

NGCM Engagement Model Decision Privacy Impact Assessment 8 August 2019

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Version	0.1

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① [Information on the Privacy Threshold Analysis and Privacy Impact Assessment process can be found here.](#)

1 Project summary

1.1 The project and its context

Next Generation Case Management is a key part of Shaping our Future and will build upon the Transformation Programme and the ACC Health Services Strategy, with the following objectives:

- Achieve better client outcomes
- Improve customer experience
- Increase efficiency
- Improve employee engagement

In support of these objectives, NGCM has created different types of client engagement teams. These include:

- **Enabled Recovery** – offering clients the ability to self-manage their recovery
- **Assisted Recovery** – offering clients a mixture of self-management with ACC assistance (task based rather than one-to-one case management)
- **Supported Recovery** – offering clients with complex needs a dedicated ACC case owner
- **Partnered Recovery** – offering clients with specialist needs a dedicated ACC case owner

The Engagement Model Decision (EMD) Service further supports the NGCM objectives, and is intended to accurately and efficiently direct claims to the right client engagement team upfront. The majority of claims types are to be assessed at lodgement and automatically allocated to the right team.

1.2 Privacy Threshold Analysis

Privacy team recommended a PIA for this project, based on sensitivity of information, scope of effect on clients and public concerns about use of algorithms for decision making.

2 Purpose and scope of the PIA

2.1 Purpose

The purpose of the PIA is to assess privacy impacts arising from the collection, use and storage of health information to implement the EMD Service using statistical analysis of historical data to determine where a claim should be managed.

2.2 Scope

In Scope

This PIA assesses the impact of collection, use, storage and disclosure of health information and the automation that will be achieved through a combination of workflow enhancements in ACC's core claims management system Eos, and through the development of the EMD Service. The EMD service comprises business rules and statistical models (assessing, e.g., probability of weekly compensation, social rehabilitation, serious injury, expected time on weekly compensation, and injury code categorisation).

Out of Scope:

- Technical logic outlining how services will function

- Other enabling solutions such as API gateways
- The design of solutions, processes, roles and responsibilities

2.3 The process

This PIA was developed with assistance from the Privacy Team and Enterprise Architect. Inputs were also sought from the NGCM project teams and vendors. Meetings and project document review were the primary mode of eliciting information for this PIA.

2.4 Current state

Currently, we have Short Term Claim Centres (STCCs) and Branches. Generally, claims are first managed in a STCC and subsequently, if longer term, transferred to a Branch.

Before we start managing an earner's¹ claim, we do a Service Needs Assessment. This happens either when the claimant requests support from ACC, or when we identify that they have a high likelihood of needing support. We use the 'expected time on weekly compensation' model to get an estimate of how long we think a client may take to recover. In some cases we will bypass the STCC and send the client directly to a local Branch office if it appears they may take a long time to recover.

For non-earners², we will start managing a claim when a client requests support, and transfer it to one of the Branches.

A prototype of the EMD Service has been operating from the commencement of Launch Pad, November 2017, to match new claims identified as likely to need support to NGCM client engagement teams. Clients have been able to opt out of the NGCM approach and to instead be managed under the status-quo..

2.5 Future state

The EMD Service is intended to support the NGCM objectives by accurately and efficiently directing claims to the right client engagement team upfront. This is done at lodgement utilising business rules and statistical models to identify claims that are likely to require support, and transferring them to the most appropriate client engagement team (i.e. Enabled, Assisted, Supported or Partnered). Where it is subsequently identified that a claimant requires more support than the EMD Service initially suggested, we can use the EMD Service to transfer the claim to a more appropriate client engagement team.

¹ a client who has or is deemed to have paid employment at the date of the personal injury, either as an employee, a non-PAYE shareholder employee or as a self-employed person

² a client who does not have any paid employment at the date of the personal injury, either as an employee, a non-PAYE shareholder employee or as a self-employed person

3 Personal information

① **Personal information** is any information about an identifiable individual. In other words, it's anything which tells us something about a specific individual. The information does not need to name the individual. In some circumstances, a description of a particular injury or set of events may be sufficient to identify them, even if their name is not used.

Examples of personal information include health, accident and earnings details; age, name, address, ID numbers; opinions, assessments, emails, medical records; contracts, levy invoices, provider invoices, etc.

Health information is a subset of personal information and means any information about the health of, or health/disability services provided to, an identifiable individual as well as any information collected before, or in the course of, and incidental to the provision of a health or disability service provided to that individual. Health information is held by health agencies such as ACC and is regulated by the 12 rules of the Health Information Privacy Code 1994, a code of practice issued by the Privacy Commissioner.

Information considered in this PIA is predominantly health information as it relates to information collected by ACC in the course of providing a health or disability service. In this PIA, where that is not the case, references to health information should also be taken to refer, as necessary, to personal information. Similarly references to HIPC rules can be taken as referring to Privacy Act principles where appropriate. No material difference in the application of the relevant provisions has been identified.

3.1 Health information involved

The EMD service as outlined in this document is intended to optimise the support that ACC provides to our clients, matching clients to the right NGCM engagement model as soon as practicable. Accordingly, the information collected, and the purposes for which the health information is collected, used and disclosed, will be largely unchanged. No new information is collected or stored by the project from incoming Provider data.

The table below lists the health information that will be required to be collected and stored for the purpose of identifying a claim stream, which is nearly all collected by way of the ACC45 form that is lodged when a claim is made:

Type of health information	Source of information	Used by the following Models	Relevance to EMD Service
ACC To Call Provider Flag	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model 	<p><i>If yes,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher Probability of Weekly Compensation is higher Probability of Social Rehabilitation is higher
Accident Date	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model 	<p><i>Delay between Accident Date and Lodgement Date,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on delay Probability of Weekly Compensation is higher, if delay is higher Probability of Social Rehabilitation Model is higher, if delay is higher <p><i>Time of day,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher, if time of day is not specified

Type of health information	Source of information	Used by the following Models	Relevance to EMD Service
Accident Description	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<p><i>Key words,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on key word groupings Probability of Social Rehabilitation is higher or lower, depending on key word groupings Probability of Serious Injury is higher or lower, depending on key word groupings
Assistance Needed Flag	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<p><i>If yes,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher Probability of Weekly Compensation is higher Probability of Social Rehabilitation is higher Probability of Serious Injury is higher
Claim History	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model 	<p><i>Number of previous claims with injuries on same body site,</i></p> <ul style="list-style-type: none"> Expected time on weekly compensation is higher, if number is higher <p><i>If previous Sensitive Claim,</i></p> <ul style="list-style-type: none"> Expected time on weekly compensation is higher
Client's Date of Birth	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<p><i>Age of client,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher, if age is higher Probability of Weekly compensation is higher or lower, depending on age Probability of Social Rehabilitation is higher, if age is higher Probability of Serious Injury is higher, if age is higher

Type of health information	Source of information	Used by the following Models	Relevance to EMD Service
Clinical Referrals	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on type(s) of clinical referrals, if applicable
Diagnosis Code (list)	ACC45 form and, if applicable, updates to Eos Claim File	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending diagnosis code(s) and number of diagnosis codes Probability of Weekly compensation is higher or lower, depending on diagnosis code(s) and number of diagnosis codes Probability of Weekly compensation is higher or lower, depending on diagnosis code(s) and number of diagnosis codes
Diagnosis Body Side (list)	ACC45 form and, if applicable, updates to Eos Claim File	<ul style="list-style-type: none"> Probability of Social Rehabilitation Model 	<ul style="list-style-type: none"> Probability of Social Rehabilitation is higher, if a specific diagnosis code is recorded for both body sides
Diagnosis Severity (list)	ACC45 form and, if applicable, updates to Eos Claim File	<ul style="list-style-type: none"> Probability of Weekly Compensation Model Probability of Social Rehabilitation Model 	<ul style="list-style-type: none"> Probability of Weekly Compensation is higher or lower, depending on injury severity Probability of Social Rehabilitation is higher or lower, depending on injury severity
Earners Status	ACC45 form	<ul style="list-style-type: none"> Probability of Weekly Compensation Model 	<ul style="list-style-type: none"> Probability of Weekly Compensation is higher or lower, depending on earner status
Fund Account	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on fund account Probability of Weekly Compensation is higher or lower, depending on earner status

Type of health information	Source of information	Used by the following Models	Relevance to EMD Service
Gender	ACC45 form	<ul style="list-style-type: none"> Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<i>If male,</i> <ul style="list-style-type: none"> Probability of Social Rehabilitation is lower Probability of Serious Injury is higher
Hospital Admission Flag	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<i>If yes,</i> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher Probability of Weekly Compensation is higher Probability of Social Rehabilitation is higher Probability of Serious Injury is higher
Incapacity	ACC45 form and, if applicable, ACC18 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on type of incapacity and period of incapacity Probability of Weekly Compensation is higher or lower, depending on type of incapacity and period of incapacity Probability of Social Rehabilitation is higher, if incapacity is specified
Lodgement Date	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model 	<i>Delay between Accident Date and Lodgement Date,</i> → See Accident Date above
Occupation	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on occupation Probability of Weekly Compensation is higher or lower, depending on occupation

Type of health information	Source of information	Used by the following Models	Relevance to EMD Service
Payment History	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model 	<p><i>Sum of payments on previous claims,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on sum <p><i>Time since last Vocational Independence,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is lower, if time is higher <p><i>Number of previous claims with Weekly Compensation payments,</i></p> <ul style="list-style-type: none"> Probability of Weekly Compensation is higher, if number is higher <p><i>Number of previous claims with Social Rehabilitation payments,</i></p> <ul style="list-style-type: none"> Probability of Social Rehabilitation is higher, if number is higher
Provider	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model Probability of Social Rehabilitation Model Probability of Serious Injury Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on type of provider Probability of Weekly Compensation is higher or lower, depending on type of provider Probability of Social Rehabilitation is higher or lower, depending on provider Probability of Serious Injury is higher or lower, depending on provider
Work Accident Flag	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model 	<p><i>If yes,</i></p> <ul style="list-style-type: none"> Expected Time on Weekly Compensation is lower Probability of Weekly Compensation is higher

Type of health information	Source of information	Used by the following Models	Relevance to EMD Service
Work Type	ACC45 form	<ul style="list-style-type: none"> Expected Time on Weekly Compensation Model Probability of Weekly Compensation Model 	<ul style="list-style-type: none"> Expected Time on Weekly Compensation is higher or lower, depending on work type Probability of Weekly Compensation is higher or lower, depending on work type Probability of Social Rehabilitation is higher or lower, depending on work type

3.2 Information flows

The EMD Service will run on nearly all³ claims once cover has been accepted to identify claims that require case management, and the client engagement team they are most suited to.

Information will flow from the claims management system and data warehouses to the EMD Service to make these identifications, and back to the claims management system to inform the best management action for the claim. This section will focus on how the EMD Service makes these identifications.

The EMD Service runs calculations and categorisations over claims prior to any allocation decisions and information on the most suitable client engagement team will be recorded on all claims received. Some of the calculations are fed into the Service from the case management system and data warehouses, and others are calculated within the Service itself.

The calculations and categorisations are:

- the Probability of Serious Injury, calculated by the Probability of Serious Injury Model;
- each of the diagnosis codes on the claims are assigned a categorisation, which were determined via clinical input and statistical methods;
- the Probability of Weekly Compensation, calculated by the Probability of Weekly Compensation Model;
- the Expected Time on Weekly Compensation, calculated by the Expected Time on Weekly Compensation Model; and
- the Probability of Social Rehabilitation, calculated by the Probability of Social Rehabilitation Model.

The most suitable client engagement team will be identified as the **Partnered Recovery** engagement team if:

- the Probability of Serious Injury Model indicates the claim is likely to be for a Serious Injury;
- any of the diagnosis codes are categorised a complex physical diagnosis code; or
- any of the diagnosis codes are categorised a complex mental diagnosis code.

Otherwise, the most suitable client engagement team will be identified as the **Supported Recovery** engagement team if:

³ The EMD Service is run on all claims when cover is accepted, except for (A) Sensitive Claims and (B) specialist claims where the Cover Assessment process has collected additional information, that better informs the allocation. These exceptions cover less than 1% of new claims.

- any of the diagnosis codes are categorised as a Supported diagnosis code;
- the Expected Time on Weekly Compensation is in the high range;
- the number of diagnosis codes is in the high range, and the number of injury sites is high; or
- the number of diagnosis codes is in the high range, and claimant has a head injury.

Otherwise, the most suitable client engagement team will be identified as the **Assisted Recovery** engagement team if:

- any of the diagnosis codes are categorised as an Assisted Recovery diagnosis code;
- any of the diagnosis codes are not categorised, and if the claim is allocated to case management the most suitable client engagement team will be assessed;
- the Expected Time on Weekly Compensation is in the medium range;
- the claimant is in the low age range; or
- the claimant is in the age high range, a non-earner, and has a specified injury.

Otherwise, the most suitable client engagement team will be identified as the **Enabled Recovery** engagement team.

The client will be allocated to case management if:

- the most suitable client engagement team is identified as the Partnered Recovery engagement team;
- the Probability of Weekly Compensation indicates the claim is likely to require case management; or
- the Probability of Social Rehabilitation indicates the claim is likely to require case management.

3.3 Benefits vs risks

We have proven our EMDs have delivered a consistent and more efficient service to our clients compared to the current state, some of the benefits are:

- enhancing the client experience with ACC early on, setting up a trusted relationship to rehabilitation;
- better relationship between clients, their families and case managers; and
- better case manager and provider relationships.

Risks to client wellbeing are relatively minimal, as clients to disagree with the assessment of the EMD service can easily seek reassessment if they want more, or less, assistance. There are some risks around public concern at the use of algorithms in a provision of health services context, in that it is possible people may feel the EMD service has unfairly led to them receiving less assistance than would have otherwise been the case. This will be addressed by careful attention to public messaging and comms, and by ensuring that moving from one client engagement team to another is straightforward.

3.4 Transparency of models

Transparency means ensuring agencies such as ACC take reasonable steps to ensure individuals are made aware of how, and why, their information is being used and disclosed. In HIPC transparency is enforced primarily by Principles 2, 3 and 6. The Official Information Act is also relevant, giving individuals the ability to obtain information about processes and decisions that affect other people, or that affect them indirectly

- Principle 2 requires agencies to collect information directly from the individual concerned unless an exception to the rule applies, such as where compliance is not reasonably practicable.
- Principle 3 requires agencies to explain, among other things, why information is being collected, who will hold it, and whether the collection is mandatory or voluntary. The explanation should take place at the point of collection.
- Principle 6 gives individuals a legal right to obtain access to health information about them, subject to a limited set of withholding grounds (set out in sections 27-29 of the Privacy Act)

- The Official Information Act requires public sector agencies such as ACC to provide official information, on request, except where a ground exists for refusal and that ground outweighs the public benefit to disclosure.

Obtaining the historical data used to develop the model directly from the individuals concerned, instead of from ACC's records of its historical decisions, is not reasonably practicable.

Where information is not collected directly from the individual, such as where it is not reasonably practicable to do so, the 'notice' provisions of Principle 3 do not apply but the access rights of rule 6 and the OIA will continue to be relevant.

Collection of information about the individual by way of the ACC45 form is subject to a 'Patient Authorisation and Declaration' which clinicians are obliged to certify that the individual has been made aware of, states that ACC collects information to 'establish cover and/or assess your entitlement to compensation, rehabilitation and treatment'. The EMD project falls within this overall purpose.

The ACC45 statement also directs individuals to the ACC privacy statement at www.acc.co.nz/privacy. This states that ACC collects and uses health information to manage the Accident Compensation scheme under the relevant legislation, including to 'provide suitable rehabilitation, treatment and compensation'. Assessing a given claim against previous claims to determine whether it should be automatically accepted falls within this purpose.

To aid transparency the team creating the model focused on producing adequate models that are easy to understand and implement. Because 'black box' models (e.g. ones based on neural networks) tend not to produce easily understandable explanations for the decisions they produce, generalised linear models have been used. Producing the most statistically robust models has been treated as secondary to the models being transparent (though still robust). An explanation of the model and how it works for any individual's specific data will be available on request in line with Principle 6 of the HIPC, in conjunction with a communications plan that puts the model into context with ACC's role and the purposes for which it holds its data. Such an explanation would include the relevant variables, and the weighting given to them, as well as the final assessment of which client engagement team is most suitable.

3.5 Principles for safe and effective use of data

The Office of the Privacy Commissioner and the Government Chief Data Steward have developed six principles⁴ to guide agencies making use of algorithms to ensure those uses are appropriately conceived and implemented. The principles and a brief comment on how the EMD service meets them are set out below.

1. Deliver clear public benefit

The EMD service will help ACC clients access the service that best meets their needs.

2. Ensure data is fit for purpose

ACC uses the data it has collected in the course of carrying out its functions under the Act, along with information collected directly from the individual or from the individual's care provider. ACC has thought carefully about what data it needs and is disregarding information that does not assist the EMD service (e.g. ethnicity).

3. Focus on people

The goal of the EMD service is to ensure people get help that is tailored to their specific needs, based on the best information and understanding available to it. We have been careful not to use the EMD service for sensitive and specialist claims.

⁴ <https://www.privacy.org.nz/news-and-publications/guidance-resources/principles-for-the-safe-and-effective-use-of-data-and-analytics-guidance/>

4. Maintain transparency

ACC has set out in this PIA, which will be made publicly available, how it uses existing and historic data to implement the EMD service. More detailed technical information about the service will be available on request. We have also made a conscious decision to keep the algorithms used by the EMD service straightforward and understandable.

5. Understand the limitations

The EMD service provides the initial assessment of what level of assistance will best suit each individual, and individuals can seek to be assessed for another level of assistance after that.

6. Retain human oversight

Where the EMD service cannot determine what level of assistance best suits an individual the decision will be passed to a human, along with all specialist and sensitive claims. The service will be regularly reviewed to ensure it is continuing to provide appropriate results.

The principles in the Privacy Act 1993 provide the legal framework that ACC has to consider. The following table summarises the principal requirements of each privacy principle and outlines key questions or considerations.

① Information on the most common privacy risks in relation to each principle can be found [here](#).

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
<p>Principle 1 - Purpose of the collection of personal information</p> <p>Only collect personal information if you really need it</p>	<p>Principle 1 requires ACC to carefully consider the purpose for which it collects personal information. Having a clearly defined purpose makes it easier to respond to obligations under the other principles of the Act.</p> <p>The EMD service will use ACC45 information along with data historically captured by ACC through the claims management process. Collection of this information via ACC45 is vital to ACC's functions and activities and use of it to accurately and efficiently assign a client engagement team is a lawful purpose connected with those functions and activities. .</p>	<p>No non-compliance has been identified, as purpose of the collection and collection method of personal information will not change, and ACC is continuing to only collect information necessary for lawful purposes connected with its functions and activities.</p>	<p>N/A</p>
<p>Principle 2 – Source of personal information</p> <p>Get it directly from the customer concerned wherever possible</p>	<p>Principle 2 is a statement of best practice, that ACC should collect personal information directly from the subject of the information.</p> <p>Information will continue to be collected through ACC's standard channels, from clients and their providers.</p> <p>Information used in the models is using aggregated data already available within ACC's data warehouse.</p> <p>Collection of information from providers instead of directly from the client is done either with authorisation or because direct</p>	<p>No non-compliance has been identified, as source and method of collection of health information will not change and current practices of collecting information either directly from the individual or from the individual's provider with their authorisation are compliant with Principle 2.</p>	<p>N/A</p>

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
	collection is not reasonably practicable.		
<p>Principle 3 – Collection of information from subject</p> <p>Tell them what information you are collecting, what you're going to do with it, whether it's voluntary, and the consequences if they don't provide it.</p>	<p>Principle 3 requires transparency between ACC and the subject of the information as to why the information is being collected, the intended recipients, whether the collection is voluntary or mandatory, and the rights of access and correction.</p> <p>Although the data points used for collection will not change, as the data is now going to be used by the models there will be public facing information about the models published on the ACC website, including the publication of this PIA and any technical information associated with it. ACC will take all reasonable steps to make it clear how the EMD service works, and what use it makes of client information.</p> <p>Information is collected subject to the statement on the ACC45 form, which is either printed on the back on the paper form or is provided to clients by clinical providers at time of collection. Providers are obligated to certify that they have ensured clients are aware of the intended purposes for the information collected by the ACC45 and have provided their authority for the collection and use of their information in line with those purposes. The ACC45 form also refers to the privacy statement on</p>	<p>No non-compliance has been identified as purpose of collection will not change and current practice is compliant with Principle 3. Health information is still being collected to assess entitlements, and the intended recipient of the information is unchanged, and the ACC45, the obligation of providers to communicate relevant information to clients and the ACC privacy statement on www.acc.co.nz constitute reasonable steps to ensure clients are aware of how their information is being managed.</p>	N/A

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
	<p>www.acc.co.nz, which states that ACC “collects information to assess entitlements to compensation, rehabilitation and medical treatment”. ACC’s use of historical data to assess the statistical likelihood of a claim being accepted falls within this purpose.</p>		
<p>Principle 4 – Manner of collection of personal information</p> <p>Be fair and not overly intrusive in how you collect the information</p>	<p>Principle 4 forbids ACC from collecting personal information by means that are unlawful, or unreasonably intrusive.</p> <p>This project will not change the manner of how ACC collects personal information.</p>	<p>No non-compliance has been identified, as manner of collection of personal information will not change and current practice is compliant with Principle 4.</p>	<p>N/A</p>
<p>Principle 5 – Storage and security of personal information</p> <p>Protect it against loss, unauthorised access, use, modification or disclosure and other misuse.</p>	<p>Principle 5 requires ACC to ensure that personal information is protected against loss, misuse or unauthorised access by adequate security safeguards.</p> <p>The data flows will be addressed in the project’s Security Risk Assessment as part the overall security certification and accreditation process.</p> <p>Data will be hosted on premises.</p> <p>As a result, the project will ensure that it retains sole access to the data, the databases are secure and that information is encrypted in transit and at rest.</p>		
<p>Principle 6 – Access to personal information</p>	<p>Principle 6 entitles individuals to access their personal information held by ACC. ACC will follow current policies to customer’s</p>	<p>No non-compliance has been identified, as clients right to have access to their personal</p>	

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
<p>Customers can see their personal information if they want to</p>	<p>request to access their personal information.</p> <p>Scoring results from the models will be stored in ACC and accessible to Clients as part of their Print Claim File.</p> <p>Provider decline history is potentially sensitive and requests for this information by clients should be declined under section 28(1)(b) of the Privacy Act, where appropriate.</p>	<p>information on request will not change.</p> <p>Personal information will not be passed back to Eos from the Services, but will be kept in the data store of the rules engine.</p>	
<p>Principle 7 – Correction of personal information</p> <p>They can correct it if it's wrong, or have a statement of correction attached</p>	<p>Principle 7 entitles individuals to seek correction to their personal information and, where the correction is not made, to attach a statement setting out the correction sought but not made.</p> <p>ACC will follow current policies around collection of health information.</p> <p>Provider decline history is potentially sensitive and consideration should be given to managing accuracy concerns by updating data held by ACC where appropriate.</p>	<p>No non-compliance has been identified as clients will still be able to exercise their right of correction, and if they are unhappy with the engagement team the service allocates them to they can request a different one.</p>	<p>N/A</p>
<p>Principle 8 – Accuracy etc. of personal information to be checked before use</p> <p>Make sure personal information is correct, relevant and up to date before you use it</p>	<p>Principle 8 requires ACC to ensure that information is accurate and up to date, before it's used.</p> <p>Information to be used in the claims streaming process is up to date as it has just been supplied to ACC. All historical data used in the models will be as up to date as possible (data feeds will be</p>	<p>Risk 1: Potential risks associated with data entry issues at claim capture; also a current risk.</p>	<p>R1</p>

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
	<p>weekly or more frequently for all data points used in the models).</p> <p>NHI data and Date of Death data used for identifying Clients will be updated on a more frequent basis (monthly) to ensure accuracy of Client matching.</p>		
<p>Principle 9 – Not to keep personal information for longer than necessary</p> <p>Get rid of it once you're done with it</p>	<p>Principle 9 requires ACC not to retain personal information longer than necessary.</p> <p>ACC has retention and disposal schedules authorised by the Chief Archivist in accordance with the Public Records Act. The established retention schedule will not be changed by this project.</p>	<p>No non-compliance has been identified.</p>	<p>N/A</p>
<p>Principle 10 – Limits on use of personal information</p> <p>Use it for the purpose you collected it for, unless one of the exceptions applies</p>	<p>Principle 10 restricts the use of personal information to the purpose that it was collected for. There are several exceptions to this principle, for example where ACC believes on reasonable grounds that the use is directly related to the purpose the information was obtained for and where the use is for statistical purposes and will not be published in a way that could identify the individual concerned.</p> <p>There will be no compliance issues in respect of this principle, as the use of health information collected by ACC to assess how an individual's claim under the Accident Compensation Act 2001 should be managed is in line with ACC's privacy policy on</p>	<p>Risk 2: Potential for general or specific public concern about use of algorithms.</p>	<p>R2</p>

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
	<p>www.acc.co.nz and its statements on ACC45 forms.</p> <p>Information historically collected from forms such as the ACC45, held by ACC and processed by way of the EMD service will be used in accordance with client authorisation and in line with the overall purpose for which it was collected, namely to assess how an individual's claim under the Accident Compensation Act 2001 should be best managed. All historic data used from data warehouse feeds by the models is based on aggregated high level data that is de-identified using ACC internally generated identifiers (Client ID and Provider ID). It will be used in line with the purpose, or for a directly related purpose, to that for which it was collected. Use of health information for statistical purposes where the results will not be published is always permissible under section 22H of the Health Act, and the project's analysis of de-identified data to produce statistical conclusions fits within that description.</p>		
<p>Principle 11 – Limits on disclosure of personal information</p> <p>Only disclose it if you've got a good reason, unless one</p>	<p>Principle 11 restricts the disclosure of personal information. There are several exceptions to this principle, such as where ACC believes on reasonable grounds, that the disclosure is one of the purpose about which the information was obtained, or the disclosure is to the individual concerned.</p>	<p>No non-compliance has been identified, as limits on disclosure of personal information are unchanged and current practice is compliant with Principle 11.</p>	<p>N/A</p>

Privacy principle and associated privacy by design principle	Summary of personal information involved, use and process to manage	Assessment of compliance	Link to assessment of potential risk (section 6)
of the exceptions applies	Data will be primarily used internally and stored in on premise solution and any disclosure will therefore occur internally , so the EMD service should not raise any issues under this principle		
<p>Principle 12 – Unique identifiers</p> <p>Only assign unique identifiers where permitted</p>	Principle 12 prohibits ACC from assigning a unique identifier unless it is necessary for the efficient discharge of its functions. ACC is also prohibited from requiring an individual to disclose any unique identifier assigned to them, unless disclosure is for one of the purpose about which the identifier was assigned. However Schedule 2 of the Health Information Privacy Code 1994 permits ACC to assign the National Health Index in common with other agencies in the New Zealand health sector. No unique identifier will be created by project; only internally generated identifiers.	No non-compliance has been identified. Provider ID and client ID will be used for the analytics model and ongoing claims management.	N/A

4 Assessment of potential risks and potential mitigations to reduce or manage adverse effects

This section describes the privacy risks identified through the PIA process and how you propose to mitigate and manage those risks.

Note: A PIA doesn't set out to identify and eliminate every possible privacy risk: its role is to identify genuine risks that are not unreasonably small or remote.

Assessment of current and residual risk should be **low, medium, high or very high**, based on risk likelihood *and* risk impact.

① Information on ACC's risk rating framework can be found [here](#).

Ref. no.	Description of the risk	Consequences for ACC or customer	Existing controls that contribute to manage risks identified	Assessment of residual current risk	Recommended additional actions to reduce or mitigate risk	Residual risk remaining despite new safeguards
R1	The new service does not meet ACC's Information Security Standards	The new services does not meet ACC's security standards	Utilisation of current change processes and ACC stage gates Testing of new service to ensure that it meets ACC's information Security Standards	Medium	Test and confirm that the new services meets ACC's security standards	Low
R2	Potential risks associated with data entry issues at claim capture, but this is also a current risk	Client details not captured accurately, which may result in the incorrect being contacted	Training and internal communications Auditing/reporting Enforcement of policies and procedures	Low	Training and internal communications Auditing/reporting Enforcement of policies and procedures Ability for clients to change their stream if misallocated by EMD Service	Low
R3	Minimal communication of how the analytics model will be utilised leads to public disapproval.		Ensure all steps are taken to ensure ACC is open and transparent about the workings of the EMD service, including steps to demonstrate how	Medium	Agree and implement a communication strategy and transparency processes for access requests.	Low

Ref. no.	Description of the risk	Consequences for ACC or customer	Existing controls that contribute to manage risks identified	Assessment of residual current risk	Recommended additional actions to reduce or mitigate risk	Residual risk remaining despite new safeguards
			is works with an individual's data.			

5 Action plan



Ref	Agreed action	Who is responsible	Completion Date
1	A maintenance schedule with which is aligned with weekly monitoring is in place to continuously improve and ensure stability of the EMD service	Client Service Delivery	Continuous
2	Review ethical considerations around EMD service with ethics panel	Client Service Delivery	14 August 2019

6 Glossary

Term	Synonym	Definition
EMD	EMD	The decision made by the system on which engagement model new claims should be allocated to.
EMD Service	EMD Service	The system that makes the Engagement Model Decision.
Expected Time on Weekly Compensation	Expected Claim Outcome ECO	The time a claimant is expected to be on weekly compensation for, if the claimant were to be on weekly compensation.
Expected Time on Weekly Compensation Model	Expected Claim Outcome Model ECO Model	The statistical model which estimates the Expected Time on Weekly Compensation.
Next Generation Case Management	NGCM	The new way in which ACC will manage cases.
Probability of Serious Injury		The probability that a new claim is for a Serious Injury.
Probability of Serious Injury Model	Serious Injury Model	The statistical model which estimates the Probability of Serious Injury.
Probability of Social Rehabilitation	Conversion Probability	The probability that a new claimant will require Social Rehabilitation.
Probability of Social Rehabilitation Model	Conversion Model	The statistical model which estimates the Probability of Social Rehabilitation.
Probability of Weekly Compensation	Conversion Probability	The probability that a new claimant will require Weekly Compensation.
Probability of Weekly Compensation Model	Conversion Model	The statistical model which estimates the Probability of Weekly Compensation.

Term	Synonym	Definition
Specialist Claims	Specialist Claims	Claims where an immediate cover decision cannot be made, e.g. sensitive, PTSD, gradual process, accidental death, hearing loss and dental.

7 Signed

Name	Role	Signature	Date
Sebastian Morgan-Lynch	Privacy Officer		8 August 2019
Debbie Barrett	Product Owner		
Tyrone Dugmore	Manager Operational Analytics		8 August 2019