

A firm agenda

Heather Batey explains how rehab has risen in prominence in the claims process, thanks to an increasing emphasis on putting the claimant first

Not long ago rehabilitation was low on the agenda for all the main players, from insurers to claimant and defendant lawyers. But the MoJ's aim to put claimants' needs at the heart of the claims process has pushed the services that ensure this further up the agenda.

Rehabilitation, getting people back to work and the provision of long-term care are key to giving the claimant quality of life, within the limitations of their injuries.

MOVING ON

Matters have changed slowly, but the pace of change, especially over recent times, has been sharply increased by the "Rehab First" initiative, which is now widely recognised and supported by insurers and the personal injury industry. It's complete adoption does, however, have some way to go.

Nevertheless, rehabilitation for a range of the severe consequences of major accidents is becoming seen as best practice.

Certainly joint instructions regarding rehabilitation programmes are now in the majority, with case management becoming more routine. The result is a win-win situation for all concerned: claimant and insurer.

ANTI-ADVERSARIAL

But there are still many solicitors wedded to their adversarial role, and some insurers have yet to carry out cost-benefit analyses.

Typically in clients, for example in severe traumatic brain injury cases, an initial outlay for intensive rehabilitation actually improves the final bottom-line more than prolonged litigation; in addition, of course, to maximising the outcome for the claimant.

There is no professional reason to delay either an immediate needs assessment or an assessment for rehabilitation or indeed a rehabilitation programme, even if liability takes some time to establish.

Indeed, it is very much in the interest of all concerned to have a speedy initial assessment of the range of problems which are typically associated with injury, be it minor (e.g. whiplash) or severe (e.g. traumatic brain injury).

Looking ahead, it's wise to take note that any delays often mean that the claimant's problems only worsen. This is particularly the case when these problems are functional and psychological, rather than physical (which are increasingly well managed, from the roadside, via the intensive care unit, to discharge).

Even when initial instructions for an immediate needs assessment or a rehab assessment are speedy, procrastinating over instructions to provide case management or rehabilitation may retard improvements, as the initial optimism of the client and family suffers.

A FINAL WORD OF CAUTION

Rehabilitation providers increasingly know that rehabilitation for severe cases does not often deliver a "good as new" claimant in all respects.

This is noted from published data, and also outcome evaluations for children and adults that nevertheless show the claimant's quality of life is vastly improved in almost all cases. Most care needs are vastly reduced and a high percentage returns to some form of paid employment or to meaningful education.

Those problems that do remain after rehabilitation represent the irreversible minimum. Thus the claim can then be assessed more rationally than by prolonged litigation.

The past 12 months have seen significant progress within the rehab field – this can only be positive for the claimant and all involved in the process. ☺

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VIEWPOINT: MATTHEW BEARD, MEDICSS

The past twelve months has seen the start of a turbulent time for rehabilitation where change is a certainty. Voices from the insurance industry have questioned the efficacy of rehabilitation and its cost benefit.

In 2008, these questions have led many insurers to review their rehabilitation policies. And looking forward to next year, these questions should be raised further.

In 2009, it will be the responsibility for all stakeholders in rehabilitation to drive and demand change. This includes rehabilitation companies, who should reflect that change and provide a service that delivers rapid outcomes to all stakeholders.

This is certainly true for the insurance and legal professions. Services that are clinically and vocationally robust should be recommended.

Currently there are many practices that would never be entertained in a clinical setting, yet are rife within the industry. Through debate and awareness-raising next year, rehabilitation should get to the point of being relied upon to deliver appropriate, objective and evidenced based services, aided by the concurrent delivery of vocational rehabilitation.

Positioning credible rehabilitation services centrally within the process will provide a framework where not only will the patient receive the best possible care, but also provide insurers and solicitors with a better understanding of the client's medical and vocational needs.

Let us all challenge current thinking and demand a prosperous new year.