Our future, together

In Rural General Practice

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Chief Clinical Officer & Head of Health Partnerships

DATE: 30 April 2021

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

Improving lives by working in new ways

He aha te mea nui?
He tangata.
He tangata.
He tangata.

What is the most important thing?
It is people,
it is people,
it is people.

Whāia, whāia
Whāia Te Tika
Whāia Te pono
Whāia Te aroha
Mō Te oranga tāngata
Kia puta ki Te whai ao,
Ki Te ao mārama
Haumi e, hui e, Tāiki e.

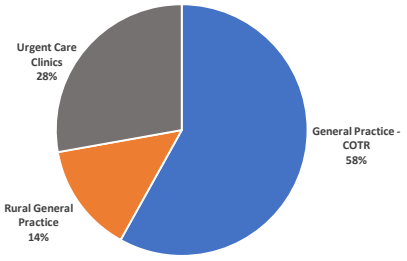
ACC's Purpose Karakia can be used to begin and end meetings and can be interpreted as follows:

Striving to do what is right
Undertaking to act justly
Being considerate of everyone
That it may improve the lives of all

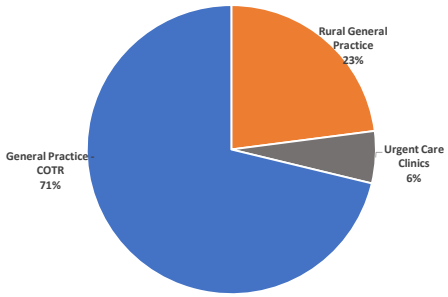
Rural General Practice Services for ACC clients

Since 1st July 2020, together we have supported 190,000 consultations in 173 rural GP services

Distribution of ACC Claims in General Practice – FY21 YTD



Distribution of Telehealth Consults - FY21 YTD



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Primary Response In Medical Emergency (PRIME)

PRIME RESPONSE AND ALLOCATION, 1 JULY 2019 – 30 JUNE 2020

Region	Accident Notifications	Medical Notifications	Other Notifications	Total	Accident Attendances	Medical Attendances	Other Attendances	Total
Northern Region Total	123	372	65	560	56	104	15	175
Central Region Total	232	738	113	1083	137	358	49	544
South Island Region Total	979	2831	416	4226	538	1469	139	2146
Total	1334	3941	594	5869	731	1931	203	2865

Northern Region % Total of Notification Actually attended :	31.25 %
Central Region % Total of Notification Actually attended :	50.23 %
South Island Region % Total of Notification Actually attended :	50.78 %
National % Total of Notification Actually attended :	48.82 %

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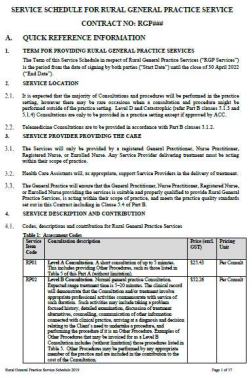
Contract Variation: Rural General Practice Service

From 1 May 2021 the Rural General Practice Service contract will:

- embed telephone consultations
- enable 'catastrophic consultations' billing without prior approval
- clarify Rural General Practice billing alongside PRIME consultation



SERVICE SCHEDULE FOR RURAL GENERAL PRACTICE SERVICE

CONTRACT NO: RGP###

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING RURAL GENERAL PRACTICE SERVICES

The Term of this Service Schedule in respect of Rural General Practice Services ("RGP Services") is the period from the date of signing by both parties ("Start Date") until the close of 30 April 2022 ("End Date").

2. SERVICE LOCATION

2.1. It is expected that the majority of Consultations and procedures will be performed in the practice setting, however there may be rare occasions when a consultation and procedure might be performed outside of the practice setting. Level D and Catastrophic (refer Part B clauses 5.7.3 and 5.7.4) Consultations are only to be provided in a practice setting except if approved by ACC.

2.2. Telemedicine Consultations are to be provided in accordance with Part B clause 5.1.2.

3. SERVICE PROVIDER PROVIDING THE CARE

3.1. The Services will only be provided by a registered General Practitioner, Nurse Practitioner, Registered Nurse, or Enrolled Nurse. Any Service Provider delivering treatment must be acting within their scope of practice.

3.2. Health Care Assistants will, as appropriate, support Service Providers in the delivery of treatment.

3.3. The General Practice will ensure that the General Practitioner, Nurse Practitioner, Registered Nurse, or Enrolled Nurse providing the services is suitable and properly qualified to provide Rural General Practice Services, is acting within their scope of practice, and meets the practice quality standards set out in this Contract including in Clause 5.4 of Part B.

4. SERVICE DESCRIPTION AND CONTRIBUTION

4.1. Codes, descriptions and contribution for Rural General Practice Services:

Table 1: Assessment Codes

Service Item Code	Consultation description	Price (incl. GST)	Patient Unit
B961	Level A Consultation. A short consultation of up to 5 minutes. This includes providing Other Procedures, each to those listed in Table 3 of this Part A (without limitation).	$23.45	Per Consult
B962	Level B Consultation. Normal general practice Consultation. Expected range treatment time is 5–20 minutes. The clinical record will show a problem, the key findings and management plan. Any appropriate professional activities commensurate with service or skill foreseen. Such activities may include taking a problem focused history, detailed examination, discussion of treatment alternatives, counselling, communication of other information connected to the Consultation, arriving at a diagnosis and decision making to the Level B problem. This includes providing Other Procedures, each to those listed in Table 3 of this Part A (without limitation). Examples of Other Procedures that may be invoiced for in a Level B Consultation include (without limitation) those procedures listed in Table 3. Other Procedures may be performed by any appropriate member of the practice and are included in the contribution to the cost of the Consultation.	$33.26	Per Consult

Rural General Practice Service Schedule 2019 — Page 1 of 17

Improving lives by working in new ways

Improving lives by working in new ways:

Health Sector Strategy

Collaborating with our partners throughout Aotearoa so all people get better outcomes from the most effective treatments and services.

Our goals

- Improved customer rehabilitation outcomes
- Higher provider trust and confidence in ACC
- Efficient management of ACC's healthcare spend

What's driving the strategy?

- Needs of New Zealanders are more diverse and complex, we must respond in ways that work for them.
- Demand on the health system is growing fast. We need to be innovative so we can support current and future generations.
- We want every person to get high quality treatment and rehabilitation. We need better data and evidence to help guide our decisions and track progress.
- We need services that enable Māori to flourish in ways that work for them and meet Te Tiriti O Waitangi.
- Our services are purchased individually and providers are not encouraged to work together. We want to shift our focus to wrap services around the person.
- We don't make the most of our role in the wider system and want to be a more active player.

How will the strategy improve outcomes?

- Everyone works together for the best possible outcome for the injured person.
- We have robust data at hand, and the tools and capability, to help us all make the best possible decisions and drive innovation.
- Services by Māori, for Māori. Better choice, experience, access and outcomes for Māori.
- Partnerships and relationships built on genuine trust and collaborative ways of working.
- We are active players in the health sector, shaping services with providers and collaborating across the health system where we can amplify our collective impact on wellbeing.
- We pay for the person's outcome. People get better results, faster – with less waste of $$ or resources.

Clients

- Recovery is seamless and responsive, built around them.

Providers

- Experience more openness and trust from ACC
- Easier to deal with ACC on a day-to-day and strategic basis.

Sector

- We're an active player in the health sector, with services shaped to meet the needs of people.

Our guiding principles	OUTCOMES	WHĀIA TE TIKA	EVIDENCE	COLLABORATION
	We make decisions together, on what we know works.	We weave the principles of Whāia Te Tika to improve equity of choice, access, experience and outcomes for Māori.	We use data and evidence to ensure we're doing the right thing and can track progress.	We work genuinely and closely with our partners to find solutions together.

Covid-19 Vaccine-Related Treatment Injury Cover

We can provide treatment and support for injuries caused by vaccination if the criteria for treatment injury are met.

This means there's a physical injury caused by the vaccination, that's not a necessary part or ordinary consequence of the treatment.

When lodging an ACC claim:

ACC45: please tick the treatment injury box, identify this as an adverse event in the drop-down menu and then enter the COVID-19 vaccine brand name and vaccination dose number in the open comments section

ACC2152: in Section 3 - Treatment claimed to have caused the injury.

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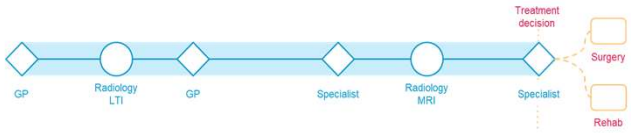
7

GP MRI – rolling out nationally

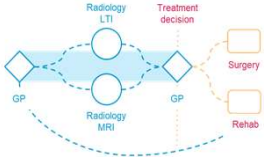
Shortening the time needed to achieve a definitive diagnosis by allowing primary care clinicians to work further up scope.

Reducing the need for specialist appointments that can lead to lengthy wait times with pathways that enable GPs to diagnose through musculoskeletal physical examinations and to refer for MRI

Counterfactual patient pathway



HTI patient pathway



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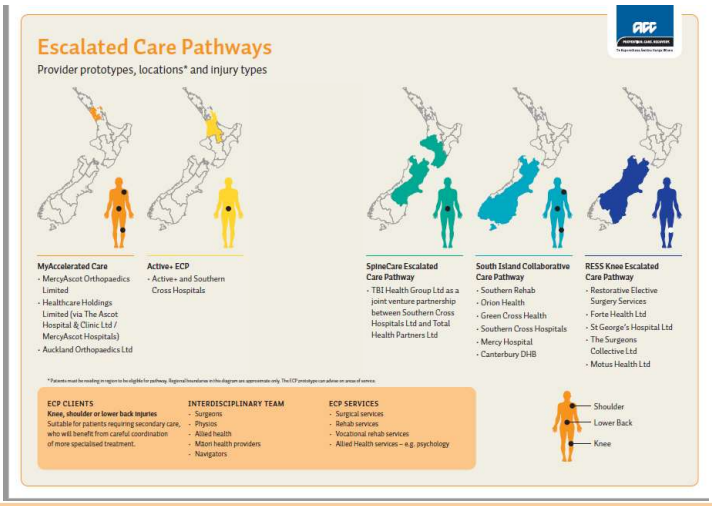
8

Escalated Care Pathways pilot



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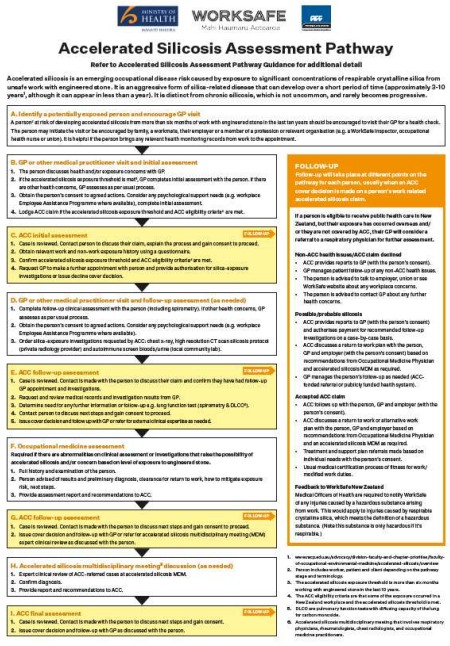
Accelerated Silicosis

The Accelerated Silicosis Assessment Pathway

- The pathway, implemented in September 2020, outlines a process for people potentially exposed to high concentrations of Respirable Crystalline Silica (RCS) in a New Zealand workplace so they may be assessed for potential diagnosis and support.
- This pathway can be found on the Ministry of Health website and Health Pathways.
- RNZCGP presentation available at: https://rnzcgp.org.nz/gpdocs/epulse/GP-Webinar-Final%208-September-2020.pdf



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Surgical Mesh

Information about the process can be found at **acc.co.nz/surgical-mesh.**

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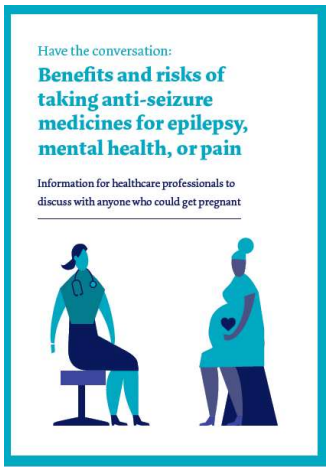
Fetal Anticonvulsant Syndrome



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Recovery at Work after injury

CD7
MB23
MB24
CD8
MB25
MB26
MB27

Why is this an area of focus?

- Assessment of capacity to work, and recommendations you make have long-term implications for your patient and their whanau
- How you engage with your patient about work and recovery, and completion of their certificate will make a difference to your patient's outcomes

Further information and resources outlining evidence of the benefits of returning to work on patient health and well-being can be found within the online learning module on the Goodfellow website

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13

What's on the horizon

Continuous delivery is allowing us to more quickly deliver innovation and improvements to the health sector.

14

Slide 13

CD7 It would be great to here identify improved client outcomes achieved with a rapid return to work
Chris Dutton, 23/03/2021

MB23 Do you mean data demonstrating patient outcomes as a result of returning to work?

Melissa Barry, 23/03/2021

MB24 I have the Q4 headline report from the outcomes after injury survey that might have some of these data

Melissa Barry, 23/03/2021

CD8 Maybe not data, just referencing studies so it doesn't make us look like we're rushing people of the Scheme. Something as innocuous as "Research studies show the faster patients return to work the better their recovery outcome."
Chris Dutton, 23/03/2021

MB25 Ah ok, that should be relatively easy, I'll get these to you within the next hour- my next meeting is cancelled
Melissa Barry, 23/03/2021

MB26 Further information on the Health Benefits of Good Work website (an initiative of the Australasian Faculty of Occupational and Environmental Medicine and the Royal Australasian College of Physicians) referenced within the ACC certifying work capacity module (that I've popped into the orange box). The initiative refers to a large body of evidence which outlines 'good' work is beneficial to people's health and wellbeing, and that long-term work absence and unemployment have a a negative impact on health and wellbeing
Melissa Barry, 23/03/2021

MB27 I've added this into the orange box, and as a speaking note

Melissa Barry, 23/03/2021

Concussion in Community Care pilot

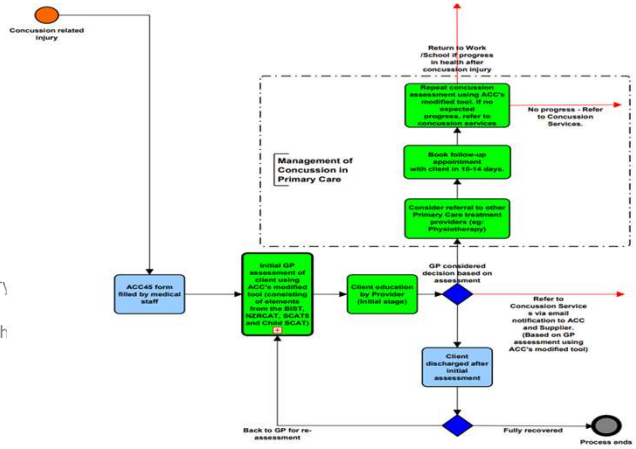
What will this process look like?

This trial will include:

- Standardised assessment in General Practice.
- Streamlined approvals process.
- Access to education material to manage concussion with confidence.
- Outcome measures.

What are our objectives?

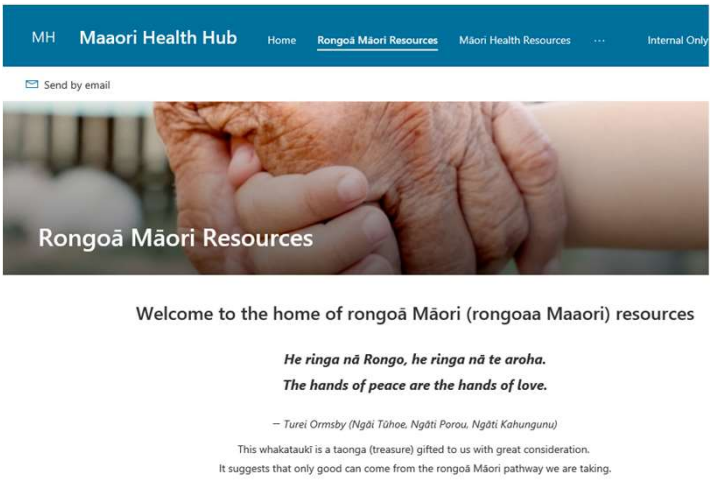
- Consistency of assessment, referral and treatment in primary care.
- (Timely access to the right service, at the right time and at th right place).
- Visibility of outcomes for clients with mild to moderate concussion.
- Reduction of spend in secondary concussion services.



Māori Health Services

A shift toward equity

Our Māori Health Services represent a new way of working with Māori communities, organisations, iwi, hapū and whānau to support improved outcomes for Māori by designing, procuring, and delivering ACC services that can enable better injury prevention, treatment, and recovery.



Education tools

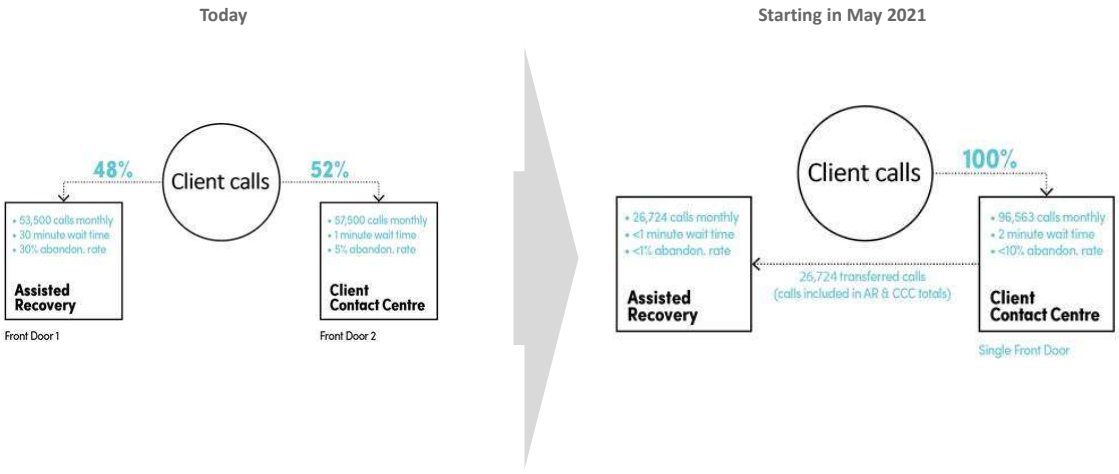
A new online learning platform to better support GPs

- **Learning@ACC** includes interactive modules for newly registered GPs, or those new to Aotearoa New Zealand, to introduce ACC and cover.

Ongoing activities

- We will continue increasing cover and certification resources available in the provider section of the www.acc.co.nz website
- Medical Advisors and Engagement and Performance Managers have delivered 12 education sessions as part of the GP Education Programme. Follow up question and answer sessions will follow later this year.

Simplifying how Customers engage with us



Preventable – our new injury prevention initiative

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19

Need more information?

Any questions, queries or feedback?

Please stop by the ACC stand

We'd love to talk to you!

20