

ACC's proposed secondary care model

A practical walkthrough of the client journey, who delivers each function, and proposed implementation

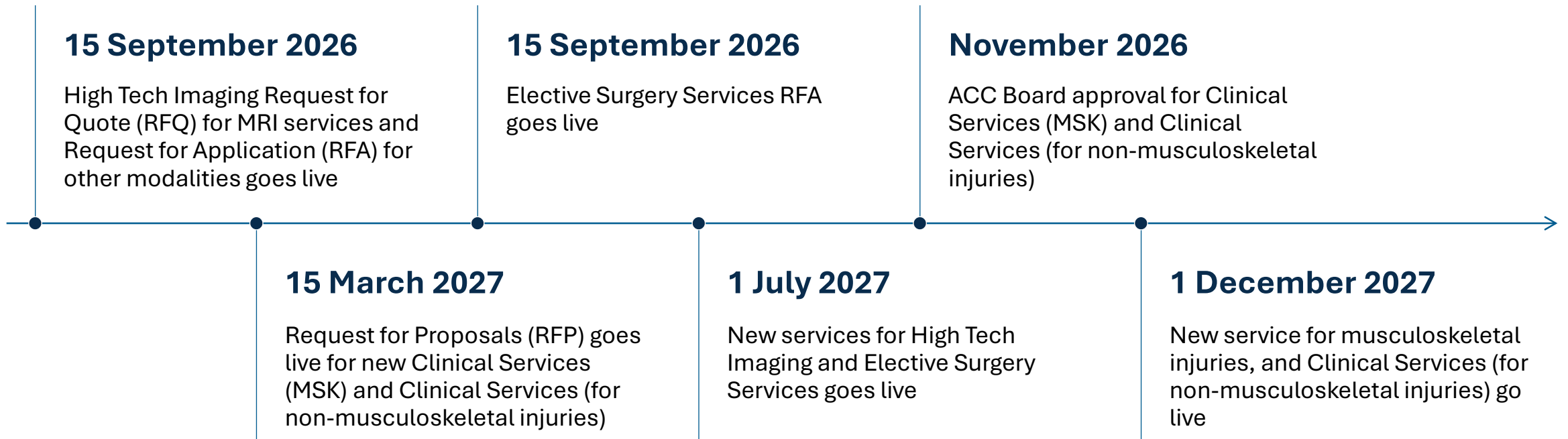
October 2026



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



Key milestones



What changes in the model → What improves as a result

CHANGES

IMPROVEMENTS

Multidisciplinary providers work as a clinically led network



Care is coordinated across assessment, treatment and onward referral

Clear decision criteria, assurance and escalation



Decisions are more consistent and accountability is clearer

Referral information supports earlier review



Better decisions are made earlier with less avoidable delay

Triage supports and coordinates next steps



Specialist, imaging and rehabilitation capacity is used more effectively

Pathway data makes outcomes, variation and delays visible



ACC and providers can identify pressure points and improve the system

Together, these changes help clients reach the right care at the right time.



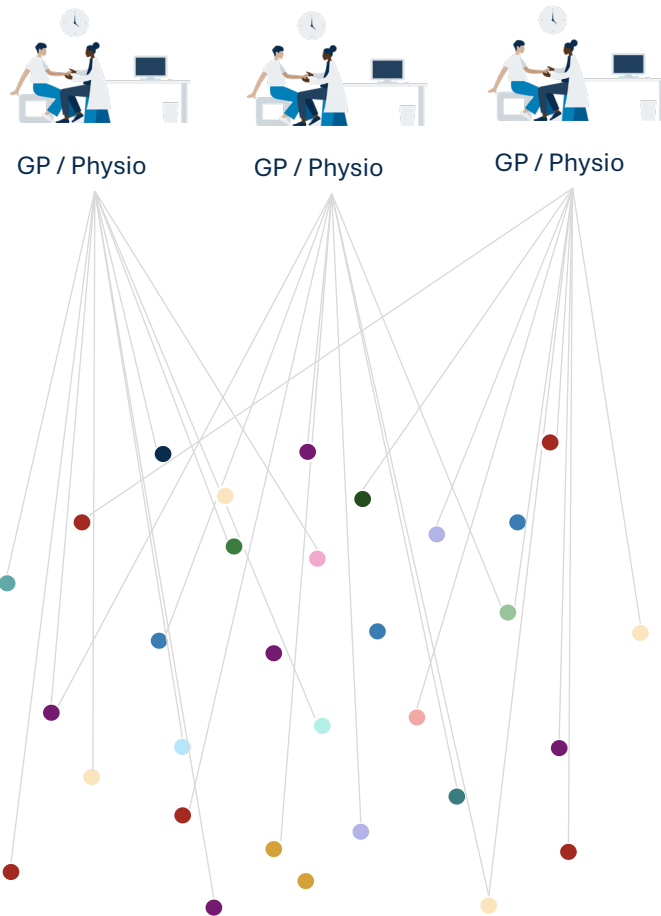
What this will look like

Key:

● MSK Supplier

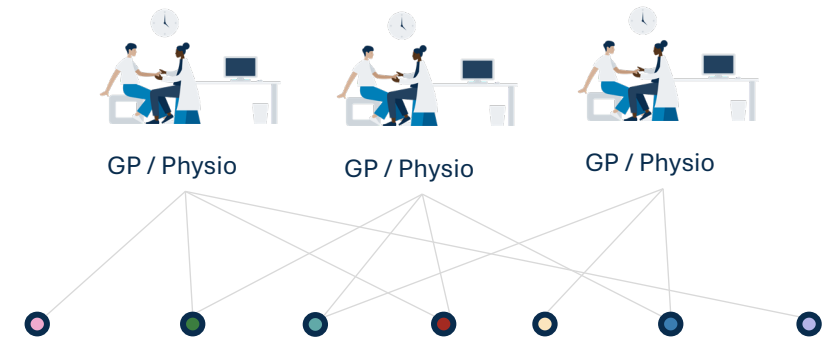
● Clinical Services Supplier

Current State



A shift to a model delivered by multidisciplinary groups of clinicians working together to provide care in a coordinated way

Future State



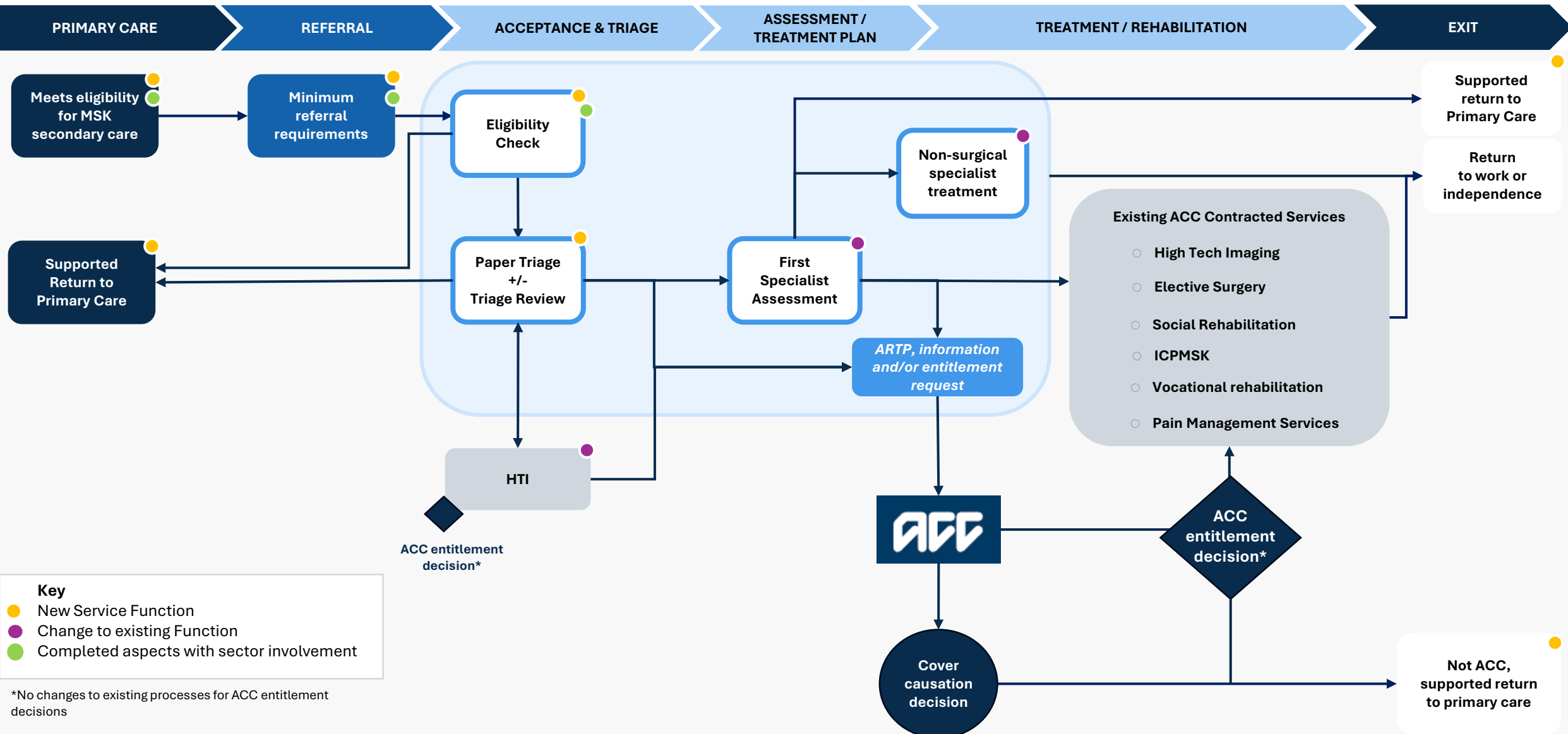
Clinically-led care networks with access to:



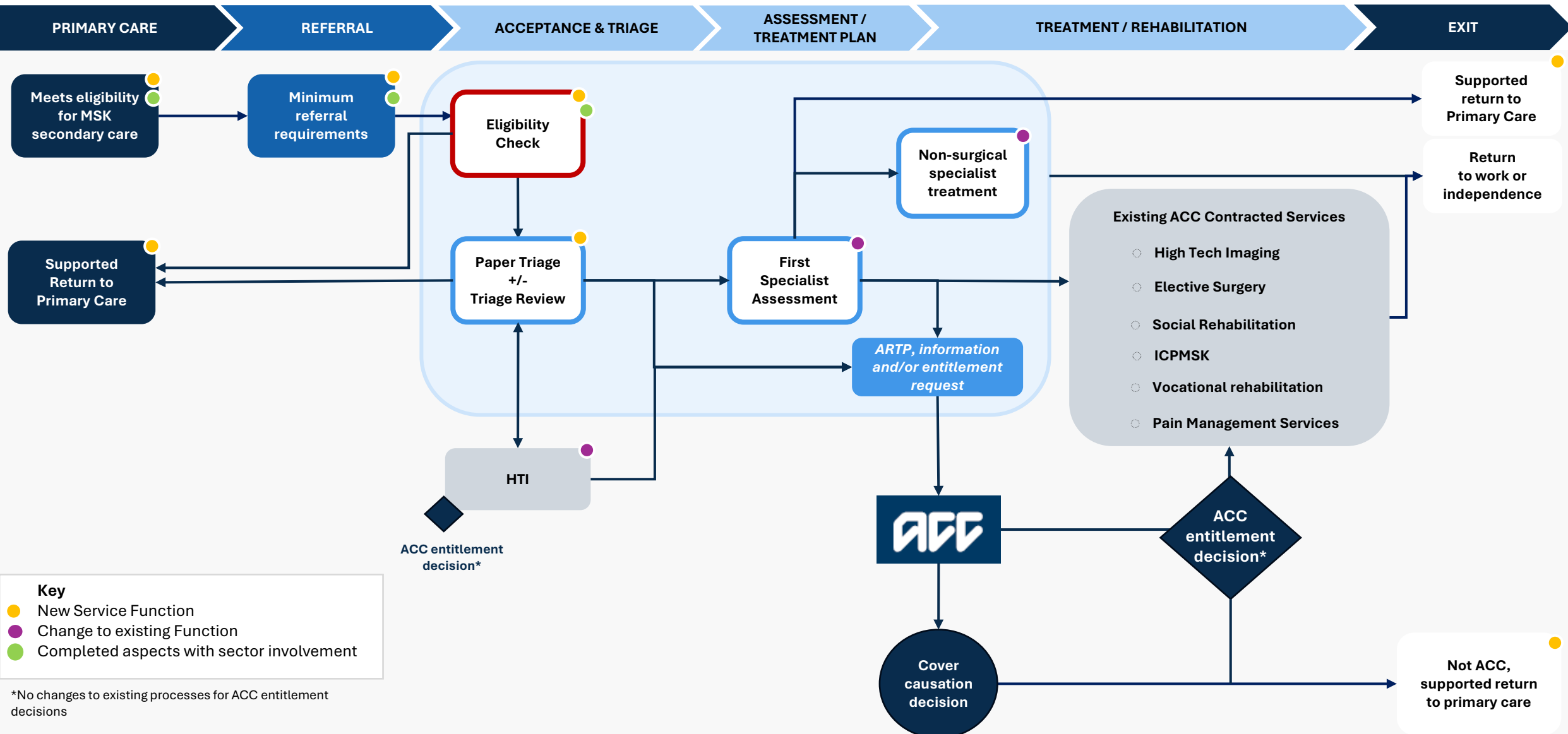
Suppliers will operate under clear clinical governance and shared accountability, led and supported by the:



Clinical Services (Musculoskeletal) | Proposed Model



Clinical Services (Musculoskeletal) | Proposed Model



Eligibility check | Service entry

PURPOSE

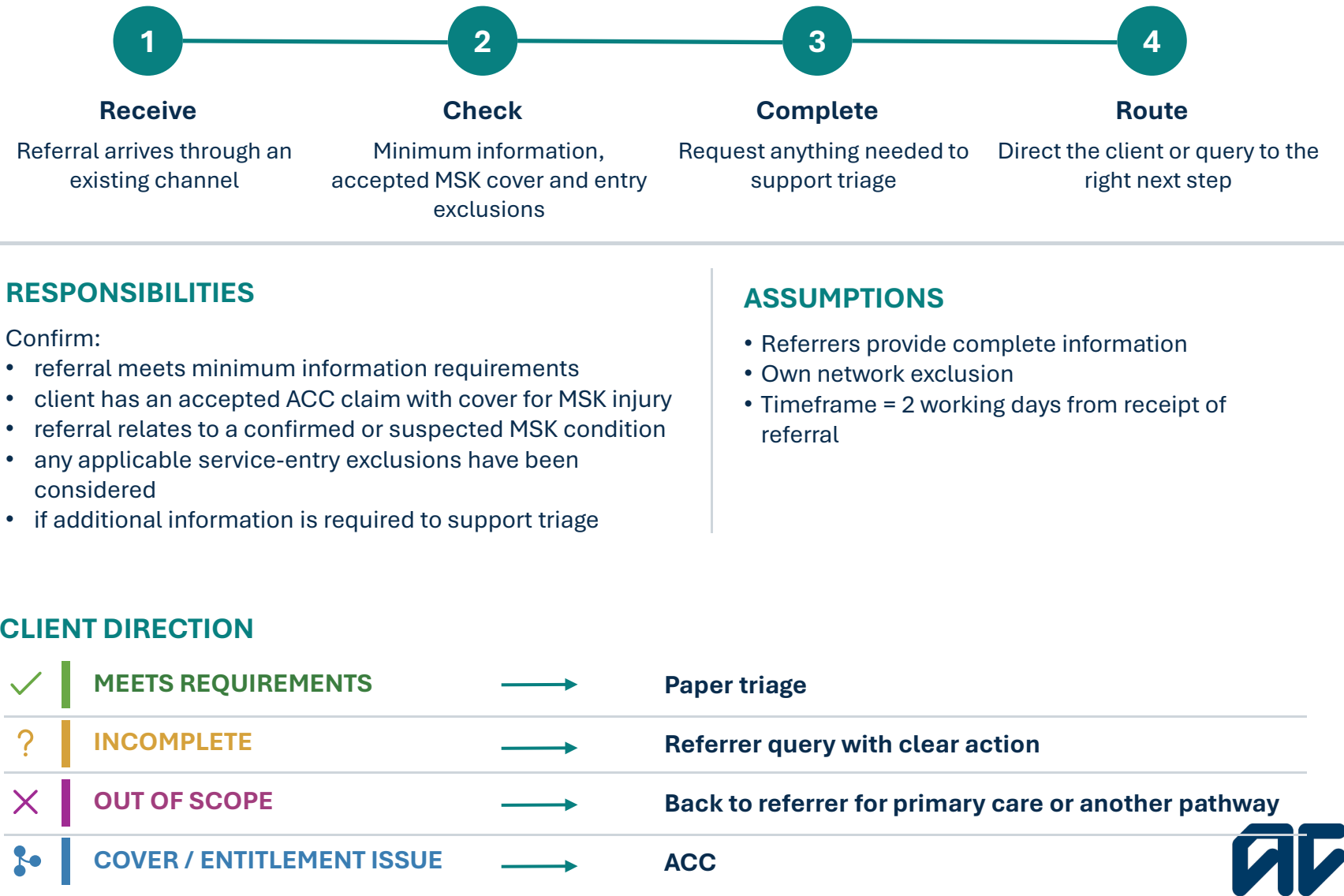
Administrative entry point that confirms a referral meets contracted entry criteria and contains enough information for clinical triage.

WHO

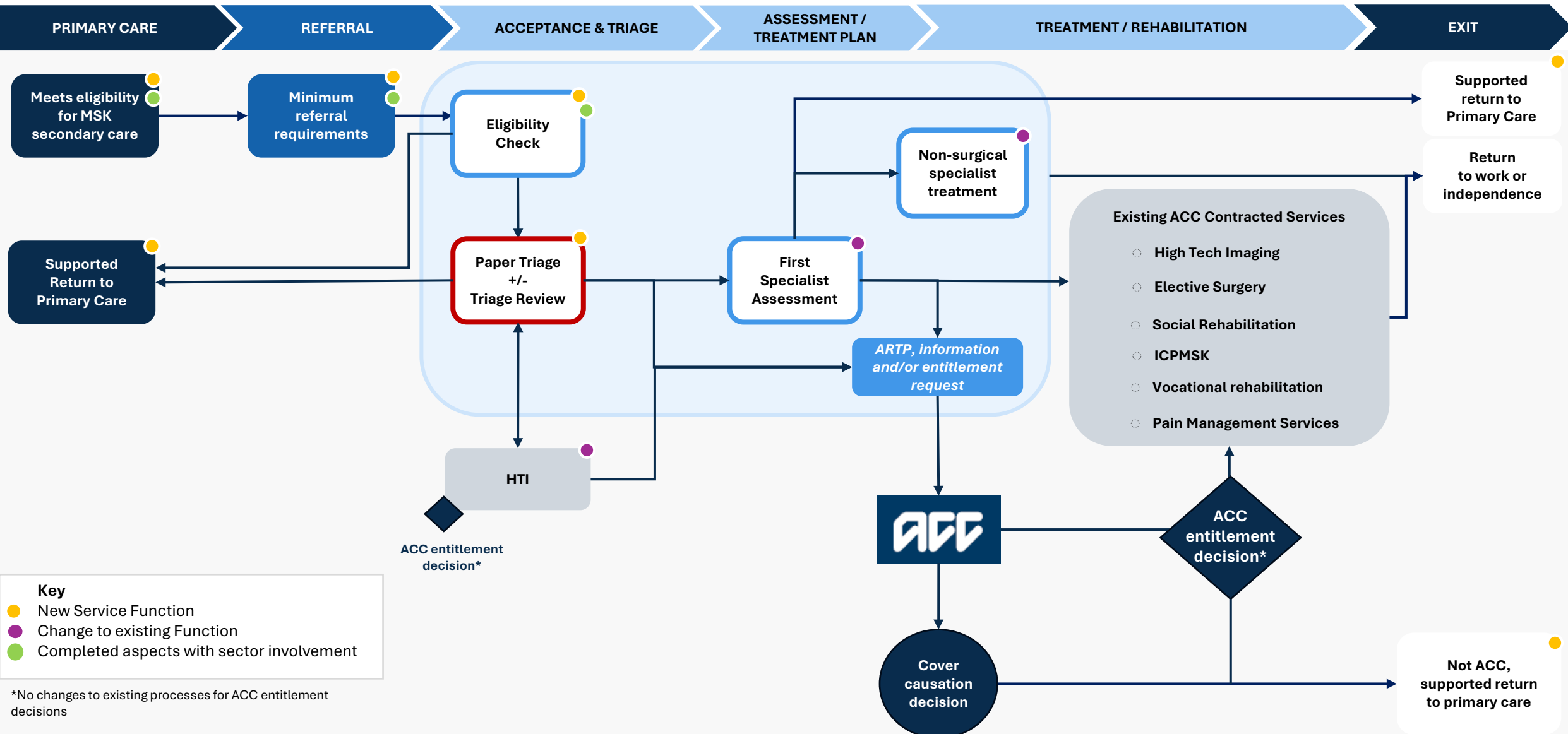
Clinical administrator or equivalent

INPUT ASSUMPTIONS

- Weighted average 30 min
- Clinical administrator rate
- ~125K modelled events
- ~15K do not proceed to triage (either bypassing or returning to primary care)
- New cost



Clinical Services (Musculoskeletal) | Proposed Model



Paper triage | Desktop review

PURPOSE

Desktop clinical review that confirms secondary-care need, urgency and the likely treatment and rehabilitation pathway.

WHO

Experienced MSK clinician with specialist input available where required e.g. MSK physiotherapist with 5+ years experience.

INPUT ASSUMPTIONS

- 20–40 min
- Allied Health rate
- ~148K events
- New cost



RESPONSIBILITIES

- Confirm need for secondary care and consider diagnosis, imaging requirement and missing information
- Check cover and whether cover needs to be updated or changed (and necessary information to confirm diagnosis), completing ACC cover request
- Determine the likely clinical pathway and prioritisation

ASSUMPTIONS

- Paper triage is clinicians making decisions based on specialist-led clinical guidance about where referrals need to go
- Paper triage resolves most decisions (84%)
- Specialist advice and input is available where required

CLIENT DIRECTION

✓	CLEAR PATHWAY	→	Surgical or non-surgical specialist
?	UNCLEAR	→	Triage review
×	NO SECONDARY CARE NEED	→	Supported return to primary care with guidance
🔗	COVER / ENTITLEMENT ISSUE	→	ACC (including other services requiring ACC referral)

Triage review | In-person or telehealth

PURPOSE

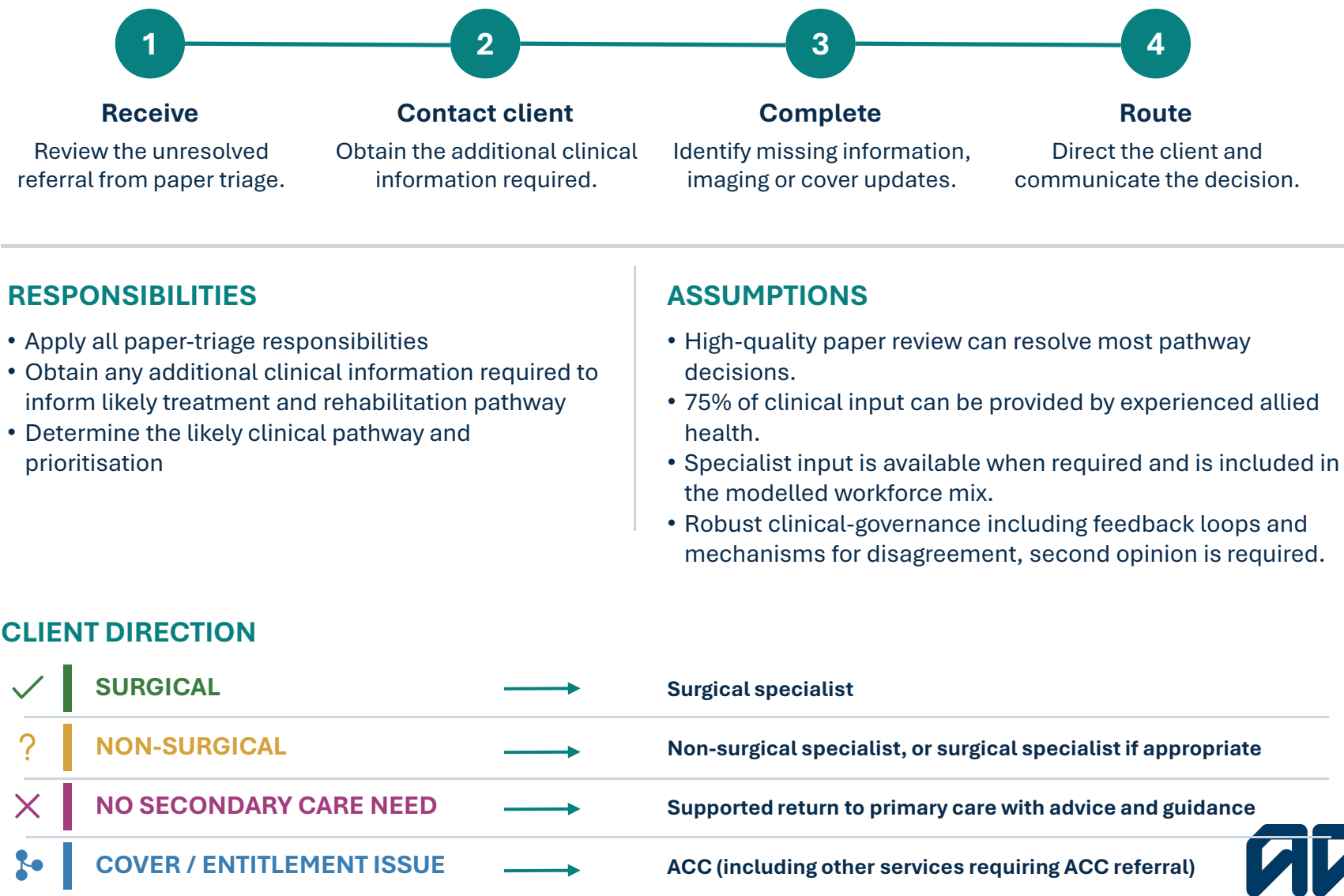
Targeted clinical review used when paper triage cannot safely and confidently determine the pathway.

WHO

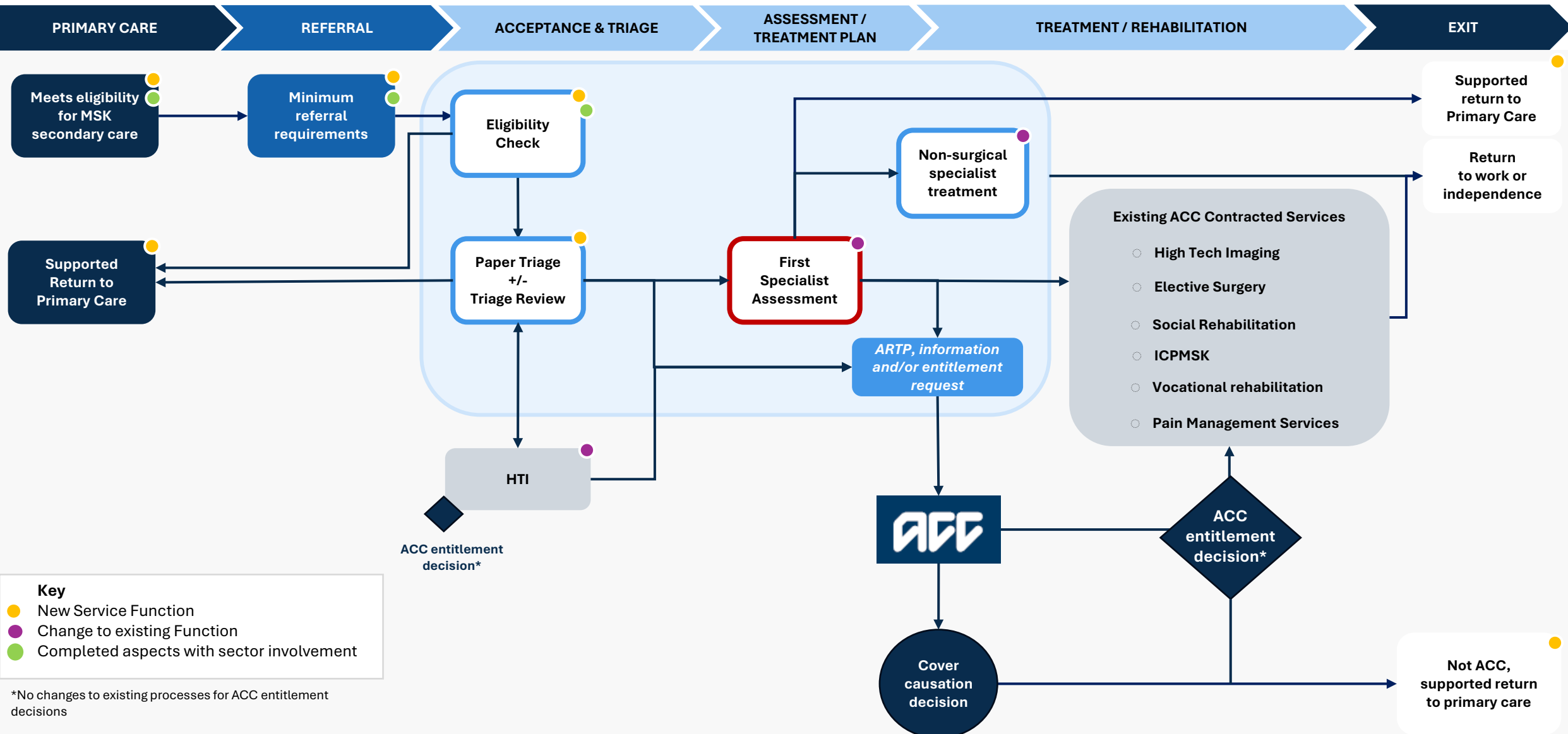
Experienced MSK clinician with specialist input available where required e.g. MSK physiotherapist with 5+ years experience.

INPUT ASSUMPTIONS

- 30-50 mins
- Weighting 75% allied health rate, 25% specialist rate
- ~30K of ~148K referrals
- New cost



Clinical Services (Musculoskeletal) | Proposed Model



Non-surgical assessment | Service overview

PURPOSE

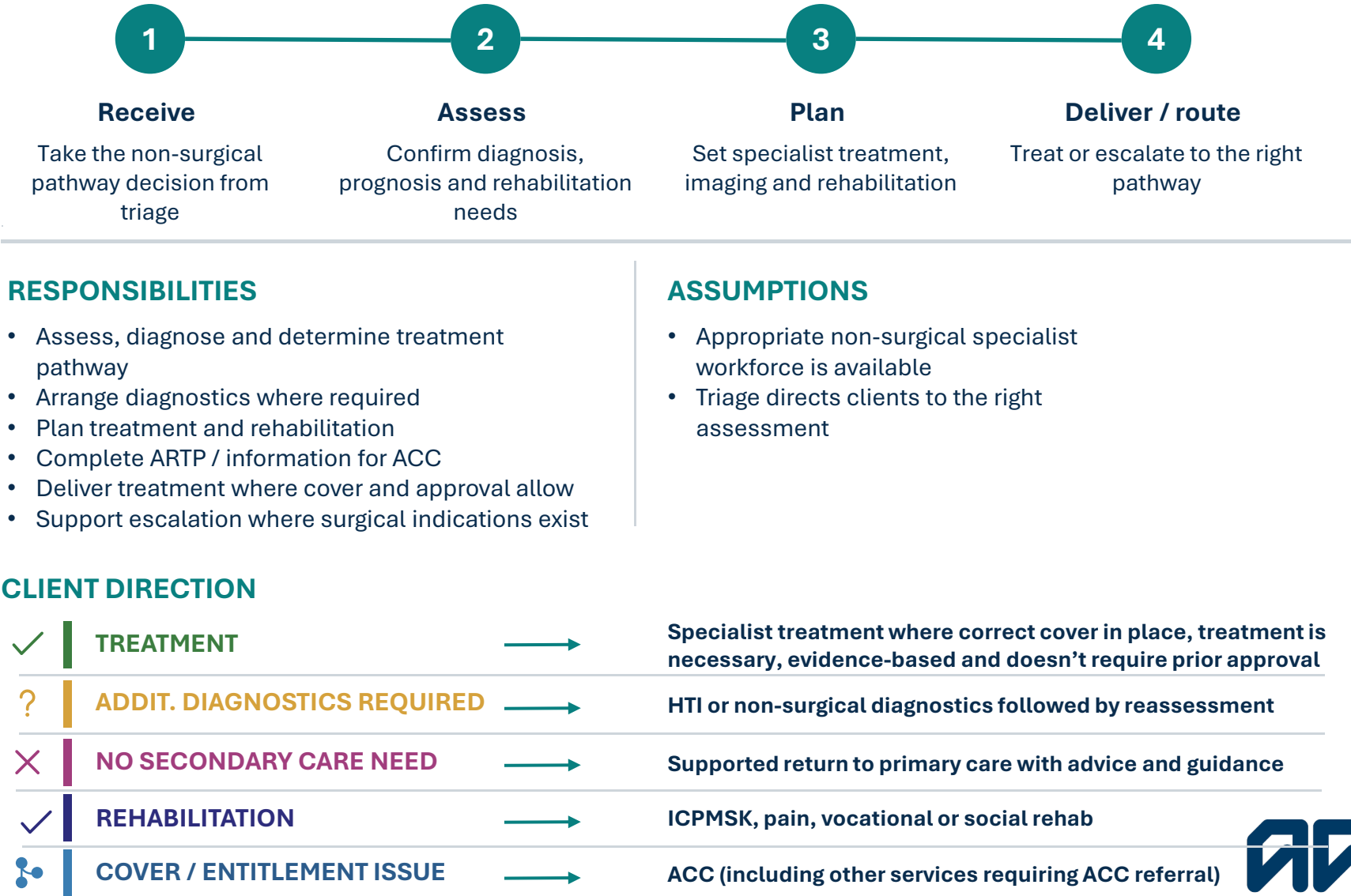
Provides specialist-level diagnosis, prognosis and treatment planning for clients who are not on an immediate surgical pathway, including escalation to surgery if indications emerge.

WHO

Vocationally registered specialist inc. MSK, Sports & Exercise or other relevant.
Supported by APP/Specialist Physio/Registrar

INPUT ASSUMPTIONS

- 40–90 min
- Weighting: 75% simple / 25% complex
- ~111K combined assessments
- Substituted cost; broadly cost-neutral



Surgical assessment | Service overview

PURPOSE

Determines whether surgery is clinically indicated, produces the treatment recommendation and provides the information ACC needs for any formal surgery-entitlement decision.

WHO

Vocationally registered surgical specialist, typically orthopaedics.
Supported by APP/Specialist
Physio/Registrar

INPUT ASSUMPTIONS

- 40–90 min
- Weighted: 75% simple / 25% complex
- ~111K combined assessments
- Substituted cost; broadly cost-neutral



RESPONSIBILITIES

- Assess, diagnose and determine surgical indication
- Plan treatment and rehabilitation
- Complete ARTP / information for ACC
- Deliver treatment where cover and approval allow

ASSUMPTIONS

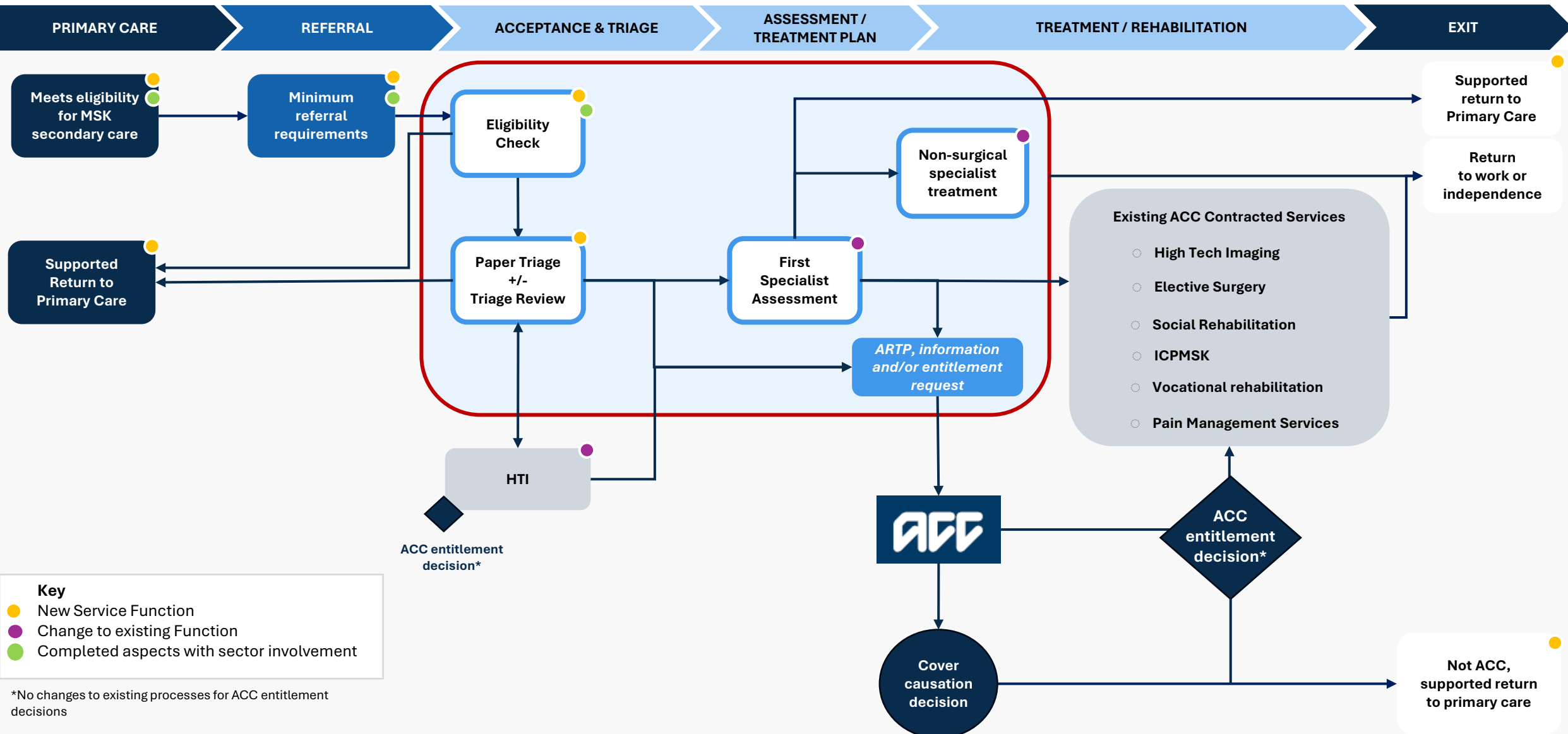
- Triage ensures timely access to specialist assessment
- Supplier balances complexity and workforce utilisation

CLIENT DIRECTION

✓	TREATMENT	→	Surgery or specialist treatment where correct cover in place, treatment is necessary, evidence-based and doesn't require prior approval
?	ADDIT. DIAGNOSTICS REQUIRED	→	HTI or non-surgical diagnostics followed by reassessment
✗	NO SECONDARY CARE NEED	→	Supported return to primary care with advice and guidance
✓	REHABILITATION	→	ICPMSK, pain, vocational or social rehab
🔗	COVER / ENTITLEMENT ISSUE	→	ACC (including other services requiring ACC referral)



Clinical Services (Musculoskeletal) | Proposed Model



Coordination function | Service overview

PURPOSE

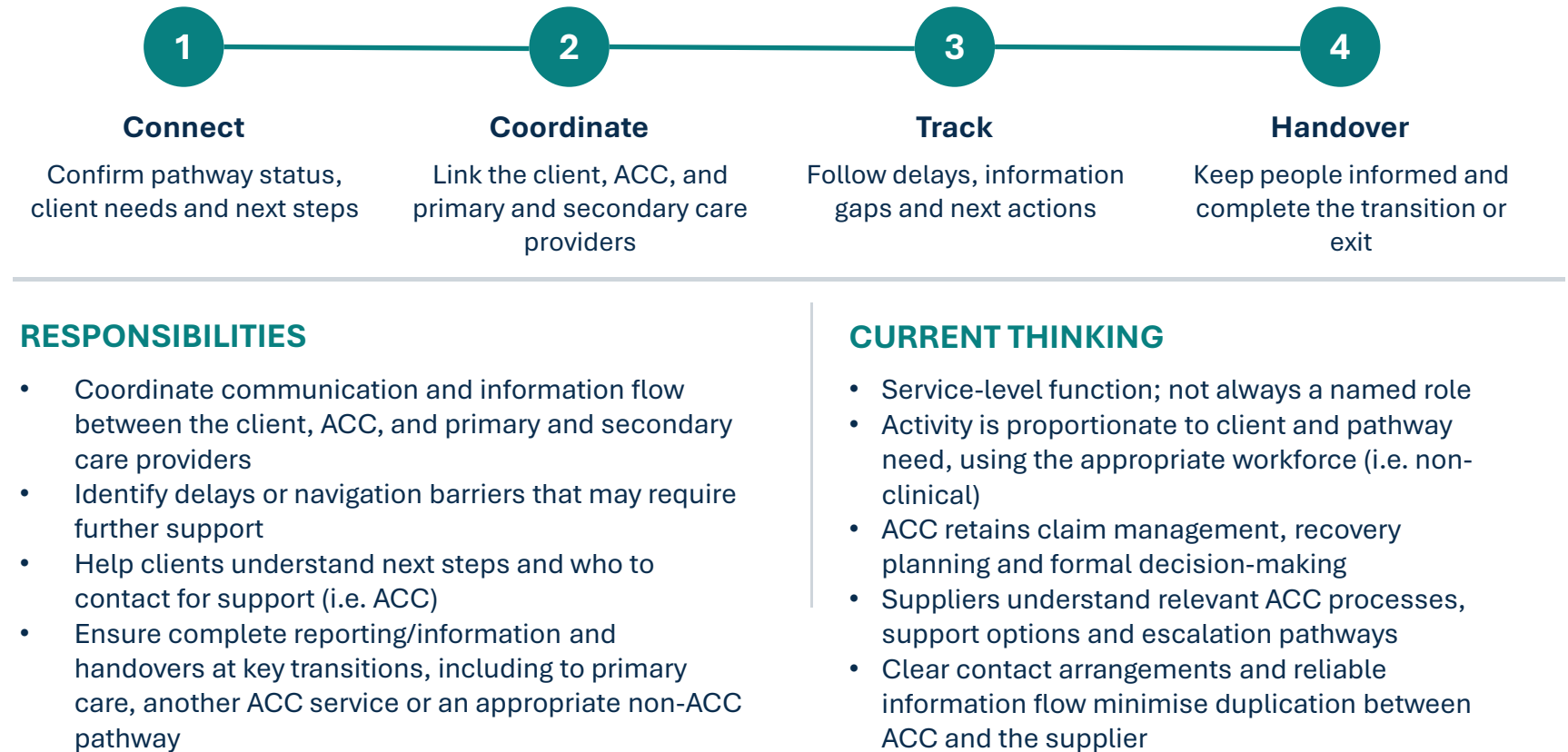
Maintains continuity, communication and complete handovers as the client moves through and out of secondary care. It is not treatment, ACC case management or a decision-making role.

WHO

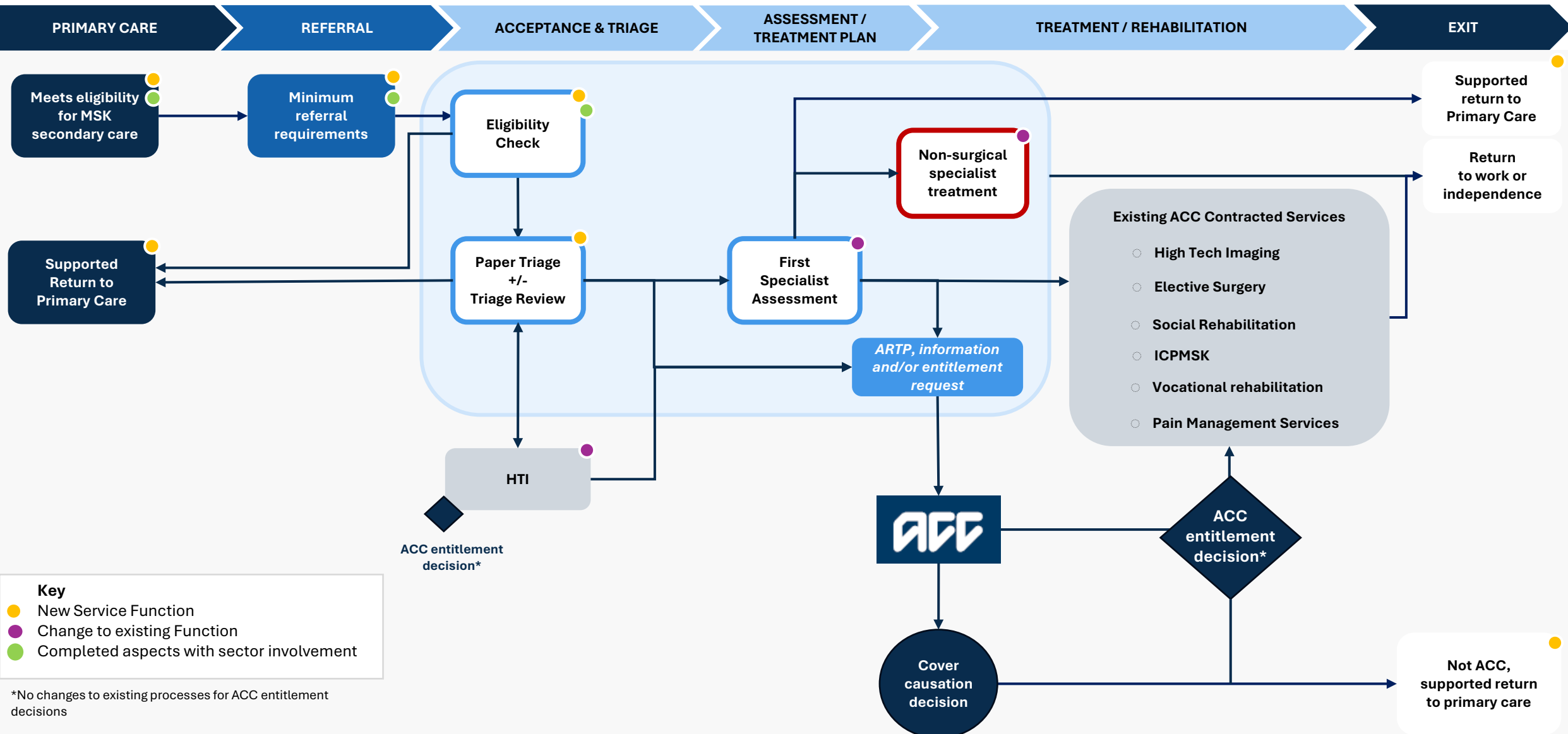
Coordination function across the service

INPUT ASSUMPTIONS

- Weighted: 1 hour per claim +1 hour for earners and complex non-earners, based on health navigator rate.
- Funding embedded in service codes
- New cost



Clinical Services (Musculoskeletal) | Proposed Model



Other treatment & in-room procedures

PURPOSE

Provides appropriate MSK treatment and minor procedures for covered injuries, supporting recovery without a separate elective surgery episode where clinically suitable.

WHO

Named specialists within the required vocational scope

INPUT ASSUMPTIONS

- Existing procedure codes and fees
- Substituted cost



RESPONSIBILITIES

- Confirm clinical need and link to covered injury
- Discuss options and obtain informed consent
- Submit CSARTP where approval is required
- Provide notes to ACC within 7 working days
- Collect hand/wrist outcomes at procedure and 6 weeks

CURRENT THINKING

- Proposed MSK scope draws on current schedule
- Provider and facility requirements continue
- Approval limits and contract boundaries apply
- Complex pain follows the pain service pathway

TREATMENT CATEGORIES

PAIN DIAGNOSIS & TREATMENT	→	Guided / non-guided injections and aspiration, medial branch blocks and radiofrequency neurotomy
OTHER MSK PROCEDURES	→	Wire / screw removal, recasting / splinting, foreign-body removal and scar / inclusion-cyst procedures
IN-ROOMS HAND & WRIST	→	Tendon and nerve repair / release, nail-bed and digit procedures, foreign-body / K-wire removal
SUPPORTS & PRE-OP TESTS	→	Moonboots and simple orthotics, plus cardiac / respiratory tests where surgery criteria apply



Clinical Services (Musculoskeletal) | Proposed Supplier Model

1 CONTRACT AND ACCOUNTABILITY

CLINICAL SERVICES (MSK) SUPPLIER | CONTRACT HOLDER | ACCOUNTABLE CLINICAL NETWORK

2 CLINICAL GOVERNANCE

CLINICAL LEADERSHIP

clinical governance • assurance • escalation • continuous learning • workforce capability

3 MANDATORY DELIVERY

ENTRY AND COORDINATION

- Clinical administrators
- Embedded Coordination

TRIAGE NAMED PROVIDERS

- MSK physiotherapists
- Minimum 5 years' MSK experience
- Specialist input available

ASSESSMENTS NAMED SPECIALISTS

- Vocationally Registered Surgeons
- Vocationally Registered Non-surgical specialists

4 FLEXIBLE AND CONNECTED

OPTIONAL PROVIDERS

- GPs with specialist interest
- Registrars
- Radiologists
- Registered physiotherapist specialists
- APP Physiotherapists
- Accredited hand therapists
- Anaesthetists
- Urgent care physicians

EXTERNAL RELATIONSHIPS

- Local referrers (inc. primary care)
- Vocational providers
- Surgery suppliers
- Other contracted services

5 NETWORK CAPABILITY

Sufficient capacity • geographic coverage • ACC API readiness



Thinking/Options for implementation

A staged regional implementation

One procurement process | Two proposed go-live dates

STAGE 1 REGIONS

Region A + Region B

From 1 December 2027

- ✓ New Clinical Services (MSK)
- ✓ New Clinical Services (Non-MSK)
- ✗ Legacy Clinical Services closes

STAGE 2 REGIONS

Region C + Region D

From 1 December 2027 to 30 June 2028

- ✓ Legacy Clinical Services continues*

*variation issued in stage 2 regions to utilise remaining extension period

From 1 July 2028

- ✓ New Clinical Services (MSK)
- ✓ New Clinical Services (Non-MSK)
- ✗ Legacy Clinical Services closes

Why stage it? Reduce transition risk, protect continuity and allow learning before the higher-volume second stage.

Next steps

How to share your feedback & stay informed



Website

www.acc.co.nz/health-sector-engagement



Provider Update e-newsletter

www.acc.co.nz/provider-news



**Regular market
engagement webinars**



Email us your feedback at:

engage.secondarycare@acc.co.nz

Thank you