



Breaking Down Barriers

Telehealth and Performance-based Networks

Finding the Best Doctors

Performance-based networks, outcomes-based networks, specialty networks – no matter what you call them, most industry professionals will agree that there are various issues surrounding the quality of care these networks provide. Providing quality care to injured workers is a top priority, but measuring these networks and accessing the right providers remain an industry challenge.

The goal of a performance-based network is to define high quality care to ensure patients are paired with appropriate providers. As we look to understand performance-based networks, we find that the definition of “good performance” varies greatly.

HOW DO YOU MEASURE PROVIDER PERFORMANCE?

Defining Performance

The definition of “good performance” is relative and subjective to an individual’s personal experience. Professionalism, efficiency, and an ability to connect are all common factors patients consider when evaluating their provider’s performance.

Perception of performance varies greatly from individual to individual. For some patients, the best physicians are those who are empathetic and kind. For others, top providers are those with years of experience or those who avoid overprescribing.

Similarly, those managing workers’ compensation programs have widely differing views of what constitutes “good performance”. To some, the primary goal may be employee satisfaction, while others believe return to work is most important. Creating a true performance-based network begins with understanding your company and employees’ needs.



Data Challenges

After identifying an appropriate performance-based network that aligns with your company's needs, the next step is measuring the outcomes of the network. When evaluating a network's outcomes data with financial metrics, it is important to consider the following factors:

Confounders:

Confounders, such as patient population demographics, are data influencers that may affect a patient's rate of recovery. This includes age, comorbidities, and even socioeconomic status. Confounders also include an employer's ability to accommodate modified duty options, which improve return to work outcomes.

Average data:

An average is a description of a central tendency. Though convenient, group average data does not account for individual provider performance. For example, a provider TIN falls short in providing data on what may be large intergroup variability amongst its providers. Knowing the patient satisfaction scores for a group does not predict whether your patient will be satisfied with an individual provider in that group.

Sampling error:

A sampling error is the difference between what has been measured and what may really be occurring. This type of error can occur when comparing the performance of medical groups located in close geographic proximity. In the current model, physician groups only need to outperform clinics in their area. With telehealth, a true performance-based network can be created by utilizing national data.

Individual performance outcome analysis should consider a variety of factors and be measured against a wide network.



In a true performance-based network with telehealth, top providers are accessible across the country.



Overcoming Geography

Quality of care can vary across geographical areas. In the current model, physicians only need to be the top performers in the zip code or in a small geographical area.

How can telehealth play a role in the development or consideration of a performance-based network? Telehealth allows us to identify top providers and break down the geographical barriers that stand in the way of reaching them.

Telehealth takes a small number of individual providers and makes them accessible to a large geographical area. An appropriate telehealth platform creates a smaller network with the best providers to match your workforce. Telehealth then eliminates the geographic constraints seen in the traditional healthcare delivery model, connecting quality care to injured employees without boundaries.

Bringing Care to the Workplace

How can telehealth be utilized in the occupational medicine space? More employers have begun to recognize the value in on-demand care, and have created onsite clinics to treat their workforce. Onsite clinics allow employers to create their own provider network, and provides patients with immediate care and the ability to develop a rapport with their physician. However, they are very expensive and limited to large facilities where many injuries occur.

Telehealth technology enhances the onsite clinic model with virtual capabilities. Telehealth has allowed onsite clinics to become scalable, and available to smaller sites.

Telehealth offers the same benefits as onsite clinics, including minimal impact to loss of employee productivity and immediate intervention, without the associated overhead and financial strain.

Moreover, telehealth can create a customized performance-based network from a much larger selection of top-performing physicians, meeting the appropriate cultural fit for each company. This allows large employers to “staff” multiple onsite clinics across any geographic region with the same physicians.



Value in the Virtual

Beyond eliminating geographic constraints and providing a true performance-based network with providers that fit your company needs, telehealth offers cost-saving efficiency and convenience.

For many workplace injuries, immediate treatment can be received through a virtual visit with a doctor, eliminating the need for scheduling and attending an in-person appointment. Telehealth reduces treatment lag time from hours and days, to just minutes. And by increasing employee satisfaction through shortened wait times, telehealth often leads to reduction in total cost of risk and litigation.

Telehealth physicians use evidence-based guidelines to treat the injured workers, focusing on capabilities and return to work. They can prescribe medications, as well as schedule short-term physical therapy and diagnostic imaging when appropriate. Early indicators tell us that the rate of prescribing unnecessary and costly ancillary services is significantly less in telehealth than in the traditional clinic model.

For injuries that occur outside of standard business hours, unnecessary emergency room visits can be avoided through the use of 24/7 nurse triage and telehealth. Compared to the average \$1,000 cost of an emergency room visit, the average cost of a virtual visit is just \$175.

Immediate intake through virtual visits provides quick and accurate care intervention, leading to faster return to work.

Telehealth prevents a minor injury from becoming an expensive claim.

AVERAGE COST

Virtual Visit

\$175

Brick and Mortar Visit

\$250-\$1000

PATIENT SATISFACTION

Virtual Visit

4.8/5

Brick and Mortar Visit

3.6/5

MEDICATIONS PRESCRIBED

Virtual Visit

20%

Brick and Mortar Visit

65%

*according to CorVel's book of business.

Virtual Clinic

CorVel's virtual clinic mirrors all of the services found in the brick and mortar setting and includes 24/7 nurse triage, telehealth physicians, and concierge agents.

At the time of a workplace injury, employees call and speak with a registered nurse through CorVel's 24/7 nurse hotline, who evaluates the injury to determine immediate medical needs. CorVel addresses the injury when it first occurs to ensure employees receive timely care.

CorVel's nurses provide an initial assessment and will advise an immediate telehealth referral when clinically appropriate. This feature provides the injured worker the option to connect with a physician immediately via a computer, tablet, or phone. To guarantee ease of use, a concierge agent will stay on the phone with the injured worker, even in the virtual waiting room, until they are connected to the online visit.

Virtual visits average 30 minutes away from the job site, while brick and mortar visits average 4+ hours, including travel and wait times. Telehealth physicians are able to prescribe medications and schedule short term physical therapy and diagnostic imaging when

appropriate. While other programs must wait 1-2 days for the claim to be completely set up before receiving treatment, our model provides treatment within minutes of the injury.

CorVel's telehealth technology platform, American Well, is integrated with Surescripts, the nation's largest clinical health information and pharmacy network alliance. This provides transparency for online remittance of prescriptions directly to an employee's preferred pharmacy. At CorVel, no controlled substances are prescribed in the telehealth process, supporting the position that they should only be used when clinically indicated and for short-term use.

All claims data obtained through telehealth visits is loaded into CorVel's claims management portal, Care^{MC}, in real time, making the information easily accessible for all constituents. Telehealth ensures quality care is provided to injured employees and results in significant productivity savings for employers.

Narcotics are prescribed in 30% of all brick and mortar visits. With telehealth, narcotics are never prescribed.*

*according to CorVel's book of business



Potential in Pain Management

Beyond redefining intake in occupational medicine, the future of telehealth technology leverages its benefits to promote more effective pain management.

While the primary focus on combating the rising epidemic has been through formularies and drug utilization review (DUR), evidence-based care models with telehealth can be used to avoid the significant risks associated with passive treatment models.

In the traditional clinic model, opioids are often used as a first line of defense to treat chronic pain, one of the biggest drivers of medical costs. Telehealth can redirect patients away from risky opioids and unnecessary surgeries by connecting them with providers who practice biopsychosocial care. By eliminating geographical restrictions, physicians who provide safer, alternative treatments become accessible to patients across the country.

The Choice is Now

Finding the right provider network is important and begins with understanding your company's needs and values. Once you have identified the right network, accurately measuring provider performance is the next step and involves proper analysis of outcomes data.

Though provider performance is relative to the patient, there are certain factors to consider when evaluating the appropriateness of a network. Confounders, average data, and sampling error all affect financial outcomes data. CorVel's proprietary performance-based network measures provider performance by their objective practice patterns and behaviors, including their prescribing methods.

With a virtual clinic, telehealth redefines intake and eliminates the various inefficiencies inherent in the brick and mortar model. Virtual visits initiate immediate intervention by connecting injured employees to the care they deserve as soon as the injury occurs. Telehealth avoids costly delays that result in loss of productivity and postponed treatment. Speeding up the process leads to faster return to work, as well as increased employee satisfaction and significant savings.

Telehealth not only provides added convenience, but also overcomes the challenges of geography by removing the significant variability in provider behavior across geographical areas.