

Odds of hospitalization lower with remote monitoring in COVID-19

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Activation of a remote patient monitoring (RPM) program for

COVID-19 is associated with a lower likelihood of hospitalization and shorter length of stay, according to a study published online July 7 in *JAMA Network Open*.

In a retrospective, [observational study](#), Bradley H. Crotty, M.D., M.P.H., from the Medical College of Wisconsin in Milwaukee, and colleagues examined whether an RPM program for COVID-19 was associated with the likelihood of hospitalization and whether patients who were admitted presented for [hospital care](#) earlier or later. A total of 10,660 COVID-19-positive ambulatory patients were eligible for inclusion; 9,378 were invited into the RPM program.

The 5,364 patients who had activated monitoring had a mean 35.3 check-ins and 1.27 free-text comments; 16.4 percent experienced at least one alert. The researchers found that 2.4 and 3.9 percent of activated and inactivated patients, respectively, were hospitalized. Activation of RPM was associated with lower odds of hospitalization in weighted [regression analysis](#) after adjustment for demographics, comorbidities, and time period (odds ratio, 0.68). A longer time between test and hospitalization was seen for monitored patients (6.67 versus 5.24 days), in addition to a shorter length of stay (4.44 versus 7.14 days) and less intensive care use (0.3 versus 1.1 percent).

"If reducing avoidable admissions can be achieved through virtual interventions, then practitioners can focus on in-person care for the most ill [patients](#) while also limiting unnecessary contact at hospitals and clinics, which is key to decreasing the spread of COVID-19," the authors write.

One author disclosed financial ties to AstraZeneca.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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