

# Recommendations for launching and scaling remote patient management programs



“Hospitals don’t want to sign up for the big administrative burden of collecting...data without a clear plan or support system.”

– Ipsos Research 2018

A recently conducted survey of leading institutions revealed that one of the top five reasons healthcare providers (HCPs) have struggled to expand home-based monitoring as part of their population health management programs is an inability to provide technology service and support at scale.

IT departments are being asked to take on roles that stretch them beyond their comfort zone. Some say IT organizations’ sole purpose is to “keep the lights on” within the brick and mortar facilities. They profess that IT’s role does not include supporting computer devices that patients use as part of their enrollment in a home-based monitoring program.

For a moment, let’s agree...The number one job of the HCP’s IT organization is the management and functional maintenance of IT infrastructure within the health system, including externally facing applications such as patient portals. However, for most, supporting devices provisioned to patients for at-home use is beyond their scope and capacity. Yet, the business of healthcare is changing, and IT must keep up with the demands brought on by these changes. When asked to assist in the onboarding of home-based monitoring, IT should have the confidence and ready state strategy to meet the needs of their population health and community outreach departments.

“We must consider factors beyond those related to the traditional healthcare system,” says Dr. Chris Gibbons, Chief Health Innovation Adviser, Federal Communications Commission; CEO and Founder, The Greystone Group, Inc. Like many, Dr. Gibbons views these nontraditional factors as only becoming more important as healthcare becomes more mobile, ambulatory, home and community based, personalized, patient/consumer oriented. He explains that if we wish to enhance patient engagement, as is generally advocated by many, then the need for comprehensively servicing and supporting patients’ participation is vital.

The reality is when IT departments are managing day-to-day routine tasks, like tech refreshes, security audits, and provisioning user accounts and access privileges, they may struggle to participate in the strategic decision-making process that will add to their business’s bottom line. This can stifle the innovative potential of an increasingly vital department, which given the way tech advances, no business can afford.

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In 2018, Ipsos Research conducted telemedicine qualitative interviews. A consistent response amongst those hospital payors who were interviewed was related to administrative burden: “Hospitals don’t want to sign up for the big administrative burden of collecting and using the data without a clear plan or support system.” This sentiment extends to their IT organizations. As a program administrator, there are a few tactics you can take to address these challenges up front, and successfully align your stakeholders.

### Getting off to a good start

In adopting a home-based monitoring program, there are a few tactics you can employ to prevent similar challenges from stifling your ability to launch and grow your initiative (*and keep you on your IT team’s good side*). Kick start your program with a deployment model that addresses the need to:

1. Reduce routine endpoint management tasks
2. Ease budget concerns
3. Tighten up security
4. Get a handle on device management
5. Establish reliable disposal processes
6. Deploy a timely and responsive break/fix model
7. Seek a trusted IT service partner

This is not all the work of the IT department. Not at all. Population health and community outreach teams need to think about and communicate a vision, not just a compromising list of demands. Work together to establish criteria for the selection of a third-party service provider and look for partners who understand health consumer behavior. Technology placed in the home setting may not have the same controls or structure that are in place in the confines of a clinical setting. You’ll want to think about how your healthcare consumers will be interacting with the devices and the health system from outside of your clinics. Most institutions want smart, simplified computing solutions that are easily deployed, tracked, and supported.

### What is your vision?

Taking the time to brainstorm and prioritize the optimal technology-enabled solutions and services scenario for your patient population will serve you tremendously, because you’ll be better positioned to say what’s truly needed. For instance, consider the following:

- What if you could easily add or remove managed patient enrollees and enrolled devices?
- How might managed oversight of enrolled patients and devices yield better insights and opportunities for early intervention?
- Continuous improvement is a must, and as a result, programs often change course. What if you could request and default application deployment and updates easily and without hesitation?
- How convenient might it be to have the ability to move requested apps from a healthcare consumer’s Device App Catalog?
- Downtime is not an option for devices being deployed for remote monitoring. Imagine the confidence and trust built between you and your patients when devices are monitored. What would it mean to you, your patients, and their personal caregivers to know you will all be notified when a device health issue is detected?
- Imagine the benefit of shifting device investments from the CAPEX side of the ledger to the OPEX side. We all know that CFOs are mindful of many factors when determining expenditures, and each year brings new considerations—this will help keep your program more financially predictable and thus more financially manageable. This is also a really nice way to stay in line with reimbursement caps.

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