

WORK COMP'S VIRTUAL TOUCH

COVID-19 HAS SPREAD TELEMEDICINE TO INJURY ASSESSMENTS, SAVING BOTH TIME AND MONEY FOR SELF-INSURED PLANS AND KEEPING CLAIMANTS OUT OF HARM'S WAY

The art and science of telemedicine, also known as telemed or telehealth, has finally taken center stage after years of frustratingly low utilization across the self-insured community – and beyond. In a post-pandemic world, it could become a preferred gateway to health care providers if not already a standard health plan offering.

The National Council of Compensation Insurance estimates that at least 7 million telehealth encounters occur around the U.S. each year, and the telemedicine market will continue to grow by at least 6% annually.

But little has been revealed about how virtual visits are being applied to the workers' compensation arena. Telemedicine visits are overwhelmingly on the group health side, says Mary Ann Lubeskie, VP of managed care operations with TRISTAR Managed Care who was part of a panel discussion on this topic at SIIA's national conference in San Francisco.

— Written By Bruce Shutan





Mary Ann Lubeskie

Workers' comp was late to the dance for a number of reasons. She says one is that the per-employee-per-month fee schedule doesn't apply in a comp setting where payments are tied to services rendered. A few of her clients were using telemedicine comp claims prior COVID-19 when its use skyrocketed out of necessity.

Aside from the group market being exponentially larger and, therefore, an unfair comparison, another factor involves regulatory restrictions. Two months prior to the emergence

of COVID-19, a handful of states actually limited the use of telemedicine. They included Alabama, Arkansas, Louisiana, Nevada, Ohio and Washington.

However, Lubeskie suspects all states will have at least passed emergency provisions for telemedicine by the end of 2020 considering how indispensable it became in the early days of social distancing when the nation's healthcare system was seriously overloaded.



David Lupinsky

A NEW NORMAL?

That comfort level is expected to deepen. "Once people get used to it," she opines, "it's going to be tough to all of a sudden not have that as an offering, especially if we're starting low-severity type of injuries that can easily be handled with telemedicine."

The genesis of telemedicine for the worksite actually began with NASA's medical treatment of astronauts in flight, according to David Lupinsky, VP of medical review services with CorVel. He says it then expanded to remote areas without neurologists in the ER to diagnose strokes.

CorVel was among the first to launch telemedicine services in work comp, a solution that includes home delivery of prescriptions and durable medical equipment to injured workers who may not have the coronavirus but are required to shelter in place.

The prevalence of smartphones has revolutionized the use of telemedicine. About five or six years ago when work comp began experimenting with virtual visits, Lubeskie says companies typically would set up a kiosk in an area where injured workers could have privacy.

"Patient confidentiality and privacy must be protected," notes Jeffrey Adelson, co-managing partner and general counsel for Adelson McLean, a startup handling work

comp legal trends. "Telemedicine for work comp is a great idea, but there are HIPPA concerns. Most doctors in the U.S. are not set up for it and must be trained to use it."

Smartphones are liberating because people who work in an open office environment or factory can simply walk to their car and have a private video call, Lubeskie says. They also make it much easier to be treated for minor issues such as contact dermatitis, which can be photographed and uploaded for a physician to examine, and can be used to find the nearest pharmacy to pick up a prescription. An analysis of CorVel's virtual visits found that more than half were done on smart devices vs. laptop or desktop computers.

TIME IS MONEY

Telemedicine can help save a substantial amount of time in returning someone to work. Lubeskie notes that injured employees might be gone from their job for only about 30 minutes on a convenient virtual visit. In stark contrast, she cites a 2015 Harvard Medical School study of indirect health care costs showing the average person spends about two hours traveling to and from a doctor's office, as well as waiting to be seen and treated.

She has been able to measure the benefit from a triage perspective, noting "we're seeing almost 40% less claims as a result of that." Moreover, the Harvard study pegs the cost of care at about \$32 and time away from work at about \$42.

Virtual Touch

Telemedicine also helps significantly streamline the work comp process. About 47% of virtual visits across CorVel's book of business end up in self-care at the nurse level. "Almost half of your injuries can be handled by the nurse," Lupinsky says. "They don't even become claims." He says physician practices that typically transition well into the digital world have three brick-and-mortar waiting rooms and a fourth dedicated to virtual visits.

Those video chats may include making arrangements to obtain medication or equipment and scheduling follow-up, physical therapy visits or tele-ergonomics evaluation via telemedicine, as well as setting up a transitional work-from-home plan. Such steps are designed to speed claims, recovery and return to work.

Since telemedicine isn't bound by geography, it fosters integration between general practitioners, specialists, nurses and case managers and eliminates expenses associated with traveling to and from brick-and-mortar facilities. As such, Lupinsky says it helps break the silo mentality that separates each of these disciplines. He likens the arrangement to curbside consults from Kaiser Permanente.

FRONT-LINE WORKERS

Telemedicine for work comp fits some types of self-insured employers or industries better than others. Lubeskie sees it mostly across her transportation book of business with regard to heavy haulers who don't know where to locate medical providers on the road. Healthcare workers in nursing homes or pharmacies also are part of that list.

Having 24/7 access to physicians is critically important in industries that employ shift workers who can be encouraged to seek quicker and more appropriate care. "An ER is not going to do any better treating a strain than a telemedicine doctor is, and the ER's going to be more expensive since they're going to take an X-ray, MRI or other tests that really aren't necessary," according to Lubeskie.

Other beneficiaries of telemedicine include injured workers in need of transportation or those in rural areas without access to nearby occupational providers who might otherwise have to travel 100 miles to be treated. Self-insured employers can save on the cost of reimbursing these patients for mileage and other travel expenses to and from a provider's office.

Restaurant chains are among the early adopters of telemedicine for work comp. One such pioneer is the Cheesecake Factory, a client of CorVel whose physicians were able to limit cases



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involving burns and lacerations simply by recommending that first-aid kits include certain items. Under this care model, as many as 60% to 65% of patients never stray from work.

"When somebody leaves, it's not just the cost of that patient leaving, it's business continuity," Lupinsky says.

Of course, there are other meaningful advantages to using telemedicine in a work comp setting. For example, CorVel found a 60% decrease in litigation, 34% decrease in average incurred and 28% decrease in days open for cases that start in triage vs. those that do not. A key strategy is that nurses are required to make an empathetic statement to patients that Lupinsky notes can "tip the fence" in injured workers feeling that they need to hire an attorney.

CorVel's virtual visits are credited with slashing treatment wait times to just 10 minutes from an average of two hours over a five-year period. They also have reduced unnecessary prescriptions by nearly 50%, lowered treatment costs between \$100 to \$850 per visit and increased patient satisfaction rates to 4.8 from 3.65 on a scale of 1 to 5.

THE COVID FACTOR

Whereas about 25% of CorVel's work comp visits were via telemedicine before COVID-19, the number skyrocketed to roughly 80% when the pandemic began to restrict daily life. "We cannot get people to go to brick-and-mortar in this setting," Lupinsky reports. "We've had providers that are recommending an X-ray, and patients are refusing." Virtual visits certainly have helped overburdened

hospital ERs, saving both substantial time and money.

Since the pandemic struck with a vengeance, she has seen the biggest demand coming from public entities whose first responders perform essential functions. "They're getting either Covid exposure claims or they're having regular work comp claims, but they want to have a telemedicine visit because they just have no interest in going to a doctor's office for fear of additional exposures," Lubeskie explains. That adamance extends to follow-up care, as well existing cases wherein claimants would rather use telemedicine or tele-rehab.

Telemedicine certainly could help stem the work comp price-tag of COVID-19 across all states that use it. California is bracing for the possibility that 42,000 COVID-19 cases could spark \$33 billion in work comp claims. Gavin Newsom, the state's Democratic governor, recently mulled whether essential employees who contract coronavirus would be presumed to have done so on the job.

With millions of Americans working from home to comply with government-ordered lockdowns during the pandemic, Adelson recommends that employers set forth specific work-at-home rules, revise handbooks and share ergonomics best practices.

"Some of us trip over cords, lose work on computers and sit in the wrong position for hours," he observes. "Our backs and wrists hurt, and this type of work is going to generate claims."



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Mariellen Blue

It's understandable that some injured workers may be wary of using telemedicine if they've never used it or

are intimated by the technology. "But oftentimes, once they've used it, they're pleasantly surprised at how convenient and effective it is, and when appropriate, they're happy to continue using telemedicine for their care," reports Mariellen

Blue, a registered nurse and national director, case management services, product management and development with Genex Services.

She has seen a significant increase in the use of telemedicine for work comp cases since the COVID-19 pandemic began, though the impact hadn't yet been quantified. It's easy to see why: Telemedicine allows providers, patients and nurse case managers to follow any stay-at-home orders, as well as social distancing best practices.

Genex Services has instituted certain capabilities to facilitate case management for its telephonic and field

nurse case managers who are on the front lines working with injured workers. For example, nurse case managers can remotely attend an injured worker's telemedicine visit and help claimants ask the right questions during appointments.

"With thorough clinical information, the nurse can better advocate for appropriate care for that injured worker," according to Blue.

Telemedicine tools enable her firm's nurse case managers to have "more face time with injured workers, and during a time when there's great anxiety across the nation due to the pandemic, this social interaction can be pivotal to ensuring injured workers don't fall into a depression that could delay their recovery." ■

Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 30 years.



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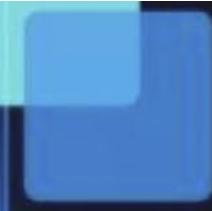
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