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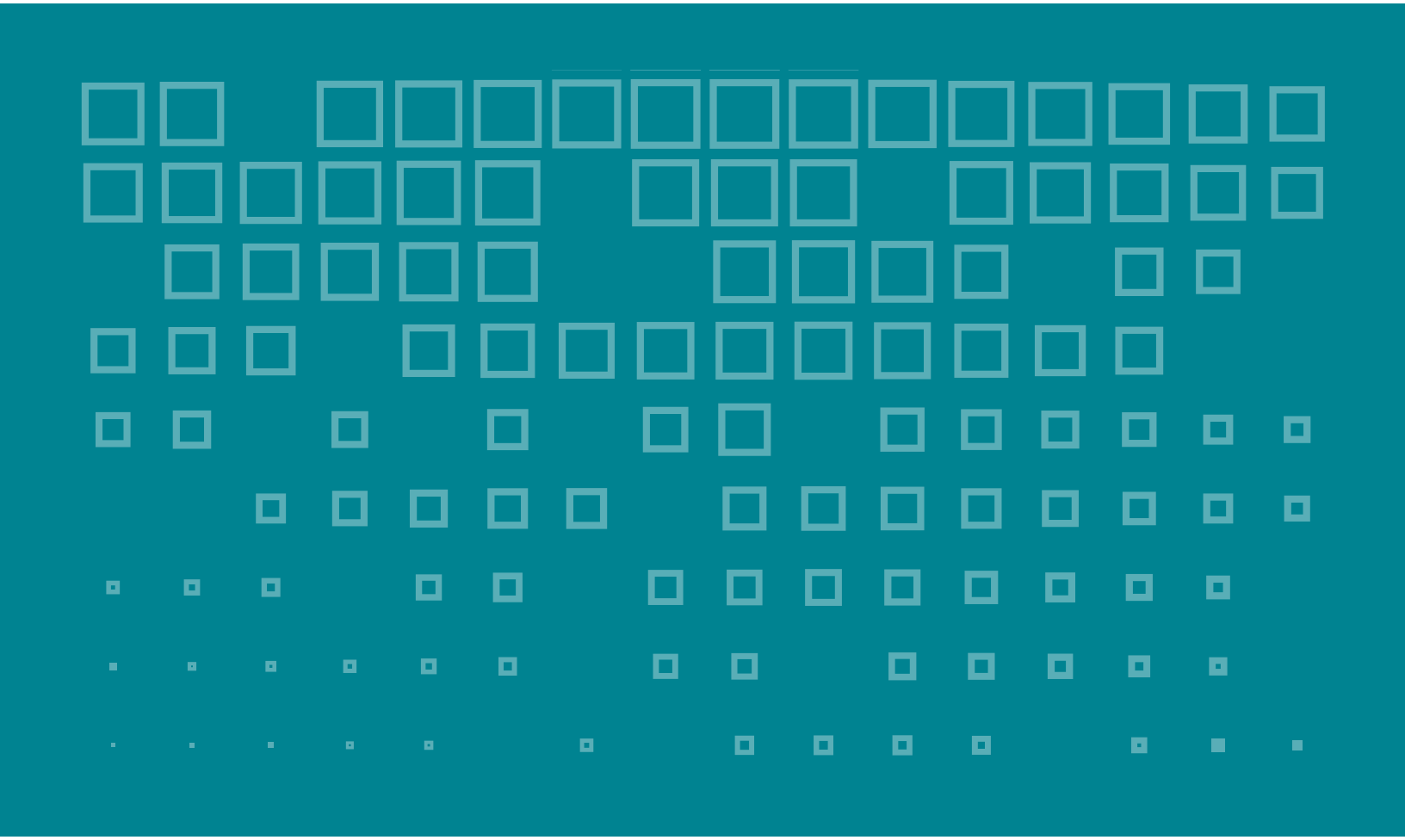
Integrating AI and Telehealth: Remote Patient Monitoring



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About This Brief

This brief was developed by Manatt Health and the Telehealth Centers of Excellence at the Medical University of South Carolina (MUSC) and the University of Mississippi Medical Center (UMMC) as part of a collaboration to identify and describe opportunities to integrate Artificial Intelligence (AI) within telehealth programs to support broader telehealth scaling and adoption. This brief is part of a series of four briefs, each focused on a different telehealth use case.

Manatt, MUSC, and UMMC conducted background research and interviewed select telehealth leaders across different health systems and associations. The findings and opportunities outlined in this brief represent a combination of research and input from those stakeholders. The views expressed here are solely those of Manatt Health, MUSC, and UMMC.

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About the MUSC Telehealth Center of Excellence

The Telehealth Centers of Excellence program supports academic medical centers in implementing and evaluating innovative telehealth solutions in rural and medically underserved communities. These centers serve as national models by testing concepts and developing proven, scalable approaches that expand access to care and improve health outcomes. The Medical University of South Carolina (MUSC) Center for Telehealth was designated a Telehealth Center of Excellence (COE) by HRSA in 2017. As an academic medical center, MUSC leverages its research, clinical, and educational strengths to rigorously evaluate and disseminate innovative telehealth initiatives and promising practices. This designation reflects MUSC's demonstrated experience and capacity, including high program volumes, substantial service to rural and medically underserved communities, and demonstrated financial sustainability. With nearly 20 years of experience, the MUSC Center for Telehealth currently offers more than 100 unique telehealth services reaching nearly 350 sites across South Carolina and directly to patients' homes. For more information, visit https://telehealthcoe.org.

About the UMMC Center of Excellence

The Telehealth Centers of Excellence program supports academic medical centers in implementing and evaluating innovative telehealth solutions in rural and medically underserved communities. These centers serve as national models by testing concepts and creating proven approaches that expand access to care, improve health outcomes, and can be replicated nationwide. The University of Mississippi Medical Center (UMMC) Center for Telehealth and Emerging Technologies was designated a Telehealth Center of Excellence (COE) by HRSA in 2017. As an academic medical center, UMMC leverages more than two decades of telehealth experience to advance innovative models of care, evaluate the clinical and economic impact of telehealth interventions, and disseminate evidence-based practices nationally. UMMC serves as a living laboratory for developing and testing telehealth solutions that address barriers to healthcare access. This designation recognizes the commitment to accelerate innovation in telehealth, strengthen healthcare delivery through technology-enabled care, and serve as a national clearinghouse for evidence-based telehealth research, resources, and

implementation strategies. Through collaboration with healthcare systems, academic institutions, policymakers, and community partners, the Center continues to expand access to high-quality care regardless of geographic location. For more information, visit https://telehealthcoe.org.

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Background

Benefits of Remote Physiological Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)

Rural and medically underserved regions nationally face higher rates of chronic disease and related mortality, exacerbated by workforce shortages that limit access to specialty care and can lead to fragmented longitudinal care.[1] Remote patient monitoring, including RPM and RTM, has emerged as a care model that can address access concerns by extending clinical oversight between visits through biometric monitoring and tracking of patient-reported outcomes, and supporting provider clinical decision-making beyond what is feasible through direct in-person or virtual encounters alone.[2]

What are Remote Physiological Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)?

RPM and RTM enable clinicians to remotely collect and monitor patient information, using wearable devices, to support care. RPM is used to monitor patients' physiological data (e.g., blood pressure, weight, glucose levels). RTM is used to monitor patients' self-reported data, such as pain levels, therapy adherence, and respiratory and musculoskeletal function.[30,31]

RPM and RTM are utilized across a range of patient populations and clinical settings, including primary care, specialty care, and post-acute transitions. By capturing real-time patient data between visits, this care model enables providers to identify early warning signs, intervene proactively, and deliver targeted education to address patient needs. RPM and RTM offer the promise of improved patient adherence to medication and lifestyle prescriptions, and mobility and functional status, with relatively more robust evidence in heart failure, hypertension, and diabetes management.[3,4,5,6,7,8] RPM and RTM also have the potential to reduce avoidable health care utilization and downstream costs.

Challenges to Scale

Although utilization of RPM and RTM has grown, largely driven by an improved coverage and reimbursement landscape, challenges to widescale adoption remain:

- **Limited patient adherence and sustained engagement**. Device and notification fatigue, along with limited health and digital literacy, can cause patients to stop transmitting data, miss communication prompts, or disengage over time. In rural and medically underserved populations, these challenges are often confounded by language barriers, limited broadband or smartphone access, and fewer opportunities for ongoing education and support by care teams.[9]
- **Variability in coverage across payers and states creates uncertainty for providers considering RPM and RTM investments**. Medicare has reimbursed for RPM since 2019 and RTM since 2022, and recent policy changes have enabled Rural Health Clinics and Federally Qualified Health Centers to independently provide services and bill on par with other providers.[10,11] However, Medicaid reimbursement varies significantly by state, and commercial payer coverage remains uneven.[12]
- **Operational complexity and administrative burden limit program scalability**. Establishing an RPM or RTM program requires significant upfront investment, including standing up a dedicated care team and workflow to manage large volumes of incoming patient data and identify actionable insights that warrant intervention.[13] The ongoing administrative burden from traditional RPM and RTM care delivery models can strain provider capacity and make it difficult to achieve a sustainable return on investment. These challenges disproportionately affect smaller practices, which often cannot dedicate nursing capacity to monitoring workflows or afford to build a separate care team, even when their patient populations stand to benefit.[14]
- **Inconsistent evidence on clinical efficacy is driving coverage and utilization concerns**. Emerging evidence suggests RPM and RTM deliver the most clinical value when used for condition-specific, time-limited monitoring, such as during critical transitions like patients with diabetes newly starting insulin or patients with hypertension beginning a new medication.[15] However, the evidence base for sustained, open-ended monitoring across many clinical areas remains inconclusive, and some commercial payers have begun to limit RPM coverage accordingly, generating pushback from stakeholders who argue they misread the available evidence.[16,17] These dynamics underscore the need to more directly align coverage and reimbursement with demonstrated clinical value. The recent creation of CPT codes allowing billing for short-term monitoring episodes (2–15 days) is a step in this direction, though further opportunities remain.[18]

Opportunities With AI Integration

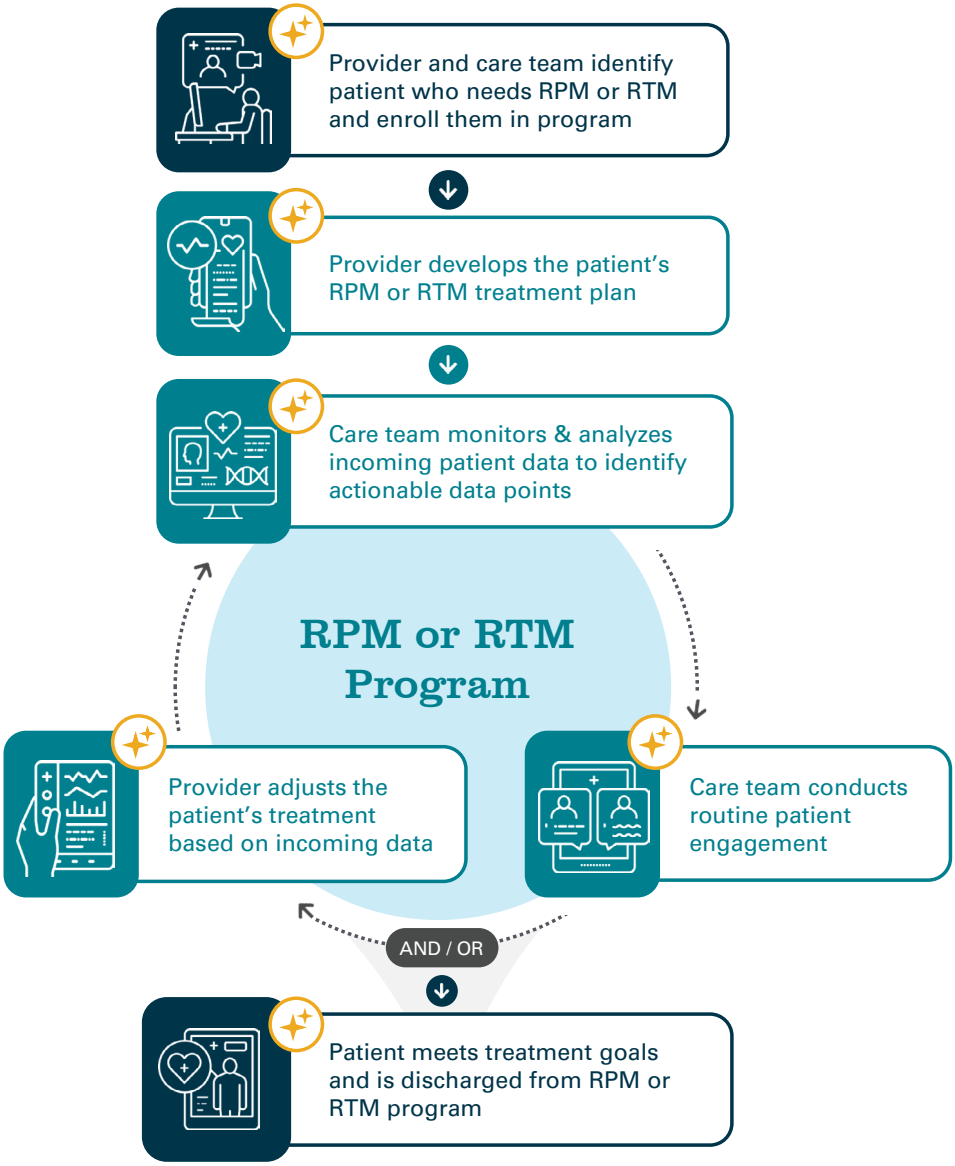
As artificial intelligence (AI) technology matures, its integration into RPM and RTM programs may support broader adoption by addressing workflow challenges, improving clinical impact, and strengthening financial return on investment of monitoring services. AI can streamline burdensome administrative processes for care teams, such as reviewing incoming patient data, suggesting adjustments to care plans, and generating patient notifications and educational content. AI can also support providers in targeting RPM and RTM resources toward the patients and conditions where monitoring has demonstrated the most clinical benefit, helping build the evidence base for effective use and reinforcing the case for broader payer adoption.

Throughout this brief, "care team" refers to nurses, medical assistants, care coordinators, and other staff who manage day-to-day monitoring workflows, while "provider" refers to the physician or advanced practice clinician with prescribing and clinical decision-making authority. AI supports care teams primarily through workflow automation and providers through clinical decision support, though some workflow steps involve both roles and in smaller practices these roles may be consolidated.

Integrating AI Into Remote Monitoring Programs

The integration of AI into RPM and RTM, whether directly into monitoring devices or into program platforms and connected electronic health records, is in its early stages, with most health systems still in an exploratory phase even as technology vendors increasingly embed AI capabilities into their products.[19] The table below illustrates how AI can be applied across the RPM and RTM workflow, from patient identification through ongoing treatment management, as technologies mature and adoption grows, potentially resulting in more tailored RPM and RTM care delivery models.

Integrating AI Into RPM and RTM



AI Optimization

RPM and RTM Workflow	Example Use Case for AI Integration	Value Opportunity
Provider and care team identify patient who needs RPM or RTM and enroll them in a program	• Use predictive risk stratification to evaluate a patient's medical records and identify if they would benefit from RPM or RTM (e.g., patient has a clinical condition for which RPM or RTM has demonstrated clinical value).	**Improved identification of eligible patients likely to benefit from RPM or RTM.** • Improves the efficient use of provider and care team RPM and RTM resources on patients most likely to benefit from remote monitoring.
Provider develops the patient's RPM or RTM treatment plan	• Review the patient's clinical data and treatment goals to generate a personalized treatment plan, leveraging evidence on treatment durations that have demonstrated the most clinical value.	**Reduced administrative burden for provider.** • Reduces provider time spent locating and reviewing relevant patient clinical information. • Enhances provider knowledge of successful treatment approaches, particularly for those new to RPM or RTM.
Care team monitors and analyzes incoming patient data to identify actionable data points	• Monitor and analyze incoming patient data to personalize data thresholds (e.g., define normal and abnormal baseline ranges). • Utilize patient data to predict if a patient is at risk of health deterioration. • Generate data-driven alerts to the care team when data abnormalities occur in order to prompt intervention (e.g., communication to patient, changes to treatment plan), including the need for potential multi-disciplinary support (e.g., nutrition support, pharmacy oversight).	**Reduced administrative burden for care teams.** • Reduced care team time spent manually reviewing incoming patient data to identify abnormalities and potential interventions. • Shift in care team focus from administrative tasks toward high-value interventions. • Reduced notification fatigue for care teams through significant, data-driven alerts.
Care team conducts routine patient engagement	• Generate data-driven, personalized communications to support treatment adherence and patient education. • Adapt communication and notification cadence based on patient data and engagement patterns. • Deploy AI-enabled avatars and conversational agents to deliver communications in multiple languages.	**More effective care team-patient communications.** • Improved patient adherence through more targeted, understandable, and actionable communications. • Reduced patient notification fatigue through personalized communication cadence. • Reduced care team time spent formulating communications and delivering patient education.

RPM and RTM Workflow	Example Use Case for AI Integration	Value Opportunity
Provider adjusts the patient's treatment based on incoming data	• Automatically suggest data-driven, personalized modifications to patient's treatment plan, including the need for direct follow up with the provider.	**More effective clinical interventions.** • Reduced provider time spent making routine updates to treatment plans. • Improved utilization of provider time focused on the most high-need, complex patients. • More efficient utilization of in-person and virtual patient care, focused on patients with the greatest clinical need.

Integrating AI Into Remote Patient Monitoring: Corewell Health Case Study

Health systems are increasingly leveraging remote patient monitoring workflows supported by AI.

Corewell Health's AI-Enabled RPM Program

Corewell Health, a large non-profit health care system in Michigan, is partnering with a technology vendor to implement an AI-enabled remote patient monitoring program for patients with chronic disease. The RPM program is embedded into the Corewell Health primary care program and provides between-visit clinical engagement and daily monitoring of vitals for patients managing hypertension, heart failure, or diabetes. The program aims to improve health outcomes, reduce hospitalizations, and ease clinical burden.

A key factor in the success of Corewell Health's program is its partnership with an RPM technology vendor that manages the full continuum of program operations. The vendor conducts patient identification and outreach, provides and sets up the monitoring devices, and conducts patient education. The vendor's data infrastructure integrates with Corewell Health's electronic health record (EHR) system, enabling monitoring data to flow into their EHR.[20] Incoming patient data is analyzed through an AI-powered predictive analytics engine that detects abnormal data points in real time through algorithmic modeling and generates alerts when abnormalities are detected. The vendor also leverages AI to generate clinical summaries of patients' monitoring data, including analyses of adherence to treatment and changes in clinical indicators.[21] These AI capabilities support the vendor's clinical staff, who monitor patient data, triage alerts, and escalate issues to Corewell Health when intervention is needed, functioning as a clinical extension of their care team. This

AI-enabled managed services model addresses one of the primary barriers to RPM adoption: the operational burden of standing up a dedicated care team and workflow to manage high volumes of incoming patient data.

Outcomes

Corewell Health's RPM program had significant patient engagement and achieved measurable improvements in chronic disease management, reflecting the benefits of early interventions, such as through medication adjustment, informed by continuous monitoring.[22]

- The hypertension cohort (n=1,949) experienced a reduction in average blood pressure. Hypertension goal of <130/80 went from 26.70% to 39.5% in 4 months, a positive change of 12.8%. Hypertension goal of <140/90 went from 57.6% to 74.6% in 4 months, a positive change of 17%.
- The Type 2 diabetes cohort (n=65) showed a 6.24% improvement in obtaining glucose levels <154 over 4 months, and 12.55% improvement in obtaining glucose levels <183 in 4 months.
- The heart failure cohort (n=79) had a 6.24%-12.55% improvement across key clinical indicators tied to heart failure.

Establishing Partnerships with Technology Vendors

Partnership Model: As health systems look to implement or scale RPM programs, many are partnering with technology vendors to support program operations. These partnerships range in scope: some vendors solely provide monitoring devices and data infrastructure, while others also offer comprehensive managed services that encompass patient identification and outreach, device setup, patient education, clinical staffing, data monitoring, and EHR integration. In the most extensive models, the vendor functions as a clinical extension of the health system's care team, with dedicated staff who monitor incoming patient data, triage alerts, and escalate issues to the health system's providers when intervention is needed.

Governance: Regardless of the partnership model, a well-defined governance framework is critical. Health systems must clearly delineate roles and responsibilities across all aspects of program delivery, including clinical decision-making, patient communication, data management, and regulatory compliance. This is particularly important when AI is embedded in the vendor's workflow, as health systems must maintain oversight of AI-generated analyses, alerts, and care recommendations to ensure clinical accuracy and patient safety. Strong governance ensures accountability, safeguards patient safety, maintains care quality, and aligns operational and financial incentives between the health system and its vendor partners.

Recommendations for Future AI Strategy, Policy, and Research

As AI continues to be integrated into RPM and RTM wearable medical devices and supporting platforms, there are opportunities to address emerging challenges in data privacy, governance, aligning service delivery with value-based outcomes, and expanding access to novel technologies. The following table outlines recommendations to address these challenges through AI strategy, policy, and research.

Barriers	Recommendations for future research, strategy, and policy
Evidence: There is limited evaluation of the efficacy of AI-supported RPM and RTM technologies.	• **Invest in research and post-implementation evaluation of AI-enabled RPM and RTM:** – Establish post-implementation monitoring protocols to validate accuracy of AI-generated analyses and ensure patient safety. – Fund multi-site demonstration projects to assess whether AI integration improves clinical effectiveness, reduces provider burden, and increases uptake of RPM and RTM services.
Regulatory Oversight: Integration of AI into wearable devices introduces novel oversight challenges, including ensuring the safety and transparency of continuously learning algorithms.	• **Support continued federal and state regulatory oversight of AI integrated medical devices:** – As AI integration increases, encourage the U.S. Food and Drug Administration (FDA) to maintain and update its "AI-Enabled Medical Devices List" to give providers and patients insight into the devices that use AI technologies.[23] – Support continued development of regulatory guidance governing AI integrated medical devices, such as the FDA's Guiding Principles for Transparency for Machine Learning-Enabled Medical Devices, to ensure oversight keeps pace with maturing AI technologies.[24,25]
Patient and Provider Trust: Patients and providers may lack visibility into how AI is being used in monitoring devices and how AI-generated insights inform clinical decisions.	• **Increase transparency for patients when medical devices use AI technologies:** – As part of patient education, provide patients with accessible information on the use of AI in their monitoring devices, describe implications for the patient, and obtain patient consent as needed. • Establish clinical governance structures within health systems to oversee AI-enabled devices and tools: – Leverage emerging AI-governance frameworks to evaluate, approve, and monitor AI-enabled RPM and RTM technologies, including ongoing validation of AI outputs against clinical standards.[26,27] – Define clinician roles and responsibilities for reviewing, interpreting, and acting on AI-generated data and alerts, including escalation protocols for clinically significant findings.

Barriers	Recommendations for future research, strategy, and policy
Billing Constraints/ Payment: Current RPM and RTM payment structures do not account for the costs of AI integration or the efficiencies AI may introduce to care management workflows.	• **Align coverage and reimbursement for RPM and RTM with clinical value:** – Adjust payment structures to reflect the impact of AI integration, such as increasing payment for device set-up codes to absorb the increased cost of AI, while also reevaluating time-based care management codes as AI assumes tasks traditionally performed by clinical staff.[28] – Develop coverage guidelines, including service duration limits, tied to clinical effectiveness. – Continue to implement programs, such as the Centers for Medicaid and Medicare Services' (CMS) Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) model, to test outcome-aligned payment approaches for telehealth and remote monitoring.[29]
Broad Access: AI-supported RPM and RTM devices may require continuous internet connectivity or smartphone access that limits adoption in rural and medically underserved communities.	• **Bridge the digital divide for rural and medically underserved regions:** – Encourage development of AI integrated wearable devices that are cellular enabled and do not require access to a smartphone or wireless internet.

Conclusion

RPM and RTM are increasingly central to expanding access to care and enabling more proactive, data-driven care delivery. As adoption increases, integrating AI can shift RPM and RTM from standalone monitoring tools into core components of value-based care, supporting condition-specific, time-limited interventions tied to measurable outcomes rather than continuous data collection. Realizing this potential will require continued investment in clinical evidence, responsible governance, and payment alignment to ensure that remote monitoring delivers meaningful value for both providers and patients.

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