

7 July 2023



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

Kia ora [REDACTED]

Your Official Information Act request, reference: GOV-025923

Thank you for your email of 22 June 2023, asking for the following information under the Official Information Act 1982 (the Act):

I have a query about the frequency of pain management service referrals. Does ACC have any data on the frequency of individuals being referred to pain services with different provider over a 3-5 year period?

I'm interested to know when 1) clients exit a pain service of one provider, how soon they are then referred to a pain service with another provider, and 2) what are the reasons for the referral to another provider?

I would like to understand a bit better what happens to individuals when they exit a pain service.

Referrals for Pain management Services

The data provided in Appendix 1 overleaf was extracted on 4 July 2023 and may differ if extracted again at a later date. It is based on purchase orders created for services under the Pain Management Services contract (excluding provider travel services).

We are unable to provide data on why a client was referred to a different supplier

We are refusing this part of your request as extracting the data would require us to manually read through all individual claim files, requiring substantial collation and research. This decision has been made under section 18(f) of the Act. In doing so, we considered extending our timeframe to respond and charging (as allowed under the Act). However, it was determined that the resources required to extract the data would have a significant impact on the everyday functions of the team(s) involved.

Attached (Appendix 2) is a process called 'End of Service and Second Pain Management Service Service Page' which may give some insight into why clients may enter another Pain Management Service.

As this information may be of interest to other members of the public

ACC may decide to proactively release a copy of this response on ACC's website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available www.acc.co.nz/resources/#/category/12.

If you have any questions about this response, please get in touch

You can email me at GovernmentServices@acc.co.nz. If you are not happy with this response, you can also contact the Ombudsman via info@ombudsman.parliament.nz or by phoning 0800 802 602. Information about how to make a complaint is available at www.ombudsman.parliament.nz.

Ngā mihi

Sara Freitag

Acting Manager Official Information Act Services
Government Engagement

Appendix 1

Table: Referrals for Pain Management Services (PMS) by financial year of purchase order creation.

Measure	2018/19	2019/20	2020/21	2021/22	2022/23
Claims with referrals for PMS	6,160	5,124	5,086	3,585	4,097
Referrals for PMS (measured by purchase orders created)	7,037	5,795	5,654	3,993	4,627
Referrals where the claim previously received PMS from a different vendor	908	931	1,024	817	997
Average days between prior PMS service from different vendor and new referral	211.2	319.1	474.8	584.0	724.4
Median days between prior PMS service from different vendor and new referral	154	244	385	462	570

Notes about the data

Referrals where the claim previously received Pain Management Services from a different vendor are counted where ACC has made a previous PMS payment on the same claim (including prior to July 2018) and the vendor number is different from the new purchase order. The exception to this is when the vendor for the previous service is Southern Rehab and the vendor on the new purchase order is Habit Health (including Southern Rehab).

Days between the previous service and the new referral are measured from the last service date from the previous vendor and the new purchase order creation date.

End of Service and Second Pain Management Service Service Page v24.0



Summary

Objective

Most Clients are expected to develop the self-management skills they require for pain management within the Community Service. The need for a Client to participate in a repeat pain management programme would be extremely rare. Failure of a Client to meet their goals through one programme alone is not an indication that they require a further pain service.

If a Triage or Community Services Supplier has identified a Client will get a measurable outcome from a repeat Community Service, ACC approval is needed. The Supplier must provide ACC with the clinical rationale to support any such request.

Owner

[Out of Scope]

Expert

Procedure

1.0 End of service

- a At the end of services, a completion report is submitted to ACC via the ACC6272 Pain Management Plan review update and completion report.
- b Pain Management Services may end due to a number of scenarios, including:
 - the client has achieved the agreed outcomes and can return to their usual activities, eg. when the provider sends in the ACC6272 Pain management plan review update and completion report
 - the client has not achieved the agreed outcomes and needs other rehabilitation or treatment options
 - the client has successfully completed the group education programme
 - the client has been provided with the Pain Management Service and during the service it is determined that the client is no longer requiring pain services for various reasons e.g. change of location, no progress being made and client does not wish to continue or participate
 - the provider has provided all the necessary treatment and does not recommend further interventions, even though client might not be 'pain free'
 - the client has declined to participate in pain management services
 - ACC withdraws the referral eg cover or entitlement is declined/revoked

2.0 Repeating a Community Service Programme

- a Most Clients are expected to develop the self-management skills they require for pain management within the Community Service. The need for a Client to participate in a repeat pain management programme would be extremely rare. Failure of a Client to meet their goals through one programme alone is not an indication that they require a further pain service.
- b If a Triage or Community Services Supplier has identified a Client will get a measurable outcome from a repeat Community Service, ACC approval is needed. The Supplier must provide ACC with the clinical rationale to support any such request.
- c Recovery Team Members will access Clinical guidance to discuss the Provider recommendations and determine if need for additional Pain Management Services relates to the Clients covered injury and is clinically appropriate. Clinical guidance must be via hotline in the first instance. If written guidance is required, the Clinical advisor will advise the Recovery Team Member to complete a written request.

3.0 Second or subsequent pain management service

- a Most clients are expected to develop the self-management skills required for pain management within the Community Services Level One and Community Services Level Two.
- b If a community supplier identifies that a client would benefit from a second Pain Management Service at least one of the following consideration factors should be met:
 - a sensitive claim history
 - a history of multiple injuries
 - co-morbidities that involve other non-injury related medical diagnoses that can affect recovery from the current covered injury
 - the existence of a personality disorder or significant anger issues
 - significant psychosocial challenges such as relationship break up, dysfunctional family, or significant bereavement – these issues can hinder recovery from the covered injury
 - Complex Regional Pain syndrome.
- c In this situation, the Community Supplier will seek consideration for approval from ACC. The Community Supplier must supply clear clinical rationale for this request.
- d The ACC Recovery Team Member will seek advice from clinical services to determine that the need is injury related and whether it is the most appropriate service to meet the client need. Clinical guidance must be via hotline in the first instance. If written guidance is required, the Clinical advisor will advise the Recovery Team Member to complete a written request. The second approval code will need to be under a new Purchase Order Number to ensure for payment.

- e If a Tertiary Supplier requests more than one unit of a Tertiary Delivery code due to the complex nature of a claim, these requests will need to be escalated to the Pain Management Service portfolio for consideration.
Painmanagement@acc.co.nz

4.0 Transitioning from Community Level One to Community Level Two

- a ACC anticipates the Triage Assessment will recommend the most appropriate pathway for Clients and transition from the Community Service Level One programme to the Community Service Level Two programme will very rarely be needed. If the clinical team determines a Client has more complex needs than can be met in Community Service Level One, ACC approval is needed for transition to Community Service Level Two. The Supplier will need to provide ACC with the following evidence:
 - the change in the Client's clinical presentation or overall condition that now meets the criteria for Level Two
 - why no other service, outside of pain services, can meet the Client's need.

If ACC approves the transition, Suppliers can invoice the transition fee in addition to the payment for the Community Service Level One. ACC will not pay the full Community Service Level Two fee if Community Service Level One has already been paid.
