

# ACC News

»» A newsletter for health care professionals

»» NOVEMBER 2007 – ISSUE 107

## Season's greetings – and thanks

With the end of the year rapidly approaching, this is our last issue of 'ACC News' for 2007.

I'd like to take this opportunity to thank you for everything you've done to help ACC clients during the year. As their treatment provider, working alongside ACC staff, employers and other health professionals, you've played a vitally important role in ensuring an appropriate and timely continuum of care for your patients – and wherever possible a return to productive work.

2008 promises to be another busy year. We look forward to working with you and to building on our relationship to achieve our vision of keeping New Zealanders free from injury and its consequences.

On behalf of everyone here at ACC, have a restful, enjoyable – and safe – holiday break. We wish you the very best for next year and beyond.

Anne O'Connell, National Manager Service Development.

## Annual Report highlights

ACC's Annual Report for 2006/07 highlights a number of significant achievements – from a rise in public trust and confidence (including a better understanding of the services we provide), to an increase in client satisfaction and improved access for Māori, Pacific and Asian groups.

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Other key points in the Report include:

- » a reduction in claims for workplace-related injuries and in selected areas such as rugby
- » a high rate of rehabilitation, with 65% of injured people returning to productive life within three months, 83% within six months and 92% within a year
- » a 5% increase in satisfaction rates among GPs, although a 5% drop among physiotherapists
- » a 44% drop in the rate of complaints escalated to the Office of the Complaints Investigator
- » investment returns exceeding market benchmarks by 0.4% (against a target of 0.5%).

During these 12 months, ACC received 1.8 million claims and paid \$2.1 billion in total claim costs. We paid for more than 3.1 million visits to physiotherapists, 2.5 million visits to GPs and other treatment providers, 200,000 rehabilitation sessions and 1.7 million occasions of social rehabilitation support. Sadly, more than 1200 people still died as a result of their injuries.

You can read the Report at [www.acc.co.nz](http://www.acc.co.nz) (under 'About Us'), along with 'Active' – a colourful and easy-to-read magazine that's been produced to complement the Annual Report. It illustrates how ACC is helping New Zealanders and includes some fascinating statistics on claims in 2006/07.



## Pharmaceuticals – informing your patients

### For Prescribers

If you prescribe pharmaceuticals to an ACC client, please remember to let them know that we ‘may’, rather than ‘will’, contribute to their costs. This is because, using the information you provide, we should first check that the pharmaceuticals are ‘reasonably required’ to help in treating the covered injury. If the pharmaceuticals are non-subsidised, you must seek ACC funding approval before you prescribe them. Please note also, that ACC is not able to reimburse costs of homeopathic and other non-prescription remedies.

Unfortunately, we still receive a lot of client requests for reimbursement where either we don’t have the information we need to support the need for the pharmaceuticals or, the clients are not entitled to them - or, in the case of non-subsidised pharmaceuticals, we haven’t approved funding. In some cases, we often have no choice but to decline reimbursement.

By ensuring you provide us with accurate, relevant information on your patients’ needs for pharmaceuticals, we can make more informed funding decisions. You can read more about our requirements, and access a range of pharmaceutical resources, at [www.acc.co.nz](http://www.acc.co.nz) (under ‘For Providers’).

### For pharmacies:

Please remember that ACC can consider contributing to the costs of pharmaceuticals where we are clear about the basis for the charge. There are increasing numbers of reimbursements being requested for pharmacy administration charges for subsidised pharmaceuticals (additional to the prescription co-payment charge). Where these are investigated, it is often found that no extra service has been performed supporting the extra charge. Pharmacies are reminded that ACC does not reimburse extra pharmacy administration charges. Clients may be declined reimbursement requests for these charges and directed back to their pharmacy to query the extra charges.

## ACC’s Māori specialists

In the October issue of ACC News we profiled Michelle Nathan – a Māori Development Manager with ACC’s Māori and Community Relations team. This month we introduce another member of the team, who is responsible for implementing ACC’s new Māori Strategy.

**Graham Warren** – Chief Advisor Māori (Pou Ārahi), Māori and Community Relations  
*Ngāti Maniapoto me Ngai Te Rangī*

Graham joined ACC as a Liaison Officer in the 1970s and has since held a number of roles, including Senior Complaints Investigator, Chief Rehabilitation Officer, Review Officer and Manager of the Cultural Strategies Unit before being appointed to his current position in 1999.

Graham works across the whole organisation, providing strategic advice and support, cultural competency training for staff and advice on tikanga (protocols) within ACC and in ACC-produced resources. He also manages the Pae Ārahi (ACC’s Māori Cultural Advisors).

If you’d like to arrange cultural competency training for your staff or talk to the Pae Ārahi, please contact Graham at [graham.warren@acc.co.nz](mailto:graham.warren@acc.co.nz) or 04 918 7667.

## Upcoming conference

### InterRAI Conference

6–7 December, Hotel Grand Chancellor, Christchurch.  
[www.cdhb.govt.nz/conference/interai](http://www.cdhb.govt.nz/conference/interai).

## Short notes

### Community nursing services

A reminder to all community nurses that you need to get prior approval from ACC before you start providing a long-term service. We’re unable to accept requests for approval once the service has begun.

### New evidence-based healthcare reports

Recently completed reports and/or ACC purchasing recommendations on a range of treatments are now available from [www.acc.co.nz](http://www.acc.co.nz) at > About ACC > Research at ACC > Evidence Based Healthcare (EBH) Group reports. The reports cover the following treatments:

- Anticonvulsants for neuropathic pain
- Arginaid® Extra nutritional supplement
- Autologous platelet rich plasma for bone healing
- Biopton light therapy
- Mediflow® water pillow
- Stem cell transplantation for spinal cord injury
- Vitamin D for fracture prevention.

### eBusiness – not a client helpline

ACC’s eBusiness team reports it’s been receiving a number of calls from clients needing help with their claims – saying they’ve been advised to contact the team by health professionals.

As the team doesn’t deal with claims, this is causing frustration all round – for the team in handling unnecessary calls, and clients in having to be redirected to the service centre. Please note that the phone number for claimant enquiries is 0800 101 996.

### eLodgement – deleting ‘failed’ claims

A number of people have commented on their inability to delete failed claims on the new eLodgement website. The good news is that you can avoid failed claims; to find out how, call the eBusiness team on 0800 222 994, option 1.



## Why encourage a return to work?

As a health professional, you're in a unique position to help your patients to recover and return to work – by providing positive stay at work/return to work and rehabilitation messages and helping them to get the best use of the help that ACC can offer.

So why do it? As you probably know already (especially if you've read ACC's 'Return to Work Guide', released last year), unnecessary prolonged absences from work can affect people's sense of wellbeing. They can lose their social relationships with co-workers, the self-respect that comes with earning a living and a major sense of identity as 'someone who works'.

You can help to prevent these prolonged absences from work by working as an interdisciplinary team with other providers – and ensuring that:

- you maintain full, timely and accurate communication and clear boundaries between the client, ACC and the interdisciplinary team
- everyone in the team uses consistent messages in relation to the client's stay at work/return to work plan
- everyone involved – including the ACC case manager – is informed and working together toward the agreed outcome.

The 'Return to Work Guide' has more information on the benefits of a return to work and what you can do to help your patients enjoy a productive post-injury lifestyle.

## GP elective surgery referrals

Orthopaedic specialists providing elective surgery for ACC claimants recently commented on the importance and value of comprehensive patient information in referrals they receive from GPs.

This information plays a vital role in patient consultations, in the reports that specialists subsequently develop and send to ACC, and in the assessments ACC undertakes. If you're a GP, the effort and time you put into your referrals are much appreciated – and the better the information you give, the better and more appropriate will be the result for your patients.

## Open day in Hamilton

In late October, ACC's Upper North Island relationship team and contact centre management held an open day in Hamilton.

The day was designed to introduce case co-ordinators to Auckland/Northland social and vocational rehabilitation providers and provide workshops on the Employer Maintenance and Graduated Return to Work programmes to contracted vocational rehabilitation providers.

The 130+ providers who attended the event gave positive feedback to the ACC team. Formal survey forms are currently being analysed to ensure that future events are developed to meet provider requirements.

## ACC paperwork tips Getting it right with the ACC45

### Copies of ACC45s

We strongly recommend that, for audit purposes, you keep signed copies of your ACC45s in paper or image form.

### Notifying 'unfit for work'

There have been recent cases of treatment providers identifying that their patients need time off work to recover from their injuries, but not noting 'unfit for work' on the electronic ACC45s. In response, ACC's system defaults to 'normal hours', so we have no record that the patients can't work or can only do selective hours.

If your patient needs time off work or reduced work hours to recover from their injury, please remember to change the 'Ability to Work' section on the ACC45 to reflect this (or complete an ACC18 Medical Certificate if it is a subsequent visit). We can then make sure your patient receives weekly compensation (if they're employed) after their first week of incapacity.

The 'ACC Treatment Provider Handbook 2007' has some specific information on this practice:

- "If you are a medical practitioner, complete the appropriate incapacity section of the ACC45, which is part E 'Ability to work'. This allows you to certify incapacity for up to 14 days" (page 57)
- "Only a medical practitioner (eg GP or emergency department doctor) can complete an ACC18 medical certificate and the practitioner must certify on the form that the client has been examined face to face... Your certification should reflect your clinical assessment following the examination..."(page 103).

## Patient brochures in Asian languages

Five of ACC's brochures for patients are now available in Korean – and will soon be available in Chinese and Hindi.

The relevant brochures are:

- 'How to get help when you're injured'
- 'How to get help when you're injured travelling overseas'
- 'How to get help when you're injured visiting our country'
- 'How to get help when someone dies in an injury'
- 'Code of ACC Claimant Rights'.

To order copies of the brochures, please phone 0800 802 444.



## Dental update

### Endodontic treatment

Please check that you invoice ACC correctly for all endodontic treatment items under the Schedule to the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003.

DN3, DY17 and DY18 for the complete preparation and obturation of root canal (per canal) – open or closed – are intended to cover two appointments. These descriptors also include the apexification of open root canals.

### Prior approval

Remember to get ACC's prior approval for crowns – and before you place or carry out crown preparations. This will avoid potential embarrassment for you and disadvantages for your patients, if we decline to contribute to the costs of crowns because we consider this is either unnecessary or inappropriate.

### Signing requirements for ACC42 and ACC 37

We've been asked to clarify the signing requirements for the ACC42 (dental injury claim form) and ACC37 (dental tax invoice).

- The 'vendor number' on the ACC37 is the number of the account to which ACC makes payment. The 'provider number' relates only to the dentist who examined the patient or carried out the treatment, it can't cover all the dentists in a practice.
- The dentist must provide their provider number and signature on the ACC42 and the ACC37. No other provider or practice manager can use this provider number or sign on the dentist's behalf.
- If a dentist moves to another practice, their ACC provider number goes with them. However, the vendor number is that applying to the new practice.
- ACC may ask providers for clinical notes relating to the injury and treatment they provide. Treatment notes are requested to support a treatment plan and if not provided the claim may be declined.

## Smart new way to keep active

A new online resource could be the ideal tool for helping your patients to improve their fitness – and for reducing injuries in your own workplace.

Called 'ActiveSmart' and available at [www.activesmart.co.nz](http://www.activesmart.co.nz), it tailors exercise programmes for individuals in the activity of their choice – running, walking or cycling – and provides nutrition plans to help them eat appropriately for their chosen activity. It also includes a range of extra resources, from video clips of warm-up and cool-down exercises to regional weather updates to help people plan their training. And it's all available at the click of a mouse.

As an employer, you may also like to take a look at some new resources designed to help you encourage your staff to improve their health and fitness. These are available at [www.activesmart.co.nz/resource\\_users/details](http://www.activesmart.co.nz/resource_users/details).

## Hearing loss accord

ACC has reached an important milestone in its partnership with audiologists and hearing aid manufacturers.

ACC, the New Zealand Audiological Society and the Hearing Instrument Manufacturers' and Distributors' Association have entered an accord to manage collaboratively the rapidly rising costs of hearing loss treatment and rehabilitation. New contracts for audiologists and manufacturers will see audiologists working to new savings targets in their prescribing practice and manufacturers discounting prices for aids to ACC clients.

"We're delighted with the way these hearing professions have worked with us to help solve the challenge of escalating costs," says Phil Wysocki, ACC's Manager Early Intervention Team. "This solution has required compromise from everyone, yet it still maintains a world-class service for clients with hearing loss."

## Provider Helpline

The Provider Helpline will be available throughout the Christmas and New Year period, with a slight change to the opening hours on the following dates.

Monday 24th December	8am – 4pm
Thursday 27th December	8am – 4pm
Friday 28th December	8am – 4pm
Monday 31st December	8am – 4pm

Returning to normal opening hours of 8am to 6pm on Thursday 3rd January 2008.

You can also forward your queries through to our email box at [providerhelp@acc.co.nz](mailto:providerhelp@acc.co.nz) or fax 09-915-8301.

The Provider Helpline team would like to wish you a safe and happy holiday season and looks forward to working with you in the new year.

The Provider Helpline Team  
0800-222-070  
09-915-8301  
[providerhelp@acc.co.nz](mailto:providerhelp@acc.co.nz)