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About the Conference

Wearable technology and AI are transforming RPM from periodic blood pressure checks into continuous health monitoring. Smartwatches, biosensor patches and connected devices generate 24/7 data streams while AI tools promise to automate triage, predict decompensation and reduce monitoring burden. Business Research Intelligence Network's Remote Patient Monitoring Summit brings together program directors, operations managers and clinical leaders figuring out which wearables actually work, how to manage continuous data without drowning staff and whether AI delivers on the hype or just creates more problems.

The 2026 CPT code updates finally make RPM financially viable with lower data requirements and shorter billable visits. You'll hear from people running real programs about choosing between consumer wearables and medical-grade devices, implementing AI that helps versus adds noise, keeping patients engaged beyond the first 90 days, integrating data into EHR workflows without alert fatigue and proving ROI to leadership. If you're evaluating wearable options, testing AI tools, struggling with patient adherence or trying to build sustainable programs that scale, this summit gives you practical answers from people solving the same challenges.

Agenda

Day One – Monday, September 28, 2026

7:15am – 8:00am

Conference Registration & Networking Breakfast

8:00am – 8:15am

Chairperson's Opening Remarks

8:15am – 9:00am

EHR Integration and Workflow Design

RPM data flooding into the EHR creates alert fatigue, buried information and clinician resistance. Successful programs design workflows where the right person sees the right data at the right time without drowning in alerts. This session examines integration approaches including building dashboards that surface actionable data, setting thresholds that reduce noise, assigning triage responsibilities and creating escalation protocols. You'll learn how to get physician buy-in when they're skeptical, train staff on data interpretation, integrate RPM into existing chronic care workflows and measure whether monitoring actually improves outcomes.

Roshini Moodley Naidoo, MBA, MPH, MBChB

Professor of Practice, College of Health Solutions

Arizona State University

Senior Fellow, M-RCBG Harvard Kennedy School

Member of the Board, Africa Academy for Public Health

9:00am – 9:45am

Wearable Technology: Smartwatches, Patches and Continuous Monitoring

Wearables are reshaping RPM from scheduled readings to 24/7 health tracking. Apple Watch, Samsung Galaxy Watch, Fitbit and medical-grade devices like BioButton, VitalPatch and continuous glucose monitors generate constant streams of heart rate, activity, sleep, oxygen and glucose data. This session cuts through the marketing hype to examine which wearables work for which conditions, when consumer devices are good enough versus when you need medical-grade, managing continuous data without overwhelming clinical teams and getting patients to actually wear devices long-term. You'll learn about patch-based biosensors for post-surgical monitoring, smartwatch integration for cardiac and diabetes patients, comparing cellular versus Bluetooth options, battery life realities and realistic expectations for patient compliance. The discussion covers FDA clearance considerations, data accuracy, integration capabilities and total cost of ownership beyond device price.

- Consumer wearables (Apple Watch, Fitbit, Samsung) versus medical-grade devices for different conditions
- Patch-based biosensors and their applications in post-acute and chronic care monitoring
- Managing continuous data streams and setting meaningful alert thresholds
- Patient acceptance, compliance challenges and strategies for sustained wearable use

Ryan McGinnis, MD

Founding Director of the Center for Remote Patient and Participant Monitoring

Co-Director of the M-Sense Research Group

Associate Professor of Biomedical Engineering

Wake Forest University School of Medicine

9:45am – 10:15am

Networking & Refreshments Break

10:15am – 11:00am

AI in RPM: Separating Real Value from Vendor Hype

Every RPM vendor claims AI capabilities but most deliver basic threshold alerts rebranded as machine learning. Real AI applications in RPM include predictive models flagging decompensation 12-24 hours early, automated triage reducing manual chart review, anomaly detection identifying subtle pattern changes and personalized intervention triggers adapting to individual baselines. This session examines which AI tools deliver measurable value versus which create more problems through false positives, unexplainable recommendations and clinician distrust. You'll learn about validating AI accuracy before deployment, managing alert fatigue from overly sensitive algorithms, maintaining physician oversight of AI-generated recommendations, addressing bias in training data and measuring whether AI actually reduces workload or just shifts it. The discussion covers ambient documentation tools, natural language processing for patient communication, computer vision applications and realistic expectations for AI adoption timelines.

- Predictive models for patient deterioration and their real-world accuracy rates
- Automated triage and risk stratification reducing manual monitoring burden
- Managing false positives, alert fatigue and the human-AI workflow balance
- Validating AI tools, addressing algorithmic bias and maintaining clinical oversight

Karen L. Fortuna, Ph.D., LICSW

Licensed Independent Clinical Social Worker, Assistant Professor of Psychiatry at the Geisel School of Medicine at Dartmouth

Co-Founder

Collaborative Design for Recovery and Health

11:00am – 11:45am

HRS Sponsor Session

11:45am – 12:30pm

Patient Selection Strategies and Optimizing Outcomes for RPM Programs in HF

Sandip Zalawadiya, MBBS

Associate Professor of Medicine

Medical Director, Ventricular Assist Device Program

Director, HF Remote Patient Management Devices

Vanderbilt University Medical Center

12:30pm – 1:30pm

Networking Lunch

1:30pm – 2:15pm

Staffing Models and Care Team Structure

RPM programs fail when staffing doesn't match workload or responsibilities aren't clearly defined. This session examines sustainable staffing approaches including RN versus MA versus health coach models, determining patient-to-staff ratios, defining escalation protocols to physicians, managing after-hours monitoring and building schedules that prevent burnout. You'll

learn about leveraging care coordinators, integrating pharmacists, using AI for first-line triage and realistic productivity expectations for different team members.

Helen M. Lawler, M.D.

Associate Professor, Division of Endocrinology, Metabolism, and Diabetes

Medical Director, Diabetes Home and Remote Care Program (DHRC)

University of Colorado Hospital

2:15pm – 3:15pm

Panel Discussion: Scaling RPM Across Multiple Conditions and Service Lines

Most RPM programs start with one condition—hypertension, heart failure, diabetes—then face questions about expansion. This panel brings together leaders who've scaled across multiple conditions and service lines to discuss what works. Panelists share experiences with condition prioritization, staffing models that support multi-condition programs, technology platforms handling diverse devices, care team training across specialties and demonstrating value when spreading resources across broader populations. The discussion covers maintaining quality during scale, avoiding scope creep and knowing when to stay focused versus expand.

Thomas (T.J.) Ferrante

Attorney at Law

Foley & Lardner LLP

Zsolt Kulcsar DO, MPH, MBA, CPE

Vice President, Virtual Health

Assistant Professor

Emory School of Medicine Rheumatology Dept.

3:15pm – 3:45pm

Networking & Refreshments Break

3:45pm – 4:30pm

How one pediatric system deployed remote monitoring as part of their advanced care at home model

Nemours

4:30pm – 5:15pm

Beyond Remote Monitoring: Lessons from Heart Failure to Diabetes and Wearable Health Innovation

Remote Patient Monitoring (RPM) is often seen to improve care for chronic conditions like heart failure and diabetes. However, data alone does not change outcomes. Our experience—and growing evidence—shows that RPM is only effective when it is paired with the right clinical support and workflows.

In this session, we share how our RPM programs have evolved from basic monitoring to more integrated care models. Using heart failure as a foundation, we demonstrate how combining monitoring with medication management, care coordination, and timely intervention can drive better results. We also discuss lessons learned in diabetes care, where traditional tools like glucometers provided limited insight, while newer technologies like continuous glucose monitoring offer more meaningful data.

We will also explore emerging technologies, including wearable devices, and discuss real-world challenges such as patient engagement, cost, and implementation barriers. This presentation highlights a key message: RPM is not just about collecting data—it's about turning data into action.

Kristelle Pulido
Nurse Practitioner
White Plains Hospital

5:15pm
Day One Concludes

Day Two – Tuesday, September 29, 2026

7:15am – 8:00am
Networking Breakfast

8:00am – 8:15am
Chairperson's Remarks

8:15am – 9:00am
Digital twin and RPM

G. Hamilton Baker, MD
Prof of Pediatrics and Public Health
Lead, Clemson-MUSC AI Hub
Medical University of South Carolina

9:00am – 9:45am
Health Equity and Access in RPM Programs

RPM programs risk widening health disparities if only tech-savvy, English-speaking, well-resourced patients participate. This session examines strategies for equitable access including addressing digital literacy barriers, providing devices without requiring smartphones, language considerations for non-English speakers, supporting patients without reliable internet and engaging caregivers when patients need assistance. You'll learn about community health worker integration, culturally tailored engagement and measuring whether your program reaches underserved populations or inadvertently excludes them.

- Addressing digital literacy and technology barriers in underserved populations
- Device and connectivity solutions for patients without smartphones or internet
- Language access and culturally appropriate engagement strategies
- Measuring and improving program reach across demographic and socioeconomic groups

Tamara Bourda, PhD, MBA, MPH, FACHE
System Administrative Officer
Medical University South Carolina (MUSC)

9:45am – 10:15am
Networking & Refreshments Break

10:15am – 11:00am
Digital Coaching and Self Management

Farzan Sasangohar, Ph.D., CPAHA
Associate Professor and Mike and Sugar Barnes Faculty Fellow II
Texas A&M

11:00am – 11:45am
ACCESS Model

Michael J. Schellhous, Esq. (he/him)
Senior Counsel
Nixon Law Group

11:45am – 12:30pm
Policy and Advocacy Developments in Remote Monitoring

This session will outline recent developments and the future landscape for regulation and reimbursement of Remote Patient Monitoring (RPM) and related technologies. The presentation will include current and emerging policy developments, including reimbursement trends, regulatory landscape, and pending legislation on Capitol Hill. As inpatient-level care increasingly shifts to the home, success depends on seamless integration of telehealth, EHRs, analytics, and decision support tools. She will also discuss ongoing advocacy efforts to shape the future of this care, and how RPM leaders can be more involved shaping this policy.

Rikki Cheung
Senior Director
Alliance For Connected Care

12:30pm
Conference Concludes

12:45pm – 2:45pm

Workshop: Building Your RPM Program Implementation Plan

This workshop guides you through creating a realistic RPM implementation or expansion plan for your organization. Working individually and in groups, you'll define program scope and target populations, select technology platforms and devices, design care team workflows, develop patient engagement strategies and build financial projections. The workshop covers phased rollout approaches, pilot design, stakeholder engagement and measuring success. You'll leave with a concrete implementation plan, budget estimates and timeline for launching or scaling your RPM program. You'll create:

- Program scope definition with target conditions, patient volumes and geographic coverage
- Technology selection framework evaluating platforms, devices and integration requirements
- Care team workflow design with roles, responsibilities and escalation protocols
- Financial model projecting costs, revenue and ROI timelines

Greg Smith

Principal Director

Accenture

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