VIEW POINT

# FROM DATA OVERLOAD TO CONNECTED CARE – REALIZING RPM'S PROMISE

Infosys Helix

Imagine a patient, once reliant on in-person check-ups, now connected to caregivers from the comfort of their home. Each heartbeat, blood sugar reading, gait reading, and medication reminder generates a steady flow of information. These are not just data points, they are building blocks in a new era of healthcare, where technology promises to bridge distances and acute labor shortage and spark new possibilities for personalized, proactive care.

**Remote Patient Monitoring (RPM) stands at this crossroads.** Its transformative potential is clear: continuous care beyond hospital walls, improved outcomes, and new operational efficiencies. But for all its promise, many organizations still find themselves navigating an uneven terrain. RPM is no longer an experiment. It is maturing, but with maturity comes more complex challenges. Fragmented systems, data silos, and the overwhelming volume of patient information have revealed the limitations of singular solutions.

This was the crux of conversations with healthcare and technology leaders at the HLTH USA roundtable hosted by Infosys. Technology continues to advance, but underneath, the systems that must uphold it are struggling to keep pace. For RPM to realize its full potential, the healthcare community must go beyond isolated point solutions. The journey ahead requires transforming data overload into actionable insights, integrating clinical workflows, and collaborating across the ecosystem to build a sustainable, connected model for care.

# THE MATURATION AND REALITIES OF RPM

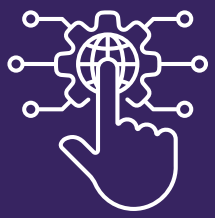
The initial excitement around RPM is now tempered by the hard-won lessons of implementation and uneven adoption. Success is not guaranteed by technology alone. Instead, it hinges on careful strategy and an honest assessment of current limitations.

## Targeted implementation is key

We see the clearest return on investment when RPM is applied to specific conditions and patient population. Chronic diseases like heart failure, diabetes, and hypertension show measurable benefits, as consistent monitoring can prevent costly acute events. However, organizations that attempt a one-size-fits-all approach often struggle. The success of any RPM program depends on first identifying the clinical or business problem it aims to solve and then selecting the right patient group to demonstrate measurable benefits.

## Infrastructure and equity gaps persist

A major barrier to scaling RPM is the disparity in infrastructure. Reliable broadband access, the cost of monitoring devices, seamless data flow and interoperability, and the financial constraints on smaller clinics create a digital divide. Rural and lower-resourced health systems, which often serve people who could benefit most from remote care, face the steepest climb. Without foundational investments in digital infrastructure and equitable access, RPM risks becoming a tool that widens existing healthcare disparities rather than closing them.



## The real limiting factor: workflow integration

Even with sophisticated devices, the most common point of failure is workflow. Clinicians and caregivers often juggle multiple applications and systems, leading to data silos and workflow inefficiency. This fragmentation adds to their administrative burden rather than alleviating it. The central challenge is no longer about the capability of the monitoring technology itself, but about its seamless integration into the existing clinical environment. For RPM to be truly adopted, it must enhance, not complicate a provider's daily work.

# FROM DATA-RICH TO INSIGHT-DRIVEN

The proliferation of medical-grade and consumer wearables has created an unprecedented volume of patient data. However, this data is often more overwhelming than it is useful. The critical missing piece is the ability to translate raw data streams into clear, actionable insights for clinical teams.

### AI and automation as essential enablers

Clinicians and caregivers are already facing burnouts and significant staffing shortages. They cannot be expected to manually sift through continuous data for every patient. This is where Artificial Intelligence (AI) becomes essential. AI-powered analytics can automate the interpretation of data, identify meaningful patterns, and triage alerts so that caregivers only receive information that requires their immediate attention. By using AI, RPM programs can be made sustainable and scalable without overburdening clinical workforce.

### The untapped potential of consumer data

While not medical-grade, data from consumer wearables offers a valuable resource for proactive health management. When filtered and contextualized, this information can provide early warnings and prompt individuals to seek medical evaluation sooner. The key is to build systems that can intelligently integrate this consumer-generated data into a clinical context, bridging the gap between everyday wellness tracking and formal medical care.

# BUILDING A CONNECTED AND SUSTAINABLE ECOSYSTEM

The most significant obstacle to achieving seamless care is fragmentation. Our current landscape comprises siloed systems, competing vendors, and misaligned incentives. True progress requires a fundamental shift toward ecosystem-thinking and collaboration.

## Prioritizing interoperability and platform models

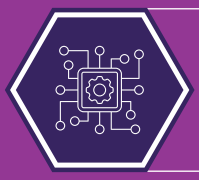
Health systems are moving away from purchasing isolated point solutions. Instead, they are seeking integrated platforms that can connect multiple devices, data sources, and clinical workflows into a single, unified system. This ecosystem model reduces complexity for clinicians and creates a more holistic view of the patient journey. Technology partners, including major EHR platforms and innovative new entrants, must prioritize interoperability to break down these long-standing barriers.

## Aligning incentives to drive long-term adoption

For any new care model to be sustainable, the financial incentives must align with the desired outcomes. Healthcare providers operate on thin margins, and they cannot invest in technologies without a clear path to financial viability. Reimbursement models must evolve to reward the value created by continuous, connected care such as reduced hospitalizations and improved chronic disease management. This alignment is fundamental to securing the long-term investment needed to build a truly connected care infrastructure.

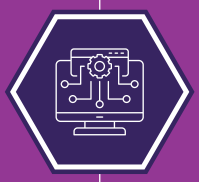
The ultimate vision is a seamless continuum of care where data flows effortlessly between patients, clinicians, and systems. This future is not built on a single piece of technology, but on a connected ecosystem.

**This is where Infosys Helix Remote Patient Monitoring capability brings the core features together:**



AI-first digital platform

User-friendly interface for comprehensive member management



Services that are interoperable not just within the platform ecosystem but also with the external entities involved such as devices, mobile apps, light weight protocol-based data transfer

Member Digital Twin — A virtual replica of the member with real-time aggregation and clinical and plan data analytics

Configurable clinical workflows to address varied care needs

Event-driven capabilities to ensure timely reaction to clinical insights and alerts

It involves centralized RPM command centers for managing remote patients, cross-condition platforms, and AI-driven coordination that enables proactive, personalized, and equitable healthcare for all. The conversations are happening, the vision is shared, and now the real work of building that connected future begins.

For more information, contact askus@infosys.com

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