The Review of the Decision-Making Processes of ACC's Elective Surgery Unit

Phase II

A Report to the External Stakeholders

Prepared by

ACC Research

&

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Executive Summary

In 2011, the ACC Research and Policy teams conducted a review of the decision-making processes of the Elective Surgery Unit (ESU). This review was undertaken because there was need to understand why there was an increase in the numbers of declined claims and also understand the reasons why many declined claims were being overturned under the claims decision review process. The initial review suggested a set of recommendations to improve the decision-making process; these were implemented in 2011-12.

In October 2012, a follow-up review (Phase II) was conducted to:

- Gather feedback from the Phase I external stakeholders to assess their experience with the changes made to the ESU's decision-making processes;
- Gather feedback from clients who would have also experienced some of the changes made to ESU's decision-making processes.

The external stakeholders included in this review were:

- New Zealand Private Surgical Hospitals Association (NZPSHA)
- Royal New Zealand College of General Practitioners (RNZCGP)
- New Zealand Orthopaedic Association (NZOA)
- DHB Chief Operating Officer group
    - The Auckland DHB
    - Counties-Manukau DHB - Middlemore Hospital
- Physiotherapy New Zealand
- New Zealand Medical Association (NZMA)
- Health Funds Association of New Zealand (HFANZ)
- The New Zealand Law Society (NZLS)
- Disputes Resolution Services Limited (DRSL)

Key Findings from the External Stakeholder Interviews

The following overall feedback was received regarding the changes made to the Elective Surgery Unit (ESU) in 2011-12. The stakeholders who have a close working relationship with the ESU commented that:

- ✓ The relationship with the ESU had considerably improved but there was still more to do. (Auckland DHB; Counties-Manukau DHB; NZOA)
- ✓ There is an improvement in the way ESU supports its decisions by providing more evidence to the various stakeholders but there is still more to do. (DRSL; Physiotherapy NZ; NZLS; NZPSHA)

The Health Funds Association of New Zealand (HFANZ), the Royal New Zealand College of General Practitioners (RNZCGP) and the New Zealand Medical

Association (NZMA) reported either not having seen any changes or the changes have made things worse for them and their clients/patients.

The following sections give more information on what has worked, what are some on-going issues and what can be done to improve the decision-making processes of the ESU.

Some of the **key areas identified for improvement** (from all stakeholders) include:

- Continuing with the changes made to the ESU;
- Making Branch decision-making processes in-sync with the ESU;
- Making the information-gathering processes for patient information less onerous;
- Continuously focusing on making legally correct decisions;
- Ensuring the independence of medical advisors - they should be practising specialists;
- Resolving issues around how 'degeneration' is defined and applied to decisions;
- Applying the same decision-making threshold to all claims as it is applied by the DRSL when decisions go to review;
- Liaising broadly with various specialist groups when developing treatment guidelines;
- Improving the ability of sharing almost all patient-related information electronically;
- Having a direct link to the ESU staff as opposed to the 0800 line;
- Promoting the accessibility of medical advisors to stakeholders who may need to talk with them and vice-versa;
- Organising training for the sector around claims application guidelines; and
- Convening annual meetings of all specialists and treatment providers to update them on what is happening.

Key Findings from the ESU Client Survey 2012

The **demographic characteristics** of clients who had their claim accepted or declined were different. Those whose **claims were accepted** were likely to:

- Be **Younger** (64% in both 2011 & 2012 surveys are aged 18-49). In comparison, between 29-34% of declined claims constitute younger people;
- Be **Male** (62% in 2012 cf. 70% in 2011);
- To have a **knee injury** (30%) and/or a **soft tissue injury** (61%); and
- Be **Earners** (56% in 2012 cf. 53% in 2011).

Those whose **claims were declined** were likely to:

- Be **Older-** 50+ (66% in 2012 cf. 64% in 2011);
- Be **Male** (53% in 2012 cf. 57% in 2011);

- Have sustained a **shoulder injury** (40% in 2012 cf. 30% in 2011);
- Have sustained a **soft-tissue injury** (87% in 2012 cf. 92% in 2011); and
- Be **Earners** (52% in 2012 cf. 53% in 2011).

Additionally, it is evident that:

- In proportion to the number of claims lodged by **females** (38%), more of their claims are likely to get declined (47%);
- In proportion to the number of claims lodged by **non-earners** (23%), more of their claims are likely to get declined (30%);
- In terms of **consistency of information**, 44% reported that their health provider had discussed non-surgical options when surgery was recommended. The percentages were similar for approved and declined claims. 56% could not recall having this discussion.
- Among **declined** claimants:
    - 91% received their decision via a **letter**;
    - In terms of the actual decision,
        - 55% agreed that **staff provided a clear explanation** over the phone. This is an improvement on the 2011 survey figure of 44%;
        - 51% agreed that **the letter provided a clear explanation**. This is an improvement on the 2011 survey figure of 44%.
- In terms of how **ACC handled clients' requests for surgery** (an equal number of clients whose request for surgery was approved or declined were interviewed):
    - 80% agreed that their requests were responded to **within an acceptable time period** (85% approved vs. 51% declined);
    - 80% agreed that **ACC treated them fairly** (90% approved vs. 22% declined).
- In terms of **suggested improvements** to the management of requests for surgery:
    - Declined claimants were more likely to criticise ACC rather than their surgeon or GP.
        - Both approved and declined claimants (80% respectively) did not believe their surgeon or GP could have made a difference to their request. On a related note, 34% believed that ACC could have handled their request differently.
    - Those claimants (20%) who thought their GP or surgeon could have made a difference to their request for surgery, suggested that their treatment provider:
        - Could have been more efficient at the beginning of the diagnosis;

        - Provided more information about the surgery including post-surgery information;
        - Done a more thorough investigation of their injury.
- For those **claimants who had approval** for surgery:
    - 73% had had their surgery at the time of this survey;
    - From the total sample of those that had surgery - 51% had it done privately while 14% had it done in the public system;
    - 86% of those who had surgery felt it went well -51% thought it went better than expected. This is comparable to 2011 results;
    - 20% reported that their post-surgery recovery and rehabilitation was worse than they had expected. This is comparable to 2011 results.
- In the context of **Return to Work**:
    - 74% of all claimants were working at the time of the injury;
    - 68% of those employed, who had had their surgery, were back at work at the time of the survey interview.
- Overall, in terms of **effort and trust and confidence**:
    - 58% said it took little effort to deal with ACC. Within this 38% said it took 'very little effort'. Similar statistics were reported in the separate ESU survey done in mid 2012 that had a larger sample;
    - On scale of 0 (low trust) to 10 (high trust), 58% of respondents gave a positive rating of 8 or higher. In contrast, in ACC's overall claimant survey programme, 44% of respondents reported it being 8 or higher. In a survey of the general public, the percentage is even smaller - 23%.

The Current Work Programme of the ESU

The ESU is currently implementing the following strategies as part of its programme to better engage with the key external stakeholders and to improve its responsiveness to the claimants.

1. The ESU continues to work collaboratively with the New Zealand Orthopaedics Association (NZOA) on consideration factors and guidelines for each sub-specialty area that ACC funds for its elective surgery claimants. Recently, ACC's Clinical Advisory Panel (CAP) and the NZOA's Knee Society Sub-specialty group achieved sign-off for the consideration factors associated with the treatment of knee injuries. The collaboration between the two groups looked at the list of clinical factors that are considered to be relevant for determining a causal link between an accident and the pathology that requires treatment. These factors have been published on the ACC website (http://www.acc.co.nz/for-providers/elective-surgery/index.htm) and circulated to all Orthopaedic surgeons in New Zealand and to all Clinical Advisors working for ACC. The current engagement between ACC and the NZOA is focusing on developing consideration factors for the shoulder and

spinal injury types. The agreed guidelines will be shared with relevant stakeholders once sign-off has been achieved.

2. ACC's CAP and NZOA are also planning a presentation to the Reviewers working for Dispute Resolution Services Ltd (DRSL) so that they may consider the approved causal link factors when reviewing disputed cases. The intent is for all parties involved in the approval and provision of treatments necessary for ACC claimants to be aware of the best practice guidelines developed through sector-wide engagement.
3. The ESU has fully implemented all the recommended changes to their current decision-making process for elective surgery funding. To ensure consistency across the various elective surgery decision-making pathways within ACC, a guided process is being rolled out across the organisation and a training module is being prepared to embed it among key internal decision-makers.
4. The ESU and other critical ACC units continue to engage and share new developments with the wider health sector. ACC is committed to providing appropriate care to those who need it, within expected timeframes so that the injured can return to work and/or independence at the earliest time possible. By working with the right people, ACC is confident that it can improve on the way it delivers its mandate.

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Introduction

In 2011, the ACC Research and Policy teams conducted a review of the decision-making processes of the Elective Surgery Unit (ESU). This review was undertaken because there was need to understand why there was an increase in the numbers of declined claims and also understand the reasons why many declined claims were being overturned at the claims decision review process. The initial review suggested a set of recommendations to improve the decision-making process; these were implemented in 2011-12.

In October 2012, a follow-up review (Phase II) was conducted to:

- Gather feedback from the Phase I external stakeholders to assess their experience with the changes made to the ESU's decision-making processes;
- Gather feedback from clients who would have also experienced some of the changes made to ESU's decision-making processes.

This report summarises the finding from both streams of the review. The structure of the report will include:

- A description of the data collection method;
- A discussion of the main findings from both streams of the review, in comparison to the recommendations from the initial review in 2011;
- A summary of the key findings; and
- Some recommendations for the ESU to consider going forward.

Phase II Review Method

ACC Research, The Elective Surgery Unit and Research New Zealand collaborated with the designing of the interview schedule, the in-depth interviewing and the reporting of the perceptions of key external stakeholders around ACC's elective surgery decision-making processes. Research New Zealand spoke to all of the external stakeholders who were part of the initial review, including Disputes Resolution Services Limited that was part of ACC during Phase I of the review but is now an independent entity. The external stakeholders included:

- New Zealand Private Surgical Hospitals Association (NZPSHA)
- Royal New Zealand College of General Practitioners (RNZCGP)
- New Zealand Orthopaedic Association (NZOA)
- DHB Chief Operating Officer group
    - The Auckland DHB
    - Counties-Manukau DHB - Middlemore Hospital
- Physiotherapy New Zealand
- New Zealand Medical Association (NZMA)
- Health Funds Association of New Zealand (HFANZ)
- The New Zealand Law Society (NZLS)

- Disputes Resolution Services Limited (DRSL)

ACC Research, through Research New Zealand, also surveyed 501 elective surgery clients; 250 whose claims had been approved and 251 whose claims had been declined.

In Phase I, the ACC Policy team also did an internal review of the decision-making processes by interviewing key staff, conducting case file reviews, analysing court decisions and reviewing current decision-making processes. This was not in the scope for Phase II of the review.

Objectives for the External Stakeholder Interviews

Specific objectives of the stakeholder interviews were to:

- Understand overall perceptions (satisfaction/dissatisfaction) with ACC's elective surgery decision-making processes, compared with perceptions at the time of the previous review.
- Understand perceptions and experiences of changes to the elective surgery decision making processes, including:
    - Awareness of changes;
    - Impacts, if any, that changes have had on the quality of ACC's **communications;**
    - Impacts, if any, that changes have had on the **decision making process**.
- Establish any further improvements stakeholders would like to see in the future.

Objectives for the ESU Clients survey

The specific objective of the client survey was to:

- Understand **current** clients' expectations and experiences of ACC's elective surgery decision-making processes and its service delivery, **compared** with the expectations and experiences of those clients surveyed during the first phase of the review (i.e. before the implementation of the recommended changes).
    - The client survey also sought to establish awareness and use of the new 0800 line recently introduced for elective surgery queries.

Key Findings from the External Stakeholder Interviews

The following overall feedback was received regarding the changes made to the Elective Surgery Unit (ESU) in 2011-12. The stakeholders who have a close working relationship with the ESU commented that:

- ✓ The relationship with the ESU had considerably improved but there was still more to do. (Auckland DHB; Counties-Manukau DHB; NZOA).
- ✓ There is an improvement in the way ESU supports its decisions by providing more evidence to the various stakeholders but there is still more to do. (DRSL; Physiotherapy NZ; NZLS; NZPSHA).

The Health Funds Association of New Zealand (HFANZ), the Royal New Zealand College of General Practitioners (RNZCGP) and the New Zealand Medical Association (NZMA) reported either not having seen any changes or the changes have made things worse for them and their clients/patients.

The following sections give more information on what has worked, what are some on-going issues and what can be done to improve the decision-making processes of the ESU.

Decision-making process:

The following stakeholders (NZOA, Auckland & Counties-Manukau DHBs, NZPSHA, & DRSL) have the most direct contact with the ESU due to the nature of their work. These stakeholders have all reported seeing **improvements** in:

- ✓ The timeliness, accuracy and flexibility of the decision-making process;
- ✓ How the law was being applied to decisions;
- ✓ The increased accessibility of medical advisors when needed; and
- ✓ How the clinical evidence was being applied to the decisions through the use of ACC's research capabilities and by getting second opinions from specialist bodies.

Some **ongoing issues** included (some contradict the above observations):

- o The increase in the number of declines is impacting on private insurers;
- o It was stated that even where ACC has provided cover, patients with private insurance are being encouraged to also pursue their claims with their insurers because of possible delays to treatment under ACC; and
- o There are still a high number of cases being overturned at review mainly due to ACC applying a higher threshold for declining claims.

The **areas identified for improvement** (from all stakeholders) included:

- ➢ Continuing with the changes made to the ESU;
- ➢ Making Branch decision-making processes in-sync with the ESU;
- ➢ Making the information-gathering processes for patient information less onerous;
- ➢ Continuously focusing on making legally correct decisions;
- ➢ Ensuring the independence of medical advisors - they should be practising specialists;
- ➢ Allowing GPs to order MRIs to speed-up the decision-making;
- ➢ Matching ACC's and DHB's patient prioritisation systems;

- Resolving issues around how ‘degeneration’ is defined and applied to decisions;
- Applying the same decision-making threshold to all claims as it is applied by the DRSL when decisions go to review;
- Seeking opinion on alternative treatment options rather then opting for surgery for most cases; and
- Liaising broadly with various specialist groups when developing treatment guidelines.

Claims-related Communication:

Stakeholders who engaged the most with the ESU reported seeing **improvements** in:

- ✓ The communications with ESU staff;
- ✓ Being kept informed when ACC has been seeking more information from other providers;
- ✓ Being engaged when setting timeframes for the delivery of patient information;
- ✓ Being forwarded copies of the decline letters of their respective patients;
- ✓ The structure and content of the decline letters; and
- ✓ The ability to communicate and provide patient information via secure email.

Some **ongoing issues** included (some contradict the above observations):

- o There are certain information requests still needed in hardcopy when it could easily be done electronically;
- o The email responses to stakeholders who provide patient information does not meet the sectors’ email standards;
- o There are privacy concerns regarding the sending of patient information via email - is it secure enough?
- o The decline letters still need to be improved further because they do not cater to the needs of all stakeholders who treat patients;
- o Not all changes made to the ESU’s decision-making processes are being communicated to all stakeholders;
- o Some of the requests for extra patient information is deemed unnecessary and time-consuming;
- o The non-recording of patients’ usual GPs on application forms causes problems with information requests and impacts on the ability of GPs to track their patients; and
- o All relevant patient information needs to be shared with all treatment providers.

The **areas identified for improvement** from all stakeholders included:

- Improving the ability of sharing almost all patient-related information electronically;

- Ensuring that the electronic information sharing system is very secure;
- Ensuring medical advisors are able to call patients and/or their treating specialists to get more information, especially for cases that go to review;
- Improving the communication around ESU changes to stakeholders. There is also a need to provide more information on the services available via the 0800 line;
- Having a direct link to the ESU staff as opposed to the 0800 line;
- Promoting the accessibility of medical advisors to stakeholders who may need to talk with them and vice-versa;
- Including patients' usual GPs on application forms.

Overall Communication with stakeholders:

Stakeholders reported seeing these **improvements**:

- ✓ Their relationships with the ESU is better (for most stakeholders);
- ✓ There is improved communication (including emails) with those stakeholders that work closely with the ESU - NZOA, Auckland and Counties-Manukau DHBs, NZPSHA, & RNZCGP;
- ✓ ACC is providing education and awareness to the sector on the merits of getting people back to work; and
- ✓ ACC is organising regional meetings for various stakeholders. These are deemed to be very helpful.

Some **ongoing issues** include (some contradict the above observations):

- o The change from a hardcopy newsletter to an electronic one is causing issues for some stakeholders - they cannot readily share it with staff who do not have access to the internet or email;
- o ACC has a high turnover of senior staff. This impacts on established relationships; and
- o Some stakeholders are getting their information about the ESU second-hand, and this may not be appropriate.

The **areas identified for improvement** from all stakeholders included:

- Consulting widely when considering any future changes to the ESU and when developing guidelines for the sector;
- Organising training for the sector around claims application guidelines;
- Ensuring that new senior personnel are well oriented to the stakeholders they deal with;
- Producing newsletters on a regular basis and making them more accessible electronically - in PDF form; and
- Convening annual meetings of all specialists and treatment providers to update them on what is happening.

Key Findings from the ESU Client Survey

The **2012 ESU client survey** results (N= 501) are presented as a comparison with the results of a **similar survey done in 2011** (N=501), for the same purpose. Additionally, where appropriate, the results from a **separate 2012 survey** of clients (N= 1,407) will be discussed. This survey looked at what actions ESU clients took once their 'request for surgery' was either approved or decline. The three surveys have some compatible findings.

The **demographic characteristics** of clients who had their claim accepted or declined were different. Those whose **claims were accepted** were likely to:

- Be **Younger** (64% in both 2011 & 2012 surveys are aged 18-49). In comparison, between 29-34% of **declined** claims constitute younger people;
- Be **Male** (62% in 2012 cf. 70% in 2011);
- To have a **knee injury** (30%) and/or a **soft tissue injury** (61%);
- Be **Earners** (56% in 2012 cf. 53% in 2011).

Those whose **claims were declined** were likely to:

- Be **Older** (66% in 2012 cf. 64% in 2011);
- Be **Male** (53% in 2012 cf. 57% in 2011);
- Have sustained a **shoulder injury** (40% in 2012 cf. 30% in 2011);
- Have sustained a **soft-tissue injury** (87% in 2012 cf. 92% in 2011);
- Be **Earners** (52% in 2012 cf. 53% in 2011).

Additionally, it is evident that:

- In proportion to the number of claims lodged by age cohorts:
    - **Younger** claimants (16-39 yrs) have more claims accepted (35% lodged vs. 38% accepted);
    - **Older** claimants (50+ yrs) have more claims declined (49% lodged vs. 66% declined).
- In proportion to the number of claims lodged by **females** (38%), more of their claims are likely to get declined (47%);
- In proportion to the number of claims lodged by **non-earners** (23%), more of their claims are likely to get declined (30%);
- In terms of **consistency of information**, 44% reported that their health provider had discussed non-surgical options when surgery was recommended. The percentages were similar for approved and declined claims. 56% could not recall having this discussion. Similar statistics were reported in the separate ESU surveys done in mid 2012 that had a larger sample;
- In terms of **waiting for a decision**, 65% had a decision within one month; 44% had a decision within two weeks;
- Among **declined** claimants:

- 91% received their decision via a **letter**; 33% received both a letter and a telephone call. Similar statistics were reported in the separate ESU surveys done in mid 2012 that had a larger sample;
- In terms of the actual decision,
    - 55% agreed that **staff provided a clear explanation** over the phone- This is an improvement on the 2011 survey figure of 44%;
    - 51% agreed that **the letter provided a clear explanation**- This is an improvement on the 2011 survey figure of 44%.

- In terms of how **ACC handled clients requests for surgery** (an equal number of clients whose request for surgery was approved or declined were interviewed):
    - 80% agreed that their requests were responded to **within an acceptable time period** (85% approved vs. 51% declined). This is significantly higher then that reported in 2011 - 71%;
    - 80% agreed that **ACC treated them fairly** (90% approved vs. 22% declined). This is slightly higher then that reported in 2011 - 75%;
    - 76% agreed that **ACC staff were competent** (82% approved vs. 36% declined). This is similar to that reported in 2011 - 75%;
    - 75% agreed that **ACC treated them like a person, not a number** (81% approved vs. 43% declined). This is similar to that reported in 2011 - 70%.
- In terms of **suggested improvements** to the management of requests for surgery:
    - Declined claimants were more likely to criticise ACC rather than their surgeon or GP:
        - While both approved and declined claimants (80%) did not believe their surgeon or GP could have made a difference to their request. On a related note, 34% believed that ACC could have handled their request differently.
    - Those claimants (20%) who thought their GP or surgeon could have made a difference to their request for surgery, suggested that their treatment provider:
        - Could have been more efficient at the beginning of the diagnosis;
        - Provided more information about the surgery including post-surgery information;
        - Done a more thorough investigation of their injury.
- For those **claimants who had approval** for surgery:
    - 73% had undergone their surgery at the time of this survey. In total 66% of respondents had undergone their surgery by the time of this survey. This also included those who had their claim declined but had

- From the total sample of those that had surgery - 51% had it done privately while 14% had it done in the public system;
- 86% of those who had surgery felt it went well - 51% thought it went better than expected. This is comparable to 2011 results;
- 20% reported that their post-surgery recovery and rehabilitation was worse than they had expected. This is comparable to 2011 results.

- In the context of **Return to Work**:
  - 74% of all claimants were working at the time of the injury;
  - Of those who had employment, 32% were off work when the request for surgery was made;
  - 68% of those employed, who had had their surgery, were back at work at the time of the survey interview;
  - 64% of those back at work did so within two weeks post-surgery;
  - Of those back at work, 54% did light duties, 34% did their normal work, while 35% were on reduced hours.
- Overall, in terms of **effort and trust and confidence**:
  - 58% said it took little effort to deal with ACC. Within this figure, 38% said it took 'very little effort'. Similar statistics were reported in the separate ESU survey done in mid 2012 that had a larger sample;
  - Those who had approval for surgery (63%) were more likely to report 'little effort in dealing with ACC' when compared to those who had their request declined;
  - 23% said it 'took some effort', while 13% said it 'took a lot of effort'. In contrast, in ACC's overall claimant survey programme, 35% of respondents said it took 'a lot of effort' to deal with ACC;
  - On scale of 0 (low trust) to 10 (high trust), 58% of respondents gave a positive rating of 8 or higher. In contrast, in ACC's overall claimant survey programme, 44% of respondents reported it being 8 or higher. In a survey of the general public, the percentage is even smaller - 23%;
  - Similar to the above, 66% of claimants who had surgery approved gave a higher trust and confidence rating compared to only nine percent of those who were declined. 30% of those with declines reported having no confidence in ACC.

Discussion

The external stakeholder feedback has provided some mixed messages. Those stakeholders (NZOA, NZPSHA, DHBs, & DRSL) who frequently work with the ESU have reported seeing changes and improvements to the decision-making processes. The HFANZ, as a representative of the health insurance sector, has also seen changes

but from their viewpoint, for the worse. Similarly the RNZCGP, as the representative for GPs, has also noted that some of the changes have made things worse.

The elective surgery client survey results also shows that ESU is more positively viewed by those who have had their request for surgery approved as opposed to those who were declined. Overall, in comparison to the 2011 client survey results, recent clients of the ESU, who have experienced some of the changes, have reported more positive experiences. These results are well supported by the separate survey among ESU clients that occurred in mid 2012, which had a larger sample.

Recommendation

The following recommendations are based on the combined feedback received from the external stakeholder and ESU clients:

1. Continue with changes and improvements made to the decision-making process.
2. Align ESU's processes to those in the branches.
3. Continue to regularly engage with the stakeholders who are key to ESU's operations.
4. Improve the engagement with the other stakeholders who may not directly impact ESU's operations but who are important recipients of ESU's decisions and its outcomes.
5. Continuously engage with all stakeholders on a regular basis to ascertain what further improvements can be made to provide a more client-centric service.
6. Commission a further review of ESU's decision-making processes in due course.

The Current Work Programme of the ESU

The ESU is currently implementing the following strategies as part of its programme to better engage with the key external stakeholders and to improve its responsiveness to the claimants.

1. The ESU continues to work collaboratively with the New Zealand Orthopaedics Association (NZOA) on consideration factors and guidelines for each sub-specialty area that ACC funds for its elective surgery claimants. Recently, ACC's Clinical Advisory Panel (CAP) and the NZOA's Knee Society Sub-specialty achieved sign-off for the consideration factors associated with the treatment of knee injuries. The collaboration between the two groups looked at the list of clinical factors that are considered to be relevant for determining a causal link between an accident and the pathology that requires treatment. These factors have been published on the ACC website (http://www.acc.co.nz/for-providers/elective-surgery/index.htm) and circulated to all Orthopaedic surgeons in New Zealand and to all Clinical Advisors working for ACC. The current engagement between ACC and the NZOA is focusing on developing consideration factors for the shoulder and

spinal injury types. The agreed guidelines will be shared with relevant stakeholders once sign-off has been achieved.

2. ACC's CAP and NZOA are also planning a presentation to the Reviewers working for Dispute Resolution Services Ltd (DRSL) so that they may consider the approved causal link factors when reviewing disputed cases. The intent is for all parties involved in the approval and provision of treatments necessary for ACC claimants to be aware of the best practice guidelines developed through sector-wide engagement.
3. The ESU has fully implemented all the recommended changes to their current decision-making process for elective surgery funding. To ensure consistency across the various elective surgery decision-making pathways within ACC, a guided process is being rolled out across the organisation and a training module is being prepared to embed it among key internal decision-makers.
4. The ESU and other critical ACC units continue to engage and share new developments with the wider health sector. ACC is committed to providing appropriate care to those who need it, within expected timeframes so that the injured can return to work and/or independence at the earliest time possible. Through working with the right people ACC is confident that it can improve on how it delivers its mandate.

Should you wish to discuss any of the above then please contact Bernie Graham, Manager - ACC's Elective Surgery Unit: Bernie.graham@acc.co.nz