

ACC News

»» A newsletter for health care professionals

»» APRIL 2008 – ISSUE 110

Pain Management Services

ACC has launched a suite of new and revised pain management services.

Available since 1 April, the services have been developed with considerable consultation and collaboration. They are designed for ACC clients who require specialised pain management assessments, treatment and rehabilitation – and aim to ensure that ACC case owners receive detailed information and recommendations on the most appropriate and cost-effective treatment and management options.

You can find a summary of each service (Quick Reference Guide) and the operational guidelines, at www.acc.co.nz/For Providers/Resources. Please send your feedback on the guidelines to Michelle Chalmers, Pain Management Services Programme Manager, ACC, P O Box 242, Wellington 6011 or email Michelle Chalmers at: michelle.chalmers@acc.co.nz by 30 June 2008.

The Pain Management Services comprise the:

- »» Progressive Goal Attainment Programme (PGAP) (New from 1 February)
- »» Pain Disability Prevention (PDP) Programme (New from 1 February)
- »» Functional Reactivation Programme (FRP) (Note: replaces the standard Activity Based Programme)
- »» Pain Management Psychological Service (PMP)
- »» Comprehensive Pain Assessment Services (CPA)
- »» Activity Focus Programme (AFP) (Note: previously known as an Activity Based Programme)
- »» Multi-disciplinary Persistent Pain Programme (MDPP)
- »» Interventional Pain Management Service (IPM) (revision of services with new codes supplied).

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A new tool for assessing injury risk

If you're looking for an easier way to assess the risks of discomfort, pain and injury associated with manual handling in your workplace, we have the solution!

The 'Discomfort, Pain and Injury Risk Reckoner' is fun and easy to use – it's ideal for people in charge of assessing and controlling risks in the workplace, or groups of employees who need to assess risks as part of their job. It can be used in any industry, from manufacturing and meat processing to mobile sales.

The Risk Reckoner comes complete with an instruction sheet as well as suggestions for reducing your risks by addressing contributory factors.

You can order your free copy by calling 0800 THINKSAFE (0800 844657) or go online to order it from the Publications section at www.acc.co.nz and asking for ACC4056. If you'd like Reckoners for groups of employees, packs of 20 are available.

New Director Māori and Community Relations

We're delighted to advise you of the appointment of Paula Snowden (Ngapuhi) as ACC's new Director, Māori and Community Relations. Paula was most recently a general manager at Housing New Zealand. She also has extensive experience at ALAC, where she was Director Maori then Deputy Chief Executive, principally responsible for ALAC's social marketing programme.

Pharmaceutical update

If your business is a pharmacy, the following practices apply to invoicing ACC for pharmaceuticals and pharmaceutical costs:

- Remember to seek prior approval for direct billing to ACC before you send any invoices. If you don't have prior approval or if you send invoices for items we haven't approved for direct billing, we may decline payment and return your invoices.
- To ensure prompt payments (and avoid declined payments), make sure you include your ACC vendor number on your invoices. If you don't know your number, phone the Provider Helpline on 0800 222 070.
- Keep your GST number, licence number and expiry date and pharmacy ownership and agency type information (i.e. whether yours is a community, hospital or other type of pharmacy) up to date on your ACC registration. Send your updated details to the Provider and Registration Centre by fax on 04 918 3713 or to PO Box 30823, Lower Hutt 5040.
- Your invoices should only be for dispensed medicines; we can't contribute to the costs of 'owed' medicines.
- Remember to attach original pharmacy receipts to your invoice: we don't accept photocopies.
- Label all invoices as a 'tax invoice', not 'invoice' or 'statement'. Include your GST number and purchase approval number (if you have one), and don't charge more than we agreed to in your pharmacy direct billing approval letter.
- ACC clients (formerly known as claimants) are 'eligible people' for pharmaceutical subsidies. This means they should receive the appropriate subsidies for the pharmaceuticals you dispense. We still sometimes receive pharmacy receipts and invoices with high pharmaceutical costs because subsidised medicines have been charged as non-subsidised medicines.
- Please make sure that ACC clients' scripts are correctly coded, have appropriate special authority numbers where applicable and are priced appropriately. Pharmaceutical costs change regularly as subsidy rules change, and we rely on you to apply the appropriate costs where clients qualify for them.

Primary response in medical emergency (PRIME) kits

As you may already be aware, a new PRIME service specification came into effect on 1 February 2008. Appendix 2 of the specification has the updated contents list for PRIME kits.

ACC is working with the Ministry of Health, St John New Zealand and Taranaki DHB Ambulance Service on the best way to upgrade the contents of the PRIME kits. St John and Taranaki DHB are expected to begin this work shortly.

For more information, please contact your local St John regional office or Ian May at the Taranaki DHB Ambulance Service.

Hints and tips for ACC paperwork

MedTech 0001 error code

The commonest 0001 error codes that MedTech users submit relate to information being entered in the wrong field.

If your client is NOT being referred, please make sure there's no text in the 'Suggested treatment or objectives' field on the Work and Referral tab.

If you've already entered information in this field:

- highlight all the text
- press Ctrl+X (cut)
- place your cursor in the 'Comments' field under the diagnosis field
- press Ctrl+V (paste)
- click OK
- resend the ACC45.

Please pass on this information to other people in your workplace who complete ACC45s!

ACC45 Accident and Employment Details

When you complete the 'Accident and Employment details' section of the ACC45 it helps us to identify clearly the nature of the injury and tailor injury prevention strategies to activities identified as causing accidents.

New Resources

Providers can order these via the website at:
www.acc.co.nz/ForProviders/Resources.

Traumatic Brain Injury Guidelines ACC2404

This resource is now in stock again.

Persistent Pain Assessment Instruments – A Compendium (CD Version)

Hard copies of the Compendium have been distributed to ACC contracted pain management vendors over the last few weeks. The CD version ACC4606 can be ordered on the Provider website.

Sexual Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealand ACC4451

ACC commissioned the Massey University School of Psychology Research Team to compile the guidelines, which have been extensively peer reviewed both nationally and internationally. We are confident this publication will be a valuable resource for professionals from all disciplines providing therapeutic services to people suffering mental injury due to sexual abuse.

New Treatment Injury Case Studies

Enclosed with this newsletter is the first in a series of case studies developed by ACC's Treatment Injury and Patient Safety (TIPS) Unit. Their intention is to provide health professionals with an overview of the factors leading to treatment injury claims and include an expert commentary on how similar claims can be avoided in the future. We welcome your comments and feedback to the AdminTeamTI&PS@acc.co.nz

General Practitioner with Special Interest (GPSI) service

A General Practitioner with Special Interest (GPSI) service has now been officially implemented in its three trial regions – Dunedin, Invercargill and Hawkes Bay.

Designed to reduce orthopaedic specialist waiting times, the service employs GPs who have advanced qualifications and experience in areas relevant to managing musculoskeletal injuries. GPs can refer patients to these GPSIs instead of to surgeons, and the GPSIs can then:

- assess the patient
- access advanced diagnostic services not available to other GPs, such as high-tech imaging
- develop a treatment plan
- discharge the patient either to the referring GP (to implement the plan) or to a surgeon if required.

The service aligns with the new rehabilitation framework, which promotes collaboration between specialists, GPSIs, GPs, ACC staff and auxiliary providers.

GPs in Dunedin, Invercargill and Hawkes Bay who have patients living in these areas with non-urgent musculoskeletal injuries are encouraged to refer them to the GPSI service.

Simply:

- write a GPSI referral (as you would to an orthopaedic surgeon)
- send it to your local ACC referral management contact point:
 - Hawkes Bay: Pauline Stretton, Private Bag 9000, Hastings 4156 or fax 06 873 0201
 - Dunedin and Invercargill: Shona Strett, fax 0800 633 632.

GP Liaison Group a valuable conduit

We'd like to acknowledge the contribution of Dr Jonathan Fox, Bernadette Heaphy and Dr Vicki Macfarlane, who each recently ended their association with our General Practice Liaison Group.

Jonathan had served on the group since it started, representing the Royal NZ College of General Practitioners, while Bernadette represented the New Zealand College of Practice Nurses and Vicki was representative for Te Ora (the Maori Medical Practitioners Association of Aotearoa).

ACC has around 25 health sector Liaison Groups. Meeting regularly, they provide an excellent forum for discussion and information sharing between medical communities and ACC. For us, they are an important way of gathering expert opinion and information to help us develop our policies and programmes for treatment, rehabilitation and injury prevention.

Jonathan says he enjoyed his time on the GP Liaison Group, which he believes can be a valuable conduit between the health community and ACC.

"I particularly enjoyed the way the Group could be a sounding board for new ideas being floated in ACC," he says. "In my experience, by involving interested sectors early in the planning stage, you get much better results and 'take-up' further down the track."

Jonathan also valued the opportunity to get ACC and health sector representatives together face-to-face. "This is very beneficial to building relationships and understanding," he says.

In future editions of ACC, we'll keep you posted on the interesting comings and goings in our other Liaison Groups.

Rehabilitation rates and cost

Some interesting statistics from www.acc.co.nz...

- Today, 65% of injured people return to productive life within three months, while 83% are back within six months.
- Longer term, 92% of people have successfully completed their rehabilitation and returned to work within a year. In comparison, in 1998 it took one year before 87% of people whose claims were managed in branches returned to work. The average time off work was more than six months. Today, the average time off work for an injury is less than three months.
- In 2006/07, ACC spent \$396 million on social rehabilitation – supporting people who've had life-changing injuries with everyday life, for example through home help or paying to modify their homes or vehicles.

There is a growing worldwide appreciation of the importance of an early but timely return to work for injured people.

Conference report – The Goodfellow Symposium 2008

ACC was one of the sponsors of the Goodfellow Symposium, held on 12-13 April.

An annual event for primary health professionals organised by the University of Auckland's Goodfellow Unit, the Symposium was attended by more than 500 GPs, nurses, pharmacists and other health professionals. Its theme was 'Looking after our patients and ourselves'.

The Symposium's keynote speaker was Health and Disability Commissioner Ron Paterson. He stressed the importance of a good work-life balance and highlighted the need for a culture that encourages health professionals to seek support and help in times of distress. This theme of self-care was interwoven throughout the two days, with presentations and activities aimed at helping health professionals to recognise and manage work-related stresses.

The ACC-sponsored practical sessions on sport medicine attracted positive feedback, while the well attended exhibitions proved an excellent source of resources.

Upcoming conferences and events

National Council of Maori Nurses Conference

29 April – 9 May, Manakau Institute of Technology, Mangere, Auckland. www.maorihealth.co.nz

Starship Kids Trauma Conference

9 May, Clinical Education Centre, Auckland City Hospital. jillf@adhb.govt.nz

College of Practice Nurses Conference

16 – 18 May, Sebel Trinity Wharf, Tauranga. www.practicenurseconference.co.nz

Acupuncture AGM and Conference

20 – 22 June. Theme: 'Working Together'

RNZCGP Annual Conference 2008

16 – 19 July. Theme: 'Thrills and Spills of General Practice'. Millenium Hotel, Queenstown. www.rnzcgp.org.nz

Emergency Nurses Conference

28 August – 1 September. Theme: 'Diverse Challenges, Driving Change' University of Otago, Dunedin. www.emergencynursingconference.co.nz

NZ Association of Hand Therapists Conference

30 – 31 August. Rydges Hotel, Christchurch. Theme: 'Under the Thumb'. Email: handconference@gmail.com