



Integrated Services for Sensitive Claims (ISSC) Hui | December 2021

Questions and Answers

You asked us some questions throughout the ISSC Hui held that we didn't get time to answer. Here are responses to those questions.

Will ACC consider allowing telehealth for new clients who are unvaccinated for the first 'Getting Started' sessions and for the first 'supported assessment' session for those who are suitable for Telehealth?

Yes, ACC is working on a contract variation to allow all services under the ISSC contract to be delivered via telehealth if clinically appropriate. The variation and corresponding changes to the operating guidelines will be completed in the early new year (2022).

Can a client move between Partnered Recovery and Assisted Recovery depending on their needs? Who initiates this transition?

ACC, the client themselves, or the Lead Provider can initiate the conversation to transition a claim if a client's needs have changed.

The decision to transition a claim is done collaboratively and must be discussed with the client and/or their provider prior to decision. The transition discussion happens with the client, but for some clients, they may elect for this discussion to occur with their provider.

Is there any consideration to return to progress reports rather than the case conferences that were implemented as part of the contract changes in November 2020?

At this stage no further changes are being considered for the reporting requirements under the current ISSC contract.

How are Rongoā practitioners funded through ACC? Where can I find information about this?

Information about [Using rongoā Māori services \(acc.co.nz\)](https://acc.co.nz/using-rongoa-maori-services) is available on our website.

Information about how to register and work with ACC as a rongoā Māori practitioner is available on our website [Working with us as a rongoā Māori practitioner \(acc.co.nz\)](https://acc.co.nz/working-with-us-as-a-rongoa-maori-practitioner)

Regular information is also available through our monthly Māori Health provider update emails: [Provider updates \(acc.co.nz\)](https://acc.co.nz/provider-updates) and our newsroom [Rongoā Māori: A traditional healing choice for all \(acc.co.nz\)](https://acc.co.nz/rongoa-maori)

Is there work underway to improve the time to approve applications for new providers?

Yes, the Health Procurement Team has reviewed the internal processes for managing applications for

new providers with the intent to eliminate inefficiencies from the process.

We apologise for any delays that have been experienced and expect with the changes that have now been made the timeliness of these applications will improve.

If a large proportion of claims are accepted following a supported assessment, why is there a need for a comprehensive assessment?

Part of understanding what help a survivor needs involves assessing the impacts of sexual abuse or violence. An assessment is never about whether someone did or didn't experience sexual abuse or violence.

Currently, if a client requires additional or longer-term support, they are required to undergo a supported assessment to determine their mental injury and their support needs. The assessment can occur over multiple sessions with the survivor getting support sessions throughout.

Are there reasons why the assessments cannot be done by approved providers as they were in the past?

In response to consultation with the provider community, the decision was that Supported Assessments, in which the focus is on diagnosis and attribution of causation, should be undertaken by assessors whose professional training involves formal education and experience in diagnosis and formulation. This is typically a core component of clinical psychology and psychiatric training, but there are some counselling or psychotherapist training that enables these providers to complete. It was agreed with the provider community that the most appropriate pathway would therefore rely primarily on diagnostic assessment by clinical psychologists and psychiatrists.

Is ACC considering supporting new graduates, with scholarships or transitional training to existing staff working in sensitive claims to upskill and work on a career pathway to becoming providers?

ACC was encouraged by the ideas put forward from Hui participants regarding the need to bring more extensive trauma training with a focus on trauma counselling for sexual violence survivors earlier into education programmes. Therefore, allowing those in training to see that a potential career pathway with working with sexual violence survivors.

How does the decision to decline intern psychologists' opportunities to become fully registered to align with a need to increase capacity amidst a psychologist shortage in the country?

Our legislation does not allow the Corporation to pay for services provided by interns, students, and trainees, we are only able to pay for treatment provided by fully qualified providers. Although we are unable to provide funding, we can help with and are committed to supporting the development of the workforce by allowing those early in their career to gain speciality knowledge where appropriate and we are committed to doing what we can to support the development of the workforce.

We recognise the need for more psychology interns and we're in regular dialogue with Health Workforce New Zealand about this.

Will there be a discussion about the provisional provider category?

ACC is in the process of considering the provisional provider category across our contracts. We have written to the professional membership associations earlier this month asking the associations to comment on whether they feel there the provisional provider category is valuable for those entering into delivering ACC funded services.

ACC is waiting for the comments from the professional associations before progressing this work further.

Are there regular audit processes in place to spotcheck or investigate irregular access outside of what staff need to access for their roles?

Requests for access to sensitive claims files must be approved by a staff member's direct manager, who needs to determine access is both necessary and appropriate. Once approved it goes to a senior leader in the team that oversees sensitive claims work for a second check and approval.

We carry out a quarterly review to ensure that staff with access to sensitive claims still require it to fulfil the function of their role.

Everyone who works at ACC signs our Code of Conduct, which sets out that employees are expected to maintain the highest standards of integrity, discretion and ethical conduct when performing their duties. Accessing information that an employee does not need to see can be considered serious misconduct.

As part of the on-going improvements we are looking to make to our access processes we are also looking to build stronger audit processes to monitor access to information.