

7 Designated Doctor Training Session



MINISTRY OF SOCIAL
DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

GP CME 2014



We help New Zealanders to help themselves to be safe, strong and independent
Ko ta mātou he whakamana tangata kia tū haumarū, kia tū kaha, kia tū motuhake

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Today's Menu

- Purpose
- What would you like to be covered today – or in the future?
- Context
- Process – Pre-consult, Introduction, Assessment, Report
- The Future – Training, Feedback, Peer Review

➤ Purpose

- The Role of the Designated Doctor (DD)
- Reasons for referral to a DD
- Context – a look at the evolving Welfare environment
- An overview of Work & Income's processes
- A guide to the assessment itself



Context

- Past View (pre-2007) – people with a Disability or Health Condition were “too sick” to be expected to consider work. They were not offered work focused support.
- Welfare Reform – influenced by the “Health Benefits of Work” evidence – W&I is focused on supporting people to achieve a better future for themselves and their families by helping them find suitable work when this is appropriate



Context – under Welfare Reform

- Application of an “Investment Approach”
- MSD undertook an Actuarial Review of Welfare Benefits to better identify situations which were associated with high cost through long term benefit dependency.
- Lead to more focus and resources being focused in these areas – e.g. youth, young solo parents, and some clients on SLP(previously assumed to have no work capacity – (e.g. disability or mental illness)



Benefit Transition

People receiving these benefits before 15 July 2013	From 15 July 2013 have moved to:
<ul style="list-style-type: none">• Unemployment Benefit• Sickness Benefit• Domestic Purposes Benefit<ul style="list-style-type: none">• Women Alone• Sole Parent if youngest child is aged 14 or over• Widow's Benefit – without children, or if youngest child is aged 14 or over	Jobseeker Support
<ul style="list-style-type: none">• Domestic Purposes Benefit - Sole Parent if youngest child is aged under 14• Widow's Benefit – if youngest child is aged under 14	Sole Parent Support
<ul style="list-style-type: none">• Invalid's Benefit• Domestic Purposes Benefit – Care of Sick or Infirm	Supported Living Payment

➤ Terminology

- **Job Seeker Support (JSS)** – Combination of Unemployment and Sickness Benefits – may have full, partial or deferred work obligations
- **Supported Living Payment (SLP)**– old Invalid Benefit – no expectation of any work capacity for at least 2 years
- **Medical Appeal Board** – a panel of 3 health professionals (usually at least 2 medical practitioners) who offer an independent opinion on disputes between clients and Work & Income

➤ Terminology cont:-

- **Open Employment** – any mainstream employment that anyone can apply for – but does not mean that anyone would be referred to a particular job if it was not “suitable”
- **Suitable Employment** – employment that takes into account an individual’s condition and circumstances, including the limitations , and support they may need.

➤ Terminology cont:-

- **Reasonable Accommodations** – this is not a cheap flat! It is adjustments and supports that can be made to a work environment that enables a person with a disability or health condition to be employed – e.g. flexible hours; specific equipment; workplace modifications
- **Supports and Services** – there are a wide range of different services and supports specifically targeted at enabling employers to more readily take on employees with disabilities or health conditions

➤ The Referral – Work & Income

- The Case Manager (CM) decides they do not have adequate health information to make a benefit decision – usually confer with the Regional Health & Disability Team
- The CM discusses the referral with the client and offers them a choice of local Designated Doctors
- The CM then rings the Medical Practice and makes an appointment



The Referral – W&I continued

- There is an expectation that the person will be assessed within 10 working days from the referral
- The CM will send out – a DD Referral (includes the reason for the referral); relevant supporting information such as Medical Certificates and the like; the appropriate report to complete, and the Host Doctor report request
- Please ensure you get all the necessary documentation in time



Referral – DD side

- Make sure your staff are familiar with the process for a referral
- Ensure they know how many referrals you are prepared to take on a month, your preferred time, and how long you need to see the person
- Ensure they reinforce the need for the documentation to be complete and timely
- If practicable – get a phone number for the client and the case manager

➤ Pre-assessment

- Read the referral as soon as it arrives to get a flavour of the reasons for a second opinion
- Make an effort to get a Host Doctor report – this is probably most efficiently done by telephone – both in terms of time taken, and content. Make a brief note of the time, date and content
- If in doubt about the referral contact your Regional H&D team – or the case manager

➤ The Assessment - Introduction

- Remember the assessment begins the moment you first see the client
- The introduction is vital – consider having a standard script which you use every time explaining you are being asked to provide an independent second medical opinion to assist W&I to make their decision on benefit eligibility
- You make a Medical Assessment – Work & Income make the Benefit Decision

The Assessment - context



- In considering the barriers to a Return to Work (RTW) we need to use a Bio-psychosocial model – and look at the whole picture
- The DD assessment is focused on the Medical Component of this – looking at the impact of the noted medical conditions on the person's work capacity.
- Non-medical issues may be noted but these cannot be regarded as Medical Impacts

➤ The Assessment – Diagnosis

- It is not the role of the DD to diagnose the person's condition nor engage in any treatment options
- The diagnosis (or diagnoses) should be clarified by the usual health practitioner prior to referral
- You may be asked to indicate which diagnosis (if any) is impacting on the person's capacity to undertake suitable work



The Assessment – SMARTIES - How Health may affect Work

- **S = Stamina** – How long could they maintain a sustained or repetitive activity?; is morning or afternoon a better (or worse) time?
- **M = Mobility** – walking, bending, capacity to get around both home and community
- **A = Agility** – dexterity, posture, co-ordination
- **R = Rational** – mental state, mood
- **T = Treatment** – e.g. side effects, duration

➤ Assessment – SMARTIES cont.

- **I = Intellectual** – cognitive abilities
- **E = Essential** – job requirements or restrictions – either statutory (truck driving) or Industry Standards (food industry)
- **S = Sensory** – hearing, vision, touch (factors that may affect the safety of the individual or others)



Assessment – DETTOL

How Work may affect Health

- **D = Demands** – of the job, physical, intellectual
- **E = Environment** – shop floor (dust, noise)
- **T = Temporal** – shift work, early starts
- **T = Travel** – business travel, between sites
- **O = Organisational** – working alone, difficult customers
- **L = Layout** – of the work place, ergonomics

➤ Report

- Remember this is a Medical Certificate – is a legal document with your signature on it, and is discoverable (the client gets a copy anyway)
- The report is going to a non-medical case manager so needs to be in plain language
- The majority of reports will be on a variant of the Work Capacity Medical Certificate and be focused on the person's capacity for suitable work



Reports cont:-

- The exceptions are:-
- Child Disability Allowance (CDA) – here you will get a specific Medical Certificate for CDA and the focus is on the extra care and attention the principal caregiver needs to provide where there is an established “Disability”, over and above that provided usually for a child of similar age

7 Reports cont:-

- Supported Living Payment – Carers
 - This is a Benefit paid to a person who is caring for a person (other than their spouse) who would otherwise require hospital-level care (or its equivalent). It is the person being cared for who will be required to be assessed – and there is a specific Medical Certificate for this situation.



Review Rights

- Any complaints by clients about your report should be referred to Work & Income
- Do not see the clients again
- It is Work & Income's responsibility to deal with any issues the client has had with their DD appointment and report
- If you ever get a complaint channelled through the Health and Disability Commissioner's office let me know asap.



The Future

- Re-Designed Report template
- An E-form – with E-lodgement
- On-going Training
- Feedback on reports
- Peer Review options



Remuneration

- There will be a Fee increase
- This will date from 1 July 2014
- The Fee for a Designated Doctor assessment will increase to \$250
- Other fees will be similarly adjusted
- A Training support programme is to be developed and funded

➤ Fee Increase – from July 1, 2014

Task required	Current (+GST)	Proposed (+GST)
Completion of a report	\$106.00	\$250
Non-attendance fee	Up to \$56.00	\$125
Mileage allowance	\$1.32 per km	\$1.32 per km
Administration fee	\$20.00	\$25.00
Host doctor report	\$40.00	\$75.00
Training budget	-	\$100,000
Total annual budget	\$551,145	\$1,300,000



The End

- Questions?
- Contact – Dr David Bratt
 - Principal Health Advisor to MSD
 - Email david.bratt001@msd.govt.nz
 - Phone 04 916 3330
 - Mobile 029 6600075