

Doctor knows best?

Matthew Beard considers whether doctors are best placed to make decisions on claimants rehabilitation

The significant growth of the rehabilitation industry over the past five years has led to insurers embracing the practice of rehabilitation, for the benefit of claimants who are unfortunate enough to suffer physical injuries.

However, the debate continues as to whether massively complex rehabilitation issues can cause problems for those faced with making treatment decisions. Who is best placed to help insurers and claims handlers make these decisions: doctors, or a cross-section of partners?

MULTI-DISCIPLINARY MANAGEMENT WORKS BEST

The growth of the rehabilitation market has exposed significant flaws in the industry's ability to deliver consistency in patient care whilst maintaining an appropriate level of professional standards. This has caused a number of insurers to raise questions of case-management companies and has led the way for many to review policies of its use and deployment.

The issues within the industry are not just symptomatic of a growing sector. Significant limitations in the effectiveness of rehabilitation can be attributed to the process and procedures that support a single-discipline (occupational nurse, physiotherapist, occupational therapist etc) approach to case management. To understand what comprises effective rehabilitation, it is important to examine the underlying concept, current practices and influences and limitations of the medico-legal environment.

RECOVERY POSITION

Rehabilitation is the process of enabling recovery, maximising a person's function, independence and quality of life to that which resembles their life prior to injury. This principle underpins how modern healthcare has evolved through the years.

UK health services and the many professional disciplines it employs

deliver clinical services that are objective, evidence-based, regulated, accountable and adhere to best practices. This is reinforced by clinical governance that ensures high standards and appropriate, safe and evidence based treatment are delivered to the patient.

Regardless of the complexity of a patient's injury or illness, they will have medical, therapeutic, care and vocational needs. These are the responsibility of distinct professionals such as doctors, physiotherapists, psychologists, occupational therapists and employment consultants. In the clinical environment, a patient will engage with a number of professional disciplines defined by their clinical need.

Using the NHS as an example, this has led to investment and development of multi-disciplinary management teams. This enables a clinical professional to work within their scope of practice and collaboratively with the team. This is within the remit of their profession ensuring accountability and regulation (e.g. through the Health Professions Council or GMC).

Within the case management environment, a case-manager who could be a physiotherapist would manage the entire needs of a patient, which may cross many disciplines. In a clinical setting it would be inappropriate for a physiotherapist to manage components of a case outside of his/her discipline. Why is this accepted practice in rehabilitation case management?

WHO'S IN THE KNOW?

A case-manager would be most effective and credible when managing the components of a case that relate to their own profession. The case-manager will be unable to objectively assess or interpret evidence based treatment recommendations for clinical aspects outside of their discipline. This can lead to subjective patient recommendations.

Also case-management providers routinely do not obtain patient medical notes, nor are they qualified to interpret them in their entirety. This can lead to treatments and recommendations that are potentially inappropriate and even contra-indicated. It's very difficult to see how such an approach can provide the best possible care for the patient.

Frameworks and standards for case-management are actively being promoted by representing bodies. Raising and maintaining standards is essential, but practical limitations are encountered by the lack of statute recognition, mandatory enforcement and recourse.

With case-management being an indistinct term, permitting a sole case manager to oversee medical, therapeutic and vocational matters raises ethical issues. The inherent problem of a professional operating outside of their core training, knowledge, experience and therefore scope of practice, means that statute professional bodies, such as the Health Professions Council (HPC), cannot regulate them.

Such bodies as the HPC and GMC are recognised in their ability to ensure standards of training, professional skills, behaviour and health, bringing about enforceable disciplinary action to protect the public where contravened.

No one professional discipline can clinically manage or understand all clinical aspects of an injury and/or disease. This requires a multi-disciplinary clinical approach. A rehabilitation management process that mirrors this is essential.

Individual professionals operating as part of a multi-disciplinary team under their professional title, as opposed to 'case manager' or other title, allows that person to work within their scope of practice and be regulated within their demonstrated areas of competence.

Regulation and accountability is maintained by governing bodies such as the HPC and GMC who have statute

powers and are charged with upholding patient safety, misconduct, fitness to practice and continuous professional development.

Of specific importance, these are independent bodies that have no vested commercial interest. Ensuring absolute accountability, subscription is mandatory and not optional – they have the power to discipline and strike off should rules, codes of conduct and professional standards be contravened.

THE MORE THE BETTER

In the claims market, this type of multi-disciplinary rehabilitative process should be the core foundation and absolute minimum standard of service provision. From this multi-disciplinary approach excellence in vocational rehabilitation will flourish.

Multidisciplinary management teams (MMT) can comprise of doctors, occupational physicians, physiotherapists, occupational therapists, rehabilitation/injury prevention specialists, psychologists and employment consultants etc. The deployment and formation of the MMT is dependant upon the patient's clinical,

biopsychosocial and vocational needs.

The involvement of doctors and occupational physicians on every case is a key component in the formulation of the teams. The medical input has many benefits. Obtaining medical notes is routine good practice for every patient, and doctors are qualified to review, interpret and report upon these in their entirety.

It is a crucial role to appraise notes to prevent inappropriate treatment recommendations, identify past medical history and identify possible precautions and contra-indications.

There are many benefits of an MMT model and for patients to realise these benefits it is essential that the process is supported by a stable, committed and collaborative environment.

EVIDENCE-BASED

Rehabilitation must make evidence-based recommendations based on clinically objective assessments.

The collaboration and commitment of all stakeholders such as the patient, lawyer, insurer, employer and treating parties is essential. This delivered alongside an

effective rehabilitation process is required for an optimal and stable environment for rehabilitation to progress.

The possible negative effects of medico-legal interventions must also be considered where rehabilitation is in place. Conflicting advice, diagnoses, recommendations and imaging for medico-legal purposes can adversely affect the rehabilitation process.

The ultimate aim of all parties is to secure the best rehabilitation outcomes for the injured party. The purchasers of rehabilitation must adopt a new approach and recognise the wealth of rehabilitation options now available.

Through understanding the benefits, requisites and potential pitfalls of case-management processes, those recommending, purchasing or using rehabilitation must demand excellence case-by-case.

It is paramount now that the industry examines and challenges existing relationships with rehabilitation providers in order to ensure the best possible choices and outcomes for injured parties. 🌐

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