Designated Doctor Workshops - 2008

Introduction

The presentation today will cover the following:
• Context around the changes.
• The role of the designated doctor.
• What the changes are.
• Intended outcomes.
• The new designated doctor process
  – referral
  – billing and payment.
• Key contacts.

Context

In the past processes for Sickness Benefit and Invalid’s Benefit only focused on:
• paying and administering the benefit
• full and correct entitlement.

In addition there will now be a focus on:
• clients and engaging with them;
• providing clients with the right services and support to enable them, where appropriate, to prepare for a return to employment.

The role of the designated doctor

Designated doctors are engaged by Work and Income
NGO to provide an independent medical opinion that assists
the case manager by:
• indicating medical entitlement to benefit
• identifying a person’s capacity for work
• identifying possible services or treatment.

What are the changes?

• New referral process.
• New reporting documents.
• New supporting health and disability roles.
• Making greater use of existing information.

Intended outcome of the new process

• To support case managers, regional health advisors and regional disability advisors by providing an independent medical opinion.
• To recognise the client’s abilities and identify obstacles to their participation in the workforce.
• To support consistency between designated doctor reports.
Triggers for referral

A case manager may consider referring a client to a designated doctor when:

- the client's General Practitioner has indicated on the Work and Income Medical Certificate that they are not best placed to provide the information
- the diagnosis is unclear
- the information provided on the medical certificate or other supporting health or disability information is ambiguous or conflicting
- a previous Work and Income medical certificate contains a substantially different diagnosis or recommendation.

Triggers for referral (continued)

Referral reasons:

- The duration recorded on the medical certificate appears to contradict the condition.
- The client is engaged in activities that appear to be at odds with recorded incapacity.

Referral reasons specific to Invalid's Benefit:

- There is inadequate information in the medical certificate or other supporting health or disability information to establish medical eligibility to Invalid's Benefit.
- The client is unable to produce a copy of the medical certificate.
- The client chooses to see a designated doctor.

New designated doctor process

- Referral by case manager:
  - documents that will be sent.
- Reporting:
  - completing reports
  - seeking usual practitioner reports.
- Billing and payment.
Information for health practitioners

The Work and Income Medical Certificate provides clear guidance on whether a person is fit for work or not. It allows clients to identify their condition and their ability to work in a flexible way. This certificate will also be used to justify the time the person is unable to work.

When can the certificate be completed?
- The certificate can only be completed by registered medical practitioners or dentists. It cannot be completed by medical practitioners who are not registered in the relevant category of the register.
- To complete the certificate, a medical practitioner must have examined or treated the person.
- The medical practitioner who completed the certificate must be a registered medical practitioner or dentist.

Who is the certificate for?
- The certificate is provided to people who have lost their income or are unable to work due to sickness, injury, or disability.
- The certificate is also provided to people who are on sickness benefit, independent youth benefit, or invalid's benefit.

Sickness Benefit
- Sickness Benefit is a type of income support paid to people who have lost their income due to sickness or injury.

Independent Youth Benefit (Sickness)
- The Independent Youth Benefit (Sickness) is a type of income support paid to young people aged 16 or 17 who are unable to work due to sickness or injury.

Further information
- For more information, please visit the Work and Income website at www.workandincome.govt.nz.
- To contact Work and Income, you can call 0800 WORK (96757) or visit your local Work and Income office.
**Designated Doctor Report**

### Information for case managers

- **Case manager's name**
- **Case manager's contact details**
- **Date of birth**
- **Gender**
- **Client's contact details**
- **Client's postcode occupation**
- **Client's usual GP**

### Diagnosis

1. **What are the main clinical conditions or disabilities impacting on the person's ability to work? Please include physical, mental health and intellectual conditions/disabilities.**
   - **Medication**
   - **Diagnosis**
   - **Type of condition**

2. **What other conditions are impacting on the person's ability to work? Please include medical, psychological, social or other conditions/disabilities.**
   - **Medication**
   - **Diagnosis**
   - **Type of condition**

3. **Is the impact of the condition on the person's ability to work likely to be intermittent?**
   - **Yes**
   - **No**

4. **Please provide any additional diagnosis details below:**

### Current treatment or intervention

- **Type of specialist(s)**
- **Name of specialist(s)**

### Impact on ability to work

- **Is the person totally blind (VA ≤ 12/200 with corrected)?**
- **Does the person, either alone or with any assistance, undertake any paid work, or are they unable to work for up to 50 hours or more per week?**
- **Does the person's condition, injury or disability prevent them from regularly being in open employment for at least 4 hours or more per week?**
- **Is the person's condition expected to last at least 6 years?**
- **Is the person's condition expected to last less than 6 years?**
- **What date can the person return to work?**
- **When should the person's situation be re-assessed?**

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**Please note:** Please include the date from which the person was first assessed and the management of their medical condition. The date indicated is the client's last assessment of benefit.
Scenario 1: Indicated by the General Practitioner on the medical certificate

You receive a referral from a case manager for a client aged 37 years.

The referral indicates the General Practitioner (GP) has advised that they are not best placed to complete the medical certificate. The case manager also has concerns about the person’s ability to work and therefore entitlement to Sickness Benefit.

In preparation for the assessment and to request clarification, you fax a Host Doctor/Usual Practitioner Report through to the client’s usual practitioner who advises a telephone conversation would be more convenient.

You phone him and he tells you the following story:

The client is an immigrant who has been in New Zealand for four years (he meets the residency criteria for income support). He trained as an engineer in his home country of Zimbabwe and now wants to gain registration in New Zealand. The industry body has indicated that he must gain experience in the New Zealand system and work practices. To this end he has obtained a volunteer position at a large engineering firm, working around 35 hours per week. He spends the rest of his time studying towards his New Zealand examinations.

With three young children, his wife is unable to work and finances have become very tight.

He applied for the Sickness Benefit to provide some additional income. He visited the local GP with whom his family is enrolled and the GP completed an initial medical certificate. The Sickness Benefit was granted on a diagnosis of stress and depression. The income provided some relief, however finances became tighter and things become rather desperate.

At this next visit, the GP advised the client that he is unable to continue certifying him as unable to work 30 hours per week, as he clearly is working for the engineering firm.

The client completes the certificate themselves and demands that the GP sign it, or they will have no option but to commit suicide. The GP signs the certificate but indicates they are not the best person to complete the certificate and recommends a second opinion.
Scenario 2: Unable to determine entitlement from available information

You receive a referral from a case manager for a 23 year old male.

The medical certificate completed by the client's usual General Practitioner (GP) notes the diagnosis as "Fatigue" (there is no READ code) and the impact on ability to work simply states "lack of motivation". The GP has indicated that they do not think this person will ever be able to undertake training, light duties or full-time work. The GP has further indicated that they are unable to work 15 hours per week and that the condition is likely to last more than two years.

The case manager is not prepared to extend the Sickness Benefit or to grant an Invalid's Benefit based on the information in the medical certificate, so has referred him to you for a second opinion.

On meeting the young man, he presents with poor hygiene, long unkempt hair and tattoos on his hands, arms and neck. His extensive muscle development indicates that he may be using body building drugs. At the outset of the assessment he makes it very clear that he does not want to be there and simply wants to continue on the Sickness Benefit. He expresses rather derogatory comments about the case manager who made him attend the assessment.

On examination he has a sallow appearance, and rather fast pulse, though his other vital signs are unremarkable. He has a fine motor tremor that you assume is related to his alcohol intake. Otherwise his system examination is unremarkable.

He refuses to entertain any suggestion about his ability or suitability for work, though he does indicate that he earns money by working for cash jobs for his mates. You choose not to press him as to the nature of this work.
Scenario 3: Duration exceeds expectation for this condition

You receive a referral from a case manager for a 34 year old woman.

She has been on Sickness Benefit for the past five years. Her medical certificates are completed every 13 weeks by her usual General Practitioner (GP). Each certificate appears to be exactly the same with the diagnosis simply being coded as:

E2003 Anxiety with depression

Apart from being on long term tricyclic medication, the GP has not indicated that the client is undergoing any active treatment. There is no indication that her condition affects her ability to work.

Work capacity simply indicates that she is unable to work more than 15 hours per week and that she should be next re-assessed in 13 weeks time.
Scenario 4: Engaged in activities that appear to be at odds with recorded incapacities

You receive a referral from a case manager for a 19-year-old university student.

It is the second week of January and the student has completed two years of their degree in social sciences.

On the referral, the case manager notes that the student has recently returned from an eight-weeks holiday on the Gold Coast and has now applied for the Sickness Benefit.

Their General Practitioner (GP) has completed a medical certificate indicating that the student is suffering from:

E28. Acute reaction to stress

The GP has indicated that the person is likely to be capable of training in one to three months. You assume that this is when they will return to university. The work incapacity also indicates that they are unlikely to be able to undertake any light or selected duties in the next one to three months.

When answering the reassessment question the GP has ticked “Never”

In answer to Question 21, the doctor has stated “Recent break-up with girlfriend and taking this hard”.
Scenario 5: A previous medical certificate contains substantially different diagnosis or recommendations

You receive a referral from a case manager for a 60 year old client.

She has now been on Sickness Benefit for several years. She was once a librarian at the local university.

Her medical certificates are usually completed by her regular General Practitioner (GP), however a young locum doctor has completed this for him while he is taking an extended family holiday.

The regular medical certificates are simply completed for back pain (N145). She was on ACC for four years before coming onto Sickness Benefit. ACC determined that her back pain no longer stopped her from working more than 35 hours per week, and so ended her compensation.

The locum has completed a new medical certificate and lists the following diagnosis:

N143. Sciatica
1369 Suspect alcohol abuse - denied
13F3. Lives alone - no help available
C25. Thiamine and niacin deficiency states

While the locum indicates that the patient is receiving no active treatment, she recommends that treatment of her alcoholism would help her back to work. She also recommends a nutrition assessment.

In answering question 13 the locum says the client could be ready for light duties in one to three months time.
Scenario 6: Diagnosis is unclear

You receive a referral from a case manager for a 56 year old male.

He has applied for Sickness Benefit on the basis of a medical certificate completed by the doctor working at the local Accident and Emergency Medical Centre.

In completing the referral the case manager notes the fellow is a plumber who has no regular General Practitioner (GP) as he is usually well and moved into town about six months ago.

The medical certificate indicates that the doctor believes they are best placed to complete the certificate. The diagnosis is recorded as:

R040. [D]Headache

There is no indication that further treatment is required. The certificate indicates that the client is unable to work as the headaches stop him from concentrating and focusing on small objects.

He is deemed not to be able to work 15 hours per week, though this is not expected to last more than two years. He is unable to work from the date on the certificate and should be reassessed in 13 weeks time.

Under comments the doctor has written "Good man, but terrible nasty head pain"
Scenario 7: Conflicting Information on the medical certificate

You receive a referral from a case manager for you to review a medical certificate from a well known General Practitioner (GP) in town.

The application for Invalid’s Benefit has come from a 38 year old male who has recently been diagnosed with insulin dependent diabetes. He works as a truck driver for the local quarry and is proud that he had not had a “sickie” for over three years, apart from the last few months when he has been struggling with feeling faint and having to pee all the time.

He was an active sports person in his “younger” days, and now coaches school rugby as his kids are in high school. He keeps himself fit, though he could lose more weight. He does not smoke, but is very fond of takeaway meals and eats these most days. He denies receiving any advice about diet or weight management from any doctor.

The medical certificate indicates that he is enrolled with the practice of the GP and that the GP is the best person to complete the certificate. The diagnosis is entered as:

C10. Diabetes mellitus

The man is not in hospital and from the certificate it would appear that he is not under the care of a specialist. Question 10 simply states “Now on insulin”. There is no information on how the condition affects the person’s ability to work.

In response to the work planning questions, the GP has stated that he is unlikely to be ready for work planning in the foreseeable future.

Work capacity indicates that he cannot work 15 hours per week in open employment and that the condition is likely to last longer than two years.

The doctor suggests his entitlement to benefit should “Never” be reassessed.

Under comments the GP has simply written “Expect rapid decline in health status”