

Summary

Objective

To consider whether a client should be referred to Tertiary Pain Management Service.

Due to the limited number of Tertiary Suppliers available, Clients must only be referred if they meet eligibility criteria and Internal Clinical Guidance has been provided and recommends Tertiary Services.

Please note: as of August/2022 - Burwood are unable to accept new Tertiary Pain Service referrals until further notice.

Background

The Pain Management Service has been designed to improve clients' outcomes and experience by reducing the impact of pain following an injury.

The Pain Management service is for clients who:

- have, or are at risk of developing, pain-related disability following an injury.
- have persistent pain that is preventing them from returning to work or usual activities.
- have persistent pain and significant pain-related disability.

The Pain Management Service has been designed to provide clients with a multi-disciplinary approach to help the client achieve the following goals:

- return the client to either their usual daily activities and/or work (in conjunction with the Vocational Rehabilitation Service) or the highest level of independence achievable.
- enable clients to use pain management strategies to reduce the impact of pain on their day-to-day functioning.
- increase the client's knowledge about the pain they are experiencing.

All requests for Tertiary Delivery Services (Outpatient and Intensive) require written clinical advice.

Owner [Name withheld]

Expert

Procedure

1.0 Receive request for tertiary services

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a** Review the referral request to confirm what Tertiary Delivery Service level has been requested. Refer to overview of tertiary services below and confirm eligibility criteria has been met.

NOTE What if ACC are requesting Tertiary Services without referral?

Ensure you have received guidance to support referral, and then proceed to 2.0.

NOTE What if the request is for a second or subsequent Tertiary Service?

A second or subsequent Tertiary service may be considered for severe, rare, complicated cases only. These must be reviewed by a Clinical Advisor.

 **PROCESS** Seek Internal Guidance

 Overview of Tertiary Services for Pain Management Service Page

- b** Perform privacy and relevancy checks on the received report.

 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

- c** File away the report to Eos. When Filing Away, include a description for the document.

 NGCM Filing Away - System Steps

- d** Read the referral to consider recommendations.

NOTE What if the request is for Tertiary Services

Due to complexity of of Tertiary pain management services, all requests for Tertiary Delivery Services (Outpatient and Intensive) need to be sent for written guidance.

 Seek Internal Guidance

NOTE What if the recommendation is not to proceed with Pain Management services?

There will be situations where Pain Management is not required. Consider any other recommendations for the client and action as appropriate. Ensure the provider is aware of any recommendations discussed with the client.

- e** Update the agreed intervention as appropriate on the recovery plan.

 Create or Update Recovery Plan

2.0 Contact client to discuss the pain management service

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Contact client to discuss recommendations.


NOTE What if the recommendation is to approve the service?

Contact the client to discuss recommendations and gain clients agreement to participate in the recommended level of service. If ACC have not previously discussed the Pain Management Service with the client, remind client of their rights and responsibilities and update the recovery plan.

NOTE What if the decision is to decline the recommended service?


- Phone the client to advise the decision.
- Contact the provider to advise of the decline decision
- Advise the client the reasons why, and offer alternatives to the client.
- Generate the SER01 Decline Service and modify as needed and send to the client as per their communication preference.

Process ends.

 SER01 Decline service - client letter

NOTE What if the client requests that the report be changed or claims that is incorrect?

A client can request that information held by ACC is changed or updated if it is factually incorrect (ie: wrong DOB, Incorrect name spelling) etc. If it is the opinion of an assessor or Provider, the client can supply a 'statement of correction' to ACC which is then included with the report. This means that any time the report is sent out, the statement of correction must be sent as well.

 Managing a clients request to change personal information

3.0 Request purchase order

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a In Eos, create a referral-specific document group and enter 'Pain Management service' in the document group description field.

- b Locate the documents that need to be sent with the specified pain management service referral.


NOTE What documents do you send with the specified pain management service referral?

- Most recent medical certificate
- GP notes
- Specialist notes
- Imaging results
- Physiotherapist notes
- Pain screening results (Orebro) – (if on file)
- Integrated Rehabilitation Assessment (IRA) – (if on file)
- Most recent/current vocational rehabilitation documents eg Back to Work, Stay at Work, Standalone Workplace Assessment Reports
- Any written guidance information from Recovery Support
- Signed ACC6300 or ACC6300D Authority to collect medical and other records. NOTE: If verbal consent was provided please note this in the task eform for Recovery Admin.

NOTE What if you don't have all the information to complete the referral?

If you require further information, follow the process link below.

Once you have requested the information required, create a reminder action and set the target date for when you expect to receive the information.

 **PROCESS** Request Clinical Records

- c Check if there are relevant documents on other claims relevant to the referral.

NOTE What if there are relevant documents on other claims?

Create a copy and transfer to the other claim.

- 1) Create a bulk print of all documents on the other relevant claim, complete mandatory fields and add a description
- 2) Open PDF document from email link
- 3) File the PDF away to the claim you are creating the referral on
- 4) Repeat these steps if there is relevant documents on other claims.

Provide a short and descriptive title to the document properties in the PDF and state the claim number the information came from eg Medical records and reports from claim: 100XXXXXXXX

Do not create a bulk print on one claim and move it to a different claim, as it will not appear in any file copy requested by the client.

- d Perform privacy checks on documents.


 Privacy Check Before Disclosing Information Policy

NOTE What do you need to check?

Check that all documents:

- are relevant to the referral
- do not contain any third-party information
- do not contain any other unnecessary sensitive personal information.

For details on what checks you need to complete before sending documents out, refer to NG SUPPORTING INFORMATION Inbound and Outbound Document Checks.


 NG SUPPORTING INFORMATION Inbound and Outbound Document Checks

NOTE What if Mental Injury Claim information needs to be sent from a Physical Injury Claim?


In Eos, manually transfer the Referral Task generated to the Recovery Administration department with the Sensitive Claims Administrator Role.

NOTE What if you find information that needs to be redacted?

Send an email to Recovery Administration (recoveryadmin@acc.co.nz) or (recoveryadmin1@acc.co.nz for complex mental injury) and include the document to be redacted plus your redaction instructions, before adding the document to the document group.

 NGCM - Redact information from PDF documents


e Add the documents to the group.

 Manage document groups

f In Eos, at Recovery Plan level, Add Activity and select NGCM Manage Referral.

NOTE How do you refer a task to Recovery Administration?

Refer to the 'Referring Tasks to Recovery Administration - Principles' process for further information and guidance.

 Referring Tasks to Recovery Administration - Principles

NOTE What information do you need to include in the task/E Form?


Refer to the manage referral task templates document. Clearly mark within the task that this referral is for Tertiary pain management services.

 Manage Referral Task Templates

NOTE What if your client has a Care Indicator?

You need to clearly outline this in the e-form.

Refer to Disclosure of Care Indicator Information to Third Parties Policy for more information on how information is disclosed.

 Disclosure of care indicator information to 3rd parties policy


g Consider the timing of the task. The task routes to the Recovery Administration team, with an SLA of 24 hours.

h Locate a Tertiary Pain Management Service Provider, using the Contracted Suppliers by Geographic Area of Coverage and add them as a participant on the claim.

 Pain management Service Suppliers

NOTE How do you add a participant?

Refer to the system steps below.

 Add a participant

4.0 Review task


Recovery Administrator

a In Eos and select [Do Task] from your task queue.

b Review the task to ensure it has all the information you need to proceed.

NOTE What if there is information missing?


Go to the 'Task clarification' section in the NG PRINCIPLES Working in the Administration Team for instructions.


 Principles of Working in the Administration Team

5.0 Create and approve purchase order

Recovery Administrator

a In Eos, generate a Purchase Order for the service referral using the guideline below.

 Creating purchase orders using general + QE

 NG GUIDELINES Purchase Order Details - Pain Management Services

b Locate contracted vendors via the Geographic Location search which must be done even if the vendor details are provided in the task. Once selected, add the vendor as a 'Vendor - Contracted' participant in Eos. Ensure the correct vendor codes are used as below.

NOTE What vendor code do you use for Tertiary Pain Management Services?

[Name withheld]



- c Approve the Purchase Order.

NOTE What if the Purchase Order requires a higher delegation?

Save the Purchase Order. Create and send a Request Authorisation task to a Recovery Leader for a Purchase Order approval.

Refer to the link below.

- Request Authorisation for a Purchase Order - System Steps
- Purchase Order - Handy Hints on how to create and edit POs

6.0 Create and send referral documents

Recovery Administrator

- a Select 'Add documents' and generate the ACC6271 Pain Management Triage Service Referral adding any additional information received in the task to the document.
- b Add additional information received in the task to the referral. For guidance refer to the Admin Template - Pain Management Service
 - Admin Template - Pain Management Triage Assessment
- c Check for Pain management Service document group and ensure this is attached to the email.
- d Complete the ACC6271 document and convert into a non-editable pdf.
- e Link the referral to the document group.
- f Perform privacy checks using Inbound and outbound document checks.
 - NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- g Create and send an email to the Provider using the Requests and Referrals template.
 - NGCM - FINAL emailing from Eos using a template - System Steps
- NOTE** What if the Vendor requires the documents to be sent via courier?
Go to Prepare and Send Client Information by Courier process.
 - PROCESS** Prepare and Send Client Information by Courier
- h Create and send an email to the client attaching the PAI01 Approve Pain Management service letter and the PAIS01 All about the Pain Management service.
- i In Salesforce, close the assigned task.

NOTE What if you have been advised by a Provider they are unable to accept a referral?

Go to activity 5.0 and complete a re-referral.

7.0 Receive pain provider report

Recovery Assistant, Recovery Coordinator, Recovery Partner

- a Perform Privacy and Relevancy checks on the received report.
 - NG SUPPORTING INFORMATION Inbound and Outbound Document Checks
- NOTE** What report will the provider send back?
The Tertiary service provider will decide whether a triage assessment is required or not. If a triage assessment is appropriate, they will send back the ACC7894 triage assessment report, If not, they will send back the ACC6272 plan report
- b Review the report. Refer to Pain Management Services Service Page for guidance.
 - NGCM Filing Away - System Steps

NOTE What if the assessment recommends request for Tertiary Inpatient services

The provider should provide detailed rationale for inpatient services. Discuss with your team leader and use the decision tree to consider if clinical guidance is required.

If approving, create a NGCM Admin Request task to instruct Recovery Administration to update the existing purchase order.


Notify the referring provider and client if ACC are approving, declining or looking into the request.

NOTE What if the client requires accommodation for Tertiary inpatient services?

By agreement, ACC will be fully funding transport and accommodation costs during the service (Mon – Fri) for clients engaging in tertiary inpatient services at TARPS (The Auckland Regional Pain Service). Ensure the accommodation is of good standard and that the needs of the client have been considered eg: adequate cooking facilities, accessibility, transport, location.

Discuss the option of continued funded accommodation over the two middle weekends if that will be more cost effective than transporting them to and from their home, or if the additional travel is likely to negatively impact their condition.

Generate a 'NGCM - Entitlement Request' task requesting to set up accommodation using Service code PN3ACC

 Overview of Tertiary Services for Pain Management Service Page

NOTE What if the Pain Management Plan suggests incidentals (such as a gym membership or pool pass)?


The purpose of these is to allow the provider to use resources to optimize a client's participation.

We do not usually fund gym memberships or pool passes, except in specific circumstances. They may be included if they are:

- Required to enable to client to achieve their wellbeing and functional goals; and
- Limited to the duration of the service.
- Only available for outpatient.


Refer to the Incidentals Service Page for more information.

If approving incidentals, create a NGCM - Admin Request task to instruct Recovery Administration to update the existing purchase order with the incidentals code, align the service dates with the pain programme service dates.

 **PROCESS** Incidentals Service Page

NOTE What if the vendor advises that the client failed to attend the Pain Management Service?

If the client fails to attend or take part in the Pain Management Service and there doesn't appear to be a reasonable explanation for not attending, then go to 'Manage Non-Compliance' process below.

 **PROCESS** Manage Non-Compliance

NOTE What are the maximum number of DNAs permitted for this service?

A maximum of two DNAs per claim are permitted for outpatient with this service, DNAs are not payable for courses purchased on a package basis eg group education or inpatient/intensive services.

NOTE What task do you send to Recovery Administration if a PO needs to be amended to accommodate a DNA?


Create an 'NGCM - Admin Request' task to request the Purchase Order be updated with the DNA. Include Purchase order number, PNDNA service code and the date of the DNA.

Refer to the 'Referring Tasks to Recovery Administration - Principles' process below, and also the associated System Steps for further information and guidance.

 Referring Tasks to Recovery Administration - Principles

 Pain Management Services Service Page

c Provide a copy of the report to the client and key stakeholders, if required.

 Disclosure of Clients' Health Information to Employers Policy


 Send letters from Client Recovery and Claims Assessment

NOTE What if the client requests that the report be changed or claims that it is incorrect?

A client can request that information held by ACC is changed or updated if it is factually incorrect (ie: wrong DOB, incorrect name spelling etc).

If it is the opinion of an Assessor or Provider, the client can supply a 'statement of correction' to ACC which is then included with the report. This means that any time the report is sent out, the statement of correction must be sent as well.

Refer to Managing a client's request to change personal information.

 Managing a client's request to change personal information

d Update the Recovery Plan with the outcome of the intervention.

 **PROCESS** **Create or Update Recovery Plan**
Recovery Assistant, Recovery Coordinator, Recovery Partner

 **PROCESS**

Set up Interventional Pain Management (IPM)

Recovery Assistant, Recovery Coordinator, Recovery Partner

 **PROCESS**

Stop Supports

Recovery Assistant, Recovery Coordinator, Recovery Partner

Proactively released