Workers' Comp

Using Remote Therapy Monitoring to Improve Compliance Costs in Comp

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7 MIN READ
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Tom Kerr (TK): The rise of wearable technology has allowed physical therapists to monitor injured employees to gather real-time information to better track progress and compliance. While the technology is promising, is it right for everyone? To discuss, we welcome Enlyte's Kim Radcliffe back to the show.

So, Kim, what is remote therapy monitoring?

Kim Radcliffe (KR): It is a hybrid or adjunct to traditional therapy models. A big part of physical therapy is always giving a home exercise program and hoping that the patient takes what they learn in the clinic to home, both in a formal home exercise program or just an activity modification.

But over time, as technology's improved, you've gotten these educational tools through a phone app, or computer web?based, or motion-monitoring devices that actually sit on a body part or joint to help facilitate and improve compliance with home exercise programs, as well as the effectiveness and the quality of those programs.

It really helps facilitate visibility into the patient's activity at home as well as their compliance with home exercise programs and activity modification for their recovery.

TK: Can you tell me more about how it works in terms of communication between the therapist and the injured employee?

KR: So, the basic premise is the tool and/or device actually monitors the patient's compliance or performance of an exercise or activity that has been prescribed from the physical therapist. It isn't, like I said, a hybrid, or

adjunct to the physical therapist. It monitors either through a patient check?in (they do the home exercise programs and mark when they've completed it), or the more advanced tools that are becoming really prevalent, putting a device on a joint that is affected. So, you place it on the foot if you're doing an ankle injury, or the calf if you're doing a knee, and that monitors the motion and sends that information back to the treating therapist to be see how often, how well, and how much movement the patient is doing.

It then can be used by the physical therapist when the patient returns, or even through virtual sessions, to update or modify the patient's program that they're doing at home.

TK: OK, great. And is this type of therapy better for certain patient populations or injury types?

KR: Yeah, it definitely works best for somewhere in between subacute and low?severity injuries, or as they're nearing the end of their progression.

Normally, initial injury or a surgical case does benefit from a more frequent hands?on assessment and treatment, the soft tissue mobility and range of motion and stretching that a therapist does in the clinic. But if it's a pretty mild musculoskeletal strain or sprain, and or even a chronic recurrence, it works really well to help wean the patient away from the dependency on a one?on?one in-person visit. It allows them to be more independent but with the guidance and monitoring of a therapist.

So, it really helps get that patient back to full and independent recovery, but more so again, toward the tail end of the recovery or for more minor injuries. It does work really well for workers' comp, particularly because of that.

TK: What are common barriers to implementing remote therapy monitoring?

KR: The primary barriers are going to be the patient's access to the necessary technology to do remote therapy monitoring. Most of it requires some kind of smartphone device. Usually, an app that's on the phone. Some therapists have their own independent model devices that they'll give to the patient, but often it's an app on a smartphone.

Now, that is becoming less and less of a problem, right? But you do have populations of workers that may not have the best technology. And also, just their technological sophistication. And that is prevalent in our aging workforce. You still have a lot of baby boomers that aren't quite as familiar with technology.

So, I think that's your biggest barriers, educating and having the right devices for the patients. So, that will come into factor on who you want to use this for.

TK: So, is remote therapy monitoring still relatively new to comp, or are you using it in most work comp cases?

KR: Yeah, it's still emerging. It became more relevant during COVID when there was a greater need to offer virtual care. And so that's when a lot of the therapy providers shifted to having some kind of means to reach out to patients and monitor them when they could not or would not come into the clinic. And, obviously, that carried over longer.

We did see it normalize, and patients didn't want to necessarily just do pure virtual therapy. That's why we talked about this as a nice hybrid. Patients don't want to go in and be seen by the therapist initially, but this is a really good adjunct when maybe a patient can't come in three times a week or as frequently.

So, this remote therapy monitoring has really started to arise, but I would say it has only been in the last five years or so. It's relatively new, but it's quickly progressing with the technologies and the tools to track patient's activity and compliance with home programs. They can even do virtual care treatment using the right tools

where they only come into the office once a week or so for follow-up but do most of their self?care and home exercise programs on their own.

TK: Kim, can you give us a scenario or case where remote therapy monitoring was used and how it benefited the injured employee?

KR: Some of the best scenarios or examples that I've seen, as I mentioned, are the exacerbation cases. So, we've had injured workers who are truck drivers or workers who are mobile and work across states. Those are employees who really benefit from remote monitoring.

So, take the scenario of truck drivers who cross several states and can't access the same clinics where they were doing their rehab. Maybe they've been through therapy and have learned the exercise programs, but they start feeling better and stop doing it. But say they have a really long drive, or something happens, maybe they step the wrong way or come off the truck or lift and it exacerbates the back pain.

With remote therapy monitoring, they can reach out to their employer, get their claim, then get referred back to the therapist that they had seen, even if they're not geographically located near the therapist at that time, to resume or restart a program.

So, the therapist can go back into their historical case, have the patient do a virtual visit, get reassessed, and then refresh and restart a program. This allows the patient to keep working and not have to take the time away from work to get into the clinic and restore their health and get over that exacerbation much quicker.

Versus if you didn't have this type of model and have this technology, it might take a week or more for the patient to get back into the clinic. They might work for two weeks to get into the clinic two or three times a week. So, this really is a great option for those types of workers who may or may not be in the same physical location doing the work.

TK: Yeah, I definitely can see that. How do you think that hybrid care models align with the industry shift toward value?based care?

KR: Yeah, there are now billable codes if you're using remote therapy monitoring that can replace an onsite visit. So, instead of charging for a whole hour of onsite therapy, it does lower the cost of the per?visit case.

And, as I mentioned before, a critical piece is it really helps increase compliance from the patient. We've seen when they're using this remote therapy monitoring, we have compliance rates and improved outcomes as much as more than 30% compared to traditional models. So that impacts the recovery times and return-to-work outcomes.

And say you're paying for 12 onsite visits, you're paying for a program … you can, with value?based care, focus on value and cost. You can, say, pay for a whole program and say, "Hey, I'm going to pay for this app and this program at a case rate." And, it improves the outcomes by 30%, and you're seeing overall cost reduction, which is the whole definition of value?based care, right? Improving the value of the care we're delivering by reducing costs and improving outcomes.

TK: Thanks, Kim. And join us for the next Enlyte Envision podcast as we look at new data from part two of our drug trends report. Until then, thanks for listening.



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