

An Audience With Lisa Brown Coastal Case Management

To kick off our 'Audience With' series, we had a virtual discussion with Physiotherapist, MD, Case Manager and Director, Lisa Brown of Coastal Case Management Ltd.

A respected member of the legal community with over 25 years experience in physiotherapy combined with 10-years experience as a Case Manager.



Q: Thanks for taking the time to speak to us today Lisa. Let's begin with hearing a bit about your background and the things that have lead you to this point.

A: My career spans 24 years as a Physiotherapist. After working in the NHS for a number of years, I decided to leave and set up a private practice. When working in the NHS I was involved in an internal audit and saw how inefficient some of the NHS services could be. My report illustrated that an independent provider could actually provide more cost effective services due to the way in which the NHS, in those days, were budgeting and cost shifting. Rather than charging the true cost per procedure, they simply added on the rate of inflation to each service each year, so the costs keep increasing, even if the cost of a product dropped in price, such as an implant or cost to staffing.

I went on to set up my own company, and built a large physiotherapy practice with a state of the art hydrotherapy pool. I tendered and won NHS contracts for not just physiotherapy, but for orthopaedics and gastroenterology as well. I set up a team of surgeons, and hired the hospital operating theatres and won waiting list initiatives. Now I'm a Physio, but my organisational and management skills showed me that it's crazy not to utilise what's available. For example, with the operating theatres being empty at night, I asked "Can I use them?" and went from there.

I then repeated this process for endoscopy, colonoscopy, carpal tunnel syndrome and shoulders. If I'm honest, it nearly killed me (Laughs Lisa) and I decided yes I can do it, but I didn't want to do it anymore. Managing the people involved in a procedure from start to finish was incredibly hard work. I had an amazing team and could not have done it without them. But that's history.

Q: So how did you go from running a successful physiotherapy practice into the wonderful world of case management?

A: After some business challenges when I took the decision to be a smaller part of something large, I had 7 practices at the time, I ended up being badly burned by unscrupulous business men so I decided to move into the Medico Legal side of things and became an expert witness. I'd had a taste of the legal system through my own experiences as a Physiotherapist, and nothing I could have ever learned in Uni would have prepared me for what I went through, but boy, did I learn fast! As a result of my journey in business and the things I have learned along the way I believe it has given me the tools required to run a successful business. I am the eternal optimist and believe things happen for a reason, I would not be where I am today if I hadn't have gone through the highs and the lows.

Going into the Medico Legal world and being an expert witness as a Physio, I ended up going into lots of properties, and I was introduced to Case Managers that had perhaps instructed me or I was working for their case management companies. I became really interested in the holistic side of things, physio stops with physio, I was also thinking of my older years and how I couldn't keep doing such a physical job. Case Management was looking at everything, from buildings to orthotics, splinting, families and everything that case management covers.

A solicitor whom I met during my expert witness training, Michael Turner, was my inspiration. He suggested I become a case manager and gave me one-to-one mentoring sessions. I joined CMSUK and then 10 years ago set up my company, and it grew from there.

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Many people are intrigued by the things that I am involved in. I am also a co-owner of DG Coastal holidays and have built a transitional unit, which is a category 3 property which is fully adapted to allow independent living for people with disabilities such as paralysis. My background as a Physio and my previous management of building properties gave me the knowledge of what was required.

I see all that I do as being linked, from being a Physio to a Project Manager to Expert Witness and Case Manager. It naturally evolved to the point where our Case Management business has a Rehabilitation Service where we can offer the services of high quality providers of physio, OT and of course prosthetics.

Q: So what makes you so passionate about case management and what is it you love so much about the industry?

A: Whilst as a Case Manager I sit outside of litigation, I think it's about making sure you get fairness and the right settlement for compensation claims, whether that is clinical negligence or personal injury claims, it's making sure you have those skills to help with the solicitors instructing the right people to help the rehab journey. We all know the NHS provides a 'needs lead' service and I go hand in hand with the NHS and work collaboratively with them, supplementing the shortfalls.

For me it's the satisfaction of being able to instruct people to do a job that not only the client needed, but that they would benefit from. This was the bit that really drew me in. Equally, my inquisitive mind is all about, 'So why has this person had 36 sessions of physio?'. 'Where are we going with this?'. Our job as Case Managers is to actually look at whether the treatment is being clinically effective and this kind of falls in with that auditing head of mine and looking at the outcomes.

We spend our whole life as Case Managers looking at goals, creating meaningful goals for the patient and then helping our therapists to set those goals to help other patient achieve their aspirations.

Q: How would you describe the importance of good case management and the role it plays in rehabilitation?

A: It is making sure your outcomes are being achieved and if they are not, never being scared to say 'Let's change'. Actually sometimes its about personality and sometimes its about timing and I come in on cases often quite late in the day where a client has struggled to engage. I may have more success, not because I am a better Case Manager, but because the timing was right and I will go back and address those areas that have been avoided. For instance,

if a client says "I don't want to do language therapy", but our reports indicate that they'd benefit from it, it's looking at ways to engage and help your client to understand the importance and what that actually means for them.

- How does it help them?
- Why don't they want to do their physio?

When you start looking at the risk assessments we do, we'll pick it up as a risk in terms of not going to physiotherapy and talk the client through it. For instance, we'll say "What we're worried about is the risk that you might fall and actually what we'd like to do is stop you having as many falls as you have. If we help you by getting you some physio sessions, we could get you doing all sorts of things like practicing balancing on one leg, which can help improve your balance". You then begin to get the clients buy in as they can see the tangible benefits to them, like being able to go to the shops on their own. As a Case Manager, we are the intermediary between the therapy teams and try to link them all to overarching goals. You have to keep relating their individual activities with function and relating the individual successes to these larger goals. We also have to consider many things along the way, for example, will this person go back to work, and if so, what type of work? Ultimately, we enable people to achieve the best possible outcome.

When I work with children it's making sure we have the right Education and Healthcare Plan (EHCP) in place, making sure we have the right academic support, right the way through to where are they going to go at sixth form. If a child leaves education after their case settles, which invariably it will, I've also got to be forward thinking and start thinking about, well ok the EHCP reaches until they are 25. They're going to be leaving education at 18; what are they going to do and where are they going to go. Do they want to go horse riding for example? We open up a whole new world of what life could be like after school. Overall, it's about giving the client something that benefits them as opposed to something they just need. 'Function over form'.

Q. Why do Coastal Case Management use Dorset Orthopaedic?

A: We at Coastal continuously use Dorset Orthopaedic because we think your aftercare service is really, really good, and it's something I've always been impressed with. That and the patient feedback of how safe they feel coming to Dorset Orthopaedic. I think that's a very key thing that patients say.

If there's a patient that's going to be having knee replacement surgery and it's delayed for whatever reason, but they want to get out, walk and get functioning, I'll just pick up the phone and say, 'Do you think you could do an offloading brace for me?'

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In that scenario, Kim Pickering did just that for me which reduced the clients pain, allowed her to function and gave her confidence.

So it's a very small thing you did and it took just a couple of meetings to give my client a brace, and it made all the difference.

Q: How did that make you feel about bringing clients to Dorset?

A: I think it says to people that you don't just do amputation stuff like Osseointegration, but other things for Case Managers as well. For example, It's really important for us to know your Pysios are there, I said to Mary (Dorset Physio) the other day, 'I've got this lady who's at home, would you be able to cobble together some exercises for me?' Mary did them straight away and nothing was too much trouble. I love the reception area where there a prosthetic limbs with silicone which all my patients are absolutely so impressed with. I love the new wheel chairs on display for patients to see that you now offer a rounded service.

Q: How do you think companies like Dorset help Case Managers throughout the process?

A: I think for me when I'm doing my INA (Immediate Needs Assessment), solicitors want to see that. So for example, I'm jointly instructed on a patient at the moment who had an accident in March, they suddenly had to have an above knee amputation and caught COVID-19, I have been able to speak to Matt Hughes (Dorset MD) and say to him, 'Things have to be slightly different with this particular lady', who had been told she's never going to get on a prosthetic limb in any event. That distressed the family and Matt suggested that a prosthesis may even help this lady with transferring etc. I was able to then get a price from you very really quickly, so I can put that into my INA so that my defendants know.

It's great that I can get a clear breakdown of costs just to get everybody on side so they know what it's going to cost them. It may be less, it may be more. But I like that I can just get that from Dorset quickly and your Initial Needs Assessments come out really fast. So I like that!

It's trusting that you will get together the INA because we can't start the rehabilitation process with the defendant unless he's fully engaged. INA that literally sets out what the ongoing costs, relating to the treatment will be. If they know that from the outset, then they know what they're dealing with. No point hiding somebody that's had an amputation saying they're not going to have a prosthetic limb because you know that the chances are even this lady at the age of 80, is going to have a prosthetic limb.



Q: Where do you think the biggest challenges or opportunities to the industry will be over the next few years?

A: I am quite a positive person and so I always see the glass half full rather than half empty and I can see that there are opportunities for the whole world of litigation to do things differently and actually reduce some costs. I frequently travel to London, Worthing and Brighton charging for my time, travel and petrol, and this is bad for the environment. Actually we've had some very successful remote NHS MDT meetings with our private therapist. The challenges that we face as case managers at the moment, is not being able to visit our clients at the hospital. It would be great just go and find the people that I want to talk to and talk to them.

I think the challenge with the NHS is that they can still hide behind this huge data protection type thing and say, we can't use Zoom or FaceTime, but from the private sector, I've seen some great things going on.

I think the challenges for hands on therapy will always be there, but with education and proper PPE being provided we will overcome these challenges. Rehabilitation Centres will do the risk assessments and ensure they have a robust system in place to tackle the issues around COVID 19. I think come the beginning of next year there are many sessions that can still work, even if we are still social distancing and physios and clinicians are wearing PPE. It is a whole new way of working, and for me, I am so pleased to have the different aspects to my career.

Lisa Brown is Managing Director at Coastal Case Management Ltd and is also experienced Case Manager and expert witness, working with patients with catastrophic injuries. Lisa is also a Chartered physiotherapist with over 25 years' experience and a Director at CMSUK.
