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Spreading the safety message

Safety NZ Week 2008 may be over, but you can still play an invaluable part in reducing the number of injuries happening in the home every year.

One in seven New Zealanders was injured in their home last year. More than 1,000 of these injuries happened in the bathroom and most of these were slips, trips and falls – with injuries ranging from the minor to the life-changing. And it's not only older people being injured; two-thirds of fall victims are aged under 60.

Research shows that 55% of people know there's a risk of injury at home, but only 15% think it can happen to them. That's why it's important to spread the message

of taking care in the home – for example, by recommending that your patients:

- lower their hot water temperature to the recommended 55°C to reduce the chance of burns. (40% of New Zealand households have dangerously hot water – that's 560,000 accidents waiting to happen)
- have a bath mat in the shower or bath
- ensure that water is mopped up.

Find out more at www.homesafety.co.nz.

Nursing Treatment Profiles Launched

This exciting new resource for nurses was officially launched in Wellington on Monday 1st September by Dr Keith McLea ACC General Manager, Levy and Scheme Management. (From left to right) Diane Williams, Nurse Practitioners New Zealand, Dr Keith McLea, ACC General Manager, Suzanne Rolls, New Zealand Nurses Organisation, Marguerite Besier, Occupational Health Nurses' Association.

If you would like to order copies of the Treatment Profiles they are available to providers via the publication resource page on the website www.acc.co.nz/for-providers/resources or by calling 0800 802 444.



Draft Ambulance Service Strategy soon to be released

The time is fast approaching to make your views known regarding New Zealand's ambulance service. The Government has recently developed a draft New Zealand Ambulance Strategy, and will be inviting your feedback on it shortly.

Towards a new vision for New Zealand's ambulance service

New Zealand is well served by dedicated road and air ambulance crews, who work under often trying and traumatic circumstances to provide optimum levels of emergency health care.

To deliver the highest degree of consistency, reliability and quality, the ambulance sector needs to develop a consistent national strategic view, and to consider its priorities for future initiatives and service enhancement, including:

- Aligning funding methodologies to support the sector in a consistent way
- Identifying ways to maximise volunteer support.

The draft strategy aims to address these issues, and others, in order to create a more cohesive, sustainable and quality service, and one in which New Zealanders can continue to have a high level of confidence.

In particular, the draft strategy proposes new ways of working together for the health and ambulance sectors, with an emphasis on enhanced consultation and engagement at both a strategic and operational level.

A First Step

The Government has responded to key sector concerns by creating an integrated

strategic leadership and funding organisation as a joint venture between ACC and Ministry of Health (MoH). This will be called the National Ambulance Sector Office (NASO). NASO will manage provider contracts with both ACC and MoH and address any performance issues. In addition, one of the main functions of NASO is to coordinate sector engagement with Government, and as such will be leading the consultation on the strategy.

Who has contributed to the draft strategy?

Development of the draft strategy has been overseen by ACC and the MoH, with input from a broad cross-section of sector representatives.

Work on the draft strategy commenced before the report from the recent Health Select Committee Review of Ambulance Services, however, many of its themes are consistent with those expressed by the Committee.

The ACC/MoH joint venture, NASO, will manage the consultation process.

How to provide your feedback

It's important that the Government's strategy accurately reflects sector opinion and user needs. Therefore, you're encouraged to share your views by making a submission. You will be advised on how to make your submission or submit any queries closer to the consultation date.

Need more information?

If you have any questions about the draft strategy or the consultation process, please contact Mark Woodard at mark_woodard@moh.govt.nz.

Earning while on weekly compensation

Changes to ACC's legislation have affected the weekly compensation regime for ACC clients who are injured and unable to work.

Weekly compensation helps to replace the client's loss of earnings, and generally pays 80% of their normal pay. However, recent changes mean that a client returning to part-time work can now earn up to 20% of their normal pay without it affecting their weekly compensation payment.

If the client earns more than 20% of their normal pay, their weekly compensation reduces dollar for dollar – and if their weekly compensation payment plus their earnings equals more than their normal pay, the payment and the extra work earnings are added and the amount over the normal pay is taken off.

For example, a client earning on average \$500 per week gross and unable to work at all would receive 80% weekly compensation (\$400 per week).

If they can return to part-time suitable work:

- they can earn up to \$100 per week (20% of their pre-incapacity average earnings) without any effect on their weekly compensation
- if they earn, for example, \$120 per week, their weekly compensation is reduced by \$20 to \$380 per week, which means they continue to earn \$500 per week (\$120 from part-time work and \$380 from ACC).

2009/10 levy consultation

You can have your say on ACC's proposed levy rates for the coming year by making a submission as part of the annual consultation process.

Levy rates cover the lifetime costs of injuries that occur during the coming year. By reviewing rates annually, we make sure we don't charge more or less than we need to. Nor do rates change quickly – we can introduce them gradually over time.

You can download a copy of the consultation documents (and information on the basis for the proposals) plus a copy of the actuarial advice at www.acc.co.nz/levyconsultation. They're also available by phoning 0800 ACC RATES (0800 222 7283) or sending an email to consultation@acc.co.nz.

Submissions close at 5pm on 8 October 2008. Written submissions should include your name, address and contact phone number and be sent by post to:

Levy Consultation ACC
PO Box 242
Wellington 6140

or email to: consultation@acc.co.nz

Information and Communication Technology research underway

UMR Research, on behalf of the Ministry of Health and ACC, is conducting a survey of health professionals on the use of information and communication technology (ICT) in the Health and Disability Sector.

The research will provide information to ensure that changes and initiatives in ICT are targeted to provide maximum value to the NZ Health Sector.

If you're asked over the next few months to take part in this survey, we hope you'll take up the opportunity. The greater the response, the sooner and better we'll be able to support the development of relevant and practical ICT solutions for you and other New Zealand health professionals.

Work-related mental injury now in force

New cover for work-related mental injury comes into effect from 1 October, bringing into effect one of the key provisions of the Injury Prevention, Rehabilitation and Compensation Amendment Act 2008.

The law introduces cover for work-related mental injury caused by direct exposure to a sudden traumatic event during the course of employment. It extends ACC's role in providing cover for mental injury, which was formerly confined to mental injury arising from physical injury, other than for sensitive claims where physical injury need not be present.

While any treatment provider able to lodge an ACC45 can initiate a claim, assessment, diagnosis and treatment planning will be undertaken solely by registered psychiatrists. Cover decisions will be made by ACC's Hamilton and Dunedin Service Centres. Clinical support will be provided by Branch Medical Advisors and Branch Psychological Advisors.

A client's medical practitioner will provide clinical management after a claim has been lodged, and before a cover decision is made.

Briefing papers on the cover have been distributed to all key stakeholders, and workshops will be held for psychiatrists in the coming months.

Tai chi master visits

Tai chi master Dr Paul Lam recently visited Wellington for a two-day tai chi health workshop.

The workshop was attended by about 50 tai chi instructors from around New Zealand. These included those teaching ACC's modified tai chi for preventing falls, providing a valuable opportunity for them to learn from and implement Dr Lam's philosophy and practice. ACC's modified Tai Chi programme was devised by Dr Lam.

ACC has funded its twice weekly, 20-week course since 1998, helping more than 25,000 older New Zealanders identified as particularly vulnerable to injuring themselves in a slip, trip or fall. This reflects statistical trends, with those of July 2007 to June 2008 revealing that:

- falls were the single greatest cause of ACC claims
- more than 150 people aged 65 or older died as a result of a fall
- in total, more than 70,000 people in that age-group needed some medical treatment after a fall.

Research has shown that practising tai chi can greatly reduce older people's risks of falling. It is also known to be therapeutic for those with heart disease, respiratory and other chronic diseases, as well as having a positive effect on immunity, mental illness, depression and stress.

Dr Lam's modified forms of tai chi are suitable for people suffering from ailments such as arthritis, osteoporosis, back pain and diabetes. These gentle, fluid movements are good for maintaining mobility and flexibility as well as improving fitness, increasing strength and improving balance and flexibility. It also gives older people more confidence and reduces their fear of falling.

Participants in ACC's course are generally referred by GPs. To qualify for ACC funding, they must be aged 65 years and over (55 years and over if Maori or Pacific people), live in the community and have had a fall in the previous year, or be deemed at risk of falling by a registered health professional. This year, ACC will fund at least 6500 New Zealanders to attend the course.

Information in Korean

ACC's Community Relationship Agreement with the Korean Society of New Zealand has led to a number of trial programmes to promote ACC's messages to this low access community.

In a recent initiative, the Society's Korean Guide Book 2009 will include six pages of ACC information, covering:

- Asian strategies
- an overview and history of ACC in New Zealand
- how to make an ACC claim

- how to use 0800 101 996 – the Claims Service Centre free phone line
- specialists and other treatments
- physical and occupational rehabilitation
- the ACC Korean brochures can be accessed via the ACC website at www.acc.co.nz/claims

Below is a table with a list of the ordering codes for the translated brochures in English, Korean, Chinese and Hindi.

Description	English	Korean	Chinese	Hindi
How you can get help after an injury	ACC2399	ACC4131	ACC4319	ACC4179
Getting help if you're injured visiting Our country	ACC592	ACC4134	ACC4321	ACC4182
Getting help after someone dies from an injury	ACC586	ACC4135	ACC4322	ACC4183
Getting help with an injury if you've been travelling overseas	ACC493	ACC4132	ACC4320	ACC4180
Introduction to the Code of ACC Claimants' Rights	ACC710	ACC4133	In production	ACC4181

Changes to vocational rehab rules

Phase two of the Injury Prevention, Rehabilitation, and Compensation Amendment Act 2008 (which will come into force on 1 October) includes three changes to the way ACC manages vocational rehabilitation:

Occupational assessors must take clients' pre-incapacity earnings into consideration when completing initial occupational assessments or vocational independence occupational assessments.

ACC has the discretion to provide vocational rehabilitation for longer than three years. This is likely when ACC considers that vocational rehabilitation will achieve its purpose under an individual rehabilitation plan, and be both cost effective and appropriate.

The upper age limit for vocational rehabilitation has been removed, which means clients can continue to receive vocational rehabilitation past the New Zealand Superannuation qualifying age (currently 65).

Health Innovation Awards

There are less than two months to go until the 2008 New Zealand Health Innovation Awards Expo and Gala Dinner.

The Expo features New Zealand's top innovators in health and rehabilitation – the finalists for the New Zealand Health Innovation Awards 2008. It is being held on 4 November from 3pm to 4.30pm at the Wellington Town Hall, West Court. Entry is free.

And if you fancy putting on your glad rags, why not stay on for the Gala Dinner – New Zealand's most prestigious health event? It's a black tie event including cocktails, three course dinner and drinks, entertainment and, of course, presentation of the 2008 New Zealand Health Innovation Awards.

We will be joined by world-leading health, disability and rehabilitation innovators,

service providers, and researchers from INNOV'08.

The setting will be glamorous, the food fabulous and the company brilliant!

There are still some tables available, at the reduced price of \$121.50 (individual tickets are \$135).

The HIA, a joint endeavour of the Ministry of Health and ACC, were started in 2003. The Awards recognise and celebrate health professionals who are finding new ways to contribute to the treatment, care and recovery of New Zealanders.

Tickets for the dinner are limited, so book early to ensure your place. To book, go to www.healthinnovationawards.co.nz.

Upcoming conferences and events

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.pmaanzt.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

New Zealand Home Health Association Conference

19-21 October, Wellington Convention Centre, Wakefield Street, Wellington.

www.conferencebrokers.co.nz

INNOV'08: Weaving Innovation Into Health

3-5 November, Wellington Town Hall, Wellington, New Zealand

www.innov08.org.nz

New Zealand Health Innovation Awards 2008

4 November, Wellington Town Hall, Expo and Gala dinner

www.healthinnovationawards.co.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

Pilot of new online learning resource for GPs

Occupational diseases such as lung cancer and dermatitis have become an increasingly prominent part of the modern medical landscape.

It can be hard for busy, time-challenged GPs to keep abreast of the latest developments in these areas, particularly those GPs who only work part-time, or run a small or rural-based practice.

This has led ACC to team up with Auckland's Goodfellow Club, the independent educational unit housed in the University of Auckland's School of Population Health, to pilot a series of online case studies for GPs.

The pilot will feature five case studies, focusing on occupational causes of:

- skin cancer (non-melanoma)
- contact dermatitis
- malignant neoplasms of lymphatic and haematopoietic tissue
- bladder cancer
- cancers of the trachea, bronchus and lung.

Each case study is designed to enhance knowledge and clinical skills, and enable better assessment and management of the disease/injury concerned. The case studies build on the ACC Reviews released in 2007, and focus on new diseases covered by ACC under recent changes to Schedule 2 of the Injury Prevention and Rehabilitation Compensation Act 2001.

Case studies for GPs and other primary health care professionals are available free of charge on

the Goodfellow Club website, at www.goodfellowclub.org. If you're not already a member of the club, you will need to join to access the case studies – simple instructions are provided on the site on how to do this.

The first new ACC case study for GPs will be available online from 29 September 2008 and will be covering skin cancer. It's estimated that it will take around one hour to read a case study and complete the associated quiz, with one MOPS point awarded per hour. A CME certificate will be automatically generated upon completion of the quiz.

GPs can be confident of getting leading-edge information from the case studies, prepared by experts in their field and based on the latest research and evidence-based practice. And because they're available online, they'll be quick and easy to access.

Discussion forums and quizzes on each case study will also be available online. The discussion forums will foster shared learning from the experiences of other GPs, while the quizzes give GPs the opportunity to acquire MOPS points.

If you would like to access previous ACC reviews on occupational disease or information related to Schedule 2 please visit our website www.acc.co.nz.

6th Australasian Conference on Safety and Quality in Health Care: 1-3 September, Christchurch

This annual conference was held in New Zealand for the first time and the ACC stand was well attended, with considerable interest in information on treatment injuries and adverse events notification. The conference theme Bold Aims – Bold Outcome reflected the challenge that faces all healthcare services and the need to think creatively to overcome these challenges. A strong focus of the conference was on continuous quality improvement and prevention of adverse events with many workshops involving participants in practical solutions to the issues.

New Senior Medical Adviser appointed

ACC welcomes Dr Peter Jansen (Ngati Raukawa, MB.ChB, FRNZCGP (Dist), Grad Cert. Clin Tchg) as a Senior Medical Advisor.

Peter has been a part-time medical advisor in ACC for a number of years, most recently in the Treatment Injury Centre during the transition from medical misadventure. He has also been:

- a teacher and researcher for Mauri Ora Associates, a group working to improve health care for vulnerable populations
- a rural GP in Whangamata, then in South Auckland
- the Medical Director of Boehringer Ingelheim (NZ), a multinational pharmaceutical company
- an inaugural director of the ProCare independent practice association
- a member of the National Advisory Group for the Development and Implementation of Guidelines and the Performance Advisory Group for primary care
- a board member of Counties Manukau District Health Board, Mid-Central Health and Quality Health NZ.

Peter is an active member of the Maori Medical Practitioners Association (Te Ohu Rata o Aotearoa/Te ORA) and was instrumental in establishing the Maori Faculty of the Royal New Zealand College of General Practitioners (Te Akoranga a Maui). He has also published a number of papers relating to cultural competence in health care.

eLodgement – removing “failed claims”

During the next few weeks, ACC will be removing all the ‘failed claims’ more than 14 days old from the ACC45 website.

Owing to the large number of failed claims, the process will take some time – and because we’ll be removing the oldest claims first, you may not notice anything for a while.

Note that once your old failed claims have been removed, any new failed claims will stay on the site for 14 days, not six months as previously.

Dental update

Payment for prior approved treatment

To help speed up the invoice payment process for prior-approved treatments, please quote the PA number in the ‘ACC Purchase order No from the prior approval letter on your dental tax invoice (ACC37).

Service dates on invoices

Please make sure you provide the actual dates of treatment provided to your patients on your invoice (ACC37).

Ultra-complex restorations

If you’re invoicing for an ultra-complex restoration at the two-item rate (50% or more of the crown is reconstructed = DR6+DR9), please include an X-ray and photograph of the tooth or teeth with your invoice. Without this verification, we can only pay you at the DR9 rate.

Bleaching DN8

Please note that Bleaching DN8 is the maximum contribution to a complete treatment and covers more than one visit. DT1 is not part of bleaching.