ISSC Newsletter

December 2018



Welcome

Where did the year go? Here we are in December already with Christmas just around the corner and we are knee deep in planning for 2019! As the year comes to an end it is a good time for reflection, an opportunity to look back at what has gone well, where there are lessons to be learned and what can be done differently in the future.

As this newsletter has moved to quarterly we have a bit to get through and so without further ado here is what is coming up in this edition:

Over the Christmas period

Info & tips from Sensitive Claims Unit

Clarification of diagnosis where Complex PTSD is formulated

ACC entitlements

Quarterly reporting

ISSC review of contract

Supplier days for 2019

Recent contract changes

ACC Pānui

Got a query? Here's who to contact

Thank you and Merry Christmas

Sensitive Claims Unit Team Managers

Contact Us

Over the Christmas period

- Named provider applications will be processed up until 19 December 2018.
- Any named provider applications received after this date will be processed from 8 January 2019.
- If you are not going to be available at any time over the Christmas period, please let the Sensitive Claims Unit know by emailing the dates you are unavailable to sensitiveclaims@acc.co.nz.
- The Sensitive Claims Unit will be open over Christmas apart from the statutory holidays. There will be less staff over this time and so please be mindful of this.

Info & tips from the Sensitive Claims Unit

- The school Child and Intellectual Disability PWI are now on the ACC website. www.acc.co.nz (search PWI).
- Please remember for all clients under 16 years of age we require the safe contact details completed
 on the engagement forms. If there is an exception to having safe contact details available, please
 detail this in the notes section.
- Please ensure all clients and/or caregivers have the crisis numbers for the holiday period.
- Please let your clients know if you are planning to be away and who to contact over Christmas.

Clarification of diagnosis where Complex PTSD is formulated

Where there has been significant sexual abuse over an extended period in childhood - especially where this has occurred alongside broader familial dysfunction (e.g. parental mental illness or substance abuse, neglect, other physical and emotional abuse) - the client's personality development can be profoundly influenced by exposure to trauma. Often providers conceptualise this as Complex PTSD, indicating that they see the trauma responses as deeply entrenched in the client's personality functioning. In DSM this would more usually attract the double diagnoses of PTSD and Borderline Personality Disorder/traits. It is noted that DSM IV and DSM - 5 do not have Complex PTSD as a diagnosis.

There continues to be considerable discussion in the clinical research and practice literature about a Complex PTSD condition where there are PTSD symptoms plus additional difficulties with affect, self-view and relationship to others. As noted above, this diagnostic description is related to those who experienced prolonged and extensive abuse as a young child (usually prior to age 7 years) and have borderline personality traits and other comorbidities such as depression or social anxiety.

Although ICD-11 has recently been released including this diagnosis of Complex PTSD "to be used and tested", it is yet to be formally established. The Psychodynamic Diagnostic Manual - 2nd Edition (PDM-2) does include Complex PTSD. The DSM-5, after much debate about Complex PTSD, only included PTSD and PTSD with the specifier of dissociative symptoms.

If the diagnosis of Complex PTSD is used by assessors, it poses potential difficulties for other clinicians - especially those considering impairment for ACC financial entitlements. It is therefore recommended that any significant personality traits/disorders are diagnosed as such (e.g. Borderline Personality Disorder traits) in addition to the PTSD; rather than using the diagnosis of Complex PTSD. The assessor might usefully address the integration of the personality into the trauma presentation within their formulation, and in their discussion of the assessment with the client and/or the provider. They can still explain to the client what they mean by their diagnosis in a way that is not perceived as pejorative (e.g. that the client has developed and learned a pattern of responding in a particular way because of their trauma experience).

Where there are trauma symptoms and personality symptoms diagnosed as PTSD and Borderline Personality Disorder traits and these are formulated as linked to the sexual abuse history, mental injury will be established for all these presenting factors. If the personality factors are not differentiated from the PTSD it may be that an Independence Allowance assessor will not be able to account for these personality factors within the Whole Person Impairment rating for a given client.

ACC entitlements

In the June Newsletter, we spent some time talking about entitlements that clients may ask their provider about. We would like to reiterate the importance of not engaging in these conversations. Please refer them to their Service Coordinator or to the ACC Contact Centre on 0800 101 996 if they do not yet have a Service Coordinator. It is important not to set expectations, e.g. how much they may receive. If these expectations aren't met it can be disappointing for the client, and damages their relationship with ACC and providers.

Quarterly reporting

It's that time again when we are asking you to provide your quarterly reports via this survey link: ISSC Quarterly report Sept to Nov 2018 Please complete by close of business Thursday 20th December.

The information you provide is extremely valuable and it lets us know how things are going and what areas may require more attention. Here is some of what we learned from the June to August 2018 report:

- Nationally, suppliers reported receiving 5,169 referrals over the quarter.
- 47% were self-referrals from clients, 16% came from ACC and 8% from other suppliers.
- GPs / Primary Care accounted for 6% of referrals.
- A total of 746 clients were referred on to other services, primarily to GPs/Primary Care (30%), community services (22%), DHBs (14%) and other Suppliers (13%).
- 25% of Suppliers indicate they have a client waitlist. This is a decrease from 40% for the September
 to November 2017 data presented at the Supplier Training sessions earlier this year. Clients on
 waitlists were reported to wait for an average of nine weeks, but of course many clients are able to
 access services without going on a waitlist.
- There are clients on waitlists in most territorial authorities (TAs), but we also have Suppliers in almost all TAs indicating they have capacity to see clients.

We would like to stress the importance of networking with Suppliers to support clients in finding a suitable provider even if there is no one available within your own teams.

ISSC review of contract

The ISSC contract expires November 2020. We have begun gathering information that will help inform what the next steps may be. Thank you to all who have taken the time to provide feedback through the survey, and to those who have offered to be available for further feedback. If you would like to be involved, please email mentalhealth@acc.co.nz. We have had a lot of constructive feedback and some great ideas have been put forward as to how the contract can be improved. We look forward to keeping you in the loop as time progresses.

Supplier Days 2019

These are a highlight for us as we get to connect with you and share what is happening. This provides time for learning, updates around processes and an opportunity to hear about any challenges you may be facing and ideas for improvement.

At next year's sessions, we will take the opportunity to dig a little deeper to see what improvements we can make to ISSC services. We will be in touch early next year to confirm dates and locations. We are hoping to connect more people via videoconference as this worked well last year and means we can link in with as many of you as possible.

Recent contract changes

On 24 November, there were some changes made to the contract relating to the Administration and Management Fee. This is what the contract now says:

- One administration and management fee per claim can be invoiced without prior approval or a purchase order number
- The fee can be invoiced once an engagement form has been submitted to ACC at the completion of the 'Getting Started' phase
- The fee is payable once per claim. There are times when an additional Administration and Management Fee may be requested. This will require robust rationale and approval will be at ACC's discretion.

Changes have also been made around reporting timeframes to be consistent and more realistic. Please check these in the contract.

ACC Pānui

We hope you have been receiving the <u>ACC Pānui</u> which lets you know what is happening across ACC. Please email <u>YourACCPanui@acc.co.nz</u> to be put on their mailing list.

Got a query? Here's who to contact

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Type of Query	Who to contact
Operational enquiries about a specific claim	Service Co-ordinator or SCU Team Manager
Invoice queries	Provider Contact Centre 0800 222 070 Providerhelp@acc.co.nz
Contract queries	Your local EPM Contact details are on our website
Anything regarding adding or removing named providers or changes to your individual contract (change of contact details, novations)	Health Procurement team Health.Procurement@acc.co.nz
Clinical questions	Psychological Advisor hotline 09 354 8425
Quarterly report queries Suggestions for changes to the ISSC contract Issues that may require cross Government collaboration	Mental Health Portfolio mentalhealth@acc.co.nz

Thank you and Merry Christmas

We would like to take this opportunity to thank you for working with us this year. We would like to wish you and your families all the very best for whatever you may be doing over the Christmas period. Stay safe and we look forward to working with you again in 2019.

Sensitive Claims Unit Team Managers

Please see below an up to date contact list for the team managers in the Sensitive Claims Unit:

	T
Sam Nelson – Team Manager Triage	(04) 816 7948
	sam.nelson2@acc.co.nz
Christine Garner – Team Manager Administration	(04) 494 5028
	christine.garner@acc.co.nz
Tamara Wetere – Team Manager Child & Adolescent team	(04)8165957
	tamara.wetere@acc.co.nz
Lorraine Anderson – Team Manager Child & Adolescent team	(04) 816 7370
	lorraine.anderson@acc.co.nz
Ruth Lloyd – Team Manager Treatment Only	(04) 816 5681
	ruth.lloyd@acc.co.nz
Colin Sharp – Team Manager Adult team	(04) 816 6366
	colin.sharp@acc.co.nz
Kaira Marsh – Team Manager Adult team	(04) 816 5680
	kaira.marsh@acc.co.nz
Jo Burrell – Team Manager Adult team	(06) 873 0252
	jo.burrell@acc.co.nz
Lisa Tod - Team Manager Adult team	(04) 816 6527
	lisa.tod@acc.co.nz
Tracey Hood – Team Manager Adult team	(03)470 5730
	tracey.hood@acc.co.nz
Stuart Knight – Team Manager Rehabilitation Team	(04) 816 7281
	stuart.knight@acc.co.nz
Chelsea Brouwers – Team Manager Adult team	(04) 816 7565
	chelsea.brouwers@acc.co.nz
Shelley Mills – Manager Supported Assistance	(04) 816 5677
	shelley.mills@acc.co.nz
Mary-Jo King – Unit Manager	(04) 816 5691
	mary-jo.king@acc.co.nz
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Contact us

If you need to contact the portfolio team please use our email address mentalhealth@acc.co.nz. If you have any queries or feedback, or have some ideas as to what you would like included in the next Newsletter please contact us at this email address.