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PERSON CENTRED RESEARCH

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What has ACC made possible for rehabilitation in NZ, and what are some of the possible unintended consequences?

Associate Professor Nicola Kayes

AUT CENTRE FOR PERSON CENTRED RESEARCH

2004, Professor of Rehabilitation

2017, Multidisciplinary team

- **Rehabilitation**
- **Health, Social and Clinical Psychology**
- **Physiotherapy**
- **Speech and Language**
- **Occupational Therapy**
- **Nursing**
- **Sociology**
- **Medical Anthropology**
- **Disability**

Three core interrelated purposes

- Rethinking rehabilitation
- Embedding person-centredness
- Making a difference

Relationship with ACC?

- Research
- Consultancy
- Education
  - Rehabilitation providers
  - ACC Case managers

What has ACC made possible for rehabilitation in NZ?

http://www.stuff.co.nz/national/health/92845937/acc-causing-unacceptable-harm-to-many-rejected-legitimate-claimants-each-year-research-finds

ACC legal bills skyrocket, creati... | ACC causing 'unacceptable h...

Convert | Select

ACC causing 'unacceptable harm' to many rejected, legitimate claimants each year, research finds

CECILE MEIER
Last updated 11:51, May 23 2017

IAIN MCGREGOR/FAIRFAX NZ

Scott Nicholls, who had to fight ACC for back-injury cover, does his back exercises on the floor at home while his wife Monique watches television.

Hundreds of thousands of injured Kiwis are declined cover each year by ACC, causing "unacceptable harm" to many legitimate claimants, according to new research.

Injured people who have been denied cover "find themselves pitted against a huge, billion-dollar specialist Crown agency", the Law Foundation and University of Otago-backed report said.

The report, published on Tuesday, calls for the establishment of a personal injury commissioner to help people navigate the Accident Compensation Corporation's (ACC) "incredibly complex and difficult" complaints process.

national headlines

- Majority against $10m cathedral grant
- Jet-ski victim named
- Car takes a dip at Mt Maunganui
- No post-election bounce for Labour
- Taliban 'more trustworthy than insurer'
- Death 'truly indescribable'
- Fuel pipeline false alarm
- 12-year wait for discharge
- Gemma McCaw backs Chalky Carr
- Irishman's worldwide walk for cancer
- A fair go for Damin
- Tears over cash to treat dog
- Sunday: Day of demo
- Teen rescued at Waimarama beach
- KiwiBuild 'risky but transformational'

A common rhetoric?

A world class system

- Colleagues around the world are blown away by ACC and what that makes possible!
- Access to healthcare following injury, particularly in the acute phase is hard to beat when compared with other similar systems globally
- Claimants and stakeholders acknowledge the unique opportunities for rehabilitation made possible within our no fault compensation system (McPherson et al., 2007)
- ACC has the potential to be a global leader in the development and implementation of evidence-based rehabilitation
- Uniquely placed to work across the multidisciplinary team, including all key stakeholders

Building rehabilitation capability

- Vocational rehabilitation pathway
- Rehabilitation research review
- Case management education

Rehabilitation Research Review™

Making Education Easy — Issue 42 – 2017

In this issue:

Kindly supported by RCAA Rehabilitation Counselling Association of Australasia

Rehabilitation Counsellors are tertiary qualified allied health professionals who work with individuals with disability, injury or social disadvantage, along with their families, organisations and other health professionals, to deliver work, life and career solutions. The core skills and expertise of Rehabilitation Counsellors include: vocational assessment, job placement support, and career development; rehabilitation and return-to-work services; workplace disability prevention and management.

CONGRATULATIONS TO
Janet Wagstaff
who won a $300 Prezzy Card by taking part in our recent Rehabilitation Research Review Subscriber Survey. Janet is a physiotherapist at the Matamata Physiotherapy Clinic.

Welcome to issue 42 of Rehabilitation Research Review, with guest commentary provided by Dr Bronwyn Thompson, a Clinical Senior Lecturer in the field of Pain Management.

Dr Thompson's first paper describes a novel multidisciplinary tool that helps to foster resilience among clients in rehabilitation services. The exciting aspect of this tool is its ability to facilitate the interdisciplinary rehabilitation process. This emphasis complements psychological approaches such as Acceptance and Commitment Therapy (ACT), which is discussed in Dr Thompson's last paper in this issue.

The first paper in Associate Professor Kayes' selection discusses the perceived effectiveness of behaviour change techniques aiming to increase exercise adherence experienced by people with knee osteoarthritis and used by physical therapists. Both groups considered goal setting related to outcomes to be the most effective at increasing exercise adherence. Another paper discusses what factors are involved in therapists' uptake of virtual reality in brain injury rehabilitation practice.

We thank Bronwyn for her observations on important issues that are associated with successful rehabilitation, which we hope you enjoy.

I hope that you find the research in this issue useful in your practice and I welcome your comments and feedback.

Kind regards,

Associate Professor Nicola Kayes
nicolakayes@researchreview.co.nz

Invited expert commentary by Bronwyn Thompson

Ariadne's Thread: A promising new multidisciplinary tool to foster clients' resilience throughout the rehabilitation process

Authors: Royer N et al.

Summary: These researchers conducted semi-structured interviews with 10 health professionals using Ariadne's Thread, an assessment and intervention tool that aims to maximise clients' resilience and spirituality. These health professionals expressed the view that Ariadne's Thread impacts positively upon clients, particularly their sense of resilience, self-knowledge, self-esteem and motivation. Furthermore, the health professionals described this tool as being capable of facilitating the interdisciplinary rehabilitation process, by fostering a common understanding of clients and use of their strengths and interests in interventions.

Comment: There are few rehabilitation instruments that focus on self-identity and ways in which people have previously coped or bounced back from challenges. It's not easy to identify our client's/patient's strengths when much of our clinical assessment process involves identifying deficits and difficulties. Ariadne's Thread involves taking the time to listen to deeper aspects of what it means to be this person: the person's values, capabilities and how they've previously handled life trajectories. This study examines only the health professional's perspectives, an omission that could be seen to violate the spirit of Ariadne's Thread. It does, however, give an insight into why clinicians working in interprofessional rehabilitation teams might want to consider this approach, which promotes important aspects of being human, and fits nicely with psychological approaches such as Acceptance and Commitment Therapy (ACT).

Reference: Disabil Rehabil. 2016;38(15):1454-62
Abstract

Independent commentary by Dr Bronwyn Thompson

Bronnie Lennox Thompson originally trained in occupational therapy, and has worked in persistent pain management most of her clinical career. While raising two children, she undertook postgraduate studies in psychology at University of Canterbury, graduating with an MSc, and later to complete her PhD in Health Sciences examining the process of learning to live well with chronic pain. She has been teaching postgraduate pain and pain management at University of Otago, Christchurch, since 2002 while remaining actively involved in clinical practice. In her spare time she writes the blog http://healthskills.co.nz on research into persistent pain management, and she finds time to go fishing and kayaking in the Canterbury high country, photographing the beautiful scenery there, and more recently learning silversmithing.

Enhancing capability and capacity in case management practice in New Zealand

Nicola Kayes[1], Peter Larmer[1], Felicity Bright[1], Gill Hall[2], Debbie Barrott[2]
[1]Auckland University of Technology, New Zealand, [2]Accident Compensation Corporation, New Zealand

Background

- Case managers may play a critical role in achieving good outcomes for clients.
- There is complexity inherent in the case management role, such as:
  - Ideals of client-centricity can be in tension with fiscal responsibility and legislative requirements
  - They may hold multiple, sometimes competing roles
  - The role is embedded within a multidisciplinary team with a diversity of needs
- The role requires an advanced set of skills and knowledge
- Despite this, many case managers come into the role with no prior experience or qualification
- Capability building for case management staff has the potential to have a positive impact on both job satisfaction and outcomes for clients

Our aim: To work in partnership with the Accident Compensation Corporation (ACC) to enhance capability and capacity of their case managers by developing and delivering a tailored programme of study

ACC Needs Analysis

Semi-structured interviews across all levels of the business
Purposeful sampling for diversity in ACC role, geographical location, service area

+

Guiding Principles

A case manager will:

-Use a client-centric, collaborative, partnership approach
-Facilitate self-determination and self-management
-Practice cultural competence, with awareness and respect for diversity
-Assist with navigating the health and social care system across the continuum of care
-Act ethically and professionally
-Integrate behaviour change principles in practice
-Work effectively within a multidisciplinary team including all key stakeholders
-Be aware of and work effectively within the health, social and legislative context
-Use an approach informed by contemporary understandings of disability and rehabilitation
-Promote use of evidence-based practice

GradCertHSc
Up to 2 years part time
- Rehabilitation and Participation
- Clinical Foundations for Case Management Practice
- Advocacy and Dispute Resolution
- Complexities in Case Management Practice

GradDipHSc
Up to 3 years part time
- GradCertHSc papers
- Methods of Research Inquiry
- Enabling Systems Change
- Case Management and Human Behaviour
- Special Topic

PGCertHSc
Up to 2 years part time
- Concepts of Rehabilitation
- Vocational Management and Rehabilitation
- Advanced Case Management Practice

PGDipHSc
Up to 3 years part time
- PGCertHSc papers
- Integrative Research
- Practice Reality
- Optional paper from ACC pre-approved menu
- Optional paper from ACC pre-approved menu

Progress to date

- 29 ACC case managers have graduated: 18 GradCertHSc, 11 PGCertHSc
- 32 currently enrolled
- Feedback from students and their managers indicate the majority perceive the programme to be *relevant*; has resulted in them *making changes to their practice* and *lifted capability*
- Qualitative themes include: *feeling empowered, taking time to think and reflect*, and *seeing the whole picture*.

"When communicating with my clients I am trying harder to see their whole picture"

"I am now more keen to offer Case Conference and meetings with providers and client to gain a mutual understanding. I have worked harder FOR my clients. I am no longer doing rehab to the client, they are now involved"

Implications for case management practice

Creating opportunities for case managers to engage in tailored pathways of study has the potential to:

- Enhance case management practice and client outcomes
- Support the establishment of case management as a valued profession
- Allow for progression to research degrees, facilitating knowledge advance in the field

Implications for case management practice

- Enhance case management practice and client outcomes
- Support the establishment of case management as a valued profession
- Allow for progression to research degrees, facilitating knowledge advance in the field

I have worked harder FOR my clients. I am no longer doing rehab to the client, they are now involved.

Advancing rehabilitation practice

- Putting rehabilitation on the map
- Service specifications
- TBI Pathways collaborative

What are some of the possible unintended consequences?

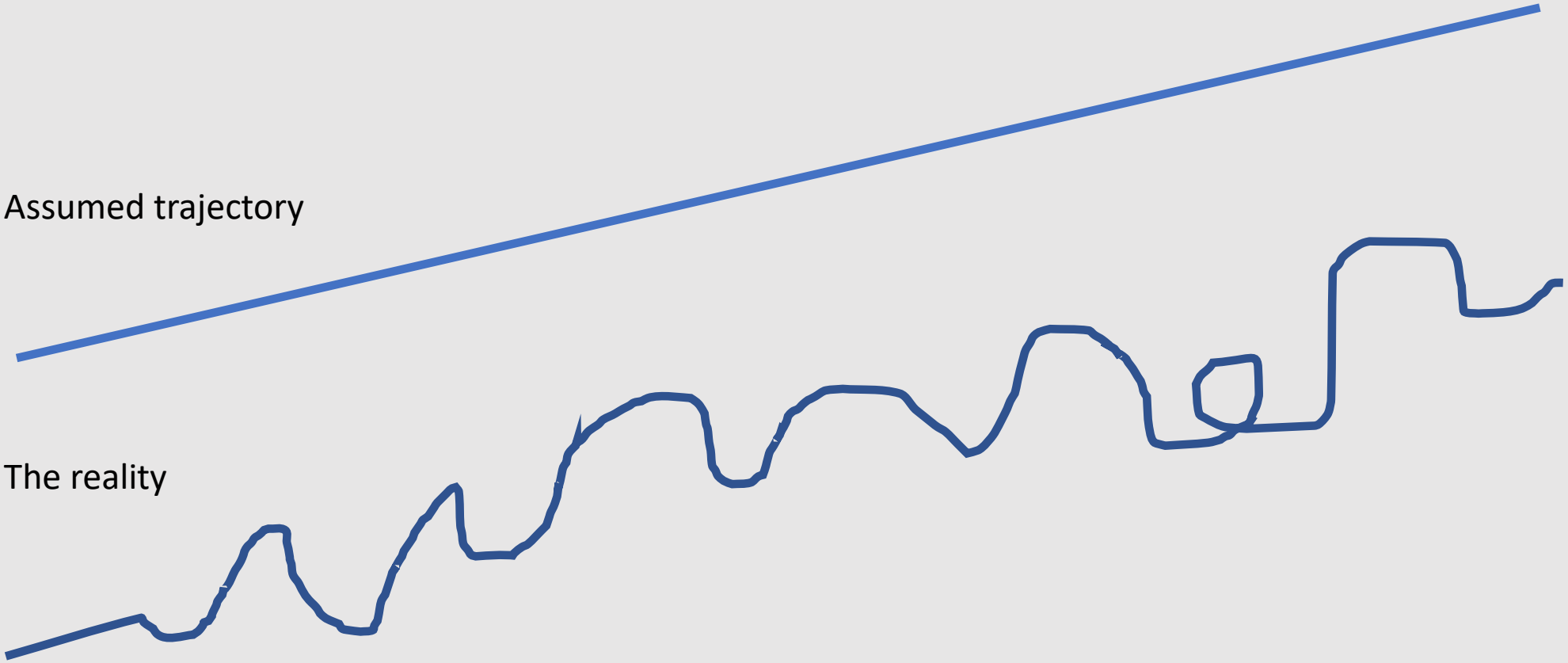
Some reflections….

1) The blurry edges: Establishing entitlements
2) ‘People before process’ or does process prevail?
3) What about the other half?

1) The blurry edges: Establishing entitlement

Working with complexity

- Acute services relatively straightforward
- However, most service provision is set up based on the assumption of a normative trajectory



(Czuba et al., 2017)

Working with complexity

- Acute services relatively straightforward
- Most services are set up based on the assumption of a normative trajectory
- Barriers experienced when recovery does not follow assumed pathway

“People think oh well you look alright. My sister through there. . . that’s what she said ‘but you look alright . . . what’s wrong with you?’ you know ‘why aren’t you feeling better? But I’m sure you must be a lot better cos you look better’ and I’d say ‘but I’m not . . . I’m absolutely exhausted’” (PwMildTBI)

(Czuba et al., 2017)

Working with complexity

- Acute services relatively straightforward
- Most services are set up based on the assumption of a normative trajectory
- Barriers experienced when recovery does not follow assumed pathway
- Successful outcome routinely relies on hidden privileges

“The biggest bonus would be the people, would be people, would be the nurses at the spinal unit. If you get good nurses and good doctors around you you’re, I would say it would double, triple your outlook on things, your, yeah they certainly affect your mood and your, and of course once again if you’ve got good staff around you then you’re getting that information and knowledge as well so it’s helping, it’s a twofold thing. But I think that’s what, that’s what helped pull me through. I’ve also got good family and also probably the friends I made in there as well and that I’m still friends with now. You know that includes the TASC group, so all of those people collectively just being I suppose friendly and helpful and informative helps pull you through dealing with all of the rubbish we’ve got to deal with.” (PwSCI)

(Czuba et al., 2017)

Working with complexity

- Acute services relatively straightforward
- Most services are set up based on the assumption of a normative trajectory
- Barriers experienced when recovery does not follow assumed pathway
- Successful outcome routinely relies on hidden privileges
- Complexity not well addressed e.g.
  - Multimorbidity
  - Psychosocial factors

a) Multi-morbidity

- People with multimorbidity are 3.5 times more likely to have problems with activities of daily living and 6 times more likely to have physical function limitations than those without chronic diseases (Williams et al., 2016)
- The costs of health care are 2.5 times higher for those with multimorbidity compared to people with a single disease (Picco et al., 2016)
- People with multimorbidity have described the experience of health care as ‘overwhelming, draining and complicated’ and that care is fragmented, ‘like being split into pieces’ (Ploeg et al., 2017)

Closer to home?

- Prospective outcomes of injury study found co-morbidities to impact outcome from injury (Derrett et al.)
- Comorbidity at time of injury related to significantly worse outcomes at 12 months for people following major trauma (Czuba et al., 2017)

b) Psychosocial factors

“There was no education, nothing for the kids to say look, you know, this is what’s happened to your dad. He’s gonna get right. None of that. I got turfed out of hospital and ‘you’re an out-patient now, good luck’ that’s all we saw [….] A bit of psychology, bit of counselling would have gone a hell of a long way. I mean, I cos, again I had to develop all the strategies for me to function with my family, with my friends, with people.” (Following major trauma)

“I don’t think doctors and just everybody [usually] understand how you feel and what kind of things you’ve gone through with head injuries. It really messes with you and just changes everything [. . .]” (PwTBI)

(Czuba et al., 2017)

e.g. Depression and Vocational rehabilitation

- Dersh et al. 2007
  - n= 1323 chronic disabling occupational spinal disorders
  - Five times as many people developed Major depressive disorder for the first time after injury
- Franche et al. 2009
  - Lost time compensation for work-related musculoskeletal injury
  - n=599 (1 mth) and n=430 (6 mths) post-injury
  - High depressive symptoms 42.9% (1 mth) and 26.5% (6 mths)
  - 38.6% of workers who had not RTW at 6 mths or had recurrences had high depressive symptoms vs 17.7% who sustained RTW
- O'Hagan et al. 2012
  - n=494 injured workers
  - Post injury onset of mental health problems elevated compared to pre injury onset

So…

- Navigating the often fragmented and complex system can exacerbate suffering
- Need structures and processes in place that ensure access to optimal recovery does not rely on people alone
- Existing siloed funding structures fail to manage complexity well
- Whether pre-existing or not, psychosocial factors have the potential to impact outcome for people following injury
- A more active, explicit and integrated engagement with psychosocial factors is necessary and may yield greater cost-benefit in the long term

Some reflections….

1) The blurry edges: Establishing entitlements
2) ‘People before process’ or does process prevail?
3) What about the other half?

2: ‘People before process’ or does process prevail?

ACC's pendulum is swinging the right direction, advocates say

TOM PULLAR-STRECKER
Last updated 16:42, March 4 2016

ACC boss Scott Pickering says it will be a couple of years before work to better harness its "mountain of information" kicks off.

ACC is moving in the right direction by pushing ahead with a $456 million overhaul, people dealing with the state-owned insurer say.

Spinal Trust chief executive Ben Lucas, who chairs ACC's serious injury advisory group, said there was always going to be apprehension about changes.

Case managers

- A tension between delivering on person centred practice (PCP) in the legislative context
- Key performance indicators frequently act in conflict with PCP:
  - Timeframes
  - Compliance
- Leads to transactional versus interactional engagement with claimants
- Frequently constrained by the possibility of review in the future

Health providers

- Perceive ACC requirements to limit their ability to function in a truly person-centred way
  - Reporting requirements
  - ACC goals vs patient goals
- Feel constrained in their ability to draw on their own clinical reasoning
- Struggle to navigate the boundaries of ‘ACC as client’ or ‘patient as client’

In reality…

- ACC, necessarily, a process-heavy organisation
- Complex system often reliant on subjective decisions of individuals
- Legislative context potentially contributes to a transactional approach
- Potential for ACC to have undue influence over how rehabilitation is delivered
  - Pros and cons!!

Some reflections….

1) The blurry edges: Establishing entitlements
2) ‘People before process’ or does process prevail?
3) What about the other half?

3) What about the other half?

- Major gap between injury versus illness in NZ
- E.g. Traumatic Brain Injury versus stroke impacts access to:
  - Rehabilitation beyond acute phase
  - Housing modifications
  - Care needs
  - Social rehabilitation
  - Vocational rehabilitation
  - Weekly compensation

BEYOND WOODHOUSE: DEVISING NEW PRINCIPLES FOR DETERMINING ACC BOUNDARY ISSUES

Ken Oliphant[*]

This paper argues that there is a need to identify new, mid-level principles that provide guidance as to how to draw the boundaries of ACC for as long as it remains a scheme of limited scope. The Woodhouse principles are not suited to this task as they point towards a universal scheme, embracing both injury and illness. The author believes that it is necessary to adopt a principled approach to what is included in ACC and what is left outside. The paper concludes by suggesting that these new principles should be based on a consideration of the nature of the dual public/private responsibility for incapacity and that where the question, "is it legitimate to leave this category of incapacity to the private sphere?" is answered negatively, there is a case for extending the scope of ACC coverage, even if this means transgressing the boundary between injury and illness.

I INTRODUCTION

The boundary issues I am concerned with are summarised in the following question: Which injuries or incapacities are best covered by ACC, and which may reasonably be left outside the scheme? I believe that a principled approach to such questions is necessary, but that the relevant principles have not been subjected to sufficient critical examination in recent times. My starting point is that the Woodhouse principles, despite their critical role in the establishment of the scheme and their undoubtedly iconic status, cannot serve as the foundation for today's ACC. They point towards a universal scheme, embracing both injury and illness, not a scheme limited by and large to the former. Accordingly, they can provide little assistance in determining where the boundaries of a limited scheme are best drawn. As a consequence, the dividing line between (compensable) injury and (non-compensable) illness has assumed a significance that it does not warrant, and the consequent "accident focus" has effectively precluded the selective extension of ACC rights into the

* Senior Lecturer, Cardiff Law School. I am extremely grateful to Richard Gaskins and Geoff McLay for their encouragement and patience while I refined the arguments in this paper, and for their lucid and penetrating comments on previous drafts. The article is much better than it would have been without their assistance, even if there is still much within it with which they would strongly disagree.

An old argument that remains unresolved

Oliphant argues…

- Woodhouse principles of *community responsibility* and *comprehensive entitlement* do not distinguish between injury and illness
- Numerous attempts to expand the scheme have been largely thwarted due to cost OR necessary changes to entitlement
- The woodhouse principles don't in themselves offer useful guidance on the boundary issue in the context of a limited scheme
- Proposes a principle-based approach to determine the boundaries

In summary

- ACC contributes to increased access, capability and knowledge advance in rehabilitation
- Looked on globally as a one-of-a-kind, world class system
- But, a range of complexities hamper the operationalisation of optimal rehabilitation practices
  - Particularly over time, in the context of enduring impact on individuals and whānau
- Important to note that these complexities are not isolated to ACC, but rather are reflective of system-wide issues that we need to tackle

References

- Czuba K, Anstiss D, Kersten P, Rohan M, Terry G, Kayes N, Smith G & Siegert R. (2017). *Outcomes after Trauma: a 12 month follow up report. A report commissioned by the Accident Compensation Corporation New Zealand.* Auckland: AUT University.
- Dersh J. et al. (2007). Do Psychiatric Disorders First Appear Preinjury or Postinjury in Chronic Disabling Occupational Spinal Disorders? *Spine*, 32(9), p.1045-1051.
- Franche R-L. et al. (2009). Course, Diagnosis, and Treatment of Depressive Symptomatology in Workers following a Workplace Injury: A Prospective Cohort Study. *The Canadian Journal of Psychiatry*, 54(8), p.534-546.
- Giri P. et al. (2009). Perceptions of illness and their impact on sickness absence. *Occupational Medicine*, 59(8), p.550-555.
- McPherson KM. (2007). Evaluation of Vocational Rehabilitation under the IPRC Act 2001. A report commissioned by the Accident Compensation Corporation New Zealand. Auckland: AUT University.
- O'Hagan FT, Ballantyne BJ, Vienneau P. (2012). Mental Health Status of Ontario Injured Workers With Permanent Impairments. 103(4), p. 6.
- Oliphant, K (2004). Beyond Woodhouse: Devising New Principles for Determining ACC Boundary Issues. Victoria University of Wellington, 35(4), p.915.
- Picco L, Achilla E, Abdin E, et al. (2016). Economic burden of multimorbidity among older adults: impact on healthcare and societal costs. *BMC Health Serv Res*, 16, p.173.
- Ploeg J, Matthew-Maich N, Fraser K, et al. (2017). Managing multiple chronic conditions in the community: a Canadian qualitative study of the experiences of older adults, family caregivers and healthcare providers. *BMC Geriatrics,* 17, p.40.
- Williams JS & Egede LE. (2016). The Association Between Multimorbidity and Quality of Life, Health Status and Functional Disability. *Am J Med Sci,* 352, p.45-52.