Clinical Director Role

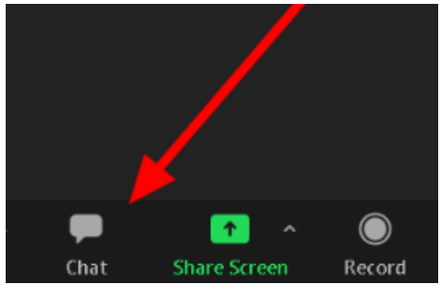
Application in the Allied Health Services Contract

DATE: 9 June 2022

He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

HOUSEKEEPING

- This Webinar is being recorded to be used as learning material for those unable to attend today.
- Please place yourself on mute to avoid background noise.
- If you have a question, please use the ‘Raise Hand’ function.
- The Chat is open – please place your questions in the chat which we will answer throughout the session.
- Presentation recording, slide deck and supporting resources will be shared after the presentation.



Introductions

- **Anthea Clements**
  Clinical Partner, Health Partnerships, ACC
- **Greg Swann**
  Portfolio Manager, Allied Health, ACC
- **Kay Conafray**
  Portfolio Advisor, Allied Health, ACC
- **Lisa Hansen**
  Hand Therapy NZ
- **Lyndall O’Loughlin**
  Hand Therapy NZ

PURPOSE OF PRESENTATION

- To build an understanding of the Clinical Director role and how it should be applied under the Allied Health Services contract
- To build connections with other Clinical Directors (and Hand Therapists)
- To provide resources and information for more support.
- To review an example of an HT14

Clinical Director Definition

CONTRACT DEFINITION

13. CLINICAL DIRECTOR

13.1. Unless clause 13.3 applies, the Supplier must appoint a Clinical Director who is named at Part A, clause 2 and ensure that a Clinical Director is always in place. If the Supplier appoints a new Clinical Director before the End Date, the Supplier must give ACC notice in writing of the new Clinical Director as soon as practicable after the appointment.

13.2. The named Clinical Director will have a minimum of 5 years of experience in the area of clinical practice. For Hand Therapists, the Clinical Director will have a minimum of 5 years of experience as a registered Hand Therapist and will hold current registration as a Hand Therapist. For Podiatrists and Physiotherapists, the named Clinical Director must hold, or attain by 31 December 2024, a post-graduate certificate in an area relevant to their clinic's practice.

13.3. Where the Clinical Director is not named at Part A, clause 2, the Supplier will have until 31 December 2024 to meet the requirements outlined in Part B, clause 13, and must ensure that a Clinical Director is always in place from that date. The Supplier must give ACC notice in writing before 31 December 2024 of the Clinical Director that the Supplier has appointed, and must give ACC notice in writing of any changes to that appointment.

Read First

CONTRACT DEFINITION

Who can be a Clinical Director?

<u>Interpretation</u> of the Allied Health Service Schedule – Clause 13.2

- The named Clinical Director will have a minimum of 5 years of experience in the area of clinical practice.
- For Hand Therapists, the Clinical Director will have a minimum of 5 years of experience as a registered Hand Therapist and will hold current registration as a Hand Therapist.
- For Podiatrists and Physiotherapists, the named Clinical Director must hold, or attain by 31 December 2024, a post-graduate certificate in an area relevant to their clinic's practice.
- If your clinic does not have someone who meets these requirements you must subcontract the role externally.
- *<u>Note:</u> If your Clinical Director changes or you wish to subcontract, you must advise ACC via the Health Procurement team*

WHAT THIS MEANS IN PRACTICE

Supervisor

Senior Therapist

Mentor

Lead Clinician

Manager

The Chief

Boss

Leader

RESPONSIBILITIES

Service Schedule – Clause 13.4

13.4. The Clinical Director will:

13.4.1. conduct internal audits of the quality of clinical record keeping against the requirements outlined in the relevant Service standards, code of ethics and practice thresholds; and

13.4.2. provide clinical oversight, assist with diagnosis, and assist with the establishment of causation and treatment planning where required for Service Providers providing Services under this Service Schedule;

13.4.3. ensure that all Service Providers are competent, appropriately experienced, trained and qualified to provide the relevant Services;

13.4.4. check the clinical records and provide a clinical review in accordance with Part B, clause 13.10 prior to the 16th consultation for each client. This review will include a review of the diagnosis, treatment plan and opinion regarding causation. Documentation of the review is required in accordance with the template outlined in the Operational Guidelines and will form a part of the client's comprehensive clinical record;

RESPONSIBILITIES

13.4.5. an exemption to Part B, clause 13.4.4. is permitted where there is specialist oversight of the client's treatment and/or the client is receiving specialist input as part of their treatment;

13.4.6. ensure that ACC's specific induction and orientation is provided to all staff at the Supplier's clinic before they commence independent practice or, in the case of administration staff, before they work unsupervised;

13.4.7. induct and assess each Service Provider on the quality and safety of their practice;

13.4.8. ensure that all Service Providers have read the ACC Partnership Agreement and a signed copy of the declaration is kept on file at the Service Provider's clinic;

13.4.9. ensure that in-service training requirements are undertaken by all Service Providers and administrative staff as they are made available by ACC;

13.4.10. work with ACC to resolve any clinical performance concerns that are identified.

Clause 13.5 – Hand Therapists

13.5. Clinical Directors who are Hand Therapists must ensure that Associate members of Hand Therapy New Zealand are subject to regular peer review measures conducted by a Full member of Hand Therapy New Zealand.

SOLE TRADERS AND SMALL CLINICS

- **Sole Trader**
  - If sole trader has less than 5 years experience, they cannot be the Clinical Director, however they can assume the role and will be responsible for keeping up to date with ACC requirements and managing day to day contract maintenance
    - *Note: If they do not reach 5 years experience by December 2024 then they will need to subcontract the entirety of the role after this time*
  - Cannot complete Progress reports on their own clients so they must sub-contract this component throughout the Contract

- **Small Clinic**
  - If an in-house therapist has 5 years experience they can be Clinical Director, however, they will need to subcontract their progress reports externally to someone who does meet the requirements. In-house Clinical Director manages ACC matters
  - If there is not an in-house therapist with 5 years experience all Clinical Director duties must be subcontracted
    - *Note: If there will not be any therapists who reach 5 years experience by December 2024 they will need to subcontract the entirety of the role after this time*

INVOICING FOR EXTERNAL CD'S

How does ACC pay for Subcontracted CDs?

- Invoices should be submitted by the treating clinic to ACC for an HT14
- Payment is made to the treating clinic
- Payment to the sub-contracted CD will need to be arranged by the Contract holder to the CD.

WHY IS IT INCLUDED IN THE CONTRACT?

- To make sure Clients are getting necessary and appropriate treatment to get back to independence after an injury
- To help your teams understand what the Contract means and how to apply it in practice.
- To upskill and grow your people as clinicians

WIIFM....

“What’s In It For the Hand Therapist?” you’re asking

- Positive impact on your clinic and your clients
- Opportunity to grow your own leadership and clinical skills
- Support treating clinician in explaining ACC process to client
- Connect with others in the industry
- Deeper understanding of working with ACC for the benefit of your clients and clinic.
- Replacement of an aspect of the ACC32 system

*“If your actions **inspire** others to **dream** more, **learn** more and **become** more, you are a leader”*

John Quincy Adams

WIIFC....

"What's In It For the Client" you're asking

- The client feels listened to and reassured by consulting with (another) senior clinician
- The client better understands what is behind any change in ACC supports
- Check that the Client has the right treatment at the right time

"In any given moment we have two options:

To step forward into growth, or to step back into safety"

Abraham Maslow

PROGRESS REPORTS

The What, the When and the How

WHAT: Progress reports are a check on whether treatment is for the injury covered by ACC, appropriate for the injury, and to provide clinical guidance to the treating clinician. They are intended for Clinical Directors to ensure things remain on-track throughout treatment and as a mentoring tool.

WHEN: A report can be completed at any point during the care of a client, where additional oversight is identified as being required to ensure further treatment remains appropriate. However, as a minimum requirement, the clinical director must review and provide a report on claims prior to the client's 16th visit. A review is not required if the client is under Specialist supervision or is about to discharged from treatment. (A progress report is not required for all clients).

HOW: Some PMS Systems have a built in Progress Report, or you can use the template we will supply today. It's important to ensure you make time to provide feedback to the treating clinician to be confident they are learning from the experience.

PROGRESS REPORT EXAMPLE- 28 year old woman

1	**A review of the Mechanism of Injury** *Please explain how the reported accident event has caused the clients injury*
	Initial injury 2015 FOOSH Compound #'s radius and ulnar - plates in situ both bones. 2016 mugging injury and radius broke at prox end of plate - longer plate put in place. Altered nerve sensation since with pain. 2017 attempt to remove plate and bone snapped through screw holes,further surgery to correct with intramedullary pinning of ulna . Current issue is IM nail is prominent in the wrist space causing pain .
2	**A review of the injury and clinical diagnosis** *Please confirm the client's current injury diagnosis. If the client's diagnosis has changed, please ask the treating provider to Complete the ACC32 application form online explaining the rationale for the change of diagnosis*
	The current diagnosis is ulna sided wrist pain due to impingement of the rod in the ulna wrist space .ACC have accepted this and approved removal of the rod .

PROGRESS REPORT EXAMPLE

3	**A statement on causation considering (1) and (2) above** *Please explain how the accident event cause the current injury diagnosis and how this is linked to the treatment provided.*
	The ulna sided wrist pain has been confirmed by surgeon -is due to the length of ulna /current position of the IM nail impacting on the carpus and funding has been approved by ACC for removal of the nail and ulna shortening . Patient is awaiting a date for surgery in May .
4	**Review the Current Treatment Plan** *Please summarise the treatment which has been provided to date and provide detailed comment on whether this was necessary and appropriate to treat the covered injury.*
	Of recent times the treatment has been wrist traction,which the patient feels gives great temp relief of symptoms in conjunction with splintage that immobilises the wrist for the patient at time of flares/aggravation . Historically all treatment has been appropriate to gain range and power and function . .

PROGRESS REPORT EXAMPLE

5	**Documentation of any recommendations and actions that the treatment provider will need to consider (including changes to the treatment plan, onward referral or investigations)** *Please explain why further treatment is required and what your recommendations are to treat the covered injury.*
	Discussion was had with the treatment provider and also with the patient on the fact that the hands on traction is only providing temporary relief and is not a long term solution . The patient is fearful of operative solutions due to her prior experience.The HT 14 assessor after review of the notes and discussion with the Rx provider meet with the patient face to face to discuss .patient is now happy to cease Rx until the operation .

PROGRESS REPORT EXAMPLE

6	**Expected outcome with consideration to any recommended changes** *What is the expected course of recovery for the client given your review any recommendations please specify the number of treatments required over what length of time*
	Patient is happy to go forward with operative procedure and seek Rx again only after the procedure .
7	**Liaison with provider undertaken** *Please detail our discussion with the treating provider following your review regarding the treatment given to date, expected course of recovery and discharge date? What was the outcome f the discussion* Record of discussion: Yes both verbal and written discussion and Rx notes for the face to face visit
	Yes both verbal and written discussion and Rx notes for the face to face visit

Applying cover questions

Consideration	Questions
The accident	• What is the accident? • What was the mechanism? *For example, uncontrolled fall* • What was the degree and type of force involved in the accident?
The injury	• What were the initial consequences as described by the client? • How have those signs and symptoms evolved since the accident? • How do the current examination findings or symptoms compare with the initial assessment findings?
Co-morbidities	• Are there any pre-existing issues? • How might these impact on the client's ability to recover? • How can I talk to the client about these?
Delayed lodgement or request for support	• How much time has passed between the accident and the client's first presentation, assessment, or support need? • Do the support needs relate to the covered injury and accident? • Is there an explanation for the delayed lodgement/request for support?

Applying cover questions

Consideration	Questions
The diagnosis	• What's the natural history of the condition, including background prevalence, demographics and the nature/quality of evidence? • Is there a revised diagnosis and what information influenced it? • Does the history you've taken align with earlier histories taken by other providers?
Clinical evidence	• If there is specific clinical evidence or research that support's the causal link, then include.
Supports	• What are the client's **injury related** needs? • Have the injury related needs been separated from any non-injury related needs? • Are the client's injury related needs permanent or likely to change (improve of deteriorate) with time? • Are there a range of options available to address the injury related needs? • Have the pros and cons of each of the range of treatment options been considered? • Are they proportional to the injury – includes cost.
Outcome	• What outcome are we expecting to achieve? • How will we measure this?

RESOURCES

- Allied Health Services Schedule – the Contract
  https://www.acc.co.nz/assets/allied-health-services-service-schedule.pdf
- Allied Health Services Operational Guidelines
  https://www.acc.co.nz/assets/contracts/allied-health-services-operational-guidelines.pdf
- Clinical Governance and Leadership Guidelines
  https://www.acc.co.nz/assets/provider/clinical-governance-leadership-guideline-physiotherapy-acc8153.pdf
- ACC Enabling rapid decisions on cover and entitlements for wrist and hand injuries
  https://www.acc.co.nz/assets/provider/rapid-decisions-cover-entitlement-whi-conditions-acc8217.pdf
- ACC Learning Modules
  https://learning.acc.co.nz/login/index.php
- General Queries - Contact the ACC Allied Health Portfolio Team – alliedhealth@acc.co.nz
- Subcontractor or changes of Clinical Directors - Health Procurement Team - health.procurement@acc.co.nz

Questions?