COACHCARE

CASE STUDY

RPM INSOURCING ANALYSIS

The real cost of bringing RPM in-house

What it would take for one independent cardiology practice to run its remote monitoring program on its own

As Medicare policy evolves, some practices are asking whether to bring remote patient monitoring in-house. On paper, it looks simple: hire a few nurses and medical assistants, license software, and keep the revenue. We worked through the numbers with one of our clients, an independent cardiology practice with more than 500 patients enrolled in RPM. The analysis counts only what it would take to keep serving the patients the practice already has. It assumes no growth.

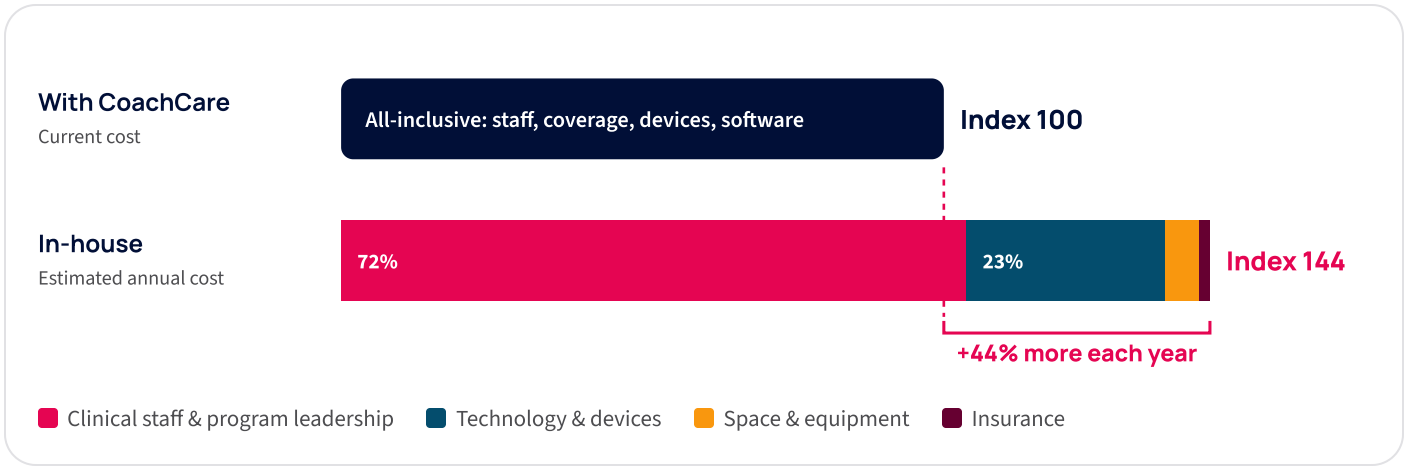
44%
higher annual cost to run the same program in-house

72%
of the in-house cost is staffing and program leadership

3
major costs left out of this estimate, so the real gap is likely larger

The bottom line

Annual program cost, indexed to today's cost with CoachCare (100)

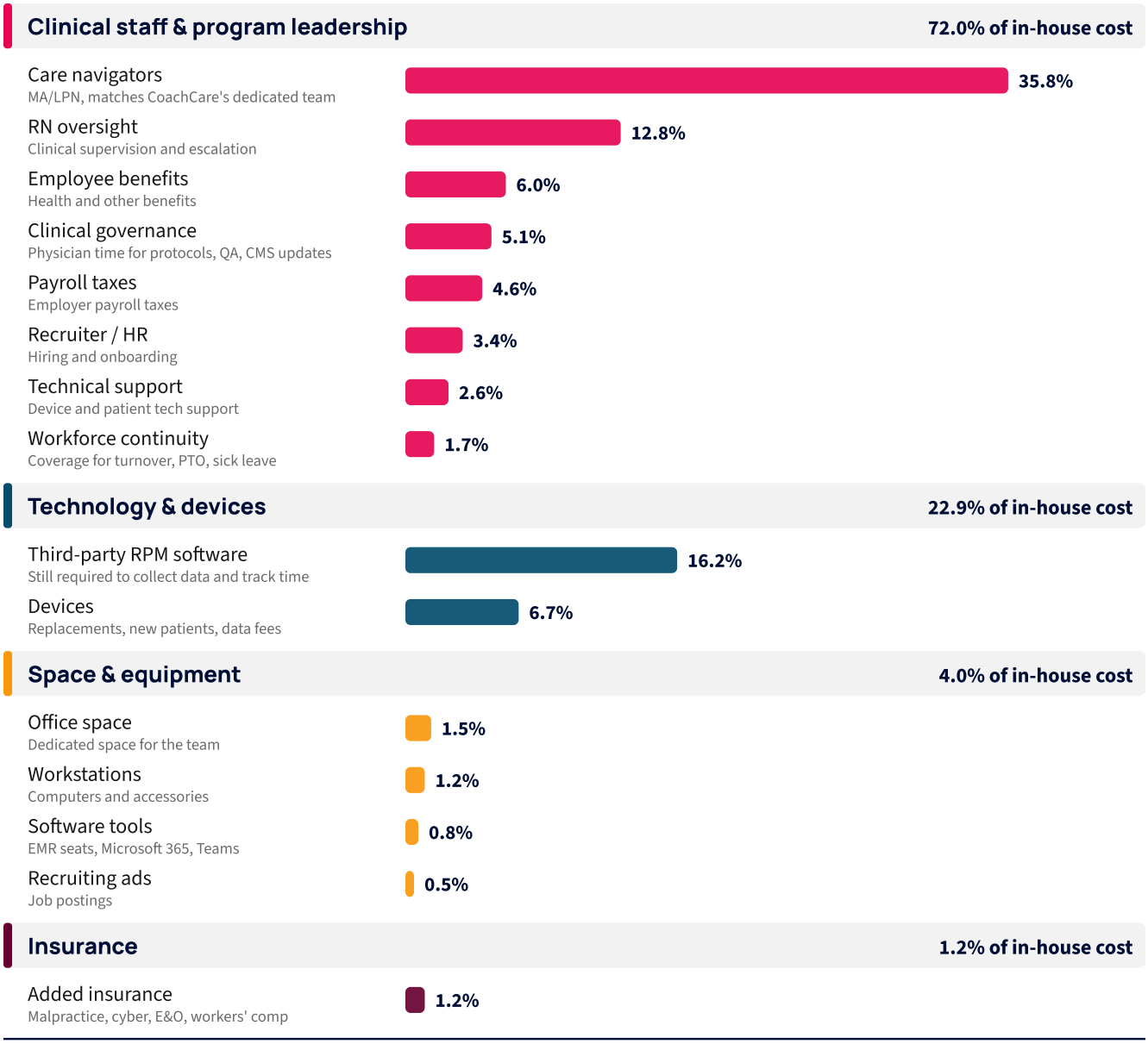


Running the same program in-house would cost the practice an estimated **44% more each year** than it pays today. That's a conservative estimate. It covers only costs every practice would carry, and it leaves out several that many would add.

LINE-ITEM DETAIL

Where the money goes

Every estimated in-house cost, as a share of the total in-house cost



Staffing drives the cost. To match the care team CoachCare dedicates to the program today, the practice would hire its own care navigators, nurse oversight, technical support and recruiting, plus two costs practices often overlook: covering turnover, PTO and sick leave, and physician time to keep protocols current as CMS rules change. **Technology doesn't go away:** even in-house, the practice still licenses RPM software and buys, replaces and supports devices.

CONSERVATIVE BY DESIGN

What the numbers don't show

Regulatory counsel

These figures don't include retained regulatory counsel or outside compliance audits. Practices that use them could add substantially to these costs.

The technology market

The model assumes practices can keep licensing RPM software at today's prices. If integrated vendors can't survive as software-only companies, costs could rise or options could disappear.

Growth

Every new patient adds staffing, device and software costs the practice would carry on its own.

What's at stake for patients

Monitoring works when someone is reliably watching the readings and acting on them.

Coverage gaps

On a small in-house team, a vacancy, a vacation or a sick day can leave readings unreviewed and patients without follow-up.

Continuity

Patients build relationships with the people who call them each month. Turnover on a small team breaks those relationships and slows escalation.

Consistency

Established protocols, escalation pathways and quality review take time to build. A new program starts without them.

Focus

Every hour spent recruiting, training and managing a monitoring team is an hour taken from patient care.

Why partnering works

A partner like CoachCare spreads the fixed costs of staffing, technology, compliance and training across many practices, which no single practice can do on its own. The practice keeps clinical oversight and the patient relationship. CoachCare handles the work of running the program: staffing, coverage, devices, protocols and keeping up with Medicare's rules.

For most independent practices, insourcing doesn't just cost more. It puts the program, and the patients in it, at more risk.

Want to see the real numbers behind this analysis?

This case study comes from a real CoachCare client. Book a meeting and we'll walk you through the actual dollar figures, line by line, and what they could mean for your program.

Book a meeting →

coachcare.com/schedule-a-consult



Methodology: Estimates reflect projected annual costs for an independent cardiology practice to insource an existing RPM program, compared with its actual costs over the past 12 months. Labor estimates use market salary rates and include payroll taxes and benefits, workforce continuity, and clinical governance at the low end of estimated ranges. Estimates do not include retained regulatory counsel, program growth, or building proprietary technology.