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Prevention. Care. Recovery.

Pain Management Services

Operational Guidelines

December 2024



These Operational Guidelines should be read in conjunction with the:

- Standard Terms and Conditions document; and
- Service Schedule for Pain Management Service (“your contract”).

The services you provide must comply with your contract. Where there are any inconsistencies between the operational guidelines and the Service Schedule, the Service Schedule will take precedence.

This is a living document and will be updated as needed – the latest version will be available on the ACC website at www.acc.co.nz.

ACC will consult with Suppliers if substantial changes to this document are proposed.



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Useful contacts and telephone numbers

As part of delivering Pain Management Services on ACC's behalf it is likely you'll need to get in touch with several of our teams for help of advice. Here are their key contact details:

ACC Provider Contact Centre	Ph: 0800 222 070	Email: providerhelp@acc.co.nz
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ACC Client Helpline	Ph: 0800 101 996	
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Provider registration	Ph: 04 560 5211	Email: registrations@acc.co.nz
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ACC Digital Operations eBusiness	Ph: 0800 222 994 [Option 1]	Email: ebusinessinfo@acc.co.nz
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Health Procurement: Contract Administrator and Health Procurement Specialist	If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team: Email: health.procurement@acc.co.nz	
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Engagement and Performance Managers	Engagement and Performance Managers can help you to provide the services outlined in your contract: Contact Provider Contact Centre or go to the ACC website - contact our provider relationship team for details of the Engagement and Performance Manager in your region	
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ACC Website	For more information about ACC, please visit: www.acc.co.nz	
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ACC Portfolio Team	For any questions on the Impairment Assessment service for the Portfolio Manager and/or Portfolio Advisor, email painmanagement@acc.co.nz	
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Introduction

Welcome to the Pain Management Service Operational Guidelines. This document is intended as both a guideline for those working to deliver pain management, and as a framework document for ACC.

These guidelines are a living document and will be updated in response to Supplier/Provider and client feedback, Provider service delivery issues, and as part of ACC's continuous improvement process. The latest version will be available on the ACC website at www.acc.co.nz.

Definitions

The following definitions apply for this operational guideline:

ACC Recovery Team member	This term refers to the person responsible for the Client's ACC claim and can cover several specific roles depending on where the claim is being managed.
Client	The injured person receiving Pain Management Services.
Family/Whānau	The people related to the injured person such as a wife, husband, daughter, son, grandchild, etc. This can be whoever the Client defines as family with the appropriate responsibilities that may entitle.
Interdisciplinary Team (IDT)	The term means a group of health care professionals from diverse fields who work in a coordinated fashion toward a common goal for the Client. As the name implies, teamwork in health care employs the practices of collaboration and enhanced communication to expand the traditional roles of health workers and to make decisions as a unit working toward a common goal.
Key Worker	The key worker is a provider with specific responsibilities for an individual Client as outlined in this operational guideline. The key worker assumes the operational responsibility for the delivery of services to the assigned Client on behalf of the Supplier.
Provider/Service provider	The Provider delivers the service with the Client. They may be the same person as the Supplier. Their professional qualifications are outlined in the Service Schedule and this operational guideline.



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Supplier	The Supplier is the legal holder of the contract and has the full and final responsibility for the delivery of the service. The Supplier can also be a service provider and the employer of service providers.
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Care Plan	This term means the Pain Management Care Plan. The Care Plan does not need approval from ACC.
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Recovery Plan	This plan is developed by ACC with the Client. This is separate from the Care Plan referred to above.
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Pain Management Services Overview

ACC's Pain Management Services have been designed for Clients who have persistent pain lasting three months or more as a result of the covered injury which is not resolving within normal clinical expectations, or who have a Complex Regional Pain Syndrome (CRPS) diagnosis. Persistent pain is defined as recurrent or chronic pain that continues beyond the expected injury healing time.

The purpose of Pain Management Services is to improve Client outcomes and experience by reducing the impact of persistent pain following an injury. Pain Management Services are provided by an experienced Interdisciplinary Team working collaboratively to provide tailored support to Clients.

Service Objectives

The primary objective of the service is the delivery of high quality, evidence-based support to Clients with persistent pain under a biopsychosocial framework.

The success of the service will be measured on the outcomes achieved, including:

- Client satisfaction with the services received.
- The time it takes for Clients to achieve the outcomes specified in their Care Plan.
- Efficient use of resources.
- Sustainable outcomes for Clients.
- The outcome measurably contributes towards the Client's return to work or independence.

Culturally Competent Services

Clients will receive culturally safe services which recognise and respect their cultural and spiritual values and beliefs. Information is communicated to Clients in a way that they and their family/whānau or support people understand.

ACC is working to improve the experiences and health outcomes of Māori, as Te Tiriti o Waitangi partners, across all our services, not only Pain Management Services.

Our Cultural safety and competency policy (He kawa whakaruruhau) is available on the ACC website. To support you, we've also updated our cultural competency guidance. "Te whānau Māori me o mahi: Guidance on Māori cultural competencies for providers." This guidance is also available on our website.



Relationships and Responsibilities

ACC and Suppliers work together to support the Client's rehabilitation. They do this by keeping a close working relationship through good communication and respect for each other's areas of expertise.

Communication and relationship expectations

The expectation is that:

- Suppliers, Providers and Recovery Team members will work together to assist in the Client's rehabilitation.
- All parties will respect each other's areas of expertise.
- Providers are experts in pain management rehabilitation and are responsible for achieving the service outcomes for the Client.
- ACC Recovery Team members are experts at managing the complex mix of rehabilitation, entitlements and compliance requirements relating to claims in line with ACC legislation
- ACC is responsible for funding rehabilitation services and will make decisions about funding of Pain Management services.

The Supplier will nominate a key worker to have contact with ACC. The key worker will:

- inform ACC of any issues regarding the provision of assessments or therapy via email, phone or face-to-face
- raise any issues with the service and suggest solutions using clinical rationale to justify where appropriate
- represent the Supplier in service performance discussions
- inform ACC promptly when any contact details change.

Communicating as well as reporting

If any issues which may impact the outcome of the Client's Pain Management Service or change the trajectory of their recovery, then the key worker is encouraged to contact the ACC Recovery Team through either email or phone call to discuss.



Interdisciplinary Team

The Pain Management Service Interdisciplinary Team (IDT) works together to provide integrated, holistic support tailored to each Client's needs. It is essential the IDT collaborates and is guided by shared decision-making, where possible, as part of team meetings and/or discussions. Members of the IDT must not deliver services in isolation or where there is limited discussion or collaboration between all members of the team, including interventional procedure providers.

The use of professions over and above the core interdisciplinary clinical team is at the Supplier's discretion and should be based on the Client's need. The Client's GP/primary health practitioner is a key member of the wider IDT involved in their care throughout the Client's journey. It is expected that the Pain Management Service IDT team works collaboratively with the GP and any other of the Client's treatment or service providers. The Supplier must ensure the Client's General Practitioner or Primary Health Care provider is informed of the agreed treatment plan. The first step in informing the GP or Primary Health Care provider is sharing the ACC6272 Pain Management Plan, Review, Update and Completion Report. The contents of the reports may also need to be discussed with the GP or Primary Health Care provider to ensure the Client receives optimal care with a co-ordinated approach.

If the any members of the IDT involved in the Client's care become aware of:

- safety or security issues with a Client; or
- a risk of harm or self-harm to a Client,

The Supplier will immediately inform any other agency or service provider that the Supplier reasonably considers should be made aware of the issues or risks to protect the Client or any other person and inform ACC as soon as practicable.

Key Worker

The key worker is a significant contributor to the success of the service and is important to the achievement of the Client's goals. For each Client, one member of the core team (as noted in the Service Schedule) will be nominated as the Client's key worker and, on behalf of the Supplier and the IDT, hold overall responsibility for the Client's outcomes. The key worker is responsible for ensuring the team works in an interdisciplinary fashion as stated above.

The key worker is responsible for coordinating the delivery of the programme and maintaining links with ACC and others working with the Client. They are the key point of contact with ACC and are responsible for advising ACC of any issues with providing the service.



Client Eligibility

Clients are eligible for Pain Management Services if they have an accepted claim for a covered injury; and:

- have persistent pain that has lasted for three months or longer from the date of their covered injury; or
- have been diagnosed in accordance with the Budapest Criteria with a Complex Regional Pain Syndrome;
- or have a suspected diagnosis of Complex Regional Pain Syndrome according to the Budapest Criteria and require diagnosis from a Specialist Pain Medicine Physician

There are additional eligibility/entry criteria for each of the programmes/services provided under the Pain Management Services contract.

Considering Client eligibility in exceptional circumstances

ACC expects that exceptions to the eligibility criteria for this service will be rare. If a Supplier believes that, due to their exceptional circumstances, a Client not eligible for the service will achieve a measurable benefit from pain management services, they need to complete the ACC7984 Triage Assessment and provide:

- the clinical rationale to support the Client's need for Pain Management Services
- the expected benefits and outcomes for the Client
- relevant supporting information.

ACC will consider each application on a case-by-case basis. Suppliers can only provide services in exceptional circumstances once they have received approval from ACC.

ACC's obligations

It is important that the client's eligibility is clarified before providing services because ACC may not be able to pay for services when:

- ACC cover is not accepted (note that accepted cover alone does not entitle a client for services),
- the need for pain management does not substantially relate to a covered injury
- the client has no entitlement for the service,
- services provided go over and above the service limits

The Accident Compensation Act 2001 describes ACC's responsibilities regarding

1. Determining cover for an injury, and;



2. The provision of treatment and rehabilitation support necessary and appropriate to assist in restoring the client's health, independence and participation regarding the covered injury.

It is important to note that under the Accident Compensation Act 2001, ACC is only responsible for provision of services related to the covered injury. Non-injury related factors (such as other health conditions or life circumstances) should be documented in the assessment and completion report as the pain condition must be considered in the context of a "whole person" view of the client's presentation. This does not mean that ACC or Providers have obligations or responsibilities to deliver services to directly address non-injury related factors.

Referrals

Referrals for Triage

Triage is required for Group Programmes, and Community Services Level One and Community Services Level Two and is optional for Tertiary Services.

Referrals for a Pain Management Service Triage Assessment can be accepted from General Practitioners (GP), Rongoā Practitioners or another Registered Health Professional currently providing services to the Client.

As prior approval from ACC is not required for a Triage Assessment, the Supplier is responsible for making sure that Clients referred for Triage are eligible for the service.

If a Client does not meet the entry criteria specified in the Service Schedule but the Supplier considers that, due to the Client's exceptional circumstances, the Client would benefit from the Service, the Supplier must contact ACC to discuss directly. ACC will then consider the request and determine whether a Pain Management Services Triage Assessment is appropriate for the Client.

Referrals for Tertiary Delivery Services

Suppliers of Tertiary Services may accept referrals from ACC, the Client's GP, Rongoā Practitioner or another Registered Health Professional currently providing services to the Client.

For referrals from GPs, Rongoā Practitioners or another Registered Health Professional, the Supplier must make sure they have:

- advised ACC they have received the referral
- obtained confirmation from ACC that the Client is eligible for the service.



Suppliers may also accept referrals from Community Services for Clients with clinically complex or intensive service needs, provided liaison with the Tertiary Support Services supports this recommendation.

Checking the referral

The Supplier is responsible for making sure their Triage team checks that Clients referred for a Triage Assessment meet the eligibility criteria and the referral is appropriate.

Where the referral does not have enough information, the Supplier will decline the referral or seek further information to confirm the eligibility criteria is met.

Declining a referral

If a Supplier determines a Client is not eligible for Pain Management Services, they must decline the referral. When a referral is declined, the Supplier must contact the referrer and provide a rationale as to why. Suppliers must record the number of declined referrals as per the Reporting Requirements defined in the Service Schedule.

Referrals for claims managed in Assisted or Enabled Recovery

Call our Provider Helpline on 0800 222 070 or email us at claims@acc.co.nz. Let us know that your Client is participating in a Pain Management Service and provide us with their claim number. Our helpline staff will let you know who the best contact person is.

Release of Client Information at Referral

ACC can send/release information to Providers before the Provider has contacted the Client. The Client has authorised release of their information in their initial application for cover and it is a purpose for which the information is collected. This applies to the Provider asking ACC for further information at the time the referral is made.



Service Requirements - Triage

Purpose

The purpose of the Pain Management Services Triage is to undertake a high-quality preliminary assessment of each Client to determine the nature of the treatment and/or rehabilitation required (if any). The Triage should also include an evaluation of the causes and contributors to the pain and describe the relationship between the pain the Client is experiencing, and the ACC covered injury.

The Supplier will discuss with the Client beforehand so they can arrange to have their

family/whānau or any other support persons at the assessment if they wish to.

The Supplier will discuss the purpose of the Pain Management Services Triage and explain this process does not guarantee entry into an ACC Pain Management Service.

The Triage Assessment for each Client must include:

- Identification of the cultural needs of the Client
- identification of the structural injury the client sustained as a result of the ACC covered injury
- identification of the pain mechanisms involved in maintaining the Client's persistent pain
- an evaluation of all possible causes/contributors to the Client's persistent pain
- an evaluation of the relationship between the pain the Client is experiencing and the ACC covered injury
- a note of any co-morbidities the Client may have
- a summary of ePPOC results
- a list of medicines, obtained by either Client self-reporting, or from the Client's General Practitioner and reporting on the Client's adherence to / utilisation of the prescribed medications. The provider must note on the ACC7984 whether the list of medicines was obtained by the Client self-reporting or from the Client's General Practitioner.
- completion of the ACC7984 Triage Assessment report form

ePPOC at Triage stage

ePPOC must be commenced at Triage in order to inform the Triage clinician and Interdisciplinary team during case review. Rehabilitation recommendations flowing on from the Triage Assessment must reflect ePPOC results.



Cultural assessment

Cultural assessment is an important component of the Triage Assessment. The cultural assessment helps ensure providers understand the Client's values and beliefs as well as identifying who and what is important to the Client. This assessment will also guide the Triage clinician to recommend a clinical pathway that recognises and respects the cultural beliefs and values of the individual.

Specialist Pain Medicine Physician input at Triage

Additional assessment support may be required at Triage if an expert medical opinion is required to clarify the diagnosis/es, causal attribution, or treatment.

Additional Services available during Triage may include:

- a desktop file review by a Specialist Pain Medicine Physician (Service item PN412)
- an in-person Specialist Pain Medicine Physician assessment (Service item PN410 Standard or PN411 Complex).

Telehealth technology can be used to facilitate Specialist Pain Medicine Physician assessments. If Telehealth is used to complete a Specialist Pain Medicine Physician assessment, the relevant Telehealth code must be used to invoice ACC.

It is expected any assessments required outside of the Pain Management Service contract are done using appropriate ACC contracts. Non-contracted services will only be considered in exceptional circumstances.

If Specialist Pain Medicine Physician input is required at the Pain Management Triage stage an extension to the contracted timeframe may be required based on Specialist availability. Suppliers will need to communicate any potential delays to the Triage assessment with ACC.

The Triage Assessment

The Triage Assessment must be completed by at least one clinician who has been selected based on the needs of the Client identified in the referral e.g., if the referral identifies psychological factors are likely to be significantly contributing to the Client's persistent pain, a psychologist should complete the Triage assessment.

The Triage Assessment should be performed in person wherever possible. However, where access is an issue for the Client and would result in delays, the Triage assessment can be undertaken via Telehealth, in accordance with Telehealth guidelines.

If the Triage assessment is completed via Telehealth, the Telehealth code must be used to invoice ACC.



Interdisciplinary Team Review following Triage Assessment

The Triage assessment and recommendations must be reviewed and discussed by the Interdisciplinary Team (IDT), as a form of case review, prior to sending the Triage Assessment report to ACC.

Case review and IDT discussion can be undertaken via phone, email or in-person.

The purpose of the Case review following Triage assessment is to review the recommendations identified during the Triage assessment and confirm the recommendations are clinically appropriate. It may also be beneficial in providing feedback and guidance to clinicians who are unsure of the appropriate treatment pathway

A Psychologist and an appropriate Medical Specialist should be involved in the IDT review to allow for a biopsychosocial review and holistic approach to the Client's rehabilitation. Other members of the wider team may also be included in addition to these clinicians, where clinically appropriate.

If the Triage Assessment is completed by two clinicians from different health disciplines, the IDT Review can be completed by one clinician, rather than two. Please ensure a biopsychosocial approach is taken in this case.

Triage Assessment Form (ACC7984)

The Triage Assessment form or ACC7984 is used to document the results of the Triage Team assessment and the recommended pathway that will best meet the Client's needs. Once this is completed a copy must be sent to the referrer, to ACC, and to the client's General Practitioner.

Referring Clients on after Triage

The Triage clinician is responsible for referring Clients to the service/s recommended to support the clinical pathway. Referrals into a Pain Management Service need ACC approval before the Supplier can deliver the service.

Referring out of the service after Triage

It is possible Pain Management Services will not be the right option for all Clients who are referred for Triage. In these cases, the Triage clinician is responsible for referring the Client out of the service. This may include:



Referred by	Triage Assessment outcome	Action
ACC	Client does not need pain services	<ul style="list-style-type: none">• Notify ACC via the ACC7984• Discharge the Client from Pain Management Services• Invoice ACC for the Triage Assessment
Existing treatment provider	Client does not need pain services	<ul style="list-style-type: none">• Refer the Client back to existing treatment provider with recommendations via ACC7984• Forward a copy of the ACC7984 to ACC• Discharge the Client• Invoice ACC for the Triage Assessment
ACC or existing treatment provider	Client needs can be met by another ACC-funded service	<ul style="list-style-type: none">• Refer the Client to/back to ACC with recommendations via the ACC7984• ACC makes the referral to an alternate service if appropriate• Discharge the Client• Invoice ACC for the Triage Assessment



Overview of the Pain Management Service

The Pain Management Service consists of three components:

Group Programme – is a specialised, stand-alone programme for clients who would benefit from education about pain and learning self-management strategies.

Group Programmes can run prior to engaging in Community Services or run concurrently with Community Services provided an integrated approach is taken.

Community Services – consists of two levels. Community Service Level One is for those with less complex needs or barriers to rehabilitation. Community Service Level Two is for those clients with persistent pain concerns and complex barriers to pain rehabilitation.

Tertiary Services – is for clinically complex clients who require intensive interdisciplinary services to support them with long-standing persistent pain and is offered as an outpatient service or an intensive three-week programme (Monday-Friday). Tertiary Services may also provide support to Community Service Suppliers through the Tertiary Support Service

Medicines Management Service

Due to this service assisting Clients with persisting and/or chronic pain, it is expected that in most cases it will be clinically appropriate for clients referred into the service (at any level) to have a medicine management review, often led by a pharmacist. This will include an initial assessment of the complete medicines use/adherence, recommendations for improvement and follow up to ensure recommendations have been implemented within the service (e.g. psychology plan to address behaviours which may be barriers to medicines adherence, collaboration with the pain specialist to optimise medicine use, communication with primary care to support medicine changes, monitoring medicine management recommendation outcomes).

Medicines management services should be provided where the client

- is taking no medicine for chronic pain management or
- is taking any medicine (for any condition including chronic pain) or
- is taking more than one medicine or
- has a history of or current co-morbidities or
- is taking opiates or cannabis-based products (medicinal and non-medicinal) or
- has two or more prescribers or
- has been discharged from hospital in last three months or
- is non adherent to medicines treatment or
- has not achieved pain symptom management from medicines use



Medicines information collected at the triage step should be included in the medicines management referral.

Medication (Pharmaceutical) Review

A medication review is an assessment to identify and address adherence, safety, appropriateness, and outcomes of a Client's total medication regime. Where clinically appropriate, a review of the Client's medication should be completed at Community Services and at the Tertiary level of service provision.

The medication reviewer is expected to liaise with the primary care prescriber, Client, and IDT team to identify medicines questions and then address those questions to optimise the medicines regime, Client adherence to their medicine regime and health outcomes.

A medication review includes:

- medicines reconciliation (prescribed, non-prescribed and interventional pain medications)
- checking the complete regime (pain and non-pain medications) for interactions, adverse effects, appropriateness, and safety
- liaison with the prescribing physician and the Pain Management Service IDT to identify medicines-related questions
- assessing the Client's understanding of all their medicines, checking adherence and identifying reasons for non-adherence
- recommending changes to either the regime, strengths and doses or duration of use (including stopping unnecessary medicines) to the primary care prescriber and the Pain Management Service IDT
- supporting the prescriber, Pain Management Service IDT and Client to make medicines changes
- medicines education to support adherence and Client medicines self-management



Group Programmes

Group Programmes are specialised, stand-alone programmes, delivered as weekly workshops over a period of up to eight weeks. Group programme participants may include ACC and non-ACC Clients. Group Programmes must be delivered using a validated pain self-management group programme format approved by ACC.

The delivery of Group Programmes can be done either in-person or virtually provided the Client has the appropriate set-up to participate in a virtual setting.

Although this is funded as a stand-alone service, ACC Clients referred for Group Programmes may also be participating in a Community Services programme or other service/rehabilitation concurrently.

As prior approval from ACC is not required for a Group Programme, the Supplier is responsible for making sure that Clients referred for Group Programme, following a Triage, are eligible for the service.

Group Programme sessions will help Clients:

- understand their pain, including education about:
 - what pain is, how it occurs, what causes persistent pain etc
 - how pain affects their mind and body
 - how pain affects relationships
 - learn about their medication and how to use it effectively
- learn self-management strategies such as:
 - how to manage stress
 - how to improve sleep
 - relaxation for mind and body
 - how to pace day-to-day activities including work
 - graded activities aimed at improving physical fitness and flexibility
 - how to communicate effectively with family/whānau, friends and health professionals.

Suppliers contracted to deliver the Pain Management Service may deliver Group Programmes themselves or sub-contract to another healthcare provider eg a Primary Health Care Organisation in the community. Where the Supplier sub-contracts for Group Programmes, the Supplier will seek payment from ACC and manage the payment to the third party. Occasionally, ACC may request information on how these programmes are being undertaken to determine whether the programme meets the standard of a validated pain self-management group programme. Suppliers will need to provide information about results achieved and any changes such as to the programme or personnel when appropriate and on request by ACC Portfolio team.

There are no incidentals available with Group Programmes.



Interdisciplinary Assessment and Care Planning

All assessments and rehabilitation within the Pain Management Service should be informed by a biopsychosocial model. The service has been designed to support this model by allowing flexibility within the IDT for assessment and care planning with the Client.

An initial Interdisciplinary Team meeting must be held for all referrals into Community and Tertiary Services. This meeting ensures the IDT understands the Client's needs and can begin developing the Client's Care Plan. This meeting must include the team members identified in the Service Schedule including the nominated key worker.

The key worker will work with the IDT, the Client and their family/whānau or support person to develop the Client Care Plan. The Client Care Plan must align with the Client's diagnosis, identified needs, goals and:

- provide a clear diagnosis/es with the clinical rationale or supporting information
- provide detail on the programme including the frequency of sessions, the IDT team members involved and the length of the programme
- include functional goals that will support the Client increasing participation in their usual daily activities and return to independence and/or work
- identify pain-related disability factors/barriers and how the Client will be helped to address these
- detail what education will be provided including the self-management strategies the Client will be assisted to develop.

Community Services (Level One and Two)

Purpose

The purpose of Community Services is to support Clients to develop self-management strategies aimed at increasing their quality of life, return to participation in everyday activities and/or work. Community Services are for Clients who have persistent pain that has lasted for three months or more from the date of injury and need an individualised, interdisciplinary approach to support them with pain management. Community Services has two distinct service levels, each with defined eligibility criteria related to the complexity of Client need. The best service level to meet the Client's needs will have been identified in the Triage Assessment report. Clients are not expected to progress from Community Service Level One to Community Service Level Two.



Community Services eligibility criteria

Community Service Level One

Persisting pain lasting three months more as a result of their covered injury which is not resolving within normal clinical expectations and:

- no significant impact on recovery from co-morbidities and/or previous persistent pain; and
- relatively mild restrictions on pain related activity and participation; and
- clinically mild behavioural, cognitive or psychological dysfunction or clinically mild psychological/psychiatric symptoms or a clinically mild psychiatric disorder; and
- have or likely to have other ACC supports

Or, have a mild-moderate Complex Regional Pain Syndrome that is likely to or is responding rapidly to treatment.

Community Service Level Two

Persisting pain lasting three months more as a result of their covered injury which is not resolving within normal clinical expectations and:

- significant impact on recovery from co-morbidities and/or previous persistent pain; and
 - at least one or more of the following:
 - relatively moderate restrictions on pain-related activity and participation; and
 - clinically moderate behavioural, cognitive or psychological dysfunction or clinically mild psychological/psychiatric symptoms or a clinically mild psychiatric disorder; and
 - have or likely to have other ACC supports

Or, have a mild-moderate Complex Regional Pain Syndrome which is anticipated to or has responded slowly to treatment.



Key elements of the community programmes

Community Service Level One	Community Service Level Two
<ul style="list-style-type: none"> assessment by members of the Interdisciplinary Team an initial Interdisciplinary Team meeting a medication review by a registered pharmacist interventions tailored to the Client early identification and mitigation for new and emerging barriers to recovery 	<ul style="list-style-type: none"> assessment by members of the Interdisciplinary Team an initial Interdisciplinary Team meeting a medication review by a registered pharmacist interventions tailored to the Client early identification and mitigation for new and emerging barriers to recovery
<p>Delivered by at least two health professionals and includes:</p> <ul style="list-style-type: none"> at least one in-person consultation with a medical specialist and /or psychologist 	<p>Delivered by at least two health professionals and includes:</p> <ul style="list-style-type: none"> at least one in-person consultation with a medical specialist; and at least one in-person consultation with a psychologist
<p>an in-person assessment or desktop review by a Specialist Pain Medicine Physician where clinically appropriate</p>	<p>an in-person assessment or desktop review by a Specialist Pain Medicine Physician where clinically appropriate</p>
<p>If the Specialist Pain Medicine Physician has been involved with the IDT or completed an assessment they should lead or participate in the IDT while the Client is receiving the service</p>	<p>If the Specialist Pain Medicine Physician has been involved with the IDT or completed an assessment they should lead or participate in the IDT while the Client is receiving the service.</p>

Occasionally, a Client may decide to not participate in part of their Care Plan, eg the Client does not want to see a psychologist. If this happens, the Service Provider who would have delivered that part of the service can stay involved in an advisory role to support the delivery of the Client Care Plan. The Team will inform ACC of this in regular reporting, including any advisory service provided.

There is an expectation that the Supplier will keep ACC informed if Clients do not wish to participate in part of their Care Plan.



Transition to Community Service Level Two

ACC anticipates the Triage Assessment will recommend the most appropriate pathway for Clients and transition from the Community Service Level One programme to the Community Service Level Two programme will very rarely be needed. If the clinical team determines a Client has more complex needs than can be met in Community Service Level One, ACC approval is needed for transition to Community Service Level Two. The Supplier will need to provide ACC with the following evidence:

- the change in the Client's clinical presentation or overall condition that now meets the criteria for Level Two
- why no other service, outside of pain services, can meet the Client's need.

If ACC approves the transition, Suppliers can invoice the transition fee in addition to the payment for Community Service Level One.

ACC will not pay the full Community Service Level Two if Community Service Level One has already been paid.

Repeating a Community Service Programme

Most Clients are expected to develop the self-management skills they require for pain management within the Community Service. The need for a Client to participate in a repeat pain management programme would be extremely rare. Failure of a Client to meet their goals through one programme alone is not an indication that they require a further pain service.

If a Triage or Community Services Supplier has identified a Client will get a measurable outcome from a repeat Community Service, ACC approval is needed. The Supplier must provide ACC with the clinical rationale to support any such request.

ACC Clinical Services will review these requests to determine if the need for a repeat programme:

- is related to the covered injury
- if Pain Management Services are the most appropriate service to meet the Client's needs.

ACC will notify the Community Supplier If the request for a repeat Pain Management Service has been approved.



Tertiary Services

The Tertiary Service is for Clients with more complex pain related needs and has three components:

- Tertiary Delivery Service Outpatient programme
- Tertiary Delivery Service Intensive programme
- Tertiary Support Service

Eligibility Criteria for Tertiary Services

- The additional eligibility criteria for Clients referred to Tertiary Services are;
- severe persistent pain that has lasted for six months or longer
- significant to severe impact on recovery from co-morbidities or previous persistent pain
- at least one of the following:
 - severe activity and participation restrictions because of their persistent pain
 - clinically moderate to severe behavioural, cognitive or psychological dysfunction or clinically moderate to severe psychological/psychiatric symptoms and/or an Axis
 - I psychiatric disorder; and
 - have or likely to have other ACC supports like weekly compensation or home help, frequent use of primary care services or very heavily reliant on natural supports;
- Or one of the following;
 - are being considered for neuromodulation; or
 - are being considered for significant procedures to treat their pain
 - have Complex Regional Pain Syndrome that is anticipated to be difficult to treat or is failing to respond to lower level treatments
 - have failed to achieve the outcomes from Community Services Level One or Community Services Level Two, with clinical indication they require further pain management.

Tertiary Delivery Services - Outpatient and Intensive

Tertiary Delivery Services are for Clients with long-standing persistent and/or significant pain-related disability who require clinically complex or intensive interdisciplinary support.

The majority of the services are delivered in person by the Interdisciplinary Team and may include group sessions for general education and learning about self-management strategies if clinically appropriate.



The Interdisciplinary Team in Tertiary Service Delivery must be led by a vocationally registered Specialist Pain Medicine Physician.

Tertiary Delivery Services support Clients to achieve the following expected outcomes:

- re-engagement in work and everyday activities
- development of self-management strategies so that the Client can manage their pain
- preparation for a return to employment and/or everyday activities
- improvement in their level of function and quality of life so they can return to independence
- understanding their prescribed medication and how this helps to get the best outcome for them.

The Supplier's Interdisciplinary Team will have a meeting to ensure it understands the diagnostic formulation and to develop, in consultation with the client, a Care Plan and goals. It will also undertake a comprehensive assessment to determine the Client's goals, rehabilitation needs and identify any barriers that may impact on rehabilitation. The assessment supports the development of the time-framed Client Care Plan that will address a Client's long-standing and complex pain needs.

The Client works with the Interdisciplinary Team to manage their pain through:

- multimodal activity, behavioural intervention, education, and vocational rehabilitation
- adopting a self-management approach in the management of pain-related disability
- enhancing the level of independence and participation in usual activities such as work and/or home tasks
- communication and liaison with relevant key stakeholders to provide a safe, collaborative, and seamless service and to support the Client's reintegration and participation in their community.

Tertiary Delivery Services may complete an optional ACC Triage, or their own in-house comprehensive assessment within Tertiary Delivery funding.

If the Interdisciplinary Team assessment determines that the Client's needs are best met by the Community Services, the Supplier may:

- provide the Community Service in line with the Service Schedule after getting ACC prior approval; or
- refer the Client on to a Community Services Supplier with recommendations from the IDT assessment; or
- contact ACC to arrange the Community Services for the Client.



Clients are not expected to move through Community Services into the Tertiary Service, but if this does happen, the Tertiary Service can utilise all resources available in the Tertiary Services.

Follow up sessions can be provided within 12 months of the completion of the pain management programme. These sessions are included in the funding cap but are not considered part of the formal pain programme, ie the programme can complete/close when service delivery ends. Follow up sessions may be conducted face-to-face or via Telehealth.

Tertiary Delivery Services – Intensive Programme

Intensive programmes can be delivered as a mix of individual and group sessions that focus on supporting Clients to manage their pain and achieve independence with functional activities at home and work.

Programmes are delivered over three weeks for a minimum of five hours per day, five days per week (Monday to Friday).

Tertiary Delivery Services – Outpatient Programme

Outpatient programmes are delivered over a longer period of time than the intensive programme. It may use group session where this is appropriate for the Client to provide general education and learning about self-management strategies.

Tertiary Delivery Services – Travel and Accommodation

In some cases, Clients from out of region may require accommodation to attend the Intensive Programme.

- accommodation and transport costs for Clients attending the Tertiary Intensive Programme will be considered on a case-by-case basis
- if the Client does not live locally, ACC is responsible for organising the Client's travel to and from their home to the hospital. This is paid outside of the provisions of the Tertiary Delivery Services
- if accommodation is required and approved by ACC, ACC will book suitable accommodation with basic kitchen/cooking facilities so the Client can self-cater. ACC does not fund meals for Clients attending Tertiary Delivery Services (Intensive Services).



Additional services (if required and criteria are met)

- Interventional Procedure Management Coordination - diagnostic, early treatment, and persistent pain interventional procedures directly related to the ACC covered injury, and Interventional Procedure Follow up (if required)
- select interventional procedures (including neuromodulation) may be purchased as an add-on to Tertiary Service Delivery. More information on the process to apply for an interventional procedure can be found in Section 6 of these guidelines.
- Incidentals are available with Tertiary Outpatient programmes only (not Tertiary Intensive programmes).

Tertiary Support Service

The key objective of the **Tertiary Support Service** is to allow community services to seek specialist advice from a range of professional disciplines to support the delivery of services to clients in the community. The Tertiary Support Service does not act as part of the Community interdisciplinary team or deliver any component of the community service, such as assessment or medication review. The Tertiary Support Service offers guidance and clinical leadership to the community services.

Key features of the Tertiary Support Service

- receives and responds to email or phone requests from Community Service Providers with advice relevant to the clinical presentation of the Client
- provides support by attending a case conference via telephone to provide advice and input into the clinical discussions
- reviews and provides recommendations to rationalise the number of interventions if appropriate
- allows Tertiary Service Delivery Suppliers to recommend to ACC that a Client currently receiving Community Services be referred to the Tertiary Service Delivery for more complex or clinically intensive services
- allows follow up/liaison with a Client and Community Service Provider when the Client has been discharged from the Tertiary Delivery Service into a Community Services programme
- works with the Community Services to determine whether the Client needs to transition into Community Service Level Two.

The relevant key worker in the Community Service is responsible for documenting the advice and support received from Tertiary Support Service.



The key worker will:

- document the discussions and any recommendations
- amend the Client's Care Plan as appropriate
- share the amended plan with all stakeholders.

Specialist Pain Medicine Physician Assessments

Specialist Pain Medicine Physicians can complete a comprehensive assessment and provide specialist opinion to the Interdisciplinary Team.

These assessments do not replace the core medical component of the Interdisciplinary Team.

There are two types of assessment that can be used. These relate to the complexity and consider the time to complete the assessment.

- **Standard assessment** - A standard assessment is expected to take up to 2.5 hours including administration, notes, in-person assessment, discussion and report writing
- **Complex assessment** - A complex assessment is expected to take more than 2.5 hours. The case information includes extensive background information, or several conflicting options for treatment or rehabilitation, or the assessment will be undertaken in two parts whilst results of investigations/psychiatric or psychological assessments are obtained.

Desktop File Review

Desktop file reviews can be completed by a Specialist Pain Medicine Physician to provide advice and specialist opinion to the Interdisciplinary Team.

Reporting Requirements

Reporting following a Specialist Pain Medicine Physician review must be submitted to either ACC directly or the Supplier who will submit a copy of the report to ACC.



Interventional Procedures

Select interventional procedures for persistent pain can be delivered as part of the Client's Care Plan where the Interdisciplinary Team identify these are necessary and clinically appropriate. All interventional procedures available within Pain Management Services need prior approval from ACC via an ACC4246 ARTP (Pain Management ARTP), with the exception of pamidronate which may be done without prior approval if the Client meets the criteria outlined in section 23 of these Operational Guidelines. All requests for interventional pain procedures listed in Appendix one of the Service Schedule are to be supported by the IDT and included in the Clients Care Plan prior to being submitted to ACC for consideration.

Interventional procedures for diagnostics and early treatment can be accessed via the Clinical Services or High-Tech Imaging contract if they are directly related to the covered injury. These procedures must be considered in the context of the Client's biopsychosocial pain presentation and relevant supports provided.

Refer to Appendix One of the Service Schedule for the procedures available in Pain Management Services.

Interventional Procedure Management Coordination and Interventional Procedure Follow Up

When an interventional procedure is required as part of a Client's treatment and is reflected on the Client's Care Plan, the Interventional Procedure Management fee can be claimed. This is a one-off payment per claim (even if multiple procedures are performed) to support the administration and coordination of an interventional procedure. This is also to ensure the clinician becomes a member of the Interdisciplinary Team for the duration of their involvement and has input in the Client's rehabilitation.

Interventional Procedure Coordination Follow up is an administration fee that can be used when a repeat interventional procedure is needed. Follow up is to occur no earlier than 12 months since the previous procedure, eg a follow up radiofrequency neurotomy.

Non-Attendance and Did Not Attend Fee

Clients have responsibilities to participate and cooperate in their rehabilitation. Clients should notify ACC or the Provider if they are unable to keep their appointment, or where there are unexpected changes in their circumstances.

Where clients appear unwilling to participate in the Pain Management Services, Providers will determine the best way to manage this situation. Ongoing non-attendance or lack of



engagement in Pain Management Services is a flag that Providers are expected to discuss with ACC.

ACC expects that Providers will make all reasonable efforts to remind the client of the appointment such as an appointment card, a reminder letter, a phone call or text the day before the scheduled appointment.

Providers must complete the ACC7986 Did Not Attend Report when a Client fails to attend an appointment. This helps ACC monitor a Client's engagement through the programme.

Non-attendance is based on the Client failing to attend their appointment and failing to give 24 hours' notice.

Where a Client fails to provide 24 hours' notice due to illness, a Telehealth appointment must be offered to the Client.

Please note: Did Not Attend payments cannot be made for Pain Management Services purchased on a package basis.

Did Not Attend Fee – Triage

In the case where a Triage referral was initiated by ACC and the Client fails to attend, a DNA fee is payable. Prior approval and a purchase order must be obtained from ACC. DNA's are not payable for Supplier initiated Triage Assessments, i.e. with no ACC prior approval.



Neuromodulation

If the Interdisciplinary Team recommends neuromodulation and the request is approved by ACC, the Supplier must ensure that it is undertaken in-line with the Guidelines for Neuromodulation Treatment with Spinal Cord Stimulators for Pain Management which can be found on the [ACC website](#).

Neuromodulation procedures are only available under Auckland District Health Board and Canterbury District Health Board Tertiary Delivery Services.

PNS100	Stage Implantation of Trial Lead	Prior Approval required via ARTP
PNS101	Trial Lead (Implant)	Prior Approval required via ARTP
PNS102	Removal of Trial SCS Lead (if trial unsuccessful)	Prior Approval required via ARTP
PNS103	Stage 2 Implantation of Spinal Cord Stimulator (SCS)	Prior Approval required via ARTP
PNS104	Spinal Cord Stimulator (Implant)	Prior Approval required via ARTP
PNS105	Change of Battery	Prior Approval required via ARTP
PNS106	Battery (Implant)	Prior Approval required via ARTP
PNS107	Revision or change of Spinal Cord Stimulator (SCS)	Prior Approval required via ARTP
PNS108	Replacement Stimulator (SCS)	Prior Approval required via ARTP



PNS109	Revision or change of lead	Prior Approval required via ARTP
PNS110	Replacement lead (Implant)	Prior Approval required via ARTP
PNS111	Manipulation of Spinal Cord Stimulator	No Prior approval required Two Treatments can be delivered before ACC approval is required Clinical letter following procedure required
PNS120	Intrathecal Pump Insertion	Prior Approval required via ARTP
PNS121	Intrathecal Pump (Implant)	Prior Approval required via ARTP
PNS122	Intrathecal Pump Refill	Prior Approval required via ARTP
PNS123	Intrathecal Pump Revision/Replacement	Prior Approval required via ARTP



ACC Funded Pamidronate for CRPS

Intravenous infusion of Pamidronate for the treatment of clients with cover for Complex Regional Pain Syndrome Type 1 (CRPS-1) can be undertaken without prior approval from ACC (maximum three within the first 12 months of diagnosis) if criteria outlined in the Pain Management Services service schedule is met.

If a Client does not meet the criteria outlined in the service schedule, the Supplier will need to complete an ACC4246 Interventional Pain Management ARTP form requesting prior approval from ACC.

Dental fitness checks

ACC will fund the Pamidronate infusion provided certain criteria are met. One of these criteria is the passing of a dental check. Before pamidronate is administered, we need to prevent any collateral damage (osteonecrosis) that could occur by ensuring that the client is unlikely to need urgent or acute dental treatment once this medication is in their system.

The following level of dental fitness will be required:

- No teeth that have poor or hopeless prognosis
- No advanced periodontal disease
- No significant untreated decay/caries
- No untreated endodontic infections

Dental fitness checks will be completed by [Dental regulations](#). If the Client reports financial hardship as a barrier to access, please notify the Recovery Team Member managing the claim to discuss.

Further information on the process for ACC funded pamidronate can be found in Appendix III.

Telehealth

Telehealth consultations can be provided to Clients where clinically appropriate unless the service schedules state the services must be provided in person.

The primary method of delivery of Pain Management Services Community Service Level One and Community Service Level Two is in-person. However, where access is an issue for the Client, a portion of the service may be offered via Telehealth, where clinically appropriate. Where a Client is unable to attend a scheduled appointment due to illness and fails to provide 24hours notice, a Telehealth consultation must be offered.

Suppliers should follow the expectations as set out in ACC's Telehealth guide (ACC8331). This is available on our website.



Incidentals

Incidentals such as a gym membership, pool passes, or education resources are available if access to these facilities will optimise a Client's participation in their pain management programme. These must be:

- needed to enable the Client to achieve their wellbeing and functional goals
- limited to the duration of the service (gym membership and pool passes).

The first request for Incidentals does not require prior approval from ACC and can only be used for Clients receiving support under Community Services and Tertiary Delivery Services (Outpatient Services).

If a subsequent request for Incidentals is made, ACC will need to provide prior approval and a purchase order number.

It is unlikely ACC would fund more than one Incidentals, however in rare circumstances where a Client has changed provider or has exceptional circumstances these requests will be considered on their own merit.

Incidental codes cannot be used to cover administrative or third-party management fees.



Exclusions

Vocational Rehabilitation Services

Pain Management Services may precede, interface with, and complement vocational rehabilitation services.

Vocational Medical Services

Vocational Medical Services to determine a Client's fitness for work or vocational rehabilitation needs are delivered under the Vocational Medical Services contract.

Clinical Services, including Medical Case Reviews

Medical Specialist assessment and treatment needed outside of the Pain Management Services are delivered under the Clinical Services contract.

Training for Independence Services

Rehabilitation to restore or maintain a Client's independence and participation in their everyday activities and wider community are delivered under the Training for Independence Service.

Psychological Services

If the Client only needs psychological services related to their injury, the Recovery Team member will arrange a referral under the Psychological Services contract or other appropriate service.

High-Tech Imaging Services

High-Tech Imaging needed for injury related diagnostics and early treatment are delivered under the High-Tech Imaging Services contract.

Note: It is not the intent for Pain Management Services to be used instead of Treatment services where Clients cannot afford to pay the co-payment.



Client Reporting

ACC6272 Pain Management Plan, Review, Update and Completion Report

The report template is available online at www.acc.co.nz.

Pain Management Plan	When the Supplier accepts a referral, the key worker and the IDT formulate a Care Plan for the Client and complete Part C of the form and submit it to ACC. The form also has sections for a review of the plan and a completion report.
Pain Management Review	A review of Client progress should be completed at the midway point of service delivery. The key worker records the IDT meeting minutes and the results of the review including any changes to the Client's plan in Section D of the form.
Pain Management Completion Report	The purpose of the completion report is to inform the referrer of the outcome of the Pain Management programme. The key worker completes Part E of the form with a summary of the outcomes and status of the Client's pain. Any recommendations for further rehabilitation and referrals to other providers should be included along with the clinical rationale for these.



Goal Setting

Many Clients receiving rehabilitation services have multifactorial, complex problems that often require multiple interventions delivered by different people, frequently in a specific sequence. This requires coordinated actions by a team, a process that depends upon setting interdisciplinary goals that are specific, clear, and personal to the Client.

Goals should be specific and have an associated outcome. Effective goals are clear and unambiguous. They should document exactly what is expected, why it is important, who is involved, where it's going to happen and set timeframes.

The Supplier will:

- develop the pain rehabilitation programme and goals with the Client, their family/whānau and anyone else the Client wants involved
- develop goals that fit with goals the Client is also working towards with other treatment providers (eg vocational rehabilitation) regularly review the goals with the Client so they reflect the current expectations and circumstances
- provide the Client with a current version of their goals to support the Client Care Plan
- create goals that are directly related to the stated service outcomes which need to reflect the Client's needs in relation to pain management
- use goals that are SMART (Specific, Measurable, Achievable, Results driven and Time-framed)
- ensure the outcome date is the date the goals are anticipated to be achieved.

Developing SMART Goals

The following outlines an approach to writing SMART goals (specific, measurable, achievable, realistic/relevant and timely). A SMART goal is set using four parts:

- target activity
- identify the support needed
- quantify the performance expected
- specify the time period to achieve the desired state

The Supplier ensures the Client Care Plan outlines the programme to be provided to the Client, family/whānau or carer (depending on the goals). The plan will present the entire programme and show the path the programme will take. It must be robust and reflect the Client's needs.



A specific goal will usually answer a series of questions:

- What does the Client want to accomplish?
- Why does the Client want this goal? Do they have specific reasons, purpose or benefits of accomplishing the goal? Can the goal be achieved in different ways?
- Who is involved?
- Where will the rehabilitation take place?
- How will the objective or goal be attained? Are there any requirements and constraints?
- When does the Client want to achieve this goal?

Example of a SMART goal

Type of goal	Specific step objective	Vague/General
Physical	I will be able to walk to my letter box (10 metres down three stairs on a level path) to get my mail with no walking stick within three weeks (3 June).	I will improve my mobility. I will try to be more active. I will do two active things every day.
Psychological	During sessions with my therapist, I will be able to show I can use at least two ways of helping myself if I am in distress within 4 weeks (3 June).	I will be able to help myself when distressed.
Prevention	My therapist and I will develop a clear written plan to prevent my relapse, incorporating: An outline of my physical sensations, thoughts, and behaviours that make up my depression and anxiety and the thoughts and behaviours that can act to maintain these.	We will have a plan, so I don't relapse by the end of my programme.



Exception Reporting

Suppliers must notify the Client's Recovery Team member when they identify a Client will not achieve the outcomes within the approved timeframe in the Client Care Plan. This will be sent as soon as the Supplier has evidence that the goals will not be met or at least two weeks before the end of the service.

The notification must include:

- evidence/explanation of the exception and any measures taken to address barriers
- an updated Care Plan with a clinical rationale for the recommended changes.

Quality of Reports

If reports do not meet quality requirements, ACC may request additional information. Where a review of a report has been requested, the Supplier will resubmit amended reports within five days of a request being made by ACC.

Children and Young People

Children and young people are Clients who are:

- under 16 years of age, or
- aged between 16 and 21 and still at school at the time of receiving services.

Children's experience of pain is different to adults and treatment of pain in children is a specialised area of medicine. Providers may deliver services for children and young people within Community level as long as they:

- hold a Pain Management Service contract
- liaise with a Tertiary level paediatric pain service provider and all treatment providers involved in the child's care (this may include the GP/primary health practitioner, Paediatrician, Child Psychologist etc).

Telehealth technology may be used.

It is expected the Tertiary Services Supplier will have appropriate links and affiliations to the paediatric services which can provide expert paediatric advice where required.

Clients With a Mental Injury as a Result of Sexual Abuse

During the referral or assessment process, a Provider may identify that a Client has suffered a mental injury resulting from sexual abuse. If the Client is needing support related to the sexual abuse experienced, the keyworker should discuss a referral to the Sensitive Claims



Service Provider with the Client and ACC, with Client consent. ACC will support the keyworker and Client to determine support and next steps which may include the lodgement of a sensitive claim. Further information about the Integrated Service for Sensitive Claims can be found on www.findsupport.co.nz.

A Provider might also become aware a Pain Management Service Client is already receiving services under the Sensitive Claims Service contract. In this instance it may be appropriate for the Provider to make contact with the Sensitive Claims Service key worker, but only if the client consents to do so.

Comprehensive best practice guidelines for Providers of services to people who have experienced sexual abuse can be [found on the ACC website](#). Providers delivering the Pain Management Service to Clients who have experienced sexual abuse are expected to incorporate the principles and best practice guidelines outlined in the document into their assessment.

Supervision Requirements

ACC requires providers who have less than two years' full-time work equivalent predominately in pain management, to receive supervision from a health professional of the same discipline who is experienced in pain management. The supervisor may be based in a different geographical region.

The following requirements apply:

- supervision is at least monthly and documented. The supervision plan needs to be outlined and provided to ACC on request
- supervision should be specific to all tasks, relationships, judgements, and all other relevant areas that clinicians would be exposed to in a pain management service.

Providers with less than two years' experience in pain management:

- can draft programme plans and reports, but they must be signed off by their supervisor
- may not deliver a Pain Management Service programme unsupervised until they have obtained two years' experience.

Any queries relating to the requirements for Pain Management Service supervision can be referred to the Pain Management Service Portfolio Advisor.



Psychology Interns

Suppliers must seek written approval from ACC before allowing a psychology intern to work with any ACC clients. Applications should be sent to the Health Sector Partnerships team by email healthsectorpartnerships@acc.co.nz

ACC must approve the use of all psychology interns and may choose to limit the number of psychology interns approved.

Identifying that Medical Attention is Required During the Service

If, when providing services, you are made aware of a physical or mental health condition that requires either contact with the Clients' normal treating practitioner (i.e. the GP), or urgent medical attention, you must act accordingly.

For example:

- If a client has been identified as having a mental health condition, ensure the GP is aware of this, especially if there is a risk of harm.
- if the condition requires urgent attention, arrange for immediate hospital assessment or treatment and/or urgent consultation with the Client's usual practitioner and ensure the Client has transport there
- inform the Client of any urgent findings, your proposed response and get their consent
- if the Client experiences a mental health crisis, and urgent care is needed to keep the Client safe, the Provider will contact Acute Mental Health services.

The Medical Council of New Zealand has information regarding this on the MCNZ website www.mcnz.org.nz - *A doctor's duty to help in a medical emergency.*

Clients Who May Pose a Health and Safety Risk

ACC may not always have access to detailed information concerning a Client's history, but if a Client has been identified as potentially posing a risk, ACC will be able to provide information relevant to your role in managing the claim to help you mitigate health and safety risks to service providers and others.

ACC Clients who meet **two** or **more** of the following criteria are considered to pose a potential risk to safety, and will have a Care Indicator activated by ACC:

- have continued to demonstrate intimidating and/or offensive behaviour (eg body language and
- verbal dialogue has made employees feel unsafe)



- been abusive, verbally or in writing
- made racist or sexist comments
- the current actions being undertaken on their claim by ACC are known to have caused or are expected to cause a significantly negative response from the Client. For example, prosecution, fraud investigation, cessation of weekly compensation, etc.

Clients who meet any one of the following more serious criteria are also considered a hazard and will also have a Care Indicator activated:

- have been or are physically violent (this unacceptable behaviour may not have occurred directly towards ACC employees)
- have a history of violence or aggressive behaviour, have known convictions for violence
- previously made threats against ACC, ACC employees or agents acting on ACC's behalf
- intimidated an employee through written abuse or verbal abuse (in-person or over the telephone) to the extent they felt unsafe
- exhibited homicidal ideation.

Communication Regarding Care Indicated (Risky) Clients

ACC will advise you in writing when a Client has a care indicator, either:

- before your initial contact with the Client, or
- if you are already providing services to the Client, as soon as possible after ACC receives new information about Client risk.

Please report any threatening behaviour to the Police immediately if you feel it is warranted in the circumstances and advise ACC and any other parties that are at risk as soon as possible.

All threats by ACC Clients or their representatives must be reported to ACC in writing using the online form on our website. We ask that you report these to us so we can do our part to protect the safety of our staff and other providers that are working with the Client.

Stopping an Assessment or Service Due to Health and Safety Concerns

Your safety is the highest priority and any assessment or service should be terminated if the Client, their advocate or support persons make you feel threatened or unsafe in any way. Notify ACC as soon as possible and fully document the reasons for the termination of the assessment or services in your report.

If you choose to continue with assessment of a care indicated Client, and wish to employ a security guard then please contact ACC.



Reporting Health and Safety Risks and Incidents

Health and safety risks and incidents including notifiable events (as defined by WorkSafe), threats and other health and safety risks must be reported to ACC using the [procedure and online form](#) on our website.

Performance and Quality Monitoring

Performance Measurement

Key performance measures are specified in the Service Schedule. Suppliers can expect to receive regular reporting to support performance improvement initiatives.

In addition, the overall effectiveness of the Pain Management Service will be monitored as outlined in the Service Schedule. Suppliers are required to undertake a satisfaction survey of all ACC Clients who have used their services. Minimum requirements for the content of the satisfaction surveys will be provided to Suppliers by ACC.

Supplier Reporting to ACC

Suppliers will complete annual reports for ACC as specified in the Service Schedule.

A variety of methods will be used to collect the data required for both KPIs and monitoring measures, including data from the current system and processes, Suppliers and the Electronic Persistent Pain Outcome Collaboration (ePPOC).

Suppliers must provide an executive summary of Pain Management Services data and identify areas of quality improvement.

The Supplier's annual report will cover the period of 1 December – 30 November. Suppliers will send the report to their Engagement and Performance Manager within 10 business days of 1 December.

Electronic Persistent Pain Outcome Collaboration (ePPOC)

ePPOC is an electronic benchmarking tool that helps services with continuous improvement initiatives. ACC will facilitate access to ePPOC and fund ePPOC membership for Suppliers who hold the ACC pain management services contract. ePPOC is only available in English. However, ePPOC does include an indicator which identifies when an interpreter was used to determine the impact on access to services and interventions.

Suppliers are to use ePPOC in accordance with the requirements specified in the documents titled 'ePPOC Data Policy – Version 2.2' and 'Membership Agreement – for ePPOC Services'.



The membership agreement – for ePPOC Services outlines:

- The Supplier has read the ePPOC data Policy Version 2.2;
- Use of ePPOC data;
- Conformity with privacy legislation and other measures designed to protect confidentiality of individuals. For New Zealand this includes following the Health information Privacy Code (HIPC) for collecting client information that is submitted to ePPOC which includes getting client consent;
- Commitment to implement, embed and sustain patient outcome measurement; and
- Report distribution.

Suppliers are expected to collect ePPOC data, at a minimum:

- in the initial triage assessment; and
- The start of a Group Programme, Community Level one, Community Level 2 or Tertiary Delivery Services if it has been over six months since ePPOC data was collected; and
- The end of a Group Programme, Community Level One, Community Level Two or Tertiary delivery Services.

A further ePPCC assessment of the Client is recommended at six- months following completion of the pain management services to provide further information on service outcomes.

Suppliers will be responsible for entering Client level data into ePPOC within specified timeframes.

Formal reporting is provided to Suppliers by ePPOC on a six-monthly basis, however Suppliers can extract their own information from the ePPOC system on an as-needed basis.

Reporting provided by ePPOC is de-identified, with each service being told which number (or alias) has been assigned to their service. Services will be encouraged to learn from other pain services that perform well across several benchmarks taking case mix into consideration.

Suppliers are expected to meet with ePPOC regularly and no less than once annually for benchmarking sessions.



Sector Engagement – Service Development and Improvement

Annual ePPOC Forum

Every year, ACC will host a national Pain Management Services ePPOC forum which all ACC-contracted Pain Management Services suppliers are expected to attend with relevant representatives.

These forums:

- allow ePPOC to present benchmarking data to pain suppliers, and discuss any trends, patterns, and opportunities
- allow Suppliers to view and discuss the ePPOC data while benchmarking themselves against other suppliers
- give suppliers the chance to share insights and experiences in relation to the ePPOC data
- enable suppliers to present and share their service quality improvement and development initiatives, case studies, any service highlights and operational challenges
- allow ACC to provide progress updates and information to suppliers on relevant ACC changes, work plan activities, etc.
- provide opportunities for supplier development with special guest presentations on agreed areas.

ePPOC will lead the organisation and coordination of all forums which includes location and venue details, forum resources and information, supplier registration and participation, and evaluation.

ACC will work with ePPOC and suppliers to confirm meeting agenda items. ePPOC will meet with ACC to debrief about the forum, discuss forum evaluation feedback and agree on future improvements.

Supplier Engagement

ACC will organise, host, and facilitate supplier engagements for all Suppliers to attend. These engagements will include supplier presentations, service delivery updates, operational issues and opportunities, and ACC changes and activities.



Travel

Guidelines for provider travel can be found on ACC's website, under [Travel Guidelines](#).

Territorial Local Authorities (TLAs) are used to define an area of coverage. Each Supplier has been awarded the Pain Management Services contract for a specific TLA. Suppliers are required to have local Providers established in each of the TLA it holds the contract for.

Where a Provider is travelling to perform services in a TLA in which they are not based, travel distance and time can only be invoiced from the boundary of the TLA or the Supplier's facility/base in the TLA the service is being provided (whichever is closest).

ACC expects Suppliers and their staff will minimise travel costs where possible. Travel from a base of operation should be for services to several Clients. Where the Provider sees multiple Clients at one site or within a similar location/town, travel costs should be divided proportionately between each Client.

Invoicing

Suppliers must invoice for payment at the beginning of the Pain Management Service.

For package funded Pain Management Services invoicing must be done for the full amount and incremental billing is not permitted.

A Supplier must bill for all services in a timely manner. This should always be within one month of the completion of services for each client. Late billing will interfere with service monitoring which disadvantages suppliers.

ACC also reserves the right not to pay invoices which are dated more than 12 months after the completion of services.

Triage Assessments must only be invoiced once the Provider has been in contact with the Client. All other packages must be invoiced once the Client has been seen for their initial appointment.



Appendices

Appendix I –FAQ’s

Eligibility

We have received a Pain Management Service referral for a Client who does not meet the eligibility criteria.

What do we do in this case?

In the rare case a Client has been identified as a suitable candidate for Pain Management Services but does not meet the eligibility criteria set out in the Service Schedule, providers should complete the Pain Management Services Triage Assessment Report (ACC7984) with the recommendation and clinical rationale as to why ACC should consider this request.

ACC will consider these requests on a case- by-case basis and strive to support the Client wherever possible.

Our Client has failed to attend their scheduled Pain Management Service Triage assessment.

Are we able to invoice for a Did Not Attend (DNA) fee?

If the request for a Pain Management Triage Assessment was made by ACC and the Client has failed to attend their scheduled appointment or provided less than 24 hours’ notice to reschedule their appointment, then a DNA fee is payable.

ACC must be notified of the Client’s missed appointment and prior approval must be obtained from ACC.

Please note: If a client has failed to give less than 24 hours’ notice and is unable to attend a scheduled appointment due to illness, a Telehealth appointment must be offered to the Client if clinically appropriate.

We have completed a Triage Assessment for our Client, who will need to complete the IDT peer/case review?

A Psychologist and Medical Specialist (not necessarily Specialist Pain Medicine Physician) should be involved in the IDT review.



What if we use two clinicians to complete the Triage assessment?

If two clinicians are used to complete the Pain Management Services Triage assessment, only one clinician (Psychologist or Medical Practitioner) is required to review the recommendations identified in the ACC7984 (Pain Management Services Triage Report).



Appendix II - Relevant Forms

Provider forms can all be found on the [ACC website](#).

Form name	Description of form
ACC6272 Pain Management Plan, Update and Completion Report	Complete this form to let us know about the Client's pain management plan, their progress and your final completion report. <i>Can be found online</i>
ACC7986 Pain Management – Did Not Attend Report	If you provide Pain Management Services to an ACC Client and they miss an appointment, please fill out this form and send it to the client's Recovery Team member. <i>Can be found online</i>
ACC7984 Triage Assessment Report	Please complete this form to let us know about this Client's triage assessment, the conclusions regarding the likely diagnosis/es and cause/s and the proposed clinical care pathway. <i>Can be found online</i>
ACC4246 – Interventional Pain Management Assessment Report and Treatment Plan (ARTP)	Complete this form to help us decide if we can approve a Client's Interventional Pain Management (IPM). <i>Can be found online</i>
ACC6273 – Provider Referral for Pain Management Triage Assessment	Complete this form to refer a client for an ACC Pain Management Triage Assessment. <i>Can be found online</i>
PAI01 Approve Pain Management Service	Pain Management Approval letter <i>ACC use</i>
PA110 All About Pain Management Service	Pain Management Client Information Sheet <i>ACC use</i>



Appendix III - ACC Funded Pamidronate for CRPS

If a Client seen by a Specialist Pain Medicine Physician under the Pain Management Services contract (as part of a Community Services programme or under PN411/PN410 codes) has been identified as a suitable candidate for Pamidronate infusion the below process should be followed:

1. Specialist Pain Medicine Physician identifies the Client is a suitable candidate for Pamidronate infusion, ensures Client meets eligibility criteria outlined in Pain Management Services contract (6.4 Intravenous infusion of pamidronate). If the criteria for no-prior approval is met, continue with process.

Please note: If the criteria for no-prior approval is not met, the treating Specialist Pain Medicine Physician must submit a completed ACC4246 Interventional Pain Management Assessment report and treatment plan to ACC.

2. The treating Specialist Pain Medicine Physician will either provide the Client with a referral letter outlining the requirements and purpose of the dental fitness check, or will send the referral letter directly to the Client's Dentist. The following information must be obtained during the dental examination.
 - Does the Client present with any teeth that have a poor or hopeless prognosis?
 - Is advanced periodontal disease present?
 - Are there significant untreated dental decay/caries?
 - Are there untreated endodontic infections?
3. ACC will pay via Regulations for the necessary assessment codes such as extended examination, x-rays, and photos for the record, based on this verification of a pain specialist's referral.

A copy of the dentist's report and x-ray must be sent to the referring Specialist and a copy made available to ACC (for record keeping purposes).
4. If the dentist is satisfied the Client does not have poor oral health/hygiene which will result in poor dental outcomes following intravenous pamidronate infusion the treating Specialist Pain Medicine may continue with the administration of pamidronate.

Delivery of pamidronate

If a Client is available to attend the treating Specialist Pain Medicine Physicians room for the infusion to be completed the Supplier will invoice ACC for the IN60 code (Intravenous infusion of bisphosphonates) and utilise funding to fund the Primary Health care delivery.

If a Client is unable to attend the treating Specialist Pain Medicine Physicians room for the infusion due to rural location for example, the Supplier will bill the relevant Interventional Procedure Management Coordination code in order to organise suitable delivery by primary care under the supervision of the treating Specialist Pain Medicine Physician. The Supplier must use the Intravenous infusion of Bisphosphonates funding to fund the Primary Health care delivery.