



**He Kaupare. He Manaaki.  
He Whakaora.**  
prevention. care. recovery.

# Partnering with ACC

## A guide for physiotherapists, hand therapists, and podiatrists

### Welcome to our partnership

It's great to have you on board. Together, and in conjunction with other health professionals, we can help to ensure that people injured in accidents in New Zealand get the treatment and rehabilitation they need to get back to everyday life.

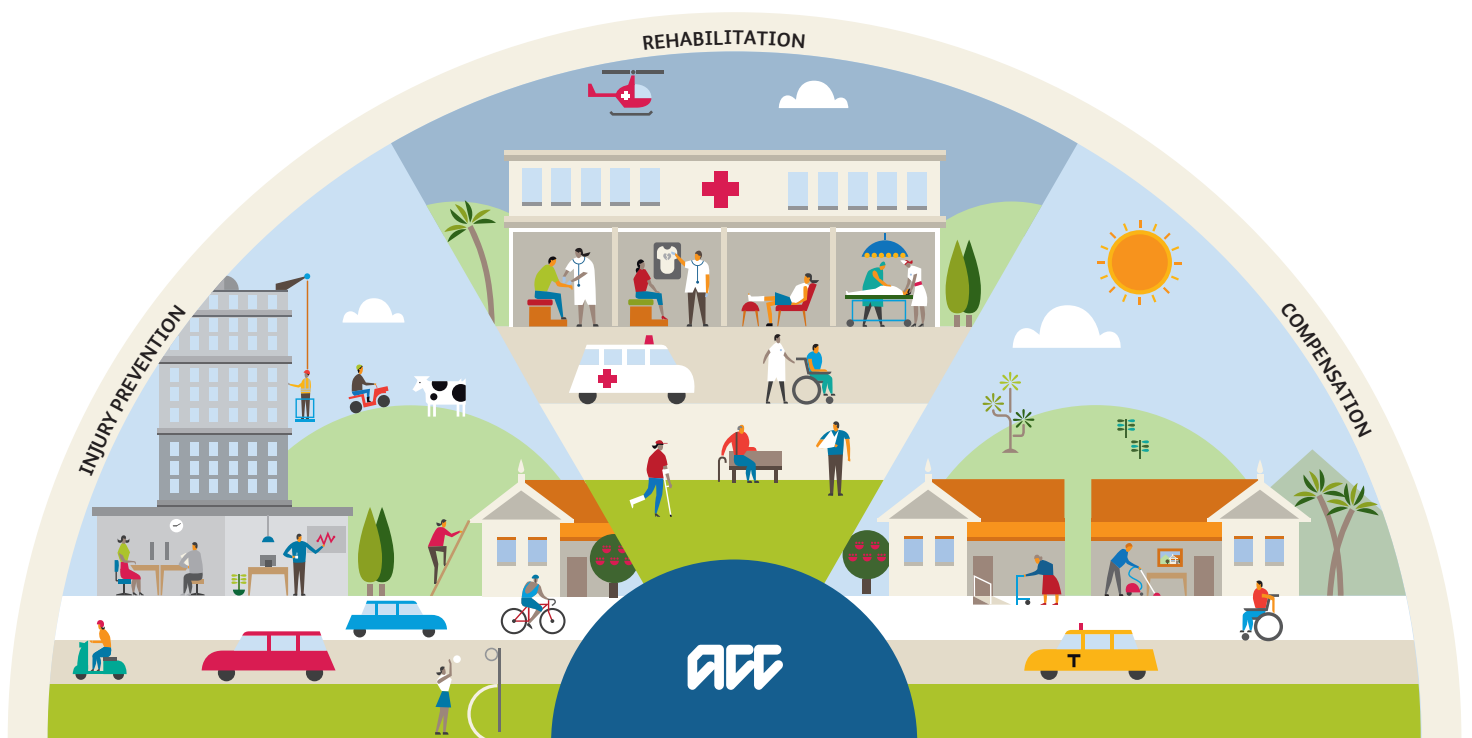
To ensure that we work together effectively and in our clients' best interests, it's important that we understand how we both work and, most importantly, align our treatment and rehabilitation expectations for our clients.

That's what this guide is about. It outlines our expectations of your role in our partnership, and provides more detailed information on:

- the rules, regulations, contracts and policies under which we work
- how to establish whether a client is likely to be covered by ACC
- ensuring necessary and appropriate treatment
- best-practice rehabilitation principles.

Please take the time to read it, then sign and date the acknowledgement on page 9.

Thanks – we look forward to working with you!



## Our purpose

ACC is a Crown entity that delivers New Zealand's accident insurance scheme as set out in the Accident Compensation Act 2001 (AC Act).

The ACC Scheme provides 24-hour, comprehensive, no-fault personal injury cover for all New Zealanders and visitors to this country. Our three core functions are to:

- help prevent injuries at work, at home, during sport and recreation and on the road, and those caused by treatment
- reduce the physical, emotional and social impacts of people's injuries by funding timely treatment and rehabilitation that gets them back to work or independence as safely and quickly as possible
- minimise personal financial loss by paying contributions to treatment costs, and paying lump sum compensation or weekly compensation to people who can't work because of their injuries.

## Where did ACC come from?

In the late 19th century New Zealand industries such as whaling, logging, mining and factory work were hard and dangerous. Injured workers received no compensation and struggled to survive and look after their families.

In 1882 the Employers' Liability Act gave injured workers in a wide range of industries the right to sue their employers for compensation. The Workers' Compensation for Accidents Act 1900 followed, removing the need for injured workers to prove that employers had been negligent.<sup>1</sup> The Act, however, did not cover non-work accidents or motor vehicle injuries, and injured workers still struggled to claim compensation from their employers.

These issues were examined in 1966 by the Royal Commission on Compensation for Injury in New Zealand, headed by Chief Justice Owen Woodhouse (1916-2014), who was described as having "great human compassion, a wonderful social conscience and a great feeling for people".<sup>2</sup>

The Woodhouse commission's report led to the radical extension of no-fault accident cover to include all injuries to workers (for both work and non-work injuries) and motor vehicle injuries. It was supported by both main political parties and given effect by the Accident Compensation Act 1972.

In 1974 the Government set up the Accident Compensation Commission, later Corporation (ACC), creating a social contract through which New Zealanders gave up the right to sue for injuries (other than for exemplary damages) in exchange for 24-hour, comprehensive, no-fault personal injury cover.

We all have a role to play in ensuring the continued sustainability of this unique scheme and this is why our partnership with you is so important.

## Our expectations and responsibilities

We've developed a set of expectations and responsibilities to help ensure that, together, we provide our clients with treatment and rehabilitation services that enable them to return to work and/or everyday independence as safely and quickly as possible.

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1. Sourced from Te Ara, 2017. <https://teara.govt.nz/en/workplace-safety-and-accident-compensation>

2. New Zealand Herald, 2014. [www.nzherald.co.nz/hawkes-bay-today/news/article.cfm?c\\_id=1503462&objectid=11240448](http://www.nzherald.co.nz/hawkes-bay-today/news/article.cfm?c_id=1503462&objectid=11240448)

We ask that you:

- provide our clients with healthcare services that are goal oriented, evidence informed and clinically justified, enabling them to participate at home, at work and in the community
- comply with the AC Act, our policies and procedures and your professional standards when treating and making claims for ACC clients
- maintain appropriate clinical records to allow safe continuation and sharing of our clients' rehabilitation management
- invoice us appropriately
- comply with the requirements of the Privacy Act 2020 and the Health Information Privacy Code 2020 to protect our clients' information.

In return, we will:

- pay you promptly for all necessary and appropriate services
- support you in ensuring your clients receive the help they need to recover from the effects of injury
- provide support to help you understand our legislation, policies and procedures
- provide timely feedback if we have concerns about service delivery, documentation or invoicing
- work with you openly to address any such concerns.

## Elements governing our partnership

When we ask you to help in treating our clients we're guided by three key elements.

### 1. Our governing legislation, regulations, contracts and policies

The AC Act sets out what we're able to cover and requires us to meet specific quality standards in helping our injured clients.

We've created a number of policies and procedures to help us deliver the outcomes the legislation requires and ensure appropriate treatment and rehabilitation for our clients. For more information specific to your practice, see [www.acc.co.nz](http://www.acc.co.nz).

We purchase treatment services in three main ways: according to the Cost of Treatment Regulations; through contracted providers; and via Ministry of Health funding for acute emergency services.

### 2. Standards set by professional bodies

ACC's legislation requires allied health providers to be registered with their regulatory authorities and to hold current Annual Practising Certificates. We also expect you to comply with the professional and practice standards set down by the Board, e.g. the Physiotherapy Board Standard on treatment of whānau, family members and others close to you.

We expect you to comply with the code of ethics and standard of professional conduct that is relevant to your profession.

### **3. Major health sector frameworks, such as the Health Practitioners Competence Assurance (HPCA) Act**

The HPCA Act protects the public's health and safety by ensuring the competence of health practitioners for the duration of their professional lives. Having one legislative framework enables consistent procedures and terminology across the many professions now regulated by the Act.

For more information, see the HPCA Act or the Ministry of Health commentary on the Act online.

## **Establishing whether a client has cover**

As primary healthcare providers, allied health providers have a key role in providing injured New Zealanders and visitors to our country with access to the benefits of the ACC Scheme.

In establishing whether a client's injury is likely to be covered by ACC, you should ask the following three questions:

- Has there been a single event accident – or a series of events leading to the injury?
- Was the injury a result of an accident?
- What were the circumstances of the injury?

If you think, based on the answers, that the presenting condition isn't accident-related, it's important that you explain this to your client and support them in other ways. If you're unsure, still lodge a claim and manage your client's expectations. That way you'll avoid the risk of them becoming disappointed if their claim is later declined.

### **Has there been a single event accident – or a series of events leading to the injury?**

Most commonly, people are injured as a result of a single event, such as falling off a ladder. So it's usually straightforward to make a link between the accident and the injury.

However, things can get tricky when someone could have been injured as the result of an accident involving a series of events, e.g. developing a lumbar sprain after being repeatedly shunted from behind in two hours of go-kart racing.

If a client provides a clinical history that appears to be consistent with an injury caused by a series of events, you need to check that:

- the events occurred in a defined period of time
- you have knowledge and evidence that the series of events caused a specific injury (in the context of other potential contributing factors)
- the specific injury was caused by the series of events rather than factors that are a normal part of daily life for the client.

For example, you could justify a series-of-events claim for a client who spent six hours chopping, lifting and stacking firewood at home then developed back pain and was diagnosed with a lumbar sprain by their physiotherapist the next day. However, if the 'injury' was osteoarthritis of the lumbar facet joints with a less defined history, it would not be possible to establish that the events had caused this condition.

The key differences between gradual process injuries and series-of-events injuries are:

- gradual process injuries typically occur over a poorly defined period of time
- knowledge of the events causing gradual process injuries can't be reasonably established.

If you're not sure whether your client qualifies for cover for a series-of-events accident, we recommend that you use your best judgement, take a comprehensive clinical history and submit a claim to ACC for our consideration. Alternatively, you can call the ACC Provider Contact Centre on 0800 222 070 and ask to discuss the matter with an allied health clinical advisor.

### **Was the injury the result of an accident?**

Under the AC Act, we can only accept claims for injury incurred as a result of an accident.

The AC Act defines an 'accident' as "a specific event or series of events that involves the application of force (including gravity) or resistance external to the human body, or involves the sudden movement of the body to avoid such a force or resistance external to the human body; or involves a twisting movement of the body" (s 25). It can include injuries caused by inhalation or oral ingestion of some substances; absorption of chemicals through the skin; exposure to radiation; and exposure to the elements or extremes of temperature in certain circumstances.

We only cover conditions caused wholly or substantially by a gradual process, disease or infection when they meet specific work-related criteria or are the consequence of either a covered physical injury or treatment for a covered physical injury.

Your clinical notes need to show that your clients have sustained their physical injuries through accidents, and that you can make clear links between the injuries and the accidents. Remember, symptoms such as pain and swelling aren't always the result of injuries caused by accident, and ACC can't cover injuries caused wholly or substantially by the aging process.

Note that physiotherapists, occupational therapists, and podiatrists can't lodge work-related gradual process claims with ACC; they must be lodged by the clients' GPs or medical specialists. If you suspect that a client has suffered a gradual process, work-related injury, refer them to their GP so that they access the right support.

### **What were the circumstances of the injury?**

The ACC Scheme only covers accidents and injuries that have happened in New Zealand and, in some cases, to New Zealand residents injured overseas who intend returning to New Zealand within six months of having left the country.

Temporary visitors to New Zealand are included because the no-fault cover means they don't have the right to sue for accidental injuries.

## **Ensuring necessary and appropriate treatment**

You have an essential role in helping your clients to navigate their recovery from injury. According to the AC Act, any treatment you provide must:

- be necessary and appropriate

- meet the quality required
- be based on best current evidence
- be given the appropriate number of times, and in person
- be given at the appropriate time and place
- be reasonably required to facilitate treatment (for ancillary services)
- normally be provided by your profession, with the relevant qualifications needed to provide that treatment
- if required, have our prior approval.

Essentially, we ask you to provide treatment that's proportional to each client's injury and expected recovery. For example, if a client has a simple sprain that is expected to recover in a short time frame then minimal treatment intervention would be expected.

## ACC's Online Modules

Use our online interactive modules that guide you through:

- who we are – what ACC does
- cover – what we do and don't cover
- lodging claims.

Complete the modules – [www.acc.co.nz](http://www.acc.co.nz)

## Best-practice rehabilitation principles

As an allied health contract holder, your treatment approach should reflect seven principles of effective rehabilitation.

### 1. Measure and demonstrate treatment effectiveness

Your treatment should result in a positive health outcome for the injured person. This includes ensuring that your clinical examination considers – and that you regularly review – three measures relevant to a client's injury:

- *subjective and objective impairment measures* such as pain, neurological examination, range of motion, strength and special testing
- *function measures* relating to functional activities that the client can and/or can't complete
- relevant, reliable and valid injury-specific outcome measures.

Using the information derived from these measures, you can track your client's rate and direction of progress, fine-tune their treatment over time and justify their treatment. You can also use outcome measures to engage the client in their progress towards recovery and independence.

As a minimum, you should benchmark progress by applying these measures at a baseline, at six-treatment intervals and/or at the point of discharge.

## **2. Embrace a biopsychosocial approach**

Poor or delayed client outcomes from an injury can often be attributed to serious medical complications or conditions – but psychosocial factors (e.g. unhelpful beliefs about an injury, job dissatisfaction, and low return-to-work expectations) also have a role.

It's important that you take a biopsychosocial approach to injured clients, with treatment plans that address and guide their thinking, emotions and behaviours in preventing or managing persistent pain, activity limitations and participation restrictions.

## **3. Refer onward**

If a client's treatment isn't progressing as planned, you should seek a peer assessment or refer the client to an appropriate specialist(s) to review your diagnosis and treatment approach.

## **4. Empower injured clients to manage their injuries**

A key measure of the effectiveness of a treatment plan is the client's ability to manage and participate in their recovery.

'Empowering' a client means:

- encouraging them to self-manage their recovery with strategies to control their symptoms and relapses – at home, at work and in their community
- educating them about their injury and treatment
- collaborating with them in their rehabilitation.

## **5. Set goals to achieve the best possible function, participation and return to work**

Evidence suggests that if you and your clients work together to develop goals, better long-term outcomes will result. Together, you should:

- set goals that will help each client to achieve the best possible function, participation and return to work (aim to set goals focused on desired levels of function rather than on their impairment)
- assess and record treatment effectiveness and progress towards the client's goals
- modify the treatment plan in response to treatment goals being achieved or barriers to achieving these goals being identified.

As part of this work, it's important that you encourage the client to have a goal to stay or return to work or their normal activities as soon as it's safe to do so.

## **6. Provide culturally responsive services**

This principle is all about ensuring the best possible treatment, rehabilitation and satisfaction outcomes for Māori, Pacific and Asian clients, and clients from other ethnic groups.

It includes:

- providing services that are culturally appropriate and responsive to these clients' cultural, social, economic and political needs and values

- recognising the Te Tiriti o Waitangi in working with Māori clients
- developing and continually improving your cultural competence in communicating and engaging with clients, so that you gain specific and complete information for use in diagnoses and treatment plans. For example, we recommend that you read our *Guidelines on Māori Cultural Competencies for Providers*, a best-practice model available at [www.acc.co.nz](http://www.acc.co.nz).

## 7. Base your treatment on the best available evidence-informed research

By employing the best available and highest-level evidence to develop plans for your clients' treatment and rehabilitation, you'll:

- ensure that the treatment you offer has the best chance of success
- avoid providing treatment likely to be ineffective or harmful.

The AC Act requires us to purchase treatments that are 'necessary and appropriate' for clients' injuries, and we use a robust selection process to ensure that those we recommend are based on research evidence of their effectiveness. We've issued purchasing recommendations for some treatments, and you can find these at [www.acc.co.nz](http://www.acc.co.nz).

## Where to go for help or more information

- ACC's website – [www.acc.co.nz](http://www.acc.co.nz)
- Working Together (available at [www.acc.co.nz](http://www.acc.co.nz))
- Provider Contact Centre – 0800 222 070
- ACC Allied Health Team – [alliedhealth@acc.co.nz](mailto:alliedhealth@acc.co.nz)
- ACC E-business – 0800 222 994 (select option 1)
- Health Procurement – 0800 400 503
- Your local Engagement and Performance Manager



## Please acknowledge that you have read and understood ACC’s partnership expectations

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Please ensure your practice has a signed copy of this acknowledgement.

### Acknowledgement

Our rehabilitation principles are adapted in part from the Australian Transport Accident Commission and WorkSafe Victoria’s Clinical Framework for the Delivery of Health Services (2012).

### Disclaimer

All information in this publication was correct at the time of printing. This information is intended to serve only as a general guide to arrangements under the Accident Compensation Act 2001 and regulations. For any legal or financial purposes this Act takes precedence over the contents of this guide.