

# ACC News

» A newsletter for health care professionals

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## ACC Launches ‘Covered’ – Public Information Campaign

Research has revealed that large numbers of New Zealanders have very limited knowledge about ACC and the services they can access.

To address this situation, we recently launched a nationwide public information campaign. The three-year campaign is aimed at improving awareness of services people can get when they are injured.

While developing the campaign, we have taken care to ensure it will result in minimal disruption for health providers, as we know the demands and pressures that you work under.

### What the research showed

Findings from the research, conducted in 2003, 2004, 2005 and 2006, point to a widespread lack of knowledge about ACC.

Nearly half of those surveyed didn't know ACC can pay them weekly compensation if they're injured and unable to work. More than half didn't know we help pay doctors' treatment costs. And many people didn't know they could get help at home or with childcare if they couldn't manage these while they recover.

Our concern is that this lack of knowledge is acting as a barrier, preventing people from getting the help they need following injury.

### How the campaign will work

The ‘Covered’ campaign, which started on 18 February, features a mix of TV, radio, print and online advertising, as well as community-based initiatives.

We expect the campaign will generate increased enquiries about ACC, and most of these will be directed to us. We have therefore adjusted our contact and call centre staff accordingly.

A pilot campaign run late last year showed health providers can expect a small increase in enquiries – however, we have developed a range of resources to help you manage these.

The resources, already sent to providers who lodge claims with us, include information to help you answer any questions you receive, as well as posters that steer enquiries direct to ACC.

### Need more information?

If you would like to know more about the Covered campaign, please: phone our campaign information line, on 0800 22 22 34, or visit our website, [www.acc.co.nz](http://www.acc.co.nz) and click on ‘Covered’.

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## Work-related Gradual Process Disease and Infection Update

Most readers know a proposal exists that would allow ACC to accept cover more speedily – and without the level of proof currently required – for a range of gradual process diseases and infections.

Officials are currently advising Ministers on this proposal, and the Minister for ACC will present a paper on the proposal to Cabinet in the near future.

We will keep you updated about any new developments as they happen. At this stage, we expect Cabinet will release their decision on the proposal sometime in March 2007.

## Pilot Studies Explore Access Issues

How can we overcome barriers that prevent people getting help from ACC – especially Māori, Pacific and Asian people, and those on low incomes, who are low users of primary care services?

That was the core question underlying two pilot studies ACC conducted during 2005 and 2006.

The first pilot (run between April 2005 and March 2006) focused on affordability barriers; the second (run from July 2005 to June 2006) tested various non-financial barriers.

A summary of the pilots, which have both been independently evaluated, is provided below.

### Affordability Pilot

This tested whether providing higher subsidies to GPs and radiologists would increase the use of these services by injured people.

Subsidies were raised in the Whangarei, Rotorua, Wanganui, Wellington, Nelson and Dunedin regions, with the rest of New Zealand providing a control against which results were measured.

The subsidy for injury-related visits to GPs was raised by \$10, and the radiology subsidy was increased by \$8.53.

At the end of the pilot, a 3% overall increase in GP visits was recorded in the pilot sites, with radiology visits up 2.3%.

The rate of increase among Māori, Pacific, Asian and people on low incomes, however, was not significantly higher than that recorded by other sectors of the population. Māori and low-income people did make slightly more use of radiologists during the trial than other users, but no group recorded a significantly higher increase in GP visits than any other.

While the relatively small behavioural change shown by Māori, Pacific, Asian and people on low incomes was disappointing, it is too soon to reject the role that increased subsidies could play in ACC's access strategy. There may be a number of reasons why these groups didn't respond more positively during the pilot – therefore, we plan further research into what makes people more willing to visit a GP or have an X-ray, before we decide on future courses of action.

### Non-financial Barrier Pilot

This pilot focused on five contracted Māori communities, and aimed to identify key non-financial barriers that prevent community members from accessing ACC's primary care services. The pilot also trialled solutions to the barriers identified.

The communities involved in the pilot were Tui Ora Limited (Taranaki), Ruakura Hauora o Tainui (Waikato), Arai te Uru Whare Hauora (Dunedin), Korowai Aoha Trust (Rotorua) and Te Ha o Te Whanau (Opotiki).

Potential barriers identified during the pilot included:

- lack of information in the community about the type and scope of services available for injury care
- lack of knowledge among treatment providers about ACC's services and entitlements
- physical isolation and lack of affordable transport
- attitudes/perceptions of injured people and their communities.

Each contracted community was responsible for developing their own solutions to the barriers identified.

Key findings that emerged from the pilot were that these communities respond well to information and advice that is delivered by providers based within the community, rather than outside government agencies.

It was also clear that communications material needs to be specifically designed for these types of communities. The nature of the message, and when and how it's delivered, are all important points to consider when designing communications.

ACC is committed to minimising barriers and improving access to our services. The findings from this pilot will therefore augment the many projects already underway at ACC to improve the way we communicate with our broad and varied audience.

## Change to Vocational Services Prices and Travel Codes

A reminder that ACC prices for six vocational services have been increased from 1 February 2007.

The increases, to take inflation into account, apply to the following services:

- Graduated Return to Work
- Employment Maintenance Programme
- Functional Capacity Evaluation
- Work Preparation Programme
- Work Ready Programme
- Transitional Job Search.

Service providers should charge ACC at the old price for services provided before 1 February 2007, and use the new price for services provided on or after that date. In the case of weekly charges, please use the rate that applies at the completion of the service (ie, the end of the week).

Some travel codes have also been changed, to ensure consistency across ACC contracts:

Instead of... ....please use

TRAVT4 TRAVT5, TRAVT1

TRAVD11 TRAVD10

For more information about these changes, please contact Michael Forde:  
phone (04) 918 4063;  
email michael.forde@acc.co.nz

## Correct Use of 'DE1' Dental Invoicing Code

A reminder to dental practitioners that the 'DE1' invoicing code should only be used for the initial visit – ie, examination - of a treatment episode.

In other words, the DE1 code should only be used once per treatment episode. The code DE2 should be used for all follow-up visits or reviews.

Invoices coded DE2 will therefore represent the cost of actual treatment items, and not examination costs.

### Contact details:

## Practice Audit Update

Around 18 months ago, ACC's Risk and Assurance team launched regular audits of randomly selected Accident and Medical and General Practice clinics.

We're pleased to say that most practices are coming through these audits with flying colours, and we thank you for your cooperation.

One issue that has come to the attention of the auditors is that in some cases, the documentation kept by clinics or individuals could be more thorough.

Therefore, the auditing team has suggested the following:

- Please make sure you keep accurate and full clinical records. If you're not sure what's required, refer to the ACC Treatment Provider Handbook. Essentially, clinical notes must meet relevant professional standards. They must also be capable of withstanding the scrutiny of peer review audit (either medical or financial) or a medico-legal challenge.
- Remember that ACC requires details of the assessment related to a consultation, ie we need not just the final diagnosis, but details about how this conclusion was reached, including whether other diagnoses had been considered and ruled out. This is especially important given that ACC is required to clearly establish if a condition has resulted from an injury, rather than being health-related.

The auditors have also asked that care is taken to ensure all parts of the ACC 45 claim form are completed fully.

It is especially important that all three parts of the 'accident description' section in 'Part B: Accident and Employment Details' are filled in. This will not only help us assess whether the claim meets ACC criteria, but also assists us to compile statistical data about injury causes and tailor our injury prevention strategies.

We appreciate that in some instances, claimants fill in this part of the form - however, they will not always know what information is relevant for ACC's purposes, and in many cases would benefit from clinical guidance in completing this section.

If you have any questions about the Risk and Assurance audits, please contact: Kim Eland, phone (04) 918 7813, email [kim.eland@acc.co.nz](mailto:kim.eland@acc.co.nz), or Ken Coad, phone (04) 918 7439, email [ken.coad@acc.co.nz](mailto:ken.coad@acc.co.nz).

## Improved Access to Podiatric Treatment

**A proposed change to the way ACC pays podiatrists will remove barriers that currently see some claimants forgo types of podiatric treatment.**

The proposed change follows the review of podiatric treatment purchasing, outlined in the last issue of ACC News.

At present, podiatry services are funded by ACC under the Cost of Treatment Regulations. However, the Regulations do not allow podiatrists to claim for procedures such as removing a nail, and draining an abscess or haematoma.

These procedures are currently available under General Practitioners' and Nurses' Treatment Costs, but if claimants are referred to a podiatrist for the procedures, the podiatrist is unable to invoice ACC for provision of the service.

As a result, claimants requiring certain treatment must pay for it themselves – a factor that discourages some from getting the best possible treatment for their foot injuries.

To remedy this situation, ACC proposes to offer podiatrists the choice of entering into an individual contract with ACC. This contract would cover standard podiatric services, as well as the extra procedures outlined above.

ACC is currently finalising details of the contract offer, and will announce any change to existing purchasing arrangements in the near future.

## ACC Criteria for Dental Crowns

**If you are considering or planning a crown preparation, we ask that you seek ACC's approval before starting any work.**

This is because under legislation, ACC can only approve dental work that is both necessary and appropriate. If approval isn't sought, or we consider the crown is not necessary and appropriate, then ACC is not required to pay for it.

One of our aims is to ensure that claimants receive the best long-term treatment option. We have become aware of claimants with relatively minor tooth damage or discolouration having the affected tooth filed down until there is only 20-30% remaining, to enable a crown to be fitted. From a long-term perspective, a crown may not be the most appropriate treatment option in these situations.

We are also aware that dental providers are coming under pressure to fit crowns for cosmetic reasons, regardless of the condition of the tooth or teeth in question. ACC's legislation does not provide for payment in these circumstances.

ACC is developing evidence-based practice guidelines covering the provision of dental crowns, bridges and endodontic therapy. These guidelines will help you know what types of dental work ACC claimants have entitlement to.

We anticipate providing the guidelines in the near future. In the meantime, please seek prior approval for all crowns, and provide us with a supporting photo and X-ray.

If you have any questions about ACC entitlements relating to crowns, bridges and endodontic therapy, please contact Rosemary Kennedy: phone (04) 918 7860; email [rosemary.kennedy@acc.co.nz](mailto:rosemary.kennedy@acc.co.nz)

## Impairment Assessors Needed

We welcome enquiries from suitably qualified medical practitioners, interested in contracting with ACC to conduct impairment assessments.

Roles are currently available in various North and South Island locations.

### What does the role involve?

Impairment Assessments are held to assess a claimant's entitlement to either a lump sum or independence allowance for a permanent impairment resulting from injury.

### How are assessments carried out?

Impairment is determined by clinical examination of a claimant, interpreted using:

- American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment 4th Edition, and
- ACC User Handbook to AMA 4th Edition.

Training will be provided in use of the AMA guidelines, followed by a test.

### Choice of focus

Assessors can apply to be either a physical or sensitive 'Chapter 14' claim impairment assessor, or both (Chapter 14 being the relevant chapter of the AMA guide for assessing mental injuries). Sensitive claim assessors receive additional training in assessing mental injuries.

### Who can apply?

We welcome enquiries from medical practitioners with at least general registration and three years' post-registration clinical experience. Psychiatrists may also apply to assess sensitive claims.

### Need more information?

To find out more about these roles, including which centres currently need assessors, please contact Rosemary Burns: phone (04) 918 7477; email [rosemary.burns@acc.co.nz](mailto:rosemary.burns@acc.co.nz)

## Impairment Assessors Needed

Area	Physical male	Physical female	Chapter 14 male	Chapter 14 female	Psychiatrists
Northland	✓	✓	✓	✓	✓
Hamilton	✓	✓		✓	✓
Taupo/Rotorua	✓	✓			
Wanganui	✓	✓			
Palmerston North	✓	✓	✓	✓	✓
East Coast (Gisborne)	✓	✓	✓	✓	✓
Hawkes Bay	✓	✓	✓	✓	
Wellington					✓
Nelson			✓	✓	
Blenheim	✓	✓			
Westport/Hokitika			✓	✓	✓
Greymouth	✓	✓			
Christchurch					Female Psychiatrists
Timaru	✓	✓			
Dunedin	✓	✓		✓	
Invercargill				✓	✓