

# ACC News

»» A newsletter for health care professionals

»» APRIL 2006 – ISSUE 89

## GP and radiology access pilot results

We've received an evaluation report of the first six months of the recent GP and radiology access pilot.

Located in six regions throughout New Zealand, the pilot explored the issue of cost as a barrier to treatment by enabling claimants to access treatment and radiology services at a reduced (or no) co-payment. It finished on 31 March, with the six-month evaluation being completed by the New Zealand Institute of Economic Research (NZIER).

NZIER's report compliments ACC on the pilot's implementation, such as by responding to provider suggestions for in-practice posters. It also passed on provider praise for the pilot's simplicity and lack of 'hooks'. All providers in the six regions participated in the pilot, with most reducing their co-payments.

After six months, focus groups with GPs revealed a perception that while they didn't see more patients, more patients returned for treatment. However, the evidence showed no change in return visit numbers.

GPs also indicated that the extra money and repeat visits allowed them to provide better service and achieve better results – and that cheaper community radiology enabled faster service and allowed them to provide more complex treatments. Radiologists also commented that patients presented earlier.

NZIER reports that during the pilot's first six months, the number of claims increased by 13% for GPs and 10.8% for radiologists, with co-payments for standard services reducing by 41% and 56% respectively. However, it acknowledges that public awareness was low, with lessons to be learned around setting and achieving objectives. As a next step, it will undertake more comprehensive analysis, with a report on the pilot's full 12 months due in August. We'll update you then.



Dr David Rankin – General Manager, Healthwise ACC, david.rankin@acc.co.nz

### 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 need information on sensitive and treatment injury claims, phone 0800 735 566
- »» If you're a claimant, phone the Patient Helpline on 0800 101 996
- »» If you're concerned about inappropriate or dishonest provider or claimant behaviour, phone in confidence 0800 372 830

### In this issue:

- »» GP and radiology access pilot results
- »» Air Ambulance Reference Group established
- »» Treating ATVs with respect
- »» Preparing for a flu pandemic
- »» Short notes
  - Clean and debride codes
  - Medical Certificates – patient copies
  - This month's Goodfellow case study
  - Reductions in time off work post-lumbar surgery
  - No specialist co-payments
- »» eLodgement incentive results
- »» New guidelines underway
- »» Prescribing tramadol
- »» Journeys from injury to recovery

## Air Ambulance Reference Group established

With the aim of developing a co-ordinated air ambulance service framework for New Zealand, the Government has established a new 'Air Ambulance Reference Group'.

The Group, which reports to the Minister of Health and Minister for ACC, has been tasked with developing a clear national vision for air ambulance services and how the services will interface with road ambulances and other emergency service providers.

The composition of the Group is currently being finalised, but it will comprise representatives from interested organisations throughout New Zealand, ranging from the Ministry of Health, ACC and the Order of St John to ambulance and emergency services, air ambulance sponsors, district health boards, rural GPs and air-related bodies such as the Air Industry Association and the Civil Aviation Authority.

Mr Mel Smith, a former Secretary of Justice and most recently Ombudsman, has accepted the role of independent Chair.

## Treating ATVs with respect

Recent tragic events have highlighted the importance of safety in using all-terrain vehicles (ATVs) on farms.

ATVs are the leading cause of death from injury on New Zealand farms. Every year, we receive about 300 claims for serious injuries from ATVs and 800 medical claims relating to ATV use. About 5% of all ATV claims relate to injuries to children under 16 years. So if your patients include people working on farms, now is a good time to let them know the basic principles of safe ATV use.

Firstly, it's important that all ATV riders know (and learn in a controlled and safe environment):

- › cornering techniques
- › the ATV they're driving
- › when turning, the effects of bodyweight shifts on their particular ATV.

It's also vitally important that ATV riders:

- › know the layout and function of their ATV's controls, gears, start-and-stop procedures and limitations
- › always wear a helmet, strong footwear and suitable eye protection (eg, goggles), as well as suitable clothing
- › travel around corners and across, up or down slopes at a speed safe for the terrain
- › know how to use and shift their bodyweight to influence the ATV's stability
- › ride safely and within their capabilities
- › have enough strength and weight to keep the ATV stable while riding on steep or rough ground
- › pay attention to the combination of slope, terrain and/or ground conditions and, when these are not suitable for safe travel, walk
- › be aware that, as a rule, they shouldn't carry passengers – they can severely affect the ATV's stability and lead to loss of control
- › never allow children under 16 to operate an adult-sized ATV; they don't have the physique or strength to handle the vehicle.

## Resources

[www.acc.co.nz](http://www.acc.co.nz) has a number of resources on safe ATV use. Visit [Injury prevention > Rural safety > Vehicles, machinery and equipment > ATVs safety](#) and you can download:

- › a video on ATV safety
- › a brochure on managing and riding ATVs
- › guidelines for the safe use of ATVs on New Zealand farms.

Southland TV also has two free 30-minute DVDs – one on ATVs and the other on preventing injuries to children on farms. To order copies, email [admin@southlandtv.co.nz](mailto:admin@southlandtv.co.nz) or phone 03 214 6900.

## Preparing for a flu pandemic

In the event of a flu pandemic or similar emergency, ACC's priority will be to manage critically injured and high-needs claimants, as well as provide ongoing payments to claimants, providers and/or suppliers.

We're now working to ensure these core services will be available. You can help by encouraging your patients to develop a plan of what they will do in a pandemic. The plan should answer the questions:

- › Who could help care for them if their carer is ill?
- › Who could help with food and supplies if they or their carer are ill?
- › Do they have additional prescription medicines and supplies? ACC is arranging for an extra month's medical consumables for high-usage claimants we currently supply, and it would be helpful if you considered your patients' prescription medicine needs over the pandemic timeframe.

For more information on preparing for a flu pandemic, visit the Ministry of Health website at [www.moh.govt.nz](http://www.moh.govt.nz).

## Short notes

### Clean and debride codes

Recent changes to the way we pay for treatment costs included removing the 'clean and debride' code and incorporating it into the new 'MB' (management of burns) and 'MW' (management of wounds) codes. This means all MB1-5 and MW codes now include any necessary cleaning and debriding.

## Contact details:

## Medical certificates – patient copies

A reminder to all GPs providing medical certificates (ACC18s) that you need to give your patient two copies – one for their employer and one for ACC. The patient then contacts ACC directly to arrange weekly compensation.

## This month's Goodfellow case study

April's Goodfellow Unit case study relates to frozen shoulders. To complete the study (and gain CME points), visit the Club for CME in General Practice at [www.goodfellowunit.org](http://www.goodfellowunit.org).

## Reductions in time off work post-lumbar surgery

A recent analysis of claimants' average time off work after lumbar discectomy reveals that, over the past three years, it has reduced by 14% - from 118 days to 102 days.

Interestingly, claimants in the 'clerks' and 'legislators, administrators and managers' categories show the most apparent reduction – and some surgeons have achieved much greater reductions than others. But whatever the reason and whoever the population group, this is a trend we are delighted to see.

## No specialist co- payments

A note that, for specialists under contract, ACC pays the full costs of specialist consultations for claimants. We've also recently extended the contract to non-procedural specialists (ie. cardiologists and neurologists) and added payments for common procedures undertaken in specialist rooms.

## eLodgement incentive results

ACC's 12-month incentive programme to encourage providers to adopt eLodgement via broadband finished at the end of February – with great results all round.

Under the programme, GPs received a one-off payment of \$1,200 if they registered and showed compliance with the incentive. Independent Practice Associations (IPAs) and Primary Health Organisations (PHOs) received a further payment when they reached a practice uptake of 65%, and another at 90% uptake.

As a result, the number of practices using broadband to eLodge has almost doubled from 450 to 860, and the number of practices eLodging has reached 928 from 641. Seven IPAs and three PHOs achieved the 65% target, and Rotorua GP Group and Hauora Taranaki reached 90%. ACC registers 99% of claims within 24 hours of lodgement, and now receives around 75% of ACC45s electronically.

## New guidelines underway

Over the next few months you can expect to see a number of new injury treatment and management guidelines published – all commissioned by ACC and produced by independent professional groups. Robust, comprehensive and informative, they are based on international literature reviews and evidence-based best practice.

Expect to see new guidelines on:

- managing adult traumatic brain injuries (an update on the existing guidelines), developed by the New Zealand Guidelines Group (NZGG) and useful for treatment professionals in both the primary and tertiary health sectors; expected to be published by August
- burn injuries in primary care, also developed by the NZGG. The draft guidelines are currently with a reference group and will be completed by the end of this year
- forearm pain, which are being developed by the University of South Australia. Work is already underway, with completion due in late 2007
- diagnosing and rehabilitating mental injury for adult survivors of sexual abuse; being developed by Massey University and is expected to be published in June.

## Prescribing tramadol

ACC's Evidence Based Healthcare Advisory Group (EBHAG) has completed its research on the use of tramadol (a non-subsidised pharmaceutical) for acute pain management.

On the basis of this research, ACC's Purchasing Guidance Advisory Group has recommended that tramadol only be considered second-line treatment (after codeine + paracetamol) and for short periods of use.

If you wish to prescribe tramadol to an ACC claimant, you need to apply for ACC approval first, using the forms (ACC1171 and ACC1172) available in the 'For Providers' section at [www.acc.co.nz](http://www.acc.co.nz). Full copies of the EBHAG report and the purchasing recommendations are also available at the site.

## Journeys from injury to recovery

The last issue of ACC News included the first of some ‘personal journey’ stories of how ACC has helped claimants to recover from their injuries. Here’s the second in our series – Mike’s story...

A skiing fanatic, Mike (aged 28) split his time between skiing the slopes and working as a ski-field mechanic. One day he was checking some machinery when a steel rope grated against his leg, throwing him to the ground. After an emergency helicopter/ ambulance trip to hospital, his leg had to be amputated below the knee – a huge shock to Mike, for whom skiing was his passion and his life.

The hospital lodged an ACC claim and a case manager visited Mike in hospital. She confirmed he was entitled to weekly compensation and contacted his employer, who was prepared to offer Mike an office job on his return to work. ACC also arranged for an occupational therapist to assess Mike’s home for modifications and, when he got there, home help and attendant care. He had to travel to physiotherapy and the artificial limb centre, so ACC helped pay for transport and hotel costs throughout and after the limb-fitting process. ACC also paid for a modified automatic car so Mike could drive again.

Four months after his injury Mike returned to work part time. He continues to get ACC help and plans to do full-time work in the future – and return to the slopes!

### How did ACC help?

MIKE’S NEEDS	ENTITLEMENTS	ACC’S CONTRIBUTION	MIKE’S CONTRIBUTION
Emergency transport to hospital and surgery	Ski-field doctor and support	\$150	\$50
	Emergency helicopter	\$2,500	\$0
	Emergency ambulance	\$475	\$0
	Inpatient stay (12 nights)	\$8,400	\$0
Home modifications and income support	Alterations to home	\$3,500	\$0
	Weekly compensation – 16 weeks @ 80% of his normal weekly income	\$12,288	\$0
	Abated weekly compensation when he returned to work part time – 24 weeks @ 80% = \$18,432, less abatement (24 weeks @ \$200 per week) \$4,800	\$13,632	\$0
Post-operative treatment and care	Home-based wound dressing	\$4,000	\$0
	Physiotherapy (Endorsed Provider Network)	\$1,300	\$0
	Pain therapy	\$1,440	\$0
	Transport to treatment and therapy	\$800	\$0
	Prescription medication	\$750	\$0
	Help around the home	\$1,800	\$0
	Help with showering, dressing	\$1,000	\$0
	Personal support assessments	\$430	\$0
	GP visits	\$350	\$150
	Equipment and splints	\$1,300	\$0
	Medical specialist reports	\$1,780	\$0
	Follow-up visits to specialist	\$600	\$0
Rehabilitation and return to work	Artificial lower leg limb	\$4,500	\$0
	Transport and accommodation	\$700	\$160
	Occupational and medical assessments	\$1,400	\$0
	Work-ready programmes	\$3,000	\$0
	Training course	\$2,000	\$0
	Lump sum payment (32% impairment compensation)	\$13,740	\$0
	Driving assessment	\$200	\$0
Upgrade to an automatic car	\$5,000	\$0	
Total costs to date		\$87,035	\$360