Provider

AHCCCS-registered provider acting within scope

Consent + Privacy

Arizona requirements + HIPAA

Coding

Use the current AHCCCS Telehealth Code Set

Managed Care

Health plan requirements may differ

Do not assume Medicare rules apply to AHCCCS.

2027 Medicare Proposal Watchlist

PROPOSED — NOT CURRENT REQUIREMENTS

Initiating Visit

Separately billable initiating visit when RPM begins

Clinical Staff

Proposed requirement for clinical staff performing RPM work to be employed by the practice

Payment

Updated device-cost assumptions

Future Structure

Possible bundled HCPCS G-codes

For Now,

Continue following current 2026 Medicare requirements

Arizona RHTP Opportunities and RPM Alignment

Arizona RHTP Through 2030

RPM aligns with investments in:

- **Chronic disease management**
- **Telehealth + remote monitoring**
- **Digital infrastructure**
- **Care coordination**
- **Rural access**

Current Status

- ❖ Telehealth Digital Transformation grant closed August 21, 2026
- ❖ Keep monitoring AHCCCS for future opportunities.

Funding should support a sound RPM model, not create the reason for one.

Preparing an RPM Initiative for Future RHTP Opportunities

Be Ready to Explain Five Things

1

Problem

What rural need are we addressing?

2

Clinical Rationale

Why is RPM appropriate?

3

Implementation Gap

What would funding help solve?

4

Success Measures

How will we know it worked?

5

Sustainability

What happens when funding ends?

Measure What Matters: Clinical • Access • Participation • Workflow • Technology • Financial

Start with the problem you are aiming to fix, not the technology.

Is RPM Right for Your Organization?

YES, when there is:

- Clear clinical or access need
- Appropriate patient population
- Responsive care team
- Workable technology
- Applicable payer coverage
- Sustainable operating model

NOT YET

Readiness work or a focused proof of concept may be the right next step.

The goal is not simply to offer RPM. The goal is to build a program that works.

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