Bipartisan Policy Center

Maximizing the Value of Remote Patient Monitoring

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SHARE

Spending on digital health solutions has *surged in the last two years* [https://phti.org/2024-state-of-digital-health-purchasing/] as health plans, employers, and health systems look to improve patient outcomes and reduce costs, according to a recent survey from the Peterson Health Technology Institute.

But delivering value to patients and payers takes more than funding—it requires smart policy. This explainer offers evidence-based strategies to maximize the value of remote patient monitoring, a digital service that transmits patients' at-home data to health care providers.

Drawing on *insights* [https://bipartisanpolicy.org/report/future-of-remote-patient-monitoring/] from experts across health and technology sectors, we identify four areas for policymakers to prioritize: focusing remote monitoring tools on the right patients,

ensuring effective implementation, reducing barriers to provider adoption, and supporting oversight and evidence-generation.

Remote Patient Monitoring Landscape

Medicare, most state Medicaid programs, and many private insurers cover remote monitoring conditions such as *heart failure* [https://pubmed.ncbi.nlm.nih.gov/2810843 0/], *diabetes* [https://www.sciencedirect.com/science/article/abs/pii/S01688227220063 74], *musculoskeletal disorders* [https://phti.org/assessment/virtual-msk-solutions/], and *mental health conditions* [https://jamanetwork.com/journals/jama-health-forum/ fullarticle/2809663]. This coverage enables patients to use devices like blood pressure cuffs, glucose monitors, and physical therapy apps to send real-time data to their providers, who can remotely contact patients when readings fall outside safe ranges.

But so far, not all remote monitoring services have demonstrated meaningful *health be nefits or cost savings* [https://phti.org/assessments/]. And access often depends more on where patients live and which providers they have, rather than on what should matter most—whether these services can improve health outcomes.

While use of remote patient monitoring has expanded rapidly in recent years, with a *19- fold* [https://pmc.ncbi.nlm.nih.gov/articles/PMC10186184/] increase in vital-sign monitoring between 2019 and 2021, the growth is largely concentrated among a small number *of primary care providers* [https://pubmed.ncbi.nlm.nih.gov/36067430/] who are heavy users of the technology. Providers face *challenges* [https://pubmed.ncbi.nlm.n ih.gov/38653884/] in adopting remote monitoring programs, which has led to uneven implementation and *lower access* [https://www.healthaffairs.org/doi/abs/10.1377/hltha

ff.2023.00756?journalCode=hlthaff], especially in *rural areas* [https://bipartisanpolicy.or
g/report/confronting-rural-americas-health-care-crisis/].

To make remote patient monitoring more effective and accessible, policymakers should
focus on four key areas.

1. Direct remote monitoring to those who need it most

Policymakers can help maximize the impact of remote monitoring services and reduce
unnecessary spending by focusing on patients with the greatest need and most to gain.

While digital tools hold promise, broad applications can obscure the populations that
benefit most. For example, several *randomized control trials* [https://www.jacc.org/doi/1
0.1016/j.jchf.2022.10.016] found *no clinical benefit* [https://pubmed.ncbi.nlm.nih.gov/35
532915/] for heart failure patients using remote monitoring compared to standard care.
But, a *follow-up analysis* [https://pubmed.ncbi.nlm.nih.gov/21982700/] to *one of the stu
dies* [https://pubmed.ncbi.nlm.nih.gov/21444883/] showed that specific subgroups—
those with mild depression, prior heart failure episodes, or an implanted defibrillator—
did see clinical improvement.

The Centers for Medicare & Medicaid Services (CMS) should encourage evidence-based,
condition-specific clinical guidelines [https://bipartisanpolicy.org/report/future-of-rem
ote-patient-monitoring/] to help providers focus these services on those with the most
to gain. Optimal targeting varies by condition and type of monitoring, but evidence
suggests that remote monitoring is *particularly effective* [https://pmc.ncbi.nlm.nih.gov/
articles/PMC8388293/] for patients with severe disease, poor treatment adherence, and
limited access to a health care provider. This includes rural residents, who face higher
rates of chronic conditions like *diabetes* [https://link.springer.com/article/10.1007/s00
125-022-05785-4], *heart failure* [https://jamanetwork.com/journals/jamacardiology/full
article/2800877], and *behavioral health disorders* [https://www.cdc.gov/nchs/data/data
briefs/db373-h.pdf] and often *travel twice as far* [https://www.pewresearch.org/fact-tan
k/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-
type/] as their urban counterparts to see a provider.

Additionally, Medicare and other payers should require providers to periodically
reassess whether remote monitoring remains beneficial for their patients. The HHS

Office of the Inspector General (OIG) *recently reported* [https://oig.hhs.gov/reports/all/2
024/additional-oversight-of-remote-patient-monitoring-in-medicare-is-needed/] that
one in four Medicare patients who received remote monitoring did so for longer than
nine months. While extended monitoring may be appropriate for some, it often has
limited value for those with well-controlled conditions. For instance, in a hypertension
study, most medication adjustments occurred within the *first four months* [https://pub
med.ncbi.nlm.nih.gov/37931262/] of monitoring.

In Traditional Medicare, which includes about half of beneficiaries and where fee-for-
service payments dominate, providers may have financial incentives to prolong these
services beyond their clinical benefit. By requiring periodic reassessments, payers can
ensure they are covering these services only as long as patients need them.

2. Ensure remote monitoring services are well-implemented

Effective implementation is essential to the success of remote monitoring programs.

For these programs to *improve patient outcomes* [https://pubmed.ncbi.nlm.nih.gov/344
33611/], several elements must align: patients need to use the technology as prescribed,
data must transmit seamlessly and securely to providers, providers must detect
abnormal readings, and medical staff must respond quickly—by, for example, calling
the patient and adjusting medication.

To achieve consistent success, remote monitoring programs need specific *capabilities*
[https://bipartisanpolicy.org/blog/from-promise-to-best-practice-the-realities-of-remot
e-patient-monitoring/]. Programs should engage patients to ensure they understand
and consistently use the technology. Devices should transmit data to the provider's
electronic health record (EHR), and systems should promptly detect and respond to
abnormal readings. Automated reminders and alerts can support these functions, and
providers may benefit from partnering with external remote monitoring services. In
fact, a recent *study* [https://phti.org/assessment/digital-hypertension-management-sol
utions/] found that remote blood pressure monitoring best supports patient health

when the primary care provider partners with virtual teams, who can coordinate medication adjustments based on the remote data.

CMS can promote these capabilities through several strategies. Linking Medicare reimbursement to key standards, such as electronic health record (EHR) integration, would encourage essential interoperability. CMS could also offer technical assistance to help providers establish remote monitoring protocols that effectively engage patients, manage and secure incoming data, and respond to anomalies within a reasonable timeframe.

3. Reduce barriers to provider adoption of high-value remote monitoring tools

Policymakers should reform reimbursement policies to account for the resources required to implement effective remote monitoring services.

Establishing a high-quality remote monitoring program demands significant investment in devices, new technology infrastructure, and adapting care workflows—often hurdles for under-resourced facilities already operating under tight budgets.

Medicare's current reimbursement structure does not account for these challenges. Since remote monitoring codes were introduced in 2019, average Medicare reimbursement for these services has *decreased* [https://gop-waysandmeans.house.go v/wp-content/uploads/2024/03/Altchek-Testimony.pdf] by between 7% and 28%, outpacing overall reductions in the Physician Fee Schedule conversion factor.

Geographic adjustments, intended to align payments with local costs of living, further *r educe reimbursement for rural providers* [https://gop-waysandmeans.house.gov/wp-co ntent/uploads/2024/03/Altchek-Testimony.pdf]. These adjustments are inappropriate for digital tools, as deployment costs for such tools generally do not vary by location. This structure disincentivizes national companies from offering remote monitoring in rural areas. Additionally, Medicare's billing rules impose rigid requirements, such as

requiring 16 days of data per month, which often misaligns with clinical need and makes reimbursement more difficult for providers.

Updating reimbursement for remote monitoring to *better support providers* [https://bi partisanpolicy.org/letter/bpcs-response-to-the-cms-2025-medicare-physician-fee-sched ule-proposed-rule/] is critical. At minimum, CMS should eliminate geographic adjustments that reduce payments to providers serving rural and lower-cost areas. CMS should also ensure that reimbursement levels are adequate overall and simplify billing requirements that create administrative burden without adding value. Remote monitoring services align well with risk-based models—such as bundled payments or partial capitation—that link reimbursement to outcomes. These models naturally incentivize providers to focus on effective patient targeting and higher-value applications of digital tools.

4. Prioritize federal oversight and evidence generation

Policymakers should prioritize data collection and ongoing research to ensure remote monitoring services evolve based on real-world outcomes. Enhanced federal oversight is key to understanding when and how remote monitoring improves patient outcomes and reduces costs.

A *recent report* [https://oig.hhs.gov/reports/all/2024/additional-oversight-of-remote-pa tient-monitoring-in-medicare-is-needed/] by OIG identified several data gaps that hinder CMS's ability to effectively oversee remote monitoring services. Medicare currently *does not track* [https://oig.hhs.gov/reports/all/2024/additional-oversight-of-r emote-patient-monitoring-in-medicare-is-needed/] critical details such as the types of remote monitoring devices used or the specific health data collected (e.g., blood pressure, respiratory flow rate). Given the diversity of tools and conditions covered under remote patient monitoring, CMS should be able to distinguish between different types of monitoring to ensure appropriate use and efficacy.

Medicare also often lacks information about the providers involved in remote monitoring. Medicare does not require ordering providers to include their identification number on remote monitoring claims, as the agency requires for ordering imaging, durable medical equipment, and many other services. Moreover, "incident to" billing, where clinical staff bill under a supervising physician's identification, complicates

service quality monitoring and can obscure fraud detection. Both *MedPAC* [https://www.congress.gov/118/meeting/house/117132/witnesses/HHRG-118-IF02-Wstate-ChernewM-20240416.pdf] and *OIG* [https://oig.hhs.gov/reports/all/2024/additional-oversight-of-remote-patient-monitoring-in-medicare-is-needed/] have raised concerns about incident to billing across health care services.

To improve oversight, CMS should require remote monitoring claims to include the types of health data collected or devices used, as well as the ordering provider's identification. CMS should also require that providers eligible for direct Medicare billing submit claims under their own identification, rather than using "incident to" billing.

Conclusion

Remote patient monitoring has the potential to improve health and reduce costs, but thoughtful policy is essential to unlock its full value. By targeting high-need patients, supporting effective implementation, reducing provider barriers, and improving oversight, policymakers can help ensure these tools deliver meaningful benefits to patients and payers alike.

BPC spoke with two individuals who've benefited from high-value remote monitoring—one for congestive heart failure and another for preeclampsia. Their experiences highlight how thoughtful use of these tools supports better care and helps keep patients out of the hospital.

[Video]

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