

Telehealth Independent Medical Examinations

WHITE PAPER

The Virtual IME

Our current global situation is a sign of the times ahead. The clear message to the world is that we will all need to learn to be more adaptable and accept a new 'normal' way of life. In today's world, acceptance is rapidly increasing that people will benefit more and more from telehealth (virtual) medical consultations.

IMEs done via telehealth can provide greater access to the best independent clinicians around the country and overseas to facilitate care and claims management guidance and support timely and better outcomes.

The in-person consultation could one day only apply to essential cases.

Conducting best practice forensic independent medical assessments this way requires specific skills and considered approaches to ensure the assessment closely mirrors the in-person assessment and provides results that stand up to scrutiny.

EXECUTIVE SUMMARY

Telehealth is not just about technology, it is a solution for new routines and work flows, which continue to put the person being assessed at the centre of care. Instead of bringing the person to the system, the system is deployed to the person. Telehealth allows people to be assessed away from the consultation room and obtain a good quality result the same or as near as possible to an in-person consultation.

This white paper represents MedHealth's approach to telehealth IME assessments and represents a broad range of the type of solutions that we can offer under our telehealth model. MedHealth has been developing a robust telehealth IME strategy for some time. We discuss some of our most promising and successful telehealth concepts to make IMEs conducted via video and telephone more effective, providing safety, quality and dependable outcomes for the health population reliant on these assessments. The health population we refer to are recipients of a compensation claim and/or employees who require fitness for work assessments and safe working recommendations.

Using telehealth solutions to improve population health

Whether we refer to it as telemedicine or telehealth, this practice involves the use of electronic communication technologies to connect a person being medically assessed with an appropriate specialist for their case, without them needing to be in the same location. The information exchange can take place via telephone or video conferencing calls on computers, tablets, smart phones or other devices. Telehealth definitions may vary slightly from one organisation to another as the technology progresses and as the industry adapts to the changing needs of conducting IMEs for various case populations.

How are telehealth medical assessments trending at MedHealth?

Telehealth is gaining momentum and much work is being done in our business to accelerate the technological evolution of these services so that they may serve the needs of 80% or more of cases.

Telehealth is not new to MedHealth, as we have been successfully undertaking *telepsychiatry* since 2014. We have also been undertaking telehealth physical assessments since 2019. Our ability to undertake physical assessments via this delivery channel is continuing to evolve to more closely mirror an in-person consultation. Consequently, we have seen the adoption rate growing exponentially over the last 12 months.

It is not just about the technology and connection. It is also about smart triaging and identifying the best and safest method for each case in an objective and considered manner.

We have a focused telehealth project team continually advancing and expanding the possibilities. Our goal is for our telehealth IME service to meet the needs of as many cases as possible. We have accelerated the work we are doing in this field so that we can create the most dependable assessments possible. This includes advancing the technology, putting in place digital medical applications, robust medical reporting and improving usability for a consultation solution which has never been more relevant or in demand.

To deliver great outcomes, telehealth IMEs must be done optimally. It is not just about the technology and connection. It is also about smart triaging and identifying the best and safest method for each case in an objective and considered manner. It takes a long time to master the best approaches and technologies to achieve a valid and reliable assessment. We have been doing significant research and development in this area.

ADDRESSING A NEED WHEN FACING CHALLENGES

Many medical experts involved in treating and providing opinions in the medico-legal field are rapidly moving towards a telehealth environment in the current climate. It is true that in every crisis or challenge, opportunities for creating new solutions or finding creative and safe ways of delivering services bring all parties together on the same page. Consequently, telehealth (albeit by telephone or video conferencing) for IMEs is fast becoming the 'new normal' for many insurance regulators and schemes worldwide. While it is not ideal in some very specific situations, the merits and sophistication of undertaking assessments in this manner is becoming more acceptable within the medical and legal fields.

During this challenging period, it is important that we come up with creative, safe and defensible solutions on how to help injured or ill people receive timely, well-advised treatment recommendations and an effective process to help return them to work and/or to optimal function, with assistance as early as possible. It is equally important that compensation claims are managed in the best ways possible so that appropriate and timely decisions can be made about people's entitlements.

Telepsychiatry has been around for years, is well established and works very well in the IME environment. However, telehealth requiring physical assessments is not as well established, and while it is rapidly evolving, there is an urgency for it to become even more robust. There is of course an evolution of medical digital technologies that can augment the physical examination process and potentially improve the assessment process and results.

In a time of necessity or emergency, essential independent medical assessment services cannot always be put on hold or default to a general claim acceptance policy. Conversely, a raise in disputes clogging up an already 'lengthy wait' legal process is not a cost-effective approach.

The paradigm shift

Now, more than ever, there is a fast-moving paradigm shift occurring in compensation schemes when it comes to telehealth. People are discovering that there is so much opportunity with this change. Integrating telehealth IMEs into the claims management setting will not only enable workflows to keep moving, but will also provide the much-needed decision making support to help cases in both the care and legal management continuums. Globally, judges and lawyers tend to agree that while a telehealth IME is not always as ideal as the in-person consultation, it is better than leaving cases stagnating or blowing out claims costs. The question is, how urgent is the requirement for the IME in each case? This then leads to a discussion with the IME specialist, about whether the objectives required from the assessment can be satisfactorily achieved through a telehealth approach. In the final analysis, it is each specialist's job to consider each case on its' individual merits and advise of a reliable and valid method of assessment and whether a dependable opinion can be gained through the telehealth method.

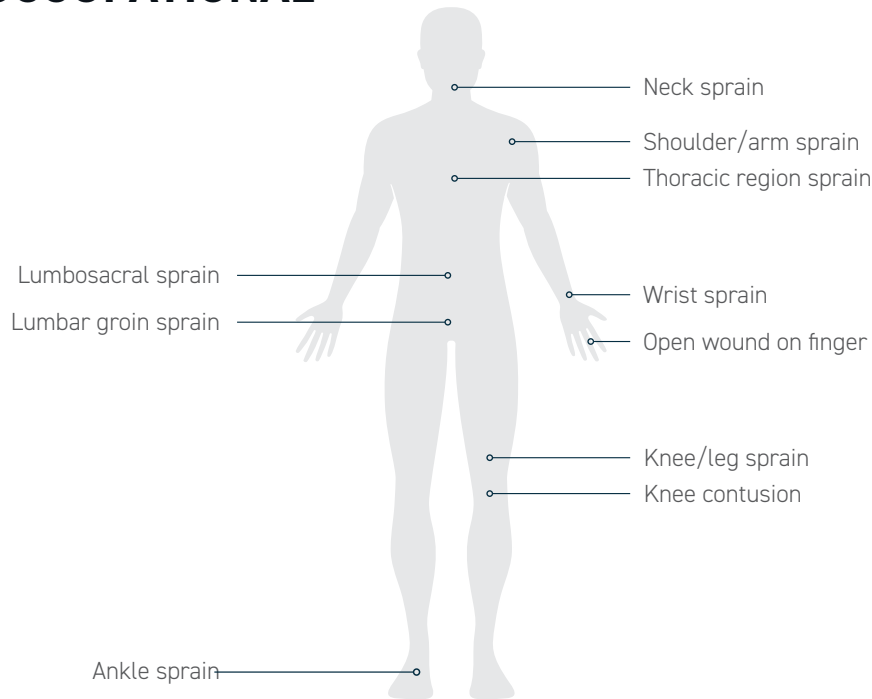
What types of IMEs can be performed virtually?

Any assessment focusing on clinical assessment and where there is substantial reliable documentation can be evaluated through virtual means, including cases for causation and apportionment analysis, recommendations of treatment and return to work rehabilitation.

A file records review (desktop file review) can also suffice for cases relating to causative analysis or treatment approval recommendations. Impairment ratings by the sixth edition of the American Medical Association Guides to the Evaluation of Permanent Impairment are easier to complete via the telehealth format, however this is more difficult under the fifth and earlier editions, other than providing an estimate or range.



COMMON OCCUPATIONAL INJURIES



CASE STUDY Assisted physical exam

A 37-year-old female nurse had injured her neck and back as a result of a motor vehicle accident in 2015. She had a cervical neck fusion at the C5-6 level in 2018 and continued to experience a range of limitations and symptoms.

With the agreement of all parties, arrangements were made for a MedHealth physiotherapist to attend her home to aid in the physical examination process. The specialist and physiotherapist discussed the methods and tools needed prior to the appointment. The physiotherapist was able to assist the specialist to undertake all the components of the physical exam and necessary clinical observations.

Measurements and findings were recorded by both practitioners. The assistance of the physiotherapist had additional benefits in ensuring the exam was done carefully and safely and in helping to put the person at ease. The physiotherapist was also able to ensure the physical environment was well set up for an objective assessment.

While the physiotherapist used instruments such as a goniometer to measure range of motion (ROM), the specialist was able to use an online protractor of the ranges of motion that needed measurement. Sensory and motor testing was also achieved. In this way all parameters of examining and functioning were able to be assessed.



CASE STUDY Unassisted physical exam

A 55-year-old male injured his back and shoulder in 2016 as a result of a work injury. He suffered a musculo-skeletal ligamentous injury and was finding it difficult to return to work as a labourer.

He subsequently moved to a remote town near Coober Pedy in South Australia to look after his elderly parents. He was not able to travel for valid reasons and wanted a permanent impairment assessment undertaken. His case manager and legal representative agreed to a telehealth physical examination. One of our trained and experienced permanent impairment assessors was able to conduct this particular assessment without the aid of another health practitioner for clinical support.

The assessor undertook a thorough review of substantial reliable medical records, conducted a very structured and comprehensive history, instructed the person being assessed on all the range of motions for observation (taking pictures to measure ROM angles) and by using other medical techniques and tools at his disposal was able to arrive at a whole person impairment. All parties were satisfied with the result and the person being assessed was paid his entitlements.

A leading MedHealth Orthopaedic Surgeon advised the following:

- **A telehealth IME may enable 95% of genuine claimants to obtain the medical and financial supports they require.**
- **For many cases a range of motion assessment can be undertaken through telehealth using medically validated methods/tools within 5 percent of error, if not equal to doing an in-person examination. This is the case now, even with the telehealth physical exam still in its infancy.**

WHEN IS TELEHEALTH CLINICALLY APPROPRIATE FOR MEDICAL ASSESSMENTS?

Many cases may be appropriate for telehealth and any areas of uncertainty will be identified upfront. A telehealth assessment will be most appropriate where all parties agree there are medical issues that need to be addressed in order to determine a claim, make a payment, resolve a dispute or support a person back to work. Medical input to triage cases and identify the most appropriate type of IME (whether in-person, desktop file review or via the various telehealth options such as with assisted task substitution by an allied health provider, or a digital liaison with treating doctor and using Picture Archiving and Communication System (PACS) radiology) is part of the decision-making for each case to ensure the best result for all parties.

SCOPE OF SERVICE

While in-person consultations will always be available as the preferred option, when this is not feasible, each case can be triaged to determine the next best possible type of approach that can be undertaken. These approaches can be categorised as follows:

Records assessment

- Desktop file review (with treating practitioner liaison)
- Desktop file review (without treating practitioner liaison)
- Desktop file review (with referrer liaison and/or treating practitioner liaison)

Audio-only assessment

- Telephone interview-based (either for psychiatric or physical assessments) inclusive of a records review and /or treating practitioner or allied health provider liaison

Visual and audio assessment

- **Video** – Interview-based (either for psychiatric or physical assessments) inclusive of a records review and/or treating practitioner or allied health provider liaison
- **Video** - Interview with supported physical examination by a health practitioner such as an allied health provider who conducts the physical examination under the supervision and direction of the specialist. *The allied health practitioner or general practitioner is physically present with the person being assessed*
- **Video** - Interview with an unsupported physical examination whereby the specialist supervises and guides the person being assessed to undertake movements for virtual measurement and observes self-palpation of tenderness areas, gait and makes other visual observations. The specialist will apply test, retest methodologies and testing for Waddell signs to determine validity of results

For this to work effectively, we recommend the person's file records be provided to the specialist consultant ahead of the appointment to determine if or what type of virtual IME (telephone or video conferencing) is clinically appropriate. The ultimate decision on whether a telehealth approach is suitable is up to the specialist and the best method will be determined via a safe and reliable triage process. For each case we will seek approval from the referrer that the nature and scope of the conditions to be assessed, can reasonably and appropriately be undertaken via a telehealth medical consultation solution.

The type of medical considerations or indications which a specialist triages can vary person to person, and can include:

- The nature and complexity of physical assessment required and whether it can be done remotely
- The nature of the referral questions such that they can be reliably answered
- The availability of support and resources where the person is being assessed in case of an emergency
- The ability of the person to participate relating to physical, mental, social or cognitive barriers
- The likelihood that the assessment will yield a valid and reliable opinion as near as possible or as accurately as the in-person consultation
- In the event of a Permanent Impairment Assessment, whether all the measurements can be remotely assessed

Desktop file reviews and/or telephone or video consultations (without examinations) can be sufficient for many cases when it is a matter relating to causation, confirming or advising on treatment options such as approving surgery or return to work considerations. In certain cases, on request, it may be possible to go through the report with the referrer and/or other parties and answer questions via telephone or video-conferencing following the assessment.

For **physical examinations**, (where feasible, notwithstanding further restrictions on social distancing and based on case triaging), we will arrange an **allied health practitioner** with clinical experience or a general practitioner to undertake the physical examination under the supervision and direction of the specialist. The allied health practitioner will attend any location at which the person being assessed is present with their consent. However, there will be cases and instances where an unsupported physical examination assessment may need to, and can viably, occur, although it may not be the ideal method in every case. In these instances, the specialist can rely on the person being assessed or potentially a family member/support person to conduct the physical movements and self-palpate areas of tenderness, as appropriate.

Permanent impairment assessments will depend on whether all the measurements can be remotely assessed. This may not always be feasible, especially where there are multiple complexities or the method for generating valid data requires an in-person physical assessment. However, there may be cases where it can be done, such as for assessments involving DRE categories (neck, thoracic and lumbar spines such as fractures or those with didactic descriptors), for visual clinical features such as scarring and simpler range of movement assessments that can be undertaken assisted or unassisted through observations using test and retest methods as well as testing for Waddell signs.

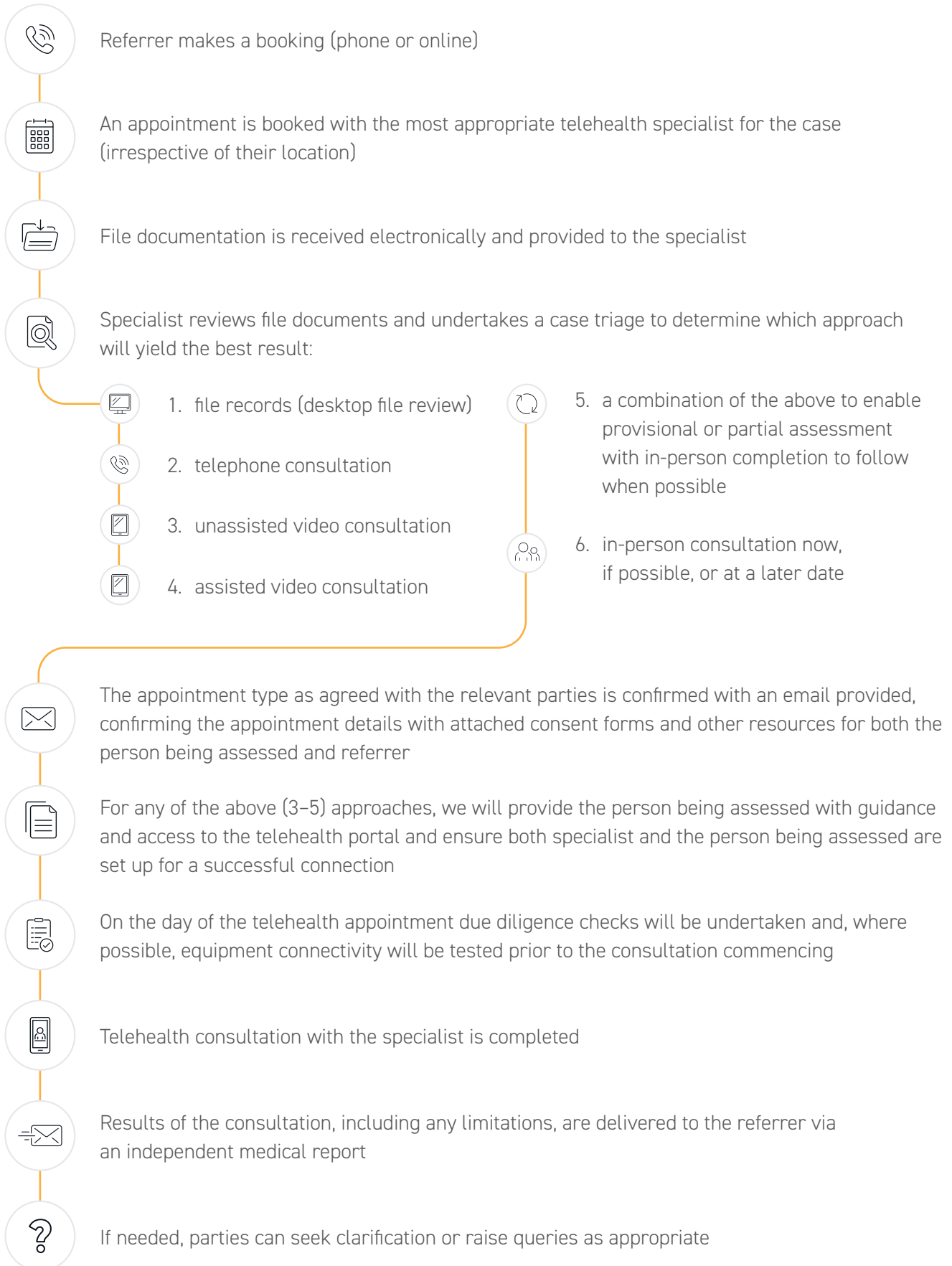
It is also possible to provide provisional (estimates and ranges) Permanent Impairment Assessments through telehealth to help decision making as a prelude to a future in-person examination. Re-evaluating the impairment rating and any degree of impairment over and above the initial findings can be undertaken by an in-person assessment at a later date and can have an indicative threshold value depending on the compensation system. Psychiatric permanent impairment assessments are more feasible in a higher number of cases, again as determined by the specialist involved.

There are likely to be limits to **neurological and neuropsychology** examinations. Where possible these cases can be worked through to identify appropriate strategies to make them feasible such as arranging assisted examination by a health practitioner in attendance with the person being assessed. Where it's not possible, it will not proceed until an in-person assessment is possible.

While a significant proportion of cases can be dependably assessed without an in-person consultation with the specialist, there will be cases that need the in-person assessment and cannot be accurately evaluated any other way. If a telehealth solution or desktop file review is not clinically appropriate at the time needed, an in-person consultation can be arranged at a later date. However, it may be possible that these interim assessment options provide a provisional opinion or addresses only the components that can be assessed now (80%) and the other components (20%) can be placed on hold until an in-person assessment is possible.

- ✓ PROVIDING CHOICE
- ✓ ALL PARTIES AGREE
- ✓ SAFE AND RELIABLE RESULT

HOW IT WORKS



DUE DILIGENCE CHECKS

Our telehealth process involves due diligence and duty of care checks. We will identify any duty of care risks and ensure appropriate strategies are put in place to mitigate these. Where this is deemed not viable or the risk considered too high, the appointment will not proceed via telehealth. While this potential applies for all assessment types, it will mainly be relevant for psychiatric-based assessments. For example, in some cases it may be important to ensure the availability of a support person at the person's location or that the treating practitioner's contact details are available to the specialist in case of an emergency and contact needs to be made.

Telehealth locations

Telehealth can be conducted at any location that is suitably set up for video-conferencing. The person being assessed can be located at one of our consulting rooms, a medical or hospital clinic venue, at an organised video conference facility or at home in a private and well-lit room. Similarly, the specialist can be located at one of our consulting rooms, in their private rooms at their practice or at their home. Guidance and support will be provided to both parties to ensure a successful connection and consultation.

Practical delivery

Prior to any telehealth appointment occurring, a rigorous **identity check** and informed consent process is undertaken. We have a telehealth consent form to ensure informed written or verbal consent has been obtained from the person. We also ensure we have answered all concerns and queries the person may have before commencement.

A **test of the equipment** at both ends will be conducted, where possible, prior to the appointment and depending on network robustness we can explore other best practice digital or communication options at the time, if necessary.

Observations will be made to ensure the person is not wearing an ear piece or being coached in any other manner. In suitable instances, at the discretion of the specialist, a **support person** can be on hand and possibly even sit in on the consultation (either for the entire time or part of it) in full view of the specialist.

Privacy considerations are important and, where consent is given, the specialist will directly access **imaging and other studies**, unless these have already been provided by the referrer or person being assessed.

It is also worth mentioning that **interpreters** can also be connected to telehealth conferences as needed, but this may need a longer consultation time.

It is also important to advise that the telehealth appointment can be **recorded** at the provider end via the digital platform used, if agreed by all parties. This may be a good option to mitigate any potential disputes. Our policies with regards to recording consultations are available on our websites.

Multi-specialty/disciplinary assessments are feasible and easily arranged in certain cases.

Virtual expert witness testimonial evidence (virtual court room) can also be done if all parties agree and it is acceptable by state or territory law. This is commonplace in the Northern Territory for example.

THE TELEHEALTH MEDICAL REPORT

It is essential that telehealth IME reports are robust, that they can be relied upon and will not unravel in the rigorous judicial process, meaning on occasions they may only be able to offer guidance. We have created a script for our specialists containing a full range of statements to be added to the introductory part of their report, to advise of the validity, reliability and limitations of their opinion. If the report cannot be relied upon for reasons which will be outlined, this will be stated as such in the report.

As part of ensuring a thorough and complete assessment process, as determined by the specialist, the person being assessed may be provided with a patient information questionnaire or self-reported inventories to complete independently or with an allied health practitioner just prior to or during the telehealth appointment. There will be a focus on ensuring the objectivity of the results. A very structured history will be taken and there will be a high degree of focus and time spent on interview questions. In addition, specialists will be guided by evidence-based medicine guidelines, such as ODG¹, when and if required to help strengthen their opinions.

Contact with the treating practitioner(s) can be accommodated and if required every attempt will be made to connect, however this is not always possible or needed as determined by the specialist and particularly in this emergent environment with many medical practices overwhelmed with patients seeking care. Attempts to contact the person's treating doctor can only be undertaken if the letter of instruction includes this request. All attempts made or the outcome of peer-to-peer discussions will be outlined in the report.

¹ ODG 2020 (<https://www.mcg.com/odg/>) provides unbiased evidence-based guidelines to assist in returning individuals to health. The ODG Treatment Guidelines are based on a comprehensive, ongoing, and worldwide systematic review of the medical literature by a multidisciplinary professional group, including up to date clinical summaries with medical necessity guidance, patient selection criteria, and citations into medical literature; while the Return to Work (RTW) Guidelines and Activity Modifications are informed by a statistical analysis of approximately 10 million cases from the USA, Canada, and Australia using a relational database system, with target and benchmark durations by diagnosis, at the claim level. All ODG guidelines undergo an annual modified Delphi peer review and consensus process by the ODG Advisory Board, of approximately 100 leading physicians in multiple specialties, including specialists in occupational and disability medicine. The ODG guidelines serve as an adjunct to the medical expert's opinion, with modifications made to suit the needs of individual patients. ODG is published by MCG Health (www.mcg.com), and is part of the Hearst Health Network.

RISK MANAGEMENT

We have implemented comprehensive strategies to manage the risks which might arise in relation to a telehealth consultation. These include the following:



Obtaining valid consent

We have developed a specific Telehealth Consent Form which provides all relevant information regarding the process and risks.



Privacy and confidentiality

Strict physical and IT security processes are in place to protect the privacy and confidentiality of personal information and health information disclosed during a consultation.



Keeping accurate and contemporaneous records

We will ensure the specialist and, where relevant, the allied health practitioner, maintain appropriate records relating to the consultation.



Insurance

All specialists who provide consultation services to MedHealth are required to have their own professional indemnity cover – this requirement also applies in relation to telehealth services. While most of the major medical indemnity providers in Australia include cover for the provision of telehealth services, we will make specialists aware they should confirm their own medical indemnity arrangements provide such cover before providing any telehealth services to MedHealth clients.

MEDHEALTH TOOLKITS

MedHealth independent opinion providers (mlcoa, Medilaw Group and the ASSESS Group) have developed and continue to refine a library of information including technical support resources for all people who will use telehealth – be they specialists, customers, allied health practitioners and the person being assessed and MedHealth team members.

You can contact us or visit our provider websites for more information regarding the resources represented in this paper. We have developed resources supporting the process for all our telehealth solutions and we can also assist you with tailoring a best practice product or solution that has a positive impact on outcomes.

A FINAL NOTE

In the not so distant future, telehealth assessments will be a standard within the medico-legal industry. The ability to eliminate geographical distance and be able to deliver quicker and more effective assessments is compelling.

Telehealth is fast-becoming more technologically and methodologically sophisticated and acceptance is growing across all stakeholders including the judicial industry. The service will be more widely available across the country. Tele-physiotherapy and tele-rehabilitation are already being done in virtual formats, and we are going to see further utilisation of the telehealth platform for delivering other medical and rehabilitation services for a whole range of injuries and medical conditions - in the same way we have seen Medicare adopt a telehealth model.

While not every output will be perfect, every effort will be made to deliver relevant and sufficiently reliable reports for the parties to make as many important decisions they can with respect to them. This crisis could last a long time and now is the time to be safe, realistic and innovative in the way we deal with the challenges being faced.

MedHealth is committed to the continuous improvement of our telehealth solutions, now and into the future, with the consistent objective of supporting more Australians achieve health and work outcomes.

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Contributors

This paper has been prepared with the inputs of the following MedHealth committee members:

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ABOUT MEDHEALTH

MedHealth supports thousands of people each year to achieve better work and health outcomes. We do this through our unique combination of strengths, capabilities and resources, which span healthcare management, medical opinion, advisory, employment, health and business technology, rehabilitation and return to work services.

Our team of 1,700 committed health, employment and support professionals use their talents to help others realise their potential. Backed with the expertise of more than 1,200 independent medical specialists, we cover all major medical and allied health disciplines.

MedHealth is part of the ExamWorks global network which includes Australia, the United States of America, Canada and the United Kingdom, delivering over 2 million medical opinion and case management services annually.

Delivering expertise in more than 300 locations across Australia, we are wherever our customers need us most, when they need us.

YOUR KEY CONTACTS

If you want more information on telehealth across our MedHealth specialist service groups – mlcoa, Medilaw Group and the ASSESS Group, or have any questions regarding this paper, please contact any of the below people or get in touch with your local MedHealth office.

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