

A newsletter for health care professionals

April 2009 – Issue 120



#### IN THIS ISSUE:

- New and improved website up and running
- Sexual abuse assessment and treatment services
- Upcoming conferences and events
- Vitamin supplements for older people
- Monitoring pharmacy charges
- Taupo Better at Work service takes off
- ACC CoverPlus Extra – a choice for the self-employed
- eLodgement – practice management system details
- Health sector scholarships
- Dental update
- ACC NEWS feedback

## New and improved website up and running

**Recent visitors to our website – [www.acc.co.nz](http://www.acc.co.nz) – will have noticed that it's undergone a comprehensive makeover.**

We've overhauled both the structure and content of the site, to:

- make it a lot more user-friendly, and
- enable you to find information as quickly and easily as possible.

The new site retains a dedicated 'For Providers' section, but as you'll see, we've made big improvements within this section.

### Better access to forms and publications

One of the main improvements we've introduced is a search function for publications and forms, so you can quickly find what you're looking for by entering a key word or ACC number.

Many forms and publications are now available as pdfs, which means you can view and download them directly from the site. And if you need to order hard copies, we've streamlined the process for doing this.

### Easier navigation around the site

No matter where you are in the 'For Providers' section, links to popular pages within this section will be clearly displayed at all times.

This will make it easier to access frequently used pages, such as:

- work type detail sheets
- publications and forms
- best practice
- provider news.

It's also now a lot easier to navigate between the 'For Providers' section, and other key sections of the site, such as 'Making a Claim', 'Preventing Injury', 'For Business' etc.

### User testing helps shape new site

We carried out extensive user-testing before settling on the final look, feel and format of the new site.

In particular, we focused on identifying the specific needs of the site's many different users, and we've tried to rebuild the site around those needs. We've also updated all of the content and rewritten it in a more simplified, plain English style.

We're sure the new site will help streamline the way you work with us, so go online and check it out.

## Sexual abuse assessment and treatment services

ACC, the New Zealand Police, the Ministry of Health and Doctors for Sexual Abuse Care (DSAC) have developed a new service that addresses the immediate medical and forensic needs of victims of sexual abuse.

The new 'Sexual Abuse Assessment and Treatment Services' (SAATS) contract is designed for acute, recent and historic cases (both male and female victims across all ages), including those who choose not to lodge a claim with ACC or report to police. It's administered by ACC, with new funding contributed by the Police, ACC and the Ministry of Health.

ACC has taken the lead agency role in the implementation and administration of SAATS. ACC contributes funding along with the Police and the Ministry of Health.

SAATS is available in 12 district health board (DHB) regions:

- Auckland (also lead vendor for the Counties Manukau and Waitemata DHBs)
- Canterbury (also lead vendor for the West Coast DHB)
- Northland
- MidCentral
- Whanganui
- Capital & Coast (also lead vendor for the Hutt DHB)

- Taranaki
- Tairāwhiti.

In addition, a medical consultation liaison service has been established in the Auckland, Wellington and Christchurch DHBs to support GPs and DSAC doctors in:

- deciding whether to refer victims for specialist medical forensic examinations with DSAC-trained doctors
- making decisions on caring for victims who don't want to change providers
- developing skills in managing victims' medical and/or forensic needs.

To access the medical consultation liaison services with adults and adolescents, please contact:

- in Auckland: the Auckland DHB at [pohutukawa@adhb.govt.nz](mailto:pohutukawa@adhb.govt.nz) or 09 630 9772
- in Wellington: Compass Health at [kin.lund@compasshealth.org.nz](mailto:kin.lund@compasshealth.org.nz) or 04 385 9879
- in Christchurch; the Cambridge Clinic at [cambclin@xtra.co.nz](mailto:cambclin@xtra.co.nz) or 03 366 0067.

To access the medical consultation services with paediatrics please contact: Auckland DHB at [TEP@adhb.govt.nz](mailto:TEP@adhb.govt.nz) or 09 307 2860.

## Upcoming conferences and events

1–3 May – **NZ College of Practice Nurses Conference**, Palmerston North Convention Centre  
<http://mpnc2009.scarletvault.com/>

11 – 14 June – **GP CME Conference**, Energy Events Centre, Rotorua, <http://www.gpcme.co.nz>

21 – 25 July – **2009 AFRM/NIRR/NZRA Rehabilitation Conference** "Working together across the lifespan – An interdisciplinary approach to rehabilitation". Rydges Hotel, Queenstown.  
[www.rehabconference2009.org.nz](http://www.rehabconference2009.org.nz)

23 – 26 July – **The New Zealand Pain Society Annual Scientific Meeting**, Distinction Rotorua Hotel, Rotorua.  
[www.confer.co.nz/pain2009](http://www.confer.co.nz/pain2009)

## Vitamin supplements for older people

Recognising that falls are a major cause of injury for older people living in residential care facilities, we're supporting a programme that offers these residents a simple but effective injury-prevention aid – prescriptions of vitamin D supplements from their health professionals.

Research shows a significant association between low vitamin D levels and reduced muscle strength (presented as atrophying fast twitch muscle fibres as well as increased postural sway and impaired motor function).

Vitamin D supplements have been shown to:

- enhance muscle strength by increasing the number and size of fast twitch muscle fibres, leading to improved gait and balance
- help in maintaining bone density through the absorption of calcium into the bones – which in turn reduces the risk of fractures for those who do fall

- reduce the risk of people developing many serious chronic illnesses, including rheumatoid arthritis, diabetes type 2, respiratory disease and some cancers.

Research also shows that two-thirds of older people living in residential care fall each year. There are approximately 27,000 of these residents in New Zealand, and evidence indicates that vitamin D supplements could lead to a 28% reduction in falls among this group. Through this new programme (offered in conjunction with DHBs and primary health organisations), we may be able to prevent more than 5,000 injuries a year.

If you'd like information on the prescribing criteria for vitamin D supplements (or would like to learn more about vitamin D or any other aspect of ACC's fall-prevention initiatives), call 0800 844 657, email [fallstrategy@acc.co.nz](mailto:fallstrategy@acc.co.nz) or visit [www.acc.co.nz/vitamin-d](http://www.acc.co.nz/vitamin-d).

## Monitoring pharmacy charges

A reminder to all pharmacies of ACC's commitment to monitoring your charging practices, with the aim of ensuring consistent and accurate pharmacy charges as well as achieving value for money for the ACC scheme.

Our monitoring programme identifies pharmacies that charge above the mean amounts their peers charge for similar pharmaceuticals. For example, we've recently completed a series of meetings with a group of pharmacies – although most had a direct invoicing agreement with us, the amounts they were charging for the same prescription items varied significantly.

If we agree to your pharmacy invoicing us directly, we expect to pay reasonable costs only – that is, the cost of the pharmaceutical, a dispensing fee and GST. In any case, if we believe that costs or charges are unreasonable, we may query and, if appropriate, decline to pay them. If we have any concerns about your invoicing, we may also undertake an audit of your invoicing.

If you have any questions about this, please contact either your brand organisation or national pharmacy organisation (whichever is appropriate).

## Taupo Better at Work service takes off

The newly introduced Better at Work service which is operating out of Lake Taupo PHO has taken off, with 36 client referrals from the PHO's GPs to its in-house service co-ordinator within a couple of weeks of going live.

"We are delighted that staff at the Lake Taupo PHO have been so active in offering clients the opportunity to stay at work while they recover from injury. They are clearly behind the service and get the point that staying at work provides clinical benefits and financial stability to the client, and retains key skills for the employer," says ACC Strategic Programme Manager, Verna Smith.

The underlying rehabilitation concept has been embraced internationally by treatment providers, employers, insurers and clients. Its central proposition is that clients are better off if they can recover from their injuries while at work.

ACC is currently developing different models of the stay at work service under the

broader umbrella philosophy called Better at Work, which describes the suite of services ACC offers to help people back into work following injury.

In Counties Manukau, south Auckland, the approach to stay at work is for ACC to stream claims and refer potential stay at work clients to service providers who work with clients, treatment providers and employers to find ways to help people recover at work. In Taupo, GPs from Lake Taupo PHO stream clients and refer them to their in-house service co-ordinator.

"New approaches to claim management are required to manage the needs of clients and minimise cost pressures on the ACC scheme. Our new stay at work service will help us accomplish that but it will take time because we are looking for a significant culture change – in how we work together with treatment providers and employers to meet client needs and in client provider and employer attitudes towards rehabilitation in the workplace," says Verna Smith.

## ACC CoverPlus Extra – a choice for the self-employed

As a health professional, you probably have a good understanding of how ACC can help your patients, but are you aware of the options available to you as a business owner or self-employed person?

We can offer you two choices on your injury cover – either ACC CoverPlus (the 'default' option that gives you 80% of your declared earnings should you need time off work to recover from an injury) or the more flexible alternative ACC CoverPlus Extra.

Designed for self-employed people, and non-PAYE shareholder-employees ACC CoverPlus Extra provides an agreed amount of lost earnings cover, so you'll know exactly how much you'll receive if you are injured and can't work. And it doesn't matter where you're injured – at work, at home or on the sports field.

ACC CoverPlus Extra could be ideal if:

- your income fluctuates from year to year

*Continued next page ...*

## ACC CoverPlus Extra – a choice for the self-employed continued...

- your business is new and you don't have an income history
- the income you declare is not a true indication of your earnings
- your business will still generate income while you're injured.

It offers a number of benefits:

- you negotiate the level of your lost earnings cover
- you receive 100% of the agreed amount of cover if you're injured and can't work

- your weekly payments stay the same if your business continues to generate an income during your time off or if you return to work part time
- you don't have to prove loss of earnings when you make a claim.

For more information on ACC CoverPlus Extra, visit [www.acc.co.nz/cpx](http://www.acc.co.nz/cpx) or call 0508 426 837.

### eLodgement – practice management system details

If your practice uses an electronic practice management system (PMS) to invoice and receive payments from ACC, please make sure your 'facility name' is set up correctly.

This information is important in our data analysis processes – so if you're not sure whether your facility name needs changing, please contact your PMS vendor or phone the eBusiness Team on 0800 222 994, option 1.

## Health sector scholarships

More than 500 scholarships are now available to support and encourage Maori students taking up careers in the health sector.

The 'Hauora Maori Scholarships' aim to help improve health outcomes for Maori through a competent Maori health workforce. They are administered by the Ministry of Health and available to anyone who:

- is enrolled at and attending a wananga, college of education, polytechnic or university
- is studying a health-related course accredited by the New Zealand

Qualifications Authority that is at least 12 weeks long. This includes undergraduate and postgraduate studies including nursing, midwifery, pharmacy, medicine, physiotherapy, health management and dentistry

- can demonstrate a commitment to and/or competence in Maori health and wellbeing studies
- has whakapapa and/or cultural links with te Ao Maori or Maori communities.

Applications for the Hauora Maori scholarships must be submitted by 5pm on Friday 10 April 2009 at [www.moh.govt.nz](http://www.moh.govt.nz).

## Dental update

### Providing trauma-related treatment?

A reminder to all dental professionals providing trauma-related treatment for ACC clients.

Your treatment practices – from the initial trauma-related assessment to the treatment you provide – should follow best practice in accordance with the Andreasen classification(s). You can read more about these classifications and other best practice approaches in the ‘Dento-alveolar Trauma Handbook’, which was developed by the New Zealand Dental Association (NZDA) and printed by ACC. If you don’t already have a copy, they are available for sale from the NZDA.

### Using the Andreasen classifications

Please remember to identify any Andreasen dental injury classifications correctly on the ACC42 Dental Injury Claim Form – they are vital in the decisions we make in relation to cover and treatment for your patients.

One of the most common errors we see is the use of ‘enamel dentine fracture’ to describe pulpal involvement followed by root canal therapy (RCT). According to the ‘Dento-Alveolar Trauma Handbook’, the enamel dentine fracture classification should be used for fractures of the enamel and dentine without pulpal involvement, so RCT should be unnecessary so soon after an injury.

### Urgent requests for prior approval

If you’re considering making an urgent request for ACC approval for dental treatment, please check that it is indeed ‘urgent’ – that is, that the treatment is for someone who’s in pain.

We receive a number of non-urgent requests that are marked as urgent – for example, requests for treatment to suit dentists’ appointment schedules. These can cause bottlenecks in our processing system and therefore unnecessary delays for your patients.

### X-rays before tooth extractions

Please make sure you take X-rays (and date them) before extracting patients’ teeth. They provide important evidence that treatment is required as a result of an accident.

### Invoice payments

Finally, remember to invoice us only when all dental treatment for your patient has been completed. Note that laboratory fees are part of the total maximum ACC payment – and that when you sign the ACC37 you’re legally declaring that it’s an accurate record of the treatment provided and that you completed the treatment on the dates you specify.

### Need to contact us?

You can contact us by email at Hamilton ([HnDental@acc.co.nz](mailto:HnDental@acc.co.nz)) and Dunedin ([DnDental@acc.co.nz](mailto:DnDental@acc.co.nz)). You can also use email to send X-rays and photographs for individual claims; simply note the patient’s name and claim number in the ‘Subject’ line.

#### **ACC NEWS feedback:**

We would appreciate your feedback about ACC News. Please email us at [feedback@acc.co.nz](mailto:feedback@acc.co.nz).