Extended Term Management Plans (ETMP) and Pre-payment Arrangements (PPA) Board Policy

1. *Extended Term Management Plan*

The Board recognises that patients have varying health goals and priorities that may require varying timeframes to address. Furthermore, the Board recognises that chiropractic management may address various health goals and priorities over differing timeframes. Chiropractors may recommend ongoing care even in the absence of symptoms to address longer term functional goals.

1.1 ETMPs must:

- be clinically warranted and justifiable;
- align with the patient's presentation and health care goals; and
- be entered into without pressure or coercion.

1.2 Each patient must be given an indication of:

- the clinical impression (or abnormal findings) relevant to determining the chiropractic management and how this may alter the management from any previous treatment schedule;
- the proposed ETMP;
- the objectives of the ETMP; and
- the estimated time-frames to achieve these objectives.

For a 'maintenance' or 'wellness' care plan, explanation of the objectives or goals of maintenance and or wellness care is sufficient but must be communicated to and acknowledged by the patient. ETMPs must exhibit clinical evidence that would support the need for further chiropractic care and/or use of a new care plan or evidence that the patient has requested ongoing chiropractic care. All patients must be re-revaluated at the end of a three (3) month period, or sooner if clinically indicated, to review, alter or discontinue their existing management plan.

1.3 If a patient is offered an EMPT, but does not agree to it, the chiropractor must make provisions to either provide for short term chiropractic management or provide a referral to another chiropractor.

1.4 The chiropractor must take steps to ensure that the patient clearly understands the nature of the reason behind the ETMP and its intended outcomes. The chiropractor should not guarantee outcomes or create false expectations.

1.5 Any management plan must in the first instance address the patient's stated reasons for seeking chiropractic care (i.e. presenting complaint). If the patient's purpose for seeking care includes symptomatic relief or assessment of a particular problem, the management plan must address this (which may include referral for co-management) as well as other relevant clinical findings and document agreed goals of care. *See also section 7 of the Board's Competency Based Professional Standards for Chiropractors document.*

1.6 Management plans must separate initial or symptomatic, reconstructive or corrective and maintenance or wellness 'phases' of care and be evidenced by clinical and review notes made by the chiropractor. Every patient interaction must conform to Board standards expected of a chiropractor.

1.7 Any care plan must be based on the total patient presentation and clinical findings. Where x-rays are taken care plans must not be based on x-ray findings alone.

1.8 Any care plan must not pre-determine a visit or management schedule greater than clinically warranted.

2. Pre-payment arrangements

Chiropractic management plans that have a contractual basis for pre-payment of care must comply with the following:

2.1 The chiropractor must ensure the patient clearly understands all terms and conditions before signing the agreement;

2.2 Allow the patient a cooling off period of seven days, during which time the patient can terminate the arrangement and owe only the costs of the visits and services used at the chiropractor's pay per visit rate;

2.3 Patients must be allowed to withdraw at any time;

2.4 The arrangement must have the flexibility to allow for change in the patient's circumstances, and:

- Be in writing (on a contractual basis);
- Be signed by both the chiropractor and patient indicating consent by both parties to enter into the plan; and
- Have a copy provided to the patient.

2.5 It is explained, to the patient, prior to commencement of chiropractic care, whether the arrangement is time based or visit number based;

2.6 The patient must be made aware of all potential costs, penalties or implications involved in breaking the arrangement; these must also be detailed in the agreement. Any termination fees or costs incurred must be fair and reasonable;

2.7 Calculation of any refund, should either party terminate the agreement early, must be detailed in the agreement and explained to the patient prior to signing. At no stage will the patient be liable to pay any amount larger than the originally agreed amount however this is not inclusive of any reasonable administrative fee.

DATE ADOPTED: February 2013

DATE REVIEWED: February 2015