

ACC News

» A newsletter for health care professionals

» AUGUST 2006 – ISSUE 93

CE address looks to the future

ACC's Chief Executive, Dr Jan White, provided a fascinating glimpse of the future of injury treatment and rehabilitation at the annual New Zealand Institute of Health Management Conference in June.

Looking ahead to 2050, Dr White predicted that owing to advances in medicine and medical technology:

- » we'll be living until we're at least 100
- » we'll be healthier than today's counterparts thanks to replacement organs and regenerated tissues and bones
- » everyday healthcare will include biotechnology such as human cell and tissue engineering, telemedicine, medical robotics and miniaturisation
- » nanotechnology will transform clinical practice, such as through nano devices delivering drugs, nanomachines delivering oxygen and nano robots travelling through the bloodstream to target viruses and bacteria
- » new, synthetic materials will be used for bone repair, cell growth and to create implants and replacement organs.

Overall, Dr White said, people will be able to return to full functionality much faster after injury than they do now. Patient self-management of care will be the norm and health professionals will be partners and advisors.

When posing the question, "Where will the Government and ACC be in the future?", Dr White said that while we may not know the answer, ACC is preparing to respond to society's changing demands. This means:

- » informing New Zealanders of their entitlements and working closely with them to achieve the best possible results
- » developing more explicit partnerships with providers and customers
- » keeping up to date on society's development through research
- » empowering staff with information and the capacity to make decisions.

"ACC's new strategic direction gives us the vision and the wherewithal to anticipate New Zealand's changing needs," she said. "Together with our health and rehabilitation providers and stakeholders we are on a path that will get only more challenging and rewarding as time goes on."

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Treatment injury and patient safety: one year on

The recent New Zealand Institute of Health Management Conference provided an excellent opportunity for ACC to mark the first anniversary of its 'Treatment Injury and Patient Safety' legislation – and to take a look at progress and plans since its enactment on 1 July 2005.

The legislation aimed to achieve a simpler, faster and fairer response to treatment injury. Results are already evident with the average time between ACC45 lodgement and cover decisions reducing from five months to 36 days. This is despite a steadily increasing number of claims.

The focus now is on developing relationships and building information to help prevent treatment injury. This will involve regular contact with the Minister for ACC, government agencies, regulatory authorities, professional bodies and health sector organisations, as well as work on ensuring effective relationships and knowledge within ACC itself.

Aggravation or new injury?

If a patient seeks treatment for an injury to a body site that has already been covered by a previous claim, you need to decide whether it's a new injury or an aggravation of the old one.

You must ask yourself: Has a new injury been caused by a new event (new injury)? Or has the existing injury become symptomatic again (aggravation)?

If it's a new injury, please complete an ACC45. If you believe it's an aggravation, we need medical evidence of your opinion if we are to fund ongoing treatment. This means you need to establish a clear and significant causal link between the original injury and the presenting condition (note, the presence of the same symptoms doesn't necessarily mean a causative link with the old injury).

Referring to other providers

ACC approval is required for all treatment required 52 weeks after an injury. If you refer a patient to an allied treatment provider using an old ACC claim number, please make sure you can establish a strong causative link for the injury. If you don't, we may have to decline your patient's request for treatment.

Note that ACC monitors claim lodgements for the creation of false or inaccurate claims. If it suspects fraud, an investigation may be launched.

Hearing loss: a topical issue

A recent speech by ACC Chief Executive, Dr Jan White, highlighted ACC's work in reducing the incidence and severity of noise-induced hearing loss in the workplace.

Opening the New Zealand Audiological Society's Conference in early July, Dr White highlighted a number of statistics:

- Every year, ACC accepts about 4600 new claims resulting from work-related noise exposure (about 11 claims a day).
- Of the \$50 million spent on hearing loss treatment and rehabilitation in 2005, about \$12 million went on professional services and \$38 million on hearing aids.
- Noise-induced hearing loss appears in the top five of all occupational injury claims.
- Most claimants are aged 60-plus and retired before they lodge claims for work-related hearing loss (when the impairment is having a noticeable impact on their day-to-day lives).

"Perhaps the most frustrating aspects of noise-induced hearing loss are that one, it is largely preventable and two, treatment is frequently delayed," she said.

ACC has developed a new 'Hearing Loss Framework' that's designed to move the delivery of hearing rehabilitation services from being reactive and problem focused to being integrated and outcome focused. It's also reviewing its services through:

- a pilot programme of hearing needs assessments
- a review of hearing aid purchasing methods
- simplifying the claims lodgement process
- undertaking research to improve its approach to hearing loss prevention
- working closely with the Ministry of Health on funding issues.

Dr White stressed the importance of working in partnership with audiologists, and welcomed their contribution, along with those of other provider groups, to the review.

Contact details:

Short notes

Treatment injury claims

When lodging a claim for treatment injury, please note you'll need to complete both an ACC45 and an ACC2152 (treatment injury claim form). Note that ACC also requires the claimant's signature and/or their being fully informed of the lodgement of the claim.

Completing ACC45s

A reminder for providers when filling in ACC45s:

- If an injury involves more than one body site, please provide Read Codes for all the injuries. If there are more than three body sites injured, record the additional injuries in the 'Additional Injury Comments' box.
- When best practice guidelines indicate that a plaster cast is required to treat a suspected or clinical fracture, include the Read Code(s) and a comment on the injury's severity in the 'Additional Injury Comments' box.

Shoulder case studies available

ACC has in stock a number of case studies relating to acute shoulder injuries (produced in November 2005), suitable for GPs and physiotherapists. If you'd like a copy, they're available free by emailing Vicky Johnson at vicky.johnson@acc.co.nz.

Smart Tips stretches now online

Providers developing rehabilitation regimes for injured sportspeople can now access ACC's Smart Tips 'stretch' sheets online, customise them with their logos, add any specific instructions or information and print them out for their patients use. The sheets – which

illustrate dynamic and static stretches in an easy-to-follow format – can be found in the 'For Providers' section at www.acc.co.nz.

Thanks for Taking 5!

ACC would like to thank the thousands of people and hundreds of organisations that participated in Safety NZ Week on 13-19 August. You've helped New Zealanders to learn how easy it is to avoid injury by taking just five minutes, or even five seconds, to keep safe. Please continue to help your patients keep themselves safe with the simple 'Take 5 for Safety' message.

This month's Goodfellow case study

The latest Goodfellow Unit case study relates to knees. To complete the study (and gain CME points), visit the Club for CME in General Practice at www.goodfellowunit.org.

Campaign on driveway safety

ACC, Safekids New Zealand and Plunket have launched a new safety campaign aimed at preventing children being run over on domestic driveways.

Featuring four high-profile New Zealand fathers (John Campbell, Pio Terei, Feleti Strickson-Pua and Awen Guttenbeil), the campaign uses posters, pamphlets and stickers to send prevention messages to drivers and caregivers. They are being distributed to Plunket, some early childhood education centres in Auckland and Wellington, and community coalitions throughout New Zealand.

The key safety messages in preventing driveway injuries are:

- check for children before driving off
- supervise children around vehicles – always
- separate play areas from driveways.

New resources available

Traumatic brain injury guideline

At the end of August, ACC will be distributing its latest guideline, which provides evidence-based recommendations on the diagnosis, acute management and rehabilitation of adults, young people and children with traumatic brain injury (TBI), as well as advice on supporting their families/whānau and carers.

The Guideline aims to help practitioners make informed decisions on working with people affected by TBI and will also be a useful resource for health funders, planners and researchers. It was commissioned by ACC and developed by the New Zealand Guidelines Group.

To order your copy of the evidence-based best practice guideline, 'Traumatic Brain Injury: Diagnosis, Acute Management and Rehabilitation', please email Vicky Johnson at vicky.johnson@acc.co.nz.

Return to work guide, case studies and workshops

Launched at the recent conference of the Royal New Zealand College of General Practitioners and distributed to all GPs, the new 'Return to Work Guide' provides best practice information and practical help on managing the effective rehabilitation of injured employees.

In particular, it focuses on issues around return to work arrangements and decisions, and reflects the increasing evidence of the benefits of early return to work in injured people's care, recovery and rehabilitation.

Accompanying the Guide is a series of case studies, which have also been distributed to all GPs. And between August and November, ACC will be running Return to Work provider evenings, providing GPs with more in-depth information on the Guide and how to use it in their everyday practice. All GPs will be sent personal invitations with details on who to contact for more information.

Clinical Evidence

All GPs should by now have received their free copy of the 15th edition of 'Clinical Evidence', a publication produced by the 'British Medical Journal' that summarises the latest evidence-based clinical practice for common conditions.

ACC and PHARMAC are jointly funding this three-year initiative. ACC has also bought 1000 subscriptions for the electronic version of the publication – so if you'd like to access one, please email Vicky Johnson at vicky.johnson@acc.co.nz for a log-on and password.

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 and their families. Here's the next in the series – Gail's story...

Gail was at home with her children Sammy (aged two years) and Hannah (four) when the Police came to tell her that her husband Gary had been killed in a collision with a logging truck. Gary had been the family's sole income earner, earning \$65,000 p.a..

During the terrible days that followed, Gail found out from the funeral director that because Gary had died in an accident ACC would contribute to his funeral costs and provide other help. The funeral director lodged an 'accidental death' claim on Gail's behalf.

A few days later, ACC called Gail to advise that they would help to pay for the funeral, provide lump sum survivors' grants for her and the children, help to pay for childcare and provide the family with a percentage of Gary's earnings. They also sent her some helpful information on dealing with sudden death and grief.

Gail started receiving her ACC entitlements within a few weeks – and she says that while she'll never really get over Gary's death, life for her and the children is getting back on track.

How did ACC help?

GAIL'S NEEDS	ENTITLEMENTS	ACC'S CONTRIBUTION	GAIL'S CONTRIBUTION
Help with Gary's funeral costs	Funeral grant (one-off payment)	\$4,815	\$5,000 (approx remainder of funeral costs)
Help with living costs after Gary's death	Survivor's grant for Gail	\$5,333.86	Nil
	Survivors' grants for children	\$2,666.94	Nil
Compensation for Gary's lost income	Gail (a percentage of Gary's income until Sammy turns 18)	\$537,600	Nil
	Children (percentage of Gary's income until they turn 18)	\$336,000	Nil
Childcare while Gail trains as a teacher	Childcare (amount received over time until children reach 14)	\$35,000	Nil
Total over 16 years		\$921,415.80	\$5,000

Note: Although these figures are based on a real example, they are only a guide. Actual amounts depend on individual claimants' needs and situations.

Business plan refines strategic direction

ACC's business plan for 2006/07 introduces a new vision for the organisation and refines its strategic direction.

The new vision is 'Freedom from injury and its consequences, for everyone in New Zealand', and ACC itself is now scoping its operating environment 10 years out, while actively developing a strategy for the next five.

In the next 12 months and with a new organisational structure, ACC will work towards seven strategic priorities:

- Ensuring New Zealanders have confidence in ACC.
- Maintaining fair and stable levies.
- People-focused with good outcomes.

- Open and fair access for all New Zealanders.
- Working to reduce injuries and occupational diseases.
- Efficient, sustainable and flexible organisation.
- Rehabilitation focused on returning to productive life.

This involves several key new work programmes that include: raising people's awareness of ACC, their entitlements and injury prevention; working more closely with levy payers; developing rehabilitation, home-based rehabilitation and pain management frameworks; coordinating local and national partnerships; reviewing the social and vocational rehabilitation processes and services; and developing and implementing priorities for the Air Ambulance Strategy.