

ACC News

» A newsletter for health care professionals

» NOVEMBER 2006 – ISSUE 96

Editorial from ACC's Chief Executive

ACC – preparing for the future

Listening to, talking with and engaging with professionals in the health sector has been a stimulating feature of my first 12 months with ACC. It is clear that we face many similar challenges – a particularly powerful example being the need to anticipate the changing needs of an increasingly diverse population.

Throughout the past year, ACC has explored numerous issues and concerns with health professionals, with the aim of achieving good outcomes for the people who need treatment and rehabilitation after injury. Much of our focus is now moving from the acute end of the care spectrum towards achieving a more balanced and sustainable return to a productive life.

Our engagement with the health and rehabilitation sector is happening at every level. It is the foundation for all the work required to deliver quality outcomes for patients/claimants.

Refining our direction

At the same time we have been refining our own vision and strategic direction. We have also developed a new organisational structure to better achieve this. Related business functions are now grouped with clear lines of accountability, enabling ACC to perform with greater flexibility and efficiency.

And, we have a new senior management group of nine executives reporting to the Chief Executive. The key people associated with purchasing and delivering treatment and rehabilitation services are Chief Operating Officer Gerard McGreevy, General Manager Levy and Scheme Management Keith McLea, and General Manager Strategic Policy and Research Katrina Ings.

A new rehabilitation framework

Our new strategic direction gives us the vision and the wherewithal to anticipate New Zealand's changing needs.

We have already developed a rehabilitation framework that will drive our new policy and practice initiatives for the next five years. The framework's vision is the achievement of an everyday life. Among other things it will ensure that rehabilitation services and support are tailored to the individual, supporting them to live an everyday life given their strengths and abilities after an injury.

As we work closely with people to achieve good outcomes, we will be exploring new initiatives such as outcome contracting and self-management. Our partnerships with providers and customers will become more and more explicit. Meanwhile, to keep up to date with rapid changes in society and in healthcare, we will increase our emphasis on, and rigour in, research.

ACC's commitment, coupled with the radical advances that are being made in medicine and patient care, augurs well for the future delivery of effective injury treatment and rehabilitation.

In June, at the New Zealand Institute of Health Management Conference, I predicted that the next few decades will see people return to full functionality much faster after injury.

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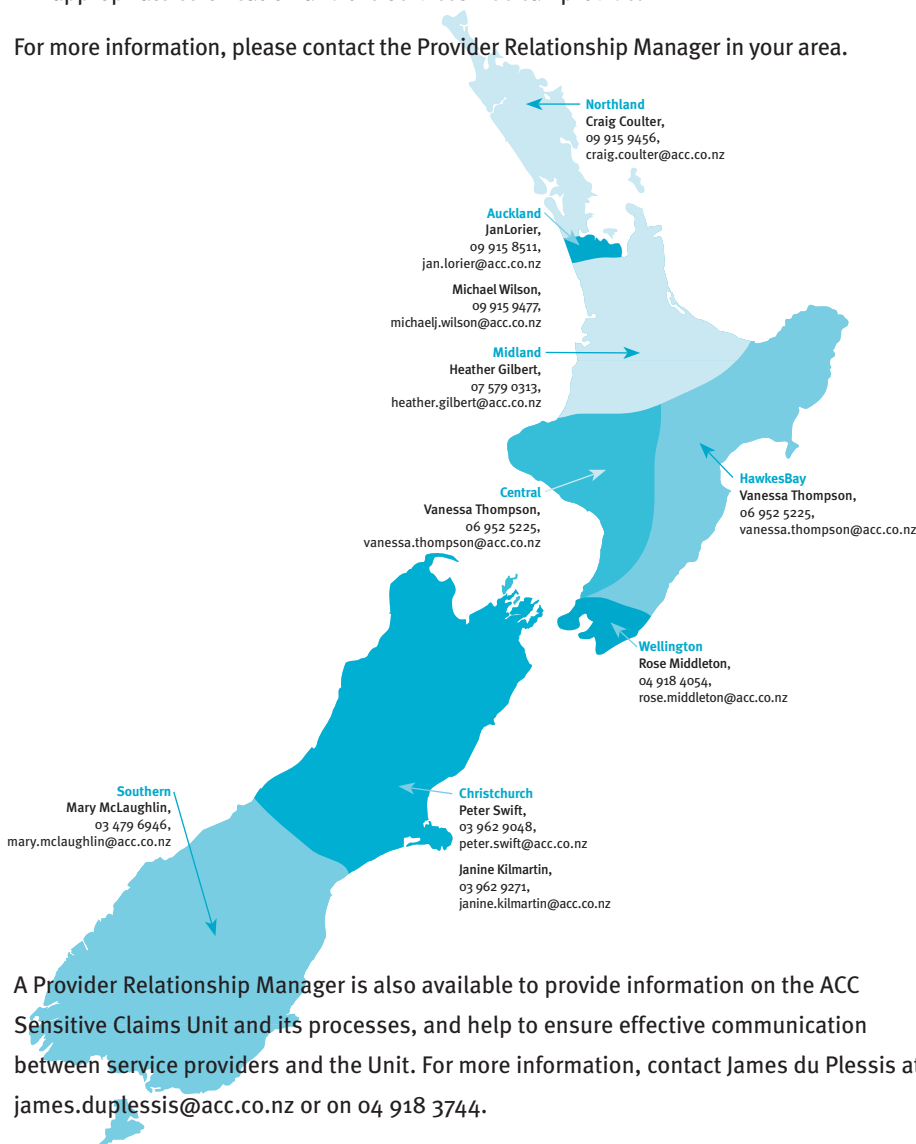
Provider Relationship Managers – who, where, and what do they do?

ACC's Provider Relationship Managers offer a nationwide advisory and information service to GPs, nurses, physiotherapists, counsellors and primary health care provider groups.

A team of nine is responsible for:

- providing updates on ACC's policies, processes and services
- organising continuing medical education (CME) sessions
- helping to train doctors who are new to New Zealand
- providing information on injury prevention and social and vocational rehabilitation initiatives
- working with district health board emergency, physiotherapy and outpatient departments on the 'how to' of working with ACC, the benefits of early claim lodgement, appropriate certification and the services ACC can provide.

For more information, please contact the Provider Relationship Manager in your area.



'Fit for work' resources

ACC's newly released 'Fit for work' resources aim to encourage injury prevention in the workplace. They comprise two posters for health care workers who undertake manual handling, and customisable 'Work Smart Tips for Healthcare' wallet cards for employees.

Posters

Developed in conjunction with the Physiotherapy for the Older Adult Special Interest Group and the New Zealand Society of Physiotherapists, the posters illustrate simple exercises for manual handling in the workplace. They feature both 'pre-work warm-up' exercises and 'pause/break stretches' to remind workers to move in the opposite direction when they have completed a task.

To order the posters, phone 0800 THINKSAFE and quote numbers ACC2292 and ACC2293.

Work Smart Tips

'Work Smart Tips for Healthcare', available at www.acc.co.nz/worktips, enable employers to create, print and provide employees with health and safety wallet cards customised to their industry or environment or individual employees.

The card contents can range from general health and safety information to exercises that promote workplace health. They are ideal for inducting new staff as well as being easy to carry and reference.

Contact details:

Short notes

HabitAtWork – promoting pain-free workplaces

A new online tool aims to provide employers, employees and health and safety consultants with information on discomfort, pain and injury at work – and what to do to avoid it.

An updated version of the ‘floppy ergonomist’, ‘HabitAtWork’ (available at www.habitatwork.co.nz) covers the myths and realities of workplace discomfort, pain and injury, how to work in comfort and how to get rid of pain. It includes a range of workplace-based exercises.

Changes to cost of treatment regulations

A big thank you to everyone who prepared a submission on the proposed changes to the cost of treatment regulations. We’re now reviewing the more than 120 submissions we received and will deliver a briefing paper to the Minister for ACC later in November. We’ll keep you updated on progress.

News for dentists

ACC42

If you’re a dentist making an ACC claim, please complete the ACC42 (dental injury registration form), and complete it accurately – especially the section on the mouth’s oral status at the time of injury.

You can get the ACC2099 (guidelines for completing the form) by phoning 0800 802 444.

Temporary treatment as soon as possible after injury

Dentists should provide temporary treatment as soon as clinically possible after the injury. This will help to restore function for the claimant, reduce self-consciousness about their appearance and get them back to as normal a life as possible. If a claimant declines temporary treatment, please record it in their dental record.

Invoicing for treatment provided overseas

A reminder to all treatment providers travelling overseas with sports teams. You cannot invoice ACC for any treatment services you provide if delivered while overseas even if you were treating the claimant before you left New Zealand. Instead, you need to make alternative (non-ACC) payment arrangements. People who are injured overseas can lodge a claim for a new injury when they return to New Zealand. ACC will then write to the claimant for information about their overseas trip and may still decline the claim, especially if the claimant does not reply to the letter. You should discuss any treatment costs issue with the claimant in these instances.

A new rehabilitation framework

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Biotechnology such as human cell and tissue engineering, telemedicine, medical robotics, miniaturisation and nanotechnology will lead to innovations that will greatly improve recovery. Tissue engineering will provide treatment for damaged nerve fibres and spinal cord injury; all the human organs will be replaceable; and the prospects for severe burn injury victims are phenomenal.

Freedom from injury and its consequences is an exciting vision. Bringing it to reality for everyone in this country requires the expertise and co-operation of New Zealand’s science and health professionals.

Thank you for your support this year. I welcome your continuing readiness to engage in partnership with ACC for the benefit of the people we serve.

Dr Jan White
Chief Executive
ACC

Recognising work-related gradual process, disease and infection

Identifying work-related gradual process, disease and infection can be a challenge, especially as many of them (such as noise-induced hearing loss) can take up to 30 years to develop. So if a patient presents with a potential work-related gradual process, disease or infection, it's important that you ask about their past and present work environments.

In general, ACC only covers injuries caused by 'gradual process' (eg. illness caused by exposure to a causal agent over a period of time), disease or infection if they are directly linked to the claimant's employment. We provide cover in two ways:

- using a three-step test, generally for diseases with potentially multiple causal factors. To provide cover, we need evidence that:
 - there is a particular task or factor in the injured person's work environment that has a particular property or characteristic; and
 - that particular property or characteristic that causes or contributes to the personal injury and is not found to any material extent outside the person's work environment; and
 - the risk of suffering the personal injury is significantly greater for workers performing the employment task or working in that type of environment than for people who do not perform that task or work in that environment .
- using Schedule 2 (a list of occupational diseases and their causative agents) of the Injury Prevention, Rehabilitation, and Compensation Act 2001. A person has cover if they have a personal injury described in Schedule 2 and they have been or are in employment involving exposure to a corresponding agent described in the Schedule in relation to that type of personal injury. ACC may only decline cover if it establishes that the person is not suffering from a Schedule 2 disease or that the personal injury has cause other than employment.

Pilot programme for claimants with serious spinal injuries

ACC is funding a pilot programme for ACC claimants with serious spinal injuries. Called 'Kaleidoscope' and developed by the Spinal Injury Trust, , the programme uses a multidisciplinary approach to explore work options and, where possible, return claimants to work – either to their existing roles or to new ones.

Available to all ACC claimants with spinal injuries in the Auckland and Christchurch regions (both in- and outpatients), the programme recognises the benefits of a return to work. It involves the Kaleidoscope team working closely with the claimant and their recovery support team (their doctor, family and friends) to explore work options, research the job market, search for work and talk to employers. This is based on an individually tailored return to work plan covering the skills the claimant needs both to look for and gain employment and to return to work promptly and safely.

The programme includes transitioned support once the claimant is back at work, with ongoing support available if it becomes necessary. It focuses on involving everyone with an interest in the claimant's recovery – from their doctor (and other specialists), family/whanau and employer to spinal unit staff, their ACC case manager, Work and Income, the local business community and community organisations.

If you have a patient living in the greater Auckland (including Northland) or Christchurch areas who you think would benefit from Kaleidoscope, please discuss a referral to the programme with their ACC case manager.