PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

Transforming ACC
Implications for Primary Care

Kevin Morris
Director Clinical Services

Current Position

- Government committed to a no-fault 24/7 accident insurance scheme that is affordable, and sustainable
- Committed to finding a fair balance between the right of claimants to proper care and compensation, and the real costs that the scheme puts on households & businesses
- 5 steps
  - Control of costs
  - Stocktake
  - Experience Rating
  - DRSL separation
  - Discussion document on choice and AE extension

ACC Performance

- "I am particularly proud of the work that ACC has done to turn around rehabilitation that have a huge impact on costs of the scheme."
- "A 1% improvement in rehabilitation rates reduces liabilities by half a billion dollars."
- Prior to 2009 the 70 day rate had fallen to 68% but is now back at 71%

Consultation closed July 15

Choice from 1 October 2012 for employers

ACC "player in the market"

We are taking care to avoid unnecessary administration and costs for health professionals

"We will not be making a final decision on extending choice in ACC until we have refined the important detail through this consultation and received an electoral mandate from the public."

Primary Care Impacts

- Experience Rating
- Choice in work account
- Health & Work Evidence

- The biggest gatekeeper of scheme expenditure

- Need for accountability as levy payers seek to find value

ACC Scheme Expenditure

- Treatment 41%
  - Hospital Acute 13%
  - Hospital Elective 7%
  - Medical Treatment 20%
  - Dental 1%
- Social Rehabilitation 16%
- Vocational Rehabilitation 2%
- Weekly Compensation 32%
- Other 9%

Medical Gatekeeper

- 72% expenditure involves medical practitioners.
- 44% of this is from the prescribing of time off work
- Medical practitioners must understand the relationship between work and health to safely prescribe time off work

Without Work all Life Goes Rotten – Albert Camus

- BMJ Editorial October 1992 Richard Smith

- "Unemployment raises the chance that a man will die in the next decade by about a third, and for those in middle age – with the biggest commitments – the chance doubles. The men are most likely to die from suicide, cancer, and accidents and violence."

Work & Health

- Health Risk = smoking 10 packets of cigarettes/day (Ross 1995)
- Suicide in young men 6+ months out of work is increased 40 fold (Wessely, 2004)
- Suicide rate 6 times higher in long term out of work (Bartley et al, 2005)
- Health risk & decreased life expectancy impact more than many "killer" diseases (Waddell & Aylward, 2005)
- Greater risk than the most dangerous jobs e.g. construction/North Sea (Aylward, 2007)

Work & Health USA

- Preventing Needless Work Disability by Helping People stay Employed – ACOEM 2006
- Introduced "SAW" language
- Noted the incidence of long absence associated with minor injuries
- Recommended focus on the process
- "Common sense evidence abounds that keeping people productively employed is good for them and society"

Work & Health UK

- Working for a Healthier Tomorrow – UK – 2007
  - Dame Carol Black noted:
  - "For most people their work is a key factor in their self worth, family esteem and identity. So if they become sick and are not helped quickly enough, they can all too easily find themselves on a downward spiral into long term sickness and a life on benefits"

Work & Health

- Dame Carol Recommended:
  - New Fit for Work service be piloted for early stages of sickness
  - Service extended to those on incapacity and other out of work benefits
  - Outdated paper based sick note be replaced with "fit note" stating what people can do, not what they can't

The Royal Australasian College of Physicians

The Australasian Faculty of Occupational & Environmental Medicine

REALISING THE HEALTH BENEFITS OF WORK

A POSITION STATEMENT

"Realising the Health Benefits of Work" - AFOEM 2010

- To date the findings are unambiguous. In general, work is good for health and wellbeing.
- As physicians, we see the firsthand the personal tragedies that long term work absence, unemployment and work disability wreak on individuals, families and communities.
- Rubbing salt into the wound, extended time off work often sees a worsening rather than an improvement in symptoms and conditions it is supposed to ameliorate.

RACP, AFOEM – Consensus Statement 2011

Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
Royal Australasian College of Physicians

New Zealand Consensus Statement on the Health Benefits of Work

At the heart of this consensus statement regarding the health benefits of work is a shared desire to improve the welfare of individuals, families and communities.

Realising the health benefits of work for all New Zealanders requires a paradigm shift in thinking and practice. It necessitates cooperation between many stakeholders, including government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions.

We, the undersigned, commit to working together to encourage and enable New Zealanders to achieve the health and wellbeing benefits of work. We acknowledge the following fundamental principles about the relationship between health and work.

- Work is generally good for health and wellbeing.
- Long term work absence, work disability and unemployment have a negative impact on health and wellbeing.
- Work must be safe so far as is reasonably practicable.
- Work is an effective means of reducing poverty and social exclusion, including that faced by Maori and Pacific people and other currently disadvantaged groups. With appropriate support, many of those who have the potential to work, but are not currently working because of economic or social inequalities, illness or acquired or congenital disability, can access the benefits of work.
- Work practices, workplace culture, work-life balance, injury management programs and relationships within workplaces are key determinates, not only of whether people feel valued and supported in their work roles, but also of individual health, wellbeing and productivity.
- Individuals seeking to enter the workforce for the first time, seeking reemployment or attempting to return to work after a period of injury or illness, face a complex situation with many variables. Good outcomes are more likely when individuals understand the health benefits of work, and are empowered to take responsibility for their own situation.
- Health professionals exert a significant influence on work absence and work disability, particularly in relation to medical sickness certification practices. This influence provides health professionals with many opportunities for patient advocacy, which includes, but is not limited to, recognition of the health benefits of work.

Government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions all have a role to play in promoting the health benefits of work. Through actions appropriate to our various areas of responsibility or activity, we agree to:

- Promote awareness of the health benefits of work;
- Offer support and encouragement to those attempting to access the health benefits of work;
- Encourage employers' continuing support of workers' occupational health; and
- Advocate for continuous improvement in public policy around work and health, in line with the principles articulated above.

Signatories:

Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
Royal Australasian College of Physicians

AUSTRALIAN SIGNATORIES

March 2011

Adult Medicine Division of the RACP
Association of Self Insured Employers of Queensland
Australasian Faculty of Occupational and Environmental Medicine
Australasian Faculty of Public Health Medicine
Australasian Faculty of Rehabilitation Medicine
Australian and New Zealand Society of Occupational Medicine
Australian Association of Occupational Therapists
Australian College of Rural and Remote Medicine
Australian Counselling Association
Australian Federal Police
Australian Life Underwriters and Claims Association
Australian Osteopathic Association
Australian Physiotherapy Association
Australian Psychological Society
Australian Rehabilitation Providers Association
Australian Society of Rehabilitation Counsellors
Business Council of Australia
Career Industry Council of Australia
Chiropractors' Association of Australia
Comcare
Ford Health
Health and Productivity Institute of Australia
Medibank Health Solutions
National Aboriginal Community Controlled Health Organisation
Police Association of NSW
Police Federation of Australia
Public Health Association of Australia
Q-COMP
Queensland Department of Justice and Attorney General
Royal Australasian College of Physicians
Royal Australian & New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
Safety Institute of Australia
SafeWork Australia
WorkCover New South Wales
WorkCover Queensland
WorkCover South Australia
WorkSafe Victoria
WorkCover Western Australia
WorkSafe Western Australia

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Australasian Faculty of Occupational & Environmental Medicine (AFOEM)
Royal Australasian College of Physicians

NEW ZEALAND SIGNATORIES

March 2011

Accident Compensation Corporation
Adult Medicine Division of the RACP
Association for Supported Employment in New Zealand
Australasian Faculty of Occupational and Environmental Medicine
Australasian Faculty of Public Health Medicine
Australasian Faculty of Rehabilitation Medicine
Australian and New Zealand Society of Occupational Medicine
Business New Zealand
College of Nurses Aotearoa
Council of Medical Colleges in New Zealand
Department of Labour
Employers and Manufacturers Association
Employers' Disability Network
Human Resources Institute of New Zealand
Investment, Savings and Insurance Association
LADUCA Auckland
Maori Health Development Organisation - Tui Ora
Maori Medical Practitioners Association
Ministry of Health
Ministry of Social Development
New Zealand Association of Accredited Employers
New Zealand Association of Occupational Therapists
New Zealand College of Public Health Medicine
New Zealand Council of Trade Unions
New Zealand Institute of Safety Management
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand Occupational Health Nurses Association
New Zealand Orthopaedic Association
New Zealand Physiotherapy Society
New Zealand Public Service Association
New Zealand Rehabilitation Association
New Zealand Rheumatology Association
NZ Rural General Practice Network
Physiotherapists' Association, NZ Private
Royal Australasian College of Physicians
Royal Australian & New Zealand College of Psychiatrists
Royal New Zealand College of General Practitioners

Prevention

- Primary
  - Don’t let bad things happen
- Secondary
  - Keeping “little things little”
- Tertiary
  - Mitigating the damages

Better @ Work

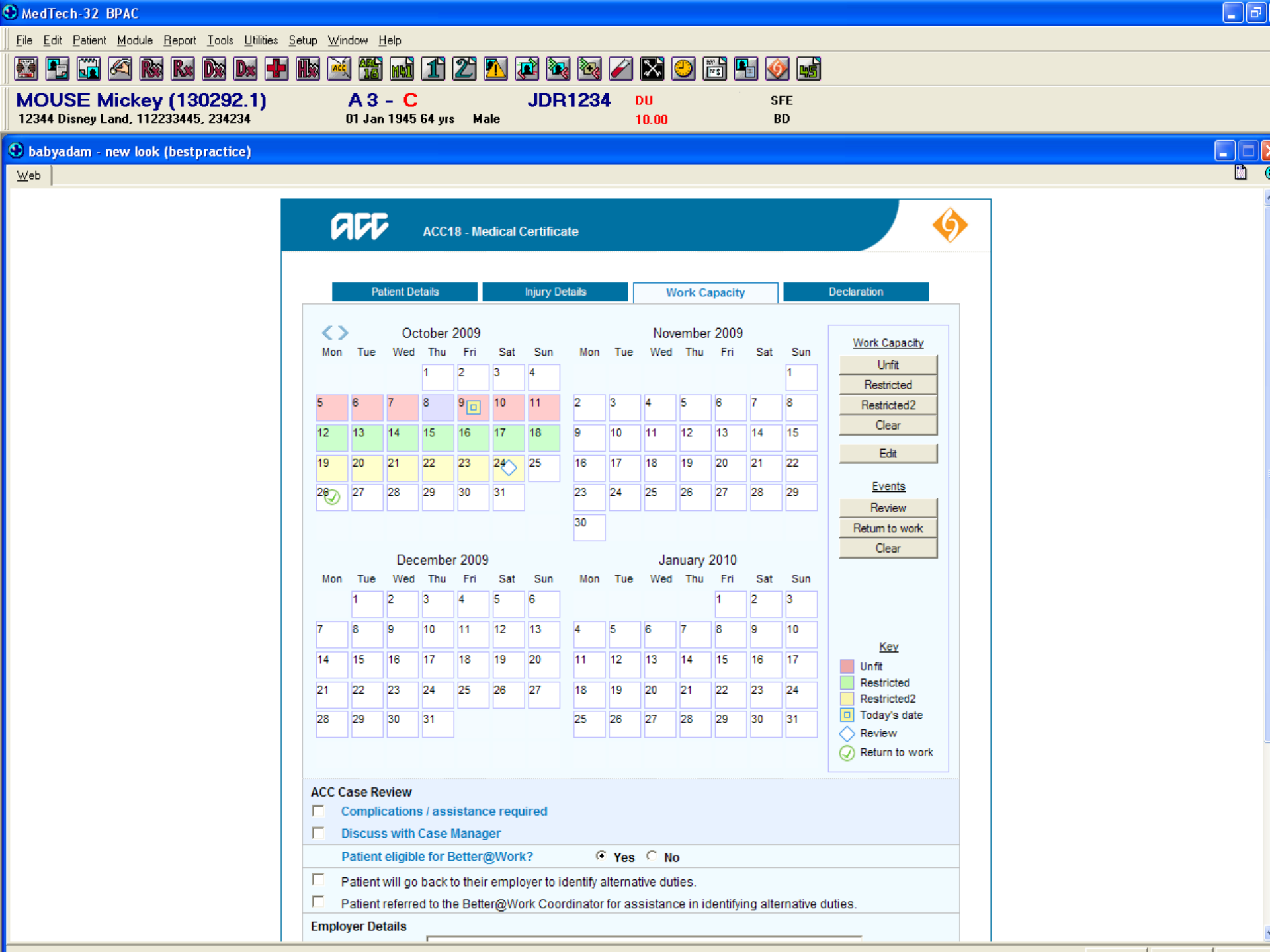
- Evidence based
- Paradigm Shift
- Behaviour change through Outcome Based Payments
- Collaboration

Collaboration

- Employers
- Employees/Unions
- Practitioners
- International Input

Better @ Work Process

- GP consultation
- Referral & Certification eACC18
- Local Coordinator
- Handover from coordinator to case manager at negotiated time if incapacity ongoing
- Local agreements with Emergency and A&M clinics
- Outcome & Fee for Service payments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Patient Details
Injury Details
Work Capacity
Declaration
October 2009
November 2009
December 2009
January 2010
Mon Tue Wed Thu Fri Sat Sun
Work Capacity
Unfit
Restricted
Restricted2
Clear
Edit
Events
Review
Return to work
Clear
Key
Unfit
Restricted
Restricted2
Today's date
Review
Return to work
ACC Case Review
Complications / assistance required
Discuss with Case Manager
Patient eligible for Better@Work?
Yes
No
Patient will go back to their employer to identify alternative duties.
Patient referred to the Better@Work Coordinator for assistance in identifying alternative duties.
Employer Details

Outcomes Wanted

- Fewer Employees certificated as “fully unfit” by practitioners
- More workers who are certified as having some “capacity” are accommodated in the work place by employers
- All parties are satisfied with the process

Methodology - Difference in Difference

- The impact of a policy on an outcome can be estimated by computing a double difference, one over time (before-after) and one across sites (between B@W and not B@W)

- If average sample data is available for B@W and not B@W for at least two time periods, the DID method produces estimates of impacts that are in principle more plausible than those based on a single difference (either over time or between groups).

“Fully Unfit”

- Statistically significant increased probability of getting “Fit for Selected Work” certificate (FFSW) in Taupo as compared with the control sites

Accommodated at Workplace

- Statistically significant increased probability of having employer provide work for those workers who are certified as FFSW

Satisfaction

- "She really helped me with knowing what to do and say …. When I wasn't at my best" - client
- "I've enjoyed the process and the approach, it should become the blueprint for a new way of working" – GP
- Client Survey – 82% satisfied or very satisfied with the service provided by their B @ W GP
- Employers – very enthusiastic about RTW Coordinator role