

A newsletter for health care professionals

August 2008 – Issue 114



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New audiology model

Noise-induced hearing loss is a significant issue for a growing number of New Zealanders, and meeting their rehabilitative needs will always be a priority for ACC.

However, until recently there were relatively few controls on the types and costs of hearing aids provided.

So in late 2007 an accord was established between ACC, audiologists, manufacturers and suppliers of hearing aids, and together these parties developed and agreed a new model for funding and managing clients' hearing loss needs. This included developing new contracts with specific targets, trialling a new needs assessment tool, and introducing regular feedback reporting to audiologists about their progress in meeting agreed goals.

Earlier this year the first feedback report, using national figures, was distributed. It showed impressive overall progress by audiologists.

Last month, the first of the Individual Feedback Reports was released and progress is still looking good. In addition, a recent client survey confirms that satisfaction among this client group remains at over 90 percent .

ACC appreciates audiologists' continuing commitment to working in partnership with us to provide extremely high levels of customer satisfaction. Further developments, such as peer review assistance and the new assessment tool, are underway.

Announcement: Gerard McGreevy

Providers to ACC will be interested to learn that our Chief Operating Officer, Gerard McGreevy has resigned and will be departing 29 August.

Gerard has been at ACC for more than 17 years and during that time has shown a deep personal commitment not just to the roles he has held, and the people he has led and supported, but to ACC's core purpose of preventing injury and standing by people when they are injured.

We are sure you will join us in wishing Gerard well for the future.

ACC funds AROC membership

ACC has informed all the District Health Boards (DHBs) of its initiative to cover the membership fees for their rehabilitation units that choose to become members of the Australasian Rehabilitation Outcomes Centre (AROC).

AROC is a joint initiative involving stakeholders from the Australian and New Zealand rehabilitation sectors, including providers, funders, regulators and consumers. Based at the University of Wollongong, New South Wales, its main goal is to improve clinical rehabilitation outcomes by benchmarking rehabilitation providers and producing information on the effectiveness of interventions.

AROC uses the Functional Independence Measure (FIM) and other outcome measures, and is involved in developing research proposals to refine selected outcome measures over time.

Being a member of AROC allows ACC and providers to be able to benchmark outcomes for clients who enter inpatient rehabilitation facilities.

All District Health Boards are encouraged to take up this ACC-funded membership. For more information, contact Elaine Elbe at elaine.elbe@acc.co.nz or on 04 918 7424.

Medical Certificate ACC18 update

The ACC18 is an important document that updates your patient, their employer and ACC on progress in the patient's recovery from their injury. It can also be used to recommend a second opinion or an assessment, to add or change an original diagnosis, or request home help or personal care.

Only medical practitioners (e.g. GPs or emergency department doctors) and, from 1 August 2008, Nurse Practitioners can complete an ACC18. Nurse Practitioners are registered nurses with advanced educational preparation and experience, who are authorised to practise in an expanded nursing role in clinical settings as diverse as hospitals and aged care facilities, as well as in the community. A registered nurse is authorised by the Nursing Council of New Zealand to call themselves a Nurse Practitioner.

If that's you, please make sure that:

- you certify that you've examined the patient face to face on the day the certificate was issued (we can't accept conclusions reached via phone or through third parties)
- your certification reflects your clinical assessment after an examination
- your diagnoses, comments and recommendations reflect care that is necessary, appropriate and of the required quality.

Please also ask your patient to send us the ACC18 promptly – the sooner we receive it, the sooner we can respond. (Note that we're working on a new system that will enable you to send ACC18s to us in electronic format, instead of expecting your patient to deliver a paper copy to ACC. We expect to trial this system in the next few months).

Dental update

Cone beam scans

ACC's Evidence Based Research Group is assessing cone beam scans as part of a high-technology imaging review. Until the review is complete and policy developed, ACC won't be purchasing this service.

Mini implants

As there's no supporting evidence to support mini implants for crowns or bridges, ACC doesn't contribute to the costs of this treatment. Any client requiring dental implant surgical treatment must be referred to a specialist provider, who will provide the appropriate type of implant.

Referring ACC clients for dental implant surgery

When deciding on whether to fund a dental implant, ACC places a high priority on the client's oral health status.

If you're a referring dentist, we ask you to help the surgical provider by supplying records of your client's past five years of dental treatment. You should also use the Dental Implant Guidelines when assessing your patient's suitability for the surgery.

If you refer a patient based on a missing or un-saveable tooth and without a dental history, you could be unnecessarily raising client expectations and wasting administration time for the dental implant surgical provider.

Claiming DE₁, DE₂, DE₃ and DT₁

Dental practices appear to have a wide range of views on invoicing for DE₁ Dental Consultation, including examination, DE₂ Periodic oral examination/review, DE₃ Extended examination, and DT₁ Emergency temporary cover.

To clarify:

- 'DE₁ Dental Consultation, including examination' is for initial treatment planning in a non-emergency situation. It's invoiced once for an episode of care
- 'DE₂ Periodic oral examination/review' is for non-treatment follow-up according to the Dento-Alveolar Trauma Guidelines. The descriptor may include an X-ray, but should not be used with other treatment items
- 'DE₃ Extended initial examination' is for complex cases relating to dental implants, orthodontics and advanced (multiple sites) restorative work, **including** study models and photographs. Originally developed for specialist dentists, it now applies to all dentists. Note that dentists can't invoice for photographs separately (DX₄ in addition to DE₃)
- 'DT₁ Emergency temporary cover' applies when you've provided cover for a site and are requesting more definitive treatment or are unable to complete definitive treatment on the day. This should not be charged as "fillings" under the DR codes as these treatments have a life expectancy of two years.

Treatment planning has always included the treatment item, and you can ask for a co-payment if you wish from the client.

Clarifying DD7, DD8, DD9 dental implant site preparation

A number of dentists appear to be interpreting and invoicing for some descriptors in different ways from those intended when they were developed in 2004.

The site preparation descriptors apply to tooth extractions in under-18 year-olds (for whom dental implant surgery is some years away) to prevent the loss of the labial bone plate and prepare the site for a future dental implant. They should not be used where there are pre-existing bone deficits or soft tissue loss, or when bone grafting and connective tissue grafting will be required for dental implant surgery in the near future. ACC can pay DD7, DD8, DD9, or Level 1 or 2 bone grafts but not both for dental implant surgery.

Prior approval for crowns

Please remember to get prior approval from ACC for all crowns – and before you undertake the crown preparation. This is because ACC needs to understand the condition of the tooth, with the aim of conserving good tooth tissue where possible while considering the tooth's long-term outcome.

Root canal therapy

We are concerned about the number of teeth having endodontic treatment very soon after injury, often with no pulp involvement when the injury was registered. This appears to be inconsistent with the Dento-Alveolar Trauma Guidelines, so we'll continue to monitor the trend with the aim of ensuring best practice for ACC clients.

Nursing Treatment Profiles available

ACC has worked with representatives of the sector to develop a set of Nursing Treatment Profiles summarising current best practice in injury management. They cover a wide range of common injuries, and facilitate flexibility and choice in clinical judgement in order to best meet individual patients' needs and circumstances.

Written by an expert group of nurses, and extensively peer reviewed, the Profiles cover all aspects of treatment including:

- the starting point of a comprehensive nursing assessment
- return to work recommendations
- counselling and referral for social rehabilitation assessments.

The Profiles aim to support nurses to provide effective treatment, rehabilitation and support services to those clients who have suffered a personal injury.

To order a copy, phone 0800 222 070 or visit www.acc.co.nz (under For Providers > Treatment Profiles).

When is an ACC45 not an ACC45?

When a patient comes to you as a referral patient, please don't lodge another ACC45 injury claim, as their original provider will have already submitted the ACC45. Submitting a second claim will result in the claim details failing on the website as a duplicate claim number.

Practice management systems enable you to enter the details in other ways and bill for them. If you don't already know how to do this, please contact your PMS vendor.

Changes to employment conditions

If you're an employer, you may be interested in these two news items sent to us by the Department of Labour.

Parental leave payments increase

The maximum parental leave payment rate increased on 1 July 2008, from \$391.28 to \$407.36 per week before tax. The minimum rate for self-employed parents increased from \$112.50 to \$120.00 per week before tax.

The Parental Leave and Employment Protection Act 1987 entitles eligible parents to up to 14 weeks' paid parental leave. The maximum and minimum rates are reviewed each year to reflect any increases in average weekly earnings and the minimum wage.

Paid parental leave is government funded and administered by Inland Revenue. For more information, visit www.dol.govt.nz or phone 0800 20 90 20.

Flexible working arrangements

Flexible working arrangements have been enabled by the Employment Relations (Flexible Working Arrangements) Amendment Act, which came into effect on 1 July.

Flexible arrangements can be any change to hours of work, days of work or place of work (for example part-time work), flexible start and finish times and working from home.

To qualify for flexible working arrangements, an employee must be caring for another person and have been employed by their employer for at least six months. Requests under the Act must be in writing and must specify:

- the change to working arrangements sought
- whether the change is permanent or for a specified time period
- how the change will help the employee better care for the person concerned.

Employers are required to consider requests and notify their decisions in a timely way.

The Act also gives employers grounds on which they can refuse a request. These are:

- an inability to reorganise work among existing staff or recruit additional staff
- the detrimental impact on quality or performance
- the insufficiency of work during the periods the employee proposes to work
- planned structural changes
- the burden of additional costs
- the detrimental effect on the ability to meet customer demand.

For more information, visit www.dol.govt.nz/flexiworking or phone 0800 20 90 20.

ACC45s for work-related injuries submitted as non-work injuries

ACC client surveys indicate an increasing number of claims that were submitted as non-work injuries actually occurred at work. There are many reasons for this – including choices made by both patients and providers.

The main effects of submitting claims as non-work injuries are that:

- Your patient is not eligible for weekly compensation for the first week of their incapacity. (If an injury happens at work, the employer is liable for the first week of weekly compensation.)
- In the case of a gradual process injury, your patient will not get cover from ACC unless the injury is work-related.
- ACC is not able to notify the employer about the injury (as ACC is required to do by law) – which means the employer does not necessarily carry out the investigations required in the event of an employee injury.

We have asked MedTech about their capacity to improve the way work claim information is captured in MedTech32. Until this is done, please try and make sure the information about work injuries is correctly shown on the electronic claim.

Traumatic Brain Injury (TBI) Conference

Payment by Outcome:

The Possibilities in TBI Rehabilitation

Followed by Training on the Northwick Park Dependency Scales 21- 22 October 2008

The Philip Wrightson Centre of Excellence (PWCOE) would encourage anyone who has an interest or view on issues such as outcomes in TBI rehabilitation, payment by outcomes, accountability in health provision, or an individual's responsibility to engage in rehabilitation, to come to the Spring Conference! The PWCOE wants to encourage providers, purchasers and clinicians to air their views, hear evidence on the pros and cons and debate the possibilities or the impossibilities!

The PWCOE wish to encourage open and honest discussion and see this as an exciting opportunity to be involved and help produce informed decisions.

For more information email: info@pwcoe.org.nz

RNZCGP Conference

ACC was the principal sponsor of the Royal New Zealand College of General Practitioners conference held in Queenstown in July, with the theme "Thrills and Spills of General Practice".

The ACC led workshop "Lost in Translation" was the platform for launching the updated Guidelines on Maori Cultural Competency, while the other two workshops focused on ACC audit and developments in the Pain Management Services.

Conferences and events

Optimising Medicines Related Outcomes Symposium

30 - 31 August 2008
New Zealand College of Pharmacists, Ellerslie
Events Centre, Auckland
www.psnz.org.nz/public/cop/index.aspx

Safety NZ Week

1-7 September. Theme: 'Safety in the home'.
Email: safetynzweek@acc.co.nz

6th Australasian Conference on Safety and Quality in Healthcare

1-3 September 2008
Christchurch Convention Centre
www.aaqhc.org.au

New Zealand Association of Occupational Therapists' Conference

4-6 September 2008, Palmerston North
Convention Centre. Theme: 'Inspiration –
Energy – Action'. www.nzaotevents.com

New Zealand Dental Association Biennial Conference 2008

10-13 September, Rotorua Energy Events Centre.
www.nzda.org.nz/pub/

Medical Education Convention Aotearoa (MECA) 08

19, 20, 21 September
Hunter Centre and the Dunedin Town Hall

Australia / New Zealand Falls Prevention Conference

12-14 October, Melbourne.
www.anzfpconference.com

Practice Managers and Administrators Conference

16-19 October, The Spencer on Byron Hotel,
Takapuna, Auckland. www.pmaan.org.nz

Payment by Outcome: The Possibilities in TBI Rehabilitation

Followed by: Training on the Northwick Park
Dependency Scales

21 - 22 October, Philip Wrightson Centre,
Level 3, 93 Grafton Road, Auckland.
Email: info@pwcoe.org.nz

Australia / New Zealand Spinal Cord Society Annual Scientific Meeting

26-28 November, Christchurch Convention
Centre. Theme: 'Where to from here? Asking
the questions'. www.conference.co.nz/index.cfm/ANZSCoS

Hearing Needs Assessment Workshops for Audiologists

2 September – North Shore
– South Auckland

3 September – Hamilton

4 September – Christchurch

5 September – Dunedin

8 September – Palmerston North

9 September – Wellington

Please contact Catherine Proffitt for more
information:

Email: catherine.proffitt@acc.co.nz

Safety NZ Week 2008



You may remember that in the last issue of 'ACC News' we mentioned that this year's Safety NZ Week will focus on home safety. It aims to raise awareness of the risks at home and give people some simple tips to reduce those risks.

The new website has just been launched, with plenty of information and resources available to download or order. The content is ideal for both groups and individuals. How about getting involved? Just visit www.homesafety.co.nz.