Sensitive Claims – Provider Newsletter

July 2009

Welcome to the latest edition of ACC's newsletter for providers treating clients who have cover for sensitive claims.

In this issue:

A change in how we work

At the first meeting of the new ACC Board in April this year, the Board signalled that it expects us to keep a close eye on expenditure, in line with government expectations for all parts of the state sector. ACC is currently undertaking a comprehensive 'Value for Money' review, in which we're scrutinising the ACC scheme costs to identify what is working and where opportunities for enhancing value lie. We've also been working over the past months to reduce our operating costs and manage our resources more efficiently.

For ACC to be able to provide our clients with a continuing high standard of service, remain financially viable, and continue to offer contract opportunities for service provision, we must be capable of responding to challenges that may jeopardise these outcomes.

ACC is now systematically reviewing how we purchase health services across all facets of our operation. A large part of this is finding more innovative ways of working together with vendors and providers, to enhance the efficiency and cost-effectiveness of the services we provide to our clients.

We have adopted a Health Purchasing Framework, to provide guidance for purchasing decisions. The overarching principles of the framework are:

- Purchasing will be **"Relationship based"** where the purchaser / provider relationship must reflect the nature of the service and the market.
- Purchasing will be **"Value driven"** where services' health and rehabilitation benefits should exceed their costs.
- Purchasing will be **"Outcome based"** service specification, purchasing and delivery must be aimed at improving clients outcomes. It must also promote access for all.
- Purchasing will ensure "Purchaser/provider accountability, development and education" – **"Accountability specified".**
- The purchasing approach will be chosen taking into account of service risks and efficiency risks for value for money outcomes – **"Risk adjusted".**
- Purchasing will aim to ensure services are delivered for clients on the rehabilitation pathway at the **"Right time".** Access standards to a service must consider the broader impacts on client outcomes, ACC's wider entitlement costs, and society's broader injury rehabilitation and support costs.

We have already begun to see the benefits of these principles in specific

services for targeted groups of clients, and our team is keen to also find areas of innovation within the treatment of sensitive claims clients. You can expect to hear more about this from us over the next few months.

Response to comment on services
A number of you have made comments recently on the service we provide to you, particularly concerning delays in dealing with Sensitive Claims Unit staff, DATA reporting, cover determination and the review of the ACC Counsellor Register.

We understand some of the frustration, which we share with you, and acknowledge that there have been issues in the services we deliver for you in meeting the needs of our clients.

We take our relationship with counsellors and clinicians seriously, and would like to explain why these have occurred and what we are doing to improve service performance.

Delays due to rising claim numbers
Delays have been caused by growing claims growth, which was up by 41% over the last year, and well in excess of what was forecasted and planned for. As staff numbers are calculated on the previous year's claims, this has put ACC staff under stress. The Unit receives about 6,000 new claims each year, bringing the total number of open claims to about 12,000 - between 4,000 and 5,000 clients access counselling every month, and on average the Unit receives about 550 new claims each month.

In today's financially constrained environment, it isn't possible to simply recruit more staff. Our approach is to streamline the service to ensure we will return to acceptable operating parameters in the near future. We are making considerable headway in that, and will report to you on progress as soon as possible.

Early use of DATA reporting
In the last newsletter we said that in order to provide the best possible outcomes for our clients, we will be revising the use of peer review and DATA at key intervals. Some concern has been expressed at ACC's requirement for timely DATA.

The original intention was that DATA was to be undertaken at the 30 - session point. In reality we are currently addressing backlogs, and DATA currently occurs at around the 50 session mark or higher. In fact, the latest statistics demonstrate that 14% of our clients have had more than a 100 sessions of counseling. This is of concern as it may be possible that some of these clients' treatment may not have a restorative focus as the basis for treatment.

ACC must rehabilitate clients to the maximum extent practicable, and provide treatment that is "*necessary and appropriate*". Reporting is one way of ensuring that these objectives are being met. There has been no increase in the number of reports being required - the first progress report is still only due after the allocation of the first counselling block, usually at 30 sessions. In instances where there are complicating factors present such as co-morbidities, psychiatric histories, or child clients, etc we may only allocate a shorter number of sessions to ensure we receive a report at an earlier stage so as to make sure all of the client's rehabilitation needs are being met. This is done with the best interest of the client in mind, and is not intended to question the professional ability of the service provider.

Service following cover determination
As an insurer and steward of public funds, ACC has to be satisfied that all claims meet the requirements for cover. Unfortunately there is never any guarantee that a claim will be accepted as ACC has to be sure that it meets legislative criteria before we do so.

On average the Unit takes around six weeks to make a cover determination and this is, of course, influenced by the quality of information that we receive, as well as the information received on the cover report. We are asking providers to ensure that all sections of the report are completed in full, including the information around the support that the client is receiving from other agencies (such as CYFS).

If the causal link between the event and the resulting mental injury is clear, a cover decision can be made very quickly. However, where there is no distinction between prevailing pre- and co-morbidities, and as a result the causal link is not very clear, we may have to refer to a suitably qualified clinician to provide a DSM-IV diagnosis and establish causality.

Situations may unfortunately arise where a client is distressed and you have serious concerns for their safety and the claim has not yet been covered. If this happens it is important to remember that ACC funds public health acute services through the local DHB, and this includes emergency psychiatric care. The local CATT team is available to help in these situations, so please make use of them as needed in the interests of the client.

ACC Counsellor Register review
There has been some confusion over the review of the ACC Counsellor Register, for which I apologise.

The 'desk-top review' of providers was necessary so that ACC has up to date information. This information is vital for ACC as it allows us to see the relevant strengths and gaps in service provision. It is reasonable to expect that from time to time we are able to ask for up to date information as many providers have up-skilled or gained additional qualifications since this information was last checked.

The purpose of the review was not to re-register all counsellors, but to provide better quality information for ACC when referring for service. The information sought will enable us to identify counsellor specialties and areas of expertise. This is vital information, for ACC, our clients and for treatment providers.

Once again, the SCU would like to acknowledge that we are operating in difficult times, and thank you for working with us to meet the needs of clients as efficiently and cost-effectively as possible.

Clinical Framework for the ACC Sensitive Claims Unit.

The document *Sexual Abuse and Mental Injury: Practice Guidelines for Aotearoa New Zealan*d also known as the "Massey Guidelines" was discussed in ACC Provider workshops last year. ACC indicated it needed to develop further frameworks to support the adoption of the guidelines into practice.

We have now developed a document *Clinical Framework for the ACC Sensitive Claims Unit.* This Clinical Framework has been established to provide a set of guiding principles for the provision of treatment services (and other entitlements) for clients, health professionals, treatment providers and ACC staff.

This Clinical Framework draws on the "Massey Guidelines" and the rehabilitation approach that underpins ACC activities, to provide guidance for ACC staff, clients and treatment providers. The information in the Massey Guidelines and this Framework will be used to inform clinical pathways for clients who have cover for sensitive claims,

Providers have been sent a pdf copy of the document. Printed copies of the Framework are available from the ACC website

http://www.acc.co.nz/publications/index.htm or by calling the Provider Orderline on 0800 802 444.

Weekly compensation update

ACC has, in the past, provided weekly compensation to clients who were not earning at the date of injury, but were earning at the date of incapacity.
This situation however, has been clarified by the courts. This now means that an employed person who is certified unfit to work because of an earlier injury is not entitled to weekly compensation if they weren't working at the time they received the injury.

Apart from vocational rehabilitation which is provided only to clients entitled to weekly compensation, no other entitlements will be affected by this change.

If any of your clients require more information or support from ACC, please advise them to call their ACC case manager or call our freephone number 0800 735 566.

Therapy completion

Finishing therapy requires collaboration between therapist and clients and can be planned for (and further needs anticipated) early in therapy. Relatively short-term, time-limited therapy is more beneficial for clients then therapy that continues for a long period of time. It is therefore necessary for practitioners to plan constructively for the end of therapy, and to begin this process early.

Finishing therapy is not the end of the client's journey. Bringing the therapeutic relationship to a formal conclusion does not necessarily mean that all of the initial expectations have been met and that the client is free from difficulties, challenges, or problems. Many clients and therapists use the metaphor of a journey, and therapy may be the beginning of a new journey or represent a new direction in a life's journey. It is hoped that therapy will set the client on a new and more productive pathway, and it is helpful to encourage clients to think of finishing therapy in this way.

The therapeutic relationship can have emotional significance. Because of disrupted attachment and the lack of trusting and intimate relationships in the past, the close personal relationship may have greater emotional significance for clients that have been sexually abused. These issues need to be addressed openly and collaboratively with the client. However, there are always exceptions and the therapist should not anticipate that ending the therapy will always result in feelings of loss, anxiety, or abandonment for clients.

Help clients to anticipate and plan for setbacks. The concept of relapse prevention is often useful in planning the end of therapy. In the present context, relapse prevention means allowing clients to experience or anticipate setbacks without these signalling to them some sense of failure, resignation, or hopelessness. It also involves:

- helping clients to recognise situations in which they might be especially vulnerable
- developing strategies for avoiding or managing these situations
- encouraging clients to recognise feelings that indicate they may need special support or a return to therapy before a more serious crisis develops.

You can explain that a return to counselling is normal rather that an indication of a major problem.

Recommendations
Plan for the end of therapy early in the process and in conjunction with the client. During the course of therapy, check that the client is demonstrating increasing levels of independence, particularly in sources of emotional

support and with respect to sustaining relationships with a widening circle.

Establish an expectation with the client that the period of therapy will accomplish some but not all of the goals identified, and that some of the goals will be accomplished by the client following therapy.

During the course of therapy, anticipate future probable setbacks and develop strategies that the client can use to deal with them.

Plan with the client formal times for further contact once therapy has come to an end. Such follow-up contact might be in the form of an individual therapy session and/or telephone or email contact.

Sexual Abuse Assessment and Treatment Services (SAATS)

ACC, the New Zealand Police, the Ministry of Health and Doctors for Sexual Abuse Care (DSAC) have developed a new service that addresses the immediate medical and forensic needs of victims of sexual abuse.

The new 'Sexual Abuse Assessment and Treatment Services' (SAATS) contract is designed for acute, recent and historic cases (both male and female victims across all ages), including those who choose not to lodge a claim with ACC or report to police. It's administered by ACC, with new funding contributed by the Police, ACC and the Ministry of Health. SAATS is available in 13 district health board (DHB) regions:

- Auckland (also lead vendor for the Counties Manukau and Waitemata DHBs)
- Canterbury (also lead vendor for the West Coast DHB)
- Northland
- MidCentral
- Whanganui
- Wairarapa
- Capital & Coast (also lead vendor for the Hutt Valley DHB)
- Taranaki
- Tairawhiti.

Contact your local DHB for more information on how this service is delivered locally.

John Briere Ph.D, Three One Day Seminars

"Working with Complex Childhood Maltreatment Effects in Adults: Treatment Advances, New Techniques, and Mindfulness Issues in Integrated Trauma Therapy".

- Wellington - Monday 31st August 2009
- Christchurch - Wednesday 2nd September 2009
- Auckland - Friday 4th September 2009

For more information contact the DSAC Office on (09) 376 1422, Fax (09) 376 0790, or email dsac@ihug.co.nz, or download the full programme and registration form from http://www.dsac.org.nz/seminars/index.html

If you have any comments or suggestions, have any upcoming training you would like promoted or would like to see relevant topics addressed in this newsletter, please send an email to david.chapman@acc.co.nz. We would like to hear from you.