

ACC News 100

»» A newsletter for health care professionals

»» APRIL 2007 – ISSUE 100

Celebrating our 100th issue

Welcome to the 100th edition of ACC News! It's come a long way, continually evolving in response to feedback from treatment providers around the country. This feedback is important in helping us to learn more about what we do well and how we can improve this important communication to ensure you get the information and updates you need. Of course we now get more formal feedback through our annual

Treatment Provider Survey. We'd like to thank everyone who contributed to the most recent Survey, which took place in November/December last year. We received a record response, with more than 3,000 treatment providers returning their Surveys to our independent research provider, Research New Zealand.

We've already received the preliminary report and were delighted to learn that, of all treatment provider publications, ACC News achieves the highest readership, with 90% of treatment providers reading or glancing through it. The ACC Reviews accompanying the newsletter also received a positive response, with 71% of providers reading or glancing through the Reviews in 2006.

As always, the Survey also highlighted areas for improvement. Over the next few months we'll be following up on a number of suggestions, including requests for more specialised, provider-specific material.

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New service codes for consultations and treatment

ACC has introduced new service codes for bulk billing by GPs, physiotherapists, chiropractors, acupuncturists, osteopaths, occupational therapists, podiatrists and speech therapists.

The change will enable us to define more clearly the type of service provided. The new codes are:

OLD CODE	NEW CODE	ITEM DESCRIPTION
CON	GP1	GP consultation
CON	CS01	Specialist practising within any other recognised branch of medicine
CON	CS02	Internal medicine, neurosurgery, occupational medicine, paediatrics, psychological medicine or psychiatry, rehabilitation medicine consultation
TMT	OT01	Occupational therapy
	OST1	Osteopathy
	ACU1	Acupuncture
	PHY3	Physiotherapy
	POD1	Podiatry
	CH01	Chiropractic
	ST01	Speech therapy

During the next few months we'll be working with practice management software providers to change the codes on their clients' software.

Please note that the Cost of Treatment Regulations 2007 continue to use CON for GP and specialist consultations, and TMT for treatment.

Limits enforced for large eLodged schedules

In a move to ensure we process most bulk billing schedules promptly, ACC now requires all providers who routinely send schedules with more than 200 lines to either:

- send schedules more regularly, or
- send schedules with fewer lines.

If you send a schedule with more than 200 lines, you'll receive a 'reject' message from Healthlink and will need to contact Healthlink to have this resolved.

Treatment for dento-alveolar trauma

ACC and the New Zealand Dental Association are delighted with feedback on the dento-alveolar trauma best practice desktop guide. New copies are now being reprinted for newly registered dentists, and the guide is also being used as part of course material at the University of Otago's School of Dentistry.

However, some dentists are continuing to ignore the guide's advice, which is based on international evidence-based best practice. This is particularly evident in the number of claims for dental injuries classified as concussed that have been treated with root canal therapy within only a few days of the injury. This is directly contrary to the guide's recommendation that root canal therapy should only be considered when the tooth is clearly becoming non-vital. Please refer to the follow-up requirements in the desktop guide for optimal outcomes. Less than 5% of tooth injuries that are concussed go on to be non-vital.

Note that ACC does not pay for unnecessary or inappropriate treatment. Please make sure that any treatment you provide follows that recommended for the injury classification in the desktop guide.

Health Innovation Awards update

With all entries for the Health Innovation Awards now in, the finalist-selection process is underway. Judges will announce the finalists on 23 April, with the winners announced at a gala dinner at the Wellington Town Hall on Wednesday 10 October.

Now in their fifth year, the Awards recognise excellence and innovation in prevention, treatment and rehabilitation – and this year have a number of new categories to reflect both the popularity of the event and developments throughout the health and rehabilitation sector.

The categories now comprise:

- Excellence in Quality Improvement
- Excellence in Primary Health Care
- Excellence in Prevention (injury or health promotion)
- Excellence in Rehabilitation (injury or long-term condition management)
- Excellence in Treatment
- Innovation
- Process Improvement.

There is also a single 'Innovation' category that is open to organisations of all sizes.

The winner of each category receives a cash prize of \$4,000 to implement and share their idea further, and each category winner qualifies for consideration for the Supreme Award – a grand prize of \$13,000. The Awards also include a People's Choice Award (voted by the finalists) of \$4,000.

You may remember that last year's Supreme Award winner was Canterbury District Health Board's SPRINT protocol – a spinning cardboard wheel that is revolutionising the care of intensive care patients with a form of stress-related diabetes. We look forward to reporting on the finalists for this year's Awards!

ACC45s – a reminder

A reminder to all treatment providers on the 'must dos' when completing an ACC45 (Injury Claim form):

- Include information on your patient's ethnic background (note this isn't mandatory, but it helps us to ensure our services are culturally appropriate and that our injury-prevention strategies are effective, relevant and work well for the patient).
- Complete the 'Accident and employment details' section fully, as it helps us to identify clearly the nature of the injury and tailor injury-prevention strategies to activities identified as causing accidents.
- Complete the name and address details of the patient's employer.
- Make sure the patient has given their authority for you to lodge the claim on their behalf and that they have read and signed the patient declaration and consent.
- Complete fully Section D: 'Is this a work-related gradual process, disease or infection claim?' and 'Has the patient been admitted to hospital?'.
- When detailing work capacity, use the US Department of Labor's Work Classifications (you'll find a copy in the GP Return to Work Guide which was released last year). Using these classification ensures that employers, ACC and treatment providers are using the same language and helps when developing plans to enable claimants to continue working or return to work safely.
- If your patient needs assistance, tick the 'Rehabilitation Assistance required' box. This will alert us when we register the claim and we can let the contact centre know straight away.
- If your patient needs time off work, complete the appropriate section to ensure minimal delays in their receiving weekly compensation.

Please lodge your ACC45s promptly – send manual claims daily where practical and electronic forms regularly through the day. Remember, if we don't get the correct information, there may be a delay in your patients getting the help and support they need (including weekly compensation).

New pharmaceutical tools

In response to feedback from ACC's GP Liaison Group, we've developed two new tools 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 (ACC 1173)
- the Cyclo-oxygenase II Inhibitors (Cox 2 inhibitors) – Prescriber Checklist: Guidelines for ACC Contribution to Cost (ACC2530).

If you're a prescriber, these checklists 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 you'll need to keep them with patient records and have them available for audit or to send to ACC if further prescriptions are required.

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

Workwise –advising on work-related diseases and injuries

If one of your patients has a work-related disease, injury or infection that's covered by ACC, an ACC Workwise Clinic may well be involved in supporting their rehabilitation.

ACC Workwise Clinics – located in Auckland, Wellington and Christchurch – are a key point of referral for ACC branch staff in their regions who need information and advice on cases of work-related injuries, diseases and infections, particularly those that are complex or difficult. The advice provided to ACC covers a broad range of topics, from cover decisions to ACC entitlements, including advice on treatment and rehabilitation.

According to Wellington Workwise Director Margaret Macky, Workwise's role is to help ensure that ACC's work with this specific claimant group is consistent and effective – and to raise awareness of work-related diseases and injuries throughout the organisation and the wider community.

“As well as working with ACC branch staff and medical and rehabilitation panels, we work closely with the occupational medicine community,” she says. “As a medical community we do need a heightened awareness of both the role work can play in illness or injury and the cover ACC can provide in this area. Part of our focus at Workwise is the identification of these claims. We also advise branches on rehabilitation options, working alongside case managers and liaising with treatment providers.”

A former GP currently working in occupational medicine Margaret is a trainee with the Australasian Faculty of Occupational Medicine. Her counterparts in Auckland and Christchurch (Dr John Monigatti and Dr Gerard Walker respectively) are vocationally registered occupational physicians

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New agreement sets new direction

ACC's commitment to tackling access issues and building relationships with Māori has taken a significant step forward with the signing of a new agreement with the Far North's Te Korowai Trust.

Signed on 8 March by ACC's Director Māori and Community Relations, Hemi Toia, and Trust Chairperson Marty Rogers, the agreement is the first of six with key Maori community groups. It reflects ACC's decision to work through grassroots organisations well known in Māori communities – and therefore reach deeper into Māori communities than would otherwise be possible.

The agreement was developed through 18 months of community hui between ACC and the Far North community, which highlighted the difficulties many Māori face in finding the help they can expect from ACC. Working closely with the Trust, ACC has developed a programme of unique, marae-based services that will focus on hard-to-reach families/whanau – and ensure they get the services, help and support they need to improve their quality of life after injury.

The programme includes claimant-specific support mechanisms covering counselling and mentoring, housing, education, home and life skills, health, budgeting, training and employment. It also extends to the wider family/whanau, with the aim of ensuring claimants have the environment and support they need to have the maximum chance of recovery.

More good news is that the relationship extends beyond the Trust's community. The Trust intends devolving the programme to other marae to enable those most in need to access services and support.

Over the next few months, the remaining five agreements will be signed – and ACC's local team will be working with Te Korowai Trust to strengthen the relationship and support the programme's delivery.