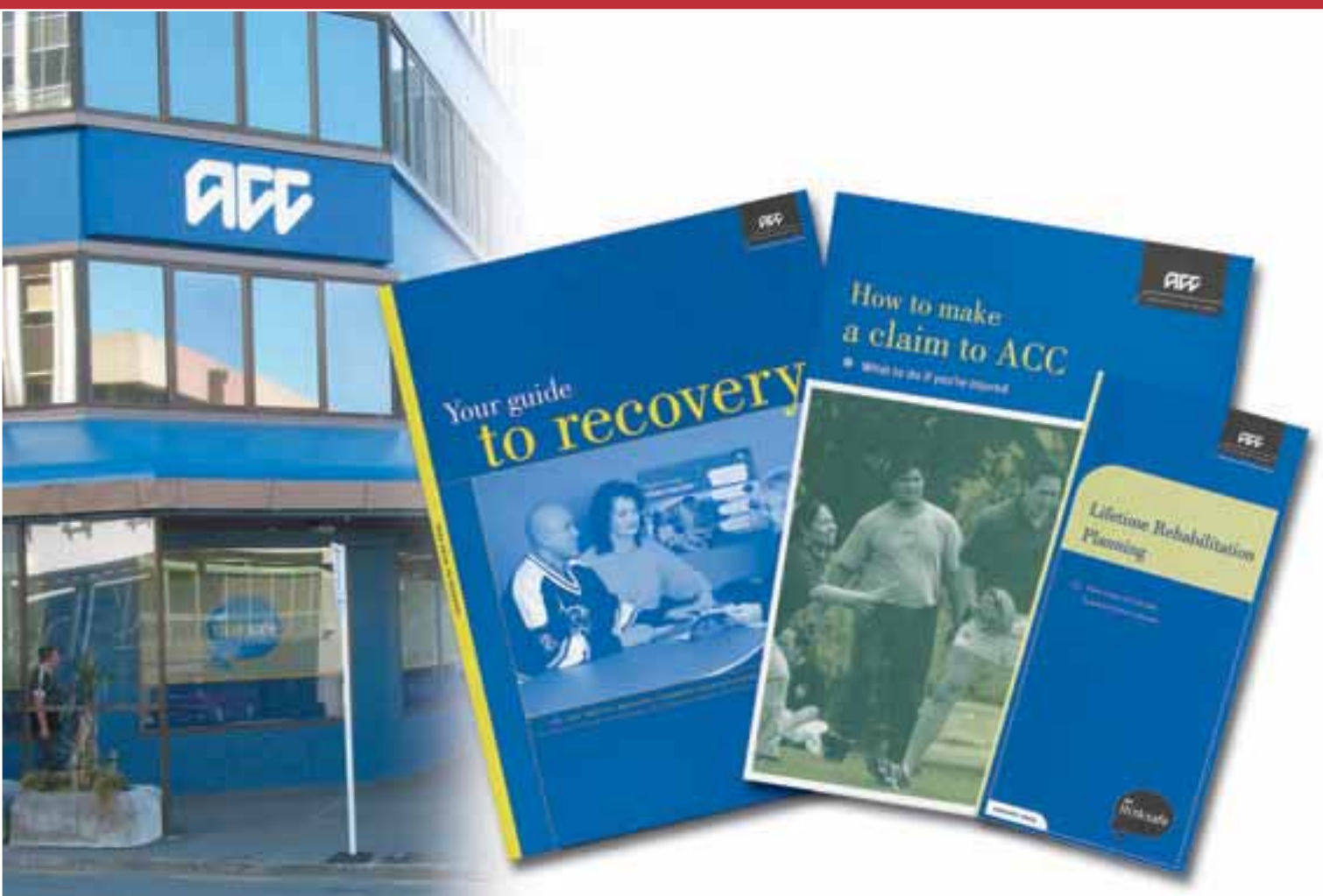


Accident Compensation Corporation: Case Management of Rehabilitation and Compensation



**Report of the
Controller and Auditor-General**
Tumuaki o te Mana Arotake

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Report of the

Controller and

Auditor-General

Tumuaki o te Mana Arotake

Accident Compensation

Corporation:

Case Management of

Rehabilitation and

Compensation

April 2004

*This is the report of a performance audit
we carried out under sections 14 and 16 of the
Public Audit Act 2001.*

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Foreword

The Accident Compensation Corporation *Te Kaporeihana Āwhina Hunga Whara* (ACC) was established when New Zealand introduced a comprehensive no-fault accident compensation scheme in 1974. The private rights of individuals to sue for personal injury were replaced with a public scheme of universal coverage that aimed to provide compensation for all accidents, wherever they occurred.

Almost everyone has, or knows of someone who has, received assistance from ACC. In the absence of personal experience, people's views of ACC can be formed through the experience, good or bad, of others.

When we made known our intention to undertake an audit of ACC, we were inundated with telephone calls and letters expressing interest in what we would look at, or highlighting individual cases where it was asserted that ACC had made incorrect decisions. We made it clear to all correspondents that the purpose of this audit was not to take up individual cases with ACC. Rather, our focus was the performance of ACC's case management practices as a whole. Nevertheless, we were aware that there were some expectations that we would find failings within ACC.

During our audit we encountered polarised views of ACC's performance, although there was a consistently strong theme that the organisation is performing better now than it has in the past. Overall, we found no systemic failings in ACC's case management practices. However, our audit identified areas where improvements can be made for the benefit of both ACC and claimants, and we have made recommendations accordingly.

I thank ACC for its assistance during the conduct of the audit. I also appreciate the valuable input from a selection of advisers, employers, treatment providers, and claimants, which ensured that the audit canvassed the views of those who have the most contact with ACC. This report incorporates consideration of those views in our assessment of ACC's case management performance.



K B Brady
Controller and Auditor-General

18 April 2004





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Summary and Recommendations

The Accident Compensation Corporation *Te Kaporeihana Āwhina Hunga Whara* (ACC) handles a wide variety of injury claims – from small events requiring a single doctor’s visit to life-changing accidents requiring years of treatment and rehabilitation. Claims that are likely to last months or years need ongoing individual attention and are assigned to case managers in ACC branches.

ACC branches manage the claims that are likely to be costly and complex. These are also the claims where those affected have a great deal at stake, and where there is the greatest risk of something going wrong. We looked at the way that ACC undertakes case management at the branches. We did not look at the outcomes (the end point of individual case histories) provided by that case management. We looked at specific cases to help us understand the wider issues of case management, although the rights or wrongs of specific cases are properly dealt with through external dispute resolution bodies.

In the context of ACC’s overall work, the complicated and lengthy claims are few in number but high in costs. Of the approximately 1.5 million claims that ACC receives each year, only about 105,000 (7%) require rehabilitation and compensation, and hence management, either at ACC’s contact centres or branches. Of the 105,000, around 7% go on to become long-term claims – claims that receive assistance from ACC for more than 12 months. At present, the pool of long-term claims makes up about two-thirds of ACC’s compensation and rehabilitation costs.

Overall Conclusions

Overall, ACC’s case management practices are thorough and work well, and ACC staff have a professional approach. ACC places emphasis on performing its legal functions and duties, and sometimes claimants do not fully appreciate the legal limitations placed on ACC staff, and what they can provide. However, we consider that there are areas where ACC can improve, particularly in the way it communicates with claimants. In this report, we describe how case management works at ACC, and how it could be improved.





SUMMARY AND RECOMMENDATIONS

ACC was once essentially a payment-processing organisation. However, the introduction of case management in the mid-1990s gave the organisation a stronger focus on the rehabilitation of claimants. There is now greater rigour in reassessing ongoing cover and entitlements, and promoting a return to work or independence as quickly as possible. This approach is consistent with ACC's governing legislation, the Injury Prevention, Rehabilitation, and Compensation Act 2001 (the Act). ACC has a strong emphasis on process, and aims for continual progress on claimants' files.

We interviewed a selection of claimants, both short-term and long-term, to obtain their views on the standard of service that they are receiving, or have received, from case managers. These claimants expressed divergent views about their experiences with ACC, which is consistent with the range of views recorded through ACC's claimant satisfaction surveys. For example, differing views were that:

- ACC is not providing them with everything they are entitled to.
- They had been forced through the process, had been treated like a number and like everyone else, without reference to their individual circumstances.
- While they had been treated badly in the past, the level of service is much better now.
- ACC could not have been more helpful during their recovery.

Given this range of views, it is not possible for us to arrive at an opinion on a majority claimant perspective of ACC. However, our interviews proved extremely useful in allowing us to understand some of the underlying issues that claimants experience in their dealings with ACC. We have referred to information gained through our claimant interviews throughout this report.

Overall, ACC's case management function is performing well. We found no systemic failings, and ACC has measures in place to try and ensure consistency of individual practice throughout its offices, as well as compliance with legislation. Staff performance is also regularly monitored and assessed against a range of measures. Case managers are well supported in their work by staff and managers, and technological resources. Regular training sessions also support case management and assist with the professional development of staff members.

Many people, both inside and outside ACC, told us that the organisation is performing better now than in the past. In particular, employers, health service providers, and some claimants commented that a positive change has occurred over the last few years in that ACC is now actively addressing rehabilitation.





SUMMARY AND RECOMMENDATIONS

ACC is aiming for continual reassessment and improvement of its processes. In line with this, new initiatives are launched regularly after consultation with key stakeholders, including Māori and Pacific peoples' advisory groups. It has also set up new projects with the intention of improving community awareness of ACC rehabilitation services.

In relation to Māori, Te Puni Kōkiri (TPK) found in its 2001 review¹ that ACC had made significant progress in addressing the findings of TPK's 1998 report², but noted several areas for improvement. Although we did not specifically audit progress against the areas for improvement identified by TPK, we saw what ACC was doing to improve its responsiveness to Māori. In addition, ACC told us that it is planning a strategy to improve access for Pacific peoples to all rehabilitation services.

ACC does make mistakes, and has measures in place to try to resolve disputes with claimants. Nevertheless, some claimants are critical of ACC's performance, and consider that ACC does not fulfil its legal obligations. We are of the view that ACC is generally operating in a manner consistent with its legislation. However, we have recommended that key areas of ACC case management practice could be improved to the benefit of both ACC and claimants.

Claimant satisfaction surveys illustrate that some claimants view ACC's service delivery as impersonal. Additionally, the surveys show that some claimants consider that ACC lacks empathy for them by being too assertive and inconsiderate of the circumstances of their injury.

These criticisms are symptomatic of the gap that exists between the level of personal service that claimants expect from ACC and the level that ACC believes it should provide. For example, some claimants expect close and regular face-to-face communication with their case manager. ACC, on the other hand, considers that its present level of personal service is sufficient and fulfils its legislative obligations to claimants.

Problems arise particularly when long-term claimants, whose rehabilitation has not been adequately managed by ACC in the past, are contacted by ACC with new requirements – for example, that they participate in rehabilitation with the aim of returning them to work or independence. Some claimants perceive this as an attempt to “get them off the scheme”, while ACC views this action as good rehabilitation practice and in keeping with its obligations under legislation. Often, these different views are manifested in the form of complaints, review, or appeal proceedings by claimants against ACC.

1 Te Puni Kōkiri, *Follow up Review of the Accident Compensation Corporation's Service Delivery to Māori*, 2001.

2 Te Puni Kōkiri, *Review of the Adequacy of ACC's Service Delivery to Māori*, January 1998.

In our view, the following recommendations will assist ACC to build on the improvements it has made over the last few years.

Recommendations

Resources for Case Management

Information Systems

(paragraphs 4.4-4.16 on pages 55-58)

Within branches, we found that case managers' work is well supported, through support staff at the branch, or comprehensive information systems available on-line. We were impressed with the detail contained within Informe, which is ACC's on-line policy and procedures manual. Other on-line tools are available to case managers to assist them to monitor their workload and to prioritise their work. However, the weekly case listing report, which we believe is a useful means of ensuring that tasks are completed within the deadlines defined by the Act and by ACC's internal policies, is currently not used by all case managers.

We recommend that –

- 1. ACC promote the wider use of the case listing report by case managers.**

The Individual Rehabilitation Plan

(paragraphs 4.35-4.52 on pages 62-65)

For all claimants assessed as needing more than 13 weeks to return to work or independence, ACC is legally required to prepare an Individual Rehabilitation Plan (IRP), in consultation with the claimant.

The intent of the IRP is to set rehabilitation goals and a proposed schedule for treatment and social and vocational rehabilitation, agree rights and responsibilities, and record the claimant's progress.

The preparation and implementation of an IRP provides impetus and structure for the rehabilitation process, but the approach taken to prepare and confirm the IRP varies between branches. The quality of the IRPs prepared by case managers also varies. In fact, we found instances where the content of IRPs appeared to have been copied, with little to differentiate them in detail from others.





SUMMARY AND RECOMMENDATIONS

We saw examples of IRPs that complied with timeliness requirements under the Act and ACC policy, but the quality of the plans was compromised because they were produced in haste to meet the deadline. This is one possible reason why some IRPs appeared uniform.

We recommend that –

- 2. ACC ensure that all case managers tailor the content of each Individual Rehabilitation Plan to the claimant's rehabilitation needs.**

Case managers may be more intent on processing IRPs to satisfy branch targets, rather than allowing time for claimants to fully discuss and understand how the rehabilitation process will assist their recovery. The planning and content of the IRP sometimes require the case manager to engage in more discussion with the claimant, so that the claimant has a clearer understanding of their goals, rights, and responsibilities in regard to their own rehabilitation.

We recommend that –

- 3. ACC case managers make sure that a claimant fully understands their goals, rights, and responsibilities before the claimant is asked to sign the Individual Rehabilitation Plan.**

The Act requires all Individual Rehabilitation Plans to be prepared within 13 weeks of claims being accepted by ACC. ACC has set a target for branches of 90% compliance with this requirement. Notwithstanding ACC's reasons for a 90% target, the target is not consistent with the statutory requirement, which (in our view) contemplates no exceptions to full compliance.

Measurement and Monitoring of Branch Performance

(paragraphs 4.65-4.73 on pages 67-69)

Branch performance is regularly measured, monitored and ranked according to a range of key performance indicators (KPIs) that are set annually by Head Office. ACC's KPIs are a mixture of quantitative and qualitative measures. Branches are measured against an extensive list of KPIs, not all of which are included in the Annual Report. ACC generally does a good job of reporting statistics in relation to rehabilitation, though it should include more KPIs relating to the quality of claimant outcomes, such as the rate of reactivated claims.

We recommend that –

- 4. ACC include more KPIs relating to the quality of claimant outcomes, such as the rate of reactivated claims, in its Annual Report.**



File Review and Audit

Branch File Reviews

(paragraphs 4.75-4.80 on pages 69-70)

ACC, through performance agreements, expects its team managers to review their case managers' files monthly to check that entitlement decisions and IRPs comply with the Act. These reviews are not always done because of other work priorities. These reviews are important.

We recommend that –

- 5. ACC ensure that team manager file reviews are completed in accordance with the team manager's performance agreement.**

Catalyst Injury Management Limited

(paragraphs 4.90-4.114 on pages 72-76)

An ACC subsidiary, Catalyst Injury Management Limited (Catalyst), selected some long-term claims from ACC branches for case management. Catalyst specialised in managing such claims through intensive rehabilitation with the aim of returning claimants to work or independence within 12-15 months.

ACC announced on 1 September 2003 that Catalyst's role of case management of some long-term claims would be returning to Long Term Claims Units within ACC. Despite this, we have retained our discussion of Catalyst in this report. We consider that the lessons learned from ACC's Catalyst experience have relevance to ACC's future dealings with long-term claimants.

Specific issues identified by Catalyst claimants through ACC-commissioned surveys included the frequency of case manager turnover and not enough face-to-face contact and communication with their case manager. Claimants who were with Catalyst often required more intensive management than other claimants, so ACC needs to take particular care in future to communicate with them regularly and fully. Clear communication with former Catalyst claimants is especially important now, given the transfer of their claims back to ACC.

We recommend that –

- 6. ACC communicate regularly and fully with former Catalyst claimants about progress in their rehabilitation.**



Case Manager Induction Programme

(paragraphs 5.10-5.15 on pages 80-81)

A case manager's role includes assessing a claimant's needs, co-ordinating services, monitoring progress, and liaising with providers and a claimant's employer. ACC's induction programme recognises all the knowledge and skills required for new staff to perform these roles.

However, where staff turnover is high, workload pressures mean that the full induction programme is not always completed before case managers are assigned a full caseload. This may be disadvantageous to both the case manager and their claimants.

We recommend that –

- 7. ACC ensure that new case managers complete the induction programme before they are assigned a full caseload.**

Case Manager Monitoring and Assessment

(paragraphs 5.23-5.29 on pages 82-83)

As with branch performance, case manager performance is thoroughly monitored and assessed. ACC's various electronic systems allow team managers to track the performance of their case managers against clearly defined KPIs. These KPIs are split into "results" (quantity and process) and "quality" (e.g. customer service and teamwork) objectives.

The results KPIs are measured statistically, and all case managers are assessed to the same standards. However, the quality KPIs are more difficult to evaluate consistently, and their measurement was variable. It was not clear how those measures could be assessed consistently throughout ACC.

We recommend that –

- 8. ACC ensure that team managers objectively and consistently evaluate case managers' performance against quality KPIs.**



Claimant Service Performance

Part 3 of the Act requires ACC to establish a Code of ACC Claimants' Rights. The Code came into force on 1 February 2003. Some staff suggested to us that the Code simply expresses the customer service values to which ACC already aspires. However, we consider that the Code has given increased prominence to these values, and has helped to standardise and clearly articulate internal procedures, particularly for dealing with complaints.

Claimant Service

(paragraphs 6.8-6.20 on pages 90-92)

ACC has implemented a number of useful initiatives with the aim of improving claimant service. However, we consider that the notification of a change of case manager could be more consistent. While ACC requires case managers to notify their claimants of such changes, this does not always happen. In line with the Code of ACC Claimants' Rights, ACC is obligated to effectively communicate with claimants to keep them fully informed.

We recommend that –

- 9. ACC ensure that claimants are notified when their claim is transferred to another case manager.**

In our view, when a claimant leaves the accident compensation scheme for any reason, there needs to be some form of follow-up by ACC to allow it to gauge the success, or otherwise, of the service that it provides. ACC periodically commissions a survey of former ACC claimants about their experience. This survey should be commissioned more regularly as a way for ACC to obtain information on the durability of claimant rehabilitation outcomes.

We recommend that –

- 10. ACC more frequently commission the survey of former ACC claimants to obtain data that can be used to improve the quality of claimant rehabilitation outcomes.**



Complaints, Reviews, and Appeals

Complaints

(paragraphs 6.23-6.30 on pages 93-94)

ACC has clear and appropriate procedures for receiving and responding to complaints made by dissatisfied claimants. Additionally, the Act establishes detailed review and appeal rights. The rights to complain, to seek a review, or to appeal, provide important checks and balances on case management in individual cases.

While ACC records the number and nature of the complaints it receives, we were told that it has been difficult to gather accurate qualitative information about trends. ACC has indicated that it plans to do more to collect and analyse overall information about the types of complaints it receives, and how the nature of complaints has changed over time. This work is valuable; otherwise, lessons learned from complaints may not always lead to organisational improvements.

We recommend that –

- 11. ACC prioritise the collection and analysis of qualitative information about the types of complaints that it receives and how the nature of those complaints has changed over time.**
- 12. ACC use qualitative information about complaints to help identify areas where changes to policies or practices may be necessary.**

Reviews and Appeals

(paragraphs 6.31-6.47 on pages 94-97)

A claimant can challenge an ACC decision by filing an application for review, which is determined at a formal hearing before an independent reviewer.

The ACC representative at the formal review hearing is usually the original decision-maker, and their presentation is often a mixture of advocacy and evidence. In cases where the relationship with the claimant has deteriorated and the case manager's credibility and evidence is being challenged, the case manager's ability to act effectively as an advocate and representative may be undermined. In our view, when a case manager is required to provide evidence that is likely to be disputed, it may also be necessary for ACC to be represented by an advocate who is not personally connected to the factual disputes in the case.

We recommend that –

- 13. ACC consider whether, in contentious review hearings, the role of the case manager should be limited to that of a witness, with another staff member acting as ACC's advocate.**

ACC's decisions are upheld in a majority of review and appeal proceedings. However, in those proceedings where its decisions are overturned and it elects not to appeal, we consider that ACC needs to quickly remedy the situation where it has been found at fault. Additionally, ACC needs to formalise a process by which it can learn from overturned decisions, so that mistakes are not repeated.

We recommend that –

- 14. ACC prioritise action to implement a reviewer's decision as quickly as possible in cases where ACC's decisions are overturned and it elects not to appeal.**
- 15. ACC formalise its processes and timetables for considering issues arising out of review and appeal decisions, and implementing any subsequent changes to policies or practices.**

Claimant Satisfaction Surveys

(paragraphs 6.48-6.62 on pages 98-101)

ACC commissions and widely promotes the results of seven claimant satisfaction surveys. We reviewed the quarterly Network Management Survey because of its focus on claimant satisfaction with branch performance, and to provide assurance that the results were based on sound methodology. In our view, the methodology was sound and the surveys produce reliable information on which to base statements in ACC's accountability publications.

ACC's Annual Report for 2002-03 describes claimant satisfaction rates for both short-term and long-term claimants. However, the report does not show the difference between them on the corresponding graph, instead showing only short-term claimant satisfaction. In our view, both short-term and long-term claimant satisfaction data should be presented in a consistent manner when using a graph or text.





SUMMARY AND RECOMMENDATIONS

We recommend that –

- 16. ACC report both short-term and long-term claimant satisfaction rates in a consistent manner in its accountability publications.**

In our review of the surveys we also found a number of minor discrepancies between the survey findings and the information shown in ACC's Annual Report for 2001-02.

We recommend that –

- 17. ACC implement a process to ensure that claimant satisfaction survey results are accurately reported in published material.**



Part One

Introduction



Injury Prevention, Rehabilitation, and Compensation Act 2001

Public Act 2001 No 49
Date of assent 19 September 2001
Commencement see section 2

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Why Did We Do This Audit?

- 1.1 The Accident Compensation Corporation *Te Kaporeihana Āwhina Hunga Whara* (ACC) is a Crown entity that administers the accident compensation scheme, which provides 24-hour, no-fault accident insurance and assistance for everyone, whether New Zealand citizens, residents, or temporary visitors to the country. In return, people do not have the right to sue for damages for personal injury, other than for exemplary damages.
- 1.2 ACC spent about \$1,700 million during the 2002-03 financial year on rehabilitation, treatment, and weekly compensation.³ To pay for these services, ACC collects, directly or indirectly, levies (or premiums) from most New Zealanders, and earns income by investing funds. ACC is a high-profile organisation that attracts Parliamentary select committee and media interest, often because of complaints by members of the public.
- 1.3 We undertook this audit of ACC because we considered that an independent report by us would:
 - provide both an insight into the work of ACC, and assurance about the compliance of current ACC operational structures, systems, and processes with key legislative requirements; and
 - make a useful contribution to any future public or political debate by adding to the understanding of ACC and its activities.
- 1.4 Our objective in undertaking this audit was to produce a report that is useful for:
 - the general public – who will benefit from a clear exposition of ACC’s roles, functions, obligations, and performance against its governing legislation (the Injury Prevention, Rehabilitation, and Compensation Act 2001 (the Act));
 - ACC levy payers – by providing assurance about ACC’s performance, especially in relation to the management of high-risk and high-cost claims;
 - claimant support and advocacy groups, and Members of Parliament – by providing them with information on how ACC operates, and the limitations on its functions; and
 - ACC – by providing it with an independent assessment of its operations, with recommendations for improvements.

3 The *Accident Compensation Corporation Annual Report 2003* notes that ACC spent about \$951 million on rehabilitation services (including vocational and social rehabilitation) and about \$753 million on compensation (including income maintenance).



Audit Scope

- 1.5 ACC is a complex organisation with a range of functions, responsibilities, and activities.
- 1.6 We looked broadly at ACC's method of claims processing⁴ before focusing particularly on case management practices at ACC branches. This report therefore:
- describes the systems, processes, standards, and methodologies that ACC has in place to ensure that it fulfils its obligations under the Act;
 - documents and assesses ACC's internal audit, evaluation, and reporting mechanisms, which are used to ensure the consistent application of performance measures and standards nationwide;
 - identifies issues and factors that have a bearing on rehabilitation outcomes;
 - identifies those aspects of ACC's systems and capabilities that influence the management and administration of claims, and particularly case management; and
 - makes recommendations about improvements to current systems and processes.
- 1.7 Because of ACC's size and complexity, and in order to make the audit manageable, we excluded the following:
- ACC's Healthwise business unit, which is responsible for the purchase of health services.
 - Financial management and actuarial aspects of ACC's business.
 - Injury prevention activities, such as the *Safety on Roads* and *Sportsmart* initiatives. While we recognise that injury prevention is an important activity for ACC, in this audit we have limited our examination mostly to ACC's rehabilitation activities.
 - A review or reconsideration of the circumstances or outcomes of a particular claimant or claim. Although we looked at specific cases to help us understand the wider issues of case management, the rights or wrongs of specific cases are properly dealt with through external dispute resolution bodies.
 - An assessment of the activities of ACC's subsidiary business, Dispute Resolution Services Limited, which conducts claim reviews. However, we do discuss its role within ACC's case management process.

4 The term 'claims processing' describes the time from when ACC receives a claim to when the claim is closed.



Audit Expectations

- 1.8 In preparing for this audit, we drew up expectations against which we could assess ACC's case management performance. We list these expectations in the next paragraph and refer in brackets to the parts of the report where they are specifically discussed.
- 1.9 We expected that ACC's policies and procedures would ensure:
- timely management of claims received (**paragraph 3.23**);
 - consistent determination of cover and entitlements in compliance with the Act (**compliance: paragraphs 3.2-3.16 / cover: paragraphs 2.7-2.10, 3.9, 3.11, 3.21-3.22 / entitlements: paragraphs 2.11-2.12, 3.10, 3.12-3.14, 3.22, 4.15**);
 - the provision of advice and information to claimants about their rights and entitlements within the time and in the manner required by the Act, and the Code of ACC Claimants' Rights (**Individual Rehabilitation Plans: paragraphs 4.35-4.52 / advice on entitlements: paragraph 6.11 / Code of ACC Claimants' Rights: paragraphs 6.4-6.7 / Catalyst⁵, the Act, and the Code of ACC Claimants' Rights: paragraphs 4.90-4.96**);
 - that case managers are appropriately skilled, experienced, and supported by ACC management in order to comply with the Act and to provide claimants with their entitlements (**skills, experience, and training: paragraphs 5.6-5.22 / support: paragraphs 4.3-4.34 / Catalyst case managers: paragraphs 4.93-4.96, 5.33-5.39**);
 - effective monitoring, quality assurance, and auditing of critical aspects of case management performance (**monitoring and quality assurance of branch performance: paragraphs 4.65-4.73 / file review and audit: paragraphs 4.74-4.89 / monitoring and assessment of case managers: paragraphs 5.23-5.29**);
 - the identification and application of best practice throughout the organisation (**paragraphs 3.32-3.33**); and
 - appropriate consultation with key stakeholder groups in the development of policy or operational initiatives that affect case management practices (**paragraphs 2.46-2.53, 3.18**).

5 Catalyst Injury Management Limited – a wholly owned subsidiary of ACC.



How We Conducted Our Audit

1.10 In conducting the audit we:

- met with ACC's management and other staff from ACC's Head Office, as well as other offices in Wellington, viewed ACC's policies and procedures, and conducted file reviews;
- met with ACC staff in the service centres and selected contact centres and branches, and observed compliance with ACC's policies and procedures;
- visited third parties who interact with ACC, to discuss their views of ACC – including claimants, health service providers, employers, claimant support groups, and other government agencies; and
- consulted specialist advisers about the content of our report.

Meetings With ACC Management

1.11 We met with ACC's senior management team to define the focus of our audit and to familiarise ourselves with ACC's strategic and business planning, performance monitoring and management, human resources capability, and operational focus. After these meetings, we viewed ACC's policies and procedures in preparation for field work. On completion of our regional field work, we had numerous follow-up meetings with selected managers at Head Office.

Meetings With ACC Staff

1.12 We conducted initial field work at the Dunedin service centre, contact centre, and branch (see the map in Figure 5 on page 40). At the service centre we observed the process followed by ACC staff when they receive a claim, register it, and decide whether or not the claim is covered by the accident compensation scheme. At the contact centre, we saw how ACC staff deal with claims that require more active management because of the nature of the injury suffered by the claimant.

1.13 Our field work at the Dunedin branch gave us the necessary context for our audit work at other branches by giving us an understanding of how claims flowed into the branch from the service and contact centres.



- 1.14 Also at the Dunedin branch, we observed how ACC staff undertake intensive case management of high-risk claims, which gave us a better understanding of:
- how decisions are made about cover and entitlements;
 - the provision of treatment, and social and vocational rehabilitation;
 - how claims are closed; and
 - how case managers processed claims and used the support tools available to them (for example, information technology and training).
- 1.15 After these visits we concluded that, because the lengthy and complex claims are managed at ACC branches, we needed to concentrate our audit on the branches. Accordingly, our discussion of service and contact centres in this report is limited to a description of how their operations relate to those of the branches.
- 1.16 Before we started our second phase of field work, we met with two ACC managers who have a wealth of knowledge and experience in case management. During this meeting, we discussed the scope and methodology of our audit approach to ensure that they were appropriately targeted.
- 1.17 The second phase of our field work involved visits to ACC branches in Auckland, Hamilton⁶, New Plymouth, Wanganui, Porirua, Blenheim, and Papanui.
- 1.18 We visited the Auckland and Christchurch offices of Catalyst, based in the Takapuna and Papanui ACC branches respectively; and we met with the Catalyst General Manager in Wellington.
- 1.19 We decided from the outset that it was not practical for the audit team to visit and conduct file reviews at all of ACC's 30⁷ branches. Instead, we selected a mixture of branches from places with different population characteristics, and branches that were noted for their different levels of performance in ACC's weekly branch reports.

Meetings With Third Parties

- 1.20 During field work in Auckland, Hamilton, and Wanganui, we spoke with a range of health service providers, including a Māori health provider, and some larger-scale employers, to get their views of ACC's performance.

⁶ We also visited the service and contact centres in Hamilton.

⁷ For completeness, we counted Thames as a branch even though it is administered from Tauranga.



- 1.21 Our field work in Wellington and New Plymouth involved meetings with past and present ACC claimants⁸, and we also met claimant support groups in Hastings and New Plymouth. These meetings were valuable for us to consider claimant opinions of ACC's performance.
- 1.22 We met with staff from the Office of the Ombudsmen (in Wellington and Christchurch) to discuss the nature of the complaints that they receive from ACC claimants, and the process that the Office follows with ACC when processing the complaints. We also met with a staff member from the national office of Work and Income⁹ to discuss the service's claimant transfer protocol with ACC.

Advisers

- 1.23 We consulted specialist advisers in the areas of occupational health, case management, and law to provide additional assurance that this report is based on sound information.

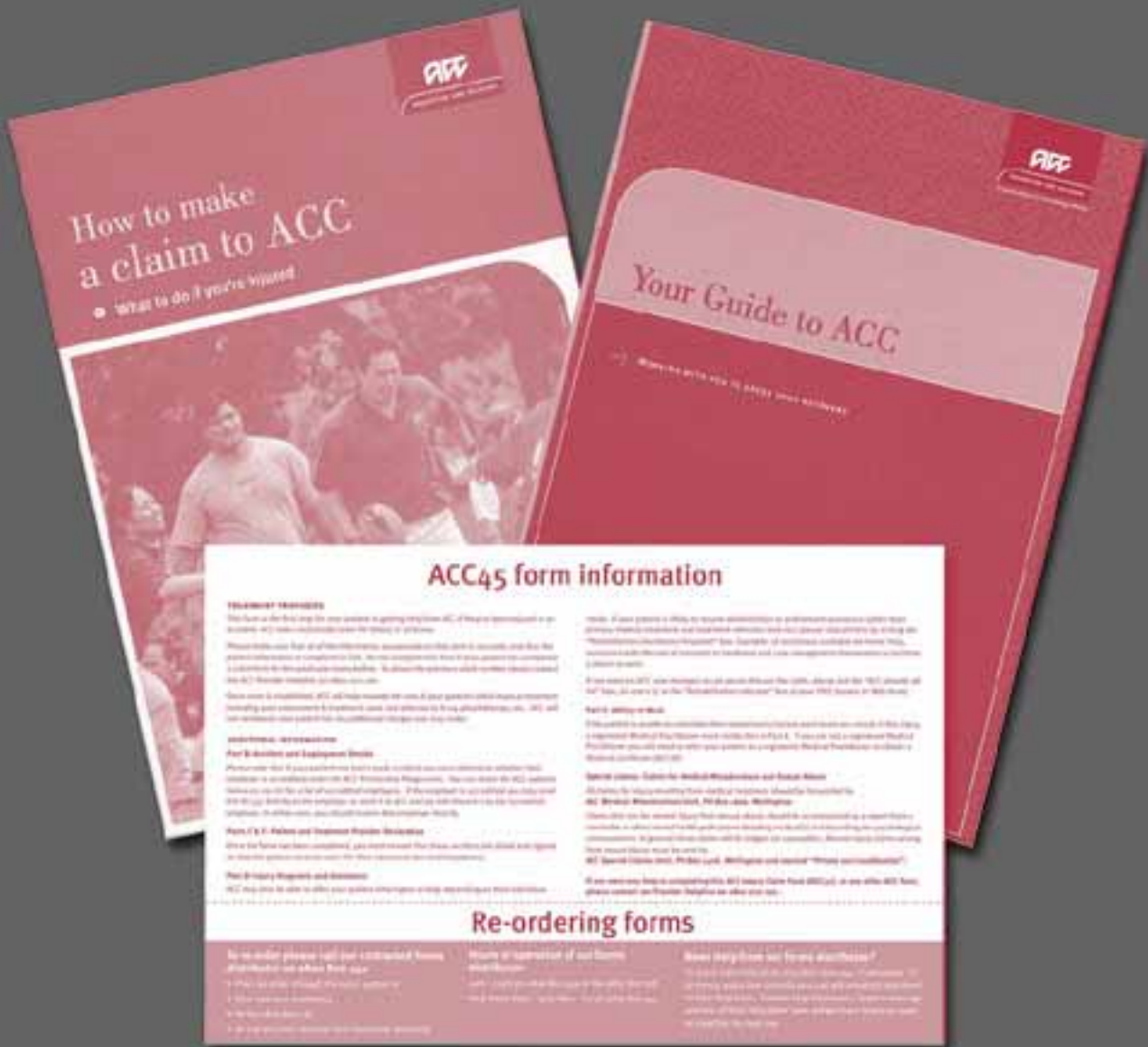
8 We selected claimants to interview by asking a sample of general practitioners to ask some of their ACC patients if they would be happy to discuss their views about ACC with us.

9 Work and Income is a service of the Ministry of Social Development.



Part Two

Background to ACC and Case Management



ACC45 form information

Treatment Expenses

This form is for the use of your insurer in getting approval for ACC of treatment expenses in an accident. ACC will not reimburse you for medical or prosthetic expenses.

Reimbursement will be up to the maximum amount available under your policy and for the particular medical or prosthetic cost. Amounts are subject to your insurer's company's conditions of the applicable policy. Subject to the terms and conditions of the ACC45 form, you must claim the maximum available.

There are 6 categories. ACC will not reimburse you if your insurer does not accept treatment. Initially your insurer's treatment cost will increase to keep up with inflation. ACC will not reimburse you for the full additional charges for any extra.

Additional Information

Part B Medical and Equipment Costs

Remember that if you purchase from a retail outlet you may receive additional discounts or rebates from the ACC45 Reimbursement. Remember that ACC will not reimburse you for a full amount of equipment. If you purchase a new item you must claim the full amount of the purchase price. ACC will not reimburse you for the full amount of the purchase price.

Part C X-Ray, Pathology and Treatment Expense Reimbursement

When you have been consulted, you must ensure that this section of the form is signed by the relevant practitioner for the relevant consultation.

Part D Injury Expenses and Damages

ACC may also be able to offer your spouse or partner a lump sum payment for their injuries.

When it comes to your ability to receive compensation or reimbursement payments under your policy, please remember that you must ensure that you always accurately complete the "Maximum Reimbursement Request" box. Examples of incorrect completion are: "Full", "Maximum Available" or "Amount of Treatment and Care Reimbursement Available" or "Other Amount".

If you have a 20% or more increase in all costs above the 20% limit, then you will not receive all of your costs, but you will receive "Substantial Reimbursement" for those 20% above the limit.

Part E Other Costs

If you wish to claim for additional expenses, you must complete the form in this category. A separate sheet of the form may be available in Part A. You can find a separate sheet of the form you need to fill in your policy or complete the ACC45 form in the ACC45 form booklet (2011/12).

Special Cases: Subsidised Medical Reimbursement and Special Allowance

All forms for Subsidised Medical Reimbursement and Special Allowance must be completed and submitted to ACC. Remember that you must ensure that you always accurately complete the "Maximum Reimbursement Request" box. Examples of incorrect completion are: "Full", "Maximum Available" or "Amount of Treatment and Care Reimbursement Available" or "Other Amount".

If you receive a lump sum payment for your injuries, you will not receive any other ACC benefits for those injuries. For more information, see the ACC45 form booklet (2011/12).

Re-ordering forms

To re-order forms, call our Customer Service Department on 0800 764 764.

- 1. Full name and contact details
- 2. Your account number
- 3. Your policy number
- 4. Your preferred delivery address

When in possession of your forms, you must ensure that you always accurately complete the "Maximum Reimbursement Request" box. Examples of incorrect completion are: "Full", "Maximum Available" or "Amount of Treatment and Care Reimbursement Available" or "Other Amount".

- 1. Full name and contact details
- 2. Your account number
- 3. Your policy number
- 4. Your preferred delivery address

When you have all your forms, you must ensure that you always accurately complete the "Maximum Reimbursement Request" box. Examples of incorrect completion are: "Full", "Maximum Available" or "Amount of Treatment and Care Reimbursement Available" or "Other Amount".

- 1. Full name and contact details
- 2. Your account number
- 3. Your policy number
- 4. Your preferred delivery address

BACKGROUND TO ACC AND CASE MANAGEMENT

Introduction

- 2.1 In this part we provide background information about ACC's approach to case management, including:
- background to the accident compensation scheme;
 - legislative concepts;
 - claims processing overview;
 - case management method;
 - corporate philosophy; and
 - organisational structure.

Background to the Accident Compensation Scheme

- 2.2 ACC was established in 1974 on the introduction of a comprehensive, no-fault accident compensation scheme. The private rights of individuals to sue for damages for personal injury were replaced with a public scheme of universal coverage that aimed to provide compensation for all accidents, wherever they occurred. At the time, this scheme was world-leading.
- 2.3 In the three decades since then, the accident compensation scheme has undergone several major legislative reforms. The latest reform occurred with the enactment of the Injury Prevention, Rehabilitation, and Compensation Act 2001 (the Act).
- 2.4 Although widely referred to as accident "compensation", over the years the scheme has been given a progressively stronger legislative focus on rehabilitation (and on injury prevention, but that matter is outside the scope of this audit). The Act now says that: ... *where injuries occur, [ACC's] primary focus should be on rehabilitation with the goal of achieving an appropriate quality of life through the provision of entitlements that restores to the maximum practicable extent a claimant's health, independence, and participation.*¹⁰

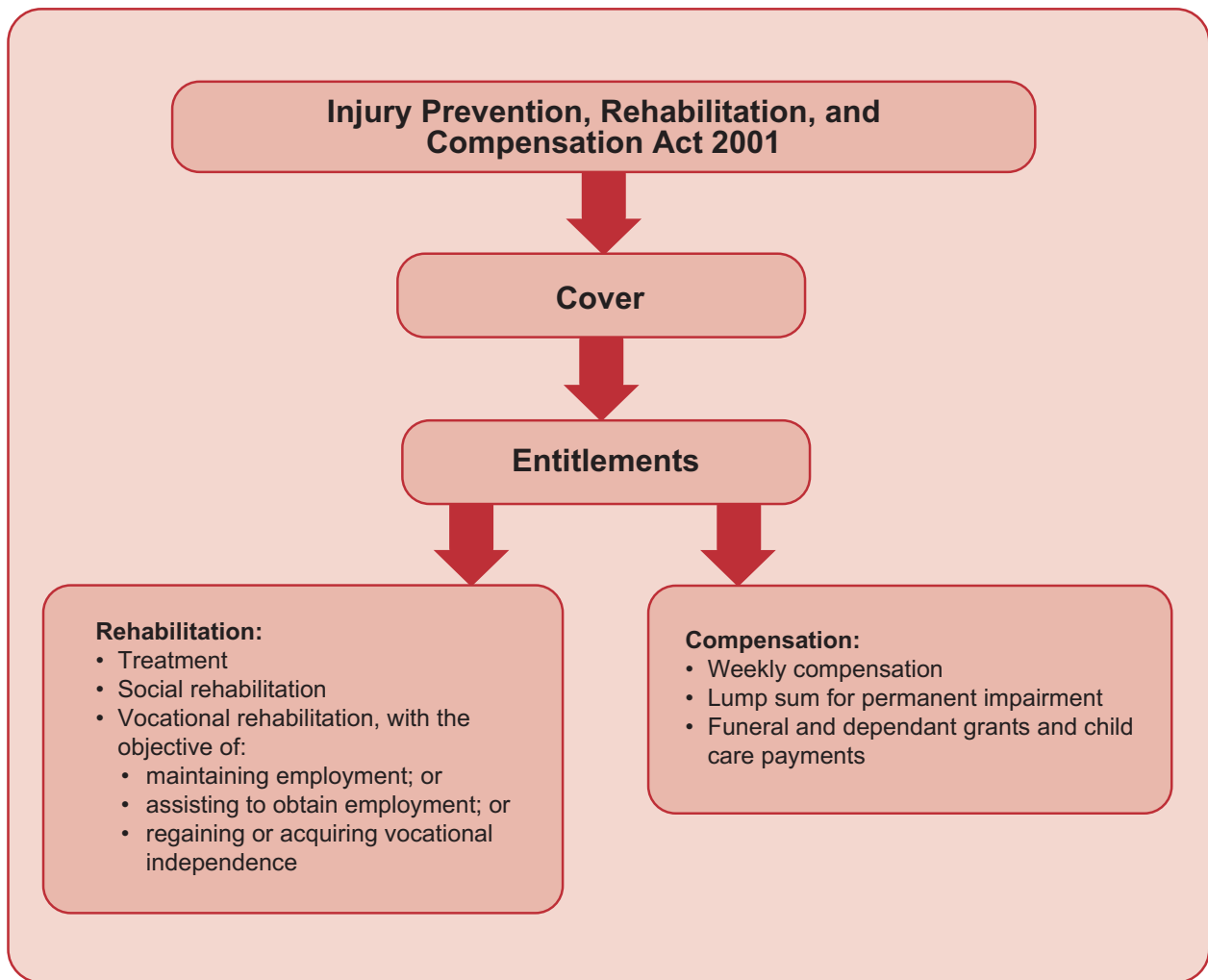
¹⁰ Section 3(c).



Legislative Concepts

2.5 Figure 1 below, and the following text, outline the legislative framework for the accident compensation scheme.

Figure 1
Legislative Framework of the Accident Compensation Scheme



BACKGROUND TO ACC AND CASE MANAGEMENT

- 2.6 Before discussing ACC's compliance with the Act, we define and discuss parts of the Act that are shown in Figure 1, namely cover and entitlements, before looking more closely at the rehabilitation aspect of entitlements.

Cover

- 2.7 A person has **cover**¹¹ when they have a personal injury (as defined by the Act) that is within the scope of the Act. The accident compensation scheme was designed to encompass accidents, but not sickness, and this remains the case.
- 2.8 In general, cover applies to:
- personal injury caused by an accident;
 - personal injury caused by medical misadventure;
 - personal injury caused by a work-related gradual process, disease, or infection;
 - mental injury caused by certain criminal acts; and
 - some other related matters.
- 2.9 Cover does not include:
- many ailments that occur gradually, such as through ageing (as opposed to conditions that are caused by a specific incident or series of incidents);
 - many episodes that are wholly internal (such as strokes and heart attacks);
 - many ailments that are caused by viruses, bacteria, or fungi;
 - injuries to teeth from natural use; or
 - emotional effects of injuries.
- 2.10 The precise limits to cover have required increasingly complex definition over the years, and are spelled out comprehensively in the Act. Terms such as "personal injury" and "accident" have detailed and technical meanings.¹²

¹¹ Sections 8 and 20-22.

¹² *Personal injury* is defined in section 26 and *accident* is defined in section 25.



Entitlements

- 2.11 **Entitlements**¹³ are the services and benefits that a person who has cover may be able to receive under the accident compensation scheme. The precise extent of entitlements is defined in detail in the Act. The range of entitlements includes:
- rehabilitation;
 - weekly compensation¹⁴;
 - lump sum compensation for permanent impairment; and
 - certain other grants and payments.
- 2.12 Where a claimant has cover, ACC is to provide information about entitlements, and to facilitate access to them. These entitlements come with obligations for claimants too. They are expected to co-operate with ACC and to participate in rehabilitation.

Rehabilitation

- 2.13 Of these entitlements, our audit was mainly interested in rehabilitation. **Rehabilitation**¹⁵ means:
- treatment;
 - social rehabilitation; and
 - vocational rehabilitation.
- 2.14 ACC does not provide medical treatment. Rather, it funds the provision of the necessary treatment and, where necessary, helps organise treatment services for the claimant.
- 2.15 The purpose of social rehabilitation is to assist in restoring a claimant's independence to the maximum extent practicable. Social rehabilitation may include aids and appliances, attendant care, child care, home help, and transport for independence.

13 Section 69.

14 If the injured person is employed their employer is liable to pay the first week of compensation to which the person is entitled.

15 Section 6.



BACKGROUND TO ACC AND CASE MANAGEMENT

- 2.16 The purpose of vocational rehabilitation is to help a claimant maintain or obtain employment, or to regain or acquire vocational independence. Vocational rehabilitation can include:
- purchases or modifications of workplace equipment;
 - help with planning for part-time work, with a gradual increase in hours or tasks;
 - training for job-seeking; and
 - training to build on a claimant's existing skills and preparing them to enter a new occupation.
- 2.17 **Vocational independence**¹⁶ means a claimant's capacity to engage in work for which he or she is suited (by reason of experience, education or training) for at least 35 hours a week. If ACC determines a claimant to have vocational independence, he or she is considered to be rehabilitated. The claimant is expected to be able to obtain full-time work, and so loses his or her entitlement to compensation and rehabilitation assistance from ACC after three months' notice.
- 2.18 The Act contains considerable detail about rights, obligations, and procedures. It sets out how decisions must be made, when they must be made, and how claimants can challenge decisions that affect them. The Act provides for a Code of ACC Claimants' Rights, rights of review, and appeal of decisions that ACC has made about a claim.

Claims Processing Overview

- 2.19 During the 2002-03 year ACC received about 1.5 million claims.¹⁷ Claims are made in writing on a standard form, and are usually initiated by a medical practitioner on behalf of the claimant. ACC receives claim forms by e-mail, fax, or post at its two service centres in Hamilton and Dunedin.
- 2.20 On receiving a claim, ACC undertakes an assessment of whether the person has cover as defined by the Act. If so, the claim is accepted and another assessment is made of entitlements, and a decision is made on which part of ACC will process the claim. The vast majority of claims are straightforward, but some require intensive and lengthy management, and these are processed at either a contact centre or branch.

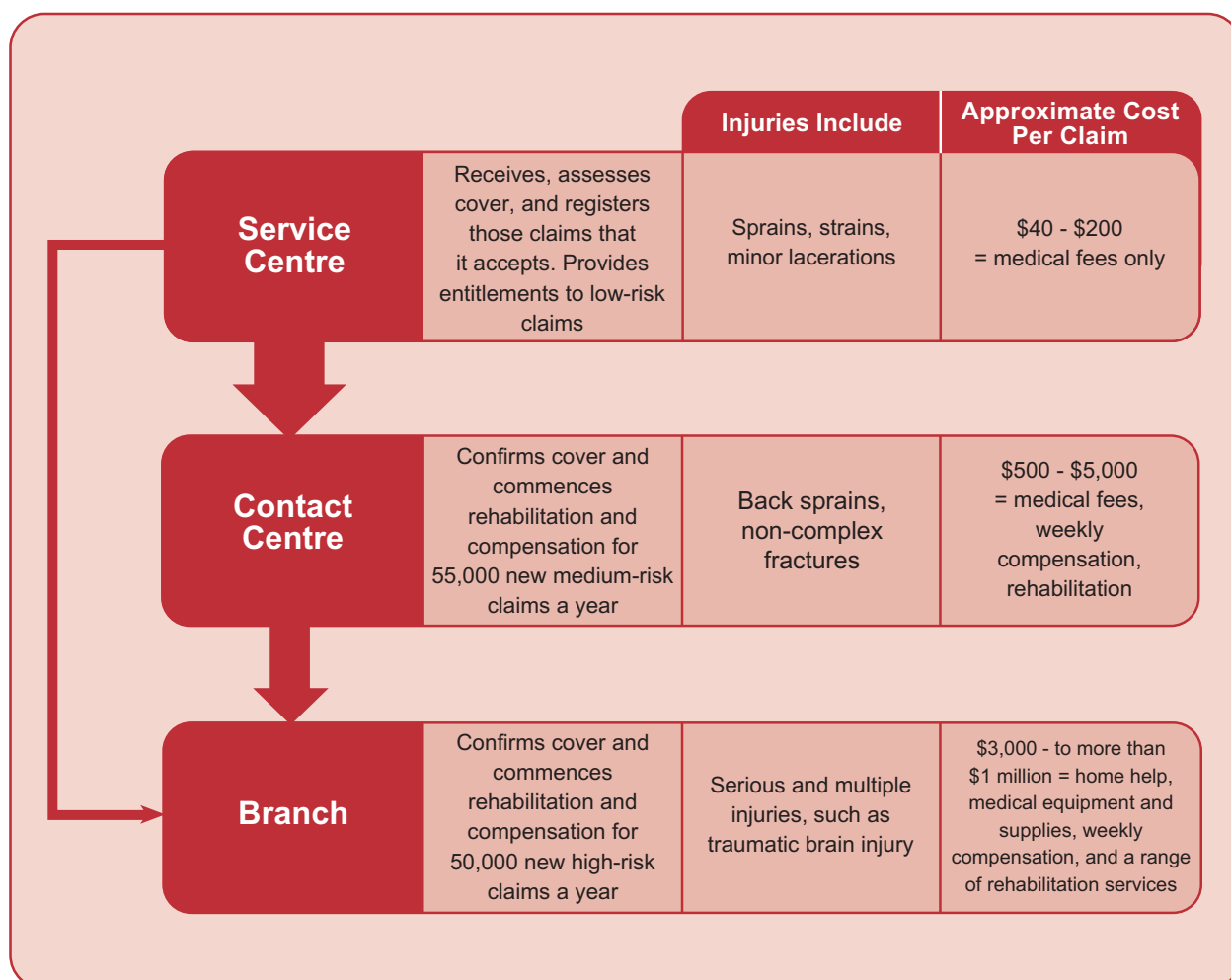
¹⁶ Section 6.

¹⁷ *Accident Compensation Corporation Annual Report 2003*, page 2.

ACC's Method of Claims Processing

2.21 Once a claim has been accepted at the service centre, ACC uses a three-tiered method of claims processing to assign a risk¹⁸ level to the claim. Depending on the level of risk assigned to an accepted claim, it is then sent for processing within the service centre (low-risk), or a contact centre (medium-risk), or a branch (high-risk), as shown in Figure 2. At each stage cover and entitlements are reconfirmed.

Figure 2
ACC Claims Processing Overview



18 In this context, "risk" means the extent of the injury, the likely duration of incapacity, and factors including the claimant's age, occupation, and previous injury history.

BACKGROUND TO ACC AND CASE MANAGEMENT

- 2.22 New claims initially go to one of the two service centres for registration. The low-risk claims can be processed and closed almost immediately, as they may involve simply processing a payment for a single doctor's visit. Specialist teams at the service centres process sensitive, medical misadventure, and fatality claims.
- 2.23 Claims assessed as medium-risk at the service centres are sent to a contact centre for processing by case co-ordinators. Medium-risk claims may, for example, involve compensation and some rehabilitation, and be resolved within six weeks. If the claim is not resolved in this time, it is sent to a branch for more intensive management by a case manager.
- 2.24 High-risk claims are complex by nature and have been assessed as requiring assistance from ACC for more than six weeks. These claims are sent straight to the branches. The branches also manage long-term claims that have received ACC assistance for more than 12 months.
- 2.25 In the context of ACC's overall work, the complicated and lengthy claims are few in number but high in costs. Of the approximately 1.5 million claims that ACC receives each year, only about 105,000 (7%) require rehabilitation and compensation, and hence management, either at ACC's contact centres or branches. Of the 105,000, around 7% go on to become long-term claims – claims that receive assistance from ACC for more than 12 months. At present, the pool of long-term claims makes up about two-thirds of ACC's compensation and rehabilitation costs.
- 2.26 While the claims managed at the branch level make up only a small part of all claims received by ACC in a given year, these claims involve intensive management and are the most expensive to resolve. The branches are also more exposed to complaints, reviews, and appeals because of the complexity of the claims that they process.
- 2.27 Staff at ACC service centres and contact centres usually communicate with claimants by letter or telephone, and do not need to have face-to-face contact. On the other hand, staff at branches have a high level of personal contact with claimants because of the more intensive style of management that is required. This is reflected in the number of branches located throughout the country.

Case Management Method

- 2.28 Case management is the method ACC uses at its branches to manage the rehabilitation of claimants – that is, to restore a claimant to their condition of pre-accident health and independence, or as close to that as their injury permits.



- 2.29 ACC introduced case management during the mid-1990s. An information pamphlet for claimants published at the time said that ACC's aim was to take ... *a strategic approach to processing, communicating and decision making on each claim with the express goal of minimising the impact of an injury on the claimant, community and premium payer*¹⁹.
- 2.30 Case management involves one person at ACC (a case manager) becoming primarily responsible for managing a claim, rather than previously when several people each dealt with only particular parts of the claim, such as payments.
- 2.31 The change to case management represented a significant challenge for those ACC staff members whose role changed from claim processing to active case management.
- 2.32 ACC described the key features of case management²⁰ as:
- early intervention, particularly the earliest possible identification of the claimant's total needs;
 - integrated service planning and delivery in partnership with the claimant, family, employer, and health and rehabilitation professionals;
 - proactive monitoring of the effectiveness, quality, and costs of services delivered; and
 - continuous review and updating of the claimant's case management plan (a predecessor to the Individual Rehabilitation Plan).
- 2.33 In August 2002²¹, ACC re-stated the key features of effective case management as:
- identifying a claimant's needs;
 - providing appropriate medical treatment, encompassing mental and physical rehabilitation;
 - providing daily living support if necessary; and
 - providing vocational training or re-training, where appropriate.
- 2.34 Figure 3 on the opposite page shows the divisions and units of ACC that have primary responsibility for case management. Divisions and units that are not noted in Figure 3 are primarily involved with the delivery of corporate services, which are outside the scope of this audit.

19 ACC Case Management Q & A, page 1.

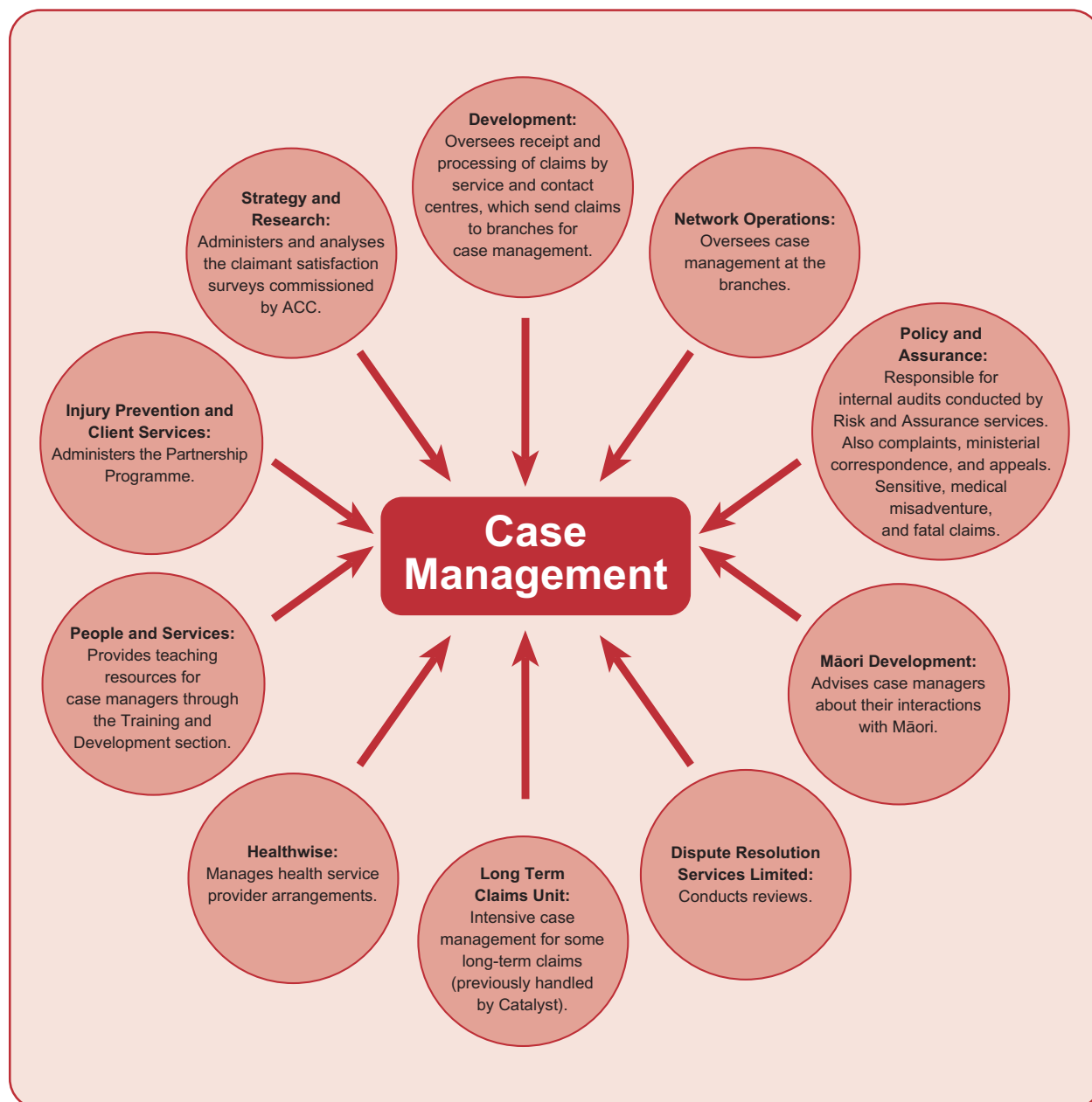
20 ACC Case Management Q & A, page 1.

21 Accident Compensation Corporation – Briefing to the Incoming Minister, August 2002, page 20.



BACKGROUND TO ACC AND CASE MANAGEMENT

Figure 3
ACC Divisions and Units With Case Management Responsibilities



2.35 Some large companies that require a tailored approach to managing their workplace injuries have a contractual arrangement with ACC known as the Partnership Programme (as mentioned in Figure 3), whereby the company manages workplace injuries on behalf of ACC in exchange for levy discounts. This programme was outside the scope of our audit.



Corporate Philosophy

- 2.36 ACC views its rehabilitation philosophy as working in partnership with claimants (and others) to:
- identify needs;
 - provide appropriate support and entitlements;
 - assist in the restoration of the claimant's functions; and
 - facilitate participation that contributes to the claimant's quality of life.
- 2.37 ACC relies on, and places emphasis on establishing and maintaining relationships with, health service providers to achieve the best possible treatment and rehabilitation outcomes for claimants.

Organisational Structure

- 2.38 ACC delivers its services through six business units and eight corporate divisions, as shown in Figure 4 on the opposite page:
- 2.39 In addition, ACC:
- contracts health service providers; and
 - consults advisory groups.

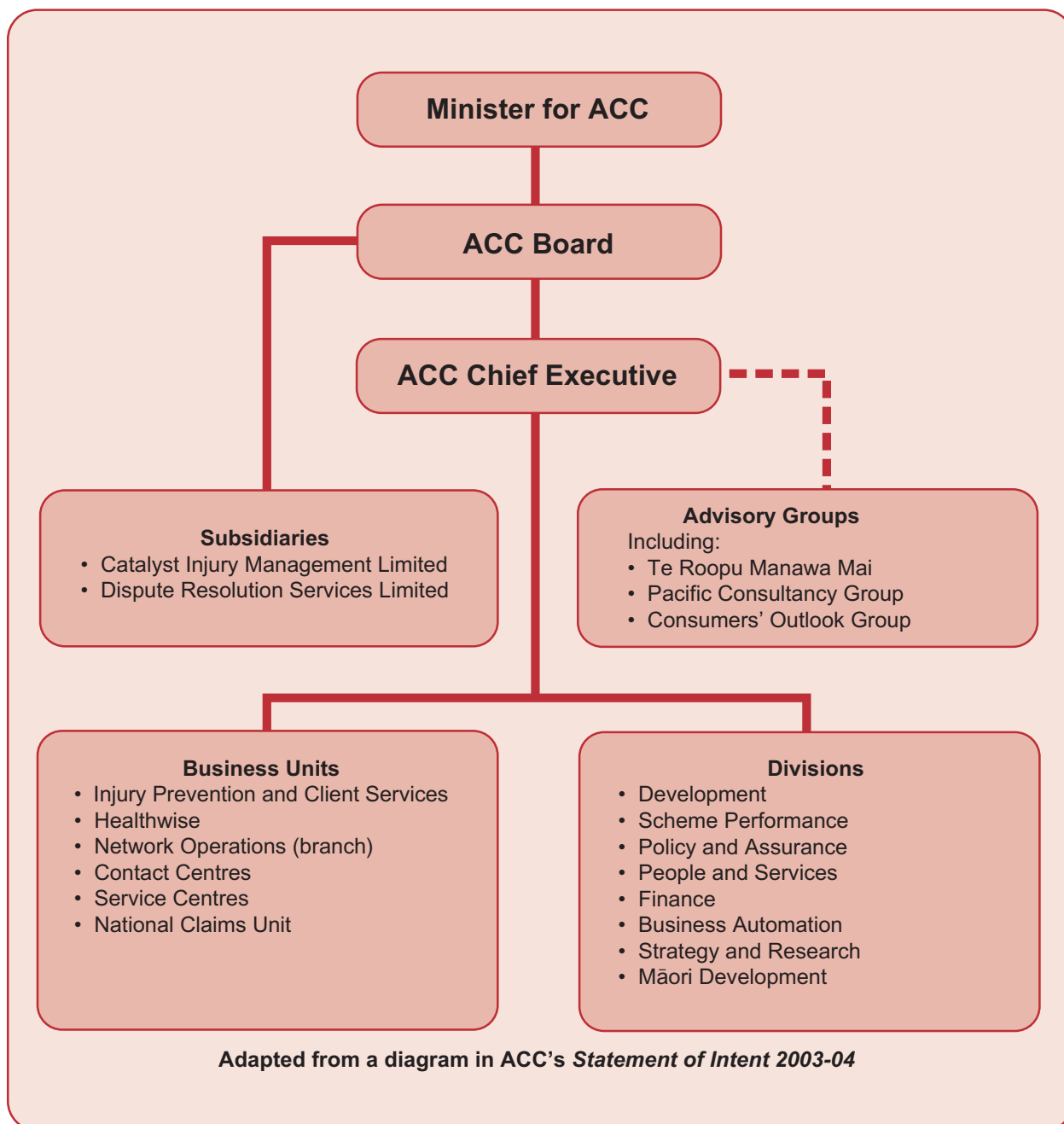
Health Service Providers

- 2.40 ACC relies on a number of health service providers to treat and rehabilitate claimants. Section 6 of the Act defines the providers of various health services, and ACC has a responsibility to contract only those providers who demonstrate and maintain high professional competence.



BACKGROUND TO ACC AND CASE MANAGEMENT

Figure 4
ACC's Organisational Structure



- 2.41 ACC contracts and pays:
- Treatment providers who, according to ACC criteria, are competent to provide specific treatment. There are 14 types of provider listed in this category, such as physiotherapists and acupuncturists.
 - Registered health professionals who can provide medical certificates for a claimant's first week off work. There are also 14 health professional groups registered by ACC, such as general practitioners and pharmacists.
 - Medical and occupational assessors who perform the assessments required for the IRP²², and the vocational independence processes.
- 2.42 Some providers fall within more than one of the three groups listed above.
- 2.43 Many other providers provide a range of social and vocational rehabilitation services, such as home help and child care.
- 2.44 When health service providers register with ACC they are allocated a provider number, which then allows them to receive payment for treatment services.
- 2.45 However, ACC is now using a more rigorous registration system, which requires all health service providers to have specific qualifications, and to meet licensing, certification, and other requirements. This system will show the current professional status of each health service provider, and will collect data on an individual claimant's treatment regime. The registration system sets a consistent standard for health service providers, for the dual benefit of claimants and ACC.

Advisory Groups

- 2.46 In January 2003, ACC announced the formation of the Consumers' Outlook Group as a means of seeking community advice on claimant service issues, to identify and prioritise issues of concern, and to further assist ACC in working with claimants. The group is made up of people involved with community organisations that represent ACC claimants, and meets every three months with members of ACC's senior management team, including the Chief Executive.
- 2.47 Although it was still establishing its terms of reference at the time of our field work, we consider that the Consumers' Outlook Group is an effective means of drawing ACC's attention to concerns about service delivery. We support the emphasis that ACC has placed on obtaining community input into its activities.

²² The Act requires that an Individual Rehabilitation Plan be prepared for all claimants who will require cover for more than 13 weeks – see paragraphs 4.35-4.52 on pages 62-65.



BACKGROUND TO ACC AND CASE MANAGEMENT

- 2.48 For the last few years, ACC has consulted with an external Māori strategic advisory group called Te Roopu Manawa Mai, about every three months. This group, which includes academics and researchers, provides advice on the appropriateness of ACC's strategies and policies for responsiveness to Māori. ACC's Pou Arahi (General Manager Māori Development) has identified better use of the group as a priority.
- 2.49 In addition, ACC has appointed nine Pae Arahi, who are Māori people contracted to liaise between the Māori community and ACC branches in their area. The Pae Arahi also advise case managers on matters of *tikanga*.²³ The benefit of the Pae Arahi position as a support for case managers is discussed further in paragraph 4.24 on page 60.
- 2.50 Towards the end of 2000, ACC and the Pacific Consultancy Group signed a protocol outlining joint responsibility for improving ACC's service delivery to Pacific peoples.²⁴ The group is made up of professionals from various Pacific communities, selected for their extensive business, education, community and economic development, research, and health experience. The group assists ACC's participation in programmes that aim to improve rehabilitation outcomes for Pacific peoples, and improve their awareness of ACC services.
- 2.51 We support ACC's continuing interaction with the Pacific Consultancy Group, as the group's advice is assisting to improve ACC policies and strategies in treatment services and rehabilitation for Pacific peoples.
- 2.52 ACC has also initiated consultation with various liaison groups that represent health service providers, with the aim of discussing issues such as technological developments in lodging ACC claim registration forms, and new treatment manuals.
- 2.53 Two advisory groups have been formed to provide assistance to the Minister for ACC. One is the ACC Ministerial Advisory Group, which provides independent and specialist advice on ACC's operation, design, and performance. The other is the Ministerial Advisory Panel on Work-Related Gradual Process, Disease or Infection, which provides independent advice in this area.²⁵ We did not review the activities of these groups.

23 Māori customary values and practices.

24 *Accident Compensation Corporation Annual Report 2003*, page 48.

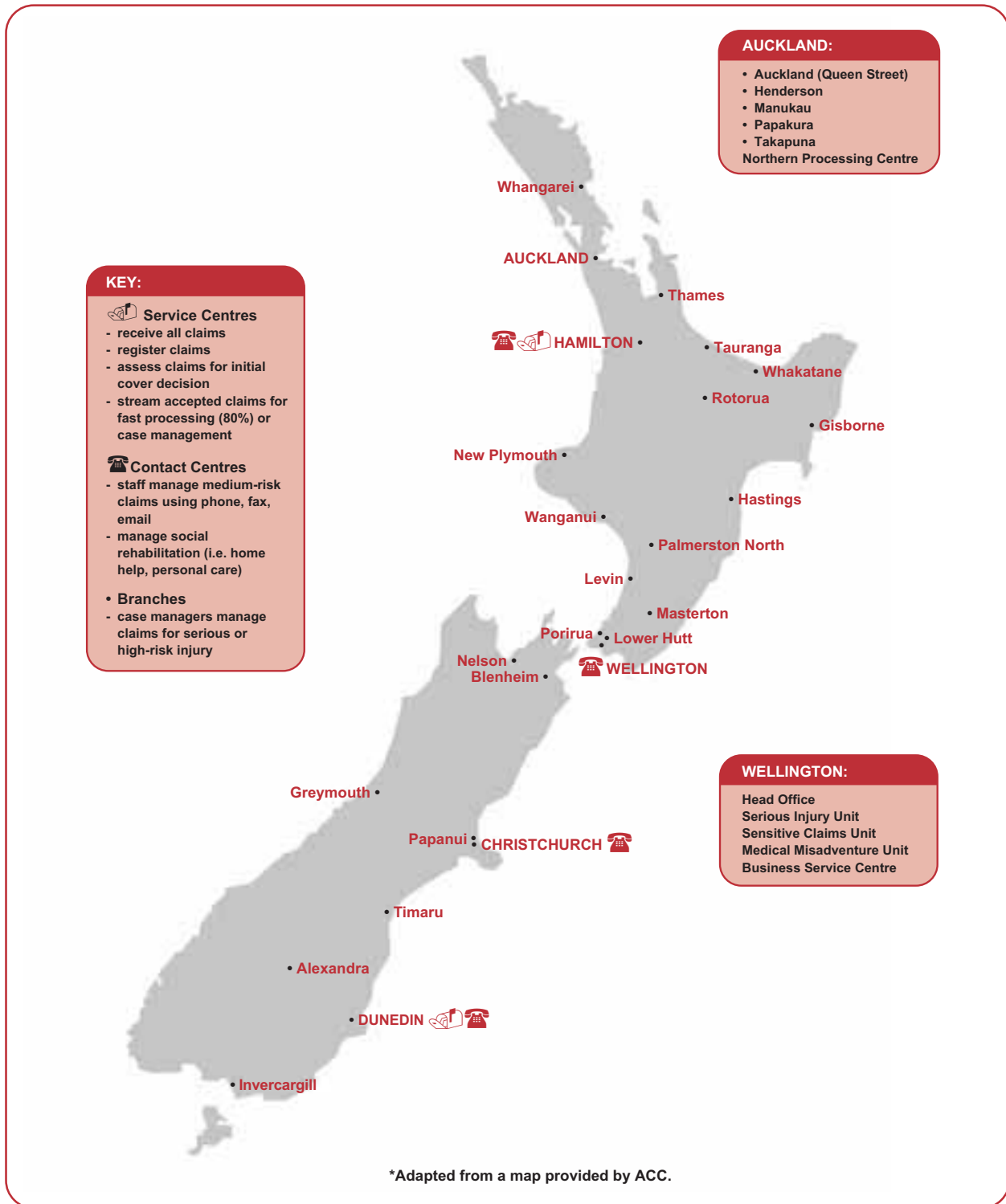
25 Press release by Hon Ruth Dyson, *ACC advisory groups will strengthen stakeholder voice*, 30 June 2003.



BACKGROUND TO ACC AND CASE MANAGEMENT



Figure 5
Location of ACC Offices



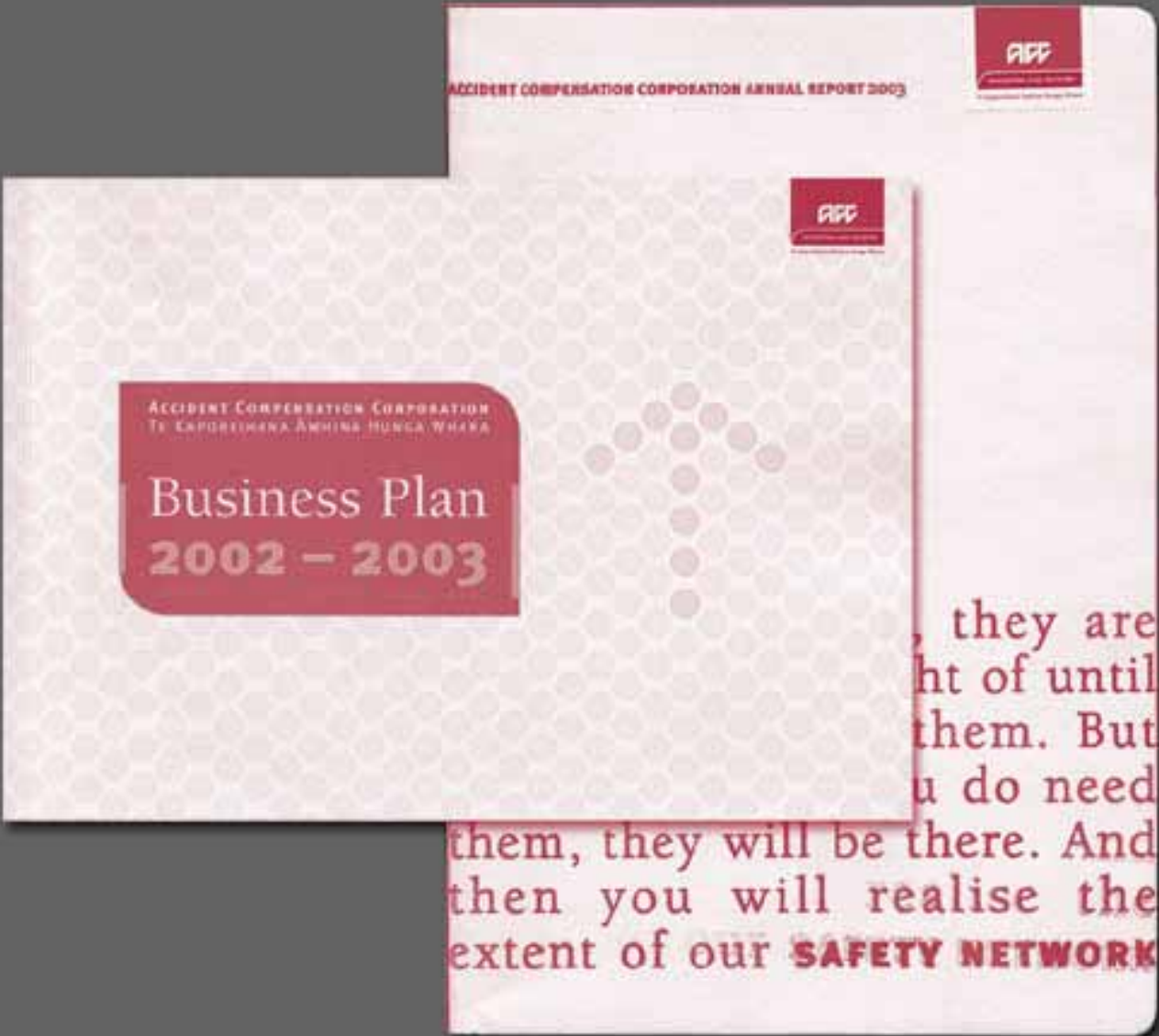
Service Delivery Locations

- 2.54 ACC employs about 2000 full-time-equivalent staff, which includes about 388 full-time-equivalent case manager positions. Work locations comprise Head Office, two service centres, four contact centres, and 30 branches, as shown in Figure 5. ACC case managers also participate in the Heartland Services programme (see paragraph 3.35 on page 50), which helps to provide services to areas without a branch.



Part Three

Corporate Performance



Introduction

- 3.1 In this part we discuss ACC's performance in regard to:
- legislative compliance;
 - corporate goals;
 - approach to claims processing and case management; and
 - responsiveness to Māori.

Legislative Compliance

Statutory Purpose

- 3.2 The Act is clear that, where injuries occur, ACC's "primary focus" should be on rehabilitation, with the goal of achieving an appropriate quality of life by providing entitlements that restore to the maximum practicable extent a claimant's health, independence, and participation.
- 3.3 It is appropriate for ACC to place an emphasis on rehabilitating claimants in the shortest time possible, to the point where they no longer require ACC's assistance.
- 3.4 In addition, the Act expressly requires ACC to deliver its services so as to minimise the overall incidence and cost of personal injury, while ensuring fair rehabilitation and compensation, in a cost-effective and efficient manner. As a responsible public entity, ACC needs to control the cost of its services.

Legislative Awareness

- 3.5 The Act is prescriptive and complex. We expected that this level of legislative detail would mean that ACC needed to take extra care to ensure that its activities and decisions are consistent with the many requirements of the Act.
- 3.6 ACC staff have a high level of legislative awareness. They understand that they must comply with the legislation. Internal policies are drafted with a close eye on the legislative wording, and are reviewed by legal staff. The policies frequently refer staff directly to the relevant statutory provisions.



- 3.7 Staff are comfortable working with the Act, and where there is doubt about a particular set of circumstances they know to prefer the text of the Act over internal policies. Nevertheless, and despite ACC's focus on legislative compliance, staff do get it wrong on occasion.

The Constraints Imposed By Legislation

- 3.8 In our discussions with claimants, a common criticism was that ACC staff "hid behind" the legislation when explaining why particular decisions had been made. In our view, ACC's reliance on the wording of the Act is appropriate, given the prescriptive nature of the Act.
- 3.9 The Act requires ACC to limit its activities to those for which claimants have cover under the Act. If ACC did not do so, it could properly be criticised for spending money outside the scope of its lawful authority.
- 3.10 ACC's approach is to provide entitlements that are required and allowed by law, and nothing more. Staff have little or no discretion in relation to many decisions.
- 3.11 In relation to determining whether a claimant has cover, the Act is detailed, and provides little staff discretion (see paragraphs 2.7-2.10 on page 29). In particular, ACC is constrained by the legal definition of "cover" and related terms. For example, where cover is questionable, ACC must undertake assessments to accurately determine the precise cause of a medical condition, or whether or not a new medical problem is related to an existing injury for which the person has cover.
- 3.12 Decisions about some entitlements allow more scope for judgement by ACC, particularly in regard to provision of social and vocational rehabilitation services (see paragraphs 2.11-2.18 on pages 30 and 31). For example, ACC must weigh up a number of specified considerations when deciding whether to provide vocational rehabilitation. Where a claimant has an IRP, the services to be provided are usually determined by agreement between the case manager and the claimant. However, as discussed in paragraph 4.38 on page 63, agreement between the claimant and the case manager is not always reached.
- 3.13 In some cases, delay on the part of ACC – such as in determining whether a person has cover – will result in an automatic decision in the claimant's favour.



- 3.14 Decisions about entitlements can be reviewed (see paragraphs 6.31-6.47 on pages 94-97). If a decision is challenged, the reviewer will consider the situation on its merits. Because these matters involve judgement, a reviewer's finding against ACC will not necessarily mean that ACC breached the Act when it made the original decision.

Internal Monitoring of Compliance

- 3.15 ACC measures and closely monitors the performance of branches and individual staff against a range of KPIs. Most of the KPIs relate to internal procedures and are not directly linked to specific legislative requirements.
- 3.16 One KPI (that is also a statutory duty) is the requirement that IRPs must be prepared within 13 weeks of accepting a claim for cover if rehabilitation is likely to continue beyond that time. This requirement is currently not being complied with fully, as discussed in more detail in paragraphs 4.49-4.52 on page 65.

Corporate Goals

- 3.17 ACC's Business Plan 2002-2003 notes "improved rehabilitation" as a performance goal.²⁶ If this is occurring there should be a reduction:
- over time, in the average length of time that claimants receive assistance from ACC; and
 - in the number of long-term claimants (those who have received weekly compensation from ACC for more than 52 weeks).
- 3.18 ACC told us that it wants to be recognised as an organisation that provides a high standard of claimant service and aims for continuous improvement. In this regard, we understand that ACC has started several initiatives for information-sharing and receiving advice (including regular meetings with key stakeholders, claimants, and treatment providers). ACC is also funding special projects, along with research, to improve knowledge in areas such as treatment techniques, rehabilitation services, and more cost-effective management of claims.
- 3.19 The introduction of case management during the mid-1990s progressively changed ACC from a relatively passive, payment-processing organisation to one more active and focused on rehabilitation. Long-serving staff told us that ACC's aims, policies, and culture have changed greatly in recent years – for the better. Employers and health service providers that we visited also spoke of an improvement in ACC's service delivery.

²⁶ *Accident Compensation Corporation Business Plan 2002-2003*, pages 36-37.

- 3.20 ACC's focus today is consistent with its statutory obligations, and new and short-term claimants generally react positively. However, as a result of past ACC practices, we understand that some long-term claimants have become accustomed to receiving weekly compensation without active rehabilitation. Claimants in this position are sometimes unsettled by ACC's stronger emphasis on rehabilitation.
- 3.21 ACC is now more rigorous in reviewing decisions about cover on an ongoing basis (as it is entitled to do) as situations change, and as newer and better medical information becomes available to determine whether a claimant's current condition is linked to their original injury. Claimants who did not face such rigour in the early years of their injury often find this re-evaluation stressful.
- 3.22 In addressing past failings in its method of claims processing, ACC has become strongly process-oriented and aims for continual progress on case files, to actively keep claimants moving through the system. While this is efficient for ACC, and represents a more comprehensive approach to rehabilitation, it sometimes also results in criticism by claimants that ACC is impersonal and lacking in empathy. ACC's response is that its role is simply to provide those entitlements required by law, and nothing more. Nevertheless, ACC must act in accordance with its obligations to claimants under the Code of ACC Claimants' Rights²⁷.

Approach to Claims Processing and Case Management

- 3.23 ACC is quick to set up initial processes and entitlements once a branch receives a claim.
- 3.24 Overall, ACC has thorough case management practices to help staff to make sound decisions, to record information, and to monitor and audit staff and files. Many of the practices and procedures have been implemented only in recent years.
- 3.25 ACC told us that it sets high standards and aims for continual reassessment and improvement of its processes, with new initiatives being launched regularly. During our audit, we learned that ACC has further plans to review and overhaul many of its case management procedures.

²⁷ *Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants' Rights) Notice 2002 (S.R. 2002/390).*



- 3.26 In another year or so, the way ACC provides its services may change again. In particular, we understand that ACC is keen to increase the level of computerisation for claims processing, reporting, and decision-making, and in some of its dealings with health service providers. However, such changes have the potential to alienate some claimants by further de-personalising key relationships. ACC needs to be careful to deal with claimants in a manner consistent with the Code of ACC Claimants' Rights.
- 3.27 Case managers are the primary link between the claimant and ACC. We discuss the role of case managers in the rehabilitation process in Part Five. We discuss the interaction between case managers and claimants in Part Six.

Communication Between Head Office and Branches

- 3.28 Communication between Head Office and the branches generally works well, with branch managers and area managers meeting at Head Office monthly to discuss management issues.
- 3.29 Another method of communication is through regular visits to branches by the Chief Executive and the General Manager responsible for the branches. Other senior managers visit branches too, and the launch of any new initiative or policy is commonly followed by branch visits by the General Manager with responsibility for the change. Such visits provide senior management and branch staff with the opportunity to discuss any issues or policy changes, and also allow Head Office to maintain links with the branches.
- 3.30 ACC's intranet provides the Chief Executive with the ability to brief staff about current events on a daily or weekly basis. Important messages from the Chief Executive can be placed on the intranet for staff to see as soon as they log on to their computers.
- 3.31 The "Reality Check" facility on the intranet also allows staff to send anonymous e-mails to senior staff at Head Office, making suggestions for improvements. This facility provides an opportunity for staff to give feedback on Head Office initiatives, and there have been occasions where e-mailed suggestions have raised the awareness of Head Office management to realities faced by staff.
- 3.32 Policy development at Head Office does not occur in isolation. As part of its Outlook programme, ACC identifies highly performing case managers (through the Performance Review System) and brings them together to discuss possible improvements to ACC's processes. Some of these staff members are also seconded to Head Office to work on special policy projects, which are then piloted at specific branches before being implemented nationally. This process helps ACC to identify best practice initiatives to apply to all branches.

- 3.33 A recent ACC staff survey indicated that less than half of ACC staff agree that there is good communication between teams within ACC. In our view, strong communication between teams is imperative for the sharing of best practice. We acknowledge that ACC recognises the benefits of better inter-team communication, and has initiated measures (such as a web page) to improve communications.
- 3.34 ACC's case management is built around a solid core of formal training (three times a month) and informal coaching (when needed). The formal training regime has been in place since March 1999. We talk about this more in Part Five.

Communication Between ACC and the Community

- 3.35 ACC has moved to strengthen links with the community as part of its general focus on injury prevention and through visits by case managers to rural areas with no ACC branch nearby. Case managers in rural branches participate in the Heartland Services programme, which provides people living in remote areas with access to government services through the programme's service centres. Case managers also travel to meet claimants in areas that do not have ACC branches, such as Haast or Kaitaia, as part of the programme's Outreach service.
- 3.36 As noted in paragraph 2.49 on page 39, ACC has appointed nine Pae Arahi to liaise between the Māori community and ACC. We discuss the Pae Arahi further in paragraph 4.24 on page 60.
- 3.37 Health service providers, such as physiotherapists and occupational therapists, provide educational seminars for case managers. The interaction between these professionals and case managers helps to maintain networks and an understanding of the policies that each has to follow.
- 3.38 Branches have started to assign individual case managers to health service providers, a practice that has worked well in some smaller centres. One branch we visited has also assigned case managers to larger-scale employers in the city to foster a relationship between ACC and the employer. This relationship facilitates the early return to work of any injured employees.
- 3.39 Employers we spoke to that had an ACC case manager assigned to them told us that they found the arrangement beneficial as they had one contact point at ACC who could respond quickly to requests for information.



- 3.40 Such an approach would not be practical in all places because of different employment types and employer sizes. For example, some branches service areas where there are no large-scale employers. While we recognise that such an approach to employer relations is not possible at all branches, in our view ACC should look at implementing closer ties between case managers and larger-scale employers where possible.
- 3.41 In some cases, claimants use the services of a support group to facilitate communication with ACC. Use of such a group is either to assist communication with ACC where conflict has arisen, or simply to help them through ACC's claims process.

Responsiveness to Māori

- 3.42 A review by Te Puni Kōkiri (TPK) published in 1998 found deficiencies in ACC's case management service delivery to Māori. Among the deficiencies, the review found that ACC's strategic direction for Māori was not sufficiently focused, and that ... *Meaningful and specific objectives for Māori are not widely included in business plans ...* The report also noted that Māori were under-represented among ACC staff, and that ... *service delivery initiatives focused on Māori have been small scale and ad hoc.*²⁸
- 3.43 A follow-up report in 2001 found that, overall, ACC had made significant progress in addressing the findings of the 1998 review. However, the 2001 report said ACC still needed to work on areas such as:
- the recruitment of more Māori staff and staff with an understanding of Māori perspectives;
 - the continuation of efforts to establish working relationships with whānau, hapū, and iwi;
 - the further development of Māori providers; and
 - data collection and evaluation.²⁹

²⁸ Te Puni Kōkiri, *Review of the Adequacy of ACC's Service Delivery to Māori*, January 1998, page 8.

²⁹ Te Puni Kōkiri, *Follow up Review of the Accident Compensation Corporation's Service Delivery to Māori*, 2001, page 4.



- 3.44 We did not audit specifically whether ACC had improved in those areas identified by TPK. However, we saw what ACC was undertaking to improve its responsiveness to Māori, especially through initiatives to recruit Māori staff, and the establishment and maintenance of working relationships with Māori. Of the Māori development initiatives that ACC has introduced since TPK's 2001 report, the most significant are:
- ACC's appointment in May 2003 of a Pou Arahi (General Manager Māori Development); and
 - the adoption of an internal Māori Development Policy Framework (the Framework) at ACC's August 2003 Board meeting.
- 3.45 The appointment of a Pou Arahi allows all of ACC's Māori initiatives to be co-ordinated and consistent, which avoids duplication. The Pou Arahi will also identify initiatives that are effective for Māori and assist with their implementation throughout ACC. We consider that the appointment of the Pou Arahi was overdue in terms of providing ACC with a strategic Māori direction that was envisaged by the TPK reviews.
- 3.46 The Framework includes the following strategic goals:
- improving Māori awareness of, and access to, ACC services and entitlements;
 - improving outcomes for Māori communities and claimants;
 - improving organisational responsiveness to Māori;
 - maintaining strong relationships with Māori stakeholders to contribute to effective delivery of ACC's service obligations; and
 - earning the respect of Māori and other agencies as an organisation that delivers for Māori within the fields of core business.
- 3.47 ACC has said that it has incorporated an Operational Plan for the Framework in its Business Plan.
- 3.48 The Framework and Operational Plan have been introduced since the appointment of the Pou Arahi, and ACC is in the process of implementing them both. Accordingly, while we cannot evaluate the Framework's effectiveness, ACC should continue implementing the Framework as a priority.



Part Four

Case Management at Branches

ACC
Accident Compensation Corporation

Your guide to recovery

© ACC 2014

→ YOU AND ACC WORKING TOGETHER FOR YOU

thinksafe

This diagram is a useful way to show the steps to your recovery.

- 1 Your life before your injury**
What you did at home, at work, socially or in the community.
- 2 Your injury**
How the loss affected your life – what you can't do, and what you can.
- 3 Your goals**
Setting the right goals is very important.
- 4 Your recovery plan**
This is an action plan, with clear steps to help you achieve your recovery.

ACC's aim
To help you return to work or independent living as quickly as possible.

ACC provides a wide range of support to help you during your recovery.

Introduction

- 4.1 Case management at ACC branches involves many internal elements, and is subject to many external influences on its quality – such as the performance of health service providers, and case manager interaction with claimants and their employers.
- 4.2 In this part, we discuss six aspects of case management at ACC branches:
- resources;
 - the Individual Rehabilitation Plan;
 - vocational independence;
 - measurement and monitoring of branch performance;
 - file review and audit; and
 - Catalyst Injury Management Limited.

Resources

- 4.3 ACC provides case managers with a range of resources, including:
- information systems;
 - key support staff; and
 - safety measures.

Information Systems

- 4.4 A comprehensive range of accessible and reliable tools is available to assist case managers in their work, and to help them to be consistent in their application of case management practices on a national basis. The tools include:
- an on-line policy and procedures manual, **Informe**;
 - ACC's registration system, **Pathway**;
 - a statistical data collection system, **Data Warehouse**;
 - the **Medical Disability Advisor** computer program;
 - an on-line interview tool, **Scripting**; and
 - a **national helpdesk**.



CASE MANAGEMENT AT BRANCHES

- 4.5 The most comprehensive resource available to case managers is ACC's on-line policy and procedures manual, **Informe**. Informe was created in 1992 as a manual that could be easily accessed by ACC staff, and now contains about 50,000 pages of information on:
- ACC guidelines and interpretation of legislation;
 - ACC policies, procedures, and processes;
 - definitions and examples;
 - payment calculation methods;
 - legislation and regulations from 1992 to 2001;
 - lists of contracted health service providers;
 - links to standard ACC forms, letters, and fact sheets; and
 - guidance for making decisions regarding cover and entitlements, making payments and payment-related decisions, and managing claims.
- 4.6 ACC identifies proficiency in the use of Informe as a crucial first step in staff induction. New case managers use Informe to learn about ACC's policies and procedures, and case management method. The sheer size of the system might be daunting for new staff (and some staff criticised Informe as unwieldy and difficult to navigate), but we found Informe to be a useful resource.
- 4.7 Policies are regularly updated on Informe by Head Office, and any changes are co-ordinated there to ensure consistency. Some staff expressed concern at the length of time between a policy change at Head Office and the formalisation of the change on Informe. In our view, ACC's process for policy changes is necessarily thorough.
- 4.8 ACC told us that it is part-way through implementing a Standard Operating Policies and Procedures Framework to replace Informe as the single reference site for ACC staff. ACC says that the new on-line manual will be more user-friendly for staff.
- 4.9 Another tool for case managers is the registration system, **Pathway**, which holds claim information on every ACC claimant. Pathway records all payment details and most communications between case managers and claimants, as well as other useful information such as assessment results and medical data. The information on Pathway is more comprehensive than ACC's paper record.



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- 4.10 Pathway is also valuable for ACC's case management method, as it generates prompts for case managers to act on particular tasks at a certain time. These prompts help ACC to comply with deadlines for particular actions as defined by the Act.
- 4.11 Case managers can use ACC's **Data Warehouse**, which is a collection point for statistical data³⁰ from Pathway, to produce a weekly case listing report. Some case managers told us that the report is a useful workload management tool as it prompts them about outstanding tasks. For example, the report shows case managers when an Individual Rehabilitation Plan is due to be placed on a particular file in the week ahead.
- 4.12 We believe that the weekly case listing report is a useful tool to ensure that tasks are completed within the periods defined by the Act and by ACC's internal policies. However, not all case managers are making use of the report.

Recommendation 1

We recommend that –

ACC promote the wider use of the case listing report by case managers.

- 4.13 The **Medical Disability Advisor (MDA)** computer program helps to define an injury, and predicts the length of time a person should be off work as a result, based on statistics from the recovery times of people who have suffered the same injury. This tool is used during the initial interview with the claimant at the branch to establish how long the claimant should be off work (according to the nature and extent of the injury, and the claimant's employment³¹), which provides guidelines as to when a return to work is realistic.
- 4.14 ACC has now introduced an on-line tool – **Scripting** – to the branches, to assist case managers to obtain all necessary information (such as employer and earning details) from a claimant during their initial interview. The initial interview is usually the first face-to-face contact between the claimant and their case manager.

30 Data is collected for:

- reporting on KPIs;
- injury prevention purposes, and research and policy development;
- monitoring of provider performance; and
- monitoring accident compensation scheme and delivery costs.

31 In the case of a broken leg, if a claimant does sedentary work then they are likely to return to work earlier than someone who does physical work.



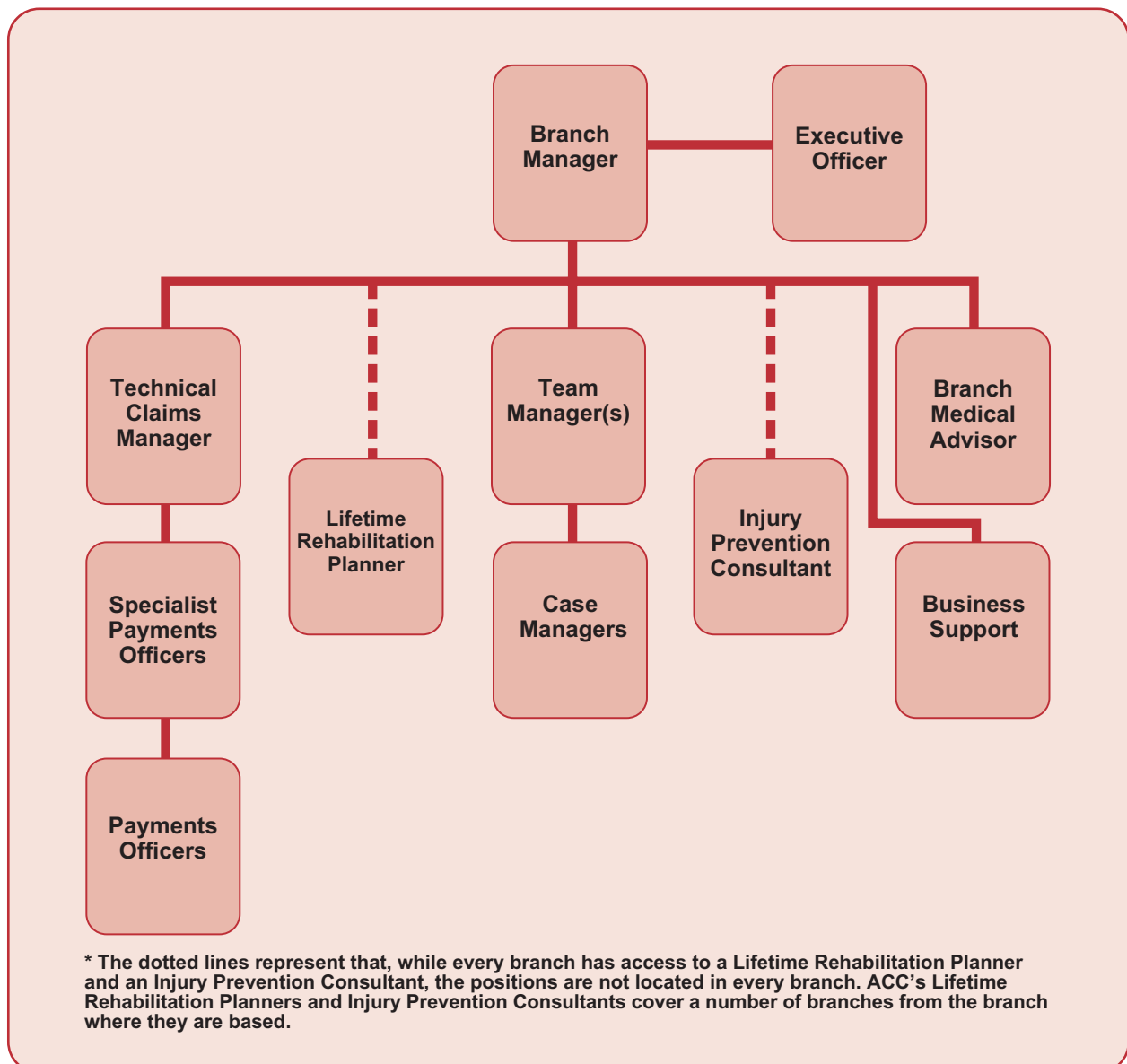
- 4.15 We agree with ACC's focus on providing for structured information-gathering at the initial interview, because this:
- facilitates an earlier start to rehabilitation through a reduction of the time taken to assess and establish entitlements (for example, weekly compensation and social rehabilitation such as home help);
 - increases claimant satisfaction through quicker establishment of entitlements, and a reduction in the number of cases where entitlements are delayed because a claimant must be contacted again for further information;
 - provides Head Office with assurance that case managers are obtaining essential information at the initial interview; and
 - ensures consistency of practice among branches.
- 4.16 A **national helpdesk** is available to answer queries from branches that cannot be answered at the branch. If the query has application for all of ACC, the Policy and Assurance division at Head Office can give directions for all staff through an update section of *Informe*, or through an e-mail or memo distributed throughout the organisation.

Key Support Staff

- 4.17 While *Informe* is often the first source for case managers seeking information, human resources are also readily available to support the case management process – such as the:
- team manager;
 - branch medical advisor;
 - technical claims manager;
 - case co-ordination panel;
 - Pae Arahi (see paragraph 4.24 on page 60);
 - Lifetime Rehabilitation Planner; and
 - Head Office support divisions.
- 4.18 A typical ACC branch structure is shown in Figure 6 on the opposite page.



Figure 6
Staff Positions in a Typical ACC Branch Structure*



4.19 The **team manager** is the key support person for case managers. The team manager:

- distributes caseloads to case managers;
- helps to solve complex case management problems;
- coaches case managers;
- assists with achievement of KPIs;



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- attends weekly case co-ordination panel meetings;
- reviews case managers' files;
- assesses case managers' performance;
- manages the induction process for new case managers; and
- reports team performance to the branch manager.

- 4.20 The work of case managers is also supported by branch medical advisors and technical claims managers³². **Branch medical advisors** are available part-time to offer expert advice on medical issues, approve decisions to fund various treatments for claimants, and participate in reviews.
- 4.21 **Technical claims managers** work mainly with payments staff but generally have a good understanding of applicable law and are able to assist case managers with legal issues. The technical claims manager acts as an intermediary between Head Office and branch staff to clarify the application of policy.
- 4.22 Technical claims managers review and approve submissions drafted by case managers for the formal review process. Case managers can seek advice from technical claims managers when making decisions on what treatments to make available to a claimant. However, some branches do not have timely access to technical claims managers.
- 4.23 The branch medical advisor, technical claims manager, team manager, and case manager can also discuss difficult cases at a weekly **case co-ordination panel** meeting. Through this panel, a common approach to particular cases can be agreed, which helps to ensure consistency. Once a course of action is agreed, the case manager draws up a plan for moving the case forward. This plan is sent to the branch medical advisor for follow-up – if required – with the case manager. The branch manager must report to Head Office the number of cases discussed at the case co-ordination panel every month.
- 4.24 Case managers also have access to one of nine **Pae Arahi** – Māori people who liaise between ACC branches and the Māori community in their area. The status of Pae Arahi in the community is such that Māori claimants feel comfortable approaching them on ACC matters. ACC sees the Pae Arahi as a means of facilitating contact with Māori, assisting the recruitment of Māori case managers, and providing opportunities for ACC staff to increase their knowledge and understanding of *tikanga*. The Pae Arahi advise case managers on matters of protocol, and conduct ceremonies on ACC's behalf.

³² The size of the branch and its functions determine the amount of time that the branch medical advisor spends at the branch, and whether the branch has a technical claims manager.



- 4.25 Planning rehabilitation for serious injury claimants is not a task that case managers necessarily have the experience, or time, to do.³³ Therefore, in early 2003, ACC introduced the position of **Lifetime Rehabilitation Planner**. The planner assists new serious injury claimants (such as those with head or spinal injuries) by drawing up lifetime rehabilitation plans, and continuing to monitor the claimant's progress after the case is referred back to the case manager for active management.
- 4.26 The planner's role is being extended to include drawing up plans for existing serious injury claimants. ACC says that it might take several years to create lifetime rehabilitation plans for all serious injury claimants.
- 4.27 The **Head Office support divisions** of Policy and Assurance, Scheme Performance, Strategy and Research, and Development are responsible for ensuring that ACC practices are consistent with and comply with the Act and ACC policy. Staff in these divisions can be contacted when a branch needs to address a unique or difficult issue that could set a precedent.

Safety Measures for Case Managers

- 4.28 ACC operates a highly safety-conscious workplace, and takes many measures to protect staff from dangerous situations. ACC considers that the safety of its staff is paramount. We observed the comprehensive security measures in place for staff, and the security-minded culture that has evolved within ACC. The health and safety requirements of ACC branches are made clear to visitors, and ACC audits compliance with these requirements.
- 4.29 The work of case managers can be difficult, and they face conflict from time to time because of the decisions they make. Case managers that we spoke to were generally philosophical about this aspect of their role, and said that they cope with it well.
- 4.30 ACC provides case managers with access to a number of resources when dealing with conflict. Case managers are trained in negotiation and how to deal with high-risk claimants, and are given the opportunity for a debriefing session with their team manager when handling a difficult case. Additionally, staff are expected to use monthly professional supervision sessions as an opportunity to discuss any work issues with a person who is independent of ACC. Staff can also use the Employee Assistance Programme in regard to personal issues.

³³ ACC has moved away from assigning work to teams based on the nature of the claim, such as serious injury claims.



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- 4.31 The Remote Claims Unit (the Unit) was created in 1999, and deals with claimants whom ACC has assessed as a threat to staff safety because of staff assertions of threatening behaviour. Sited at a secret location, the Unit deals with around 40 claims at a time. The claimants managed by the Unit cannot contact their case managers directly but can leave a recorded message on an 0800 number.
- 4.32 ACC receives complaints from claimants who have been barred from their local ACC branch and prevented from having face-to-face contact with their case manager.
- 4.33 The Ombudsmen have questioned the concept of the Unit in light of complaints from ACC claimants that they are “severely disadvantaged and are not receiving appropriate service and care” because of a lack of face-to-face contact with their case manager once assigned to the Unit. The Ombudsmen consider that ... *the processes employed in placing some claimants in the Unit and the arrangements for the management of their ACC business is not working satisfactorily.*³⁴
- 4.34 ACC responded that, while a claimant assigned to the Unit is prevented from having face-to-face contact with their case manager, the ratio of case managers to claimants in the Unit means that the level of service actually increases in comparison to the branches. Nevertheless, the Ombudsmen have encouraged ACC to review the Unit’s policies and processes. ACC’s Chief Executive has told us that the ACC Board considered this suggestion and responded that the safety of staff is paramount, and that the Unit should remain.

The Individual Rehabilitation Plan

- 4.35 The MDA computer program predicts the length of time that a person is likely to be off work, based on statistics relating to the nature and extent of their injury. For all claimants assessed as needing more than 13 weeks to return to work or independence, ACC is required to prepare an Individual Rehabilitation Plan (IRP), in consultation with the claimant.
- 4.36 The IRP sets rehabilitation goals to be achieved progressively by the claimant, with the aim of restoring their health, independence, and participation to the maximum practical extent. Each IRP includes the claimant’s medical and occupational assessments, sequential steps for treatment and social and vocational rehabilitation, and preparation towards the final vocational independence assessment.

³⁴ Office of the Ombudsmen Annual Report 2001-02, page 18.



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- 4.37 The claimant's rights and responsibilities in regard to their own rehabilitation are also discussed and included in the IRP. Claimants are encouraged to bring along a support person during all discussions, especially during the preparation and signing of the Individual Rehabilitation Plan.
- 4.38 Ideally, the case manager and the claimant will agree the content of the IRP, including the proposed schedule for the claimant to return to work. However, if the claimant refuses to agree to the IRP after a reasonable time, the Act says that ACC may deem the IRP to be finalised. These decisions can be reviewed.
- 4.39 For those claims exceeding 13 weeks, the preparation and implementation of an IRP provides impetus and structure for the rehabilitation process. However, we found that the approach taken to prepare and confirm the IRP varies between ACC branches. Some case managers are diligent in facilitating IRP meetings, fully encourage the participation of the claimant, and welcome the presence of an advocate. Other case managers prepare an IRP, and then send a letter that outlines the contents of the plan and asks the claimant to sign a final decision letter.
- 4.40 The quality of the IRPs prepared by case managers also varies between branches. We saw examples of plans that complied with timeliness requirements under the Act and ACC policy, but compromised quality because they were produced in haste to make the deadline. We also found instances where the content in IRPs appeared to have been copied, with little to differentiate them in detail from other plans. They may have been produced this way to ensure that they met timeliness requirements. In our view, for reasons of consistency and claimant satisfaction, ACC needs to ensure that all IRPs have regard for the claimant's individual rehabilitation needs.

Recommendation 2

We recommend that –

ACC ensure that all case managers tailor the content of each Individual Rehabilitation Plan to the claimant's rehabilitation needs.

- 4.41 A case manager's caseload could affect the quality of the IRP (along with other case management tasks) and the quality of the explanation of the plan's purpose and content to claimants. However, we did not try to establish whether a link exists between a high caseload and poor-quality IRPs.



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- 4.42 We understand that ACC is comfortable with the present average caseload for its case managers, which in November 2003 stood at 78 “active” claims (those that have received payment within the last 35 days). However, we share ACC’s concern that caseloads vary between branches (the range in November 2003 was 65 to 109 cases per case manager). ACC should continue efforts to resolve caseload variations and, longer term, report caseload changes in regard to the potential performance goal results noted in paragraph 3.17 on page 47.
- 4.43 Some claimants described the timing of the preparation of their IRP and the setting of goals as being too early for them as their injury was quite new (see Part Six for further discussion of claimant views of ACC). They considered that they were rushed into agreeing to an IRP so that a date could be set for them to return to work.
- 4.44 Other claimants found the preparation of the IRP difficult to understand, and thought that their case manager found it hard to explain all of the details to them. They said that case managers were often in a hurry and gave out information in brochures rather than taking the time to explain in detail the content and stages shown in the IRP.
- 4.45 Although an IRP is to be planned and agreed between the case manager and the claimant, some claimants we spoke to considered that it was often prepared without consultation and with no consideration for them personally. It was also sometimes offered on a “take it or leave it” basis, along with a reference to the statutory consequences of non-compliance with ACC directions.
- 4.46 The content and goals to be achieved within the IRP need to be reviewed and updated from time to time as rehabilitation progresses, and the case manager has responsibility for contacting the claimant when necessary. We found that branches had different approaches to the means of contact, such as by telephone or through face-to-face meetings.
- 4.47 Despite the requirement that IRPs must be prepared within 13 weeks, we consider that more time and care should be given to the understanding of individual claimants – especially when they are first injured. In our view, case managers may concentrate more on processing IRPs to satisfy branch targets than allowing time for claimants to fully discuss and know how the rehabilitation process will assist their recovery.
- 4.48 In our view, the planning and content of the IRPs sometimes requires more discussion with the claimant so that the claimant has a clearer understanding of their goals, rights, and responsibilities before they sign the plan. This discussion will help to ensure that the IRP has direct relevance to the claimant’s treatment and rehabilitation needs.



Recommendation 3

We recommend that –

ACC case managers make sure that a claimant fully understands their goals, rights, and responsibilities before the claimant is asked to sign the Individual Rehabilitation Plan.

- 4.49 The Act requires ACC to prepare an IRP for all claimants whose case will take more than 13 weeks to resolve. Despite this statutory requirement, ACC has set a target for branches of 90% compliance.
- 4.50 Recent reports on branch performance show that more than three-quarters of branches meet the 90% target, while the lowest level of compliance recorded was 67%.
- 4.51 ACC asserts that 100% compliance with the statutory requirement is not possible because, for example, a claimant who returned to work may have their claim reactivated at a later date for surgery.
- 4.52 ACC's 90% target is not consistent with the statutory requirement, which (in our view) contemplates no exceptions to full compliance.

Vocational Independence

- 4.53 Vocational independence means that a claimant has the capacity to engage in work for which they are suited (by reason of experience, education, or training) for at least 35 hours a week.
- 4.54 The Act prescribes a detailed process for ACC to assess whether a claimant is able to return to full-time work or independence. If, at the end of the process, they are considered to be rehabilitated, they are required to leave the accident compensation scheme. Three months after a claimant is determined to have vocational independence, their entitlement to weekly compensation ceases.
- 4.55 Before ACC undertakes the final vocational independence assessments, the claimant will already have undertaken initial occupational and medical assessments (which determine their suitability to undertake vocational rehabilitation), and will then have completed a course of vocational rehabilitation.



- 4.56 Accordingly, if communicated properly to the claimant, ACC's decision to undertake the vocational independence assessments should not be a surprise. These assessments occur at the end of a long and rigorous process, which is detailed in the Individual Rehabilitation Plan. Despite this, some claimants commented that they had received notice of appointments for assessments before ACC told them that they were candidates for the vocational independence process.
- 4.57 Case managers do not make the key decisions about vocational independence. Rather, they co-ordinate the process and ensure compliance with all procedural requirements. The determination of vocational independence is based on two independent assessments. They are:
- an occupational assessment – to consider the progress and outcomes of vocational rehabilitation, and to consider whether the types of work previously identified in the Individual Rehabilitation Plan remain suitable for the claimant; and
 - a medical assessment – to assess whether, having regard to the claimant's injury, the claimant has the capacity to undertake the work identified in the occupational assessment.
- 4.58 These assessments are conducted by appropriately qualified and experienced professionals. The assessors meet – separately – with the claimant, and are different to the assessors who conducted the initial occupational and medical assessments.
- 4.59 Some claimants are suspicious of the people whom ACC uses to conduct these assessments, particularly the medical assessment. They think ACC selects people who are likely to make judgements biased against the claimant. However, we saw no evidence of this, and claimants have the opportunity to participate in the choice of assessor.
- 4.60 There are good reasons why ACC has access to a relatively small pool of professionals who are qualified to carry out these assessments, because:
- An assessment needs to be carried out by a person with the necessary qualifications and experience. The Act imposes specific requirements about whom ACC may use. We were satisfied that ACC's processes for selecting and training occupational and medical assessors were sound.
 - The assessment needs to be carried out by someone who is independent of the claimant. For example, an assessment could not be carried out by a person who also provides medical advice and treatment to that claimant.



- 4.61 The Act specifies in detail the requirements for managing the vocational independence process. Our file reviews showed that case managers follow the required procedures carefully and methodically, with their decisions on vocational independence requiring sign-off by their branch medical advisor and team manager.
- 4.62 Frequently, the determination depends on a difficult medical judgement, which can be (and often is) later closely scrutinised at a review hearing. These decisions can be overturned on review. Overall, however, we found no evidence that ACC was selecting claimants that were unsuitable for the vocational independence process, or that it was making decisions that were not in accordance with the law.
- 4.63 The vocational independence process can be discomfoting for claimants, especially if they have been on the accident compensation scheme for years. Often, they may not have been actively case-managed in the past, and do not see rehabilitation as a realistic goal. Furthermore, they may have no job to return to. In addition, the prescriptive nature of the process makes some claimants feel that ACC lacks empathy for their individual circumstances. For these reasons, claimants are often reluctant to participate in the process, and are unhappy if they are ultimately determined to have vocational independence.
- 4.64 However, under the Act, ACC has a responsibility to direct claimants through the vocational independence process if it considers that the claimant's injury has recovered sufficiently for them to return to work.

Measurement and Monitoring of Branch Performance

Branch Key Performance Indicators

- 4.65 Branch performance is regularly measured, monitored and ranked according to a range of key performance indicators (KPIs) that are set annually by Head Office, such as payment timeliness and a claimant's duration on the accident compensation scheme against the MDA's assessment of the claimant's maximum amount of time off work (see paragraph 4.13 on page 57).
- 4.66 ACC's KPIs are a mixture of quantitative and qualitative measures. For example, the number of IRPs on files at 13 weeks is a quantitative measure, while claimant satisfaction is a qualitative measure. Branches are measured against an extensive list of KPIs, not all of which are included in the Annual Report. ACC generally does a good job of reporting statistics in relation to rehabilitation, though it should include more KPIs relating to the quality of claimant outcomes, such as the rate



of reactivated claims. While not a perfect measure of the quality of the rehabilitation (because some claims will reactivate on the basis of payment for a single treatment) the measure would help ACC to identify common reasons behind the reactivations of more long-term claims of claimants who had previously left the scheme because they had been rehabilitated.

Recommendation 4

We recommend that –

ACC include more KPIs relating to the quality of claimant outcomes, such as the rate of reactivated claims, in its Annual Report.

- 4.67 ACC does not rate each KPI at the same level of importance – rather, each KPI is given a different level of emphasis depending on ACC's priorities in its Business Plan for the year ahead. For example, in 2003-04 an ACC priority is increasing claimant satisfaction rates, so the weighting given to the related KPI is higher than it was in 2002-03. The 2002-03 KPIs included reducing long-term claims and producing Individual Rehabilitation Plans for claimants already in the system. We agree that periodically changing the relative importance of KPIs is a good way to get branches to concentrate on priority areas as KPIs are an important business impetus to improve service delivery.
- 4.68 Head Office sends a weekly report on branch performance against the KPIs to each branch manager.
- 4.69 Information in the branch performance reports allows Head Office to rank branches, which are then told how they compare with other branches. These results are important to branch managers because their performance is assessed mainly on how their branch performs against the KPIs.
- 4.70 The General Manager for the branches seeks explanations from the Area Managers for any variations noted in the reports before he meets with the Chief Executive at the end of every week. Branch managers of poorly performing branches are then asked what strategies they have in place to improve performance.
- 4.71 If this approach is unsuccessful, Head Office can then send a troubleshooting team in an attempt to rectify the situation. ACC has two mobile teams – one specialising in case management (with one case manager based in Auckland, and another in Hawke's Bay), and the other dealing with branch compliance with the financial control objectives set by Head Office. ACC also sends highly performing team managers to struggling branches in an attempt to raise that branch's performance.



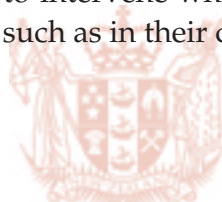
- 4.72 Despite these measures, there remains a considerable variation in branch performance against the targets. Some staff explain the variation in performance as being the result of the different knowledge bases and levels of experience of staff within different branches. We support that view, as we found that those branches with a stable workforce and experienced staff tended to be the better performers.
- 4.73 Some staff suggested that a way of resolving the variation in branch performance would be to make an allowance for the combined experience of a branch's staff when setting KPIs. In our view, it would be difficult to create a fair and transparent system for making such an allowance.

File Review and Audit

- 4.74 ACC operates a multi-tiered quality assurance system, which covers both formal file reviews by team managers and formal audits conducted by Risk and Assurance (a section of the Policy and Assurance division) at Head Office.

Branch File Reviews

- 4.75 Through their file reviews, team managers look at entitlement decisions, and the quality of material such as Individual Rehabilitation Plans, to determine whether the decisions and material comply with legislation (for example, that IRPs were negotiated between the case manager and the claimant, and were on the file within 13 weeks of ACC accepting cover for the claim).
- 4.76 When a file for a claimant who has received weekly entitlement payments is closed, an audit form is filled out to ensure that specified documents are on the file, such as some form of identification for the claimant (which Head Office has found to be missing from files in the past). Branches use the audit form as a means of identifying and addressing any deficiencies in practice before the file is reviewed by Risk and Assurance.
- 4.77 ACC, through performance agreements, expects its team managers to review their case managers' files on a monthly basis, but we were told that sometimes the files are not reviewed because of other work priorities. These reviews are important because they:
- assist the team manager to identify areas where coaching may assist a case manager's performance; and
 - allow the team manager to intervene where case managers have acted contrary to the Act or ACC policy, such as in their communication with claimants.



Recommendation 5

We recommend that –

ACC ensure that team manager file reviews are completed in accordance with the team manager's performance agreement.

- 4.78 The Scheme Performance division at Head Office occasionally asks for completed file audits to check the quality of the file and the decisions made by the case manager.
- 4.79 When requested (about twice a year for each team manager), team managers send to Scheme Performance an example of a review they have completed of a case manager's file. Scheme Performance checks both the paper file and the electronic Pathway files relating to the case, and considers issues such as effective information and relationship management.
- 4.80 Scheme Performance then provides feedback on the team manager's review and gives the team manager an opportunity to respond. These checks aim to ensure a consistent standard of review between team managers in the branches.

Head Office Audit of Branches

- 4.81 Internal audit is conducted by Risk and Assurance to independently review internal controls for compliance with ACC policy, and to map progress towards achieving ACC's business and service goals.
- 4.82 Risk and Assurance prepares a business plan and an audit plan, and submits a quarterly report to the Chief Executive based on a summary of the audits conducted and any significant findings.
- 4.83 The internal audit plan for branches targets rehabilitation services based on risk, and schedules an annual visit to most branches. Risk and Assurance audits compliance with an audit handbook that it produced as a guide for branch managers and their staff.
- 4.84 One example of a Risk and Assurance audit is the Financial Control Health Audit, which assesses branch compliance against 61 specific control objectives. The control (or business) objectives are given a different weighting depending on the risk to ACC of getting the particular process wrong – for example, the objective for legislative requirements/entitlements is weighted at 12%.



CASE MANAGEMENT AT BRANCHES

- 4.85 Branches are audited on case management, with a 90% target for compliance against Financial Control Health Audit objectives. The target for the Risk and Assurance audits has been deliberately set high in line with ACC's focus on compliance and continuous improvement. Both the Risk and Assurance Manager and the General Manager for the branches acknowledge that 90% is difficult to achieve. Only a small number of branches have consistently achieved 90% compliance with the Financial Control Health Audits.
- 4.86 The achievements of each branch against the objectives are reported back to an Audit Committee (a sub-committee of the Board), which meets quarterly. The committee's membership includes independent directors and the Chief Executive.
- 4.87 Risk and Assurance can also undertake special audit projects aimed at providing assurance to management on the effectiveness of specific operations. These effectiveness audits are listed in the annual internal audit plan, and may include audits of:
- the content of assessment reports received by case managers;
 - a new service, such as lifetime rehabilitation planning; or
 - coaching, which ACC uses to improve case manager performance.
- 4.88 Risk and Assurance's scheduled internal audits of files and branch practices are regular and detailed, and set demanding standards. We encourage ACC's emphasis on continuous improvement of branch compliance with Head Office standards.
- 4.89 As well as scheduled audits, the Chief Executive has the discretion to fund additional audits on risk areas as they arise. Effectiveness audits are an extremely useful tool to identify areas where ACC's case management practices can be improved.



Catalyst Injury Management Limited

Background

- 4.90 Catalyst Injury Management Limited (Catalyst)³⁵ is a wholly owned subsidiary of ACC, established in 1998. On 1 September 2003, ACC announced that Catalyst's long-term case management function would be given to new Long Term Claims Units within ACC. Catalyst continues to provide other services (such as case management of short-term claims for private organisations) that we excluded from the scope of this audit.
- 4.91 Until September 2003, Catalyst managed long-term claimants specifically selected from branches, and progressed each claimant through the Individual Rehabilitation Plan until the claimant was assessed as being vocationally independent. Claims were selected on the basis that Catalyst expected the claimants to leave the accident compensation scheme within 12-15 months.
- 4.92 At the time of our field work, Catalyst had three offices situated in Auckland, Wellington, and Christchurch to process claimants through vocational rehabilitation. Of about 14,000 long-term claimants receiving assistance from ACC, around 3000 were assigned to Catalyst and were under active management.
- 4.93 Catalyst's case managers concentrated on the benefits of rehabilitation for claimants, and were expected to demonstrate the principles contained in the Code of ACC Claimants' Rights in their contact with claimants. Catalyst's case management practices also had to comply with the Act.
- 4.94 One of Catalyst's business goals was to return 2000 long-term claimants to independence during the 2002-03 financial year. In its 2002-03 Business Plan, Catalyst adopted several strategies in key areas to assist with meeting the performance targets for the rehabilitation of long-term claimants. They included:
- introducing individual performance targets for case managers;
 - maintaining a minimum of 55 case managers;
 - providing correct and timely payments to claimants; and
 - 70% of Catalyst decisions being upheld at review.

35 As noted in the Summary, we have retained our discussions of Catalyst in this report because we consider that the lessons learned from ACC's Catalyst experience have relevance to ACC's future dealings with long-term claimants.



- 4.95 Catalyst had access to and used the same systems and resources that are available to ACC case managers – including Pathway, Informe, and the ACC intranet. They used similar case management practices to branches, but each Catalyst case manager had a target of a specified number of claimants leaving the scheme each month.
- 4.96 Catalyst case managers needed to have additional skills to those of their branch counterparts (see paragraph 5.35 on page 85), as their claimants often had other issues to those managed at branches because of the length of time they had received assistance from ACC.

Catalyst's Selection and Transfer of Files

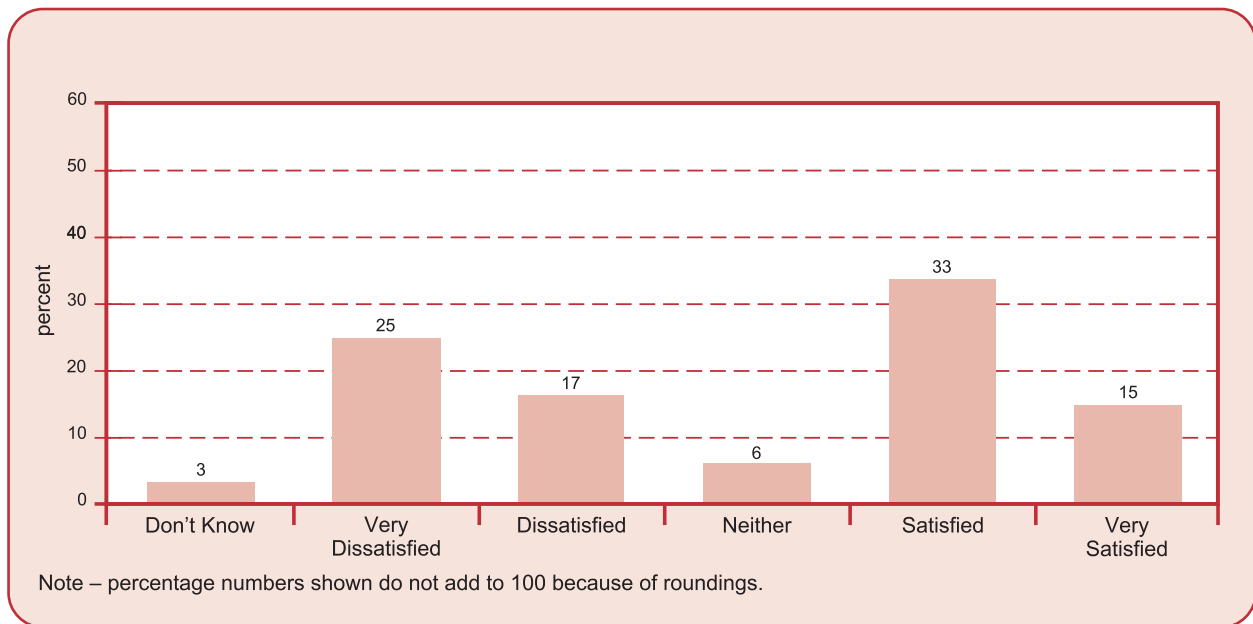
- 4.97 Catalyst initially selected files based on the information contained in the paper files, without reference to the more complete information on Pathway.
- 4.98 Many files that Catalyst initially selected were found to be inappropriate for its attention, and were returned to branches. This caused disruption for branches and claimants because relationships needed to be rebuilt. Subsequently, ACC and Catalyst agreed that all files that were returned to a branch required the mutual consent of Catalyst and the branch.
- 4.99 In addition, Catalyst implemented new criteria to select claimant files from branches. To be selected by Catalyst, claimants had to:
- be in receipt of weekly compensation;
 - require ACC assistance for more than 52 weeks;
 - have a capacity to leave the accident compensation scheme in 12-15 months;
 - be under 60 years of age; and
 - have a recent medical report indicating a probable capacity to work and, ideally, initial occupational and medical assessments.
- 4.100 Catalyst did not accept claims that were registered as sensitive or risky, or those that involved claimants who were alcohol and/or drug dependent, or were under a fraud investigation.
- 4.101 The transfer of claims to Catalyst caused unease for some claimants. Some claimants suggested that they were not properly advised of the transfer of their file from the branch to Catalyst. Now that Catalyst long-term claims are to be returned to ACC, ACC should communicate closely with claimants during the handover process.



Catalyst Case Management

- 4.102 Catalyst case managers were aware that their decisions were constantly under scrutiny, as a result of intense media interest in Catalyst. They described their case management approach as requiring a combination of quality and speed to achieve the targeted number of claimants leaving the scheme each month.
- 4.103 Claimant satisfaction with Catalyst’s service had only recently been surveyed separately from wider satisfaction with ACC. The February-June 2003 Catalyst Claimants Survey showed that 42% of all Catalyst claimants were dissatisfied or very dissatisfied with their experience of the service provided by Catalyst, as shown in Figure 7 below. This percentage is far higher than the level of dissatisfaction with branch performance in general.

Figure 7
Claimant Satisfaction With Catalyst’s Service in General



CASE MANAGEMENT AT BRANCHES

- 4.104 In relation to case management, 50% of Catalyst claimants were satisfied or very satisfied that they had received the level of service that they considered necessary to assist their treatment and rehabilitation. This satisfaction is much lower than that for branches.
- 4.105 The survey also showed that Catalyst claimants were concerned with the progress of their rehabilitation, as only 45% felt that the details in the Individual Rehabilitation Plans were followed. Branch claimants have expressed a similar type of concern.
- 4.106 The same survey compared Catalyst claimant service performance with that of the branches, and found that 42% of claimants felt that Catalyst's claimant service was worse than the service they received from ACC before their claim was transferred.
- 4.107 Specific issues identified by claimants in the survey included the frequent change of Catalyst case managers, and not enough face-to-face contact and communication with them. The rate of staff turnover in one Catalyst office was particularly high. Catalyst attempted to address this by implementing a new person-specification and a more comprehensive induction programme.
- 4.108 Catalyst claimants often require more intensive management than other claimants, so ACC needs to take particular care to communicate with them regularly and fully.

Recommendation 6

We recommend that –

ACC communicate regularly and fully with former Catalyst claimants about progress in their rehabilitation.

- 4.109 ACC should make full use of the information contained in the Catalyst survey to identify and address long-term claimants' concerns that contributed to their dissatisfaction with Catalyst.
- 4.110 Claimants often considered that Catalyst's monitoring of their progress was impersonal and process-bound. Monitoring is necessary to make sure that the claimant is consistently attending all appointments, so that the original plan containing all rehabilitation phases remains relevant. A strong ongoing relationship between the case manager and the claimant is necessary to achieve the ultimate goal of rehabilitation.



- 4.111 Attempts at establishing a strong relationship between long-term claimants and Catalyst may have been hampered by ACC and Catalyst's expectation that the claimants would be vocationally independent within 12-15 months. The pressure on case managers to have a set number of claimants leave the scheme each month also may have affected the level of service they could provide to each claimant.

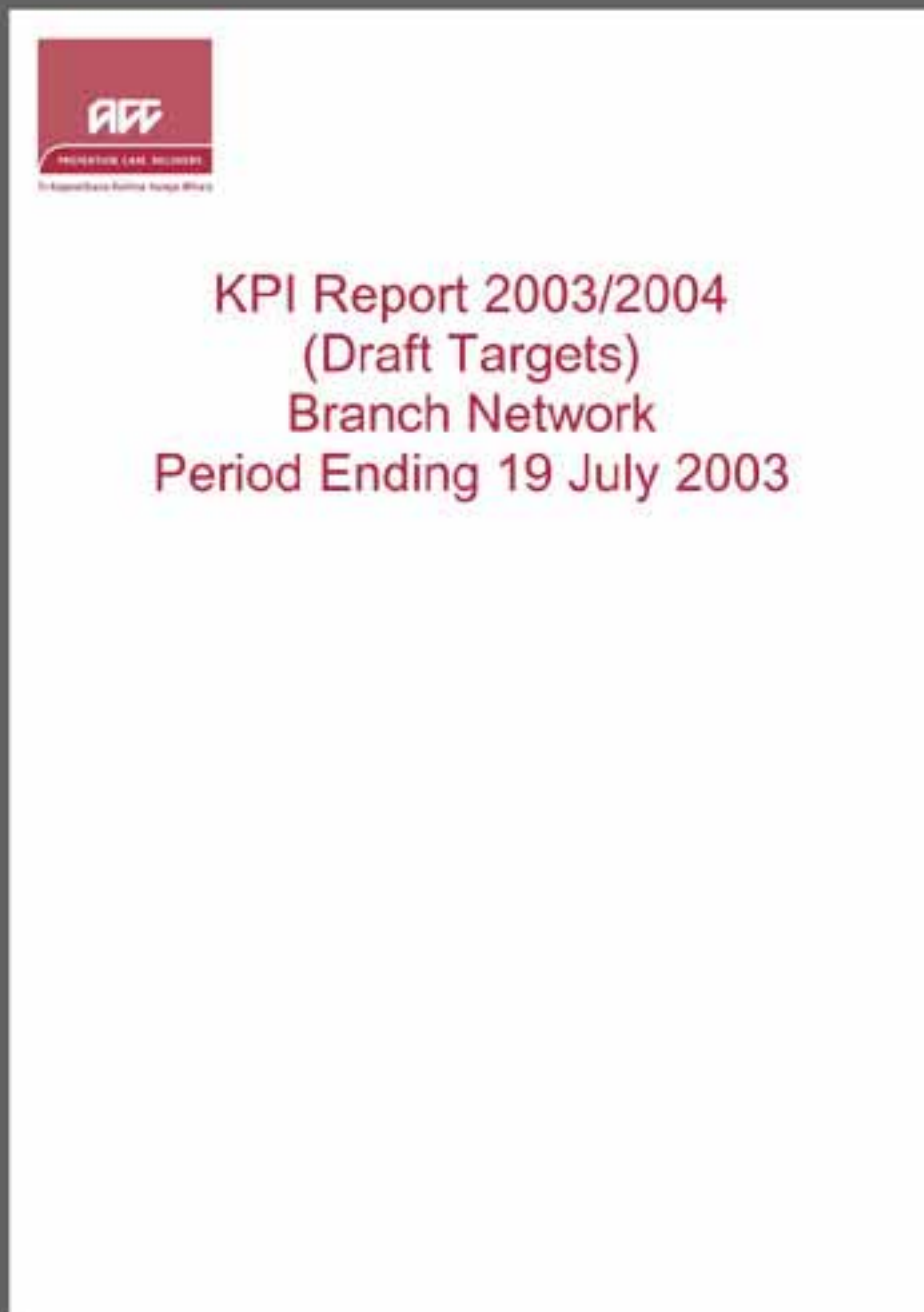
Reviews

- 4.112 In contrast to the branches, each Catalyst office had a legal staff member on site (a practice continued in the Long Term Claims Units) who:
- provided prompt input into the case management process;
 - prepared submissions for reviews of Catalyst files; and
 - represented ACC at the review hearings.
- 4.113 Catalyst also intended having in each office at least one case manager who was skilled in managing reviews to co-ordinate the increasing volume of reviews, conduct administrative reviews, prepare submissions, and report at hearings.
- 4.114 As noted in paragraph 4.94 on page 72, Catalyst had a target that 70% of its decisions would be upheld at review. A report to the Catalyst Board for the months of February-April 2003 showed that 76% (or 65 out of 86) of Catalyst decisions were upheld at review. This was a high percentage for such a contentious area, and showed that most of Catalyst's decisions were justifiable.



Part Five

Performance of Case Managers



Role of Case Managers

- 5.1 Case managers are facilitators. Their role is to:
- assess a claimant's needs;
 - liaise with health service providers and the claimant's employer (if any);
 - organise and co-ordinate the range of services provided to the claimant; and
 - monitor and evaluate progress.
- 5.2 Case managers are not required to have a background in health. They do not provide treatment or rehabilitation services. Rather, they focus on managing a programme of assessment, treatment, and rehabilitation options aimed at rehabilitating claimants as quickly and effectively as possible. Case managers are expected to involve claimants in planning ahead and setting goals.
- 5.3 The cost of treatment is not a case manager's primary focus when considering decisions about cover or treatment options. Prices for many procedures are already fixed and monitored by the Healthwise business unit at Head Office. Case managers work with individual claimants, not at the level of overall accident compensation scheme costs and trends. The case manager's aim is to ensure that any particular treatment or rehabilitation activity is justified in terms of the injury and resulting needs of the claimant – that is, the treatment or activity will be useful in rehabilitating the claimant.
- 5.4 Case managers are required to carry out a lot of administrative work, relating both to file management and to their own reporting and assessment.
- 5.5 Overall, we were impressed with the professionalism and diligence displayed by the case managers and other ACC staff that we met. We note, though, that some claimants perceive that their case manager is insensitive to the impact that their injury has had on their circumstances. However, case managers are following the philosophy promoted by Head Office (see paragraph 3.22 on page 48).

Recruitment

- 5.6 Case managers come from a diverse range of occupational backgrounds. They almost always have some form of tertiary qualification, and experience in a professional field – though not necessarily health.



- 5.7 ACC told us that it looks for process-oriented applicants – people who are good at organising and progressing a course of action – to fill case manager positions. It seeks staff who have strong communication skills, are able to demonstrate professional judgement, and who enjoy dealing with a wide range of people. ACC is now starting to use psychological testing and targeted interviewing techniques to ensure that it identifies applicants with the appropriate qualities.
- 5.8 Annual turnover of case managers is around 8% – with a branch range from 2% to 12% for reasons such as the scarcity, or otherwise, of alternative job options in the places where branches are located. Despite this, the branch staff turnover rate is generally low against that of ACC overall (12.5%³⁶), and those of other organisations. Some staff have been with ACC for many years. Furthermore, internal transfer or promotion is a common reason for case managers to leave a particular branch.
- 5.9 However (and ACC recognises this), Māori and other ethnic groups are under-represented in the organisation. For example, while Māori make up about 15% of the general population, about 8.2% of staff within ACC in general and 10.2% in the branches³⁷ identify themselves as Māori. ACC has been making efforts to rectify this imbalance. For example, ACC has been using the Pae Arahi in an attempt to recruit more Māori case managers. Additionally, ACC tries to identify Māori staff in other parts of the organisation who could be trained to be case managers.

Induction Programme

- 5.10 ACC has a national induction programme (StartUp), which in our view recognises all the knowledge and skills required by new staff to undertake case management responsibilities. StartUp consists of a number of core modules (such as using Informe) as well as specialised modules (such as caseload management). The six-week programme involves structured activities mainly supervised by a team manager, and supported by a ‘buddy’ system.
- 5.11 A one-day workshop (Orientation) is held at Head Office for all new recruits within the first 12 weeks of their employment. The workshop gives them a strategic overview of ACC’s role and functions, and notes key moments in ACC’s history that have influenced how it operates now.
- 5.12 Self-directed learning modules are supported by written material, cross-referenced to working documents such as the Training Workbook.

³⁶ *Accident Compensation Corporation Annual Report 2003*, page 5.

³⁷ The figure for Māori in the branches includes all positions, such as case manager and branch manager. ACC was unable to produce an exact figure for the number of Māori case managers that it employs.



- 5.13 Staff at branches that we visited generally described their induction as successful. They were mainly satisfied with the written material supplied, the guidance available from the buddy system, and the input from the team manager. Most felt no pressure to accept a full caseload before they had completed the sixth week of the induction programme.
- 5.14 However, in branches where staff turnover was high, new staff were required to assume a full caseload before completing the induction programme. It may disadvantage both the case manager and their claimants to have the case manager working on a full caseload before the end of their induction.

Recommendation 7

We recommend that –

ACC ensure that new case managers complete the induction programme before they are assigned a full caseload.

- 5.15 Feedback from all staff after induction is systematically recorded and evaluated. After the information is collated, it is used to improve the choice of topics, the content of the documented material, and the teaching provided during induction courses. This evaluation process is comprehensive, and provides Head Office with useful information for improving future programmes.

Ongoing Training and Support

- 5.16 A staff training strategy and learning framework aims to deliver training programmes to support case management and to assist with the professional development of staff members.
- 5.17 Known as TeamUp, ACC's formal staff training programme is delivered through:
- workshops;
 - self-directed learning modules; and
 - team-based sessions.
- 5.18 Training workshops cover communication modules, skills in negotiation, and interview room safety. The self-directed learning modules include customer care, entitlements, rehabilitation, and the review process.



- 5.19 The team-based weekly training sessions take one hour and are scheduled three times a month in each branch. These sessions amount to about 2550 hours a month for all the branches.³⁸ Staff agreed that training was valuable as the topics are focused and introduce any new policies or initiatives. Topics also reinforce specific training needs as they arise. Staff training has helped to improve the knowledge and core skills required during the introduction of new requirements and procedures in branches – such as the Code of ACC Claimants’ Rights.
- 5.20 Essential knowledge and skills learned during the training sessions are supported through coaching by team managers. Coaching is well received by case managers, who told us that it helps to raise their performance. ACC considers that training and coaching contributed to the reduction of case manager turnover last year.
- 5.21 ACC also recognises that strong branch leadership has an important influence on the quality of case manager performance. Accordingly, it uses external management training to improve branch leadership and communication.
- 5.22 Case managers are encouraged to fulfil their own professional development plans by attending courses and conferences, and obtaining higher qualifications. Some case managers attended a University of Auckland diploma course on managed health care that had an emphasis on ACC activities. We met a number of ACC case managers who had completed the course, and they all spoke favourably of it. We understand that ACC is reconsidering its involvement as case managers must go to Auckland to attend the course, which places a strain on branch resources.

Monitoring and Assessment

- 5.23 Branch and team managers have a wealth of computerised information to enable them to monitor and assess case managers. For instance, case listings provide data on current files, and staff reports detail individual and team achievement of KPIs. Such information is provided weekly and monthly.
- 5.24 Team managers assess the performance of case managers regularly in a number of ways – including:
- informal coaching (as required);
 - scheduled coaching (eight times a year);
 - stocktake meetings (April and October);
 - interim formal performance review (January); and
 - final formal performance review (June).

³⁸ All forms of training provided to ACC branches – including workshops, modules, team-based weekly training sessions, and orientation – amount to about 4800 hours a month.

- 5.25 Each year, the performance of case managers is formally judged by a set of clearly defined KPIs. They cover eight different areas, each of which has a set level of emphasis. Four KPIs are “results” focused; that is, they relate to quantity and process. At present, the KPIs include:
- the number of claimants leaving the accident compensation scheme within the expected maximum duration for each type of injury as identified by the MDA computer program;
 - new claimants who are entitled to weekly compensation who leave within five months;
 - agreement of Individual Rehabilitation Plans within 13 weeks; and
 - long-term claimants who are entitled to weekly compensation who leave the scheme.
- 5.26 The other four KPIs are “quality” focused. They relate to matters such as customer service and teamwork.
- 5.27 Together, the results and quality KPIs produce an overall rating, on a five-point scale, of the case manager’s performance.
- 5.28 We observed team managers assessing the performance of case managers and noted the considerable time and effort put into the exercise. The assessment process is well documented. The results KPIs are measured statistically, and all case managers are assessed to the same standards.
- 5.29 However, the measurement of quality KPIs was variable, often simply arrived at through an overall impression gained by the team manager. It was not clear how those measures could be assessed consistently throughout ACC.

Recommendation 8

We recommend that –

ACC ensure that team managers objectively and consistently evaluate case managers’ performance against quality KPIs.



Incentives

- 5.30 Remuneration of case managers is determined annually by a strict formula, which is detailed and transparent. It is based on a combination of the case manager's:
- level of performance (as determined by their overall rating against the KPIs); and
 - current place in the salary band for their position (determined by a widely used remuneration measurement system).
- 5.31 Professional development is encouraged, and ACC supports staff undertaking specialist and post-graduate study.
- 5.32 A common perception among claimants is that case managers are directly compensated for getting claimants “off the scheme”. However, we found no evidence that case managers are directly rewarded for achieving such results. One of the KPIs for case managers relates to the number of short-term claimants who leave the scheme within a defined time, and another relates to long-term claimants who leave the scheme. These measures do affect the assessment of a case manager's performance. However, they are only two of a number of measures against which case managers are judged. Moreover, the existence of such measures is consistent with ACC's legislative role to rehabilitate claimants to the point that they no longer require assistance from ACC.

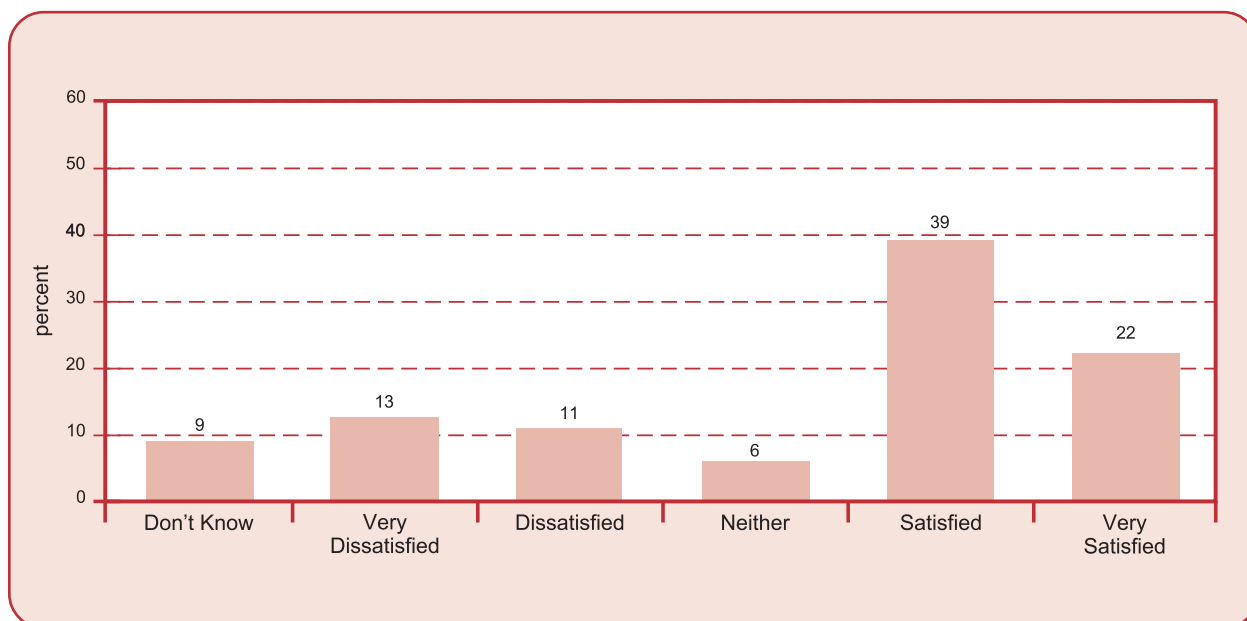
Catalyst Case Managers

- 5.33 All of the Catalyst case managers we met showed commitment and displayed professional respect when dealing with claimants. Overall, we found few differences between how Catalyst and branch case managers perform their functions.
- 5.34 Case managers in Catalyst had responsibility for:
- receiving selected claimants from branches;
 - progressing the rehabilitation process as agreed in the Individual Rehabilitation Plan;
 - monitoring and reviewing the progress of implementing the Individual Rehabilitation Plan; and
 - achieving a set number of claimants leaving the scheme within 12-15 months.



- 5.35 Catalyst case managers usually had a tertiary qualification, some in health. They had good skills for dealing with customers and for negotiating, and case management experience was preferred. Many were previously case managers in branches, while others were recruited from Work and Income. They also needed experience in management, and knowledge of all rehabilitation services – especially for claimants who required more specialised medical treatment and assessment.
- 5.36 From the general comments made in the Catalyst Claimants Survey, Catalyst case managers were considered professional and efficient. As shown in Figure 8, 61% of claimants were satisfied or very satisfied with the service from Catalyst case managers.

Figure 8
Claimant Satisfaction With Service Provided by Catalyst Case Managers



- 5.37 However, only 41% of respondents to the survey felt that their case manager clearly explained to them how their claim was to be progressed. Furthermore, only 25% of respondents said that their case manager clearly explained what their entitlements were and what assistance they were entitled to receive.
- 5.38 Claimants noted that they wished to have more face-to-face contact and communication with their Catalyst case managers and wanted them to have a more understanding and friendly attitude during meetings and telephone calls. Other criticisms were that case managers did not return calls promptly, and did not provide enough information on entitlements. Catalyst claimants noted that they wanted to be kept informed regularly and to be made aware of their progress.
- 5.39 Some claimants interviewed for the survey felt that insufficient attention was given to their rehabilitation needs and mentioned that, apart from a more direct service, they also wished to have access to more retraining, physiotherapy, pain management, and better equipment.



Part Six

Claimant Service Performance



Corporate Approach to Claimant Service

- 6.1 ACC's strong internal focus on processes and efficiency does not have to be incompatible with a customer service ethic. Nevertheless, some claimants, both short-term and long-term, who expect a more personalised relationship, find ACC's focus unsettling.
- 6.2 ACC told us that it endeavours to have a strong customer focus, and wants to resolve any complaints informally. It also said that more claimants than ever are satisfied with the service they have received from ACC, and it cites results from claimant satisfaction surveys as evidence.
- 6.3 Although ACC has this approach, its interaction with claimants is governed through the Code of ACC Claimants' Rights that was implemented on 1 February 2003 (a requirement under the Act). The Code imposes a legislative framework on ACC in relation to the rights of claimants and the obligations on ACC.

Code of ACC Claimants' Rights

- 6.4 Part 3 of the Act requires ACC to establish a Code of ACC Claimants' Rights. The Code came into force on 1 February 2003. Specifically, section 40(1) states that the purpose of the Code is to *meet the reasonable expectations of claimants (including the highest practicable standard of service and fairness) about how [ACC] should deal with them ...* Included in this section is a reference to conferring rights on claimants and imposing obligations on ACC as to how it will interact with claimants, along with the provision of a means of lodging and dealing with complaints about breaches of the Code by ACC.
- 6.5 The Code specifies eight rights of claimants. These are the right to:
- be treated with dignity and respect;
 - be treated fairly, and to have their views considered;
 - have their culture, values, and beliefs respected;
 - have a support person or persons;
 - effective communication;
 - be fully informed;
 - have their privacy respected; and
 - complain.



- 6.6 Case managers have had formal training sessions about the Code, and how to comply with it. These sessions have emphasised case manager responsibilities to uphold the rights of claimants under the Code.
- 6.7 Some staff suggested to us that the Code simply expresses the customer service values to which ACC already aspires. However, we consider that the Code has given increased prominence to these values, and has helped to standardise and clearly articulate internal procedures, particularly for dealing with complaints. Moreover, ACC's Complaints Office can now direct other parts of ACC to rectify any breaches of the Code.

Claimant Service

- 6.8 Case managers have most contact with claimants by telephone. Face-to-face interviews are normally used for the initial interview as well as preparing and completing Individual Rehabilitation Plans. Some claimants criticise ACC about the low amount of face-to-face contact, as they expect a more personalised and tailored service to discuss their injury and the effect on their families, and to explore future employment possibilities.
- 6.9 Based on our work in the branches we consider that ACC is generally providing a sufficient level of face-to-face contact with claimants.
- 6.10 Some claimants expressed concern that ACC does not fully inform them of what they are entitled to. Illustrated publications were available at ACC offices that explain most services, including a guide to recovery and how to resolve issues. Such publications are of a high quality and are easy to understand. However, the language of some of the template letters to claimants can be overly formal, and might appear impersonal and confusing to some claimants.
- 6.11 Of course, we cannot comment on the quality of the verbal advice provided by case managers in individual cases. However, we noted in paragraph 4.44 on page 64 that some claimants said that their case manager referred them to written information in brochures rather than discussing the preparation of their IRP with them.
- 6.12 Some claimants also talked of the number of case managers that they have dealt with during their time on the accident compensation scheme. Some told us that they had one case manager for the duration of their claim, while others had several. Case manager turnover is low (see paragraph 5.8 on page 80), and this should in future limit the number of case managers that claimants deal with during the life of their claim.



- 6.13 ACC considers that, as long as the level of service is not affected when a claim is transferred between case managers, it should not matter how many transfers occur during the life of a claim. However, some claimants told us of their frustration when their claim was transferred to a new case manager because they had formed a relationship with their previous case manager, and then had to repeat the process with a new one. This situation is another example of the gap between the personal service expected by claimants and the kind of service ACC thinks it should deliver.
- 6.14 ACC policy is that when a case manager transfers a claim to another case manager (whether because of a redistribution of work or because a case manager is leaving), the claimant should be sent a letter notifying them of the change and of their new case manager's contact details. However, this policy is not always followed because we talked with claimants who said that they had not been notified of a change in case manager. In line with the Code of ACC Claimants' Rights, ACC is obligated to effectively communicate with claimants to keep them fully informed.

Recommendation 9

We recommend that –

ACC ensure that claimants are notified when their claim is transferred to another case manager.

- 6.15 In conjunction with Work and Income, ACC has created a protocol (in line with a whole-of-government approach) covering the process for claimants transferring from the accident compensation scheme to an unemployment benefit. Such a transfer occurs when an ACC claimant has been assessed as vocationally independent, but has no employment to go to.
- 6.16 The protocol involves the ACC case manager introducing the claimant to their Work and Income case manager, thereby easing the transfer between organisations. The protocol was implemented in June 2003, and is optional for claimants. Branches are to report back to Head Office about claimant uptake of the protocol.
- 6.17 Our understanding from Work and Income is that few claimants so far have transferred to them using the protocol. Nevertheless, we view the protocol as useful for claimants transferring between ACC and Work and Income.



CLAIMANT SERVICE PERFORMANCE

- 6.18 ACC formerly had a policy that case managers were to contact claimants four weeks after they left the accident compensation scheme to find out how they were getting on. ACC told us that it no longer has this policy because of the cost, and because there were few benefits to the claimant. In any case, such follow-up did not happen in all cases because of the low priority that some case managers gave to the task.
- 6.19 In our view, when a claimant leaves the accident compensation scheme for any reason there needs to be some form of follow-up by ACC to allow it to gauge the success, or otherwise, of the service it provided. As an example of how it already does this, ACC cited a satisfaction survey of former ACC claimants that asks them about their ACC experience. This survey would be a useful tool, but it should be commissioned more frequently for ACC to obtain information on the quality of claimant rehabilitation outcomes.

Recommendation 10

We recommend that –

ACC more frequently commission the survey of former ACC claimants to obtain data that can be used to improve the quality of claimant rehabilitation outcomes.

- 6.20 Another example of ACC follow-up is a research project, in conjunction with the Department of Labour and the Ministry of Social Development, that looks at whether former ACC claimants return to work or go on to receive a benefit after they have left the accident compensation scheme. There is value in this research, and it should be continued, especially in regard to claimants who have been declared vocationally independent by ACC but who subsequently qualify for a medical-related benefit (such as an invalids benefit).

Complaints, Reviews, and Appeals

- 6.21 ACC has clear and appropriate complaint procedures in place for receiving and responding to complaints made by dissatisfied claimants, in accordance with the detailed review and appeal rights outlined in the Act. The rights to complain, to seek a review, or to appeal, provide important checks and balances on case management in individual cases.



- 6.22 In general, the term “complaint” means a formally or informally expressed grievance, often relating to a matter of behaviour or process. The term “review” refers to a formal consideration of an objection to an ACC decision (such as a decision about cover or entitlements), with a request that the decision be changed. An “appeal” can be lodged with the District Court if either the claimant or ACC is unhappy with the review’s outcome.

Complaints

- 6.23 Although ACC wants to resolve complaints as informally as possible, the claimant often determines the degree of a complaint’s formality. For instance, they can choose whether to raise their issue over the telephone, or in writing, and whether to do so with the:
- responsible case manager;
 - team manager;
 - branch manager;
 - complaints office (at Head Office); or
 - Minister for ACC.
- 6.24 Significantly, the Act provides that a claimant can apply for a review of a decision that ACC’s Complaints Office has made about a complaint under the Code. This is a useful further check on ACC’s actions.
- 6.25 In addition to seeking remedy from ACC, some claimants complain to external agencies, such as the Ombudsmen, the Health and Disability Commissioner, or the Privacy Commissioner. We did not audit how those agencies deal with complaints from ACC claimants.
- 6.26 The number of complaints received by ACC’s Complaints Office has increased since the introduction of the Code. This increase may be because more claimants are aware of their rights. Additionally, the more standardised process means that more complaints are being directed to Head Office. In our view, the number of complaints received is not as important as:
- the cause of complaints;
 - the issues they raise; and
 - whether the types of complaints change over time.



- 6.27 ACC staff who deal with complaints suggested to us that many complaints relate to simple misunderstandings or miscommunications, and are able to be resolved with a quick explanation. Other complaints relate to the perceived attitude or behaviour of a case manager (such as seemingly being discourteous or sceptical), or a delay.
- 6.28 However, because complaints can be dealt with at different levels within ACC, and because each complaint and its remedies are fact-specific, it is difficult for ACC to gather accurate qualitative information about complaints trends overall. ACC told us that it plans to do more to collect and analyse overall information about the types of complaints that it receives, and to monitor trends.
- 6.29 Such collection and analysis are very important. Otherwise, the lessons learned from individual complaints may not always lead to organisational improvements, and it will be difficult to tell whether or not practices and relationships are improving over time.
- 6.30 In addition, while the ACC Complaints Office is able to achieve results in individual cases, it could usefully take a more active role in influencing improvements throughout ACC.

Recommendation 11

We recommend that –

ACC prioritise the collection and analysis of qualitative information about the types of complaints that it receives and how the nature of those complaints has changed over time.

Recommendation 12

We recommend that –

ACC use qualitative information about complaints to help identify areas where changes to policies or practices may be necessary.

Reviews and Appeals

- 6.31 A claimant can challenge an ACC decision by filing an application for review with Dispute Resolution Services Limited. When this happens, ACC follows a two-step process.



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- 6.32 First, the branch conducts an internal reconsideration of the decision, to assess whether it ought to be defended. The staff member who made the decision (often, but not always, a case manager) writes an internal report and recommendation about the decision. The branch manager and team manager (and perhaps the technical claims manager and branch medical advisor) consider the report and decide whether or not to stand by the original decision.
- 6.33 The matter can sometimes be resolved at this point if, for instance, the application for review includes the provision of new information which changes the situation.
- 6.34 Secondly, if ACC decides to defend the original decision, it proceeds to a contested hearing. This is a formal, quasi-judicial process. A reviewer with Dispute Resolution Services Limited – who is not otherwise employed by ACC and has a statutory duty to act independently – hears evidence and submissions on behalf of the claimant and ACC.
- 6.35 Claimants are sometimes represented by advocates or lawyers. ACC is represented by the original decision-maker, who prepares and presents submissions in support of their original decision.
- 6.36 The reviewer issues a written decision, containing detailed reasons explaining the outcome, after the hearing, which is binding on the parties (subject to any appeal rights).
- 6.37 In 2002-03, a total of 79% of review applications were dismissed or withdrawn, which indicates to us that most of ACC's decisions are justifiable when placed under close scrutiny.³⁹ This figure compares with 72% as reported by ACC for 1999.
- 6.38 However, in our view, the way in which case managers are involved – particularly at contentious review hearings – has the potential to create risks for both the case manager and ACC.
- 6.39 Often, the ACC representative's presentation at the review hearing is a mixture of advocacy and evidence. However, in a formal legal setting, those roles are different: the first involves representing and arguing a legal position, and the second involves testifying as to the relevant factual events.
- 6.40 In cases where the relationship between the case manager and claimant has deteriorated considerably, the claimant's case may involve challenging the behaviour, actions, motives, and factual recollections of the case manager. The case manager is in effect a witness whose credibility is under challenge. Where this is the case, the case manager may be put in a difficult position, and their ability to act effectively as an advocate and representative may be undermined.

³⁹ Of a total of 4118 review applications, 2234 were dismissed (i.e. ACC's decisions were upheld), and 1007 applications were withdrawn, while 802 ACC decisions were quashed and 75 modified. *Accident Compensation Corporation Annual Report 2003*, page 63.

- 6.41 Accordingly, in some cases, we think the roles of witness and advocate may need to be separated at the review hearing. While the case manager will be required to give evidence about factual matters and explain their actions, it may also be necessary for ACC to be represented by an advocate who is not personally connected to the factual disputes in the case.

Recommendation 13

We recommend that –

ACC consider whether, in contentious review hearings, the role of the case manager should be limited to that of a witness, with another staff member acting as ACC's advocate.

- 6.42 Staff from the Office of the Ombudsmen expressed concern to us about the length of time that ACC sometimes takes to remedy review cases in which its decision has been overturned on appeal and it elects not to appeal. Examples were cited where claimants have been left waiting before the revised entitlements – determined at review or appeal – have been implemented.
- 6.43 ACC's response is that some delays are caused by the need to liaise with third parties to organise financial arrangements. An example of this is where a claimant receives a social welfare benefit but subsequently establishes a claim to an entitlement under the accident compensation scheme. Depending on the level of support provided by Work and Income in contrast to the entitlements allowed under the scheme for the same period, sections 252 and 253 of the Act specify how the department responsible for the administration of the Social Security Act 1964 (in this case Work and Income) and ACC are to work out any difference by way of any repayment from one to the other.
- 6.44 While we understand that ACC is sometimes bound by the timeliness of the response from third parties, we nevertheless share the Ombudsmen's concern about any delay, because this can have severe consequences for the claimant, and cause significant disruption to their life.



Recommendation 14

We recommend that –

ACC prioritise action to implement a reviewer's decision as quickly as possible in cases where ACC's decisions are overturned and it elects not to appeal.

- 6.45 Senior management at Head Office monitors all decisions on reviews on a weekly basis. Lessons learned from these cases are used to amend relevant policies and practices but decisions to make changes, and subsequent policy amendments, occur in an informal way.
- 6.46 There could be value in formalising the process for considering review decisions and following through on any necessary changes. This will help ACC to be sure that all relevant issues arising out of reviews are addressed fully and quickly.

Recommendation 15

We recommend that –

ACC formalise its processes and timetables for considering issues arising out of review and appeal decisions, and implementing any subsequent changes to policies or practices.

- 6.47 Head Office manages ACC's role in any subsequent appeals. During the year ended 30 June 2003, 79% of appeals to the District Court were decided in ACC's favour or were withdrawn⁴⁰, and about 80% (16 out of 20) of appeals to the High Court. This indicates that, generally, ACC applies the law properly.

40 Of a total of 492 appeals, 214 were dismissed in ACC's favour and 175 were withdrawn, while 93 were allowed and 10 had an interim order made. *Accident Compensation Corporation Annual Report 2003*, page 63.



Claimant Satisfaction Surveys

6.48 ACC commissions seven types of claimant satisfaction survey. The surveys are detailed in Figure 9.

Figure 9
ACC Claimant Satisfaction Surveys

1. The Network Management Survey, which is conducted monthly, and is based on a current sample of 550 to 600 claimants, with results reported quarterly. The survey measures the satisfaction of case-managed, branch-based claimants.
2. A monthly survey of contact centre claimants, conducted since April 2003. The survey is based on a sample of about 1200 claimants a year.
3. A survey of Catalyst claimants, attached to the Network Management Survey in February 2003. Catalyst handled long-term claimants who were actively managed to return to work. The research was based on a small sample of only 205 claimants, which limited the possibility of long-term tracking research.
4. An annual medical misadventure claimant survey, first conducted in May 2002, and based on a sample of about 400 claimants whose claims have been accepted or declined in the previous six months.
5. An annual survey, first conducted in 2002, of claimant complaints received in the previous six to nine months.
6. An annual survey of about 200 Partnership Programme claimants.
7. An annual survey of 70 to 80 serious injury claimants and their support persons, conducted since 2001.

Network Management Survey

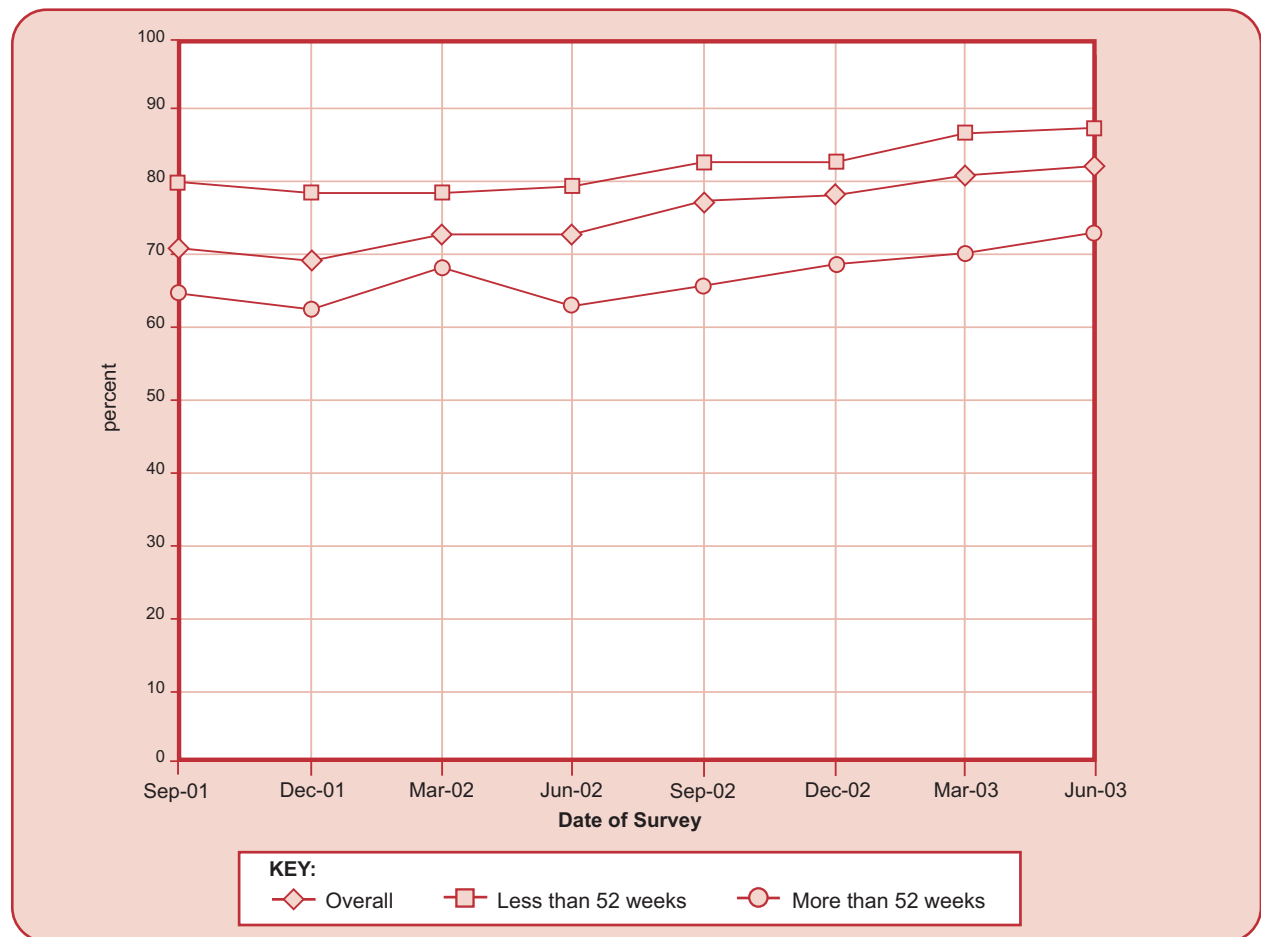
- 6.49 Conducted by telephone, the Network Management Survey measures claimant satisfaction with the service received at the branch.
- 6.50 We particularly looked at this survey because of its focus on claimant satisfaction with branch performance.



CLAIMANT SERVICE PERFORMANCE

- 6.51 In our view, this claimant satisfaction survey is based on a sound methodology, and produces reliable information on which to base statements in ACC’s accountability publications.
- 6.52 ACC’s surveys dating back to 1996 indicate that overall claimant satisfaction has improved since then, and is now 83%, which meets ACC’s target of 80%.⁴¹
- 6.53 Before September 2001, this survey did not distinguish between short-term and long-term claimants. Results from the survey since then have shown that long-term claimants are far less satisfied with ACC’s service than short-term claimants. Figure 10 below illustrates quarterly rates of overall satisfaction, as well as that of claimants who have received assistance from ACC for less than, and more than, 52 weeks.

Figure 10
 Claimant Satisfaction by Category of Claimant as Shown
 by ACC’s Network Management Surveys from
 September 2001 to June 2003



41 Accident Compensation Corporation Annual Report 2003, page 11.

- 6.54 ACC uses the information from the Network Management Survey to target areas of case management service where performance must be improved. This information has also been used in ACC's Annual Reports on a number of occasions. Reference is made each year to overall claimant satisfaction, along with an analysis of results extending back to 1997.
- 6.55 ACC's Annual Report for 2002-03 describes claimant satisfaction rates for both short-term and long-term claimants. However, the report does not show the difference between them on the corresponding graph, instead showing only short-term claimant satisfaction. In our view, both short-term and long-term claimant satisfaction data should be presented in a consistent manner when using a graph or text.

Recommendation 16

We recommend that –

ACC report both short-term and long-term claimant satisfaction rates in a consistent manner in its accountability publications.

- 6.56 Our evaluation of the information contained in a range of published ACC material found a number of minor discrepancies between the survey findings and the information shown in ACC's Annual Report for 2001-02.
- 6.57 For example, in the Operational and Financial Highlights section on page 3 of ACC's Annual Report for 2001-02 there is a statement describing an improvement in claimant satisfaction to 78%; "up from 71% five years ago". At the bottom of the same page there is a six-year claimant satisfaction bar graph. This graph shows that claimant satisfaction five years before was only 60%.
- 6.58 Annual reports dating back to 1996-97 show quite different results for claimant satisfaction than those displayed on the bar graph. The Annual Report for 2001-02 shows an improvement of claimant satisfaction over five years of 18%, twice the increase reported in individual Annual Reports.
- 6.59 In addition, the Statement of Service Performance does not show a comparison with ACC's performance for the previous year, which is usually how results are presented in an Annual Report.
- 6.60 In our view, the overall results of ACC's claimant satisfaction surveys were inaccurately and incompletely presented in the Annual Report for 2001-02. Inaccuracy in the reporting of the overall satisfaction scores undermines the credibility of the Annual Report. We reviewed ACC's 2002-03 Annual Report and the same errors were not apparent. Nevertheless, ACC should ensure that no inaccuracies, however small, are published.

Recommendation 17

We recommend that –

ACC implement a process to ensure that claimant satisfaction survey results are accurately reported in published material.

- 6.61 We interviewed a selection of claimants, both short-term and long-term, to obtain their views on the standard of service that they are receiving, or have received, from case managers. These claimants expressed divergent views about their experiences with ACC, which is consistent with the range of views recorded through ACC's claimant satisfaction surveys. For example, differing views were that:
- ACC is not providing them with everything they are entitled to;
 - they had been forced through the process, had been treated like a number and like everyone else, without reference to their individual circumstances;
 - while they had been treated badly in the past, the level of service is much better now; and
 - ACC could not have been more helpful during their recovery.
- 6.62 Given this range of views, it is not possible for us to arrive at an opinion on a majority claimant perspective of ACC. However, our interviews proved extremely useful in allowing us to understand some of the underlying issues that claimants experience in their dealings with ACC. We have referred to information gained through our claimant interviews throughout this report.



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Other publications issued by the Auditor-General in the past 12 months have been:

- Māori Land Administration: Client Service Performance of the Māori Land Court Unit and the Māori Trustee
- The State Services Commission: Capability to Recognise and Address Issues for Māori
- Inquiry into Expenses Incurred by Dr Ross Armstrong as Chairperson of Three Public Entities
- Social Security Benefits: Accuracy of Benefit Administration
- Ministry of Health: What Further Progress Has Been Made to Implement the Recommendations of the Cervical Screening Inquiry?
- Inquiry into Public Funding of Organisations Associated with Donna Awatere Huata MP
- Auckland Region Passenger Rail Service
- Managing Threats to Domestic Security
- Annual Report 2002-03 – B.28
- Key Success Factors for Effective Co-ordination and Collaboration Between Public Sector Agencies
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- Local Government: Results of the 2001-02 Audits – B.29[03b]
- Inland Revenue Department: Performance of Taxpayer Audit
- Auckland Regional Council 2003-04 Rates
- Management of Hospital-acquired Infection
- Central Government: Results of the 2001-02 Audits – B.29[03a]
- Disposal of 17 Kelly Street by Institute of Environmental Science and Research Limited
- ACT Parliamentary Party Wellington Out-of-Parliament Offices
- Annual Plan 2003-04 – B.28AP(03)

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