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Navigating a Phased RTM Rollout

Where to start, what to avoid, and how to jumpstart your own RTM program

Today's Presenters

Medbridge

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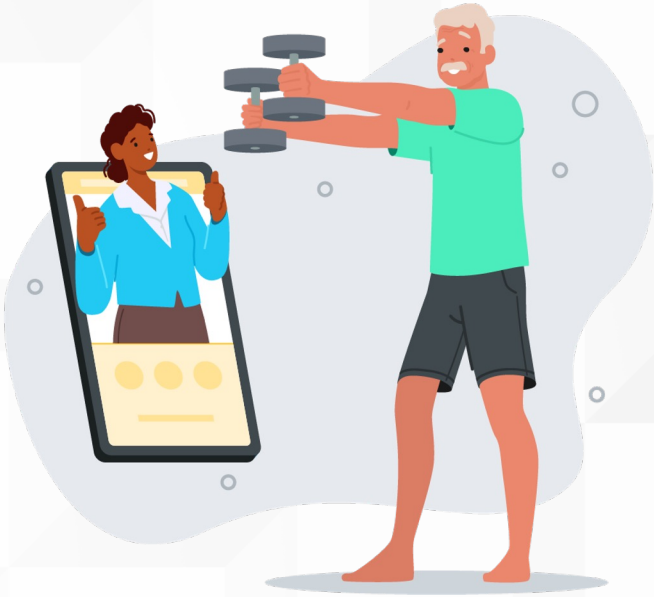
Why Hybrid Care + RTM

- Hybrid care extends your reach beyond the clinic, improving engagement and outcomes
- RTM reimbursement codes unlock new revenue for this ongoing care model
- By meeting patients where they are with continuous, between-visit guidance, you deliver the experience they expect



Benefits of Remote Therapeutic Monitoring (RTM)

Org Benefits

IMPROVED ACCESS, OUTCOMES, AND REVENUE

- Open a new revenue stream that impacts patients
- Provide more accessible care for those who run out of visits or can't come into clinic
- Improve patient retention and outcomes
- Market this as a new offering to reach more patients with reimbursable care

Clinician Benefits

MORE CONNECTED CARE

- Gain more insights and stay connected with patients outside clinic visits
- More engaged patients means more data, outcomes, and feedback to personalize care
- Get paid for engaging with patients remotely

Patient Benefits

MORE CONVENIENT ACCESS TO CARE

- Ability to message with their clinician between visits
- Motivation to stay engaged with programs, which ultimately leads to feeling better faster
- High satisfaction and overall experience

Common RTM Pitfalls

- RTM Goal Alignment
- RTM Workflow Decisions
- Clinician and Patient Education
- Maintaining RTM as a Top Priority
- Patient Selection / Payer Reimbursement

Who We Are

The Ohio State University Wexner Medical Center

- **Academic medical center and integrated health system**
  - Care, research, and education across central Ohio
- **Innovation is core to our values**
  - We pilot new models of care, then scale what works
- **Why we pursued RTM**
  - Expands access and meets patients where they are
  - Directly aligns with our strategic plan

How Did We Get This Idea?

New PT eval wait >30 days for non-acute cases

One-time in-person PT consult for expert guidance

RTM codes enable virtual monitoring of low-need patients

- Positive revenue source
- Higher patient and staff satisfaction
- Increases access
- Flexible staffing backfills in-clinic FTEs

RTM Implementation Timeline

RTM Feasibility Pilot

2024

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2024

PT ONE+ Planning

January 2026–March 2026

Medbridge Partner Engagement

RTM Implementation Timeline

RTM Feasibility Pilot

2024

Stakeholder Engagement

March 2026

Capacity Management, Central Scheduling, Billing/Revenue, Quality Assurance

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Medbridge Partner Engagement

Clinician Education

May 2026–June 2026

Weekly Meetings

RTM Education

RTM Implementation Timeline

OSUWMC's RTM journey

A 12-month pilot established feasibility and the baseline for scaling.

01 PILOT MODEL

May 2024
12-month pilot

One PTA remotely monitored enrolled patients, adjusting home exercise programs, communicating through MyChart, completing phone or video calls, and documenting RTM activity.

02 PILOT RESULTS

52
patients enrolled

5%
eligible patients enrolled

48%
patient engagement

44 min
monitoring per episode

03 WHAT WE LEARNED

RTM worked in an academic medical center.

The pilot proved operational feasibility and established baseline expectations for enrollment, engagement, and staffing.

Key constraint

Time-based RTM CPT codes could not be billed at the time of the pilot.

THE TAKEAWAY: The pilot demonstrated feasibility and identified the opportunities needed to scale.

PT ONE+

Hybrid In-Person and Virtual Follow-Up With RTM

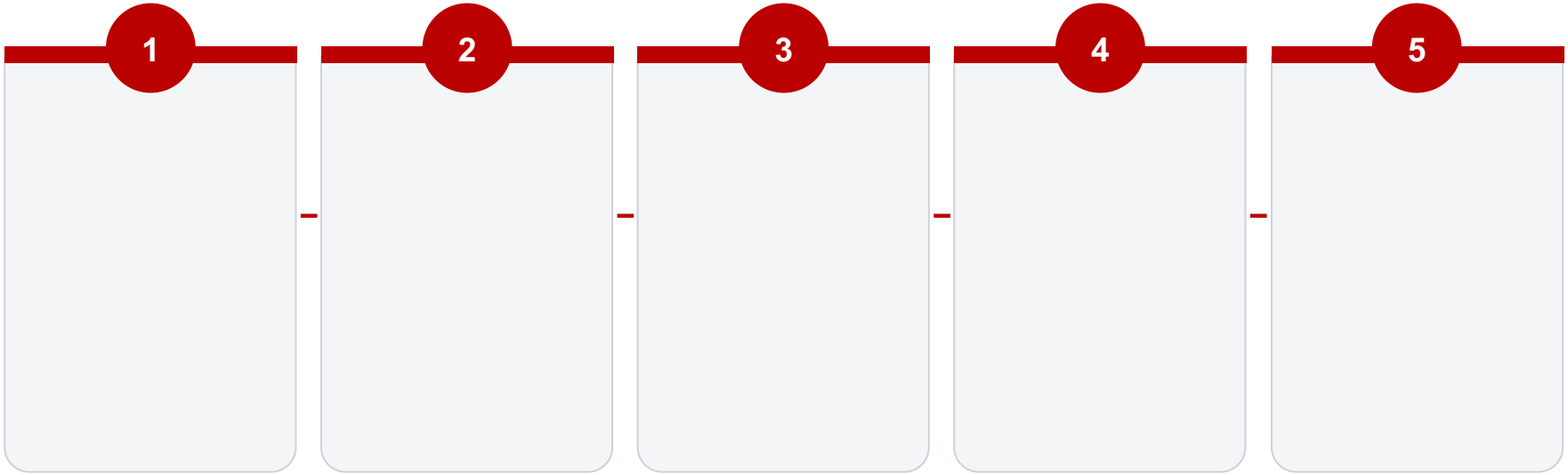
What are we trying to accomplish?

- Provide one-time PT evaluation for MSK patients and transition appropriate patients to RTM to improve access to care and reduce wait times

How are we measuring success?

- RTM enrollment
- RTM management time
- New evaluation volumes
- Lag days

PT One+ | RTM Process Overview



Billing cadence: Qualifying RTM CPT codes are reviewed and applicable charges are submitted after each calendar month.

PT One+ | RTM Process Overview

1

Evaluate and Identify

Patient receives a PT evaluation, and the appropriate care pathway is identified.

2

3

4

5

Billing cadence: Qualifying RTM CPT codes are reviewed and applicable charges are submitted after each calendar month.

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Billing and Documentation

Billing is completed after each calendar month. RTM data report is pulled from Medbridge and documentation dropped through our EMR.

Billing cadence: Qualifying RTM CPT codes are reviewed and applicable charges are submitted after each calendar month.

Key Benefits of PT ONE+

What are the benefits of PT ONE+ RTM?

- Improves patient access to physical therapy
- Reduces barriers to care through RTM, allowing patients to receive ongoing support and clinician oversight
- Creates greater flexibility and professional growth opportunities for PTs
- Expands staffing capacity without adding physical clinic space

PT One+ How

PATIENT CARE PATHWAY

1x PT Evaluation → **HEP + Discharge** → **If Appropriate: RTM**

STAFFING MODEL

Two Designated PT One+ Therapists

20 Hrs/Week In-Clinic
Seeing PT One+ evaluations only

20 Hrs/Week Remote
RTM maintenance and monitoring

SHARED SPACE / HYBRID MODEL

Two therapists share the clinical FTE space of one traditional therapist
→ **Opens physical space to add another traditional therapist in the clinic**

RTM Implementation Timeline

Operationalizing RTM Checklist

- ❑ **Align with existing RPM practices (if applicable)**
- ❑ **Add RTM codes to chargemaster/EMR**
- ❑ **Meet with Medbridge team**
- ❑ **Training and education**
  - ❑ Weekly meetings with clinicians
  - ❑ Leverage Medbridge RTM webinars
  - ❑ Stakeholder access: meet to discuss billing, scheduling, etc.
  - ❑ Create documentation efficiencies: tip sheets, smartphrases, insurance cheat sheets

Ideal RTM Patients

Orthopedic or musculoskeletal conditions (acute or chronic)

Need expert guidance, reassurance, and a home exercise program

Benefit from self-management support, accountability, and remote monitoring

Do not require frequent in-person visits

Have scheduling, financial, or insurance barriers to traditional care

Appropriate for all ages across the lifespan

When RTM May Not Be the Optimal Approach

- Language barriers (currently limited for patients who do not speak English or Spanish)
- Patients with significant safety concerns or imminent fall risk who require closer in-person supervision for exercise progression
- Patients residing outside Ohio (may be addressed through licensure compact agreements)
- Rapidly changing or evolving symptoms

Current RTM Billing Workflow

- All RTM activity is billed **once monthly**
- Billing occurs on the **first business day of the following month**
- Documentation is completed and charges are entered at that time
- RTM billing visits are **non-patient-facing and do not count toward PT visit limits**
- We currently bill all RTM codes monthly, regardless of time-based code windows

PT ONE+ Pilot: What We've Learned So Far...

Nearly three months into the pilot

Enrollment has far exceeded original expectations.

124	44	99%	91%
Actual RTM episodes through mid-September	Expected RTM episodes per month	Patient activation rate	Patients with 2+ days of activity in first 30

Current enrollment is well above both benchmarks.

1 Education reduces technology barriers

Age has created less of a barrier than anticipated. Clear, robust therapist education builds patient confidence and participation.

2 Virtual RTM is meeting patient needs

Therapists are successfully supporting care through individualized home exercise program builds and Medbridge Pathways.

3 A hybrid model may be the next opportunity

Traditional in-person PT can pair with RTM between formal visits to fill communication gaps, similar to our 2024–2025 pilot.

Feedback From Patients So Far

Compared to when you started physical therapy, how well can you perform activities that were most important to you?

7.30/10

0 = not able to perform

10 = able to perform at same level as before

> *RTM was a perfect avenue for me. Due to a family medical issue I travel outside Columbus on a weekly basis, so this program provided amazing care and direction for my improvement and healing…Additionally, I had access through email and periodic phone calls for questions.*

> *I think that by not having to go in to the center as much, I got much more out of it and healing went quicker. I also appreciated Megan's weekly touch base. It kept [up with] accountability and there was genuine concern that I was getting better. Also, very helpful to do this because I was traveling so much.*

> *Megan was great and really helpful. Using the app, I was able to reach out with questions. Her feedback was very quick, which led me to adjust my exercises quickly as well. The exercise demonstration videos were really helpful and looked real, which I liked (as opposed to AI or animation). I realized late that you can set reminders for a specific time (also great).*

Next Steps: Scaling PT ONE+

01

Expand to a Second Site

Take PT ONE+ live at an additional clinic site to widen patient access and grow RTM enrollment.

02

Merge Both Enrollment Paths

Enroll established in-clinic patients into RTM for support between visits, and convert one-time-only evals into full RTM episodes.

03

Revisit the Concurrent Model

Layer RTM alongside in-clinic care to lift enrollment and unclog access for more in-person visits.

The roadmap: widen access, fill every enrollment path, then scale the concurrent model.

Key Takeaways | RTM in Your Clinic

1

2

3

4

5

Bottom line: Pilot small, build the billing and documentation infrastructure, choose the staffing model and patient population that fit your clinic, and keep educating after go-live.

Key Takeaways | RTM in Your Clinic

1

Start With a Pilot

Prove feasibility at a small scale. Our 12-month pilot enrolled 52 patients with a single PTA and set the baseline.

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Orthopedic conditions, acute or chronic, met our access needs best. Consider safety, licensure, and language barriers.

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Educate and Go Live!

Educate clinicians and stakeholders regularly, then go live with weekly touch bases alongside the Medbridge team.

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Key Steps to a Successful RTM Rollout

Clarify Strategic Vision

Align your organization on why you're doing RTM

Access? Outcomes? Adherence? Revenue?

Co-Design Workflows

Design your RTM workflows with leaders and clinicians

Clinician-led vs. care coordinator

Launch Initial Rollout

Identify a large group of clinics and clinicians to start RTM

Recommended to go larger vs. smaller

Monitor and Iterate

Refine RTM processes with clinician feedback to prepare for scale

Test, iterate, and react to feedback from staff

Expand and Scale

Roll out to the rest of your clinicians

Use real-world success stories

Aligning RTM With Your Goals

Improve clinical outcomes

Improve patient adherence

Improve access

Increase revenue

How Medbridge Can Help

RTM Built Into Clinical Workflows

- Built into the HEP clinicians already love
- Simple patient management with alerts, filtering, and more
- Highly engaging patient experience

Implementation Support

- Hands-on support building foundational program
- Admin and clinician training led by expert staff
- Ongoing touch bases throughout initial rollout

Ongoing Resources And Education

- Digital Health Academy assigned to staff
- Job aides and playbooks for every step of the journey
- Patient education flyers to use in clinic

Your Partner to Support a Successful RTM Program

One RTM Product, Three Service Models

1 Self-Managed

Self-managed RTM. You run care coordination and billing in-house.

- Medbridge RTM platform
- Implementation support to get up and running
- Clinician monitoring or care coordination owned by client
- Billing owned by client

2 Billing-Managed

Clinicians sign off notes in-platform. SaRA processes and manages billing.

- Everything in RTM Self-Managed
- Embedded clinician sign-off workflow (in Medbridge)
- Charges processed by outsourced SaRA team
- Billing and denial management handled by partner

3 Fully Managed

Tandem runs the program end-to-end. Fixed payment per code achievement.

- Shared RTM implementation
- Patient enrollment managed by partner
- Care coordination managed by partner
- Billing support with your EMR team, including denial management

Questions?