

Mobile Medicine Offers Quicker Treatment, Better Outcomes

Medical delivery options are evolving as fast as technology and innovation will allow, reaching people who typically have had trouble accessing medical care. Through telemedicine, telehealth and on-demand medical services, the workers' compensation industry is finding ways to deliver medical care faster and more efficiently. The result is earlier interventions, better patient outcomes and lower costs for payers.

"Access to care, speed of delivery, and starting the treatment sooner is something that can really expedite the return to work process and the whole outcome because [the injured worker] has had a positive experience," said Dr. Teresa Bartlett, Senior Vice President of Medical Quality, at Sedgwick. "It results in high patient satisfaction, faster returns-to-work — all of those things that also lead to lower costs for employers."

In addition to providing access to medical care for injured workers in rural areas, these newer medical delivery options can also overcome language barriers and transportation issues. It additionally allows for multiple providers to be involved in a single session, something that can be especially helpful for providing biopsychosocial care.

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“When a patient is getting physical therapy our psychologist can join in via telemedicine so both see the patient face to face,” said Michael Coupland, CEO and Network Medical Director for Integrated Medical Case Solutions. *“The patient is being treated by both the psychologist and the physical therapist in an intensive program where they are talking to each other and the patient. It is like an interdisciplinary program, but it’s done on a community ad hoc basis instead of an inpatient program outside of the injured worker’s home area.”*

Rather than having such a session in an open clinic, the physical therapist in this case goes to the injured worker’s home. In addition to overcoming privacy concerns, it also allows for more focused treatment.

“The biggest benefit is the one-on-one care,” said Daniel Sanchez, VP of Operations for Onsite Physio. “You want to make sure it is not just basic care, but is one-on-one, hands on and functional rather than geriatric care.”

Sanchez, Coupland and Bartlett will explore mobile medical services — the benefits, challenges and outcomes, during the SIIA National Conference & Expo, Oct. 8 – 10 at the JW Marriott Desert Ridge Resort & Spa in Phoenix.

Telemedicine & Telehealth

The idea of newer medical delivery options is to bring the best quality care to the patient as soon as possible, regardless of time or distance. In some cases that means using computer links to ‘bring’ the provider to the patient. In others, it literally means bringing the provider to the patient — at his home, workplace or other venue. And in still others, it can be a hybrid of the two.

“We have a HIPAA compliant Web enabled video system, so the patient can use a computer, tablet or smart phone and is able to talk and be seen by the provider,” Coupland said. “It allows for face-to-face sessions, but not in person.”

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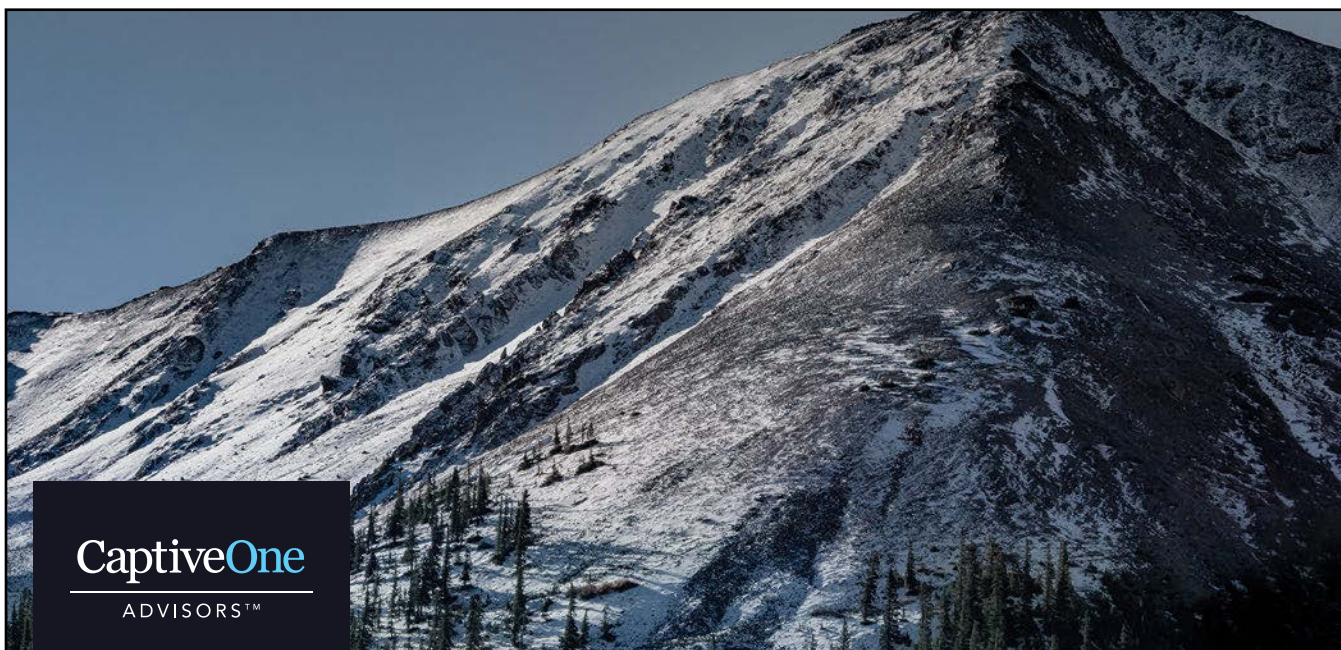
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Coupland's company, which works with injured workers in chronic pain, joined the telemedicine bandwagon last August. The idea is to provide early intervention and access to care for people who are still working to prevent them from deteriorating into total disability.

The system includes a 'waiting room' with reading materials and videos on cognitive behavioral therapy. The medical provider can see the patient has logged on and is in the waiting room, and clicks a button to begin the session.

"We are using it mainly for psychiatry because it's hard to get psychiatrists, especially good ones," Coupland said. "The rule is the provider has to be licensed in the state where the patient is located."

There are challenges to overcome when having psychiatric sessions online. The company has turned to a hybrid approach on occasion.

"When [the psychiatrist] is trying to evaluate how well somebody is doing with their activities of daily living, a sense of smell is important to gauge their hygiene and grooming," Coupland said. "To overcome that the patient, at least for the initial assessment, meets in person with a psychologist and the psychiatrist joins in via telemedicine. We have good coverage with psychologists, so the psychologist will establish a relationship with the patient, and the psychiatrist will join the session."

Bringing the physician to the patient for a face-to-face visit via computer is referred to as telemedicine. Telehealth, another form of mobile medical delivery involves such things as monitoring a patient's heart rate or blood sugar levels. In that scenario, wifi and Bluetooth enable the information to be immediately uploaded to a physician's office.

Telehealth also includes coaching from medical providers. One such model is the 'clinical consultation' service Sedgwick unveiled nine years ago.

"We provide a nurse right at the point of a potential injury," Bartlett said. "We walk [the injured worker] through a whole triage of questions to put their minds at ease. Either they don't require care and there is some self-care they can provide to prevent it from becoming an injury, or they do need care and we expedite the care either to a provider directly or through telemedicine, where we can link them directly with an occupational health physician."



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A number of additional new medical care delivery models are emerging to get care to hard-to-reach patients as soon as possible. Telerehab, for example, allows medical providers to monitor their patients' exercise regimens.

"They may have physical therapy three times a week," Bartlett explained. "Telerehab enables the therapist to check in on them to make sure they are independent and understanding what they are doing at home to advance their healing process."

For injured workers, these home physician visits, or 'house calls' let the patient know from the start that the employer cares about their well-being, which can result in lower costs.

"When a worker doesn't feel the system is easy to access or easily understood, statistics show they are more prone to litigation," Bartlett said. "By finding different models of care you improve the injured worker's experience."

On-demand

One of the best reasons to provide care as soon as possible is to prevent so-called creeping catastrophic claims; those seemingly simple injuries that continue endlessly and render the patient unable to function, let alone work again.

Treating the patient soon after an injury occurs means getting them on the road to healing without them having to wait around for various medical appointments. Bringing the provider directly to the patient for one-on-one treatment can further accelerate the process.

"It decreases their 'sick role' mentality," Sanchez explained. "They are thinking more along the lines of recovery and getting better vs. being stuck in the rut of an injured person."

Sanchez' company uses an 'on-demand' model, where the physical therapist treats the patient at his workplace or home. Keeping injured workers at the job site reduces time spent going to and from PT clinics; but it also aids in the injured worker's healing process.

"They have more of an active role in their recovery," Sanchez explained. "Keeping them at work helps them assume it is work-related and the goal is to get them back to work."

Where possible, the physical therapy is done at work even for patients who are not yet able to perform their jobs at all. It's an alternative to sending the injured worker to a clinic.

"It maintains that routine of them going to work and avoiding the loss of work identity, which is really important" Sanchez said. "Just because they are not working doesn't mean they can't do PT at work. It maintains their camaraderie with their coworkers."

Having the physical therapist visit the patient's work site helps ensure the therapy is focused on the actual tasks the person does at work, which helps prevent reinjuries. It also aids return-to-work efforts.

"We tend to see recoveries happen quicker because they are on an accelerated program," Sanchez said. "Where the clinic-based model for PT focuses first on range of motion and strength before work-related goals, we can incorporate that into their therapy starting on day one."

The Future

Employers using mobile medical delivery models are often finding a cost advantage. "We work with clients to develop a rate that is comparable to providing therapy at a clinic," Sanchez said. "It typically does not go above the fee schedule."

The time and convenience factors make telemedicine and telehealth financially more viable for some companies. "It's often cheaper for telemedicine," Coupland said. "That's one of the things about telemedicine, you can bring it to a larger population and at decreased cost."

Those delivering medical care see a wide open future in terms of new models evolving. One idea, for example, would allow patients to connect with their providers online for follow up visits, rather than having to go to an office and wait. "I anticipate a lot of use for those rechecks to take the frustration factor out," Bartlett said. "Imagine if you could just connect through telemedicine how much more satisfied you would be with the experience."

Bartlett also envisions the use of fitbit-type tracking devices among injured workers so a nurse monitoring the patient could determine if the patient was complying with medical treatment goals. Another possibility is to use wearable technology to make sure workers are using proper physical force and avoiding injuries.

"The sky's the limit in terms of what we would be able to have early notice of and alerts to prevent injuries," Bartlett said. ■