



Proactive only released

Summary

Objective

To request a report from an independent third-party provider answering questions on the standard of care (if relevant), physical injury, causation, background population risk (necessary part of treatment), ordinary consequence of treatment etc.

Background

External Clinical Advice (ECA) is an opinion solely based on the paper file review from an independent provider. It helps to answer the questions on the standard of care (if relevant), physical injury, causation, background population risk (necessary part of treatment), ordinary consequence of treatment etc.

The ECA's role is to comment on clinical facts, accepted standard practice, whether a failure has occurred and likelihood of an injury occurring, taking into account the particular clients contributing factors.

ECA's do not interpret the legislation. It is the role of the Specialist Cover Assessor (SCA) and Cover Assessor (CA) to interpret the legislation against the clinical facts, and obtain further internal advice if required.

Owner Name withheld

Expert Name withheld

Procedure

1.0 Determine external clinical advice required

Specialist Cover Assessor

- a** Confirm ECA is required.

NOTE When would you seek ECA?

- When you need specialised advice regarding failure, standard of care, appropriateness of the chosen treatment pathway, identification of a physical injury, causation and determining what contribution patient specific factors had in contributing to developing an injury and that advice would help you to determine cover.
- When you've had a conversation with a Review Specialist or following internal guidance and you determine external clinical advice is needed.
- You are not required to seek internal clinical advice before accessing external clinical advice.

- b** Identify the speciality of ECA needed.

NOTE How do you identify the speciality of ECA needed?

- Identify the consultant that the care was provided under.

Be mindful that this is not always the most appropriate speciality to provide comment (eg. client had cardiothoracic surgery and developed a bacteraemia, which then resulted in a sternal wound infection). It may be more appropriate to seek advice from an infectious diseases physician in this case.

- Look up their ECA speciality and sub speciality to ensure that you are seeking advice from a peer with similar training and registrations - (eg when considering cases where the treatment has been provided at a rural hospital, be mindful that a rural hospital does not have emergency physicians in their emergency department which is usually run by Rural Health General Practitioners).

- An ECA provider cannot provide comment on another practitioner's care if they do not have the same qualifications - (eg. an Obstetrician should not be providing comment on the standard of Midwifery care, we should be seeking comment from a Midwifery ECA if this is required).

NOTE Where can you access a list of ECA disciplines and specialities?

Click on the link below and navigate to the Provider details.

-  [Treatment Injury ECA Referral tool](#)

NOTE What if you are unsure of the correct ECA discipline and/or speciality to use?

Go To 'Seek Internal Guidance' process. Use Tier 1 (self service) and Tier 2 (Hotline) guidance process.

-  **PROCESS** [Seek Internal Guidance](#)

NOTE Can you request an ECA provider by name?

- You can instruct Recovery Administration on the medical discipline and speciality required. The Recovery Administrator will then select the next available provider, with the discipline and speciality required, that has capacity to receive a referral.

- You can request an ECA provider by name, if that provider has previously provided ECA advice on the same claim.

2.0 Contact client or representative and explain need for external clinical advice

Specialist Cover Assessor

- a** Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.

-  [Identity Check Policy](#)

- b** Explain that you are referring for external clinical advice, the reason seeking advice, what information will be included in the referral, what the advice will be used for and the possible outcomes.

- NOTE** What else do you need to make the client aware of?
- timeframe of when you expect to receive the written advice.
 - that sometimes the ECA may confer with other similar experienced vocationally registered health professionals, eg. a blind review
 - next steps after receipt of the written advice.

- NOTE** What if the client does not agree to proceed to ECA?
- Find out why the client does not want to proceed to ECA and consider their reasoning and alternatives which may include making a cover decision based on the clinical information that is held on the claim. Agree with the client the next step.

- c** In Eos, add a contact note as a record of the conversation.

3.0 Request external clinical advice referral Specialist Cover Assessor

- a** Identify all the documents that need to be sent with the referral.

- NOTE** What documents do you need to include?
- ACC45 Injury Claim Form
 - ACC2152 Treatment Injury Claim
 - All clinical notes (including radiology reports, laboratory results and other miscellaneous medical records on file)
 - Treating specialist(s) report(s)
 - Internal medical advice
 - Letters and notes provided by the client
 - Death Certificate
 - Coroners/Autopsy reports
 - Hard copies of clinical evidence (dental moulds, cytology slides, radiological images hard copy/ CD).

- b** Perform privacy checks on documents.

- NOTE** What do you need to check?
- Check documents:
- are relevant to the referral
 - do not contain any third party information
 - do not contain any other information that needs to be withheld.

For details on what checks you need to complete before sending documents out, refer to NG supporting information Inbound and Outbound Document Checks and the Privacy Check Before Disclosing Information policy.

-  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
-  Privacy Check Before Disclosing Information Policy

- NOTE** What if you find information that needs to be redacted?
- Send an email to Recovery Administration (recoveryadmin@acc.co.nz) and include the document to be redacted plus your specific redaction instructions, before adding the redacted document to the document group. You must not create and add to a document group until all redactions have been completed. Wait until you get the correct information back on the claim and then you can create your document group.

- c** Add the documents to the group.

- NOTE** What if there are documents incorrectly on other claims that need to be moved to the correct claim that has the referral-specific document group?

To move documents from another claim to the correct claim see the system steps below for Move a Document to Another Claim.

-  Move a Document to Another Claim

- NOTE** What if there are documents from other claims that are relevant to the assessment?
- When a request for a referral is required and there are additional supporting documents on another claim, it is important to upload a copy of the documents to the claim that has the document group. This will ensure the right documents support the cover decisions for each claim, whilst retaining original documents on the correct claims.

To upload documents from one claim to another:

- 1) Create a bulk print of all documents on the other relevant claim and complete mandatory fields and description
- 2) Open PDF document from email link
- 3) Upload the PDF document to the relevant claim that has the document group for the referral
- 4) Repeat if there are relevant documents on multiple claims.

The PDF should be renamed to something short but relevant, identifying which claim number the information came from so that it is included/ printed in further referrals or copy files eg 'medical records and reports from claim 100xxxxxxx'.

Do not create a bulk print on one claim and then move it to another claim, renaming it and using it in a referral for advice as it will not appear in any file copy subsequently used.

-  Manage document groups
- d** Create a referral-specific document group with today's date and name it 'External Clinical Advice'.
- e** Perform final privacy check as per step 3.0, b on any documents that have been added to document group called 'External Clinical Advice'.

- NOTE** What if more than one ECA is requested for the same claim?
- Perform privacy checks as per step 3.0, b on documents to be sent to any other ECA.

- NOTE** What do you need to document on Eos regarding privacy checks?
- Create a contact in Eos stating you have completed privacy checks for the document group labeled 'External Clinical Advice' and the date this was done.

- f** From the Recovery Plan, add an activity for NGCM - Manage Referral task and choose the External Clinical Advice type.

NOTE How do you generate and send a referral task for Recovery Administration?

Go to System Steps NGCM Create a Referral Task.

What if this is a Mesh claim?

In the e-form sub-specialty list select Other, then use the free type box to note Mesh and note preferred specialist

 Creating Manage Referral Tasks - System Steps

NOTE How do you complete the eform that is associated with the External Clinical Advice type?

- Select specialty and sub-specialty
- Record the basis of the claim in the 'Questions for referral' field, then leave a space
- Enter your specific ECA questions in the 'Questions for referral' field, then leave a space
- Specify if you need to re-refer to a specific ECA

It is not necessary to link the document group to the task. The recovery administrator will be able to locate the corresponding document group that has been correctly labelled.

 Clinical questions guide

NOTE What if hard copy clinical evidence needs to be sent with the referral (ie specimens and radiological imaging)?

- send the whole ECA referral yourself via courier so the hard copy clinical material is together with the full referral. See below note about additional information you need to include in the task.
- complete activity 7.0 when you receive a General Task from Recovery Administration notifying you this is ready.
- if you need to send hard material, also record in the task description "Hard material - Specialist Cover Assessor will send referral".

NOTE What if additional clinical information is received after the referral has been sent to the provider?

- create a CM03 blank letter addressed to the ECA provider advising that we are sending additional information for them to consider as part of their report and state clearly what the additional information is (eg Medical notes from General Practitioner Dr XXX).
- create another document group that will include a CM03 blank letter and the additional clinical information for the ECA.
- create a NGCM Send Letter task and link the documents for recovery administration to send on your behalf.
- complete privacy checks as per step 3.0, b and document in a contact on Eos.

g Set the priority indicator on the task to 'high'.

NOTE What if you don't have all the information you need to proceed?

If required information is missing from the task, contact the task creator.

If you need guidance on working within the Administration Team, refer to the link below.

 Principles of Working in the Administration Team

NOTE What if the referral task indicates the referral is urgent?

Contact the task creator to discuss the urgency and work together to progress the urgent referral.

5.0 Identify available ECA

Recovery Administrator

a Check the Treatment Injury ECA Referral tool for the medical discipline and speciality requested and confirm the next ECA provider in line to receive a referral.

 Treatment Injury ECA Referral tool

NOTE Where can you find guidance on how to use and update the referral tool?

The TI ECA Tool Guidance Info document is located in the referral tool using the weblink provided above or watch an instruction video below.

 TI ECA Referral Tool Training Videos

NOTE What if the referral task indicated the referral is urgent?

Work with the task creator to facilitate discussions with the relevant ECA provider to accept an urgent referral.

NOTE How do you know which ECA provider to use?

- review the medical specialty and sub-specialty requested in the task.
- search for providers which match the above requirement in the Treatment Injury ECA Referral tool:
 - Open Provider details and filter Specialty and Sub-specialty (eg General Medicine, Infectious Diseases)
 - Note the geographical location of the client and select a provider from outside of the client's geographical location.

If there are no providers outside of the client's geographical location, advise the task creator and discuss alternatives and/or email your Client Service Leader who will escalate to Clinical Services for resolution.

4.0 Review referral task

Recovery Administrator

a Following the task assignment in Salesforce, navigate to Eos and select 'Do Task' from your task queue.

b Review the task to ensure it has all the information you need to proceed .

NOTE How do you confirm the provider is available and has capacity to receive a referral?

In the Provider details tab of the Treatment Injury ECA Referral tool check:

- their availability is "Yes".
- the provider's Annual Practicing Certificate (APC) is current.
- the notes section, some providers like to be called and asked whether the basis of the claim is within their scope of practice prior to us sending the request.
- compare the maximum referrals recorded (signalling the number of referrals they can manage at any given time), with the current volume already referred or wait-listed, and waiting receipt of advice
- If the maximum number of referrals has been reached and the referral is wait listed or waiting for an appropriate ECA provider to be recruited with the specific specialty needed. If so the Recovery Administrator to contact the task creator to let them know.

If in doubt, or specified by the provider, contact the provider to confirm capacity.

If the maximum referrals has not been reached and there is no wait-list, the provider has capacity to receive a referral.

NOTE What if you can't confirm the provider has capacity to receive a referral?

Select the next appropriate provider with the right specialty and sub-specialty.

NOTE What do you do if all providers with the required specialty and sub-specialty are at full capacity?

- 1) Extend the due date of the task, aligning it to when the soonest expected due date for receipt of an ECA from the identified providers this will keep the referral delay to a minimum.
- 2) Record a rationale in the task as to why you are extending the task due date this will help identify through reporting if additional ECA providers need to be recruited and added to the list.
- 3) Go to step b.

NOTE What do you do if there are no ECA providers on the Provider details tab with the required speciality and/or subspecialty?

- Email your Client Service Leader with the issue and they will escalate to CSAdminTeam@acc.co.nz for resolution.
- Extend the due date of the task out to three days to follow up resolution and record reasons why the task due date is extended. This information will be extracted for reporting as part of improving the ECA service.

- b** Update the booking schedule recording the relevant details in the appropriate fields against the confirmed selected provider.

NOTE How do you correctly update the booking schedule?

Refer to 'Populating & Maintaining the Booking Schedule' within the TI ECA Referral tool Guidelines document located in TI ECA Tool Guidance Info for full instructions on how to and what should be recorded in the columns.

When entering a new referral request:

- 1) From the Booking Schedule, click the '+ New' button on the top left of the screen
- 2) You will be presented with a form on the right side of the screen. Populate the applicable fields (refer to guidelines for definitions if necessary). When complete, click 'Save'.

When updating an existing referral request entry:

- 1) Select the referral request entry you wish to update.
- 2) Click edit.
- 3) You will be presented with a form on the right side of the screen. Update as necessary and click 'Save'.

NOTE Why is it important to correctly update the booking schedule?

It is vitally important that the tool is updated and that requests that have been received are removed from the list. This allows users of the tool to accurately assess the work load of providers. This will enable visibility to your colleagues of referrals sent, when ECA is due, referrals on the waiting list and when provider has capacity so that another referral can be released.

NOTE How do you manage urgent referrals when other referrals are on the waiting list with a provider?

Contact the Specialist Cover Assessor who requested the referral and work together to enable the referral to be placed at the top of the waiting list queue.

This should involve discussions with other Specialist Cover Assessors to agree priority based on each client situation, and to enable Specialist Cover Assessors to update clients on the status of their referral and expected timeframes.

NOTE What if this is a mesh claim?

In the task sub specialty will be noted as mesh. If a specialist is noted, find them in the ECA list. If no specialist is noted, filter by Mesh in sub - specialty (pending ECA tool update)

6.0 Create purchase order

Recovery Administrator

- a** In Eos, create a Purchase Order for the ECA referral by referring to the details in the e-form.

NOTE What do you add to the purchase order?

- In 'General Q+E' tab select 'Cover Assessment' under Rehabilitation Action, 'Treatment Injury-Cover' under intervention, and 'Non-Contracted' under Purchase Method.
- On Select Ent - select ECA01
- Enter 10 units for quantity approved and set frequency as 'Quarter'

 Create a purchase order

- b Add the vendor to the purchase order, as identified in the ECA booking schedule and Provider details, ensuring the vendor is also added as a participant on the claim.
- c Approve the purchase order.

NOTE What if the purchase order requires a higher delegation?

Save the purchase order and create and send a Request Authorisation Task from within the purchase order and send to a Recovery Leader for approval.

Refer to the link below.

 Request Authorisation for a Purchase Order - System Steps

NOTE What if you get a 'Limited Payment' error message when authorising the purchase order?

Change the limited payment indicator.

- 1) In Eos, go to the 'Validations' tab, select 'Edit' and update the Limited Payment List Indicator to 'No'.
- 2) Select 'OK'.
- 3) Go back to the purchase order to authorise.

Once you have authorised the purchase order, remember to change the Limited Payment List Indicator to 'Yes'.

7.0 Create and send referral documents

Recovery Administrator, Specialist Cover Assessor

- a Create and edit the T140 External Clinical Opinion Request - Vendor letter (do not complete the document until sent to the vendor - this will allow the vendor to edit the document and enter their findings), populating with the extra information noted in the ECA task. Ensure you check that all relevant information within the task has been captured.

 ADMIN TEMPLATE - External clinical advice.docx

NOTE When would a Specialist Cover Assessor complete this activity?

Only when hard copy clinical material is to be sent.

Recovery Administrators will complete the T140 as much as possible and save the document as Incomplete. Upon receipt of the General Task from Recovery Administration, the Specialist Cover Assessors will then edit the rest of the document through to completion and send the referral documents, ensuring all steps outlined in this activity are completed.

NOTE For Recovery Administrators: What do you do next if the referral task only requested a Purchase Order creation and approval due to hard copy clinical material needing to be sent by the Specialist Cover Assessor with the referral?

- 1) Ensure you have edited the T140 as much as you can and save the document as Incomplete.
- 2) Create a General Task and record that the purchase order has been approved and the referral is ready to be completed.
- 3) Add the purchase order number to the task description.
- 4) Transfer the General Task to the referral request creator.
- 5) Close the Medical Assessment Referral task.

Go to step 8 (the Specialist Cover Assessor will complete the rest of this activity).

- b Link the referral to the document group 'External Clinical Advice'.
- c Perform privacy checks using the Inbound and Outbound Document checks.
 -  NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- d Check the provider's preference for receiving the referral. If the providers preference is by email and the request is not associated with hard copy material, Recovery Administrator to ensure the provider's email address has been verified.

Update the Booking schedule in the Treatment Injury Referral tool with the date the referral is sent.

NOTE What if the email address has not been verified?

Go to (NGCM) Verify Provider and Vendor email addresses process.

 **PROCESS** Verify an Existing Provider, Vendor or Facility Email Address

 Treatment Injury ECA Referral tool

- e Create email using the requests and referrals template and attach the referral and document group.
 -  Emailing from Eos using a template - System Steps

NOTE If you are unsure contact the ECA provider directly.

NOTE What if the document is too large to email?
Break it up in chunks, if required.

NOTE What if the request is urgent?
State this clearly in the email.

NOTE What if the referral documents need to be sent via courier?

Recovery Administrators - Refer to the process link below (NGCM) Prepare and Send Client Information by courier.

Specialist Cover Assessors - Refer to the Information link below Sending medical material to External Clinical Advice

 **PROCESS** Prepare and Send Client Information by Courier

 Sending medical material to External Clinical Advice

- f Complete a final dispatch check to ensure the client and vendor details are correct.

- g Send the email or courier to the ECA provider. Use the email address provided under the Treatment Injury ECA Referral tool.

NOTE What if the TI ECA provider requests an update to their details or availability?

Pass the information on to
CSAdminTeam@acc.co.nz (Attn: Kristina Bueno)
to have the Provider list in the TI ECA Referral tool updated.

- h After sending the incomplete TI40 letter to the vendor, save the document as complete this will allow the document to be edited by the vendor (to convert the document into a non-editable pdf).
- i Close the assigned task and create a new "NGCM - Admin Request" task, edit the task description with "ECA Follow Up" Provider Name and Due Date. Set the due date for three weeks' time and put back into the queue.
- j Check that you have correctly updated the Booking Schedule in the Treatment Injury ECA Referral Tool (locate the entry with your clients name and the vendor who has been previously selected under point 5.0), with the date the referral was sent to the vendor and then calculate a six week ECA report due date (first follow up on ECA referral at 6 weeks then 4 weekly after that).

NOTE Specialist Cover Assessors sending the referral will need to update the spreadsheet with the date referral sent and ECA due date.

NOTE How do you contact the ECA provider to follow up on the report?

- 1) You can contact the provider by email or phone call and advise the ECA provider that the report is due back to ACC.
- 2) Check if referral has been received by them.
- 3) Ask the provider what the expected timeframe for ACC to receive this report.
- 4) Document this clearly in the contacts of the claim with the follow heading: ECA PROVIDER CONTACTED and write within the contact the agreed timeframe to receive the report.
- 5) Alter the 'NGCM - Admin Request Task' to reflect the new agreed timeframe or three further weeks and place back in the queue.

NOTE What if the provider can't complete the referral?

- 1) Make note and close follow up task.
- 2) Mark as report received in booking tool and note that the provider declined the referral.
- 3) Call specialist cover assessor and ask them to make a new task and make mention to not refer to previous provider OR indicate an alternative provider.
- 4) Consider if the provider's availability needs to be changed due to reason of the declined of services.

NOTE What if the ECA provider is not responding to follow ups?

If you experience repeated difficulty communicating with the provider, eg provider is not responding to a mix of emails and phone calls after three attempts, it is reasonable to engage the task creator to determine if the referral should be cancelled and a new referral sent to another ECA provider next on the list who has capacity to receive the referral.

NOTE What if the ECA provider indicates a lengthy delay and they haven't commenced the review?

ECA Providers are very good at advising delays or that they are unable to undertake the work. Some examples of this are, taking leave, or experiencing an increased workload in their routine practice (outside of ECA) and therefore unable to provide reports. If this occurs, inform the Specialist Cover Assessor and determine if the referral should be cancelled and a new referral sent to another ECA provider next on the list who has capacity to receive the referral.

NOTE For how long should you continue following up for the ECA report?

You should continue to follow up the ECA report for as long as required until the ECA report has been received.

NGCM - Admin Request tasks for follow up of the ECA report should never be closed unless the report has been received or you have been advised by the Specialist Cover Assessor that follow up is no longer required.

8.0 Follow up request for external clinical advice

Recovery Administrator, Specialist Cover Assessor

- a Upon receipt of the NGCM - Admin Request task, perform a check of the documents on the claim to confirm the requested information has been received.

NOTE What if the ECA has been received?

- 1) Update the Booking schedule in the Treatment Injury ECA Referral tool with the ECA received date.
- 2) Close the "NGCM - Admin Request" task.
- 3) Create "NGCM - Action Attached Documentation" task and tick the box "Assign this work to me" at the bottom left of the EOS page so that you can make edits. Select next.
- 4) Write in task description "ECA received from Dr (enter name and specialty)", then allocate task to case owner/Specialist Cover Assessor.
- 5) Check if there is another referral on the waiting list for that provider that can now be sent to the ECA. If so, locate the referral task, change the due date to today's date, and record in the task description that the provider can now receive the referral.
- 6) Change the task to high priority so that the task can be allocated and actioned same day.

- b Contact the ECA provider to follow up on the report if the ECA has not been received.

- c Extend the NGCM Admin Request to reflect the earlier of the new agreed timeframe or three further weeks and place back in the queue.

- d In the Booking Schedule, add in the comments field that follow-up has occurred and the expected new date of receipt of the ECA report.

NOTE Do not change the initial six week ECA due date recorded in the Booking Schedule as changing due dates will incorrectly inform provider service level agreement monitoring occurring in another part of the business.

 **PROCESS**

**Make cover or funding decision ::
Make Treatment Injury cover decision**
Cover Assessor, Specialist Cover Assessor

- e Receive the ECA report or the Alert: You Have Mail task notification from the Inbound Document Management Team that the ECA report has been attached to the claim, open and review the document.

NOTE What if you are a Specialist Cover Assessor and you receive the ECA report directly from the provider and upload it yourself?

Do not cancel the NGCM - Admin Request follow up task - update the task requesting the admin team to update the ECA booking tool and change the target date and priority level. This will allow the admin team to close the task after the ECA booking tool has been updated to avoid delays for other clients on the waitlist.

- f Perform Privacy and Relevancy checks on the received report.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

9.0 Review report

Specialist Cover Assessor

- a Review the report to ensure there are no clinical issues and that it is complete.

NOTE What if there are quality clinical issues or completeness concerns?

You are encouraged to deal directly with the Provider where you can, particularly if the concerns are around the completeness of the report, omissions or redactions.

However, where the quality of a report potentially falls below expectation and there may be a need to provide feedback to the ECA, these situations can be referred to a Clinical Advice Manager for consideration. The team will help you by reviewing the report and where necessary talking with the ECA Provider.

If you have any concerns relating to the quality of any ECA reports, please email the case and a summary through to CSAdminTeam@acc.co.nz.

 **PROCESS** Address Treatment Injury ECA Performance Issue

10.0 Determine next steps

Specialist Cover Assessor

- a Review ECA report and determine next steps.
- b Contact the client and confirm you are speaking with the right person by asking ACC's identity check questions.
 -  Identity Check Policy
- c Discuss the report and next steps.
- d In Eos, add a contact as a record of the conversation.
- e Go to 'Assess Cover for Treatment Injury Claim' step 5.0 Review additional information.