

ACC News

»» A newsletter for health care professionals

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New Rehabilitation Framework Planned

ACC is moving ahead with a new approach to rehabilitation that promises better outcomes for claimants.

Rehabilitation is one of ACC's most important responsibilities, and it's vital that we do it well. To achieve this, we need to be very clear about our goals, and the actions we need to take to achieve them.

We have therefore mapped out a new rehabilitation framework, which will drive all future rehabilitation activities.

The new framework has been developed over the past 18 months, and reflects recent advances in national and international best practice, as well as the findings of an extensive literature search. Comprehensive internal consultation was also conducted across ACC, and feedback gathered from key external groups and government agencies.

At the heart of the new framework, which was unveiled at the recent 'National Institute of Rehabilitation Research and NZ Rehabilitation Association Conference' in Rotorua, is a vision to help injured claimants 'achieve an everyday life'.

This means our focus will be much broader than just helping people to recover physically from injury.

We have defined the measurable outcomes of achieving an everyday life as sustainable employment and/or a sustainable life in the community. These are the outcomes we will seek to achieve on behalf of all claimants, no matter how small or how serious their injuries.

To help us do this, we have developed three key principles which will guide us when putting together individualised rehabilitation plans:

- » listening to and understanding the claimant in their unique context
- » agreeing on a shared rehabilitation pathway
- » mobilising all resources required to achieve the best possible outcome for the claimant.

The first principle essentially means we treat people as people, not as objects or 'injuries to be fixed'. It also recognises that each person's life experiences and attitudes towards rehabilitation are unique, and require a personal response to proposed treatment and rehabilitation – one that takes into account psychological, emotional, cultural, spiritual and family/support factors, and is based on mutual respect, listening, asking, understanding and accepting.

The second principle means the support we provide should be tailored to the individual's unique lifestyle and circumstances, and should build on their strengths and abilities to achieve agreed outcomes. It should also involve a team approach –recognising and respecting the roles that can be played by treatment providers, family, employers, schools, unions, the community etc.

The third principle recognises that rehabilitation is a complex process involving many interlocking components. While ACC cannot provide all the support and services required for a successful rehabilitation, we can aim to coordinate all the necessary services and support in a timely way that best serves the claimant's needs.

We look forward to sharing more information about the new framework with treatment providers in the near future. There are many exciting developments ahead, and we expect our new vision will see significant changes in the relationship between treatment providers and ACC.

For a start, we would like to develop more of a partnership approach with providers. We would also like to foster provider leadership, within your specific sectors and areas of responsibility.

Most importantly, however, we would like to shift our focus from one that concentrates on specifying required inputs and outputs, to one that is all about achieving outcomes.

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Changes to ACC Contributions to Specified Treatment Providers

Regulated contributions and some non-regulated contributions to treatment costs were increased from 1 April 2007.

The increases apply to treatment provided by the following specified treatment providers: acupuncturists, chiropractors, occupational therapists, osteopaths, physiotherapists, podiatrists and speech therapists.

Changes to regulated contributions have resulted from an extensive public consultation process, which began in 2006.

Changes to regulated contributions

Both the hourly rate and the 'per treatment visit' rate were increased by approximately 25% from 1 April 2007. As usual, treatment providers can nominate which of these two rate bases to use when invoicing ACC.

The rate changes are:

Hourly Rate (New)	Hourly Rate (Old)	Rate per Treatment Visit (New)	Rate per Treatment Visit (Old)
\$61.57	\$49.00	\$24.48	\$19.48

Changes to non-regulated contributions

The amounts paid for ACC32As and ACC32Rs were increased as follows from 1 April 2007:

	Old Rate (GST incl)	New Rate (GST incl)	Old Rate (GST excl)	New Rate (GST excl)
ACC32A All providers	\$36.00	\$38.35	\$32.00	\$34.09
ACC32R All other providers, except endorsed providers*	\$19.00	\$24.48	\$17.32	\$21.76

* Endorsed providers offer services under contract, so existing contracts continue to apply.

Invoicing ACC under the new rates

It would be appreciated if you could update your practice management systems to invoice us at the new rates for all work done on or after 1 April 2007.

Finding out more about the changes

Details of the changes to regulated amounts can be found in the Injury Prevention, Rehabilitation and Compensation (Liability to Pay or Contribute to Cost of Treatment) Amendment Regulations 2007.

The regulations are available online at www.acc.co.nz/legislation, or you can buy them through Bennetts and Dymocks bookstores.

Questions about any of the changes outlined above can also be directed to the Provider Helpline, on 0800 222 070.

ACC Developing New Safety Websites

ACC is currently developing a new family of websites, aimed at helping more New Zealanders who play sport or enjoy physical activities to stay injury-free.

The websites are:

- 'Active Smart', aimed at runners, walkers and cyclists
- 'Snow Smart', for skiers and snowboarders
- 'Netball Smart'
- 'Soccer Smart'.

Once they're launched, anyone will be able to visit the websites and access a range of quality fitness and injury prevention information. However, the main target is people keen to take up a physical activity, who would otherwise not have access to appropriate training and safety information.

By answering some questions online – about things such as weight, sex, current fitness levels and fitness goals – as well as a health questionnaire, users will be able to receive:

- a personally tailored fitness plan, developed by two of New Zealand's leading fitness trainers
- a nutrition plan devised by a professional nutritionist.

Both plans will be free of charge. In some instances, people may be advised to have their health checked by a health practitioner before beginning training – this advice will be triggered by the answers given to certain questions. ACC will not cover these visits, and individuals who choose to have a health check may incur costs as a result.

In addition to fitness and nutrition plans, each site will feature:

- training videos and illustrations
- a five-day area-specific weather forecast and UV index, allowing training to be planned around the weather
- a password-protected 'locker' for storing personal training information.

Contact details:

The launch of the new websites will coincide with initiatives by other government agencies, such as SPARC and the Ministry of Health, aimed at encouraging more New Zealanders to 'be active'. ACC intends the new websites to complement these initiatives, by helping ensure that 'more New Zealanders playing sport' doesn't equate to 'more New Zealanders getting injured'.

We also hope the new websites will help those taking up a physical activity for the first time, in particular, to avoid injury. This is because 'first-timers' are more likely to discontinue their activity if it's curtailed early because of injury.

The websites will be launched soon – so you'll be able to check them out shortly at:

- › www.activesmart.co.nz
- › www.snowsmart.co.nz
- › www.netballsmart.co.nz
- › www.soccersmart.co.nz

Update on Podiatry Contracts

The proposed changes to the way ACC purchases and pays for podiatric services, outlined in the last issue of ACC News, have now been finalised.

We have contacted podiatrists registered with ACC, to offer the choice of:

- › entering into an individual contract with us, or
- › continuing to invoice ACC under the provisions of the treatment costs regulations.

The contracts cover standard podiatric services, as well as extra procedures not currently included for podiatrists under the treatment costs regulations, such as nail removal and draining of an abscess or haematoma.

Treatment Injury and Patient Safety Trends

It's been just over 20 months since ACC's Treatment Injury and Patient Safety Unit came into being.

The unit was set up to manage claims and injury prevention initiatives under ACC's new treatment injury and patient safety legislation, which replaced the medical misadventure legislation that had been in place since 1992.

Under the new legislation, cover for treatment injury claims is not dependent on a practitioner or organisation being found 'at fault', or the injury being judged 'rare' and 'severe', as was the case under the medical misadventure legislation.

In a nutshell, the new legislation aims to provide claimants with a faster, fairer and simpler claims process, something which has definitely been achieved since its introduction.

The new legislation also enables us to work more closely with treatment providers, and to contribute more effectively to prevent future treatment-related injuries. One way we achieve the latter is by closely monitoring trends in treatment injury claims.

During the 20 months that the new legislation has been in place, some clear patterns have emerged.

The most commonly lodged and accepted claims have been for medication-related events (16%), followed by general surgery events (13%), orthopaedic events (12%), general practice events (7%) and events linked to gynaecological procedures (5.5%).

The following table shows the most common causes of treatment injury in each of these event categories.

Type of Event	Most Common Cause of Treatment Injury
Medication-related	Adverse drug reactions
General surgery	Hernia repair, closely followed by cholecystectomy
Orthopaedics	Hip surgery/replacement, followed by knee surgery/replacement
General practice	Liquid nitrogen treatment, followed by removal of skin lesions and ear syringing
Gynaecology	Hysterectomy

The most common injuries resulting from the causes shown are adverse drug reactions such as rashes, swelling and anaphylaxis, followed by (in order) infection, nerve injury and haematoma/bruising.

Note to surgeons: ACC can retrospectively approve funding for necessary and appropriate corrective surgery to remedy a treatment injury. Therefore, please don't delay such surgery if a cover decision has yet to be made.

Covered Campaign Generates Enquiries

We're receiving steady streams of enquiries generated by our recently launched Covered campaign.

The most common questions asked have concerned weekly compensation, payments for travel to treatment, and who can get ACC cover.

The Covered campaign marks the start of what will be an ongoing effort over the next few years to raise awareness of ACC, and how we can help people who are injured.

A special phone line has been set up to handle calls generated by the campaign: 0800 22 22 34.

Director of Clinical Services Role Established

ACC recently created a new position, Director of Clinical Services, which has been taken up by Dr Kevin Morris.

As many of you will know, Kevin was previously ACC's Corporate Medical Advisor.

The new position sees Kevin responsible for professional oversight of ACC's various Clinical Advisors. One of the first tasks Kevin will tackle in his new role is developing ways to enhance quality control and assurance in his area of responsibility (a task akin to the 'credentialing' function performed in the health sector).

Kevin will also have direct line management of ACC's three Workwise Clinics, in Auckland, Christchurch and Wellington, and will provide advice and support on policy and legislative matters.

He is particularly keen to strengthen the relationship between ACC and treatment providers, as well as to foster an environment where providers feel free to discuss any clinical issues with advisory staff.

Payment for Photos to Support Dental Decision-Making

Photos requested by ACC to support applications for prior approval for crown preparations, or any other dental treatment, can be invoiced under code DX4.

This means the cost of providing us with a photo needn't be incorporated into dental consultation costs (DE1) or periapical or bitewing film costs (DX1).

We will accept and pay for either hard copy or electronic photos, provided they are of a high quality. The photo doesn't need to be taken with an inter-oral camera; good-quality digital photos are acceptable.

Raising Concerns about the Cause of Dental Damage

A reminder to dental providers to tick the 'ACC should call me?' box on the Dental Injury Claim Form (ACC42) if you have any concerns about the authenticity of a patient's account of the cause of damage.

The box is in the lower right-hand corner of 'Part E: Referral and Assistance'.

By ticking the box and discussing your concerns with ACC, you can allay any fears that you may be implicated should the claim turn out to be fraudulent.