



**Supplementary Submission of
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New Zealand Society of Physiotherapists Inc.
and Practicing Physiotherapist to
Independent Review of the Relationship Between
Physiotherapists and ACC**

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Supplementary Submission of Kirsten Davie

Introduction

1. I make this supplementary submission in my capacity as Immediate Past President of the New Zealand Society of Physiotherapists ("NZSP" or "the Society"). This supplementary submission discusses concerns with ACC case management.
2. When I was President of the Society, one of the matters about which the National Office regularly received complaints was the action of case managers in regard to both management of existing patients, and attitudes towards particular practices generally. I believe that this continues to be a concern for the profession generally.
3. The relationship between case managers and physiotherapists, whilst often very good, can also be problematic. It can result in adverse outcomes for the patient, the provider, and by implication ACC in achieving their goal of rehabilitation outcomes. This is an issue on which providers are generally not willing to speak publicly. Indeed they often do not complain about dealings with case managers, on the basis that it will only result in further adverse views being formed by the case manager and their associates. This in turn may adversely affect their clinic's future relationship with the branch, and consequently future patient outcomes.

Culture: Case Managers and Branches

4. The Society accepts that, in total number, the issues arising with case managers are not prolific, but they are damaging. We have therefore taken this opportunity to raise the issues specifically, in the hope that ACC, as well as the Reviewer, will carefully review these issues.

Case Managers

5. The Society is concerned by the manner in which case managers (and branches in general) seem to often operate completely independently of treatment providers.
6. Even as a long term past President of the Society, and even though I have sought to have this clarified a number of times, I am unaware of exactly what circumstances lead to case managers being appointed. We understand that they are generally appointed to complex or longer term patients, including those moving to Activity Based Programmes (ABPs), and to patients receiving weekly compensation. However, there is no explanation of this to physiotherapists, and no evidence of a team approach in that respect.
7. Ideally, the Society considers that the primary health provider (that is, the provider who initiated the ACC claim) and the current main treatment provider should receive a letter of notification when a case manager is appointed. We understand that the patient receives a letter at this time. A letter to the providers would allow both further information for the provider, and the opportunity for the provider to contribute information to the case manager as necessary.
8. The case manager is required to manage the undertaking of complex or longer term rehabilitation, including ABPs. The case manager therefore has the ability to affect clinical

decisions as to whether programs are necessary for a particular patient, and in their direct contact role with the patient, can also be extremely influential on the decisions that the patient makes.

9. We understand that, in making client decisions, case managers are not required to and usually do not contact the existing treatment provider to discuss the matter. This is a lack of team or partnership mentality, and can lead to poor patient outcomes. For example patients may be referred to ABP when other courses of action are indicated. In other cases a patient may be placed on an ABP just when the treating physiotherapist feels that they are ready for discharge.

Negative Views of Case managers Towards Providers

10. Physiotherapists also experience situations where their patients may be referred away from them by a case manager, to other providers. Usually, this is justified as "patient choice". However, that label generally camouflages advice from case managers which can not only favour some providers, but can actually question the abilities of that existing provider by referring the patient elsewhere for treatment.
11. This raises key points of concern:
 - 11.1. The Society queries whether the case manager is in a position to make judgements as to which clinics are better than others –case managers often have no clinical background;
 - 11.2. The training provided to all physiotherapists, and their ongoing continuing professional development, indicates that all should operate at high levels of proficiency. To obtain specific contracts, such as the ABP, providers need to put in very comprehensive proposals outlining their ability to meet the service specifications;
 - 11.3. There are in any case no standards or procedures to ensure the quality of the information upon which the case manager operates in such cases. The information can be unproven or just plain wrong.
12. Further, the accountability of branches / case managers to physiotherapists is also often poor. Physiotherapists often tell us that when they do choose to make complaints there appears to be a lack of willingness to take any disciplinary or corrective action in respect of the case manager. The physiotherapist is generally unaware of any procedure which may be followed in resolving their complaint.
13. From a national perspective NZSP is unaware of any policy governing either the ability of a case manager to refer patients to other providers, or governing complaints from physiotherapists regarding case managers. This is in contrast to the very rigorous complaints procedures which physiotherapists are required to have in place and explain to patients.

Suggested Solutions

14. These are difficult issues to resolve. However, NZSP reiterates our view that the relationship between physiotherapists and ACC needs to be recast as a strategic partnership.

15. In regard to these issues, that policy position should result in a series of clear and transparent guidelines to case managers and other ACC staff, of which all physiotherapists are aware. It should clearly regulate and define the scope of the case manager's duties, discretion and ability to make recommendations, all the while having regard to clinical expertise, existing patient / provider relationships, and the role of the physiotherapist as a stakeholder in the rehabilitation process.
16. Given the relative skills and experience of physiotherapists (clinical professional training) as opposed to case managers (often no clinical background), the Society considers that case managers should not be in a position to recommend particular practices to patients. Case managers should be limited to offering lists of providers in the relevant geographical location which provide the relevant service while being mindful of the existing patient provider relationship.
17. More importantly, it should be standard practice for case managers to engage in discussion with existing treatment providers before making decisions which change the focus of the claimant's rehabilitation. This is a basic step which the Society would expect to be a feature of any healthcare relationship.
18. Finally, as noted, the Society considers that a formalised and transparent complaints procedure is appropriate for those rare instances when such protocols are broken.

Conclusion

19. The Society considers that all of the above strongly supports the need for a "strategic partnership" mentality, and a set of provider principles. These are not the types of issues which should be left to branch discretion, or where branches should be able to make differing policies. They need national consistency.
20. Dr Wheeler in the BWL submission makes the point that these relationships should be characterised by transparency, certainty and good faith. NZSP believes that this is a good way to describe what is lacking in some of the current relationships of physiotherapists with branches and case managers. Remedies are necessary which will bring these qualities to the fore.
21. The Society asks the Reviewer to carefully consider this material and make recommendations accordingly.



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