



CMScript

*Member of a medical scheme?
Know your guaranteed benefits!*

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The Clinical Review Committee receives a wide variety of enquiries and complaints with regards to the physical rehabilitation of members who suffered a Prescribed Minimum Benefit (PMB) condition requiring therapy. In order to provide guidance on what treatment is included as PMB level of care, it is important to understand the definition of physical rehabilitation and the provisions in the Medical Scheme Act 131 of 1998.

Rehabilitation of PMB Conditions

Physical rehabilitation is an area of medicine that aims to enhance and restore the functional ability and quality of life for people who suffer from physical impairments and / or disabilities. Rehabilitation may assist in regaining and improving many bodily functions, including bowel and bladder problems, chewing and swallowing, problems with thinking or reasoning, movement or mobility, speech, language, emotional and social adaptation to new circumstances, and coping with daily activities.

The goal of rehabilitation therapy may not be to regain full functionality as before the incident while the goals may be small or large. Each patient has an individual treatment plan that is developed to address the specific needs of the patient. It is also important to acknowledge that the treatment plan will focus on reaching the best functionality for the specific patient. In certain cases a patient may need to learn how to take care of themselves as much as possible by performing tasks such as eating, bathing, using the bathroom and moving themselves from a wheelchair to a bed. In other cases the patient may regain full functionality of body parts.

Conditions that may require rehabilitation

A multitude of conditions may affect your ability to function adequately. The conditions that are included in the PMB regulations that may necessitate physical rehabilitation include but are not limited to:

- Brain disorders and injuries such as stroke, multiple sclerosis, intracranial haemorrhage (bleeding)
- Chronic pain caused by cancer or any other condition
- Major bone and joint surgery necessitated by fractures, trauma or limb amputation
- Severe rheumatoid arthritis
- Severe weakness after recovering from a serious illness e.g. heart attacks, respiratory failure or infections
- Spinal cord injuries
- Major trauma after an accident such as a motor vehicle accident
- Difficulty in breathing, eating, swallowing, bowel, or bladder control due to non-progressive neurological (including spinal) condition or injury



How is physical rehabilitation requirements measured?

Rehabilitation experts use many tests to evaluate a patient's problems and monitor their recovery including achievement of functional benefit where necessary.

All cases of physical impairment need to be evaluated by a multidisciplinary team. The team will record a detailed assessment evaluation and may also use a scoring chart to detail the patient's current physical, cognitive (thinking, reasoning, or remembering) and mental capability.

The scoring chart that is used most often in the industry is the Functional Independence Measure (FIMTM) score. The FIMTM score chart provides a uniform system of measurement for disability and is based on the International Classification of Impairment, Disabilities and Handicaps. It measures the level of disability and indicates how much assistance is needed for the specific patient to carry out daily activities. The FIMTM score chart can be used in different diagnoses and conditions.

In South Africa functionality is coded according to the International Classification of Functioning, Disability and

Health (ICF). ICF is the World Health Organisation (WHO) framework for measuring health and disability. ICF was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001 as the international standard to describe and measure health and disability.

A multitude of other scoring systems exist in the world. However, all scoring systems have both positive and negative aspects based on comments by users of these scoring charts.

The choice of scoring chart used to measure disability and functioning is not as important as long as the same scoring chart is used to determine the member's progress throughout his/her rehabilitation.

What must be funded under PMB level of care?

The PMB Regulations do not clearly articulate what qualifies as rehabilitation and at which point the rehabilitation treatment should be completed.

As such the Office of the Registrar has implemented a directive that rehabilitation must be funded whilst there is functional benefit in the therapy for the member (member still improves in functionality).

Physical rehabilitation include the following types of therapy:

- **Physiotherapy** – Physiotherapy rehabilitation aims to improve physical function and well-being so that the patient can integrate back into their lifestyle activities whether at home or work. Physiotherapy should focus on changes to functional disability and lifestyle restrictions based on the patient's own goals for functional improvement. Some of the techniques used include hydrotherapy, exercise and massage therapy.
- **Occupational therapy (OT)** – OT focuses on increasing the function and independence of patients by enabling them to perform tasks and activities alone that they struggle with after an incident. This can include teaching patients thinking, reasoning, or remembering (cognitive processes). OT further focuses on adapting the patient's environment, modifying tasks, teaching skills that were lost (such as holding eating utensils) and also education of the patient and family to increase their involvement and performing of daily activities.
- **Speech therapy** – Speech therapists teach patients communication skills, speech and also swallowing. Communication skills is imperative to prevent the patient from being isolated into his/her own little world. Swallowing ability prevents malnutrition of the patient therefore regaining this functionality is important to prevent further complications with feeding.
- **Nursing** – Rehabilitation nurses mainly provide education and instructions on how to use medicines and devices, comfort care, health promotion and prevention of complications. Nurses are often involved in end-of-life care and will ensure that the patient is comfortable and pain free.
- **Psychologists/Social Workers** – Patients very often need to adapt to a completely new lifestyle where they

are not able to do everything they were previously capable of. Patients usually go through the entire grieving process and often need help to work through their emotions and physical losses. Psychologists and social workers assist patients and their families to work through these emotions and to adapt to the new life.

The PMB regulations determine that all these therapists must be funded. As rehabilitation often goes on indefinitely, once the patient reaches a plateau, therapy often changes to prevent further complications such as muscle spasms. All the healthcare providers must submit the initial clinical assessment report to the scheme along with a treatment plan, desired goals and estimated duration to maximise functionality. After the patient reached the plateau the treatment focus must shift from intensive to maintenance treatment. Family members, care givers and patients must be educated to continue with regular treatment at home to maintain functionality. Often, this approach is cost-effective and has the desired outcomes.

It is understandable, that depending on the condition a member suffers from there will be deterioration that requires intensive treatment for a period (e.g. muscle spasm etc.). The provider must submit a report and motivate for funding as PMB. Unfortunately weekly visits to all the therapists may not be affordable to medical schemes and as such the scheme may discontinue funding once a patient reached the plateau. Periodic follow up to assess functionality and support the family to continue therapy may be necessary at periods agreed by the medical scheme and provider. Please note that the need is always based on the patient's clinical circumstances and progress.

References:

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PMBs

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

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