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New ACC Board meets

On 27 April the new ACC Board of Directors met for the first time.

Under the chairmanship of John Judge, it now comprises Dr Marie Bismark, Rob Campbell, Philippa Dunphy, Murray Hilder, Jane Huria, John McCliskie and Peter Neilson (Deputy Chair).

The meeting provided an excellent opportunity for the new Directors to learn more about ACC and meet a number of ACC staff. It was also a time to discuss the Board's focus for the next few years – in particular our growing liability, our rehabilitation performance and the progress of the serious injury service.

The Board has signalled that it expects us to keep a close eye on expenditure, in line with Government expectations for all parts of the state

sector. This is already underway with a comprehensive 'Value for Money review', in which we're scrutinising the ACC scheme costs to identify what is working and where opportunities for enhancing value lie. We've also been working in the past few months to reduce our operating costs and manage our resources more efficiently.

John Judge confirmed the Board's very clear mandate to ensure the viability of ACC into the future. We're looking forward to working with the Board to meet its expectations, and to ensure that ACC delivers the performance required for an effective, sustainable future.

e-learning for nurses

ACC has worked with the Goodfellow Unit to provide nurses with an easy way to learn while accumulating professional development hours.

Five evidence-based, injury-related case studies will be available at www.goodfellowclub.org between May and October 2009, covering wounds and bites, knee injuries, shoulder injuries, acute back pain and hip fractures in the elderly.

New service for long-term ACC clients

ACC has recently reviewed the way it works with clients with long-term incapacities (ie, injuries that have prevented them working for some time).

With the aim of ensuring we provide these clients with even more specialised and focused rehabilitation services, we're launching a new 'recover independence service' from 1 July.

The new service will work with all clients who've been incapacitated for 30 months or more (excluding those defined as

'serious injury' clients) using case management services across ACC branches. Our case management teams will work with these clients to establish their rehabilitation needs, their capacity (if any) for work or independence, and how we can help them to develop it.

We know that GP involvement will be important in understanding specific client issues. If you have any patients in this group, you can expect a case manager to contact you in the coming months.

South Auckland GPs reassured by Stay at Work service

Many GPs want to encourage patients back into work after an injury.

But limited time to discuss alternative work duties, and an unwillingness to do so by some patients during consultations, can act as a barrier to making workplace rehabilitation a viable option.

As a result, many patients are certified as fully unfit for work when they could remain socially engaged and earning. What's needed is more information on what the patient is able to do safely at work.

ACC's Stay at Work service is making it easier for GPs to get that information. It directly engages with clients and employers to identify and put in place mechanisms to allow the client to safely return to work, and follows up with GPs to establish whether they believe it's appropriate to change certification to fit for selected duties and encourage patients back into work.

GPs in south Auckland are telling ACC that they can rely on the professional judgement of the vocational specialists in ACC's south Auckland Stay at Work service, which is delivered by occupational

therapists, registered health nurses and physiotherapists, to provide the information GPs need to make an informed decision on work certification.

It's a straightforward service, initiated by phone by ACC's service providers, and generally wrapped up in a few hours following conversations with GPs, clients and employers. Sometimes it's clear the client should remain off work where there are no viable alternative, or light, duties. But in many other cases a few adjustments are all that's needed to find a solution that meets everyone's needs.

The Stay at Work service is currently being run in south Auckland, but will be available throughout the country from 1 July. It complements a similar service initiative, called Better@Work, which is being offered through Lake Taupo PHO but will be gradually extended to other PHOs and their enrolled patients.

Both services reflect ACC's philosophy that life for clients is better at work where, research shows, they heal quicker, remain in touch with work mates and are financially better off.

Managing distal upper limb pain

ACC will be launching clinical guidelines for managing some common upper limb musculoskeletal conditions at the General Practice Conference and Medical Exhibition in Rotorua on 11-14 June.

The guidelines cover carpal tunnel syndrome, epicondylitis, de Quervain's disease, primary Raynaud's phenomenon, peritendinitis and tenosynovitis of the forearm and wrist, olecranon bursitis, and non-specific diffuse forearm pain.

We'll also be presenting a workshop entitled 'Go on, twist my rubber arm' – an interactive

and multimedia session offering practical tips and highlighting relevant evidence for making work-related distal upper limb pain more manageable for health professionals and patients.

Developed with clinical and industry groups, the guidelines bring together evidence-based material in a printed summary document as well as a concise version on CD-Rom. The comprehensive guidelines (approximately 300 pages) will be available at www.acc.co.nz in a few months' time.

Taking Kiwi health solutions offshore

New Zealand Trade and Enterprise (NZTE) has launched a new initiative that aims to help New Zealand's health sector to develop commercial solutions that improve health and health outcomes.

Called 'The Challenge', it looks for new health solutions that can potentially be delivered to the growing United States health market.

"The US is a strategic market for New Zealand," says NZTE's Sector Director Hans Frauenlob. "It's a market that's investing heavily in health solutions and offers significant opportunities for those that can

deliver added-value, practical products and services.

"The Challenge is an avenue for New Zealand health innovators to fast-track commercially into the US, benefiting from expert feedback about what markets are looking for in new health solutions."

Health sector leaders and providers based in New Zealand and the US will provide feedback and help participants to develop solutions. NZTE is now calling for entries. For more information about The Challenge, visit www.nzfocusonhealth.com.

Upcoming conferences and events

11-14 June – **GP CME Conference**, Energy Events Centre, Rotorua. www.gpcme.co.nz

19-21 June – **NZ Register of Acupuncturists Annual Conference and AGM**, 'Utilising our Strengths', Turnbull House, Wellington.

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

23-26 July – **The New Zealand Pain Society Annual Scientific Meeting**, Distinction Rotorua Hotel, Rotorua. www.confer.co.nz/pain2009

20-22 August – **New Zealand Dental Association Regional Conference**, Wellington Convention Centre. www.conference.co.nz/index.cfm/NZDA09/

27-30 August – **College of Emergency Nurses NZ- NZNO & NZ Flight Nurses Association Annual Conference 2009**, Grand Chancellor, Christchurch. www.conference2009.co.nz

Injury recurrence, re-aggravation or a new injury

If you have a patient presenting with what appears to be a recurrence or a re-aggravation of a previous injury, please take some time to investigate before confirming your diagnosis. It could be a new injury, requiring a new ACC claim.

The differences between the injury states, although subtle, are nevertheless significant – most particularly in the time it takes to confirm cover and provide your patient with the support and treatment they need. Claims for recurring or re-aggravated injuries can involve extensive research into the past injury and its treatment before we can determine your patient's entitlements (if any).

To clarify, an injury is a re-aggravation of an old injury if:

1. The person has a subsequent incapacity
2. The same body site is affected on both occasions
3. The diagnosis is substantially the same on both occasions
4. The previous injury has not resolved
5. The new incapacity is attributable to an intervening incident that would have caused incapacity in its own right.

An injury is a recurrence of an old injury if criteria 1-4 above are met, but the new incapacity is not attributable to an intervening incident that would have caused incapacity in its own right.

ACC NEWS feedback:

We would appreciate your feedback about ACC News. Please email us at feedback@acc.co.nz.

New approach to Training for Independence

In response to feedback from health professionals, ACC staff and other key stakeholders in New Zealand's health sector, ACC has developed a new service-purchasing strategy for 'Training for Independence' services (that is, Training for Independence programmes, Rehabilitation Retraining Sessions and Maximum Abilities programmes).

As you may already aware, the contract term for these services was extended to 30 June 2009 to enable changes to the service specifications, which include consolidating the number of contracts and making a number of service improvements. These

enhancements are expected to deliver better outcomes for ACC clients and, for vendors, more-user friendly and flexible services.

The new and revised services will go live on 1 July 2009 with a contractual term of three years (expiring on 30 June 2012). The only exception is the Maximum Abilities Programme – Group, which has been renamed 'Supported Activities' and has a contractual term expiring on 30 June 2010. We'll be further developing this service during the next 12 months to ensure it aligns with the newly established ACC Disability Support Services.