in this Q2, 2017 issue

Telemedicine in Work Comp
Legal Updates
People On The Move

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The Who’s Who & Where

Ms. Vickie Hampton has been appointed to Assistant Vice President (AVP.) She is responsible for managing multiple ASC claim offices, partnering with several key clients, and driving quality and performance through best claim practices. Ms. Hampton joined ASC in 2003 and brings more than 20 years of insurance industry experience to her role. She held the position of Claims Manager for the Nashville Metro IOD Program and Metro Hospital Authority Work Related Injury Program for Nashville General Hospital, Bordeaux Hospital LTC, and Knowles Homes. Her background also includes a position as a litigated indemnity adjuster with her former employer, the TN School Boards Association.

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Telemedicine in Work Comp

From Study to Practice with Gaining Acceptance

What started out in rural healthcare to serve those injured with non-emergency treatment guidance is gradually being adopted in the workers’ compensation industry almost anywhere where injured workers requiring basic first aid and more severe aid (i.e. infections, sprains, burns, contusions, and more) are located.

In a recent blog from Joe Paduda, he explores the acceptance of telemedicine today by primary care, urgent care, and specialty providers (i.e. behavioral health, dermatology, etc.) In his interview with Jonathan Linkous, CEO of The American Telemedicine Association, Mr. Linkous shares his insight from rising statistics of telemedicine usage (1.2 million services in 2016) to obstacles (licensure issues and the crossing of state lines plus CMS for Medicare) and reimbursement.

March 21, 2017: www.joepaduda.com

Although telemedicine is not a new doctor to patient treatment medium, the work comp industry has had its reservations to adopt this format. The idea that an injured worker’s experience may differ from the human physical contact and examination was one of the early concerns. In addition, for telemedicine in work comp to be successful, employers should have access to always available health professionals with fairly short wait times, and a suitable, onsite space for a private employee/provider connection to assure patient and data privacy under the laws established by HIPAA.
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The thought is that industries with lower hazards may better benefit from telemedicine. Industries such as professional office workers and retail store personnel that typically generate low severity claims are seen as a good fit for telemedicine. On the other hand, industries with high hazards such as manufacturing, or oil and gas, typically generate more emergency type injuries; therefore, bypassing telemedicine as an initial solution may be best. However, online follow-up may be appropriate at some point during recovery.

Employers are learning that telemedicine, for non-emergency injuries, eliminates the drive time and office wait time for the injured worker and other co-workers who may need to take them to the appointment. In addition to the initial online visit, injured workers may have on the job time to attend follow-up visits otherwise missed due to time constraints or transportation issues.

When you combine a network of quality physicians and specialty services with rapid availability times and employee buy-in, telemedicine sounds like the next best thing to nurse triage. By employers offering a convenient mix of health professionals and technology necessary to connect online, employees may be less likely to take time off for care, and they may miss less work.

For telemedicine in work comp to work, there must be sufficient coordination and connectivity across TPA’s, providers, and technology platforms. This means every specialist involved with the injured workers’ claim must be connected to shared systems in order to deliver quality care for the best possible outcome.

Legislative & Legal Updates

More State Opioid Legislation
Utah Gov. Gary Herbert recently signed into law legislation allowing insurers, including those that provide workers’ compensation coverage, to establish evidence-based guidelines for opioid prescribing. House Bill 90 “authorizes commercial insurers, the state Medicaid program, workers’ compensation insurers, and public employee insurers to implement policies to minimize the risk of prescribing certain controlled substances” and names opioids as the drug that the law aims to curb. The law requires that insurers by Sept. 1 of each year starting in 2017 submit a written report to the Utah Insurance Dept. regarding its policy, providing a “general description of the policy.”

RTW Case Law
In Sanders v Caloosa Transport/Summit, 16-17680, d/a 12/16/15, Judge Helder granted a refusal of suitable employment defense, in part. Employer representative sent claimant a letter requesting he return-to-work. Claimant replied that he wanted another doctor appointment first. Employer acquiesced during a conversation with claimant. Therefore, claimant’s refusal of employment was justified during this period. Employer representative sent another letter after the appointment instructing claimant to show for work. Claimant denied receiving the letter but admitted that the address on it was his own and that he merely “did not recall” receiving it. Claimant’s credibility was already unreliable due to inconsistent disclosures to his doctors about prior injuries. Claimant made no effort to contact employer about returning to work after the appointment. Therefore, claimant’s refusal was not justified during this period.

Newsletter Highlights

⇒ Telemedicine that “Teleports” You
⇒ ASC’s Newest Assistant Vice President w/20+ Years Experience
⇒ Right-to-Work Case Law and More WC Opioid State Legislation

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