

**Host/Interviewer:** Suleima Salgado

**Guest/Interviewee:** Hector Garcia

**Suleima:** From portable devices to real-time data tracking, remote patient monitoring, also known as RPM for its English acronym, is helping health providers to stay connected with their patients far beyond the walls of the clinic. Whether you work in the health field, are passionate about technology, or you're just curious about how technology is transforming medical care, this episode is for you. Hello, I am Sulema Salgado, Executive Director of GPT and Principal Investigator, and I am speaking on behalf of the South Central and Southeastern Telehealth Resource Centers, SCTRC and SETRC.

In this episode of Telehealth Talks, we'll discuss remote patient monitoring with Héctor García, director of the HIT program, HCCN, at the Primary Health Association of Puerto Rico. Stay with us.

Before we begin the conversation with Héctor, let's review the basics. Remote patient monitoring uses digital technologies to collect health data in person at one location, often at a patient's home, and securely transmit it to healthcare providers elsewhere. RPM has grown rapidly and is helping providers monitor their patients in real time, without the need for in-person visits.

Welcome, Hector. We're very happy to have you with us today.

**Hector:** Likewise. Thank you for the opportunity to share with you during this broadcast.

**Suleima:** Thank you very much. We're going to get started because we have little time, but we want to make sure we have all the necessary information. To begin, of course, could you tell us a little about your organization and how you're working with centers to incorporate remote patient monitoring into clinical workflows?

**Hector:** Sure. We are the Primary Health Association of Puerto Rico. We are a nonprofit institution that provides programmatic, technical, regulatory, and marketing support, among other things, to community health centers in Puerto Rico and the U.S. Virgin Islands through a federal grant provided by the Health Resources and Services Agency (HRSA) and its federal primary health care bureau. We are currently providing technical support, training, and operations so that the centers can maximize the use of technology, including telehealth, through remote patient monitoring.

**Suleima:** And Hector, are you focusing on any particular chronic condition within that patient population? And if so, which population and which chronic condition? Yes, we're focusing on controlling blood pressure, or CBP. This is a metric that has to do with what HRSA investigates through its statistical reports to community health centers nationwide. The population we're specifically studying is mostly a cohort of about 450 patients over the age of 65 in at least two centers, and in one center, we serve adults ages 18 to 55.

**Suleima:** That means it's available to many different people.

One question I know everyone always thinks about first is cost. How are you managing the costs associated with remote patient monitoring, and what is the cost, if any, to patients? How's that going?

**Hector:** Well, our work plan allows us to develop either pilot projects or research projects that promote the use and adoption of technology. In this case, we budgeted over \$100,000 to invest for about six to seven months in the development, use, and outreach to patients and providers for the use of telehealth through

remote patient monitoring and electronic chronic care management, using dashboards, and from there, monitor this cohort of patients in three health centers that met the criteria we established.

**Suleima:** And in these cases, have you seen that the RPM has helped prevent emergency room visits, as you're talking about, or hospital re-admissions? How is that?

**Hector:** Well, currently, we don't have that information yet. We do know that it's greatly benefiting patient engagement, because the organization helping us develop the project has managed to implement some very aggressive patient education. And interestingly, the elderly population using the device is very happy because the educational angle it offered was a kind of certification. They are certified in the use of the device, and culturally, this has had an impact because patients in these older age groups feel important in empowering their health. So, they are using the devices, taking measurements, transmitting them through their electronic medical record, and seeing results in terms of continuous monitoring and ongoing support from the association through the entity offering the service.

**Suleima:** Wow, excellent. We know there are always barriers to access. As they say, RPM isn't for everyone. Sometimes, some people don't have access, can't afford it, or aren't interested because they don't know how it works.

But are there certain access barriers for the populations you're working with now, such as older adults or specific residents in rural areas who may not have internet access?

**Hector:** Yes, those barriers exist, but the technology we're using in these devices is carrier-free, meaning that no matter where you're located or what carrier is providing internet service, the device picks up the signal and can transmit. In the event that the device can't connect due to a geographic location challenge, etc., as soon as the information is accessible via Wi-Fi or broadband and the device can connect, it automatically transfers the data to the integrated medical record system.

**Suleima:** Oh, wow. So, it's what we sometimes call real-time, but depending on the connection, it can be store-and-forward. So, the data is there, and when they are connected to the internet, the information is uploaded and populated.

**Hector:** Exactly, it's a hybrid.

It's a hybrid system, which is a great benefit because the most important thing about this system is that no matter what type of telephone carrier or internet provider is available, the device's transmission chip is compatible by industry standard with any of those carriers.

**Suleima:** Excellent. And for people, is there any advice? I know sometimes people are thinking, do I like it, don't I like it? Have you had any feedback from patients?

**Hector:** Yes, satisfaction has been high so far. They have had direct technical support from the chronic care manager. This project involves care managers, each responsible for monitoring patients through a system that flags concerns related to information use and transmission. Working closely with the participating health center, they provide both programmatic and technical support for patient care. They operate a hotline and an electronic information system, allowing them to respond promptly to feedback and address process issues in real time.

The doctor, community health worker, and nurses at each center are also actively involved.

**Suleima:** It's like some might say, like a personal VIP service, someone watching you and seeing your data in real time, right?

**Hector:** Exactly, exactly. And that does several things.

First, we need to ensure that the information reaches everyone, that the patient doesn't get lost in their care, and that the patient takes control of their health.

**Suleima:** And that's the most important thing. What advice would you give to the various healthcare organizations that are at least listening and thinking about starting a program of this type, RPM?

**Hector:** Well, first, one of the most concerning aspects for every healthcare organization is cost. However, when you consider the return on investment, the impact is significant in terms of medical coverage utilization and control. Constant monitoring of patients with chronic conditions, in our case, controlling blood pressure (CBP), but also applicable to diabetes, heart disease, and others, allows primary care physicians, when data are integrated into the medical record, to anticipate potential hospital admissions or emerging complications. This enables timely interventions, including appropriate medications, treatments, and tailored care plans. While the initial cost can be a challenge for many providers, the medium- and long-term benefits can result in substantial savings when supported by a well-designed clinical flowchart, effective care, and consistent follow-up.

**Suleima:** Excellent. It's important for patients to also know that this is often already included in their health insurance plan, if not, it's a huge additional cost for them.

**Hector:** That's right. And regarding reimbursement, obviously, as you just clarified, all health insurance plans in Puerto Rico already have coding and a rate assigned for this, under current federal and state regulations.

So, I think there's no excuse for medical providers to make reasonable investment, as the same approach can be applied to the broader population they serve, for example, to a segment of chronically ill patients whose severity requires monitoring and who could be moved from severe chronicity to moderate or even mild chronicity.

**Suleima:** That's the most important thing. What recommendations or suggestions would you give to patients in the community who are at least listening to seek out RPM resources? How can they ask their providers or doctors if they have RPM and offer RPM? Or where can they go to find it?

**Hector:** Particularly those who have Medicare Advantage plans under the CMS rule, which basically stipulates the benefit coverage.

Medical providers can offer these devices at the primary care level and integrate them into their services, even covering the cost within their medical plans. Patients should ask their primary physician to prescribe and refer them for electronic medical devices, inquire whether such devices are available, and then use them. Naturally, the provider must assess and guide the patient on proper equipment use. However, patients have the right to request these devices. In Puerto Rico, the Patient's Bill of Rights requires providers to educate, guide, and present all available alternatives for the effective management of chronic conditions. Similarly, Medicare stipulates in its Managed Care manual for Advantage plans that providers must ensure patients are informed and offered these options.

**Suleima:** I believe you said it, but I'm going to ask you however I want, as a call to action. What can we do as communities to expand access to RPM and ensure it's available to everyone? You just told me a little bit about what we must do. What will your call to action be?

**Hector:** My call to action is that we reinforce the patient's right to take control of their health and that providers view this alternative not as an investment and a cost, but as a necessity and as virtual, electronic assistance, as part of what's here to stay in terms of telehealth.

On the other hand, for patients to view remote patient monitoring like any other product on the market that offers clear benefits, often through asynchronous tools and devices such as the Apple Watch or similar wearables. There are many options available that allow patients to engage in telehealth and self-monitor remotely. Physicians should leverage the transfer of this data through patient portals, electronic medical records, and other resources to enhance care.

**Suleima:** You all heard him, first, ask your doctor if remote patient monitoring is available to you and how to get those services. Thank you very much, Hector.

This has been a wonderful conversation, and I hope everyone has taken away something useful-information they can use or share with their family. That's all for this episode of Telehealth Talk. If you found it helpful, please share it with colleagues or community leaders so we can keep the conversation going.

You can find and follow us X, previously known as Twitter- Telehealth talk.

And thank you very much for listening. Until next time, and thank you again, Hector.

**Hector:** Thank you for the opportunity.