PREVENTION. CARE. RECOVERY.

Te Kaporeihana Āwhina Hunga Whara

# Activity Based Programmes

## Consultation Document

### (Changes to Activity Based Programmes Services Contracts)

Submissions close
17 February 2007

## 1. Introduction

ACC acknowledges that pain is a significant barrier to return to work and for those who require rehabilitation. Managing pain is clearly a major issue for a large number of claimants, and it is of significant concern to ACC.

Activity-based programmes (ABP) are part of a suite of contracted services for pain management designed to help claimants in their rehabilitation to work or independence. They engage claimants in a wide range of physical activities and exercise routines and provide cognitive and behavioural guidance to support the activities and develop claimants' self-management skills. Using cognitive-behavioural principles helps claimants to establish skills to self-manage pain in the future.

Recent work has been undertaken with the assistance of the "Pain Focus Group", an expert clinical group comprising representatives from the disciplines that provide contracted pain management services to ACC. This work included reviews of reports and a survey of selected ABP providers to examine the delivery and effectiveness of these programmes, and to obtain providers' perspectives of an "ideal" ABP. The work also sought the opinions of selected "clinical leaders in pain management" and ACC medical and clinical advisors. Findings from the work helped in developing the suggested changes outlined in this consultation document.

ACC will analyse the submissions generated by this consultation document in developing the final recommendations for the service. To help you in preparing your submission, the document includes specific questions related to the proposal.

**Note** that your feedback will be used to develop recommendations for the service schedules as well as operational guidelines.

## 2. The purpose of the consultation document

This document aims to:

a) provide clarity on the purchasing and delivery of the ABP service

b) clarify the proposed changes to the ABP service for ACC claimants

c) describe the service details

d) obtain feedback from current service providers

e) give an overview of the process for referral and integration with relevant services

f) establish an understanding of mutual expectations for service delivery

g) set a baseline for establishing nationally consistent service delivery.

## 3. The current ABP service

There are three ABP types:

a) **Work Hardening Programmes** for claimants for whom pain is not a serious limiting factor. The service is predominantly delivered by physiotherapists.

b) **Standard Programmes** for claimants who have injury-related pain that has persisted for more than six weeks. The service is delivered by physiotherapists and occupational therapists.

c) **Activity-Focused Programmes** for claimants whose pain is the main factor limiting their function and who have been off work for at least 12 weeks. This service is delivered by a multidisciplinary team (MDT) that provides a multidisciplinary programme of prescribed education, activity and exercise.

**4. Why this proposed change?**

The changes to the ABP contract aim to:

a) simplify the service purchasing and delivery

b) achieve consistency in service delivery among ABP providers

c) strengthen the service quality

d) have a standardised compendium of tools for measuring claimant outcomes

e) ensure national service outcomes that are specific and measurable

f) improve claimant, provider and ACC satisfaction.

**5. Background**

Feedback from the 2005 service evaluation prompted changes to the previous ABP contract. This resulted in the service schedule for ABP being split into three separate schedules for Work Hardening, Standard and Activity-Focused Programmes and extended for another term, with the contracts ending on 31 July 2007.

The plan was to develop the service further and redesign ABP so that it delivers the service intended, incorporating feedback from ACC branches and ABP providers.

More recent work on the service included:

a) a systematic literature review to determine evidence-based best practice for ABP and to review the evidence on the effectiveness of interventions that contain an exercise programme combined with cognitive-behavioural therapy (CBT) principles for managing chronic or persistent pain among adults

b) a review of the ABP service reports to determine compliance with the service schedules

c) a survey of 20 contracted providers to determine current service delivery and obtain their opinion of an ideal ABP

d) interviews with five clinical leaders in pain management as well as two ACC clinical advisors.

Information obtained was collated, analysed and reported and used to help the Pain Focus Group to re-examine the ABP service and make recommendations for change.

## 6. Key findings of the review and survey

### What's working

a) ABP has a good structure that allows for the provision of a rehabilitation service individualised to meet claimants' needs.

b) The MDT structure for the Activity-Focused Programme is important and should not be changed but strengthened.

c) In some areas there is a clear understanding of the difference between ABP and manual physiotherapy. However, this is also seen as a training need for both ACC and providers.

d) Assessments are usually comprehensive, using a variety of tools to measure functional activity, response to pain, behaviour around pain, indices for distress, and mood. These are repeated mid-way through and on completion of the programme.

e) Assessments are both subjective and objective and include discussions with claimants about their goals, problems and education needs.

f) Programmes are more successful when:

- good explanations are provided at the beginning
- claimants take responsibility for their rehabilitation
- claimants' motivation, interest and agreed goals drive the programme.

g) Education is an integral part of both the Standard and the Activity-Focused Programmes. CBT is incorporated in these sessions.

### What's not working

a) While pain is usually identified in claimants' assessments, there is little evidence in reports that any pain management is provided. The emphasis has been on exercise-based programmes.

b) Providers express concerns about the way some of their colleagues are providing the Standard and Activity-Focused Programmes, e.g. with inadequate claimant supervision, claimant monitoring being carried out by inadequately trained staff and providers failing to incorporate CBT principles in the programmes.

c) Variable information is provided in assessments and plans of action, progress reports and completion reports.

d) Some providers are providing manual therapy under ABP.

e) In some instances the process for referring claimants to ABP is not being followed. As a result, some referrals are inappropriate.

f) ACC and contracted providers need to have a better understanding of the service schedules.

g) Follow-up on recommendations of a Comprehensive Pain Assessment for an Activity-Focused Programme is frequently delayed.

h) In some areas, “non-specified treatment providers” are being used. Non-specified treatment providers are those not listed in the service schedule, e.g. personal trainers, massage therapists, sports and exercise physiologists and rehabilitation coaches.

i) There are concerns around the number of sessions, the length of sessions and claimant supervision and monitoring. The length and number of sessions differed among providers.

j) ACC staff and service providers have concerns about the delivery of the service, with reports that some claimants are being sent to the gym with little or no supervision or monitoring by the service provider.

k) Some Activity-Focused Programmes are being provided by physiotherapists and sports exercise scientists who call themselves an MDT. There is no input from a psychologist or medical practitioner.

**Recommendations for an ideal ABP**

a) The Work Hardening Programme should not be under the Pain Management Framework. It should be moved to Vocational Services.

b) The current Standard and Activity-Focused Programmes should be tightened up, with the Standard Programme used for a single discipline and the Activity-Focused Programme as an MDT service.

c) The qualifications of non-specified treatment providers and their services need to be considered carefully.

d) The non-specified treatment provider list should state clearly:

- who they are, e.g. sports and exercise scientists, personal trainers, rehabilitation trainers, physiotherapy or occupational therapy assistants and rehabilitation coaches
- information on their qualifications and the services they can provide, as well as the services they cannot provide.

e) ACC should provide a standardised set of tools and outcome measures, with providers having the choice to employ the right tools to meet claimants’ needs.

f) ACC should set direction on outcomes to be achieved.

g) The service schedule should clarify service supervision and monitoring. Currently this is not clear and is therefore open to misuse.

h) Other providers of vocational services and/or other treatment providers need to be more closely integrated.

i) Report templates need to include outcome measures.

j) More education and training needs to be made available for ACC staff and service providers.

## 7. The proposed changes to ABP

The proposed changes will provide clarity by improving the service's quality and outcomes. The overarching goals are to:

a) maintain the physically based therapeutic and cognitive-behavioural approach through which graded activities are performed in the current ABP

b) provide operational guidelines to help with service delivery

c) continue the service's current guiding principles

d) strengthen the service's quality

e) identify measurable outcomes to be achieved

f) provide easier integration with other aspects of rehabilitation

g) provide closer liaison with claimants' current treatment providers.

## 8. Assessment tools and outcome measures

A compendium of evidence-based assessment tools will be made available to service providers to enable a consistent, standard approach across the service. It will not be prescriptive but will provide service providers with evidence-based best practice tools they can employ.

Service schedules will specify outcomes to be achieved within the contract. ACC will work with providers to identify outcomes and indicators of effectiveness and success. For example, they could be to:

Improve claimants':

a) emotional adjustment

b) functional ability and capacity

c) knowledge of their injury

d) strategies for pain and self management

Where possible, reduce the frequency and intensity of claimants' experiences of pain.

Use and report against the appropriate assessment and outcome measures, pre-, mid- and post-programme. These will include:

a) improvement in work readiness

b) reduced pain behaviours.

**THE RECOMMENDED CHANGES ARE:**

1. **Remove the ABP umbrella under which the three services fall.**
2. **Move the Work Hardening Programme out of the Pain Management Framework. This change will take effect from 1 April 2007.**
   a) The programme will be a stand-alone service managed by the Programme Manager of Pain Management Services.
   b) Changes similar to those in the services below have been made to the Work Hardening Programme service schedule.

ACC will re-examine the programme's position next year to determine its fit under Vocational Services.

3. **Change the name of the Standard Programme**

## FUNCTIONAL REACTIVATION PROGRAMME

The Standard Programme will become the "Functional Reactivation Programme" - a service for claimants who have persistent injury-related pain that has continued for more than six weeks.

It will remain a service provided by single-discipline providers and will focus on claimants' rehabilitation, helping to restore their independence to the maximum extent practicable through:

a) activity and exercise

b) adopting a self-management approach

c) enhancing their level of independence and participation in usual activities, such as work and/or home tasks.

Changes will be made to the current service schedule. The changes to the service description are outlined below.

### Criteria for referral

There will be two new points in the current criteria:

a) The claimant has functional difficulties and pain problems owing to their personal injury.

b) The ACC case owner has informed the claimant's current treatment provider about the referral for a Functional Reactivation Programme.

### Reasons for declining or delaying referral

There will be four new points in the current criteria:

a) The service provider deems that the referral is not appropriate if the claimant requires intensive manual physiotherapy and it is a clear and essential component of the treatment regime.

b) The claimant requires some sessions with a psychologist to address behavioural issues, e.g. fear and avoidance, anxiety, before ABP starts.

c) The claimant will be undergoing surgery or an invasive procedure midway through the programme.

d) The claimant is currently undergoing hands-on or manual therapy treatment modalities, including injections, massage, ultrasound, acupuncture and manipulation, which the provider believes would be a barrier to achieving the programme goals.

Note that manual therapy may be appropriate in some circumstances, but should not be the focus of a programme that emphasises rehabilitation and self-management.

### *Service delivery*

The initial assessment will be a crucial start to the programme as it will provide detail of the claimant's functional difficulty and pain-related issues. Service delivery will also include:

a) subjective and objective assessments to determine the extent of the claimant's functional difficulties and pain problems

b) the identification and management of psychosocial barriers or "yellow flags"

c) determining the claimant's goals in collaboration with the claimant.

The initial assessment should also determine whether the claimant requires concurrent pain management, psychological or vocational services.

If the claimant requires a concurrent service, ACC must be notified. If the criteria are met, a referral will be made to an appropriate service provider. Services may be "dovetailed" rather than provided one after the other.

Based on assessment findings, a programme will be tailored to meet the claimant's individual needs. It will combine the strengthening and general cardiovascular and aerobic exercises, range of motion, stretching, flexibility and relaxation necessary to improve function. These exercises and activities will be graded, increasing in difficulty as the claimant's fitness/endurance improves, with a focus on their tasks in the home and/or work environment.

On completion of the programme, the claimant's improved capacity for performance and enhanced skills and problem-solving abilities will be transferred to their normal family, social and work environments. This ensures the service functions as a bridge to independence and productive activity.

The programme should clearly state the number of sessions the claimant is required to attend per week, and the length of each session.

The claimant will be monitored and supervised by the service provider, and evidence of this will be required in a progress and completion report.

### Education component

The programme will also include an education component that will:

a) address pain beliefs and misunderstandings about injury and health status

b) address "flare-ups" and use them as a teaching opportunity to raise claimant awareness and improve their self-management techniques

c) address claimant fear of movement and activity

d) provide information about persistent pain problems and contributing factors, including psychosocial factors

e) include problem-solving and coping skills and goal-setting training

f) include activity-pacing skills and muscle-relaxation techniques.

### Claimant monitoring and supervision during the programme

a) Claimant monitoring and supervision will be the responsibility of the service provider, and should be clearly documented.

b) Service providers are responsible for monitoring the clinical outcomes of Functional Reactivation Programmes.

c) Personal trainers and gym and pool staff may provide some supervision by ensuring that equipment is being used correctly, but should not alter the programme in any way or form.

d) The programme must be evaluated and adjusted regularly based on the claimant's progress.

e) The service provider is responsible for re-assessing goals and discussing progress throughout the sessions.

### Liaison with other treatment providers

When appropriate, the provider should liaise with ACC, the claimant's general practitioner and/or other treatment providers. These are co-ordinated discussions with other providers of care for the claimant over and above normal reporting procedures.

The decision for a conference should be made with case owner approval and:

a) include all relevant treatment providers

b) identify clear goals to discuss progress, address barriers and plan for ongoing management.

Liaison should include but not be limited to:

a) case conferences

b) teleconferences.

Brief notes on outcomes and recommendations made after teleconferences are to be included in progress notes or the completion report.

A discussion with the case owner alone may not be called a teleconference or a case conference.

### Staffing requirements

Services will only be provided by people who are qualified to practise as physiotherapists and/or occupational therapists and who:

a) can demonstrate evidence of CBT as part of their professional training

b) have relevant experience and/or skills in providing Functional Reactivation Programmes and pain management services

c) have access to regular clinical supervision with qualified and experienced supervisors, in line with the requirements of relevant professional bodies

d) are current full members of their relevant professional associations (e.g. NZOT, NZSP)

e) practise in accordance with appropriate professional standards of practice.

### Supervision of new staff

The service provider will have a well defined process for ensuring it has appropriately qualified staff to provide Functional Reactivation Programmes at all times.

Should there be a need to hire new staff who do not have the appropriate skills and experience in Functional Reactivation Programmes and pain management, senior staff should be able to provide coaching and mentoring for these staff.

The service provider needs to demonstrate that it has a process to cover this need.

### Up-skilling of staff

The vendor should ensure that all staff maintain the ongoing skills and competencies required to provide an efficient and effective Functional Reactivation Programme.

Staff should have access to ongoing education programmes specific in service training and to relevant journals. This should be aimed at keeping staff up to date with developments in the field.

The vendor must belong to the New Zealand Pain Society and/or the International Association for the Study of Pain, thereby providing staff with access to journals and relevant conferences.

### Non-specified treatment providers

Registered health professionals as defined in the Injury Prevention, Rehabilitation, and Compensation Act 2001 currently provide pain management services as listed in the staffing requirements of the service schedule.

Work to date indicates that some providers are using non-specified treatment providers, e.g. personal trainers, massage therapists, sports and exercise physiologists and rehabilitation coaches, to provide Work Hardening and Standard Programmes with minimum input from health professionals. This puts claimants and ACC at significant risk.

ACC is assessing the role of non-specified treatment providers in the service. This work includes examining the list of providers, their qualifications, scope of practice, skills and

competencies and monitoring and supervision and will set some parameters around their role and responsibilities.

#### 4. Maintain the Activity-Focused Programme

The name of the Activity-Focused Programme will remain the same. The service will continue to be delivered via an MDT approach. The requirement for MDT is stated below in the staffing requirements section.

Changes will be made to the current service schedule. The details are outlined below.

### *Service delivery*

Initial assessment will be a fundamental component of the programme. The assessment findings will determine the detail of the programme, which will be tailored to the claimant's individual needs and include a plan of action and report that will specify:

a) the duration of the programme

b) the frequency of inputs/sessions the claimant will be attending per week and the length of the sessions

c) the individual components of the programme, and the goals and outcomes to be achieved over this period

d) the exercises and activities in which the claimant will be participating, and the goals the exercises and activities are targeting

e) homework the claimant is expected to complete between sessions.

#### Programme content

The programme content will be provided by an MDT made up according to the staffing requirements of the service schedule. The components will address education, activity and skills training that adhere to CBT principles and focus on improving claimant self-efficacy and self-directed pain management. These components will be delivered either individually or in a group as appropriate to the claimant's needs, and will:

a) provide information about persistent pain problems, and contributing factors (including psychosocial factors)

b) address pain beliefs and misunderstandings about injury and health status

c) identify and manage psychosocial barriers or yellow flags identified in a Comprehensive Pain Assessment.

The activity and education component must include education provided by:

1. A registered medical practitioner who will:
   a) explain the difference between acute and chronic pain
   b) de-medicalise the injury and pain response
   c) explain the results of imaging techniques, and what they do and do not show

   d) explain pharmacology
   e) explain neurophysiology
2. A registered psychologist who will explain:
   a) the pain responses, persistent pain problems and the role of psychological factors, including barriers to rehabilitation, e.g. fear avoidance
   b) typical and optimal adjustment patterns for living with long-term pain
   c) sleep hygiene
   d) the boom/bust cycles of activity and appropriate pacing of activity for optimal functioning
   e) the importance of being active and implementing graded increases in activity
   f) the cognitive factors involved in adjusting to and experiencing pain, addressing pain beliefs and misunderstandings about injury and health status
3. A registered physiotherapist or occupational therapist who will explain:
   a) that hurt does not equal harm in a long-term pain condition
   b) the evidence for activity being beneficial for pain conditions
   c) activity-pacing skills
   d) how to manage flare-ups
   e) an individualised programme of prescribed exercise and activity tailored to the claimant's needs. In essence, this programme will remediate deficits in physical functioning and help the claimant to reach optimal functioning. It will address fear of movement and the avoidance of specific activities of daily living by including a graded behavioural practice of the avoided activity in a supervised environment. Activities must include strength training, stretching and a fitness regime that the claimant is able to practise in their usual environment. Home exercises are to be given and monitored
   f) that the activity must be targeted to remediate the claimant's functional difficulties and limitations
   g) that activities must include graded and monitored exposure to specific movements and/or activities relevant to the claimant's tasks in the home and/or work environment.
4. The skills training is to be tailored to the individual's needs and ensure they have knowledge of and an ability in:
   a) goal-setting
   b) activity-pacing skills, including successive approximations to the desired activity
   c) problem solving
   d) communication
   e) cognitive management strategies for unhelpful thinking

f) muscle-relaxation skills and combining self-talk and visualisations to reduce autonomic arousal

g) CBT skills for managing low mood and/or anxiety.

The programme must include regular evaluations and monitoring of the claimant's progress. It must be adjusted regularly based on the claimant's progress, with any barriers communicated to the claimant's case owner.

**Staffing requirements**

Services must be provided by an MDT whose members are registered in New Zealand and qualified to practise as:

a) physiotherapists

b) occupational therapists

c) medical practitioners

d) registered clinical or health psychologists.

The usual staffing requirements for the contract apply, however the vendor/service provider must be a member of the New Zealand Pain Society and/or the International Association for the Study of Pain.

In addition, the vendor/service provider must have access to:

a) a registered nurse, preferably with experience, skill and interest in pain management, who will co-ordinate clinic activities and education to claimants and provide assistance to the team

b) alcohol and drug counsellors

c) vocational counsellors.

### Supervision and up-skilling of new staff

The same standards as stated for the Functional Reactivation Programme apply. Vendors need to ensure these staffing requirements are in place.

Key points of difference between the programmes are:

| Point of Difference | Functional Reactivation | Activity-Focused |
|---|---|---|
| Service description | A self-management programme for claimants who have injury-related pain that has persisted for more than six weeks.<br>The programme includes a wide range of physical activity and exercise routines providing cognitive and behavioural guidance, which supports the activities and develops the claimant's self-management skills. | A programme for claimants whose pain is the main factor limiting their function, and who have been off work for at least 12 weeks.<br>This is a multidisciplinary programme of prescribed education, activity and exercise. |
| Staffing requirement | Service provided by a single discipline. | Service provided by an MDT. |

### Prices

There is no change to the current prices for these services at this stage.

The service code structure for the Activity-Focused Programme is being re-examined, with a view to making the purchasing and payment for these services simple and efficient.

*Summary of Changes to ABP*

1. **Remove the ABP umbrella under which the three services fall.**
2. **Move the Work Hardening Programme out of the Pain Management Framework. This change will take effect from 1 April 2007.**
3. **Change the name of the Standard Programme.**
4. **Maintain the Activity-Focused Programme.**
5. **The proposed changes will provide clarity by improving the quality and outcomes of the service.**

   The overarching goals are to:

   a) maintain the physically based therapeutic and cognitive-behavioural approach through which graded activities are performed in the current ABP

   b) continue with the service's current guiding principles

   c) strengthen the service's quality

   d) identify measurable outcomes

   e) provide easier integration with other aspects of rehabilitation

   f) provide closer liaison with claimants' current treatment providers.
6. **A method for easy and efficient service purchasing is being examined.**
7. **Service schedules will specify outcomes to be achieved.**

## Giving us feedback

ACC is inviting written submissions on this proposal from ACC branches, relevant professional bodies, contracted vendors and ABP service providers. It will help if you provide feedback on the tear-off submission form.

## Closing date for submissions

The closing date for submissions is 17 February 2007.

## Sending your submission

Please send your written submission by post to:

Activity-Based Programmes
Service Development
Pain Management Services
Operations Group
ACC

PO Box 242
Wellington

Or fax to:

04 918 7421

Please include:

Your name
Address
Phone and fax numbers
The name of your organisation

## Activity-Based Programmes Consultation Document

Name: ____________________

Address: ____________________

Phone and fax: ____________________

**Your feedback to specific questions is sought:**

**Proposed changes**

1. Do you think that the proposed changes will resolve the identified issues?
2. Do you think that the proposed changes for the two services will allow for the delivery of an efficient and quality service with a consistent approach?

Functional Reactivation Programme ____________________

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Activity-Focused Programme ____________________

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**Payment structure**

1. Do you think the current purchasing and payment structure for the Activity-Focused Programme represents difficulties for you? What are your suggestions?

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**Outcome measures**

1. In your opinion, how can we best measure outcomes for this service? How would they be reported?

   Functional Reactivation Programme ____________________

   ____________________

   ____________________

   Activity-Focused Programme ____________________

   ____________________

   ____________________

2. How easy would it be to obtain this information? Do you currently collect any of this data?

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**Staff professional development**

1. Do you currently provide professional development opportunities for your staff?
2. Do you have a record of the activities? Are you able to provide ACC with this information?

**Other comments**

1. Do you have any specific views or comments on any part of this document?

**Your views and comments on the proposed changes.**

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ACC2585 • Printed January 2007