"FINDING SOLUTIONS FOR RAF" initiative by APRAV / SAMLA

Feedback from Workstream 1 (Medical & Healthcare aspects);

Sub-stream 4 (Protection & Case Management)

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A. PREAMBLE

For the purpose of this report, the definition of Case Management drafted by the Case Management Association of South Africa (CMASA) is broadly deemed to be relevant when consideration is given to the case management needs of victims of road traffic accidents in South Africa:

> *"Case Management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options, and services to meet an individual's and family's comprehensive health needs, through communication and available resources; to promote patient safety, quality of care, and cost effective outcomes."*

Based on our own experiences working with RAF cases, coupled with reports from other colleagues, it is clear the case management of road accident victims urgently requires a major overhaul of all aspects of operation. Aspects identified requiring review broadly include existing policies and procedures, the appointed case managers and the case management team, post hospitalisation medical intervention, disability management, provider services, return to work processes, financial management and the protection of allocated funds.

B. IDENTIFIED KEY AREAS, ISSUES AND RECOMMENDATIONS

In attempt to provide some structure to this proposal, we have categorized the different main areas identified as needing attention into the following broad categories:

1. Case Management: current RAF policy and infrastructure.
2. Various case management considerations, pertaining to the appointment and credentials of case managers, the case management team, training and support, cost considerations, etc.
3. Matters pertaining to the section 17.4(a) undertakings issued by RAF.
4. Identifying instances when a Curator Persona may need to be appointed.
5. Identifying instances when funds allocated to a beneficiary may need to be protected and how this can best be done.
6. The importance of effective teamwork between all role-players.

Within each of these categories, we have identified major issues of concern, with recommendations for consideration.

1. CASE MANAGEMENT: CURRENT RAF POLICY AND INFRASTRUCTURE

ISSUE 1: LACK OF TRANSPARENCY OF EXISTING CASE MANAGEMENT PRACTICE

There is lack of clarity and transparency to all stakeholders and the public about the current CM infrastructure – both nationally and regionally.

Recommendation 1

Clear and detailed document is required in respect of RAF's existing CM policy. Such information should include (but not necessarily be limited to):

- Number of CMs (hospital & field/community) employed by RAF countrywide,
- Broad overview of the qualifications & experience of employed CMs.
- Broad overview of case/workload and geographical areas covered per CM.
- CM job description, scope of practice, training and ongoing support received.
- Criteria used to identify the need for case management involvement.
- At which stage during process is a CM typically appointed, and for what period?
- To what extent are the RAF CMs expected and able to render a service to their allocated clients, and what continuation of CM is provided:
    - Pre-settlement (i.e. before merits and quantum have been determined),
    - Once the merits have been determined;
    - Post-settlement (i.e. once quantum amount has also been finalised)
        - for cases when no trust / Curator Bonis is appointed, versus
        - for cases where a trust / Curator Bonis is appointed, which typically also involves the appointment of an independent Case Manager. Overlap then of dual CM services?

Recommendation 2:

RAF should provide an overview, from their perspective, of existing challenges, and what they believe is / is not working in terms of CM services provided. This should be done in collaboration with other stakeholders.

2. VARIOUS CONSIDERATIONS PERTAINING TO CASE MANAGEMENT INTERVENTION

ISSUE 2.1: IDENTIFYING THE NEED FOR CASE MANAGEMENT INTERVENTION

There are many known cases whereby a case manager was never appointed, even though this was clearly indicated. This has repeatedly been to the detriment of many road accident victims, who would likely have experienced less complications (with associated cost implications), and whose quality of life would likely have been improved, had a case manager been timeously appointed. This problem applies equally to direct claims and legally represented claims.

Recommendation 1:

Protocol guidelines should be drawn up to identify cases where case management intervention will more than likely be required. Flagging criteria should include: the nature and severity of the injuries (e.g. severe traumatic brain injuries, spinal cord injuries, amputees, etc.) as well as relevant socio-economic factors (e.g. inadequate home facilities, lack of social support, etc.).

Recommendation 2:

Case management should be regarded as being a critical and essential service for identified cases, and future policy should incorporate case management as being an integral requirement in terms of applied practice and for budgeting purpose.

ISSUE 2.2: WHEN SHOULD A CASE MANAGER BE APPOINTED?

It is understood that the merits of a case need to be finalised before RAF is able to invest in case management and treatment costs; however, it is also well known that delayed intervention can lead to complications and result in much higher costs being incurred in the long-term. This problem is applicable to both direct and legally represented claims.

Recommendation 1:

Establish clear guidelines and criteria giving the earliest stage in process when cases may be referred for initial case management intervention. (For example, even if the merits of the case have not been 100% finalised but there is reasonable indication from the police and emergency medical service reports that RAF will be at least partly liable for costs, referral for case management intervention should not be delayed if indicated.)

Recommendation 2:

Develop systems for early identification of need for case management intervention, based on factors including nature and severity of injuries, socio-economic factors, etc.

Recommendation 3:

Guidelines / protocol should be drawn up for a brief initial screening assessment to then be done by a CM as soon as possible, to identify key areas requiring future intervention. This is important to prioritise needs and costs, and to ensure that at least basic needs are met timeously to aid recovery.

ISSUE 2.3: REQUIRED CREDENTIALS OF APPOINTED CASE MANAGERS

There may be a need for nurses to be appointed as case managers in acute hospital settings or when specific longer-term nursing needs are identified. However, many of the existing RAF-appointed case managers are not adequately qualified to deal with the management of significantly disabled individuals or rehabilitation issues.

Recommendation 1:

Only health care practitioners who are experienced in rehabilitation and / or disability management (preferably occupational therapists, physiotherapists, speech therapists) should be appointed as rehabilitation case managers.

ISSUE 2.4: THE ROLE OF THE CASE MANAGER

Although the specific duties of a case manager will vary from case to case, no broad outline of job functions and responsibilities have evidently been compiled. Individual case managers are consequently often burdened with the responsibility of determining the nature and extent of interventions indicated for each client.

Recommendation 1:

The roles and responsibilities of the Case Manager must be broadly defined. While specific duties will vary from case to case, these duties must be performed within the conscripts of such broad guidelines. The system should support a client-centred approach to case management.

Recommendation 2:

All appointed case managers need to be educated on the broad scope of practice, which should include but not be limited to:

- Assess, predict and monitor ongoing medical and rehabilitation needs of the injured over their life course.
- Co-ordinate a planned multidisciplinary care programme and supportive cost-efficient services with set goals and outcomes and monitor quality of care issue including medication.
- Arrange for hospital admission and other medical and rehabilitation consultations as required as well as advise claimant on their medical benefits.
- Determine the burden of care together with needs of the client. Facilitate caregiver's appointment where necessary for the client ensuring caregiver training that is supportive while encouraging independence and self-sufficiency wherever possible.
- Facilitate family education regarding the claimant’s medical condition, health promotion and prevention strategies, the nature of undertaking / contract with the RAF as well as and trust fund processes and limitation.
- Recommend and oversee appropriate and cost-efficient home alteration and / accommodations to enable accessibility (in collaboration with architects and construction workers).
- Assist with transport solutions, which may include recommended vehicle adaptations, driver training and vehicle safety measures.
- Recommend appropriate wheelchairs, seating and all other required assistive and medical devices, equipment and supplies appropriate to changing needs over the life course.
- Enable basic and instrumental activities of daily living such as shopping / paying bills, access education, social participation, productive use of leisure time

- Return to work or alternative productive occupations should be explored wherever possible to develop the worker role, and thereby provide meaning and purpose in activity participation as well as possible financial reward.
- Determine the reasonableness, appropriateness and financial viability of all goods and service provision.
- Liaise between claimant/ family, care / treating team, and legal / financial entities.
- Understand the medico-legal processes and context.
- When applicable, assist with review and processing of invoices and payments.

ISSUE 2.5: CASE MANAGEMENT TEAMWORK AND DIVERSIFICATION

Case managers currently often function in isolation, doing what they consider best, typically based on their only personal backgrounds, professional qualifications / expertise and life experiences. This can become problematic when:

- A case manager is dealing with a clinical condition / situation that is outside of their area of expertise and / or
- When cultural differences between a case manager and client may cause misunderstandings and different prioritisation of needs.

Recommendation 1:

Every effort should be made to improve collaborative case management teamwork, which will ultimately help to improve service delivery to claimants – and this should be done at a regional and national level.

Recommendation 2:

Each case management team should be as diverse as possible, in terms of required expertise, and with due consideration being given to the cultural demographics of claimants being served within geographical area.

ISSUE 2.6: BRIEFING OF THE CASE MANAGER

Case managers are often not adequately briefed and are given scan information at referral stage, which places extra burden on them to source relevant information to enable them to do their jobs properly.

Recommendation 1:

A uniform and relatively standardised referral system should be established. Referrals should include:

- Relevant information about the individual being referred, including contact details.
- Information about the accident and injuries sustained.
- Details of any post-accident complications that may have developed.
- Medical/ rehabilitative interventions provided during the pre-settlement phase.
- Details of assistive devices/ equipment / orthotics / prostheses / home alterations / care which have already been provided.
- Details of any particular existing and / or anticipated future challenges.

ISSUE 2.7: CASE MANAGER CASELOAD BURDEN

Many of the RAF case managers seem to be over-burdened by high and / or complex caseloads and travel demands, especially when dealing with clients in outlying / rural areas. This obviously affects the quality of service rendered.

Recommendation 1:

Within each region, caseload allocation needs to be carefully analysed and structured to ensure optimal services and prevent case manager burnout.

Recommendation 2:

When indicated, additional / private case managers should be recruited on a contract / ad hoc basis to assist with caseloads.

ISSUE 2.8: CASE MANAGEMENT TRAINING AND GUIDELINES OF PRACTICE

Case manages have a very specialised role to play in the provision of services to road traffic victims – to ensure co-ordination of interventions and optimal outcomes for such victims. No specific training, guidelines of practice or opportunity for career development in this field exists.

Recommendation 1:

Formal guidelines of practice should be drawn up, and an accredited training programme should be established to improve the professionalism and efficacy of case management services.

Recommendation 2:

RAF should liaise with relevant organisations (such as the Case Management Association of South Africa) to ensure adequate standards of practice and when a suitable training programme is developed.

ISSUE 2.9: COSTING FOR CASE MANAGEMENT SERVICES

Costing for case management services can be challenging because of the different needs of the victims of road traffic accidents, as well as the variation of hours of service and rates between different case managers.

Recommendation 1:

Broad guidelines should be developed to clarify the amount of case management intervention typically required for different categories of cases - but with leeway being given for each individual case, based on an initial needs' assessment.

Recommendation 2:

An RAF determined hourly rate tariff should be applied for all appointed case managers.

ISSUE 2.10: SUPPORT AND MONITORING OF CASE MANAGEMENT SERVICES

Case managers currently tend to function in a vacuum, without receiving the support and advice that is often needed. There is also no reporting or hierarchal system in place to promote accountability of the case manager and / or to monitor services rendered.

Recommendation 1:

Experienced practitioners of identified core disciplines should be readily available via the regional RAF officers to educate / advise / monitor case managers as necessary. These disciplines should include by not necessarily be limited to the following: clinical psychology, neuropsychology, occupational therapy, orthotics and prosthetics, physiotherapy, audiology / speech and language therapy, etc.

Recommendation 2:

A system should be put in place to monitor the interventions of each case manager on a regular basis.

3. THE RAF UNDERTAKING - SECTION 17.4(a)

ISSUE 3.1: LACK OF AWARENESS OF WHAT MAY BE CLAIMED AND HOW TO CLAIM

Very few beneficiaries are aware of what may be claimed **or** how to access intervention covered by a RAF undertaking. Several factors contribute to this problem, including:

- Lack of knowledge of what they are entitled to receive;
- Lack of know-how about who they may approach for treatment and how to successfully apply for and process claims;
- No dedicated person or team is available to advise individuals about their undertaking rights, processes involved, and to monitor and process claims timeously.

Recommendation 1:

Establish a campaign for ongoing education with all stakeholders (including the public, victims of road accidents, legal practitioners, health care practitioners, etc.) about the Undertakings and how to successfully process claims according to the Undertaking.

Recommendation 2:

Detailed information should be given to the victims at the time the undertaking certificate is issued. The attorneys representing claimants, or a RAF official (for direct claims), should declare by way of signatories from both parties that the Undertaking certificate has been clearly explained to the individual (or a family member) in a language or a manner that could be understood.

Recommendation 3:

Establish a dedicated undertaking management team in each region – to advise clients and service providers, assess and process undertaking claims, monitor expenditure, etc.

ISSUE 3.2: DIFFICULTY MAKING USE OF THE UNDERTAKING WHEN THERE IS AN APPORTIONMENT OF DAMAGES

Road traffic victims whose claims have been settled on the basis of apportionment of damages have great difficulty making use of an Undertaking – typically as they do not have funds to cover the portion of costs for which they are responsible.

Recommendation 1:

The RAF should calculate the total cost of the products / services to which the traffic victim is entitled – on the basis of the apportioned value of the total costs claimed (valuated undertaking) – and then allow for benefits to be claimed at 100% up to the apportioned value.

ISSUE 3.3:

SERVICE PROVIDERS' RELUCTANCE TO ENGAGE DUE TO PAYMENT ISSUES

Suppliers and outpatient providers are often unwilling / reluctant to treat or provide services to road traffic victims to whom an Undertaking has been issued as there are no guarantees or proper systems in place to ensure prompt payment of services.

Recommendation 1:

Case management intervention is needed to ensure that the beneficiary receives the treatment needed, and that these services are promptly paid for by the finance team. However, this also necessitates that appropriate systems be put in place within the respective finance department/s.

Recommendation 2:

Tariff guidelines should be established for routine services, to expedite processing of claims.

ISSUE 3.4: OVER-SERVICING BY SOME SERVICE PROVIDERS AND SUPPLIERS

There are some reports of over-servicing by some service providers and suppliers.

Recommendation 1:

A case manager should always be appointed for claimants with complex condition, to co-ordinate and monitor the goods and services being provided.

Recommendation 2:

For regular service provision costs and / or high cost items, pre-authorisation for payment should be requested. This should be accompanied by a letter of motivation explaining the need for the service and / or product.

4. CURATOR PERSONAE

ISSUE 4.1:

IDENTIFYING WHEN A CURATOR PERSONUM MAY NEED TO BE APPOINTED

There are a few instances whereby a road traffic victim is not able to take responsibility for himself, his safety health and well-being, or to make decisions that will impact on his life – and no family member is available to perform these functions on his / her behalf.

Recommendation 1:

A Curator Persona should be appointed in such instances with the express power to:

- Exercise authoritative powers with regards to matters to pertaining to the individual's person as well as his / her physical and mental well-being.
- Determine where the individual is to live.
- Determine if the individual should proceed with undergoing medical / surgical / dental procedures, and by whom.
- Engage (and terminate) the services of a caregiver.
- Take whatever measures are necessary to ensure the well-being and safety of the patient.

Note that in some instances it may be more appropriate for a Case Manager (only) and not a Curator Persona to be appointed. However, as an appointed Curator Persona has more legal power than a case manager, a Curator Persona may need to be appointed in instances where legal liability regarding decisions to be made may become relevant.

5. PROTECTION OF FUNDS

ISSUE 5.1: PROTECTION OF FUNDS OF BENEFICIARIES WHO ARE DEEMED MENTALLY INCAPACTATED FOR MANAGING OWN FINANCAL AFFAIRS

The formal protection of funds awarded by the RAF is typically deemed essential in instances where the beneficiary of the award has been found to be mentally incapacitated to manage his / her own financial affairs. It is our experience however, that family members are often not properly informed about the legal dictates or the mechanism of protecting such funds.

Recommendation 1:

All involved parties (including the legal parties and family members) should be adequately informed about all the pros and cons of curatorship versus trustee management of the allocated funds, so that the most appropriate informed decision can be made for each individual.

ISSUE 5.2: PROTECTION OF VULNERABLE BENEFICIARIES, NOT DEEMED MENTALLY INCAPACITATED, TO HANDLE THEIR OWN FINANCIAL AFFAIRS

There is ongoing concern about beneficiaries, where there are no legal grounds for the 'rights' of the individual to handle his / her own affairs to be withdrawn, but who are deemed vulnerable for different reasons, including:

- Individuals who have little, if any, knowledge or experience relating to the investment / management of such funds;
- Individuals who are deemed to be vulnerable, e.g. because of a physical impairment (e.g. quadriplegia), emotional vulnerability, and / or because of risk of family members / friends embezzling the funds.

Recommendation 1:

Systems should be put in place to promote asset management education e.g. by way of referring claimants to accredited financial advisors, issuing claimants with financial management education brochures, etc.

Recommendation 2:

Measures should be put in place to ensure an ongoing income over time, especially when awards are specifically allocated for future loss of income – to ensure that ongoing monthly payments are received over lifetime and not depleted too quickly. In such instances, it will obviously be important to have a clear understanding of who will be disbursing the fund, e.g. RAF or an investment company.

Recommendation 3:

In certain instances, it may be advisable for a trust to be established, and for the claimant to be appointed as one of the trustees – bearing in mind that we are referring here to individuals of 'sound' mind.

ISSUE 5.3: THE IMPORTANCE OF A CASE MANAGER BEING APPOINTED BY CURATOR BONIS OR TRUST

It is our experience that the appointed Curator Bonis and / or Trustees are often narrowly interested in managing the relevant finances, and they rarely have the time, knowledge or interest in being able to determine the specific needs of the beneficiary and whether certain expenditures are necessary.

Recommendation 1:

Any Curator Bonis or Trust appointed to manage the funds awarded to a road traffic victim should be encouraged to appoint a case manager / special advisor whenever this may be indicated, to assess the individual's needs at any given stage and advise the Curator as to what services / products are required.

6. TEAMWORK OF ALL ROLE-PLAYERS

ISSUE 6.1: POOR COLLABORATION BETWEEN ROLE-PLAYERS

In many instances, several role-players may be involved in the management of road accident victims and / or the available funds (e.g. hospital or medical aid case managers, attorneys, curators, trustees, case managers appointed by the court, etc.). Collaboration and teamwork between these different role-players is often minimal or absent.

Recommendation 1:

Mutually beneficial relationships need to be established between the various role-players to best meet the client's needs.

Recommendation 2:

Meetings should be held between all role-players whenever this is deemed necessary.