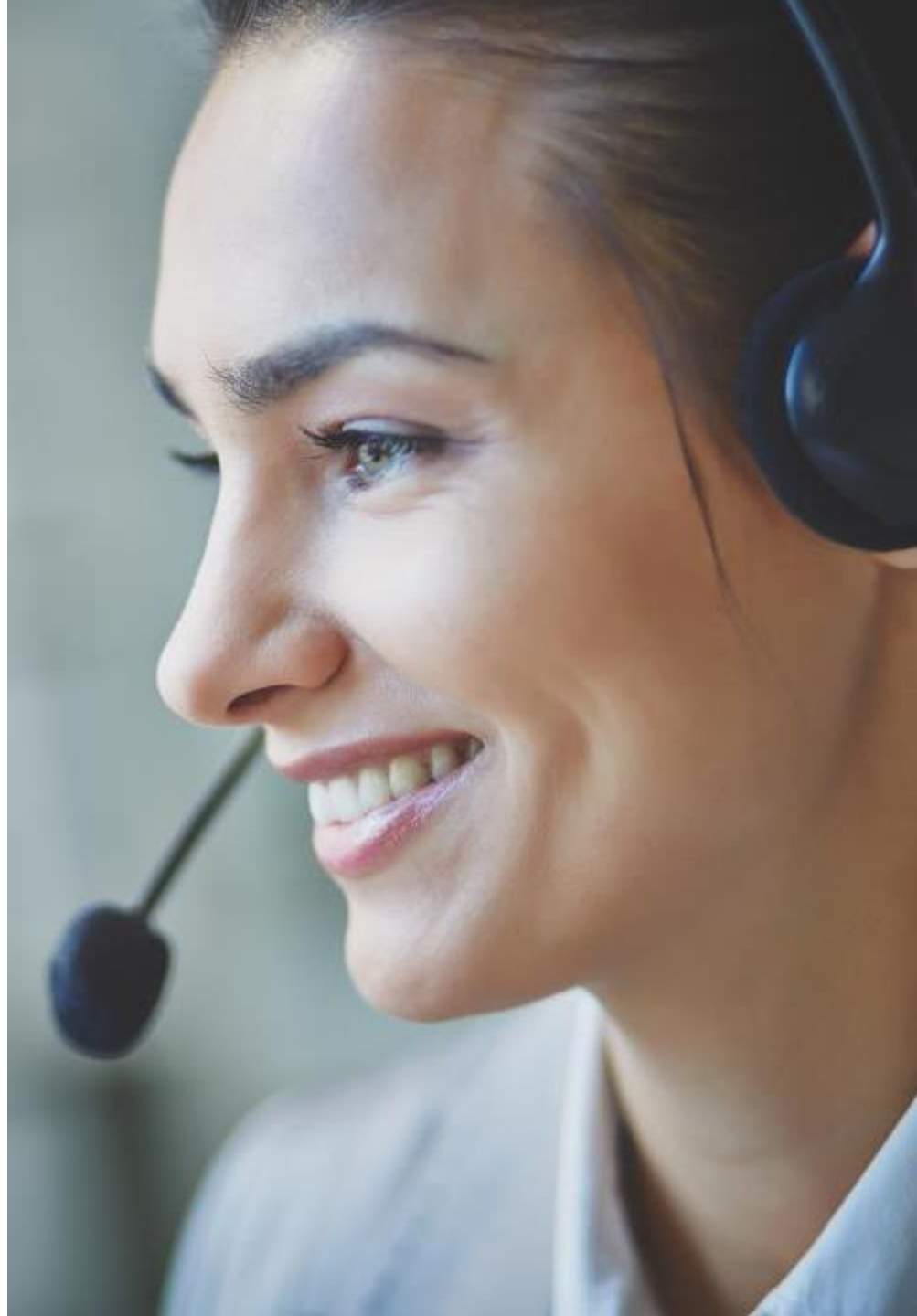


# Telemedicine in Workers' Comp: *From Fringe to Status Quo*

October 2020

**coventry**  
returning people  
to work, to play, to life



# Agenda

- Recognize the difference between telemedicine and telehealth
- Review the history of telehealth/telemedicine
- Summarize current trends
- Identify opportunities and barriers for the future
- Understand applicability in workers' compensation
- Patient satisfaction
- Identify the value of telemedicine to both the employer and employee
- Understand current Tennessee proposed rules

# Telemedicine vs. Telehealth

## Telehealth

Telehealth, a broader term which may involve a nurse, pharmacist, or any health professional. In addition, some talk about mHealth, or mobile health, specifically referring to wireless devices and cell phone technology as a medium for practicing telemedicine, which makes it possible to deliver clinical care through consumer-grade hardware, allowing for greater patient and provider mobility.

## Telemedicine

Telemedicine is the use of electronic communication technologies to improve the patient's health status by connecting him or her with a health care provider who need not be in the same location. The information exchange might take place via phone calls, video chats or email, on tablets, smart phones, or other wireless tools.

# Where It All Began



**1900 – 1924**

Radio News Magazine features article that “envisions” telemedicine



**1940s**

Radiology images were sent between West Chester & Philadelphia via telephone



**1950s**

Canadian doctor constructed a teleradiology system



**1967**

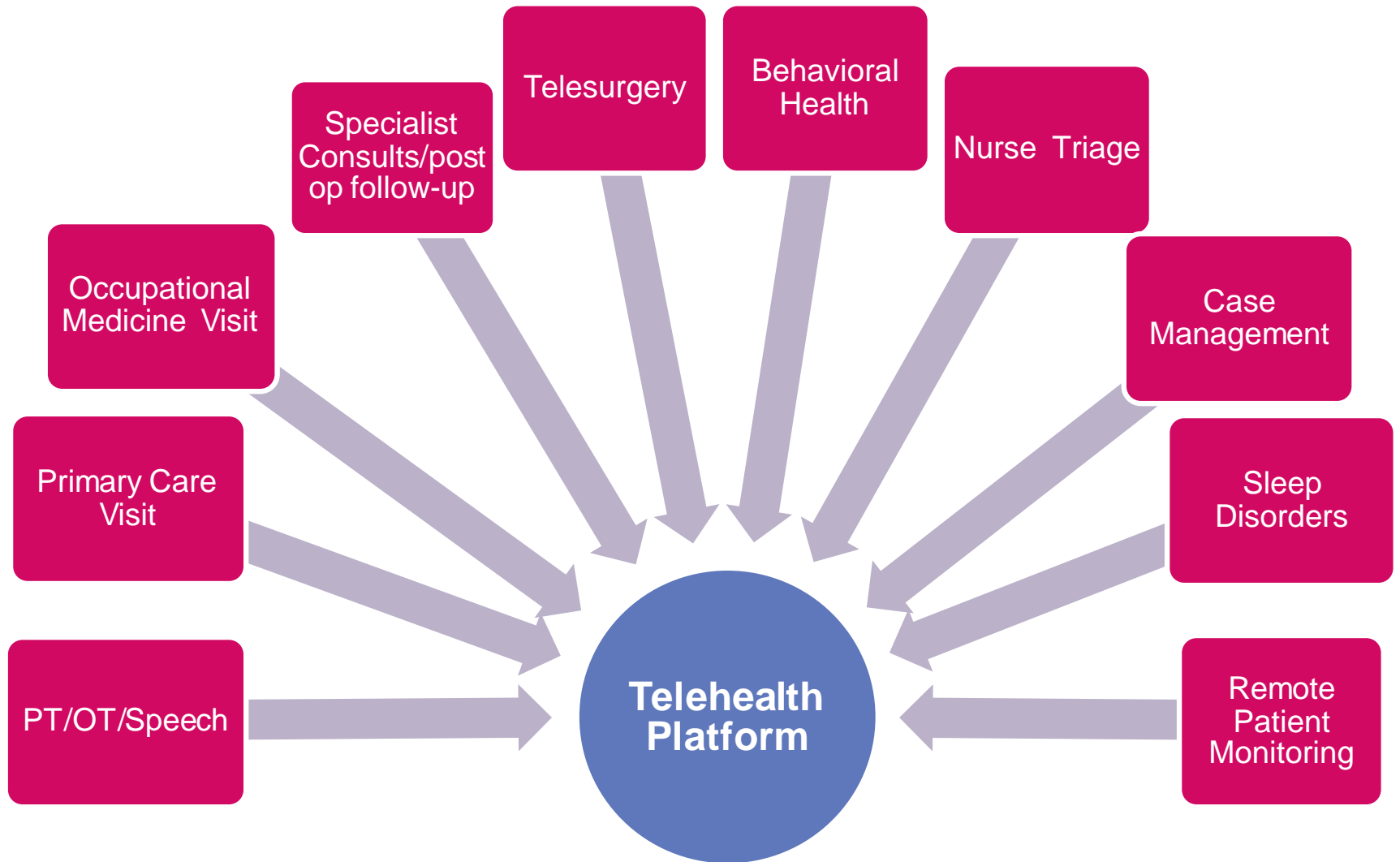
University of Miami partnered with fire department to transmit electrocardiographic rhythms



**1960s & 70s**

Government research STARPAHC (Space Technology Applied to Rural Papago Advanced Health Care)

# Practical Applications for Telehealth



# How Does Telemedicine Improve Patient Care



- Convenience
- Better access to care
- Time savings
- Quality of communication
- Positive patient outcomes
- Better medication adherence

# Patient Satisfaction

**79%**

Found it easier to schedule appointment



**62%**

Said quality of care was the same as in-person visit

**21%**

Said quality was better than in-person



**68%**

Rated visit 9/10 on satisfaction scale



**66%**

Felt they had strong personal connections to their provider when using telemedicine

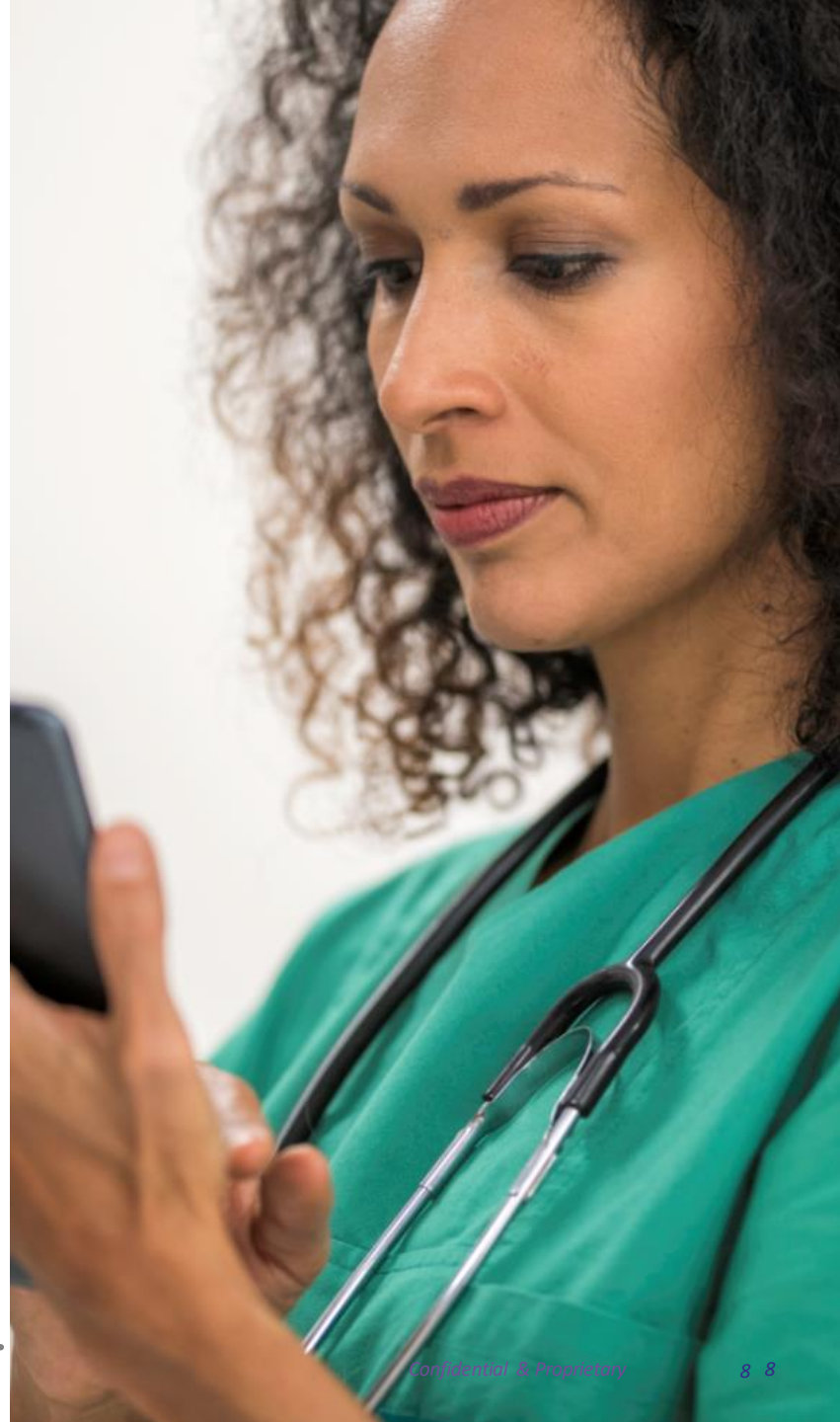


<https://www.wheel.com/blog/telemedicine-patient-satisfaction-studies-2019/>



# Telemedicine Features in Workers' Compensation

- **Instant access** to ER and Occupational Medicine trained physicians
- **Immediate assessment** of injured employee by physicians trained in Occupational or Emergency Medicine
- Keeps injured employees **out of ER** and Urgent Care
- **Electronic repository** of all medical records, test results and treatment notes
- **Portal accessibility** for providers and Claims Administrators
- **Employee portal** available for employee access to medical report





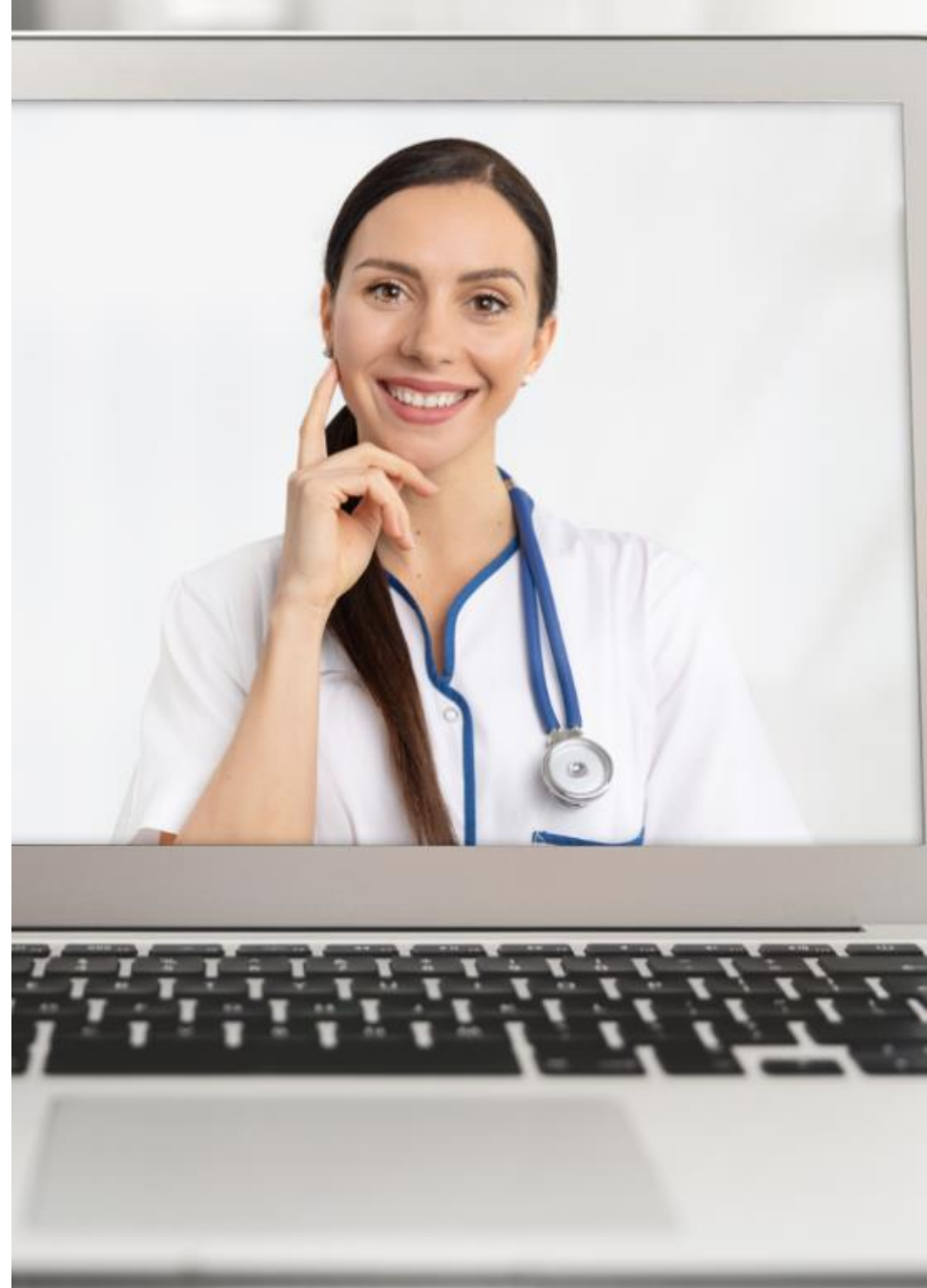
# Technology Requirements

- Telemedicine platform:  
Robust, Flexible and Scalable Technology Architecture
- HIPAA Secure
- Employee needs access to:
  - Smart Device
  - Computer with web cam and internet



# Cost of a WC Telemedicine Visit

- Varies by telemedicine provider
- Most at or close to parity of brick and mortar visit
- Typically billed as office visit CPT with modifier and place of service code for telemedicine
- May also be billed utilizing a CMS GT code



# Benefits of Telemedicine

- Improved provider access
- Reduced work absences
- Enhanced productivity
- Reduced travel time
- Immediate care and treatment plan
- Enhanced communication between employee, provider and employer



# Regulations Impacting Telemedicine

- Federal Government
- State Government
- Physician Practice Acts and state medical boards
- Workers' Compensation Board or Act
  - WC MCO's – certified plans





# What We Know

- Slow adoption rate
- Warm transfer from triage most effective
- Customers expect that documentation be delivered just like “brick and mortar” visits
  - Patients are not using portal access
  - Payors are not accessing portal
  - Medical record must accompany bill
- Employer/supervisor education required
  - Privacy
  - Technology required
  - Time for video consultation



# Actual Results to Date

15%

Of cases transferred out to brick and mortar

85%

Completed treatment (MMI/RTW) through telemedicine

500%

Increase since mid-March (onset of COVID-19)

2.0

Average number of telemedicine visits

85%

Using mobile device vs. 15% using computer

4.6/5

Patient satisfaction rating

- 13,290 surveys
- 38% response rate

# Telemedicine has grown exponentially as a result of COVID-19

- In February 2020 Coventry received approximately 150 bills for telemedicine per day
- The average number of telemedicine bills :
  - 230 bills per day in March
  - 2,600 bills per day in April
  - 5,300 bills per day in May
  - 4,795 bills per day in June\*
  - 3,624 bills per day in July\*
  - 2,686 bills per day in August\*

**3,433%**  
increase in  
Telemedicine  
bills from  
Feb to  
May 2020

\*June - August decreases due to states reopening and client fluctuations



# Primary Reasons for Not Completing Telemedicine Visit

- No technology
- Would rather go to brick and mortar
- Difficulty connecting
- Lack of private space to conduct visit



# Symptoms Not Appropriate for Telemedicine

- Anaphylactic or severe allergic reactions
- Respiratory distress or shortness of breath
- Difficulty speaking, confusion or weakness in arms or legs following injury
- Chest pain or pressure
- Altered mental status or confusion
- Post Seizure or epilepsy episode
- Any bleeding that has not already stopped by direct pressure
- Significant burns (blistering)
- Suicide attempt or signs of abuse
- Exposures (BBP, inhalation, chemical, extreme heat or cold)
- Human or animal bites
- Penetrating wounds or embedded foreign bodies
- Any eye injuries
- Abrasions/Wounds with last tetanus immunization >5 years
- Deformity of extremity or suspicion of any fracture
- Significant trauma of any kind
- Chest/Abdominal trauma
- Severe headaches
- Dizziness
- Head trauma or loss of conscious for any reason

# Considerations for Complete Episode of Care

- Severity of injury
- Mechanism of injury/type & location/presence of occupational hazards
- Work status
  - Anticipated disability duration exceeding guidelines or not given
- Is treatment and recovery within established guidelines
  - Delayed recovery – refer to clinic
- Worsening health or re-injury – refer to clinic
- Does physician documentation include objective and subjective findings, treatment plan and goals for RTW?
- No comorbid conditions or other “red flags” identified
- Narcotics not being prescribed
- Increased medication since RTW – refer to clinic
- PTSD or other mental health issues – refer to clinic

# Changes in Telemedicine Due to COVID-19

## Pre-Covid

- Low adoption rate by injured workers
- Mainly performed by telemedicine companies and large hospital groups
- Little to no use by specialists
- Federal and State regulations

## Current Landscape

- Over 200% increase between mid February and July
- Expanding beyond companies specializing in telemedicine
- Specialist coming on board
- Very relaxed regulations
- Zoom, facetime whatever is available
- Investments by large health systems in infrastructure and technology

# Opportunities and Barriers during Covid-19 and Beyond

- Use of telemedicine while growing year over year has been minimal prior to Covid-19
  - Limited by lack of uniform coverage policies across insurers and states, high set up costs , workflows, clinician buy in , patient interest
- Since COVID-19, telemedicine has expanded rapidly
- Health systems have rapidly adapted new telemedicine programs, making significant investments
- 23% of adults report having used telemedicine services as a result of the pandemic
- State and federal regulations have been loosened

<https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>

American Medical Association

<https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/FH%20Healthcare%20Indicators%20and%20FH%20Medical%20Price%20Index%202019%20-%20A%20FAIR%20Health%20White%20Paper.pdf>

# Moving Forward – Provider Considerations

- Investing in telecommunications infrastructure
  - Leasing telemedicine platforms
  - Costly investment to hire programmers to create platform
  - Integration with Electronic health records
  - Compliance with privacy regulations
  - Temporarily affordable due to relaxation of regulations but will this last?
- Reliable internet for both provider and patient
- Redesign of clinical care models
- Malpractice and liability insurance

<https://www.kff.org/womens-health-policy/issue-brief/opportunities-and-barriers-for-telemedicine-in-the-u-s-during-the-covid-19-emergency-and-beyond/>

# Moving Forward – Patient Considerations

- 94% of Americans have access to broadband<sup>1</sup>
  - Rural and tribal areas are the outliers
- Nearly 10% of Americans aren't online<sup>2</sup>
  - Age, socioeconomic status, education level all factors
- As of 2019, **40.61%** of web traffic in the United States originated from mobile devices. In 2023, almost **85%** of adults in the United States are projected to access the internet via mobile phone, up from 80.3 percent in 2018.<sup>3</sup>

1 <https://www.allconnect.com/blog/33-million-americans-dont-use-internet>

2 <https://www.csmonitor.com/USA/Society/2012/0824/Got-broadband-Access-now-extends-to-94-percent-of-Americans#:~:text=Access%20now%20extends%20to%2094%20percent%20of%20Americans.,and%20triba%20areas%20are%20the%20outliers.%20Mark%20Lenniha%20FAP%20File>.

3 <https://www.csmonitor.com/USA/Society/2012/0824/Got-broadband-Access-now-extends-to-94-percent-of-Americans#:~:text=Access%20now%20extends%20to%2094%20percent%20of%20Americans.,and%20triba%20areas%20are%20the%20outliers.%20Mark%20Lenniha%20FAP%20File>. <https://www.statista.com/topics/2237/internet-usage-in-the-united-states/>



# Thank You

**coventry**  
returning people  
to work, to play, to life



**Telehealth/Telemedicine  
in Tennessee Workers' Compensation  
Considerations**



Telehealth/Telemedicine

Annual Conference 2020

Moderator: *Mark Finks*

Presenters:

*Tammy Bradly*

*Robert Snyder*



# Credit

- Session Key toward the end

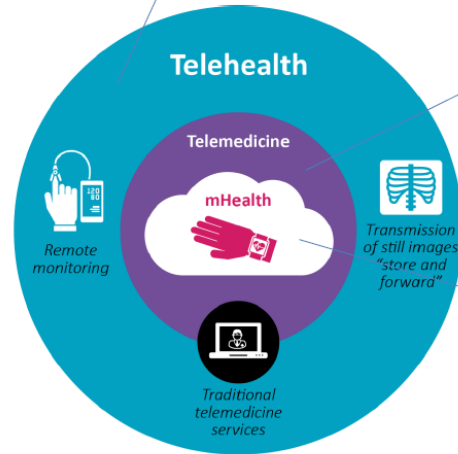
# Telehealth/Telemedicine

- Tammy Bradly, Coventry
- Definitions
- Present Uses
- Proposed Rules
- Considerations
- Next Steps

# Definitions

## Terminology

**Telehealth:** includes a broad range of services such as videoconferencing, remote monitoring, online medical evaluations, and transmission of still images, and may involve a nurse, pharmacist, or any health professional



**Telemedicine** is a subset of telehealth represented by the delivery of clinical services through use of electronic communication technologies

**mHealth** (mobile health) is another newer term for the use of mobile phones and other wireless technology in medical care

# Telehealth

- Use of electronic and telecommunications technology to provide health information
  - Broad term
  - Videos and Youtube, information sharing and searches
  - Transferring MRIs and other tests results
  - Pictures and records
  - Access to portals and records
  - Data transfers/remote monitoring like heart failure, diabetes, blood pressures, EKGs



# Telemedicine

- Interaction between the patient and the provider in real time
  - Audio and video
  - Protected health information (PHI)
- Muddied by HHS, CMS, emergency orders
  - *Allowing payment for audio only telephone calls*
  - *Relaxed privacy rules during the emergency*
  - *“real time” still required*

# State of Tennessee

## T.C.A. §56-7-1002 (Insurance)

### (a) (6) "Telehealth":

**(A)** Means the use of real-time, interactive audio, video telecommunications or electronic technology, or store-and-forward telemedicine services by a healthcare services provider to deliver healthcare services to a patient within the scope of practice of the healthcare services provider when:

**(i)** Such provider is at a qualified site other than the site where the patient is located; and

**(ii)** The patient is at a qualified site, at a school clinic staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section, or at a public elementary or secondary school staffed by a healthcare services provider and equipped to engage in the telecommunications described in this section; and

**(B)** Does not include:

**(i)** An audio-only conversation;

**(ii)** An electronic mail message; or

**(iii)** A facsimile transmission;

# Standards

## T.C.A. §63-1-155 (Professions of Healing Arts)

**(a) (2)** "Telehealth" or "telemedicine" means, notwithstanding any restriction imposed by § 56-7-1002, the use of real-time audio, video, or other electronic media and telecommunications technologies that enable interaction between the healthcare provider and the patient, or also store-and-forward telemedicine services, as defined by § 56-7-1002(a), for the purpose of diagnosis, consultation, or treatment of a patient in another location where there may be no in-person exchange.

**(c) (1)**      **(A)** A healthcare provider who delivers services through the use of telehealth shall be held to the same standard of professional practice...

# Licensing

## **T.C.A. §63-6-209 (Professions of the Healing Arts)**

**(b)** ...the board has the authority to issue restricted licenses and special licenses based upon licensure to another state for the limited purpose of authorizing the practice of **telemedicine** to current applicants or current licensees...

*Emergency relaxation of in-state requirements for providers using telehealth*

# Currently

## State of Tennessee Employees

### *On the job injuries:*

Claims Commission-Department of the Treasury  
(Not covered by the Bureau)

Initial (non-emergency and reporting) contact by phone  
followed by telemedicine visit if appropriate and  
successful

Adequate communications can be established and  
maintained

Opt-out provision

### *Employee health plans*

both phone and telemedicine

# In Workers' Compensation

- Prior to Pandemic:
  - Insurers contracted with companies that specialize in telehealth
  - Already established with/for networks
  - Acceptance was growing slowly
- Pandemic response
  - Individual providers
  - Emergency guidelines
  - Rapid adoption and acceptance
- Some differences
  - Multiple insurers and providers
  - Difficult to understand and abrupt changes in rules for billing, etc.
- More similarities
  - Actual process of the technology and interaction the same

# Special Statutory Considerations

1. Distance and “community” provision  
“Available in the community” or within 125 miles
2. Panels-makeup, independence and patient choice  
Three physicians, surgeons, chiropractors or specialty practices
3. Access to records and record retention  
Longer than usual (some claims are over 20 years old, 10% of medical benefits)
4. Type, location and time of injury  
Availability of services
5. “First aid” exclusion
6. Type of visit: initial or follow-up
7. “Physician” designation on the panel  
MD/DO, chiropractor or specialty practice group

# Other Considerations in Workers' Compensation

8. Must comply with the statutes
9. Privacy, patient acceptance and participation
10. Effect on benefits: denial, withholding, loss-time
11. Qualifiers: geographic (rural-urban), specialty
12. Costs and charges-free to the patient
13. Reimbursements-billing and coding, tracking costs
14. Tennessee Medical Fee Schedule and conversion percentages
15. Quality assessment and satisfaction



# Considerations (2)

16. Outcomes assessment
  - return-to-work, lost time, costs, benefits
17. Designation of the ATP
  - understanding statutory duties and responsibilities
18. Causation, MMI and PI
  - physician or Chiropractor
19. Claims reporting
  - forms and submissions
20. Closure and settlements
21. Disputes and the Courts

# Caveat

**No** Tennessee court rulings or interpretations

**No** previous rules in Workers' Compensation

*Exception: Medical Fee Schedule-pay according to CMS*

# Bureau

Assessment

Because of the complexity

(revising at least 6 different sets of rules and/or  
changes to statutes)

New Rules

Deal with what we have...

minimize regulatory conflicts

# PC0004EOS

- New
- Does not affect WC directly
  - For commercial insurers and some TennCare (Medicaid)
- Became effective August 20, 2020
  - Allows Utilization Review of telehealth activity (for commercial insurance, this includes coverage and rates as well as medical necessity)
  - Does not require **coverage** if the service would not be covered in-person
  - Does not require **payment** if the service was not covered for in-person
  - Provides other definitions
    - T.C.A. §56-7-1003 (Insurance)

## (2)

- Payment does not have to exceed total paid for the same in-person services
- Geographic exclusion
  - No difference by location
- “Qualified” and “Originating” sites
  - For the purposes of “originating site” fees
  - “Qualified site” is a hospital, school clinic or designated health center
    - CMS definitions
  - These would be eligible for “originating site” fees
    - CMS definitions
  - If it were just the patient as the “originating site”, no fee due.

# (3)

- “Provider based telemedicine”
  - Provider is a “qualified site”, includes offices
    - Can the physician be at home?
    - During this pandemic, some physicians or other providers may be at their homes
  - Patient at a different site and has agreed as appropriate
  - HIPAA compliant
    - Current relaxation
  - Does not include:
    - Audio only
    - E-mail or phone text
    - Fax
    - Remote patient monitoring
    - Store and forward
    - Data transfer

(4)

- Payments “consistent with” policy or contract: “in-person encounters for the same service”
- Medical necessity
- Repeats the definitions for **T.C.A §63-1-155 (Professions of the Healing Arts)**

Defines the creation/criteria of a “physician-patient” relationship

Same standards for the providers as in-person

Licensing requirements

(subject to executive orders and to other governmental agency guidelines)

# Bureau Rules

- Where are we?
- Limit conflict with PC0004EOS
  - WC exempted T.C.A. §50-6 (Employer and Employee)
- Draft completed
- Public Hearing
- Criteria
  - Protect the regulatory rights of all parties
  - Assure access to care



# Definitions

## Follows IAIBC and Coventry

- Standards, records, licensure
  - Same as current regulations
    - Emergency orders
- “Consistent” with in-person encounters
- List of generally inappropriate conditions
  - Seizures
  - Animal and human bites
  - Penetrating wounds

# Bureau Rules (2)

- Subject to Utilization Review for “medical necessity”
- Free to injured worker
- Consent and agreement
  - Appropriate
  - “private”
    - Acknowledged other persons that may be present at both ends
  - Recordings
    - Consent
  - Medical Records requirements

# Refusal and Panel Requirements

- Injured worker may refuse without consequences for future treatment or benefits
- Injured worker may change his/her mind during or after visit
  - *Return to original panel for further selection*
- Panel Provisions
  - Still require three that would provide in-person services
  - The three may offer telehealth as an option if accepted by the injured worker, but agree to see in-person if that is the choice of the injured worker
  - ***Telehealth provider(s) may be additional option(s)***

# Billing and Reimbursement

- Standard billing forms
  - Instructions, CMS
- Subject to the Medical Fee Schedule
  - Follows CMS rules
- Reimbursement
  - Same as in-person
  - Follows CMS rules

# Next Steps

- Announcement of Public Hearing
  - Posting of the draft
  - Secretary of State
- Public Hearing
  - Two-week comment period
  - Bureau considers revisions
  - Secretary of State
  - Attorney General
  - Joint Government Operations Committee
  - Date of Implementation

# Session Key

XXXX



**Mission:**

“Fulfilling the Promise of Workers’ Compensation...today and tomorrow.”

**Vision:**

“To be the most effective Workers’ Compensation Regulatory Agency in the United States.”

**Values:**

Integrity, Excellence, Innovation, Transparency and Respect.

