New Zealand Nurses Organisation

Submission to the Accident Compensation Corporation On the

Proposed Changes to Hi-Tech Imaging Provision of Services

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Inquiries to: Marilyn Head
Policy Analyst
New Zealand Nurses Organisation
PO Box 2128, Wellington
Phone: 04 494 6372
Email:marilynh@nzno.org.nz

INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the above discussion document and thanks you for the extending the very short timeframe to allow this.

2. The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 43 000 nurses, midwives, students, kaimahi hauroa and health workers on a range of employment-related and professional issues.

3. Te Runanga o Aotearoa comprises our Māori membership and is the arm through which our Te Tiriti o Waitangi partnership is articulated.

4. The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public and primary health care for all New Zealanders.

5. Although NZNO is not a service provider, we do represent the largest body of health workers, many of whom work in situations where high tech imaging is pertinent to the plan of care and whose clients will be affected by the changes. NZNO has consulted its staff and members in the preparation of this submission in particular Professional Nursing Advisors, Policy Analysts, Te Runanga, Industrial Advisors, and Colleges and Sections

6. NZNO supports the Health Purchasing Framework, particularly purchasing "outcome based" service specification aimed at improving clients' outcomes and promoting access for all. However, we are not confident that these proposals will promote either of those criteria, or be sustainable in the long-term. We note that while the Framework references market forces, it does not commit to good employment relations, a key factor in ensuring a stable, skilled and flexible workforce. In the light of New Zealand's dependence on

overseas trained health professionals, staff shortage and retention problems, and increasing recruitment from developing countries, we recommend that the framework include purchasing from 'good employers', the concept defined in the State Sector Act.

7. NZNO's major concern is that the proposed changes seem an inappropriate response to a perceived problem, for which there is no analysis beyond a simple statement of fact, that there is continued growth in high-tech imaging (HTI) diagnosis, particularly Medical Resonance Imaging (MRI) scanning. It is not clear what evidence there is to support the assumption that the increase is as a result of *unnecessary* referrals, or that that in the long term such referrals are not cost effective. However, even if that evidence were available, the solution would be to have robust guidelines and educate the clinicians, rather than limit public access to one of the best diagnostic tools available, which would be the consequence of limiting the number of contracted HTI vendors.

8. Because of these reservations, NZNO **does not** support the document**.**

DISCUSSION

9. Although NZNO supports ACC's goal for HTI services to be "necessary, appropriate and cost effective" in addition to, not instead the current service objective (see comments re Section 2). Members are concerned at the suggestion that ACC funding, rather than clinical judgment is responsible for some imaging, because there is radiation safety aspect to be considered. In general, we would not expect clinicians to be unaware or dismissive of risk, and suggest that the increase in referrals is primarily because the quality and information gained from HTI is so superior that it allows a more immediate and accurate assessment which should improve patient outcomes.

10. The experience of members working with injured clients is access to HTI is not easy and comes very late in the process. Usually it is used as a "last

resort" for serious cases where an injury persists months after clients have originally seen their GPS and followed the usual therapies. At that stage, they are referred to a specialist who orders the HTI which may confirm the original diagnosis or expose something new. Member feedback suggests that HTI has been hugely helpful in locating cause of pain for some injured people who have been treated, and have suffered, for long periods because the original diagnosis was inaccurate. In these cases the call is for more immediate access to HTI not less.

A new approach to health purchasing

11. NZNO notes that in many DHBs routine ACC work is contracted to private radiology practices and public hospitals do not have the capacity to take on extra work. Christchurch hospital, for instance has to contract some of its radiology work to the private sector because they cannot meet the requirements within an acceptable timeframe. Restricting ACC services to fewer providers will place even greater strain on the public health system, and will limit the ease and timeliness with which those who are injured can access them.
12. We strongly advise a more cautious approach and longer, well monitored, transition period to mitigate this risk, because if referrals are NOT being made unnecessarily, these proposals will result in long waiting lists, exacerbated injuries and poorer long term health outcomes.
13. We draw your attention to the Ministry of Health's publication "Reducing Inequalities in Health (2002), which proposes principles for activities undertaken in the health sector to ensure they help to overcome health inequalities, and a framework for intervention for developing and implementing comprehensive strategies. We recommend that these proposals for HTI service provision and purchasing are consistent with it.
14. HTI is expensive. Six month contracts will certainly deplete the number of service providers because that period is entirely inadequate to encourage investment in equipment, staff and sound monitoring practices. It is not clear

how a reduction in providers would contribute to public health and safety, but we note the irony of the call for greater competition in some areas while this proposal seems to be limiting selection of providers to a few – this has proved a contentious and prolonged process in other service areas.

15. NZNO supports investigating supporting initiatives such international benchmarking of prices and targeted outcome research and suggest that this body of evidence should be used to guide contracting and partnering processes *before* rather than after changes have been made.

2.0 Intended changes

16. NZNO is concerned that the proposed redefinition of the service objective from '*the timely diagnosis of injuries to minimize rehabilitation' and treatment '*to *the provision of services that are necessary, appropriate and cost-effective'* which moves the focus away from the client and onto the service, may undermine the "outcome based" aspect of the health purchasing framework. Determining what is necessary is a clinical decision not that of a service provider and, in terms of healthcare, is subject to wide interpretation. By some definitions, it may not be necessary to identify the cause of ongoing discomfort/disability by using HRI for a more accurate diagnosis, but by other definitions, the potential to alleviate pain and restore health would make it necessary. NZNO would encourage this objective to be more strongly tied to guidelines for best practice and minimum recommended standards.
17. For similar reasons NZNO is concerned about ACC's role in 'identifying and vetting HTI referrals'. Corporations cannot and should not be making clinical decisions about individuals. That is the province of the relevant health professionals, who under the Health Practitioners Competence Assurance Act, 2003 are regulated as fit and competent to make such decisions. This proposal would undermine autonomous clinical practice.
18. NZNO is concerned that the introduction of tiered pricing may pave the way to bulk purchasing agreements which could eliminate small service providers in favour of large multi-nationals, which in the long term may reduce choices for

New Zealanders, increase disparities in access, and ultimately increase costs.

19. The reintroduction of prior approval seems unnecessary since member feedback indicates that HTI is used when other avenues have failed and when referred by a specialist. It has the potential to delay treatment and increase processing costs.
20. We have no concerns over reintroducing HTI vendor reporting as long as the information is accurate and used and shared appropriately. Good data is an essential decision-making tool.

3.0 New purchasing arrangement.

21. Previous comments have covered this section but NZNO is very interested and supportive of moves to disseminate evidence- based information to clients. We draw your attention to the fact that a primary role for nurses is to educate clients to help them monitor and optimize their health. Nurses are trusted and familiar experts who are used to conveying complex medical and healthcare information appropriately and are often responsible for ongoing care. We suggest that nurses would be a useful group to consult when developing information resources and NZNO would be happy to assist with this process.
22. We strongly support good monitoring and auditing and information sharing.
23. NZNO is interested in the 'other areas under consideration'. We support efficiency, however it isn't clear that "optimum value and results" refers to <u>good patient outcomes</u> rather than cost savings and we are opposed to financial incentives or disincentives being used to influence clinical decisions.
24. We are concerned that there has been insufficient information-sharing, discussion or consultation with key stakeholders. Some of the areas under consideration quite drastically change the principles on which ACC was founded and funded and we expect that they would be widely, publically and transparently canvassed before any changes were made rather than tacked on at the end of this document. We suggest this is disingenuous and

inappropriate. Good policy and fiscal responsibility will withstand public scrutiny.

CONCLUSION

25. In conclusion NZNO **does not** support the document and recommends that you:

Add 'good employer 'to the Health Purchasing Framework;

Agree that "unnecessary referrals", for which no evidence is provided, should be addressed by education of the referrer rather than limiting access to services;

Note that HTI is usually used as a 'last resort' in difficult cases, so anticipation of cost savings may be inflated;

Note that restricting the number of providers, will inevitably restrict access, possibly prolonging pain, delaying rehabilitation;

Note the Ministry of Health's publication *Reducing Inequalities in Heath,* 2002 and agree that these proposals should be aligned with it.

Agree that six months is an unrealistic period for contracts for the provision of these resource-intense services.

Agree that wide consultation in the sector is necessary to develop sound strategies for the other areas under consideration.

Marilyn Head
Policy Analyst