SRCLA safety, rehabilitation & compensation licensees association inc.

NEWSLETTER

Welcome to the SRCLA March 2020 Newsletter

If you have any feedback or any items you would like to be included in a newsletter please let Agnes know (agnescamilleri@outlook.com)

COVID-19

The situation we are all facing is unprecedented and as a result every business and organisations response and plans to manage COVID-19 are rapidly evolving. Every single person in our country is impacted and everyone is working hard to manage the impact. As self-insurers there is work to do.

At this point there are far more questions than answers – how will we continue to support our employees in their recovery from injury, how will medical treatment be obtained, how will we continue to deliver benefits, how will the regulatory model be applied, how does the SRC Act apply to COVID-19 claims and rehabilitation? A SRCLA working group has been established to consider the SRC Act issues and further detail is below.

Thanks to Telstra for chairing the recent teleconference to discuss COVID-19 from a WHS perspective and to Virgin Australia for providing access to Dr Sara Souter, the Group Medical Officer. Sara's insight on the medical issues related to COVID-19 was very well received. In the short time since that meeting so much more has transpired with phased restrictions on movement proceeding quickly, social distancing, many of us working remotely and the very unfortunate situation for many where work has ceased.

The SRCLA Executive is liaising with Comcare's GM Scheme Management and Director Self Insurance as issues arise and you will have seen recent communication from Comcare. It is recommended that all licensees maintain close contact with your respective account manager to share the specific and unique impact COVID-19 is having on your business.

SRCC representatives have been meeting with licensees as necessary to discuss the financial impact of COVID-19 as part of the regulatory model prudential obligations. It is noted that the SRCC is focusing on priority areas linked to COVID-19 and that consideration of LKPI performance in the current climate is being reviewed.

Issues are rapidly changing and further detail relating to COVID-19 will be discussed in the next member meeting.

SRCLA COVID-19 Working Group

Following a suggestion from DHL a working group has been established to consider the impact of COVID-19 on the application of the SRC Act. The working group comprises representatives from member organisations and from our advisors McInnes Wilson Lawyers and am actuaries. The intent is to provide guidance on new claims for COVID-19, existing claims and how the rehabilitation provisions would apply where COVID-19 has impacted return to work and recovery. The first meeting of the working group will occur on 070/4/20 and the group will determine what and how best to disseminate information for the benefit of member organisations.

If you have questions, queries or issues related to SRC Act management of COVID-19 please send them through to Agnes and she will feed into the working group process.

SRCLA, SRCC and LLF meetings

A key impact of COVID-19 was the cancelling of group meetings and gatherings of any form. As you are all aware Comcare has postponed the annual Licensee engagement session with the SRCC scheduled for 26/03/20 and the Licensee Liaison Forum scheduled for 27/03/20.

As a result of these postponements, the SRCLA members face-to-face meeting to be held on 26/03/20, prior to the meeting with the SRCC, was also cancelled. With the COVID-19 situation continuing to escalate rapidly it is unclear when face-to-face meetings will resume. In the meantime we will revert to teleconferencing and a members meeting is now being scheduled for the latter half of April after Easter. A date will be advised in the near future.

LCPI Reports

With the intense focus on COVID-19 it was pleasing to note that the SRCC agreed to delay the submission of LCPI reports due on 31/03/20 by one month. This decision was made following representation by licensees. In light of the continuing rapidly changing COVID-19 landscape the SRCLA will discuss with scheme management the pros and cons in proceeding with LCPI reports in the current form at this time.

As you are aware a requirement of the report is the strategies and goals for the coming year. In the current climate this is a particularly difficult request and one which would be better placed to consider after the pandemic has passed and a form of new normality has arisen. Please let Agnes know if you have any specific issues concerning the LCPI report that could be raised by the SRCLA.

Tele-Health

Whilst we are all aware that tele-health and medical examinations through the use of technology have been available for quite some time, situations such as those prevailing at present provide a unique opportunity for this type of service to grow rapidly. In fact it is not an opportunity but a necessity to progress action such as medical treatment or independent medical examinations (IMEs).

IMEs for psychological conditions have been successful by video or tele-conference for many years. Providers are now indicating that similar examinations for a wide range of conditions can be conducted in the same manner. A white paper has been prepared by MedHealth which provides an insight into tele-health solutions and a copy is being disseminated to members for information.

We are of the view that whilst COVID-19 will increase the utilisation of tele-health services in the current climate it is likely that tele-health will continue as a more prominent service once the pandemic has resolved.

SRCLA Planning

As is normal practice the SRCLA Executive has prepared an Operational Plan for the 2020 year. The plan continues to highlight important requirements for the SRCLA such as governance, relationships/engagement and member benefits. However, some key changes are an increased focus on communication with members including longer face-to-face meetings around the LLF schedule, more effective utilisation of information arising from industry reviews and a stronger focus on WHS and preventative activity. In relation to the latter the plan noted emerging issues such as global and environmental changes, catastrophic events (bushfires, floods) and pandemics that would necessitate WHS programs.

The SRCLA strategic plan must also now be updated with the last version taking us through to the end of 2019. A draft plan is under development. Both plans will be discussed at the next member meeting.

Longer SRCLA Face-to-Face Meetings

Flowing from the SRCLA operational plan is action to facilitate longer face-to-face member meetings aligned to the LLF meeting schedule. Comcare has agreed in principle to delay the start time of LLF meetings to enable SRCLA members to conduct a longer meeting prior to the LLF. Face-to-face meetings for large numbers are more effective than tele-conferences. The intent is to more effectively use the travel that many members undertake to attend LLF meetings by providing time for more robust discussion on issues, inviting guest speakers and tapping into the expertise of our advisors and associates more effectively.

As indicated previously all plans for the March meetings were scuttled by COVID-19 but when physical meetings come back onto the agenda we will look to facilitate this initiative.

Comcare – Licence Fee Cycle

In February the licence fee working group were advised that the charging methodology for FY21 was not expected to change and the approach for setting licence fees would follow a similar approach to the previous year. Had COVID-19 not developed the way it has, we would have all received our indicative licence fees at the end of March. The SRCC has now advised that it is considering the issues associated with setting and issuing fees in the current uncertain environment.

The SRCLA Executive will include this issue in the discussion with scheme management and will highlight the financial strain that COVID-19 is having on many of the licensees in the scheme.

New SRCC Deputy Licensee Representative

Following a lengthy process the Minister approved Louisa Hudson's appointment of Laura Buckley as the SRCC Deputy Member representing licensees, with effect from 17/02/20. Congratulations and thank you to Laura from the CBA for taking on this important role to represent licensees.

Escalating Healthcare Costs in the NSW Workers Compensation Scheme

For some time now we have been discussing at member meetings the increasing cost of medical treatment. AM actuaries has presented on this issue and is currently doing some work behind the scenes to better understand the drivers. It is of interest to note that the NSW scheme is leading a review of health care arrangements in NSW. The following quote from the SIRA Chief Executive is of interest:

"Since 2016 we've seen increases in healthcare utilisation among some insurers, without any corresponding improvement in return to work. The review is not about reducing expenditure or the treatment available to injured people. SIRA's objective is to make sure that every dollar spent delivers quality and value and optimises recovery".

SIRA is working to tighten controls around treatment plans and approvals. A report will be published later in 2020.

National Workers' Compensation Summit

The SRCLA was invited to speak at the National Workers' Compensation Summit held in February 2020 in Sydney. Michael Halloran represented the SRCLA and presented on self-insurance – pros and cons etc. A copy of the presentation is located in the member section of the website. Other presenters included Sue Weston, CEO Comcare and Deborah Glass, Victorian Ombudsman who presented on the VIC WorkSafe reviews. The SRCLA will examine more closely the WorkSafe reviews to better understand any flow on impacts.

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NEWSLETTER

Health Benefits of Good Work

As you are aware the SRCLA is a signatory to the RCAP health benefits of good work consensus statement. In the current COVID-19 climate where many of us are working remotely please think about how you maintain the health benefits of work for yourself and your team members whilst isolated. Whilst the isolation will create different challenges for each individual there are some novel ideas going around on how to stay connected from a workplace perspective.

Consultation Requests

There have been a number of requests for feedback on process and procedures over the recent weeks from Comcare. These include:

- Calculating and adjusting NWE;
- Incapacity payments when in receipt of superannuation;
- Early intervention program detail for the SRCC; and
- WHS guidance material.

In discussion with scheme management a request will be made to suspend these requests whilst COVID-19 and the safety of our employees is the key focus. We will also ask that those requests that had a recent closing date be re-circulated for feedback once some normality has returned.

It was pleasing to note that the SRCC has indicated that further detail on early intervention programs is now not required until June 20.

More News

- **Changes to the SRCLA Executive -** Gavin Lynch will be stepping down as the SRCLA treasurer as his role continues to evolve at Prosegur. The SRCLA would like to thank Gavin for his fantastic contribution to the SRCLA Executive over several years. Gavin's contribution to issues will be missed. If anyone has an interest in joining the SRCLA Executive please contact Michael Halloran to discuss.
- **National Council of Self Insurers –** it will not be a surprise to hear that the March meeting of the national council did not proceed. The issues for discussion will be rolled forward to the next meeting.
- **New Licensees –** unfortunately the current situation with COVID-19 has put on hold any decisions by the SRCC in relation to new licensees. We were anticipating at least one new licensee would be approved at the March meeting of the SRCC. This is unfortunate for both the applicant and for our membership. We had been liaising with the applicant in the lead up to self-insurance within the Comcare scheme.

MEDHEALTH

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 defendable 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.

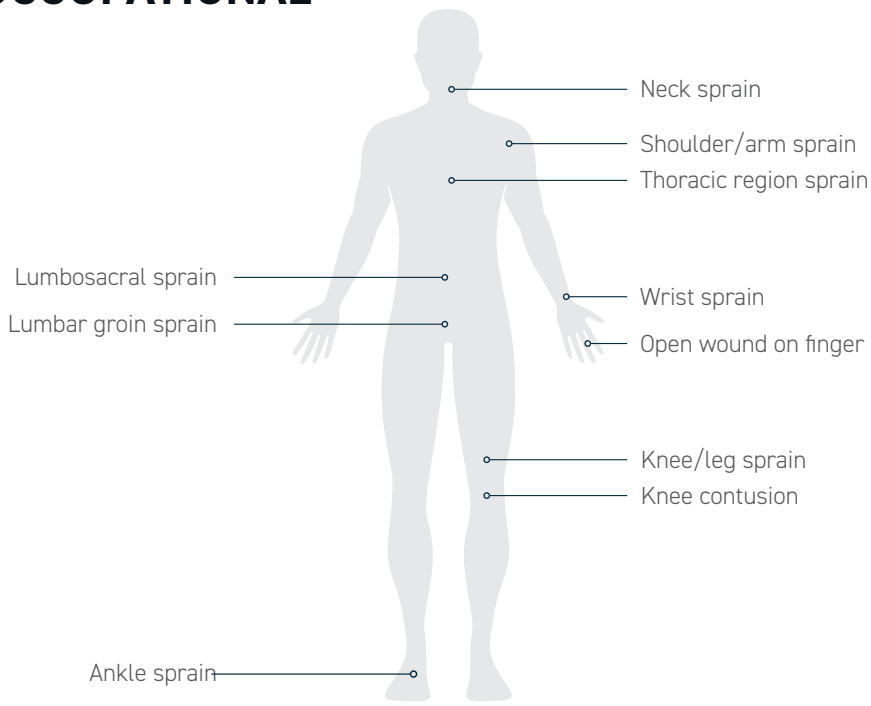
What types of IMEs can be performed virtually?

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.

Telehealth IME physical examinations can effectively assess many of the most common occupational injury types

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

Referrer makes a booking (phone or online)

An appointment is booked with the most appropriate telehealth specialist for the case (irrespective of their location)

File documentation is received electronically and provided to the specialist

Specialist reviews file documents and undertakes a case triage to determine which approach will yield the best result:

1. file records (desktop file review)
2. telephone consultation
3. unassisted video consultation
4. assisted video consultation
5. a combination of the above to enable provisional or partial assessment with in-person completion to follow when possible
6. in-person consultation now, if possible, or at a later date

The appointment type as agreed with the relevant parties is confirmed with an email provided, confirming the appointment details with attached consent forms and other resources for both the person being assessed and referrer

For any of the above (3–5) approaches, we will provide the person being assessed with guidance and access to the telehealth portal and ensure both specialist and the person being assessed are set up for a successful connection

On the day of the telehealth appointment due diligence checks will be undertaken and, where possible, equipment connectivity will be tested prior to the consultation commencing

Telehealth consultation with the specialist is completed

Results of the consultation, including any limitations, are delivered to the referrer via an independent medical report

If needed, parties can seek clarification or raise queries as appropriate

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 ODG[1], 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

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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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