



## THE TELEHEALTH EXPERIENCE: YOUR QUESTIONS ANSWERED

Thank you for joining us for the mlcoa telehealth experience webinar on 4 June 2020. As promised we have addressed the questions raised by you that we were unable to answer during our session. We hope this information is helpful and provides your teams with the information needed to assist them when making a telehealth booking.

### Your Questions Answered

#### Telehealth overview and experience

**Q. Do you see telehealth appointments being more widely used after COVID-19?**

A. Yes, particularly as we see increasing acceptance across different schemes and markets. Telehealth offers greater scope for innovation, flexible solutions, increased access and improved choice for individuals particularly those in a regional or remote location or in some other way impacted from attending in-person.

**Q. What has been the feedback from patients regarding the service?**

A. We have started sending out surveys to the individual being assessed to ensure the telehealth experience is meeting the needs of this key stakeholder. It is early days, however we hope to provide more statistically valid information over the coming weeks. Our parent company, MedHealth Pty Limited, intends to incorporate sanitised feedback in the next White Paper which we hope to share with everyone in the coming months.

**Q. Can we have a copy of the slides as it was hard to capture all the information in the time?**

A. Yes, we will make our slides available via vault, our online booking and resource portal. If you are not registered for this please simply [click here](#).

#### mlcoa preparation for the telehealth assessment

**Q. Do you screen who the support person is? In particular, if it is for a psychiatric assessment.**

A. Yes, we discuss the nominated support person with the referrer and the individual being assessed to ensure the suitability of any support person involved in the process. This includes obtaining their contact details and relationship to the individual being assessed so the specialist has this information ahead of time. Please note the inclusion of a support person is at the discretion of the mlcoa specialist. Our policy in relation to the attendance of a support person can be [found here](#).

Stay tuned as we will make available a dedicated document around psychiatric telehealth assessments soon.

**Q. Is it worth waiting for an in-person assessment or is Telehealth just as effective?**

A. Telehealth is a good option if you wish to avoid unnecessary delays that may negatively impact on claim and health matters. Upon receipt of your booking we will focus on smart triaging and identifying the best and safest method of assessment for each person in an objective and considered manner. This will include

ensuring clinical oversight by the specialist in this process. This will enable us to confidently move forward with the best approach for your matter.

## Customer preparation for the telehealth assessment

### **Q. Is there a difference in cost for a telehealth assessment vs an in-person assessment?**

A. mlcoa aims to keep any additional costs for telehealth services to a minimum. Some costs however will need to be passed on to you and these will be discussed and agreed in advance. Examples of this may be where a third party such as a physiotherapist is required to assist with the physical examination, or the use of a third party video conferencing centre is required to provide secure internet technology that may not otherwise be available.

### **Q. How do we break down the stigma that if we organise a telehealth that it isn't doctor shopping?**

A. There is no difference between arranging a specialist for an in-person assessment or a telehealth assessment. As a customer you are able to provide your client with specialist choice to further assist in managing this process. In some cases, telehealth may provide more choice of specialists than what otherwise may have been the case if an in-person assessment was being sought instead.

### **Q. For independent medical examinations where an audiologist appointment is required, do mlcoa organise the audiologist appointment or do we need to contact an audiologist from our side to organise the appointment?**

A. There is nothing extra required from your end for this to occur. mlcoa will coordinate all appointment details. A number of our Ear, Nose & Throat specialists also have preferred audiologists who work with them.

### **Q. How do we prepare our employees in attending a telehealth assessment?**

A. mlcoa will walk you through the process from booking to report delivery, however there are some simple steps you can do to best support the client for their assessment. Some examples include:

- + Ensure you provide the client with the confirmation email and associated attachments that we forward to you at the time of booking. This includes ensuring they are provided a copy of the document *"Telehealth Assessment Information Sheet - what you need to know about your assessment"*
- + Provide us with permission to contact your client
- + Provide your file material in the requested timeframe, including an appropriately constructed letter of instruction
- + Prepare your client so they understand such important factors as the reason behind the assessment, mode of conducting, location etc. This also includes advising them of the consent process, bringing photo identification with them, and also logging on early to their appointment
- + Let us know about any "red flags" or special requirements
- + Provide them an opportunity to ask any questions – we can also assist in discussing anything direct with them on request

## The client experience – technology and support

### Q. What happens if the worker's technology doesn't work on the day?

A. We are extremely focused on minimising any impact that technology may have on a telehealth assessment. This includes providing your client with the information needed to proceed on the day, conducting a technology test prior to the assessment, and also ensuring our team is available at the time of the assessment to step in and assist should it be required. In other instances, should technology issues occur on the day, some of our Specialists will, once rapport is established, move to a telephone consultation. However, in the rare instances where the matter cannot be resolved, we may need to reschedule the appointment.

### Q. How much time is allocated for the assessment to advise the worker?

A. At mlcoa our staff will advise you if any additional time is required for the appointment. More time may be necessary if an assisted physical examination is required, for example. In addition, we ask the client to log in 15 minutes prior to the scheduled time to allow for any potential technology issues to be reviewed and addressed. As a general guide however an assessment may take between 1 – 1.5 hours depending on the nature of the particular matter being assessed.

## The telehealth assessment

### Q. How accurate is a whole person impairment assessment conducted by telehealth?

A. We recommend you review the [MedHealth Telehealth Independent Medical Examinations White Paper](#) for further information on this, however an extract on permanent impairment assessments from this paper is outlined below:

*'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.'*

## **Governance framework**

**Q. If our client challenges the reliability of opinion produced from a telehealth independent medical examination, how would you help us understand if the client has a valid point, and potentially help us refute the client's position before a third party reviewer/arbitrator.**

A. At mlcoa we ensure a robust governance framework is in place for any opinion provided, including telehealth consultations. The reports you receive will acknowledge and translate the fact the assessment was conducted via telehealth into the assessment and report. This is achieved by including a number of disclaimers and statements as to its mode and impact (if any) on the assessment. For example the specialist clearly reports any limitations of the assessment through this medium (where applicable), the governance around any assisted examinations or the need to bring the individual back for a physical examination. Any opinions provided in the report, will be opinions that the specialist is confident standing by, otherwise there will be a disclaimer or statement to address the limitation, thereby ensuring you receive a report that you can be confident to rely on.