



SUMMARY REPORT

# Telehealth Independent Medical Examinations

How we use virtual assessments and are they here to stay?

NOVEMBER 2020

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# EXECUTIVE SUMMARY

Since well before COVID-19 changed how we all live and work, MedHealth has been developing a comprehensive strategy for telehealth independent medical examinations (TeleIMEs). The ability to eliminate distance while delivering quicker and more effective assessments is compelling, even more so during a pandemic.

Earlier this year we published a white paper on our approach to TeleIMEs, covering information on the broad range of solutions we can offer and ways to make telehealth more effective.

This report follows on from that paper by investigating how our approach to TeleIMEs works in practice. We researched our use of TeleIMEs across MedHealth both before and during the pandemic, and we surveyed our stakeholders' satisfaction with them. A snapshot of results is provided on the right.



## Results snapshot



- TeleIMEs peaked during April and May 2020
- TeleIME bookings more than doubled, from 10% before the start of the pandemic, to 24% after the start of the pandemic
- A further nine specialty areas were newly involved in TeleIMEs

### Of our customers:

 **90%**

found TeleIME medical reports adequately addressed the issues posed by their letter of instruction

### Of our clients:

**91%** were satisfied with their telehealth service

**86%** were satisfied with the information provided to help them prepare for the TeleIME assessment



### Of our medical specialists:

**60%** 

of all medical specialist respondents said they would comfortably offer telehealth services after COVID-19 restrictions were lifted

**56%** 

of all physician/surgeon respondents (conducting physical IMEs) said they would comfortably offer telehealth services after COVID restrictions were lifted

See further results on page 6 of this report

## Where to from here

Both external and in-house research suggests that TeleIMEs will continue to have an evolving and essential place in health evaluation, even after the pandemic. However, TeleIMEs will not replace in-person assessments as the gold standard approach for clinical evaluations.

While independent psychiatric assessments conducted via video conferencing have been occurring quite effectively and with little legal contention for many years, 2020 has seen a greater effort in devising methods to ensure acceptable and reliant physical examinations via video. The globally respected Mayo Clinic in the US has published proven methodologies for undertaking physical examinations via telehealth in respected scientific journals. Their guidelines provide physicians and surgeons with methods on how to enhance the information they obtain from virtual evaluations<sup>1</sup>.

MedHealth's telehealth strategy is evolving too. Our medical specialists are continually adapting their examination techniques to enhance the delivery of effective TeleIME assessments. In addition, MedHealth supports specialists with the tools, resources and training to enhance the effectiveness of their assessments.

The reliability and validity of the medical report is crucial. As part of their operating model, MedHealth has implemented multiple checks and balances to maintain report integrity. All referrals are administratively and clinically triaged to achieve the most accurate and safest method of assessment and best result for each client. MedHealth specialists are supported to include qualifying statements in their reports advising of the reliability and any limitations associated with their opinion.

<sup>1</sup> Laskowski, Edward R; Johnson, Shelby E; Shelerud, Randy A; Lee, Jason A; Rabatin, Amy E; Driscoll, Sherilyn W; Moore, Brittany J; Wainberg, Michael C; Terzic, Carmen M (2020). The Telemedicine Musculoskeletal Examination (available online <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395661/>) *Mayo Clin Proc* ; 95(8): 1715-1731, 2020 Aug.

Occasionally during the assessment process, it may become apparent to a specialist that the telehealth approach will not enable an appropriate or complete assessment (for example, in the more than 13,000 MedHealth TeleIME reports produced over the six month period, this was the case in approximately 10% of assessments). In such an instance, the specialist may recommend follow up actions to address any components that are limited by a virtual approach.

Our research data has shown that telehealth is here to stay. Our study respondents tell us that they find it an acceptable mode of evaluation and that the benefits largely outweigh any reservations that they may have. There is a strong willingness, where appropriate, to use this mode of evaluation as an alternative when the in-person assessment is less accessible.

MedHealth's telehealth framework is underpinned by the following core principles:



**Providing choice**



**Ensuring agreement by all parties involved**



**A safe and clinically appropriate approach**



**A timely and reliable opinion**

# INTRODUCTION

**This report looks at how MedHealth’s strategic approach to TeleIMEs works in practice, tracks our stakeholders’ satisfaction with this virtual mode of delivery and makes recommendations for the effective delivery of safe and reliable outcomes.**

The COVID-19 pandemic has changed the economy, the way we work, our healthcare and the way we manage injury claims and workplace health issues. Insurers are coping with a new breed of claims arising from or impacted by COVID-19. Employment dynamics are also changing, with employers playing a greater role than ever before in their employees’ health management and wellbeing.

Telehealth is a vast and growing field involving a variety of sectors: including IMEs; allied health services supporting rehabilitation; and exercise, wellness and physiotherapy programs. TeleIMEs have been used in the past, mostly for psychiatric evaluations. However, with the onset of COVID-19, they have been employed in a broader clinical scope in multiple physical medicine and rehabilitation fields, including but not limited to musculoskeletal conditions.

This report contributes to the current body of research on telehealth practice by investigating MedHealth’s own use of TeleIMEs, before and during the pandemic, and surveying our stakeholders’ satisfaction with them.

Through this report, we share our increased understanding of the benefits and barriers associated with TeleIMEs, and what is needed to improve the delivery of telehealth in this sector to encourage greater acceptance and optimal use among all stakeholders of this approach.

MedHealth believes TeleIMEs will progressively become more widely available across the country, well after the pandemic is over. The pandemic has forced many changes. The increased use of telehealth and technological platforms has necessitated rapid advancements and transformation in the way medical services are delivered. To continue to enhance this transformation requires new ways of working, robust and effective triaging, adaptation of medical examination techniques, further technological advancements and greater collaboration.

To date, telehealth has shown its value, and many agree it will continue to have an important presence in the future for evaluating and treating patients.

Telehealth assessments have earned their place in the suite of medico-legal assessment services available for all clients well beyond the pandemic



# METHODOLOGY

**We used a range of methods to capture data on telehealth activity before and during the COVID-19 pandemic. The data helps us see how the pandemic has changed the uptake of TeleIMEs.**

We investigated the use of TeleIMEs over a 12-month period from 1 September 2019 to 31 August 2020. This timeframe allowed us to capture six months of pre-pandemic activity and six months of activity after the onset of the pandemic, in order to compare changes in levels of activity.

We selected the following research methods to study the use of, and satisfaction with, TeleIMEs:



## Desktop review

We reviewed medical literature, journal studies, medical forums, webinars, and opinion pieces about telehealth both before and during the pandemic. Much of the literature discusses one or more of four areas, involving patient and consumer satisfaction, cost-effectiveness, efficacy and accuracy of evaluation and care, and how to conduct the virtual physical examination or psychiatric examination.



## Quantitative analysis

Our research team captured data relating to TeleIME use across MedHealth, for the period 1 September 2019 to 31 August 2020. This time frame allowed us to compare changes in levels of activity during a time when use of telehealth was far more intense than ever before. These activity areas included bookings, attendance rates, specialty type, scheme/industry type, and state-based uptakes.



## Qualitative analysis

During a 10-week period from June 2020, we conducted stakeholder satisfaction surveys with our medical specialists, customers (the referrer, an insurer or employer) and clients (the patient or examinee).

Our medical specialists were given two weeks to respond to an emailed survey; our customers were contacted by telephone and taken through a scripted questionnaire; and our clients were given three business days after their virtual evaluation to respond to an online survey. Some clients were given the questionnaire to complete after their in-person consultation with a remote-based medical specialist.

We then analysed data from the responses of 99 medical specialists, 186 clients, and 33 customer representatives. Analysis was also conducted on the unstructured general feedback of an additional five customer representatives.

# FINDINGS



## Desktop review

Resources on telehealth (medical literature, medical community forums, webinars, opinion pieces) have become far more prevalent since the start of the pandemic, with information and advice on telehealth and how to best approach consultations.

The research shows:

- TeleIMEs have mostly been used for psychiatric evaluations but the pandemic has broadened their scope with a focus on physical examinations
- There is growing information on how to best deliver telehealth services, focused on patient satisfaction, accuracy of evaluation and care, and how to conduct the virtual physical or psychiatric examination
- Issues such as advising the reliability and limitations of each opinion, privacy, security and consent are all manageable and solvable in practice
- Satisfaction with telehealth is similar to in-person visits, and people who experience a telehealth consultation are more likely to seek another one in the future
- TeleIMEs will remain an alternative option to medically evaluate and obtain useful information from the client and their treating sources to form a reliable opinion
- Telehealth is at the frontier of healthcare, and in future, patients may not need to visit medical practitioners for conservative care delivery



TeleIMEs improve access to healthcare assessments and top specialists, while delivering timely outcomes



## Quantitative analysis

Our research team captured data relating to TeleIME use by looking at services booked across MedHealth and other data such as attendance rates, specialty types, state-based rates, industry bookings, client residential locations, impairment and fitness to work report types.

The results show:

- TeleIMEs peaked during April and May 2020
- From March to August 2020, MedHealth conducted over 13,000 TeleIME appointments
- A further nine specialty areas were also newly involved in TeleIMEs, including otolaryngology, plastic surgery, dermatology, gastroenterology and urology
- A broad spectrum of insurance agencies representing workers compensation, motor accidents and life insurance increased their use of TeleIMEs since the pandemic outbreak
- The majority of TeleIMEs are sought to determine diagnosis, causation, capacity, treatment and rehabilitation needs, and recovery prognosis
- TeleIMEs were used far more by city-based clients after the start of the pandemic



Psychiatrists dominated the TeleIME field **before the pandemic**, performing

**79% of all TeleIMEs**

The number of specialty types performing TeleIMEs increased significantly after the onset of the pandemic:

**psychiatrists**

**44%**

**orthopaedic surgeons**

**26%**

**occupational medicine specialists**

**16%**

**other specialties**

**14%**

TeleIME bookings more than doubled, from 10% of all IME consultations before the start of the pandemic, to

**24% after the start of the pandemic**





## Qualitative analysis – client perspectives

We received 186 client responses over a 10-week period. These clients attended a telephysical or a telepsychiatry IME evaluation for the first time.

Here are their responses:



**91%**

overall were satisfied with their telehealth service

**90%**



were satisfied with their telehealth physical examination experience

**84%**

felt the telehealth technology quality was good



**86%**



were satisfied with the information provided to help them prepare for the TeleIME assessment



**79%**

were satisfied with the information their case managers provided about the TeleIME assessment

Here are a few examples of positive statements from satisfied clients:

“ Very smooth system. Was a pleasure to deal with both staff and the doctor ”

“ Excellent service, nil complaints at all ”

“ Dr R... made me feel comfortable during my telehealth connection with her, and I feel like we accomplished what was set out to be done ”

“ Thank you, saved me travelling 600km both ways ”

“ Dr M... was amazing, he explained the process well at the start and he was very kind and supportive ”

“ The doctor and physio Chris made me feel very comfortable as I didn't know what to expect and was quite anxious ”

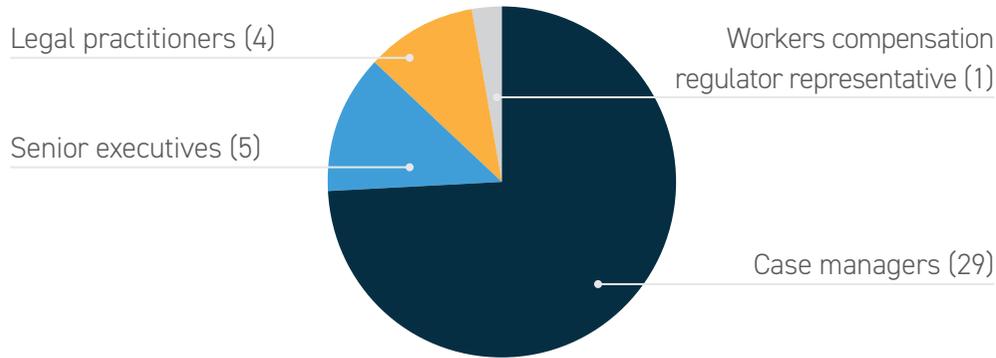
A small number of clients reported dissatisfaction. This related to not being able to hear or respond to the specialist's questions (six respondents) or issues related to technology and internet connection (six respondents).



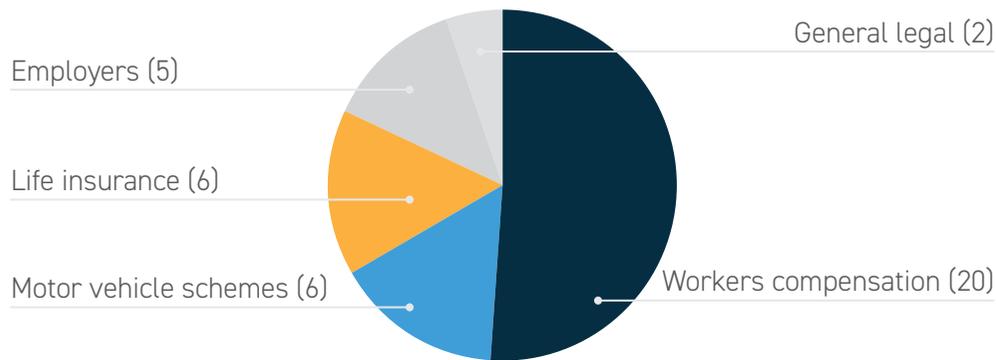
### Qualitative analysis - customer perspectives

This data reflects 33 customer representatives, and a further five customers provided unstructured feedback.

The spectrum of customers included a cross section of:



The spectrum of schemes encompassed:



Our customers told us:

**90%**

found TeleIME medical reports adequately addressed the issues posed by their letter of instruction

**82%**

said their clients found their TeleIME experience positive

**89%**

were satisfied with the way MedHealth delivered the TeleIME service

**86%**

advised they would continue to use MedHealth's TeleIME services

About 20% of customers expressed concerns in the following areas for some telehealth assessments:

- Restricted use measures imposed by their regulator or legal department
- Legal and financial implications should a report prove inaccurate or flawed
- Logistical difficulties to enable effective administration
- Lack of knowledge and confidence in the approach
- Inappropriate approach for complex health issues, impairment assessments or difficult clients



### Qualitative analysis – medical specialist perspectives

There were 99 specialist responses from 67 physicians and surgeons, 31 psychiatrists and one neuropsychologist.

**66%**   
of specialists said TeleIMEs can address the objectives of referrals

**61%** **80%**  
of physicians/surgeons of psychiatrists  
said TeleIMEs can address the assessment objectives

 **27%**  
of specialists preferred to resume in-person assessments only

**60%**   
of specialists said they would comfortably offer telehealth services even after COVID-19 restrictions were lifted, and 13% were neutral or open to doing so

**66%**   
of psychiatrists advised they would comfortably offer telehealth services even after COVID restrictions were lifted

**Nearly half of all specialists** said TeleIMEs are as effective as in-person visits for most circumstances (noting that there are cases where telehealth is not a suitable approach)

Specialists not supportive of TeleIMEs had concerns about:

- Need for extra learning to boost clinical and technical skills
- Risk of security and technical failures
- Effectiveness compared with in-person visits
- Hard to establish rapport with the client

The majority of specialists were supportive of TeleIMEs (as an alternative option) especially in uncomplicated cases, while two neurologists, four psychiatrists and six orthopaedic surgeons were not supportive of TeleIMEs in any circumstances.

Telehealth may not be suitable for making diagnoses that require recommending surgical treatments or undertaking complex neurological impairment assessments.

**56%**   
of physicians/surgeons said they would comfortably offer telehealth services even after COVID restrictions were lifted

**32%**   
of physicians/surgeons said they would not use telehealth services after restrictions were lifted

 **60%** of physicians/surgeons said they found the involvement of an allied health practitioner helpful for conducting the physical examination under their supervision and instruction (22% were undecided)

## DISCUSSION OF RESULTS

### Here we interpret and describe the significance of the results of our study including what our findings mean for the future of telehealth.

The pandemic has led to a huge uptake in the use of telehealth, with increased use alleviating many initial concerns and leading to greater awareness of its benefits and optimum use.

While most stakeholders are satisfied with this approach and will continue to use it for appropriate assessments, there are those who still favour the in-person appointment in all instances.

More work on improving virtual methods will facilitate greater understanding of when TeleIMEs are fit for purpose.



### Surge in telehealth use

The onset of the pandemic caused a massive acceleration in the use of telehealth, with more than 13,000 TeleIME appointments undertaken by MedHealth in the six months to August, driven mainly by the goal of conservatively managing the safety of all parties.

During the peak of the crisis, in March and April, the use of TeleIMEs climbed sharply, but by June the numbers dropped off by about 10 per cent, as the economy started to re-open and in-person assessments became more accessible in many states and territories.

Even so, compared with pre-COVID times, there were still many more virtual physical and psychiatric examinations occurring, suggesting a move towards greater acceptance of the telehealth approach under more normal circumstances.



### People support telehealth when performed well

Stakeholder perceptions are critical to the success of TeleIMEs. The indications are that people are more likely to be receptive to telehealth when they have positive experiences, and are convinced of the efficacy, efficiency and safety of telehealth.

Our literature review also showed that satisfaction rates are comparable with those of in-person visits, and that people who experience a virtual consultation or evaluation are more likely to seek another one in the future<sup>2</sup>.

The high levels of satisfaction across all three groups of stakeholders suggests that telehealth is indeed an acceptable mode of service delivery for most independent medical examinations.

More than 80 per cent of clients and 80 per cent of customers reported satisfaction with the TeleIME approach, especially once their initial apprehensions and fears were alleviated. Some 60 per cent of specialists also reported high satisfaction with TeleIMEs.

Nonetheless, successful adoption of TeleIMEs with high-quality reporting is contingent on the coordinated efforts of all stakeholders. Many barriers can be overcome with training, adaptation of clinical methodologies, (i.e., adjusted techniques, the use of digital tools and/or the use of allied health providers), a rethink of operating models, greater collaboration and shared agreement in decision making.

<sup>2</sup> Makhni MC, Riew GJ, Sumathipala MG (2020). Telemedicine in Orthopaedic Surgery: challenges and opportunities (available online <https://pubmed.ncbi.nlm.nih.gov/32618908/>) *J Bone Joint Surgery, Incorporated*.



## The importance of referrals and triage

A well-prepared referral is the cornerstone of a dependable and useful report. It should include key medical records, radiology (film/online imaging access is strongly recommended) with other important and relevant documents, accompanied by a clearly instructed referral letter. The letter of instruction should request the specialist assessor to validate all the due diligence components necessary to provide a dependable and reliable report.

### Optimising the TeleIME Referral and Triage Process

#### The following outlines our recommendations to optimise the outcome of a TeleIME assessment service.

1. It is important both parties (client and customer) consult when agreeing to a TeleIME. It is recommended the client is made aware of the independent medical examination options available and be provided choice with respect to an in-person or a telehealth assessment, as circumstances allow. Ultimately, a TeleIME approach should only be undertaken if considered appropriate by the assessing specialist.
2. Before booking an assessment with the appropriate specialty, ensure all related safety and security precautions, and privacy protections can be implemented by the IME provider.
3. Before confirming an assessment, it is critical to provide the specialist with comprehensive medical records (radiological imaging is highly recommended) and other relevant documents to enable them to clinically review the case and triage for clinical appropriateness including determining the most effective method for the virtual examination (i.e., such as whether to involve an appropriate allied health professional to undertake the physical examination components under the supervision and instruction of the specialist).
4. Once the case is confirmed as clinically appropriate and client safety has been considered by the specialist, the booking can be confirmed. The client can then be advised of the appointment mode and method.
5. The client should be fully informed of what is involved in the TeleIME process, including any risks and limitations.
6. The client should provide informed consent to participate via this approach.
7. It is recommended the letter of instruction request that the specialist advise of:
  - a. any technical failures and limitations that may have occurred during the evaluation
  - b. their skills and/or experience in conducting TeleIMEs or telehealth care
  - c. what aspects of their opinion can be relied upon and what aspects cannot be relied upon to the same degree as an in-person assessment or in terms of accuracy
  - d. whether a physical examination to validate the findings made under video conferencing conditions requires review at a later date
  - e. any recommended actions needed such as further investigations or an in-person examination of the components that were limited by a virtual approach

In choosing to proceed with a TeleIME option, an IME provider has a responsibility to maintain the standard of their evaluation and reporting. In these situations, the specialist should always rely on the guiding principles of what is best for the client and provide reasons for why an in-person evaluation is required over a telehealth approach.



## Benefits outweigh concerns

Our research indicates there are many benefits of a TeleIME approach and they outweigh the concerns associated with delaying a claim, a return to work, or treatment and recovery.

Our study and other global studies published in scientific journals show that telehealth in general can significantly improve accessibility to healthcare evaluations.

With telehealth, a person can be evaluated by a specialist who lives in a distant location, allowing convenient and cost effective access to best-in-class professionals.

Other benefits include quick access to appointments, shorter travel times (or none), less time in the medical practice waiting room, the potential for specialists to assist a broader range of cases, and better rapport building opportunities, especially for clients that find the IME process intimidating.

## FUTURE DIRECTION

As time passes, the many lessons learned about telehealth during this time are likely to drive increased uptake in growing sets of circumstances.

These circumstances include where an in-person assessment is not practical, or a TeleIME approach provides a much more beneficial option such as an earlier appointment with a particular specialist irrespective of their residential location.

Whatever the direction, stakeholder satisfaction is a key driver of the evolution of TeleIMEs. In addition, successful adoption of TeleIMEs and high-quality reporting is contingent on the coordinated efforts of all stakeholders.

Future directions in telehealth include technological advances to incorporate motion-capture imaging and remote dynamic testing, and the further standardisation and validation of virtual measurement techniques to enable more interactive physical examinations over video<sup>3</sup>.

Collaboration is also of high importance to ensure the long-term benefits of providing a TeleIME approach are equitably and robustly aligned for everyone. In the meantime, MedHealth has channelled a wealth of experience across more than 13,000 TeleIMEs to provide some insights on optimising the quality and efficiency of telehealth, particularly relating to the insurance industry and workplaces.

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<sup>3</sup> Tanaka MJ, Oh LS, Martin SD, Berkson EM (2020). Telemedicine in the era of COVID-19: the virtual orthopaedic examination (available online <https://pubmed.ncbi.nlm.nih.gov/32341311/>) *J Bone Joint Surgery, Incorporated*.

## 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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