

A Physician's Experience with Remote Patient Monitoring: 4 Clinical Case Studies

Six months into using the program, a physician shares how the program is impacting patients with hypertension and other conditions



About Dr. Ratner:

- » Trained at Columbia-Presbyterian Medical Center in New York
- » Served as an Assistant Professor of Medicine at Columbia-Presbyterian for several years
- » Authored several dozen articles in prestigious medical journals
- » Has held numerous hospital and faculty positions during his career

Scott J. Ratner, MD, is a solo physician with a thriving independent tertiary care cardiology and internal medicine practice in Franklin Square, New York. He has been practicing for more than 30 years, and is certified by the American Board of Cardiovascular Diseases and the American Board of Internal Medicine, as well as by the Subspecialty Boards of Critical Care Medicine and Nuclear Cardiology.

In May 2022, Dr. Ratner partnered with Rhythm Management Group to initiate and scale a remote patient monitoring (RPM) program focused on improving care for patients with hypertension and other conditions. "I was drawn to Rhythm because of their [zero downside risk model](#) in which they only bill for patients that meet reimbursement requirements, and I appreciated how they [prioritized efficiency](#) for me and my staff," he says. "Overall, I hoped that the partnership would have a positive impact on my patients, as well as a positive financial impact on my practice."

Six months in, Ratner says both of those objectives are being met. He anticipates [more reimbursement due to RPM](#), and he's already seeing a positive impact on patient satisfaction, engagement, and outcomes.

Ratner shares four case studies that underscore the benefits of RPM.



RPM Program Overview:

Dr. Ratner's RPM program focuses on remotely monitoring patients with hypertension and heart failure. Rhythm provides:

- » Identification of RPM-eligible patients through EHR reviews
- » Patient outreach, onboarding, training, and education
- » Remote patient monitoring device selection, delivery, setup, and maintenance
- » A secure, easy to access and navigate software platform to which all patient data is transmitted
- » Identification of trends within incoming data
- » Automatic data processing for clinical use during regularly scheduled appointments
- » Identification of flags regarding vital signs for possible early intervention
- » Reimbursement guidance
- » Creation of monthly reports summarizing patient status

"The transition has been seamless, billing has been seamless, and patients and staff members are happy with the program," said Dr. Ratner. "It's zero burden for me and my staff, and we're seeing positive impacts on finances and patient outcomes."

Case Study 1:

70-year-old male patient with a history of hypertension, type 2 diabetes, and diastolic heart failure

- Rhythm enrolled the patient in RPM, and his BP readings were consistently in the 135/80 range.
- Rhythm alerted the practice of an upward trend in the patient's BP, which climbed as high as 160/90.
- The practice discovered the patient's orthopedist had started him on oral steroids.
- The practice temporarily increased the patient's antihypertensives, resulting in his BP trending back to normal.

"Because of RPM, the upward trend in BP was picked up likely weeks or months before we would have seen it otherwise," said Dr. Ratner. "There are several similar examples I could share showing how the RPM program has led to an appropriate, timely intervention with a positive clinical outcome for patients with hypertension."

Case Study 2:

66-year-old female patient with hypertension and a history of myocardial infarction

- The patient's in-office BP readings were consistently in the 160/80 range.
- This was attributed to white-coat hypertension, according to the patient, and the patient resisted additional antihypertensive therapy for this reason.
- Rhythm enrolled the patient in the RPM program.
- The patient's RPM readings confirmed consistently high BP.
- The patient accepted antihypertensive therapy.
- The patient's BP trended back to normal and the patient noted an improved sense of well-being and functional capacity.

"This patient lived alone and was nervous about coming into the office and reluctant to take medication," said Dr. Ratner. "With RPM, we could demonstrate that her hypertension was a consistent problem. We increased engagement with the patient, improved her health, and gave her more peace of mind and confidence in her own well-being."

Dr. Ratner's Key RPM Takeaways:

While Dr. Ratner has only offered RPM to his patients for 6 months, he says the benefits are clear and growing. Top benefits cited by Dr. Ratner include:



Increased patient engagement and satisfaction



Improved outcomes among participating patients, particularly those with hypertension



More reimbursement due to the RPM program

"It's shocking to me that in just 6 months, with a relatively small number of patients participating, the program has had such a big impact," said Dr. Ratner. "We're enrolling more patients every month, and the benefits this program provides will only continue to grow."

Case Study 3:

70-year old female patient with a history of heart failure

- The patient lived alone, had a history of falls, and had difficulty securing transportation to the practice.
- The patient's prior physician had attempted to enroll the patient in a phone-based RPM program in which she received a home blood pressure cuff and was expected to call the practice and verbally provide the readings to the practice. The patient was unable to negotiate the necessary protocol.
- Rhythm enrolled the patient in RPM and provided the patient with a BP device that automatically transmitted readings to Rhythm.
- Rhythm identified that the patient's BP was consistently reading as low.
- The practice adjusted the patient's medications, enabling her to become more active and less fearful of falling.

"We found out that this patient was being over-treated and that her falls were probably related to over-medication," said Dr. Ratner. **"We averted a potential disaster, such as a fall that could result in a hip fracture or other injury, and improved the patient's health."**

Case Study 4:

59-year old patient who underwent nephrectomy and lived far from the practice

- The patient was hypertensive and required additional monitoring. The patient also wasn't eating, had nausea, and had lost weight.
- The patient lived far from the practice and couldn't drive due to a recent surgical procedure.
- Rhythm enrolled the patient in RPM and found that the patient's BP was consistently trending upward.
- After Rhythm alerted the practice, the practice adjusted the patient's medication to improve control without requiring a visiting nurse.

"Typically, we would have had to send a visiting nurse to this patient's home to monitor him," said Dr. Ratner. **"Remote patient monitoring obviated the need for this visit, and resulted in a positive outcome and a happier patient."**