

REHABILITATION management must become more consistent, relevant, innovative and dynamic if it is to meet the demands of the insurance industry. There is a gap between customer expectation and rehabilitation delivery.

The benefits of the deployment of rehabilitation on injured parties have been well documented and there is significant commitment to the concept of rehabilitation within the insurance market. However, there are some doubts surrounding the effectiveness and quality of rehabilitation delivery at a case level.

Rehabilitation is the process of helping a person gain the highest possible level of physical ability, independence and quality of life following an injury or illness. The concept has shaped and evolved health services from their inception through the years.

Rehabilitation in an insurance claim setting is influenced by a number of stakeholders. Typically these are the insurer, the solicitor, the employer, the patient, the patient's GP and the patient's treating clinicians. It is the challenge of servicing the needs of all stakeholders with the ultimate best possible outcome for the patient that defines good rehabilitation management. Without this, the conditions to support effective clinical and vocational intervention will not exist and the likelihood of positive outcomes is inhibited.

Positive outcome

The ability to deliver effective and positive outcomes bears a direct relationship to the clinical and vocational excellence that is deployed by providers in the case management process.

Clinical excellence, research and evidence based practice has been the driving force behind the delivery of better health services in the NHS and private treatment services. It is now commonplace for multi-disciplinary teams, consisting of doctors, nurses and allied health professionals, to provide coordinated treatment for patients whose needs cross different disciplines.

This being said, the NHS is remarkable in its structure and expertise, but the areas of delivery, consistency and responsiveness are questionable, coming to a complete standstill when vocational rehabilitation and intervention is required.

This paves the way for private organisations to coordinate treatment utilising NHS, private treatment and vocational rehabilitative interventions. It is commonplace in the industry for a singular case manager from a single discipline such as nursing or occupational therapy to facilitate and guide treatment for a patient whose needs routinely require a multi-disciplinary treatment approach and therefore understanding.

Constructing multi-disciplinary teams to address the individual rehabilitation needs of a patient and their injury rather than relying on a case manager, is not just best clinical practice — it also delivers significant advantages in terms of cost and effectiveness case management, says Matthew Beard.



Mirroring established best clinical practice, multi-disciplinary teams consisting of a range of professionals such as occupational therapists, physiotherapists, psychologists and employment consultants led by a doctor, are more effective in managing cases than the single case manager approach.

Constructing MDT management teams to address the individual needs of a patient and their injury, is not just best clinical practice, but also delivers significant advantages in terms of cost and effectiveness in the management of rehabilitation cases (see box). MDT rehabilitation management allows clinicians to operate within their own scope of practice. This provides a case management environment that is appropriate, proportionate, flexible and evolving to the resolving or progressing needs of a patient.

The singular practitioner approach to case management will contribute the most

to cases that fall within the clinical discipline of the case manager. Without exception the treatment of any significant injury spans several disciplines requiring additional skill sets to the effective management of cases.

The majority of cases require multi-disciplinary management. The 'case manager' model is routinely forced to operate outside of the clinical scope of practice of that individual. This has inherent problems and raises issues of credibility, cost-effectiveness and accountability.

Doctor-led MDT, working together with the collective knowledge to identify and guide clinical and vocational intervention, delivers faster and better clinical and vocational outcomes.

Where assessment and treatment is deployed to a provider by a multi-disciplinary team, the referral will have been made through the accurate recognition of requirement from objective assessments

of the appropriately skilled in-house professional. Treatment can therefore be overseen by those who are qualified and experienced in the respective field.

With the increasing deployment and growth of rehabilitation, the need for regulation of 'case managers' is growing. There is a void in regulating this and a number of organisations are actively trying to address it. The problem surrounds the definition and role of a case manager, which is not recognised by any statutory bodies.

To be recognised and able to practise in the UK, all healthcare professionals must be registered with a professional body. These bodies provide regulation, standards and enforce a professional code of conduct with which an individual must comply. Such codes may include scope of practice; maintaining continuous professional development; confidentiality and upholding the rights and dignities of patients, as well as, for example, duty to report and also personal and professional standards.

Public protection

These are in place to protect the public and ensure that the highest quality of service and conduct is maintained. More importantly, they ensure accountability for a professional's actions and bring about enforceable discipline should these be contravened.

Furthermore, for the majority of mainstream professions, protection of title has imposed additional protection and regulation by statute bodies such as the Health Professions Council.

The title of 'case manager', although defined in literature, is an indistinct term and not recognised nor regulated in the same way by statute bodies such as the HPC.

The MDT approach allows individuals to practise within the scope of their clinical practice and therefore they can work under their professional title. In doing this all practitioners fall under the regulation of their respective clinical regulator who have the

statute granted powers to ensure quality.

Professional accountability of individuals involved in managing rehabilitation is an issue of paramount importance. It is essential that there is recourse to ensure that the interests of all stakeholders are protected. This should provide necessary key guidance on the decisions for those using, purchasing or recommending services for clients, patients, claimants and employees alike.

Full support, endorsement and involvement of all parties is important for rehabilitation to succeed. With this, a more advantageous and conducive environment would support early engagement; better and faster outcomes; and reduced absence from employment and reduced compensation.

United commitment and collaboration of the patient, employers, solicitors and insurers to rehabilitate an individual requires a stable environment for the patient to receive the appropriate clinical and vocational rehabilitation without compromise.

It is however difficult to operate, in the current environment, without influence or hindrance from the medico-legal process. Such processes act independently and often without consideration of the rehabilitation process. For example, withdrawal of liability during the rehabilitative process can lead to incomplete achievement of recovery and can be unethical when treatment is ongoing. Furthermore, medico-legal assessments can provide conflicting diagnoses/recommendations and sometimes unnecessary investigations.

Co-ordinated use of an effective rehabilitation process that is proactive, interventional, based on objective clinical observations and uses evidence-based practices will provide insurers and solicitors an unbiased way to provide assistance to the injured person and a way to progress claims outside of, and without hindrance to, the rehabilitative process.

To juggle the demands and expectations

Medicess profile

Medicess is an independent nationwide vocational rehabilitation company that has been developed by doctors and rehabilitation experts to deliver clinical and vocational excellence.

Our focus is to deliver the highest quality clinical and vocational services tailored to the individual needs of the patient. Whilst delivering these services, as a result of our design, we deliver rapid outcomes and cost-effectiveness.

Our multi-disciplinary teams consist of practising doctors, occupational health physicians, rehabilitation experts, occupational therapists, physiotherapists, psychologists, rehabilitation specialists and employment consultants. Our clinicians come from a range of backgrounds that include NHS, private, specialist rehabilitation environments, forensic and vocational services.

We strive for clinical and vocational excellence in everything that we do and that includes the people we employ. We only select candidates of the highest quality and who are accredited through membership to their respective professional bodies such as the General Medical Council and Health Professions Council.

Our teams work in collaboration with patients, treating professionals, solicitors, insurers and employers to meet and manage the needs of all involved, while remaining clinically focused on best practice and achieving outcomes at every stage.

All of our examinations and processes are clinically objective and evidence-based while still focusing on the patient's own goals. Utilising the team approach, our service is flexible and modular simultaneously delivering clinical and vocational services in parallel from the outset.

Become more demanding of rehab — demand Medicess.

DOCTOR-LED MULTI-DISCIPLINARY TEAMS — BEST PRACTICE

The advantages of a doctor-led MDT led approach are numerous:

MDT's led by a doctor have the skill and credibility to engage and affect the outcomes of cases much earlier in the patient's recovery cycle. Dealing with both medical and therapeutic issues.

Diagnostic, prognostic and invasive treatment recommendations and advice is provided by doctors.

Appropriately qualified clinicians managing components of a case through liaison with professionals from the same discipline improves credibility and the ability to critique and steer treatment effectively.

MDT management recognises problems and solutions that could fall within any discipline earlier.

Improved deployment and coordination of treatment and vocational interventions by managing issues in parallel rather than sequentially.

Managing cases with all disciplines working together from the outset allows a rounded, credible, consistent, robust and knowledgeable approach to all cases.

The accurate and objective interpretation of clinical factors, assessment measures, expectations of treatment and recovery of multi-disciplinary needs.

Ability to accurately interpret medical notes in their entirety providing clinically objective and reliable information on which to base interventionist recommendations.

Ensures that professionals act with their own scope of practice.

Improved and timely delivery of relevant vocational and clinical rehabilitation requirements makes the treatment process more time efficient.

of all involved; to remain true to delivering uncompromised best-practice clinical and vocational rehabilitation; to be credible and accountable; to be cost-effective; to manage medico-legal influences — all of these while still embracing the true concept of rehabilitation is the responsibility of everyone in the process.

Growing demand

For rehabilitation companies, the demands upon them should be greater. Rehabilitation should provide a wider number of benefits and advantages such as adherence to the best clinical practices, clinical objectivity and a framework of accountability and regulation.

Rehabilitation must also strive to be patient centred while still meeting the demands of users and purchasers. It must offer a flexible and modular service delivered by the appropriately skilled professionals within their scope of practice. Co-ordinated delivery of clinical and vocational interventions is also key, as is the achievement of cost-effectiveness through speed and accuracy. It is important to take an approach that intervenes and proactively engages in clinical and vocational aspects rather than monitoring. Crucially, rehabilitation must be engaged where it will make a difference over and above natural recovery or normal provision of services.

The doctor-led multi-disciplinary team approach to rehabilitation management delivers all this and more.

POST

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