

Paradigm Specialty Networks Presents a Provider Roundtable: The Future of Personalized Care for Injured Workers Beyond COVID-19 FAQs

The novel coronavirus (COVID-19) has unfolded within the United States in ways that may cause long-term changes to how we in workers' compensation associate with healthcare providers. The final result may be a lasting environment where "tele" or distance-based healthcare communication and patient care services are permanently a prominent part of the U.S. healthcare system.

Speaker Panel:

- **Dr. Christopher Baker**, Florida Orthopaedic Institute, a board-certified orthopedic surgeon
- **Stan Smith**, SVP of Paradigm Specialty Networks, a licensed Long-Term Care Administrator
- **Adam Drake**, SVP of Sales and Business Strategy for AKOS, a pioneer in the telemedicine industry

With telemedicine technology, how does it change the ability to assess the patient and gather physical findings for documentation purposes?

Dr. Baker: For patient follow-ups, there is a general protocol followed. After the first visit and development of a treatment plan, 90 to 95% of the interaction is verbal with many questions. Examples: "How did you respond to physical therapy? Are the anti-inflammatories helpful?" However, doctors are paid to "touch" the patient. Telemedicine is billed in 15-minute increments. In-person exams are important for the initial visit but follow-ups — less so.

Can an Independent Medical Examination (IME) be completed accurately via telemedicine?

Dr. Baker: No – an IME is a much different scenario and guarantees duplicity. There is significantly more information to review and the physical exam is crucial in an IME.

What demands related to data and Internet connectivity does the platform require, and are you seeing any problems related to the "digital divide?"

Adam Drake: There are really no issues with the digital divide as you are able to test your chosen telemedicine platform before engaging with a physician to quality check the bandwidth. I suggest that claims professionals reach out to their injured workers who are first-time telemedicine users before both parties engage with the clinician so that everything goes smoothly.

To clarify, telemedicine is allowing nurse case managers to attend the telemedicine visit virtually with the injured worker?

Dr. Baker: Absolutely. I want to work with the case managers as they assist me in taking care of our patients. This is a really good way to involve the case manager who is key in keeping communications clear between all parties and that helps the patient get better faster.

Is anyone measuring the compliancy from patients with telemedicine as opposed to an in-person visit?

Adam Drake: We measure compliancy with our scheduled telemedicine appointments and are seeing very high attendance rates. Telemedicine makes it very convenient for the patient to be seen in the comfort of their own home or their job site. It also removes the travel, wait time, and possible exposure to other illnesses.

If the injured worker is being seen live by the physician, but the nurse case manager or claims professional is not able to participate in person, can a regular video-based program be incorporated into the appointment?

Adam: Yes, but always double-check the security parameters of your chosen technology. The AKOS offering, for example, is HIPPA compliant — despite the loosening of those restrictions.

Dr. Baker: As Adam referenced, HIPPA compliance has been largely waived, and you can more freely use video sharing technologies. But, be aware of the vulnerabilities with any platform. I personally like having the ability to share my screen to show X-rays and MRI's to patients. I also expect the regulations to be back in place after this emergency is over.

Before or after a telemedicine appointment, will the physician allow the case manager a few minutes (without the injured worker on the line) to ask questions?

Dr. Baker: Yes, of course, and we have billable codes for this. We want free and open communication. This also allows the case manager to be available for all of his/her injured workers' exams, which is not always possible when the injured worker is attending in person.

How soon is the state form completed by the physician and sent to the adjuster/case manager following a telemedicine visit?

Dr. Baker: I complete the state form as soon as the telemedicine call is over. I type it up and submit it to my staff in a secure fashion and copy the adjuster and/or case manager.

Do you find that workers' compensation insurance companies are paying for telemedicine visits?

Adam: Most carriers are covering these visits and have made or are making arrangements with telemedicine companies. They are moving quickly because of COVID-19 to be sure they have something in place. It is especially important for keeping injured workers on track with their ongoing treatment plans.

Dr. Baker: Regardless of payment, I offer telemedicine to all of my patients. Telemedicine is supported by the Centers for Medicare and Medicaid.

Will clinics make more money with telemedicine because they can see more patients in a day?

Dr. Baker: It's quite the opposite. I can't see nearly as many patients using telemedicine as I can seeing them in my office. To the benefit of the patient, telemedicine requires me to sit down, log in and focus on this patient only. There are no disruptions, no one knocking on the door, coming in and out of the room, etc. The injured worker receives my undivided attention.

If any problems are identified on a telemedicine visit, how quickly can we get the injured worker in for a face-to-face evaluation? And is it more costly?

Dr. Baker: I can perform the initial visit via telemedicine, however based on the injury it may be necessary for the injured worker to come in for an in-person visit. The cost would be for the telemedicine visit (billed in 15-minute increments) and the usual office visit fee. The patient would be scheduled based on the urgency of the situation.

How can Paradigm Specialty Networks help?

Paradigm encourages our clients to rely on our operational expertise and close provider relationships to expedite the rescheduling of appointments and surgeries for injured workers. If you need support with your upcoming specialty care referrals for orthopedic and spine, pain management, post-acute care or addiction recovery please contact us at: networks@paradigmcorp.com.

Referrals can be sent to: referrals-networks@paradigmcorp.com.