

RNZCGP conference report

This year’s conference of the Royal New Zealand College of General Practitioners (RNZCGP) promised, and delivered, lively debate on its theme of ‘Meeting the Challenge’.

Held in Rotorua in July, the four-day conference attracted guests from throughout the country as well as Fiji, the United States and Canada. The notion of ‘change’ – in New Zealand’s health care system and in general practice – dominated the keynote addresses, orations and conference workshops, with other important themes including the centrality of lifelong-learning in general practice, primary care and the need for continuity of care to improve patient outcomes.

Key speakers included:

- »» the RNZCGP’s Dr Tony Townsend, who suggested that, as patients’ usual first point of contact with the “often frightening” world of medicine, GPs should stay in contact throughout their patients’ journeys towards health – although he warned against the emergence of “Kentucky Fried Medicine”; standardised, commercialised, fragmented care
- »» ACC’s Chief Executive Dr Jan White, who discussed ACC’s role in the Primary Care Strategy. Taking a future-focused approach, she argued that if general practice is moving to chronic care management and people with chronic diseases have more injuries, ACC must develop a broader relationship with the sector, be more proactive and flexible and open to new ideas
- »» Scottish GP Lewis Ritchie, who discussed Scotland’s ‘Rural Framework for General Practice’ and the role of community hospitals in bridging the ground between primary and secondary care
- »» Pat Farry (Director Rural Health Unit, University of Otago) who covered pilot projects for GP rural immersion in New Zealand
- »» the co-leader of the Māori Party, Dr Pita Sharples, who gave a keynote speech entitled ‘How the general practitioner can better support the health needs of Māori. Hands-on skills in the subject were taught in a cultural competency workshop by Peter Jensen, David Jansen and Kira Bacal.

ACC sponsored and organised three workshops at the conference, on traumatic brain injury, burns, and occupational diseases. We also sponsored a prize for our Bond with Us quiz which was won by Dr Malini Jayathissa of Ora Toa Health Services.



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New treatment programmes for reducing pain-related disability

ACC is introducing to New Zealand two standardised, community-based interventions that target the psychosocial risk factors for pain-related disability.

The Pain Disability Prevention (PDP) Program and the Progressive Goal Attainment Program (PGAP) aim to achieve greatly improved rehabilitation outcomes for claimants who experience disability arising from persistent pain. They are designed to start as soon as six weeks post-injury.

Training on the new programmes will be delivered by the person who originally developed them, Dr Michael Sullivan. Dr Sullivan is a Professor of Psychology and Medicine at McGill University, Montreal, Scientific Director of the University Centre for Research on Pain and Disability and the holder of a Canada Research Chair in Behavioural Health. Dr Sullivan has for the past 20 years been developing interventions to prevent disability in people suffering from persistent pain conditions. He has an international reputation for the excellence of his work and as a lecturer on the social and behavioural determinants of pain-related disability.

Dr Sullivan's two-day training workshops, which have been facilitated by Dr Kath McPherson, Professor of Rehabilitation at the Auckland University of Technology, will be held on the dates below. Each will accommodate a maximum of 50 participants, for a \$650 fee that covers the cost of all workshop materials, including the PDP Program or PGAP Treatment Manual and Client Workbook, plus an information video/DVD.

VENUE	DATES
Wellington (Intercontinental Wellington)	Wednesday 29 and Thursday 30 August 2007
Auckland (Hyatt Regency Auckland)	Monday 3 and Tuesday 4 September 2007
Auckland (Hyatt Regency Auckland)	Friday 5 and Saturday 6 October 2007
Christchurch (Copthorne Central)	Friday 12 and Saturday 13 October 2007

To register for the workshops – or to find out more – please contact Glen Redstall on 04 918 7655 or glen.redstall@acc.co.nz. For more detail on the programmes themselves, visit www.pdp-pgap.com.

Reducing access barriers for Māori – new resources

ACC's programme to reduce the barriers experienced by Māori in knowing about, and accessing, help from ACC, has been boosted with the production of five new resources:

- a 30-minute DVD of five claimant stories, which will be used in facilitated settings to show the range of ACC services available and the types of injury covered
- a brochure to help Kaiāwhina (community workers) to promote their services to members of their community and encourage Māori to access ACC services and entitlements
- a brochure summarising ACC's Māori Access Strategy
- a brochure to help Pae Arahi (Māori people contracted to liaise between the Māori community and ACC branches in their areas) to promote their services
- radio documentaries with claimant stories, which will play on iwi stations.

Combined, these resources will reach into the Māori community, encouraging greater awareness of the ACC scheme and how to get help for injuries.

Clinical Evidence Handbooks distributed

As part of ACC's commitment to updating health professionals on international best practice, we're sending complimentary copies of the latest issue of the British Medical Journal (BMJ) Clinical Evidence Handbook to GPs throughout New Zealand.

This issue includes:

- summary information from systematic reviews, covering more than 3000 interventions
- answers to more than 570 clinical questions
- single-page summaries of the key points and treatment options available for each systematic review
- a questions-driven approach that enables quick and easy decisions on treatment options
- a clear intervention table that provides treatment options and prevention strategies at a glance.

The Handbooks should reach all GPs in the next few weeks, and will also be available online. To find out more, or to subscribe, visit www.clinicalevidence.com.

We'd also appreciate feedback on the Handbook. Please send any comments or suggestions to Kimberly-Anne Ford at KimberlyAnne.Ford@acc.co.nz.

Contact details:

New pharmaceutical tools

In response to feedback from ACC's GP Liaison Group, two new tools have been developed to help prescribers understand ACC's criteria for contributions to pharmaceutical costs for tramadol and Cox 2 inhibitors.

They are:

- ❖ the Tramadol – Prescriber Checklist: Guidelines for ACC Contribution to Cost (ACC1173)
- ❖ the Cyclo-oxygenase II Inhibitors (Cox 2 inhibitors) – Prescriber Checklist: Guidelines for ACC Contribution to Cost (ACC2530).

If you're a prescriber, these tools will be useful in judging whether claimants meet guideline criteria for the pharmaceuticals and ACC's conditions for contributing to the cost of their first-time use. They are 'self assessment' tools, so remember to keep them with your patient records and have them available for audit or to send to ACC if further prescriptions are required.

Both checklists are available in the 'For Providers' section at www.acc.co.nz (under Resources, then Pharmaceuticals).

Asian perspectives at acupuncture conference

ACC was the key sponsor for the New Zealand Registered Acupuncturists' Conference, which was held in Wellington between 8–10 June.

Attended by about 120 delegates, the conference included a presentation on the findings of ACC's 'Asian community forums', which were held in Auckland, Wellington and Christchurch in October 2006.

The presentation was delivered by Catherine Hong, ACC's Asian Development Manager, Maori and Community Relations. She explained that the term 'Asian' in this context applies to people from the area encompassing Japan, Afghanistan, Mongolia and Indonesia – some 28 countries, with 50 different languages and cultures – who now comprise more than 9% of the New Zealand population.

The forums aimed, among other things, to raise Asian community awareness and understanding of ACC, and seek feedback from the community on their views. They identified a need for more Asian language resources, a dedicated 0800 Asian phone line, more Asian staff, more ACC information and more forums – all ideas that ACC will incorporate into its strategic direction and business planning work.

Other ACC speakers at the conference included Shona Henderson, Programme Manager, Allied Health Services, who gave an update on ACC and acupuncture, and Karen Mole, ACC Service Performance Manager, who provided a useful guide to completing sections 4 and 5 of the ACC32 (request for prior approval of treatment).

Dental news

Invoicing for dental photos

A note of clarification on the amount dentists should invoice for photographs taken to help determine a claimant's entitlement to restorative treatment, such as crowns.

Most dentists claim DX4 at \$31.90 for a sheet of A4, which usually includes up to eight shots, sides or views of a tooth or teeth. However, given that digital photos can be reproduced for 60 cents on a CD and \$1 on a negative, it doesn't seem fair or reasonable to charge \$31.90 for each photo. If you're unsure whether your invoice will be accepted, please email or call ACC for advice.

Prior approval for dental crowns

Please remember that all crown work requires written prior approval from ACC – and that applies not just to the laboratory aspect but also when starting irreversible treatment.

Research on dental crown evidence-based best practice

Research on the evidence-based best practice for dental crowns has begun. We expect the team selected by the New Zealand Dental Association to begin developing the guideline in about three months.

Diagnostics required

ACC would appreciate X-rays taken at the time of injury.

New appointments at ACC

ACC's Relationship Managers (RMs) will be working with a new regional structure from the end of August.

There will be three regionally based teams – South Island, Lower North Island and Upper North Island – each with its newly appointed Manager Relationship and Provider Performance:

South Island

Nicola Hearn has been with ACC for 13 years, in roles ranging from branch and contract management to her most recent position as Interim Manager Monitoring. She has a substantial clinical background and, having been in the monitoring team since its inception, is our subject matter expert!

Lower North Island

Vanessa Thompson brings 15 years of ACC experience to the role, most recently as Acting Manager for the Provider Relationship Managers. As part of the PRM team since its establishment, Vanessa has been responsible for a number of well received initiatives.

Upper North Island

Sally Bramley has been an ACC branch manager in Whakatane and Wellington and is currently participating in Leadership New Zealand training, sponsored by ACC. Sally is a talented relationship manager, with specialist expertise on interactions with branches.

The teams will work collaboratively to identify and act on opportunities to add value to provider relationships – reflecting a renewed focus on effective, productive relationships within the regions.

Reimbursement for pharmaceuticals

A reminder to prescribers that ACC can reimburse the costs of pharmaceuticals for claimants who meet certain conditions.

The conditions include that:

- the pharmaceutical is needed to help treat the claimant's injury
- the pharmaceutical is classified as a prescription medicine, restricted medicine, pharmacy-only medicine or controlled drug
- ACC has agreed to contribute to its cost.

You can download a 'Request for Reimbursement of Pharmaceutical Costs' (ACC249) and a factsheet explaining the criteria from the 'For Providers' section at www.acc.co.nz. Please give printed copies to claimants who qualify for reimbursements or alternatively they can request one from ACC by phoning 0800 101 996.

The key criteria required by ACC to contribute towards pharmaceutical costs are:

- there must be a registered accepted claim for the injury requiring pharmaceuticals
- the pharmaceutical must facilitate the claimant's treatment for personal injury
- the pharmaceutical is 'reasonably required' as an ancillary service related to treatment
- the pharmaceutical is prescribed by a treatment provider who has statutory authority to prescribe pharmaceuticals.

As an alternative to charging claimants for pharmaceutical costs, pharmacists can directly invoice ACC if they have prior ACC approval for the pharmaceuticals and agreed costs. If you're interested, please contact the appropriate claims manager on (0800 101 996) and ask about getting a purchase order to support 'direct billing approval'.

Definition of 'pharmaceutical'

'Pharmaceutical' is defined in section 6 of the IPRC Act 2001 to mean either:

a prescription medicine, a restricted medicine, or a pharmacy-only medicine, as listed in Parts 1, 2, and 3 of schedule 1 of the Medicines Regulations 1984. Pharmaceuticals are listed in Clause 3 of schedule 1 of the IPRC Act 2001 as an ancillary service related to treatment.