

ACC News

»» A newsletter for health care professionals

»» MAY 2006 – ISSUE 90

Eight rewarding years at ACC

As many of you already know, this is my last editorial for ACC News. After eight rewarding years with the Corporation, it's time to move on to pastures new.

I know that ACC is in an excellent position for the future, with a number of exciting new initiatives already in the pipeline. Many of these will be directly relevant to your work as a treatment professional, enabling you to interact more effectively with ACC and your patients to get the treatment, rehabilitation and support they need.

All these initiatives build on our achievements over the past few years. My personal highlights have included our work on quality improvement and sharing evidence-based best practice, as well as projects focused on harnessing technology to streamline ACC decision-making and reduce our processing costs.

Specific highlights of my eight years include:

- »» access pilots – identifying the impacts of changes in payments on the use of treatment services
- »» developing treatment profiles and guidelines for a range of injuries

- »» developing the Evidence Based Healthcare team
- »» championing electronic business processes
- »» contracting for elective surgery, high-tech imaging, physiotherapy, accident and medical clinics, and rural general practice
- »» establishing peer review as a quality improvement process for a range of services
- »» negotiating audit protocols that are acceptable to the sector
- »» establishing liaison groups to advise ACC on strategy development with a range of stakeholders.

Above all though, I've enjoyed our work on building relationships with treatment professionals – I thank you for your support, and wish you all the best for the year ahead.



Dr David Rankin – former General Manager, Healthwise ACC

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ACC's 2007 strategic outlook

ACC has a number of new initiatives planned for 2006/07 – all focused on ensuring New Zealanders have confidence in ACC as it operates as an efficient, sustainable and flexible organisation.

Key projects for the next 12 months focus on:

- »» increasing the use of electronic invoicing and other electronic interactions by treatment professionals and other service providers
- »» developing a rehabilitation framework that defines the structure of ACC services
- »» reviewing ACC's vocational and social (including home-based) rehabilitation processes
- »» educating ACC claimants and the public about entitlements and injury prevention
- »» enhancing the capabilities of the injury prevention workforce implementing workplace safety practices discounts for small businesses
- »» reviewing the ACC Code of Claimants' Rights
- »» reviewing weekly compensation
- »» implementing the Maori access strategy.

Pharmaceutical update – gabapentin

A reminder to follow PHARMAC's 'special authority guidelines' when considering prescribing gabapentin for neuropathic pain management.

If your patient doesn't qualify for PHARMAC's special authority, you'll need funding approval from ACC before prescribing gabapentin. The ACC1171 'Request for funding from ACC for non-subsidised pharmaceuticals' is available at www.acc.co.nz, under For Providers > Resources.

Before dispensing prescriptions for gabapentin, pharmacists should check whether a claimant has a valid special authority number from HealthPAC, by:

- asking the claimant for a copy of the letter from HealthPAC, or
- phoning the HealthPAC Special Authority team on 0800 243 666 to check for any pending applications or approvals
- contacting the prescriber to check whether there is funding approval.

Pharmacists should record special authority numbers in dispensary systems and note these on prescriptions dispensed to claimants to ensure the claimant is charged the appropriate amount.

Pharmacists/prescribers can contact PHARMAC directly with any clinical information that could affect the special authority guidelines for gabapentin use in neuropathic pain.

Physiotherapy Liaison Group

A new Physiotherapy Liaison Group (PLG) has been established to encourage closer links between ACC and physiotherapy interest groups, and to contribute expert opinion to ACC's primary care strategies and their development.

The PLG aims to reflect "the interests of physiotherapy providers, health and disability professionals and claimants, for whom the strategies are designed". Offering a forum for discussion and information sharing, it will contribute to discussions on:

- issues affecting physiotherapists and the primary care sector
- information collection
- electronic processes
- quality frameworks
- provider performance and profiling
- best practice
- legislative amendments
- communication issues in primary care.

Chaired by the Manager of ACC Healthwise, the PLG comprises representatives of the New Zealand Society of Physiotherapists (NZSP), NZSP Taeora Tinana, the New Zealand Private Physiotherapists' Association, the New Zealand College of Physiotherapy, Physiotherapy NZ Trust, district health board physiotherapists PALM (Physiotherapy Advisors, Leaders and Managers), physiotherapy training schools (School of Physiotherapy University of Otago and Physiotherapy School, AUT, Waikato Physiotherapists and APPA (Auckland Private Practitioners Association). Members of the NZSP's special interest groups will also be included in meetings relating to their topics.

The PLG will meet quarterly, with the first meeting held on 4 May.

New ACC32 form available

From 1 July 2006, all treatment providers completing ACC32 forms (requests for prior approval of treatment) should be using the new and updated version. Any hand written, out-of-date ACC32 completed after 30 June will be returned for resubmission using the new form.

ACC32 prepared on practice management systems (PMSs) will be accepted in the old format until changes are made to those systems. This will give time to make any future improvements, should any issues arise, on the manual forms. PMS changes will not be made until at least November.

The new form aims to help providers record necessary information more accurately and assist the ACC clinical advisors with entitlement decisions for the claimant. It also requires a patient signature and includes a duplicate copy to be given to the patient as a record of their treatment and their role in the recovery/rehabilitation process.

Every pack of 25 ACC32 forms includes a handy completion guide – order yours through the Stationery Order Line on 0800 802 444.

Guideline correction

Last month we told you about a number of treatment injury and management guidelines under development. Please note that we inaccurately referred to 'adult survivors of sexual abuse' in the statement about the Mental Injury Guideline. It should have just read 'survivors of sexual abuse' as the document covers lifespan. We apologise for any confusion this may have caused.

Contact details:

Short notes

Keeping medical records

A move to an electronic document storage system for all claim records means ACC will be able to archive them indefinitely. All hard copy records will be kept for the expected lives of claimants. This should substantially reduce the frequency with which ACC asks for copies of patient records.

This month's Goodfellow case study

May's Goodfellow Unit case study relates to epicondylitis. To complete the study (and gain CME points), visit the Club for CME in General Practice at www.goodfellowunit.org.

ACC audiology survey

In March ACC conducted a confidential survey of 1000 people about their experiences with ACC-funded hearing aids. The result was very encouraging with the vast majority (85%) of respondents 'very satisfied' or 'satisfied' with their hearing aids, their batteries, their service providers and ACC.

Cognitive Institute workshops

By the end of May the Cognitive Institute will have completed its 25 nationwide workshops on 'Mastering Patient Communications'. Feedback has been positive, with many attendees describing the workshops as 'excellent' and rating them highly for motivating them to try new techniques they've learned. Many have also advocated that their colleagues attend.

ACC payments – a guide to speeding the process

Here are some guidelines to help make sure you receive ACC payments for services you provide as quickly as possible.

Get a purchase order from ACC (if you're providing services that require prior authorisation)

You need a purchase order from ACC before you invoice us. When you have it, check to make sure that:

- it clearly lists the services ACC is purchasing from you
- it matches exactly with the services you expect to provide. If there are any differences, ask the ACC case owner to revise the purchase order.

If you invoice for services not shown on the purchase order (other than items such as those covered by regulation, or others such as travel that don't require prior authorisation), your payment may be delayed.

Provide clear and accurate invoices

Your invoices should include:

- the correct ACC purchase order number for the specific claimant
- only one purchase order (or claimant), unless you're invoicing using an ACC40 or ACC47 Medical Fee Bulk Billing Schedule
- the ACC service code and service description. Service code information is included with the purchase order or your contract
- the correct price (as in the ACC contract)
- the date you provided the service (or the 'from' and 'to' dates if applicable)
- your provider name and/or provider number, where the contract requires it
- your GST number.

Note you may need to provide more than one invoice for a particular purchase order if you provide the services over an extended period of time.

Credit payments against the correct invoices

When you receive your ACC payment, credit it against the right invoice(s). ACC's remittance advice will include full details of all invoices included in your payment.

And remember...

- Invoice us only once.
- Call our Provider Helpline on 0800 222 070 if you don't receive your payment within the normal payment terms of your contract with ACC.
- Don't charge for the same service again on another invoice.
- Don't send copies of invoices unless we ask you to do so, as duplication can cause delays.

Help from ACC is just a phone call away

- If you have a general query as a health professional, call the ACC Provider Helpline on 0800 222 070
- If you're a claimant, phone the Patient Helpline on 0800 101 996

- If you need information on sensitive and treatment injury claims, phone 0800 735 566
- If you're concerned about inappropriate or dishonest provider or claimant behaviour, phone in confidence 0800 372 830

Journeys from injury to recovery

In this issue of ACC News we continue our ‘personal journey’ stories of how ACC has helped claimants to recover from their injuries. Here’s the next in the series – Ali’s story...

Five-year-old Ali, a refugee from Somalia, suffered a badly scalded arm when he knocked over a pot of boiling water at home. His mother, Aisha, called her neighbour Gillian for help and together they travelled to the hospital in the ambulance with Ali.

While Ali was being treated, a nurse and Gillian helped Aisha to fill in an ACC injury claim form, and when she and Ali returned home a couple of days later an ACC case manager (with the help of a Somali interpreter) called to discuss the help Ali needed. This included a twice-weekly visit from a nurse to dress his injury, help with getting Ali to the hospital for a specialist consultation and subsequent plastic surgery and, post-surgery, hand therapy to help him hold pencils at school. The case manager also referred Aisha to a burns support group and a new immigrants’ support group, which she found invaluable. Ali has since recovered fully from his injury.

How did ACC help?

ALI’S AND AISHA’S NEEDS	ENTITLEMENTS	ACC’S CONTRIBUTION	ALI’S AND AISHA’S CONTRIBUTION
Emergency transport to, and treatment in, hospital	Ambulance	\$470	–
	Medication prescription	\$150	–
	Inpatient stay (2 days)	\$960	–
Interpreting services and home-based care	Language interpreter	\$300	–
	Home-based wound dressing	\$1,440	–
Specialist help and treatment	Plastic surgery	\$3,000	–
	Specialist visits (initial and follow-up)	\$430	–
Rehabilitation and return to school	Assessments	\$220	–
	Hand therapy	\$152	\$128
	Transport to surgeon appointments and therapy	\$450	–
Total costs to date		\$7,572	\$128

Medical fees and ACC45

Some geographical boundaries are changing to align our ACC processing centres with operational business units.

From 6 June, providers from the Gisborne District, Wairoa District, Hastings District, Napier City, Central Hawkes Bay District, New Plymouth District, Stratford District, South Taranaki District, Wanganui District and Rangitikei Districts should send their medical fees schedules to the Dunedin Medical Fees Unit at PO Box 408, Dunedin. Providers who invoice ACC electronically don’t need to make any changes.

We’re also moving the boundary for ACC45 claims – again, providers who submit claims electronically don’t need to do anything. Those who submit manual ACC45 claim forms from Gisborne District, New Plymouth District, Stratford District and South Taranaki District should send them to PO Box 408, Dunedin instead of to Hamilton. To get Freepost envelopes for the Dunedin Service Centre, phone the Stationery Order Line on 0800 802 444 (select Dunedin) and ask for ACC957 envelopes.

New Zealand Health Innovation Awards 2006

The New Zealand Health Innovation Awards recognise and celebrate this country’s top health sector innovations and process improvements. This year’s award presentations take place in Wellington on 29 June – and you can be there.

Displays from each of the 25 finalists will be on show between 1.30pm and 4.30pm at Wellington Town Hall West Court. Entry is free. Tickets for the awards gala dinner can be purchase online at www.healthinnovationawards.co.nz.