

# ACC News

» A newsletter for health care professionals

» DECEMBER 2006 – ISSUE 97

## Seasons greetings

Best wishes of the season and happy New Year to all our readers. As you'll see from our lead story, 2006 has been a significant one for ACC. Our organisation is changing, and we look forward to the challenges that lie ahead. We also look forward to continuing to work together with all our health providers, and meeting those challenges as a team.

Best wishes from Anne O'Connell, National Manager Service Development.

## Watershed year for ACC

ACC's Annual Report for 2005/06 reflects on a watershed year in which the organisation repositioned itself for the future and underwent a tangible change of attitude.

Chief Executive Dr Jan White sums up the new attitude by saying ACC has moved "from a compliance culture" to one that is much more "customer-focused".

The foundation for ACC's new direction is provided by a revised set of strategic priorities, outlined in last month's ACC News, as well as a revamped corporate structure.

Each of the seven new priorities features prominently in the Annual Report, which explains what the priorities mean to ACC and how they will be reflected in actual performance.

The Annual Report also details the major achievements during the past financial year.

As usual, ACC was extremely busy processing around 1.7 million claims between July 2005 and June 2006. It's easy to overlook the vast effort involved in this task but to give you some idea, every day saw ACC:

- » send out around 17,000 letters (to claimants, levy payers and health providers) and
- » answer more than 20,000 phone calls.

The pivotal role ACC plays within New Zealand's health community is also spelled out – all those claims handled saw ACC help pay for around:

- » 2.3 million GP visits
- » 2.6 million physiotherapy visits
- » 2.4 million visits to 'other' treatment providers
- » 250,000 rehabilitation services, and
- » 40,000 elective surgery procedures.

Key developments during the year which are highlighted include:

- » the introduction of new treatment injury legislation (this has seen treatment injury aligned with the 'no fault' nature of the ACC scheme, and the qualifying criteria for treatment injury claims significantly relaxed)
- » initiatives to identify and break down barriers preventing Maori, Pacific Islanders, Asians and disabled people from accessing ACC's services (these initiatives will be ongoing and an important contributor to ACC's goal of ensuring 'open and fair access for all New Zealanders')
- » increased collaboration between ACC and other government agencies – such as the Ministries of Health, Labour and Social Development - and community groups
- » improved systems and processes, including a 'virtual claim folder' – this project, rapidly nearing completion, will see all new claim information 'digitised', making it simpler and faster to process claims and reducing the need for ACC to ask providers for the same information twice.

## In this issue:

- » Watershed year for ACC
- » Parenting support pilot
- » Health awards expanded
- » Emerging trends in treatment injury
- » News for dentists
- » Feedback from liaison groups still welcome
- » How to ensure timely payment of invoices
- » Programme successfully reduces falls
- » Working on returning to work with employers
- » Reimbursement for pharmaceuticals
- » Our services and treatments
- » Podiatrists a step ahead
- » Podiatric review under way

Continued over page ...



## Watershed year for ACC [continued from page 1](#)

Other achievements during 2005/06 include initiatives aimed at giving frontline staff more power to approve certain types of help and services (speeding up our claims management); a new Customer Support Service to help resolve customer issues and complaints; and the implementation of a new vocational rehabilitation and assessment service.

In her foreword to the Annual Report, the Minister for ACC – the Hon Ruth Dyson – observes that ACC plays a key role in New Zealanders' national identity. ACC, she says, offers a “unique service” and is an “acknowledged world leader in prevention, care and recovery services”.

ACC is determined to maintain this reputation, by anticipating future needs, responding to change and continually seeking to improve service.

## Parenting support pilot

[ACC is currently piloting parenting support sessions for parents and carers of children with a mental injury resulting from sexual abuse.](#)

The pilot recognises that sexual abuse of a child can be traumatic for parents and carers, and aims to provide them with coping strategies to better understand and manage their child's behaviour.

Under the pilot, parents/carers can qualify for five parenting support sessions after undergoing an initial needs assessment. Sessions will be provided by an ACC-approved counsellor.

If you're a counsellor interested in taking part in this pilot, or you have a patient who could benefit from the sessions offered, please contact the Sensitive Claims Unit on 0800 272 736 for more information.

## Health awards expanded

[Next year's New Zealand Health Innovation Awards, jointly owned by ACC and the Ministry of Health, have undergone an innovation of their own.](#)

New categories have been announced for the 2007 Awards, which celebrate the achievement of people throughout the health and rehabilitation sectors who have helped develop better products, processes and services.

The changes reflect the growing popularity of the Awards, which in 2007 will feature eight categories and a Supreme Award worth \$13,000.

Entries close in January 2007 so if you haven't entered yet now's the time to start thinking about it.

For more information about the Awards and how to enter, visit [www.healthinnovationawards.co.nz](http://www.healthinnovationawards.co.nz)

## Emerging trends in treatment injury

[Recently collected treatment injury data offers interesting insights into adverse events involving medication.](#)

The data has revealed that:

- medication-related cases are the most numerous type of harm followed by general surgery, maternity, orthopaedics and gynaecology
- the five general practice medications most frequently involved in treatment injury claims are, in descending order: meningococcal vaccine; amoxicillin; triamcinolone acetone; diclofenac sodium; cefaclor
- between 2000 and 2006, the costs associated with accepted medication-related injuries ranged from \$2 to \$154,000 (with a median cost of \$117.33).

## News for dentists

### Dental root canal treatment issues

ACC is seeing cases of failed root canal treatment that are resulting in extraction.

This may indicate the root canal treatment wasn't completed, or there were complications that needed rectifying.

If you can't complete a root canal treatment, please refer the patient for assessment (and if possible, treatment) by another dentist or endodontist. It may also be useful to assess your clinical outcomes, and if necessary take steps to improve technique.

When referring a patient to another treatment provider, you will need to come to some agreement with that provider about how you allocate ACC's payment for the treatment concerned.

To ensure ACC pays only for completed root canal treatment, all ACC737 invoices for the following should include a periapical X-ray of the relevant tooth/teeth: DN3, DY17 and DY18 ('complete preparation and obturation of root canal, per canal, open or closed apex').

### New dental information system

A new system for recording details of dental treatment provided is enabling us to improve our monitoring of treatment patterns and outcomes.

The system also allows us to identify and follow up inappropriate treatment patterns.

Calculating crowns and bridges on dental implants  
The following application of Regulations items should be used for crowns and bridges on dental implants:

- a three unit bridge supported by two dental implant crowns = DM3x2 and DC22x1
- a two-unit cantilever supported by one implant crown = DM3x1 and DC22x1.

## Contact details:



## Feedback from liaison groups still welcome

Provider liaison groups have responded encouragingly to the questionnaire we sent out in November.

ACC is exploring ways to work more closely and productively with our liaison groups, and the feedback we're receiving will play a crucial role in shaping our future partnerships.

If you haven't been in touch with us yet, don't worry – we welcome any input you may still want to provide.

ACC currently meets with 25 liaison groups, representing various interests and sectors within the health and rehabilitation community. The meetings are a valuable way of exchanging needs, expectations, issues and ideas, and we look forward to making any changes needed to improve existing arrangements.

For queries and completed questionnaires please contact Dan Dale on 04 918 7846 or [dan.dale@acc.co.nz](mailto:dan.dale@acc.co.nz)

## Ensure timely payment

ACC can pay your invoices in a more timely manner if you send them directly to the relevant Processing Centre, instead of an ACC branch.

Please continue to send your reports, medical notes or service supplied to the case owners who have requested these services and only send the invoice to the processing centre

Treatment-related invoices should be sent to either:

- Northern Processing Centre, P O Box 90341, Auckland Mail Centre, or
- Elective Services Centre, P O Box 408, Dunedin

Note: Use the same zone as that used for your bulk billing schedules.

Rehabilitation-related invoices should be sent to:

- North Island – Hutt Processing Centre, P O Box 31587, Lower Hutt
- South Island – Elective Services Centre, P O Box 408, Dunedin.

Elective Surgery invoices should be sent to:

- Elective Services Centre, P O Box 408, Dunedin.

If you have any questions regarding this, please contact the Provider Helpline on 0800-222-070 or [providerhelp@acc.co.nz](mailto:providerhelp@acc.co.nz).

## Programme successfully reduces falls

**Around half of people aged 80 and over will suffer a fall this year – but help is available to get this rate down via the Otago Exercise Programme.**

ACC's Otago Exercise Programme (OEP) offers participants a series of muscle-strengthening and balance-retraining exercises, practised over a 12-month period. A recent Auckland University of Technology evaluation has shown that OEP participants can achieve a 50% reduction in falls after 12 months.

To be eligible, participants must:

- be aged 80 or over (or 70 or over, if Maori or Pacific Islander), and
- have sustained a fall or present with other fall risk factors, such as weak legs or impaired balance.

For more information talk to your Provider Relationship Manager or Injury Prevention Consultant or visit [www.acc.co.nz](http://www.acc.co.nz)

## Working on returning to work with employers

**ACC is committed to helping people return to work safely after injury.**

To achieve this, we work closely with all the parties involved, including the injured person, their employer and health professionals.

Two of our community-based teams working with employers include our Account Managers and Injury Management Consultants.

Account Managers work primarily with larger employers, advising them about ACC's services, developing solutions tailored to individual business needs, and maintaining ongoing, effective relationships.

Injury Management Consultants help employers prepare before an injury occurs. That way, employers know how to support their employees' safe and sustainable return to work. The Injury Management Consultants help employers:

- develop an effective injury management system, and
- identify appropriate light duties for employees to perform post-injury, etc.

ACC's aim at all times is to take a proactive approach to injury management, and to help employers and employees alike realise the benefits of a safe return to work.

## Reimbursement for pharmaceuticals

**ACC can reimburse the cost of pharmaceuticals for claimants who meet certain conditions, including:**

- the pharmaceutical is needed to help treat the claimant's injury, and;
- the pharmaceutical is classified as a prescription medicine, pharmacy-only medicine or controlled drug, and
- ACC has agreed to contribute to the pharmaceutical's cost.

A 'Request for Reimbursement of Pharmaceutical Costs' (ACC249) is available on the 'For Providers' section of ACC's website. The form includes a factsheet that explains the qualifying criteria.

By downloading the form and giving a printed copy to ACC claimants who are eligible for reimbursement, pharmacists and prescribers can enhance the service provided to these claimants.

Pharmacists also have the option of invoicing ACC directly for pharmaceutical costs, instead of charging the claimant for them. This option only applies if ACC has given prior approval for the pharmaceuticals and agreed costs. For more information about this, contact the appropriate Claims Manager and ask about 'direct billing approval'.



## Our services and treatments

For your information, here are the services and treatments available through ACC. Your patient's entitlements will depend on their injury and their situation.

TREATMENT	TRANSPORT	FINANCIAL HELP
A&E clinic services	To rehabilitation, treatment, work,	Accommodation costs, eg attending
Acupuncturist	School and pre-school	assessments
Assessments		Up to 80% of the claimant's average
Audiologist	<b>RECOVERY AIDS AND ASSISTANCE</b>	income before injury
Chiropractor	Artificial limbs	Lump sum payment
Counselling	Assessments of your capacity and of	Funeral costs
Dentist	workplaces	Support person costs, eg transport and
Emergency transport, eg road, air	Career guidance and training	accommodation costs for both
GP	Car modifications or upgrades to a	New Zealanders and overseas visitors
Hand therapy	suitable car	Survivor's grant, eg one-off payment
MRI scans	Childcare	and ongoing assistance for the families
Nurse	Equipment, eg crutches, shower, stool,	of people killed in accidents
Occupational therapist	hearing aid	
Optometrist	Home alterations, eg ramp	
Osteopath	Home help for the home, eg cleaning,	
Pain therapy	cooking	
Physiotherapist	Personal help, eg showering, dressing	
Psychiatrist	Teacher's aide for people under 20	
Psychologist	Training to help claimants adjust to	
Podiatrist	their injuries	
Prescriptions		
Specialists – initial consultation and follow-up		
Speech therapist		
Surgery		
X-rays		

## Podiatrists a step ahead

[An American study has highlighted the benefits of visiting a podiatrist to get treatment for common foot disorders.](#)

The study compared patient-reported medical outcomes following visits to podiatrists, orthopaedic surgeons and other physicians.

On average, podiatrists recorded a 'medical effectiveness' score 3.9 times higher than that recorded by the other health professionals involved.

Research has also been conducted into the effectiveness of podiatry at managing soft tissue and musculoskeletal injuries.

The findings of this research highlight the positive effect podiatry can have on conditions such as heel pain, plantar soft tissue injury, forefoot pain and functional impairment.

## Podiatric review underway

[ACC is currently reviewing the way we purchase podiatric treatment.](#)

A proposal exists to establish individual contracts for specific podiatric services. Currently, all podiatry is funded under the Cost of Treatment Regulations.

We expect the review to be completed in April 2007, when any changes to the current purchasing arrangements will be announced.