
TELEHEALTH IN WORKERS' COMPENSATION AND MEDICAL MALPRACTICE



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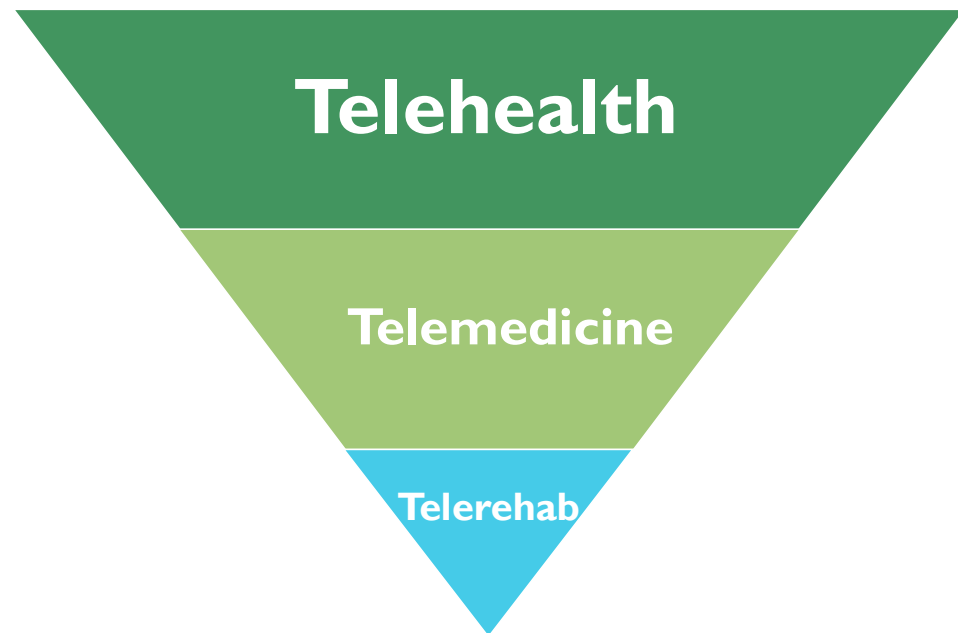
TOPICS FOR DISCUSSION

- Telehealth Defined
- History of Telehealth (including Rising Medical Costs)
- Current Services
- Telehealth Models
- Telehealth Adoption
- Benefits
- Challenges
- Current Success Stories
- Effects of Current Pandemic

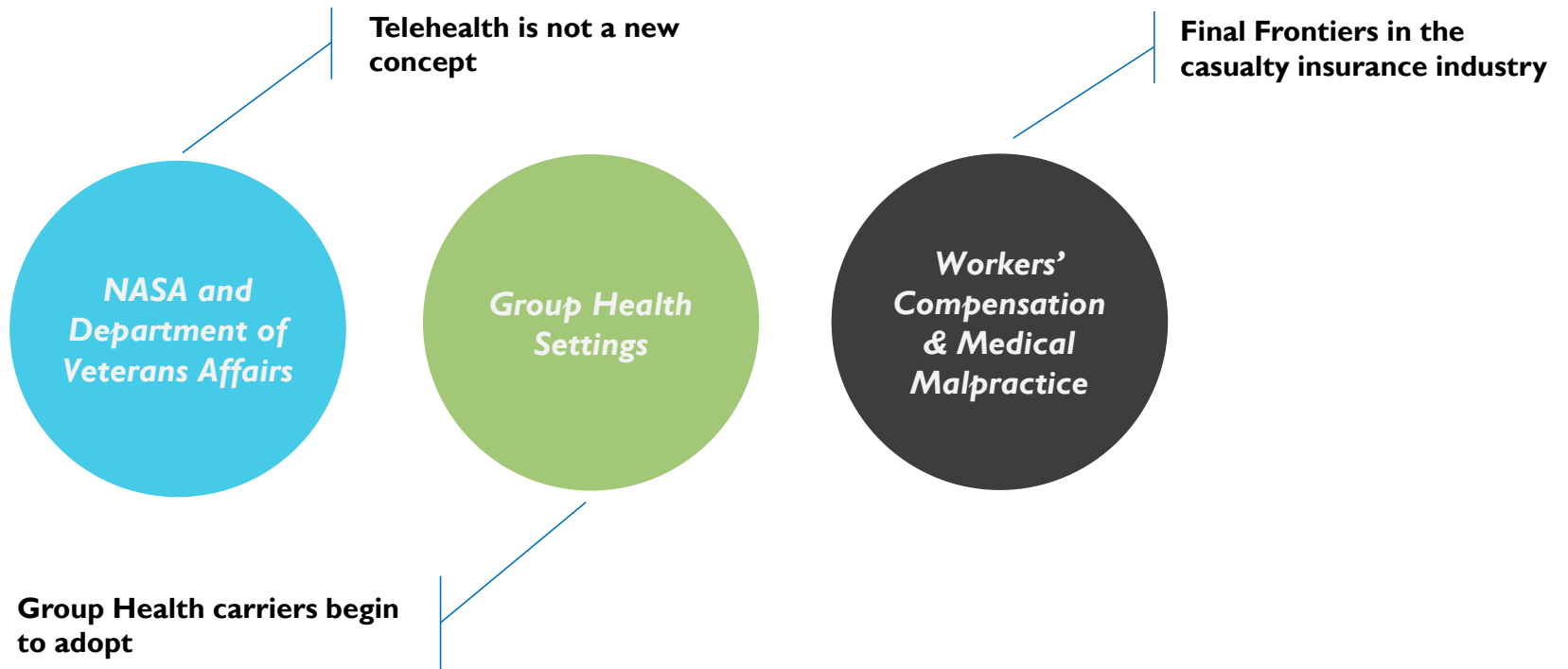


TALKING TELEHEALTH

- Telehealth – includes health care services including medical care, medical education, and other public health services
- Telemedicine – A component of telehealth that is the delivery of virtual care, often video-conferencing between provider and patient.
- Telerehabilitation – A component of telemedicine involving delivery of virtual conferencing



HISTORY OF TELEHEALTH



RISING MEDICAL COSTS IMPACTING WORKERS COMPENSATION

- *The average inflation rate of medical care since 1947 through 2020 has been 5.11% per year (US Bureau of Labor Statistics); the CDC predicts medical inflation of 5.5% through 2026*
- *While WC claim frequency has seen a long-term downward trend, claim severity has been steadily increasing*
- *According to a 2018 NCCI study, approximately 8% of all medical costs in workers compensation are related to Evaluation and Management¹*



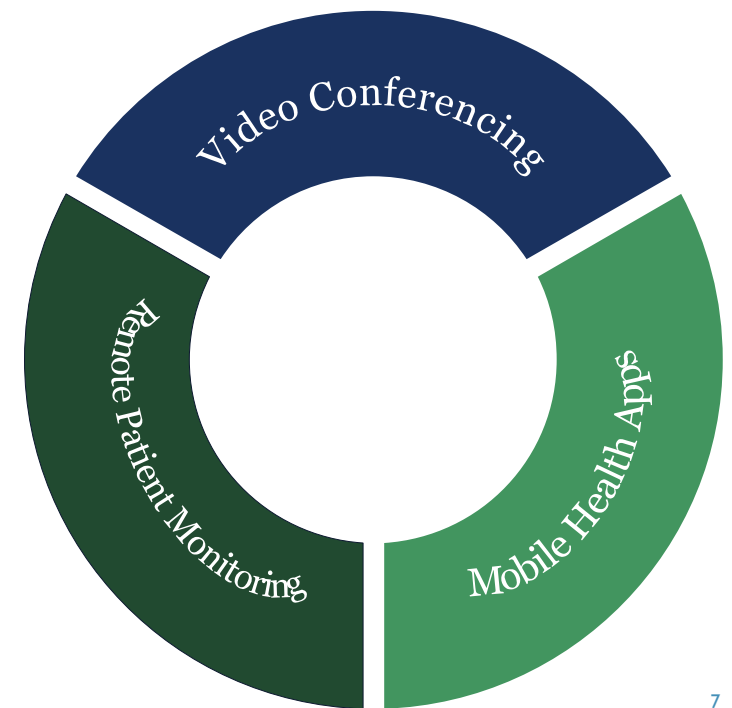
Source: https://www.ncci.com/Articles/Documents/II_Insights-MedicalServicesWCClaims.pdf

THE US LANDSCAPE

- *Originating Site – the location of the patient during a telemedicine session, aka Remote or Spoke Site*
- *Payment Parity – requires private payers to reimburse telemedicine at same rates as in-person services*
- *Medicare – telehealth visits, virtual check-ins and e-visits are covered if the patient is at an eligible originating site; expanded March 6, 2020 via 1135 waiver to include patient's home*
- *Medicaid – all states' Medicaid programs reimburse at least some forms of telemedicine*
- *Private payers (including workers' compensation) – subject to policy terms, applicable state laws and fee schedules*

CURRENT SERVICES

- **Video conferencing** gives patients in rural locations, as well as those with limited ability to travel, newfound access to health specialists. Healthcare providers benefit, too: Primary care physicians can consult in real time with specialists and peers across the country, and care teams can collaborate on treatment plans for their patients.
- **Mobile health apps** on smartphones and tablets can help patients become more engaged in controlling their well-being. Educational videos and apps can help people manage chronic conditions, participate in wellness activities and build emotional resilience with online support groups.
- **Remote patient monitoring** collects and transmits medical and other types of health data from patients to healthcare providers. Electronic monitoring devices such as wearables can be used to track blood pressure, respiratory rates and other vital sign data.



TELEHEALTH MODELS

Triage Only

- *Widely accepted*
- *Limited scope*
- *May occur by phone or video*

Recheck Only

- *Only after in-patient care*
- *May be for continuity of care*
- *Often done via videoconferencing*

One and Done

- *Often a generalist appointment*
- *Minor injuries*
- *Can occur by phone or video*

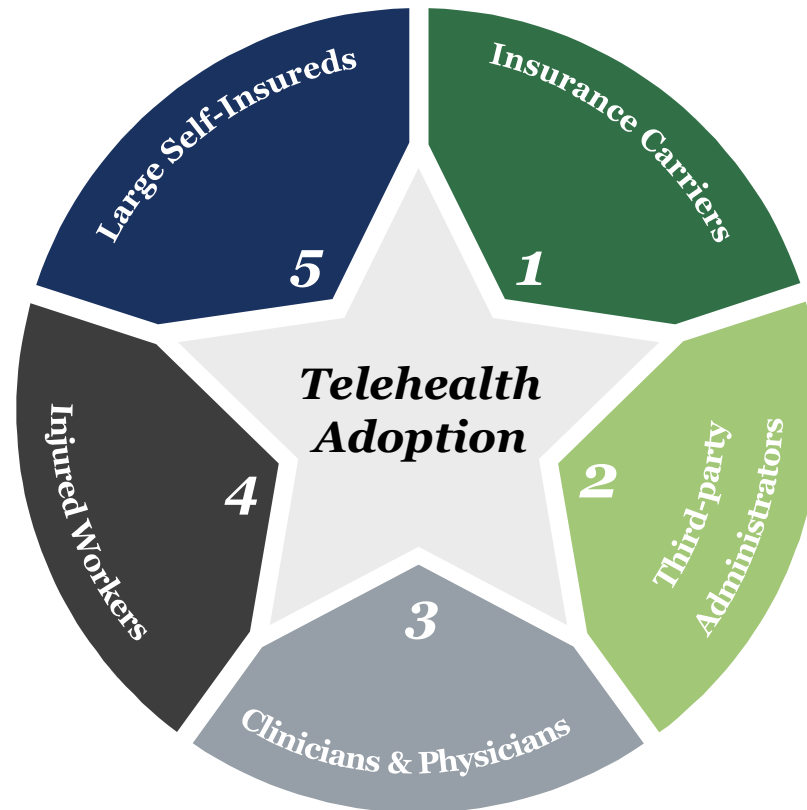
Full Scope

- *Medical expert utilization*
- *Can flip between in-person and telehealth*
- *Videoconferencing used most frequently*



TELEHEALTH ADOPTION

The adoption of telehealth should be embraced by all stakeholders but it may not be applicable in all circumstances. The ability to demonstrate better patient outcomes with lower expenses and better efficiency makes telehealth a true win-win.

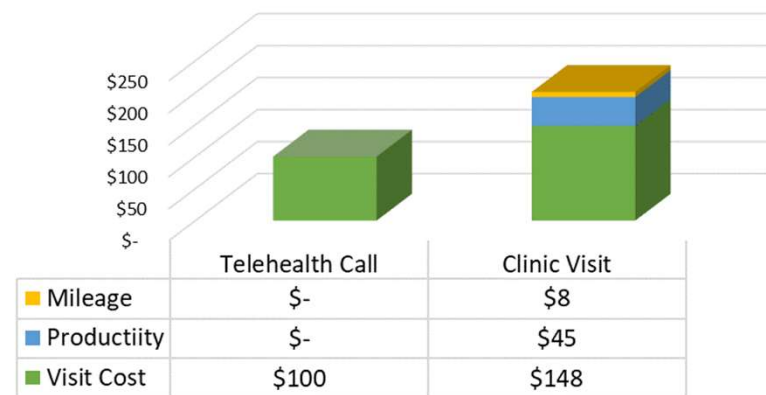


BENEFITS AND SAVINGS

Savings Opportunities:

- 1) Office/E.R. visits
- 2) Mileage
- 3) Nurse case management
- 4) Fewer missed days from work

Telehealth vs. Clinic Visit Comparison



Source: UnityPoint Health

■ Visit Cost ■ Productiity ■ Mileage

ADDITIONAL BENEFITS

- Fewer missed appointments, shortening periods of treatment and disability
- Lost productivity for employers
- Availability of care during off-hours
- Better access to care for employees in rural settings
- Better access to bilingual doctors
- Better access to specialists
- Crisis management opportunities
- Converting FCMs to TCMs who can attend appointments virtually with the claimant
- Less wait time
- Fewer prescriptions written
- Higher employee satisfaction with workers' compensation system
- Real-time results for physician mandated work restrictions



*according to CarVal's book of business.

CHALLENGES

Workers' Compensation

- General acceptance by claimants
- Language and cultural barriers
- Lost opportunities for surveillance
- Not useful for many injury types
- Privacy concerns
- Patient performing improper care
- Measuring effectiveness

Medical Malpractice

- Compliance with state licensing
- Network security
- Adequate cyber liability coverage
- Connectivity issues
- Reimbursement
- System integrations
- Obtaining patient vitals
- Scheduling issues
- Training medical professionals on the technology and standard of care
- Misdiagnosis



SUCCESS STORIES

	PRE-PROGRAM	POST PROGRAM	RESULTS WITH 24/7
Average Days Open	104	75	28% ↓
Average Cost	\$3,095	\$2,054	34% ↓
Average Litigated Claims	3.5%	1.4%	60% ↓

% of calls resulting in first-aid/Self care: 46%

Source: Top 5 multi-line TPA

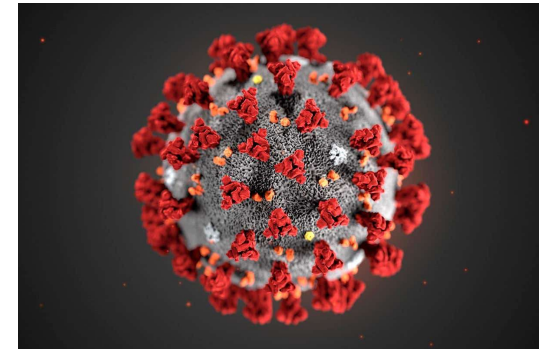
EFFECTS OF CURRENT PANDEMIC ON UTILIZATION

Workers' Compensation

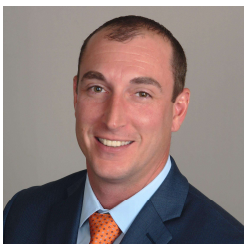
- Realization of the benefits
- Accelerated implementation of tele-technology
- NCM's understanding the technology and when they should or should not attend telehealth appointments
- Doctors reluctance to release workers back to employment

Medical Malpractice

- A new standard of care?
- Immunity laws vary by state
- Disclosure of risk
- Delivery methods prescribed in med mal policy
- Deadlines for filing lawsuits
- Patient home is an eligible originating site



THANK YOU!



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