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Online work readiness certification gets closer

Online work certification for clients will become a reality for most GPs by the middle of 2010 when ACC's new electronic ACC18 work capacity form is introduced.

The new form will make work certification a more efficient and effective process. Simple and clear fields, and some auto-population of client-related data, will make the form easy and convenient to use. Its online format will reduce reliance on the old electronic ARC18s or outdated, bulky and expensive paper stationery. The new updated electronic ACC18s will be stored in GPs' practice management systems. Automatic submission of ACC18s over the internet to ACC will ensure timely lodging of information. Access to information by ACC through its internal processing systems will enable ACC to quickly organise client services and entitlements.

The ACC18 will also strongly support ACC's better at work workplace rehabilitation

philosophy. It will draw attention to decisions which show clients as either fit for selected duties or fully unfit for work, using pop up boxes with free form fields which seek reasons for signing clients off work. The form also identifies a direct referral from the GP to ACC's PHO-based Better@Work service (where available), which will help ensure the service is engaged quickly.

Moving to an electronic environment will ensure that GPs are working in an advanced practice model, and will promote best practice in relation to certification for work readiness. Roll out of the service will occur progressively as GP practice management systems allow, starting with MedTech users. We'll keep you updated.

Upcoming conferences and events

11–14 March — **Rural New Zealand General Practice Network 2010 Conference**, Christchurch. www.conference.co.nz/index.cfm/rgpn10

26–28 March — **Goodfellow Symposium 2010**, Auckland. www.goodfellowsymposium.org

26–30 March — **The New Zealand Association of Musculoskeletal Medicine Conference 2010**, Auckland. www.musculoskeletal.co.nz/content/conference-2010

14–16 May — **New Zealand Society of Physiotherapists 2010 Conference**, Auckland. www.physiotherapy.org.nz

Better@Work expands

About 300,000 people in north and west Auckland can now get support to recover from their injuries while continuing to work, or return to work sooner after their injuries.

That's because ACC has formed new Better@Work partnerships with Auckland primary health organisations (PHOs) Harbour Health, Waiora Healthcare and late last year, HealthWEST.

"This is a real bonus for workers in the Auckland region," says ACC Clinical Director, Dr Kevin Morris. "It gives them access to a rapid intervention service specially designed to keep their lives on track while recovering from injury.

"For most people, keeping to daily routines while recovering, where safe and practicable, is the best medicine, and Better@Work enables that to happen in the workplace."

After a successful pilot of Better@Work at Lake Taupo PHO, ACC is extending the trial

programme to a selected group of larger PHOs to find out how it will operate in more diverse populations. It has already been implemented at Auckland's HealthWEST PHO and Hawkes Bay PHO.

Better@Work is a key element in ACC's broader evidence-based philosophy, which fosters safe workplace rehabilitation instead of unnecessary time off work. Research shows that prolonged absence from work is corrosive, leading to loss of motivation, psychological impairment and longer healing times.

Over time, we expect that Better@Work will foster a cultural change in which time off work will no longer be seen as the best approach to treating injuries. Instead, GPs will be encouraged to think in more depth about how they can help return injured workers to work, and employers will find it easier to keep injured workers productively involved in their workplaces.

ACC NEWS feedback:

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

ACC workshop at Goodfellow Symposium

ACC will present a workshop on the primary care management of older patients with shoulder pain at the Goodfellow Symposium for primary health providers, which is to be held in Auckland on 26-28 March.

The workshop will be presented by Dr Alastair Wilson, ACC Corporate Medical

Advisor, and musculoskeletal physician Dr Lucy Holtzhausen. It will encourage GPs and their primary care teams to manage the majority of patients aged 50-plus with rotator cuff disorders for six months following the onset of symptoms – without having to resort to imaging investigations or refer them for specialist advice and management.

Reimbursement for declined claims

We're often approached by physiotherapists, radiologists and other health professionals about ACC's policy on reimbursing clients for services they've provided, when we have declined those clients' claims for cover.

It's important that you don't assume that lodging a claim with ACC automatically means ACC will pay your consultation fees. Only clients who have received a claim acceptance letter from us, for a specific injury, are entitled to reimbursement. The only exception is claims for work related gradual process injuries while we're considering cover.

Unfortunately elderly patients are often the most affected by this misconception, as age-

related conditions can be mistaken for ACC-covered injuries. As these people are often on fixed incomes, any requirement to pay the costs of services such as physiotherapy and MRIs can cause considerable distress.

Please remember that your clients can be liable for significant costs if they have treatment or investigations in relation to claims that we're considering. We can't pay any costs until we've accepted cover, but we will pay providers for requested information even if the claim is declined.

For more information about reimbursement for your clients, please visit www.acc.co.nz/making a claim.

Setting your patients' work certification expectations

With the availability of Stay at Work and its PHO-based equivalent Better@Work, GPs now have access to services designed to help people recover at, or return to, work as soon as possible.

Formerly, many GPs have routinely certified clients as fully unfit for work and sent them home for bed rest, which has become the client's expectation. This is changing in line with contemporary treatment, and advising patients to remain at work can lead to some challenging discussions in the surgery.

Here are some talking points that will help develop client expectations and set goals for returning to work:

“Activity helps you recover.” Explain that returning to some level of work and activity will help patients recover faster than prolonged bed rest. Be sure patients understand how much activity they can do at home and work. Emphasise what they can do, and show how they will be able to cope with agreed light or alternative duties at work.

“Early and safe return to work makes financial sense.” The longer you are off work, the more costly it is. Weekly compensation does not pay your full wage.

“Time off can lead to loss of motivation and depression.” The longer you are off work, the harder it is to maintain your motivation; this can lead to depression, prolonged absence and loss of work.

“Some discomfort is normal when returning to activities after an injury.” Discomfort from activity is normal, and different from pain that indicates a serious problem or setback. Discomfort can be managed to ensure recovering in the workplace is achievable.

“You can help with your own recovery.” Make sure your patients understand that while you can help with pain and healing, they play an equally important role by following your instructions.

This material has been adapted from Washington State Department of Labor and Industries documentation.

Patient handling in residential care

Patient handling injuries

A recent analysis of the serious injuries suffered by staff in New Zealand's residential care industry has revealed that about a third required more than 60 days off work – a reflection of the seriousness of their injuries, and resulting in substantial costs to the industry as well as the ACC scheme.

The report concludes that these injuries were mostly associated with patient handling involving lifting, followed equally by equipment handling and falls.

The report also provides detailed information on its analysis, and includes injury prevention guidelines for staff as well as recommendations for the industry and government on preventing injuries in the future. For a copy of the report, contact Dr John Wallaart at john.wallaart@acc.co.nz.

Patient handling guidelines

Since the New Zealand Patient Handling Guidelines were first produced in 2003 they have become the industry standard, with many New Zealand organisations using the recommendations.

Seven years on, the Guidelines are being updated to ensure they reflect current best practice. A review group, formed by Professor David Thomas of the Auckland School of Population Health, has completed a literature review and summarised recent developments. Planning is now underway for publishing the revised Guidelines and an associated document illustrating the cost benefits of improved patient handling.

Both of the new documents will be ready soon. We'll keep you updated.

New guide for health professionals working alone

The Health and Disability Sector Safer Industry Forum has released a new guide to support health professionals who work by themselves, without close or direct supervision.

The 'Health and Safety Guide to Working in Isolation in the Health and Disability Sector' has been written for lone workers and their employers. It includes guidance for employers and managers on:

- identifying, assessing and controlling the hazards associated with working in isolation
- developing appropriate policies and procedures to enable organisations to meet their legal obligations.

To order or download a copy, visit www.acc.co.nz/publications and search for ACC5259.