

ACC News

» A newsletter for health care professionals

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Speech highlights new elective surgery initiatives

A recent speech by ACC Chief Executive Dr Jan White highlighted new and profound initiatives planned for elective surgery contracts.

Speaking at a meeting of the New Zealand Private Surgical Hospitals Association, Dr White noted that the annual cost of elective surgery to ACC is \$135 million, compared with acute treatment costs of \$250 million and public health acute service costs of \$300 million. Private hospitals provide 85% of the contracted elective surgery ACC purchases, with the remaining 15% purchased from district health boards.

Dr White stressed the importance of working in partnership with providers. “Our focus at ACC is now squarely on providing effective services to customers, but we cannot do that alone,” she said. “We work through treatment providers such as yourselves, who deliver services to customers on our behalf. We want to work with you to ensure the customer experience is always positive.”

Dr White commented that a number of improvements implemented during the past contract are helping to deliver better and faster outcomes for patients. These include:

- » removing the budget cap from certain procedures
- » adding new procedures to better reflect the high costs of disposables

- » enhancing medical fees processing
- » improving Assessment Report and Treatment Plans, which has enabled ACC to make surgery approval decisions within two to four days
- » fine-tuning spend reports to better reflect actual expenditure against hospitals' current budgets.

Future initiatives aim to ensure “elective surgery treatment is delivered to injured people in the most customer-focused, efficient and cost-effective way”. They include:

- » introducing a ‘Relative Value Unit’ model to pricing surgical procedures, which will “bring greater transparency and consistency to the entire surgery purchasing process”
- » improving ACC’s reporting, monitoring and auditing processes
- » purchasing for sustainable outcomes for the individual, rather than for services
- » a pilot survey of patients just before orthopaedic surgery and six weeks afterward, with results forming a numerical function index. “As a result of the pilot,” said Dr White, “a clearer picture will emerge of important rehabilitation factors such as monitoring patient outcomes, the impact of disability and co-morbidities on outcomes, variances in time off work after surgery, relative impacts of conservative and aggressive management on outcomes, accuracy of priority scoring, and possible impact of demographic influences.”

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Pandemic preparedness – mail-out to claimants

Over the next few months ACC will be sending important civil emergency preparedness information to all seriously injured claimants and those who rely on attendant care for long periods of time.

The aim is to ensure they are prepared as well as possible for potential natural disasters, such as an influenza pandemic. Advice includes arranging ‘standby’ carers, making an emergency numbers list, discussing extra medical supplies needed with their doctor, and familiarising themselves with civil defence information.

ACC will also provide these claimants who currently receive some medical consumables with an extra month’s supply. These will act as a back-up in the event of a civil defence emergency.

For more information on pandemic preparedness, visit www.moh.govt.nz/pandemicinfluenza or email pandemicplanning@acc.co.nz.

Completing ACC forms

When it comes to filling in your ACC forms, ACC tries to help as often as possible by pre-completing information for you (such as claim number, claimant name and address).

However, it's important that you provide all additional information the form asks for. This not only enables ACC to ensure your patients get the treatment and rehabilitation they need quickly, it also helps to provide a true picture of their condition and circumstances.

For example, a good medical certificate includes:

- a clear, definitive **diagnosis** that enables ACC to identify and arrange services, assess entitlements to compensation and implement appropriate treatment options
- **pre-injury employment information** that enables ACC to implement appropriate return to work strategies or alternative programmes, and to obtain job descriptions from employers
- specified **activity restrictions** that enable ACC to implement appropriate rehabilitation and work trials
- an indication of the **patient's work capacity**, which ACC uses as a guide to appropriate rehabilitation
- the **date** of the accident, which ensures ACC applies the correct legislation to the injury and manages the correct claim
- **comments** on medication changes, past rehabilitation or recommended treatment/rehabilitation, and complications/non-injury factors/barriers to rehabilitation.

This request also applies to GP referrals to specialists such as orthopaedic specialists – information on the injury date, site, side and mechanism, as well as the patient's ACC claim number, greatly speeds up diagnoses and decisions.

As we further develop our eBusiness capability, we'll be trying to make forms easier and less time consuming to complete.

Treatment DVDs still available

If you don't already have copies of ACC's seven DVDs on the treatment and management of common injuries, we recommend you order them now. Easy to use and informative, they proved a popular tool for treatment professionals when launched in 2005.

The titles are:

- Management of Knee Injuries (33 minutes)
- Management of Shoulder Injuries (31 minutes)
- Management of Spine Injuries (55 minutes)
- Management of Wounds (1 hour 16 minutes)
- Management of Hand and Wrist Injuries (1 hour 7 minutes)
- A Practical Guide for Suturing – Workshop (27 minutes)
- A Practical Guide for Plaster Casts – Workshop (22 minutes).

The DVDs are free and available by contacting Vicki Johnson at vicki.johnson@acc.co.nz.

Contact details:

Short notes

Cost of treatment regulations consultation

Public consultation on proposed changes to the cost of treatment regulations has begun. The changes affect the payments made to specified treatment providers (such as acupuncturists, chiropractors, occupational therapists, osteopaths, physiotherapists, podiatrists and speech therapists) and involve:

- an increase of \$5 to the cost per treatment visit – to \$24.48
- an increase of \$12.57 in the hourly rate – to \$61.57

A consultation document outlining the proposed changes and containing an explanation of the Government's Budget 2006 funding announcement has been sent to all treatment providers. Copies are also available at www.acc.co.nz (in 'Latest News' on the 'For Providers' section) or by phoning ACC on 04 918 7700, or emailing treatment.costs@acc.co.nz. The consultation closes on Friday 20 October.

Asian community forums

During October ACC will be hosting a series of forums with Asian communities around New Zealand. With attendees including key community leaders as well as health professionals and government agency representatives, the forums aim to discuss why Asian people don't use ACC services as often as could be expected – and to provide information on how ACC works and the help available to people injured in accidents.

For more information, phone 0800 101 996 or contact Symmy Ch'ng of ACC's Asian Development team at symmy.chng@acc.co.nz or on 09 915 9420.

Goodfellow case study

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

Time off work certificates

A reminder to non-GP providers that, if you believe a patient needs time off work because of their injury, you should advise them to see their GP as soon as possible to request an assessment of their ability to work – it is very difficult for GPs to assess patients when they come to them several days after being off work.

If the patient is unable to work, or only able to do selected or part-time work, they'll need a time off work certificate (ACC18) that needs to be given to ACC.

Note it's important to manage patient expectations about returning to work. It is also good practice for non-GP providers to communicate their assessment findings to GPs to help in the medical certification process.

eLodgement system change

If your practice submits ACC45 injury claim forms electronically, you may be affected by upcoming changes to the eLodgement 'gateway'.

ACC is currently upgrading the system to improve its reliability and provide users with an easier online experience – as well as a whole new look. However, while the vast majority of treatment providers won't need to change anything to use the new system, around 6% are running older browsers and/or operating systems that will no longer be supported.

If your practice has been identified as one of these, ACC will be in touch before the change to advise you what you need to do. You won't need to worry about this until early 2007 – and in the meantime, any queries should be directed to the eBusiness team at ebusinessinfo@acc.co.nz or by phone at 0800 222 994 (option 1).

New TBI resources

TBI guideline

ACC's new traumatic brain injury (TBI) guideline is now available online at the websites of ACC (www.acc.co.nz – in the 'For Providers' section) and the New Zealand Guidelines Group (www.nzgg.org.nz).

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

Three shorter summary documents will be available later this year. These focus on:

- Rehabilitation: Services, Assessment and Interventions
- Acute phase of care
- Pre-hospital Assessment, Management and Referral.

ACC News will let you know when these summaries are available.

TBI case studies

To supplement the new TBI guideline, ACC has developed three case studies for emergency department staff to complete, outlining typical scenarios of patients with possible TBI seeking their help. The aggregated results will be presented in a case study booklet together with comments from invited specialists, with distribution due in December.

TBI case studies are also being developed for GPs and accident and medical clinics. The relevant booklets will be published in May 2007.

Safety NZ Week a catalyst for action

Safety NZ Week (held on 13–19 August) galvanised many organisations into action and collaboration.

District health boards and local government organisations throughout the country took the opportunity to get involved, with many leading their regions' Safety NZ Week events. Meanwhile, injury prevention training, promotions and events also took place in workplaces everywhere – from supermarket chains to factories, construction sites, ports, offices, service stations, schools and other education providers.

Several large private-sector employers also put time and money into promoting safety and injury prevention for their staff at work and at home, on the roads and elsewhere in their lives. You can see photographs from Safety NZ Week events at www.safetynzweek.co.nz/safety-comp.aspx.

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 – Neil's story...

The only thing Neil remembers about his injury is checking an unstable load on his forklift. This minor act changed the 18-year-old's life forever, as the four-tonne forklift rolled forward and crushed him.

Rushed to hospital by helicopter after a 111 call from his boss, Neil had an MRI scan and X-rays that revealed five broken ribs, a ruptured spleen, spine damage and a cracked skull. The hospital registered his ACC claim, and he was later moved to the spinal unit at Burwood Hospital in Christchurch.

When tests revealed Neil was unlikely to walk again, he was given ACC-funded counselling as well as six months of rehabilitation treatment at Burwood. During that time ACC paid for his father to travel regularly to his bedside and for alterations to the family home and a car to cope with his wheelchair-bound condition.

Two years later Neil's back at work – this time doing the company's accounts – and playing basketball in his spare time. "It's all good," he says.

ACC will continue to pay for medical and other help Neil needs for the rest of his life. These costs are not included in the table below.

How did ACC help?

| NEIL'S NEEDS | ENTITLEMENTS | ACC'S CONTRIBUTION | NEIL'S CONTRIBUTION |
|--|---|--------------------|---------------------|
| Emergency response | Emergency helicopter | \$1,500 | Nil |
| | Inpatient stay (two nights) | \$960 | Nil |
| Post-emergency treatment and income support | Non-emergency transport | \$2,000 | Nil |
| | Specialist spinal rehabilitation unit | \$191,625 | Nil |
| | Weekly compensation (two years @ 80% of Neil's wages) | \$60,000 | Nil |
| Support while in hospital and preparing for leaving hospital | House alterations | \$61,000 | Nil |
| | Travel and accommodation for Neil's father (for six months) | \$9,500 | \$2,500 |
| | Assessments | \$6,500 | Nil |
| | Equipment and wheelchair | \$13,932 | Nil |
| Rehabilitation | Physiotherapy | \$40,000 | Nil |
| | Exercise programme | \$3,140 | Nil |
| | Attendant care | \$5,000 | Nil |
| | Nursing assessments | \$336 | Nil |
| | Medical consumables | \$3,520 | Nil |
| | Prescription medication | \$600 (reimbursed) | Nil |
| | Suitable car and modifications | \$21,000 | Nil |
| | Lump sum payment (compensation for 80% impairment) | \$107,003 | Nil |
| | Spinal reassessments and travel costs | \$2,000 | Nil |
| Return to work | Occupational, medical and career guidance assessments | \$1,395 | Nil |
| | Career guidance and work-ready programme | \$1,500 | Nil |
| | Short computer training course | \$2,000 | Nil |
| Total costs | | \$534,511 | \$2,500 |

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