

ACC News

»» A newsletter for health care professionals

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Managing traumatic brain injury

ACC's recently released guideline on the diagnosis, acute management and rehabilitation of people with traumatic brain injury (TBI) highlights some important messages for treatment professionals. They apply to the three phases of: pre-hospital assessment, management and referral; the acute phase of care; and rehabilitation.

Pre-hospital assessment, management and referral

Pre-hospital assessments of people with suspected TBI should aim to:

- establish whether trauma to the head has happened
- estimate the severity of any injury to the brain
- identify people with hypoxia and/or hypotension, complications (especially intracranial haemorrhage) and other injuries (especially of the cervical spine).

It's important to treat the greatest threat to life and avoid further harm, and to never assume that an injury's signs and symptoms are due to intoxication from alcohol or drugs. A falling or persistently reduced Glasgow Coma Scale (GCS) score and amnesia are associated with an increased risk of intracranial complications.

Patients should be referred to Emergency Departments if their signs and symptoms are risk factors for acute intracranial complications of TBI. If a patient doesn't require further medical assessment, they must be provided with written information on when to seek medical help.

Acute phase of care

Emergency Departments' assessment and management of people with suspected TBI should focus on preventing and treating hypotension and hypoxia, obtaining early imaging and attending to co-existing injuries. CT imaging of the head is the primary investigation of choice for detecting clinically significant acute complications, as the sensitivity of skull X-rays is too low.

At this stage it's important to:

- avoid giving strong systemic analgesia until after a full assessment, which should include blood alcohol level tests in all people with a GCS score less than 15 and/or where alcohol intoxication is suspected
- consider the possibility of non-accidental injury in children with TBI
- avoid corticosteroids in people with acute TBI of any severity.

People presenting with suspected TBI shouldn't be discharged until their GCS score is 15.

Rehabilitation

Early rehabilitation in clinically significant TBI improves outcomes – so rehabilitation services need to ensure effective coordination, communication and information-sharing to provide a seamless transition between the stages of rehabilitation.

People with TBI should be assessed for functional deficits in their activities of daily living and for specific impairments in physical, cognitive, behavioural/emotional and communicative functioning. Assessments should:

- include seeking pre-TBI information from family/whanau
- take into account the person's participation goals
- identify (and instigate treatment for) co-morbid conditions, especially those with a symptomatic overlap with TBI.

A patient's physical rehabilitation should aim to improve their functional independence, with the primary goal of a return to work or an alternative occupation.

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Dental implants

New Dental Implant Guidelines

ACC's new 'Dental Implant Guidelines' have been sent to all ACC-registered dentists, and are also available at www.acc.co.nz (in the 'For Providers' section).

If you're assessing a patient for dental implants, please remember to tell them about the guidelines, as this will help to manage their treatment expectations. ACC currently declines about 25% of all dental implant prior approvals because claimants don't have the required oral health status – and unrealistic expectations may also affect whether they accept your recommendations for treatment, and their commitment to completing it.

Note also that claimants with dental implants must be able to maintain appropriate oral hygiene. As part of your assessment, and before you consider referral to an implant provider, your patient must have a full understanding of their oral health condition.

A fact sheet designed for claimants will be available later this year. In the meantime, ACC will continue to monitor prior approvals and follow up with dentists who make prior approval requests inappropriately.

Dental implant co-payments

We receive a number of enquiries from claimants unaware that their implant crowns or bridges required a co-payment. Please make sure you give claimants a reasonable estimate of costs before you refer them to an implant provider, so they can make an informed decision on their treatment.

Guidelines for DHB ACC patient discharges

ACC and the district health boards (DHBs) have recently completed consultation on proposed new guidelines for DHBs when discharging ACC patients or transferring them out of acute care.

The guidelines acknowledge established current working relationships and seek to enhance outcomes for claimants by clarifying responsibilities and timeframes with suggested processes for communication. We're delighted with the response to what will be a significant change in the way ACC and DHBs work together. Most feedback was in complete support of the new approach, with only minor wording changes and some additions required.

The success of this consultation reflects well on the guidelines themselves, the participants' commitment to positive change and a thorough and extensive consultation process that involved 33 facilitated workshops, 25 formal submissions and feedback from a number of specialty groups. The result is a robust, mutually agreed process for this vital part of ACC claimant care.

The guidelines are currently being finalised, and implementation is planned for later this year.

Trends from monitoring

Recent analysis from ACC's monitoring programme shows some concerning trends across the allied treatment provider spectrum.

The analysis looked at data that included visits per day, visits per claim, average cost per visit, cost per claim and claims per claimant. The following key trends emerged:

- A significantly high number of visits per day.
- A failure to seek prior approval from ACC at the appropriate time.
- Old claims being reopened but with fewer than three subsequent treatments.
- Invoicing against multiple claims that appear outside ACC guidelines.
- Treating family members outside ACC guidelines.
- A high percentage of claims with ACC32s (requests for further treatment).
- A high incidence of three or fewer treatments delivered after the ACC32 approval.
- A high percentage of claims treated to the treatment profile limit.
- A high number of new claims lodged within 28 days of the last treatment on the previous claim and that claim receiving treatment up to or close to the profile limit.

We're following up on these trends with the relevant providers, working with them with a view to implementing practice improvements.

For help or advice regarding a process or claim please phone the Provider Helpline, 0800 222 070 or contact the Case Manager.

Contact details:

Provider Helpline

ACC's Provider Helpline (0800 222 070) is now open from 8am to 6pm Monday to Friday. You can also send queries via fax on 09 915 8301 or email at providerhelp@acc.co.nz.

To help ensure a fast response, please have the relevant reference numbers (ie. provider, claim, invoice or schedule numbers) ready when you contact us. And remember that when you ask for a previous claim number we need an injury site to link the claimant to the previous injury date.

Taking the message to television

ACC is currently participating in three television-based initiatives:

- 'HealthTV' is screening on televisions in five Auckland and Wellington GP waiting rooms until 4 December 2006. Expected to reach 200,000 patients, the programme focuses on falls prevention among older people
- to ensure people with disabilities know how ACC can help if they're injured, ACC is collaborating with RSVP Productions to screen segments on TV One's 'Attitude' programme during October and November
- in a campaign to prevent childhood poisoning, Safekids is screening 'Keep Kids Safe' on MedTV, which operates in 60 medical centres nationwide. The programme airs from October to December, with an expected audience of around 180,000 people a day.

Annual practising certificates

Is your annual practising certificate (APC) up to date?

Remember, as a health professional who can provide services to ACC claimants, you can only invoice ACC for your services if you hold a current APC from your registration authority.

Please make sure your certificate is current at all times. ACC can seek to recover all or part of treatment costs invoiced by providers who are found to not hold current practising certificates.

Seeking medical assessors

As part of the vocational rehabilitation process, ACC contracts independent, registered and suitably qualified assessors to assess claimant needs and to measure progress and outcomes of rehabilitation.

ACC is currently seeking to contract a number of medical assessors.

To apply for the position of medical assessor, you must be a registered medical practitioner. If you provide general medical services, you must also:

- have an interest, and proven work experience, in disability management in the workplace or in occupational rehabilitation
- have at least five years' experience in general practice
- meet one of the following criteria:
 - be a Fellow of the Royal New Zealand College of General Practitioners or hold an equivalent qualification
 - be undertaking training towards becoming a Fellow of the Royal New Zealand College of General Practitioners or holding an equivalent qualification
 - have undertaken relevant advanced training.

If you do not provide general medical services, you must:

- have an interest, and proven work experience, in disability management in the workplace or in occupational rehabilitation
- be a member of a recognised college.

As part of its commitment to developing a greater understanding of, and providing services and support that are suited to, Maori and Pacific claimants, ACC is seeking to contract medical assessors with experience and expertise in this area.

To apply, or for more information, please email Erica Doust on erica.doust@acc.co.nz

Clinical Evidence still available

If you'd like a copy of the 14th edition of 'Clinical Evidence', we still have a few free copies available.

Produced by the 'British Medical Journal', the publication summarises the latest evidence-based clinical practice for common conditions. This three-year initiative is funded jointly by ACC and PHARMAC.

For a copy, please send your postal address to Vicky Johnson at vicky.johnson@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'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
- If you or your patients need information or advice on accidental death claims, phone 0800 222 075.

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 – Tali's story...

A talented chef, Tali was preparing to compete in an international competition when, in a moment of distraction at work, she slipped with a knife and cut her middle finger.

A workmate rushed her to the Emergency Department where, after stitching and bandaging her hand and registering her ACC claim, the doctor told her she couldn't prepare food for six weeks. Her chances in the competition were shattered – but she was more worried about how she'd manage financially.

ACC called Tali the next day to see how they could help. They also contacted her boss, who agreed she could go back to work on light duties part time. While she did this, ACC topped up her wages to 80% of her normal pay. Six weeks after her injury Tali was back at work full time – and a short time later, she was offered a great job in a restaurant in London. She didn't win the competition, but she did keep her career.

How did ACC help?

TALI'S NEEDS	ENTITLEMENTS	ACC'S CONTRIBUTION	TALI'S CONTRIBUTION
Emergency Department treatment	Specialist medical treatment	Fully funded under PHAS*	Nil
Pain relief	Prescription medication	\$15 reimbursed	Nil
Income support	Weekly compensation (five weeks of wages topped up to 80% of her usual income)	\$3,000	
Wound management (dressings and stitches)	Local nurse services	\$72	\$18
Total costs		\$3,087	\$18

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

* PHAS (Public Health Acute Services) – ACC bulk funds the Ministry of Health for all acute accident-related Emergency Department attendances.

Invoicing accuracy

A reminder to all treatment providers of the importance of invoicing ACC accurately.

Every month, we receive invoices for about 800,000 services. We pay the vast majority of these quickly – around 30% are paid within a week of the invoice date, 65% within two weeks and 85% within three weeks. If you invoice us electronically, 90-95% of these services are paid within a week of your invoice.

However, we continue to encounter issues with duplicate invoices (in August, nearly 1400 invoices totalling \$1.8 million) – most of which are not marked as copies. This can mean delays in payment due to the considerable extra work for ACC staff.

If you haven't been paid by ACC in the time you think you should have been, please call our Provider Helpline on 0800 222 070. The May 2006 issue of 'ACC News' also provided a guide to invoicing – please refer to this for more information, or phone the Provider Helpline.

Treatment provider survey coming soon

ACC's annual treatment provider survey will be sent to all providers in early November. With a number of questions added in response to provider feedback, this is a great opportunity for you to comment on our performance.

Please take the time to complete the survey when it arrives. Your response will be completely confidential and your feedback will help us not only to assess how we're doing but develop important plans for the future.