



State of New Hampshire

Department of Labor

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Workers' Compensation Advisory Council

Friday, April 27, 2018
Room 307 - LOB – 9:00 a.m.

Present: Ms. Margaret Crouch, Chair; Ms. Sally MacFadden; Ms. Eileen Bernard; Representative Brian Seaworth; Ms. Merideth St Germain; Dr. Douglas Goumas; Ms. Marian Mitchell; Commissioner Ken Merrifield

Absent: Mr. William McQuillen, Vice Chair; Senator Donna Soucy;

Call to Order – The meeting was called to order by Ms. Crouch at 9:06 a.m.

Review & Action on February 9, 2018 Minutes – The minutes were reviewed by the Council.

Ms. Crouch motioned to accept the Minutes of the February 9, 2018 meeting and Ms. Bernard seconded.
The motion was passed unanimously.

Telemedicine Presentation

Ms. Tamara Puccia and Ms. Melissa McGarry (via telephone) did a presentation on Telemedicine and passed out a packet. The packet contained an overview of Telemedicine that Coventry currently has available to their customers.

Coventry uses Telemedicine to help improve an injured worker's health by connecting them with a provider, which is in a different location. The US currently has about 200 telemedicine networks and two years ago there were about 20 million telemedicine consultations; this number is expected to increase by about 160 million by 2020. About 78% of emergency room and doctors' visits could be handled safely and effectively over the phone. One of the main benefits of telemedicine is convenience; other benefits include reduced travel time, reduced work absences, immediate care and treatment plan.

UC Davis did an 18 year study and it showed that telemedicine saved 9 years of travel time, 3 million in travel costs, 50 metric tons of carbon monoxide and avoided travel distances of 5 million miles.

Some telemedicine program features are instant access to emergency room and occupational medicine physicians, immediate assessment of an injured worker by physicians in occupational medicine triage, it does keep the injured worker out the emergency room and urgent care but this program is not about saving the customer money it's about getting immediate treatment for an injured worker in the form of an evaluation and management. There is an equal level of care, for reduced costs especially after hours and weekends. There is an electronic repository of all medical records, test results and notes and there is a physician portal accessible to providers and claims administrators as well as an employee portal so the employee may access medical reports. Some of the uses for telemedicine are back pain, minor burns, insect bites or stings, frostbite, sprain or strain and minor headaches. There some scenarios that are definitely not appropriate for telemedicine and the injured worker should be seen by a provider. Some scenarios include severe allergic reaction, chest pain or pressure, penetrating wounds or embedded

foreign bodies, significant trauma, chest/abdominal trauma, difficulty speaking, confusion, head trauma or loss of conscious for any reason.

Some Care Considerations for IMFs/TCMs is the Severity of Injury, work status, treatment and recovery within the established guidelines; all of these need to be looked at and depending on the status, the injured worker may need to be referred to a clinic. Also, narcotics are never being prescribed through telemedicine.

Coventry has 2 access points to Telemedicine, one is the nurse triage program and the other is direct network access (NH MCO). Telemedicine through the nurse triage program is a pre-claim basis and the employee always has to agree to telemedicine treatment if the injured worker qualifies for telemedicine. Telemedicine through the direct network access (NH MCO) starts with the injured worker contacting their supervisor and their supervisor contacts the IMF/TCM or adjuster and they decide if telemedicine is an appropriate avenue. Telemedicine is HIPAA secure which is a Coventry requirement and the employee does need a smart device or laptop with a camera attached to it to use telemedicine. Kura MD is the Telemedicine partner. There is a YouTube video that walks you through the steps; <https://youtu.be/v7z2dJfoy6w>.

The Council asked multiple questions about telemedicine and its processes, privacy terms and conditions and treatments of injured workers'. Ms. Puccia and Ms. McGarry sent these questions to Dr. Busse with Kura MD as there were concerns with telemedicine and how the injured workers' could be properly treated without being physically seen. The Council will receive the answers to the questions as soon as possible so it may be discussed at the next meeting as Coventry is hoping to make telemedicine as an add on to their MCO plan not a replacement of their plan.

Department Updates

Insurance— Ms. MacFadden stated that business is as usual.

Labor— Ms. Stone stated under RSA 281-A: 23, medical marijuana, the Department is still waiting for the Supreme Court decision. The Department hasn't had any hearings either.

The Second Injury Fund reimbursement cycle for calendar year 2016 is completed. The Department is taking request for the 2017 calendar year.

Hearings under RSA 281-A: 24 which is the reasonable value of services. There have been 65 requested hearings, 54 have resolved, 1 hearing went forward and it was a default because the medical provider did not appear for the hearing, 9 pending hearings and 1 out of the 9 hearings that are pending is awaiting a decision as the hearing was held on April 26, 2018. Ms. Stone will report the outcome at the next meeting.

Legislature— Representative Seaworth gave an update on the below bills.

HB407 – is a holdover from last year, this bill's intent is to cover prophylactic treatment under workers' compensation. The Labor Committee passed it by tying it to RSA 141-G which is a public health law that sets up requirements when a first responder is exposed to some infectious disease. This bill was in House Finance and they changed the bill so all the definitions are within the workers' compensation law and it's more restrictive because it's very specific instead of just referencing the health law. They did add Hep. C

as a new disease. This passed the House and the Senate passed the House's version and now it is going to the Senate Finance Committee.

SB84 – This bill is from last year and it has passed the Senate and is going to the House. It was relative to the payment of workers' compensation benefits and would allow for the employee after 6 weeks of being on workers' compensation to request direct deposit for their indemnity payment. This bill is now dealing with, can a worker require that they be paid through direct deposit if it's a longer term, more than 6 weeks. This passed the House and it's now back in the Senate.

SB351 – This bill is relative to Managed Care and is going to be heard on Tuesday, February 13, 2018. It amends RSA 281-A:23-c; it inserts a new section that states any person who is employed as an injury management facilitator by managed care program, third party administrators, insurance carrier, self-insured, employer/employee group shall be approved by the Commissioner with ratification by the Workers' Compensation Advisory Council. The language was clarified a little bit and it passed the House and is now in the Senate.

SB553 – This is relative to post traumatic stress disorder for Police, Firefighter and EMT's and whether such disorder should be covered under workers' compensation. Passed the House with a friendly amendment from the Senate and is now in the Senate.

Ms. MacFadden mentioned SB541 relative to firefighter cancer. They are trying to require the funding for this to fall under workers' compensation. Representative Seaworth is going to check into this bill.

Old Business – None to report.

New Business – Ms. Mitchell announced "Kids Chance" and there's a public event on Wednesday, May 30th from 4-7pm.

~ Next Meeting is scheduled for Friday, June 1, 2018 at 9:00am. ~

Meeting Adjourned-

Ms. Crouch made a motion to adjourn, seconded by Ms. Bernard at 10:36 a.m.