



CEDAR
POINT
HEALTH

Merging Clinical and Business Goals 2025 Case Study

How Cedar Point Health is Optimizing RPM

When Cedar Point Health in western Colorado identified the need to enhance blood pressure management within its Medicare population, it ultimately turned to a remote physiologic monitoring program (RPM) through CareTrack of Carrollton, Georgia.

“Our primary hope was to bring in additional tools to help manage high blood pressure,” says Cedar Point Chief Medical Officer Bryce Lokey, MD. “Our quality scores were lower than expected based on year-end measurements, and we felt like we needed more real-time analysis.”

Cedar Point Health comprises seven locations and 26 providers delivering primary and urgent care, osteopathic medicine, physical therapy, hospitalist care, behavioral health and care management.

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— Bryce Lokey, MD

Scaling devices and conditions

Enrollment began in August of 2024. By the spring of 2025, over 600 patients were in the program with hypertension as the initial use case as scaling in both devices utilized and monitored conditions grew.

“Blood pressure is the number one, two and three cardiac risk factors and we have already targeted a cardiovascular expansion,” says Lokey, noting emphasis on stroke, ischemia, COPD and the impact of diabetes on cardiovascular disease. Doing so meant expanding initial BP cuffs with weight scales, pulse oximeters and glucometers when clinically identified.

Clinical and business models

Through it all Lokey took a thoughtful approach to RPM.



“Controlling BP is important, but does paying for RPM make the difference? Does intervention lead to outcome, and we are bound by ethics in evidence-based medicine that not everyone may need the monitoring,” he says, owing in part to Lokey’s role as chief medical officer and his responsibilities for Cedar Point’s business health. “In wearing two hats as the CMO looking at data and for the business we may want to make money but had concerns on expansion of the billing structure.”

Now, he says, “we have had patients with an average length of service and engagement see improvement with BP, and overall more who were uncontrolled who became controlled. I trust an average of many blood pressures taken at home better than a single blood pressure taken in the office.”

*An effective RPM program requires careful planning, teamwork, and continuous evaluation.
CareTrack collaborates with you and leverage this guide to establish a thriving RPM program.*

CareTrack implementation and results

To get there, CareTrack supplied the full range of services matching CMS RPM incident to policy and payments:

Identified patients in the cohort

Reached out for recruitment

Supplied the FDA-approved devices and the training

Established data monitoring and an alerts structure

Led electronic health record integration

And a proprietary triage approach provides tailored touch points for patients requiring CareTrack interaction or intervention at the provider level.

“Integration with the EHR and the practice management side is good,” says Lokey. “The ability to pull data, for the billing to go straight to the claims module hands free and we’re comfortable with the patients we have engaged.”

Cedar Point Health utilizes Greenway’s PrimeSuite EHR, just one of the systems CareTrack has an integration relationship with.

On the CMS policy side, Lokey praises CareTrack for achieving the historic requirement of gathering 16 days of data per 30 to bill the RPM device code, and like many clinicians thinks it’s not fully necessary. “I think it should be lower than 16. A week’s worth or 10 data points is optimal per month and still valuable information.” (Last September, the AMA put forth additional codes to grant providers discretion in days of monitoring and time-based interaction, which CMS is expected to implement for 2026, lessening billing burdens for RPM.)

Tangible Benefits

Return on Investment

“ROI is an easy yes,” says Lokey. “It’s pretty challenging with inflation and decreasing reimbursements for a primary care practice that’s independent, without lab and radiology, and adds a line of business such as RPM and does not add a large footprint to your staffing model and billing, but it’s a margin for us that’s been positive.”

Impact on providers

Toward Cedar Point’s outset goal of more real-time BP readings, “you can’t ignore a confidence boost to see repeated data that show’s control of BP. I would agree it adds confidence to the providers who are engaging.”

A five-month internal data review shows the entirety of Cedar Point providers, more than 20 of them, engaged with RPM and complete sets of RPM codes being billed with a very low claims denial rate system wide.

Patient engagement

Lokey says duration in RPM care plans has ranged from three to six months. He says patients understand the need and commit to the program, and like seeing good results.

“Patient retention as a variable to the quantity of claims is an expectation, but we want them to get something out of it. Whether they are stable and don’t need monitoring or remaining to detect variances or medication management that’s a win to our level of expectations. Again, with our average length of service and engagement we see improvements with BP.”

As the practice continues to scale, Lokey believes clinical and business goals will continue to align.

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– Bryce Lokey, MD



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Montrose, CO

7 locations, 26 providers

- | | |
|------------------------|---------------------|
| + Primary Care | + Hospitalist Care |
| + Urgent Care | + Behavioral Health |
| + Osteopathic Medicine | + Care Management |
| + Physical Therapy | |

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