Multi-disciplinary rehabilitation teams

In Andy Schmidt's experience, a multi-disciplinary service under one umbrella has resulted in fluent communication between clinicians around the return to work, as well as a greater understanding overall.

Over the past few years, the New Zealand health professional community has really started to embrace the concept of a true multi-disciplinary rehabilitation team, that has the aim of returning clients to work, either their current occupation or in a new capacity. The negative impacts on an individual of not working or participating in activity are well-known by the readers of this journal. So it was encouraging to see the work being done in this area, as evidenced by the large turnout of professionals at the inaugural Occupational Rehabilitation conference in April 2016

Some of the improved collaboration in this area has been driven by changes in service modelling, particularly by the Accident Compensation Corporation (ACC). Because of these changes, providers were required to take the lead clinician or key worker role to facilitate service delivery for clients.

The resulting multi-disciplinary service under one umbrella, rather than fragmented services led by an external key worker, has, in our experience, resulted in greater communication between clinicians around the return to work plan and ongoing actions arising from it. Furthermore there is a greater understanding between professionals involved of the different roles and responsibilities undertaken by each discipline.

Anecdotally, there are some ongoing difficulties, for instance the work certification progress is external to the return to work process, and there is sometimes a lack of sustainability measurement around the return to work. However overall from a provider point of view the outcomes are encouraging.

Within Active+, the vocational rehabilitation process is a collaborative effort between occupational therapists, physiotherapist, vocational consultants, rehabilitation nurses and medical specialists, dependent on the type and level of service required. Alongside this, with concurrent contracts this process can be supported under our umbrella of clinicians by psychologists, counsellors, social workers, cultural advisors, nutritionists and pharmacists. Being able to discuss the best way forward for the client, and allow the most appropriate clinicians to be involved is truly rewarding from a clinical development perspective. And it gives us the greatest chance of success for the client.

Our model of care utilises a lead clinician model. The claim is received from a case manager and then allocated to a lead clinician, who is either a Vocational Consultant, an Occupational Therapist or Physiotherapist with post-graduate occupational health training. This allocation will depend on the service level. Clinicians use case management protocols to ensure service specifications are met and secondary clinicians are brought in to achieve the outcome sought.

The roles of each clinician group have some overlap to ensure continuity of service and outcomes, and equally they have their own required responsibilities within the contracts.

The Occupational Therapist (OT) is often the key worker for clients who have a current job and place of work to return to following an injury. The OT will liaise with the client, their

employer, and current treating health professionals in order to develop a safe and sustainable return to work plan that all parties agree on. This requires sign-off from the specialist or GP who has authorised the current level of work-ability. The OT often has a great opportunity here to educate the medical profession on the ability to certify for particular parts of the work role. The OT often facilitates earlier return to the workplace in some capacity than would have been possible without the service. Regular communication between the client, employer, GP and physiotherapist is required in this role. Any requirement for equipment to help with the return to work is also done by this clinician.

The Physiotherapist's role is to provide the functional rehabilitation required to return the client to their previous work tasks, or new work tasks if a new role has been identified for the client. For a lot of people, the experience of physiotherapy has been 'hands-on' therapy, whereas the intervention here has more of an exercise rehabilitation component, with education, advice and eventually self-management the key focus. Often the client will have had, or in some cases, still be having concurrent 'hands-on' physiotherapy or other interventions, and so it is an important component of the physiotherapy to also liaise with these current treatment providers to ensure clear messaging and clinician roles and responsibilities are outlined.

Overall, from a provider perspective, it is encouraging to see the collaborative approach that many health professionals are taking in this important area, and if the turn-out and positive interaction at the recent conference is anything to go by, this will only continue. But we can't forget that there are challenges too that we need to continue to work on.

Going forward, it is hoped that a greater emphasis on sustainable return to work is measured by funding agencies, to enable a safe and responsible return to work, which is viewed by both the client and the wider health sector as a positive experience. Equally, an improvement in buy-in from some medical professionals is necessary to ensure that the health workforce is being properly utilised in their areas of expertise, to gain improved outcomes in occupational rehabilitation.

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