He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Secondary Care Market Engagement - 27 February 2025

Questions and answers

These questions were asked during the online engagement event and in the event pre-registration form. If you're unable to find an answer to your question, or have further questions, please submit your question via the relevant GETS notice.

Topics:

Outcomes data

To improve patient choice, support decision making, and improve transparency, why doesn't ACC work with the sector to publish surgical provider's outcome data as is done in other jurisdictions?

We agree that data transparency between ACC, providers, and kiritaki (clients) is important. We have begun sharing post-surgical return to work data with surgeons. However, we need to improve how we capture health outcome data to provide a holistic view of kiritaki outcomes.

There are many factors which can drive difference, and we need to understand the reason for the variation. Having access to this data will help us have those conversations.

Additionally, this is about all scopes of practise, but probably more importantly about the pathway that kiritaki are on and really understanding those outcomes and making that available to for them to make informed choices. We think data sharing is a key component for our future and how we'll approach our strategy going forward.

How can we support the standardisation of outcomes data using validated tools?

ACC is committed to growing our maturity and our thinking around integrating outcome status, patient outcome experience and clinical outcomes.

We know that many funders are asking for this, so we should use existing systems where appropriate to avoid replicating different systems.

Will there be consistency of measures/PROMs/PREMs across different service types? E.g. those receiving an MDT pain program have outcomes measured very differently when they receive procedures/surgery for the same painful problem.

Yes, it is important that we are using consistent outcome measures. Agreement on what measures to use will be an important part of service design.

We welcome any ideas you may have around this. Please submit your ideas via the Request for Information (RFI) process on GETS.

Do we have data on equitable outcomes that can be shared? What priority is there for Māori / Pasifika in this work?

Obtaining data on equitable outcomes for Māori and Pasifika kiritaki is absolutely part of the focus. We want to have a clear view on kiritaki access, experience and outcomes, particularly for those who aren't achieving their recovery outcomes or are not having the same ACC experience as others.

We've already talked about improving our data and that being part of our strategy and have seen improvements in data transparency through services such as ICPMSK. This is something we'll be looking to prioritise across our secondary care services.

He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Integration of services

How can contracted service providers be empowered to be working collectively to the clients' rehab objectives, in a way that means they don't need to re-tell their story to each service provider and progress can be seen/observed?

We understand that our current contracts for secondary care services breaks up the kiritaki pathway and that can be a barrier to information sharing between different service providers. This has been something that Integrated Care Pathways has looked to resolve, with responsibility for a larger part of that kiritaki pathway.

We believe that integration of services could be a way to reduce patients moving around from service to service where they're more likely to have to re-tell their story. We also want to hear your ideas about how this could be done better.

What do you see as the role of community-based musculoskeletal medicine specialists in this community-based musculoskeletal injury programme?

We see musculoskeletal medicine specialists as playing an important role in supporting kiritaki through non-surgical treatment pathways.

We want to shift away from thinking about individual vocational scopes to pathways of care. How do we support patients towards a pathway that best meets their needs? How do different scopes work together to support the patient achieving their recovery outcomes?

We are keen to hear from you regarding how you think musculoskeletal medicine specialists and ACC can work together to enhance recovery outcomes and ensure sustainability of services for kiritaki with musculoskeletal injuries.

What does ACC believe the role of advanced practice and specialist physiotherapy can play in developing a more sustainable model of care, where access and costings can be considered.

We see physiotherapist specialists as playing an important role in supporting kiritaki through non-surgical treatment pathways.

There are examples of models where physiotherapists are used to triage patient referrals. These models ensure that only patients who need secondary care referrals receive them, while also promoting non-surgical treatment options.

We are keen to hear from you regarding how specialist physiotherapists can work together with ACC to enhance recovery outcomes for kiritaki and ensure sustainability of services for kiritaki with musculoskeletal injuries.

Does ACC believe it is over investing or under investing in Allied Health Services?

Allied health services play an important role in supporting recovery outcomes. This work is focused on how all providers work together to support our moderate complexity cohort of kiritaki. We aim to fund services in a way that promotes achieving effective and efficient patient outcomes.

Workforce capacity & training

Would ACC consider supporting development of specialist registrar contracts and non-surgical MSK specialities training programs to help build the workforce?

Workforce training is important to providing quality care and ensuring there is sufficient capacity. However, there are legislative restrictions on what can be funded.

We are eager to explore models of care that facilitate workforce training and upskilling. We welcome your suggestions on how these models could be integrated into a broader initiative or delivery model.

ACC processes

What is ACC doing to aid with reducing wait times for specialist appointments. Particularly in Tauranga, our wait times are delaying kiritaki recovery times and returning to work.

We currently have limited visibility regarding capacity in the system. However, we recognise that more work is needed to develop standards for triaging referrals, as we know that not all kiritaki need to be referred to surgical specialists. This may help reduce pressure and increase capacity for specialist referrals and ensure kiritaki are receiving the right treatment at the right time.

We’re keen to hear your thoughts and ideas on how we can work together improve this.

The time taken for ACC to respond to correspondence is a clear opportunity for improvement. For example, it appears that ACC will no longer cover imaging for an 'adjacent' body site. As far as I am aware this change was not communicated to providers. For example, this could be a patient who has an initial claim for a shoulder injury, who is then diagnosed with radicular pain (neck injury). This client now needs an application for an additional diagnosis (circa 20-day delay at best).

That is incorrect. Incorrect advice was given to our Provider Helpline team in recent months. However, we can confirm that adjacent body site imaging does not require a written application for prior approval, or an application for additional cover.

If you are unsure about cover or if the body site would be considered adjacent, you can contact our Provider Helpline on 0800 222 070 to confirm before commencing services. If the imaging demonstrates that there is an injury caused by the covered accident, then an application for cover should be made by the treating provider.

Has ACC considered the delays within its own system that contributes to longer periods on WC?

Yes. We are always working on continuous improvement, which includes our internal processes, and we are keen to explore opportunities to create more accountability out into the system. Additionally, we know there is an opportunity to enhance integration of primary and secondary care services across the wider ACC system for our kiritaki journey.

If you have any ideas that you think may assist with our continuous improvement strategy, please submit them via the Request for Information (RFI) process on GETS.

Have you considered the impact of ACC's claims management on weekly compensation duration? Are the issues with assisted recovery and limited capacity to manage clients impacting? Is there a better way to streamline assisted recovery?

While our many-to-many model remains fit for purpose for the management of a proportion of kiritaki, we have a range of work underway that includes introducing one-to-one case management for new weekly compensation kiritaki who would have previously been assigned to our Assisted Recovery teams.

In addition, we have a priority programme of work underway focused on developing and delivering a series of rehabilitation improvement initiatives to build our case

management capability, including leveraging technology and tools to help improve kiritaki and provider experience with ACC.

We welcome any ideas you may have that would have a positive impact on recovery outcomes. Please submit your ideas via the Request for Information (RFI) process on GETS.

Access to Treatment

Have you noticed in your data if people are slower to access health providers following injury due to resourcing and cost challenges, and therefore have delayed diagnosis and treatment, and longer recovery?

People access treatment at different times, and it is well known that kiritaki are experiencing delays in being able to access general practice. Currently, we do not have clear views of this in our data, but it is an area which we'd like to investigate further.

Patients can get stuck with acute trauma in over logged public hospital system, not understanding they have options to be seen on referral to out-of hospital specialists. It differs between different parts of country obviously, but I see many patients who've been off work and not referred on for further necessary investigations, because they're seeing different medics every time they present to a fracture clinic. Lack of continuity of care is hugely costly to them and their recovery and to ACC costs due to patients being off work. How do we get out to patients they have options outside of public hospital arena?

ACC funds the management of acute injuries in public hospital settings under the Public Health Acute Services (PHAS) agreement.

We are interested in how kiritaki can access secondary care services at the right time, whether that is from primary care or following acute and urgent treatment at a public hospital. Additionally, we are interested in how ACC can work together with Health NZ to achieve better outcomes and continuity of care for kiritaki. Please tell us how you think this could work better.

He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

Return to work

You mentioned increased weekly compensation payouts. Over the last 5-years there has been changes in the socioeconomic environment i.e. higher income due to inflation, cost of living and work opportunities. I wonder if this has impacted on the claims rather than problems with service provision. Is it an issue of higher cost rather than poorer recovery? Do you have a breakdown on number of claims, cost of per claim, price paid for services and cost of individual compensation?

Inflation and increased wages play a role in overall costs but are not the key contributor to our current situation. We know more people are going onto weekly compensation, they are spending longer on weekly compensation, and they are taking longer to return to work than they were previously. This suggests that there may be other factors at play.

We believe it is about recovery. We know that medical certificates are being written for longer periods and we're also seeing an increase in fully off-work certificates compared to those for selected work.

Has ACC looked at a change in the populations attitude to return to work? People seem to be more unwilling to return to work in some capacity and would rather wait till "full recovery" to return. Also is there any data looking at people accessing health professionals to get a med cert? I.e. GP wait times are longer? Leading to med certs being written for longer times?

We have seen an increase in the duration of medical certificates signed off across all certifying provider groups, which may be due to workforce constraints in the system.

We've recently worked with a group of GPs to develop a resource that you can give to your patients - https://www.acc.co.nz/assets/provider/understanding-your-medical-certificate_FFSW.pdf. This resource explains their Fully Fit for Selected Work (FFSW) certificate and the benefits of this type of certification.

We have a dedicated ACC team that works with employers to educate them on the benefits of recovery at work. We also have resources available on our website to help employers support their injured employees to recover at work.

Do you think there could be better communication between GPs and treating physio when it comes to medical certificates? I have had a few patients who I feel were put off work when they didn't need to be or are kept off work longer than necessary.

The communication between providers/employers/patients/ACC is important for improving return to work outcomes. We know that communication across the health system is fragmented, and this isn't ideal for supporting patients' recovery. Although this is not solely ACC's problem to solve, we do have a role to play. We are open to your ideas on how we can support improvement across the system. In the future, we'd like to see the primary care sector working in a more integrated way that will support consistency in treatment, and improved outcomes for our kiritaki. We'd also like to be part of a sector wide approach where there is access to shared patient records.

Has ICP been successful at reducing weekly comp and improving outcomes? If so, are you considering expanding this approach?

The successful exit cohort for ICPMSK is still relatively low, as expected given the nature and recovery timeframes for the injuries eligible for this service. So, it's too early to know the benefits and outcomes of this approach. In the meantime, we are not looking to expand the service.

Does ACC intend on progressing off work certification done by professions other than medical staff?

We acknowledge that medical certification contributes to the challenges we're focusing on. Solutions that require legislative change, such as changing professions able to certify, take considerable time and resource. At this stage, we're looking to work within our current legislative boundaries to solve issues and help drive improvement in our rehabilitation rates for injured New Zealanders.

Can I please be given the reference for the 'international research' that was referred to with regard to long term out of work increasing likelihood of poor mental and physical outcomes?

The following resource published by BPAC outlines the ACC Recovery at Work initiative: Recovery at Work: reframing the conversation - bpacnz. Specifically, we would like to

highlight the section titled 'The advantages of facilitating recovery at work' which discusses the impacts of long-term worklessness on recovery outcomes.

References to relevant research on this topic can be found at the bottom of this resource page.

We are having to put ACC Client co-payments up significantly to begin to work towards what our staff should be paid to keep physiotherapy staff in New Zealand without burn out. This then creates a significant barrier to accessing physiotherapy services. ACC is stating that return to work is taking longer. Have ACC compared the rate of return to work when ACC fully covered costs, to now and acknowledged there is a significant correlation? How are ACC working towards access for those with financial hardship in a timely manner?

We understand that kiritaki are under significant financial pressure and businesses are facing cost pressures across the sector.

Whilst we acknowledge cost is a barrier to access, it is one of many barriers that kiritaki face. These market events are a way of engaging with the sector differently, to try and overcome these barriers and help injured kiritaki recover sooner.

ACC wishes to ensure that physiotherapy services are meeting kiritaki needs, are provided in a way which achieves equity of access, are necessary and appropriate in terms of the scheme, and are sustainable for both the scheme and stakeholders.

ACC and PNZ have agreed to collaboratively undertake a comprehensive review of the physiotherapy market to determine ways to address these concerns.

Other

There is a large discrepancy between the equivalent hourly rate that ACC pays specialists to perform procedures versus what ACC pays the same specialists for time in patient contact or working as part of an IDT. This discrepancy drives excessive use of expensive biomedical interventions over more cost-effective and evidence-based care, particularly for patients with complex rehabilitation needs. Does ACC plan to address this discrepancy as part of the process to support more cost-effective and evidence-based care?

Our aim is to establish a delivery model that prioritises kiritaki outcomes and values services rather than focusing on individual inputs. While the interaction and decision-making between treating providers and kiritaki is core to quality of care provided, we

appreciate that the system set up to support that interaction needs to be appropriately aligned.

We are committed to supporting effective and evidence-based care, and we welcome your insights and ideas regarding potential initiatives or delivery models that could help us achieve this objective.

May you please provide 1 CPD for this course? Thank you.

We won't be providing attendance certificates for this. Please review with your professional body as to whether this event would qualify.