



Innovations in Telehealth: Moving Beyond Triage

MARCOEM 2019: Occupational & Environmental Medicine

Striving for compliance, innovation & excellence

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Telehealth vs. Telemedicine

Telehealth:

- Remote delivery of medical information and medical services facilitated via online educational materials, telephone interaction (e.g., nurse triage) or interactive video

Telemedicine:

- Visit with physician via interactive video used to diagnose and treat illness and injury
- Equivalent of in-person clinic visits in most states



Learning Objectives

- Explain the difference between Telehealth and Telemedicine
- Describe how Telemedicine visits affect both direct and indirect costs of care in workers' compensation
- List at least three benefits to employees of offering Telemedicine services for ongoing care

Is Occupational Medicine Keeping Up?

Four Stages of “Crazy, Crazy, Crazy, Obvious”

This idea is absolutely insane. How do you deliver health care without touching patients?



This idea is unproven and likely dangerous. I don't think we should adopt it for our company.



Okay, maybe this idea has some merit, but I still am not sure how it could benefit my employees. I think most of them still would like to see a doctor in person.
Can you show me some evidence of how it works for other employers?



The benefits of this program are so obvious I can't believe we ever did it any other way!

“Obvious” Benefits of Telemedicine

Lower costs

- Costs less by avoiding inappropriate treatment or use of diagnostic testing

Improved access

- Employees can access care from jobsite or home (except in OH, ND and WA)
- Reduced travel time in remote areas
- Improved access to qualified occupational physicians in care “deserts”

Enhanced communication

- Reduced suffering for injured workers = better outcomes

Appropriate Telemedicine Treatment

Q: What types of injuries can I treat using telemedicine?

A: Any injury in which treatment does not require use of your hands

- MSK overexertion and bodily reaction disorders = 31% of injuries*
- Falls, slips and trips – 27% of injuries
- Fractures, lacerations, dislocations, etc. = <3% of injuries.

An estimated 90% of workplace injuries can be diagnosed and treated effectively via telemedicine!

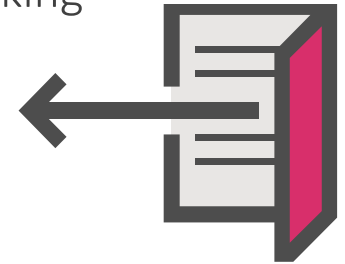
* U.S Bureau of Labor Statistics 2017 data reported in 2018

Slide 6

KO1 this is a cause of injury not type of injury
Karen O'Hara, 7/9/2019

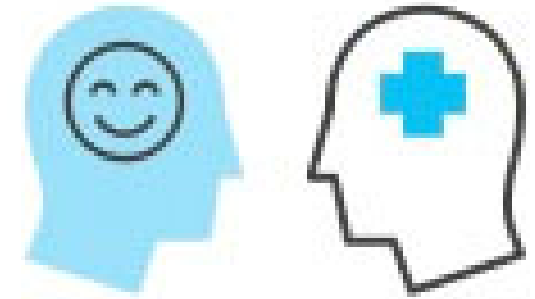
Conducting a Telemedicine Visit

1. Obtain verbal or written consent in accordance with state regulations
 - Written consent can be obtained through an EMR portal
2. Complete History and Physical
 - Use empathic communication techniques to improve history taking
 - Vitals?
 - Physical Exam
 - Inspection
 - Palpation (patient self-palpation with video guidance)
 - ROM
 - Special testing as able – send to PT for further testing when needed
3. Standard EMR documentation
 - Most videos are stored as part of the patient record.
 - No specific regulations at this time although it is preferred by Insurance companies



Remote Care Coordination

- Typically have special staff for this
- Schedule follow-up visits
- Communicate with insurance company – follow up on authorizations
- Communicate with ancillary services and procure records
- Answer patient questions and facilitates communication with doctor and care team



Limitations of Telemedicine Exam



- Visualization
- Poor connection
- Special testing
 - Stability
 - SLR

Billing for Services

- Bill 99203/04 for initial visits and 99213/14 for follow-ups based on complexity
- A telemedicine company will typically pay physician an hourly and/or per-call rate and handle all billing

Private Practice Model

Highly encourage adding telemedicine to private practice:

1. Have a telemedicine-compatible EMR (e.g., Prognosis or other) and video chat function
 - Low monthly cost to use Zoom Pro, which is HIPAA compatible and allows recording
2. Have specially trained staff member to help connect patients and provide care coordination
3. Try to transition patients to telemedicine for follow-up and more new injuries will follow





PROTECTING AND PROMOTING EMPLOYEE HEALTH FROM HIRE TO RETIRE

Questions and Discussion

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PROTECTING AND PROMOTING EMPLOYEE HEALTH FROM HIRE TO RETIRE

What are the key components of a Telehealth program?

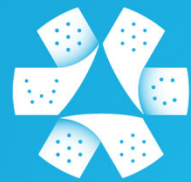
- a) **Interactive platform that includes patient education**
- b) **Well trained physicians**
- c) **Support staff to help assist patients/employees with treatment plan adherence**
- d) **All of the above**



PROTECTING AND PROMOTING EMPLOYEE HEALTH FROM HIRE TO RETIRE

Physician training for best outcomes should include which of the following:

- a) Evidence based guideline use
- b) Benefits of return to work
- c) Empathic communication
- d) All of the above



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PROTECTING AND PROMOTING EMPLOYEE HEALTH FROM HIRE TO RETIRE

An example of an injury that cannot be treated by Telemedicine includes which of the following

- a) Possible meniscus tear**
- b) Low back pain/injury**
- c) Actively bleeding laceration**
- d) Concussion**