Understanding Changes to the Urgent Care Contract

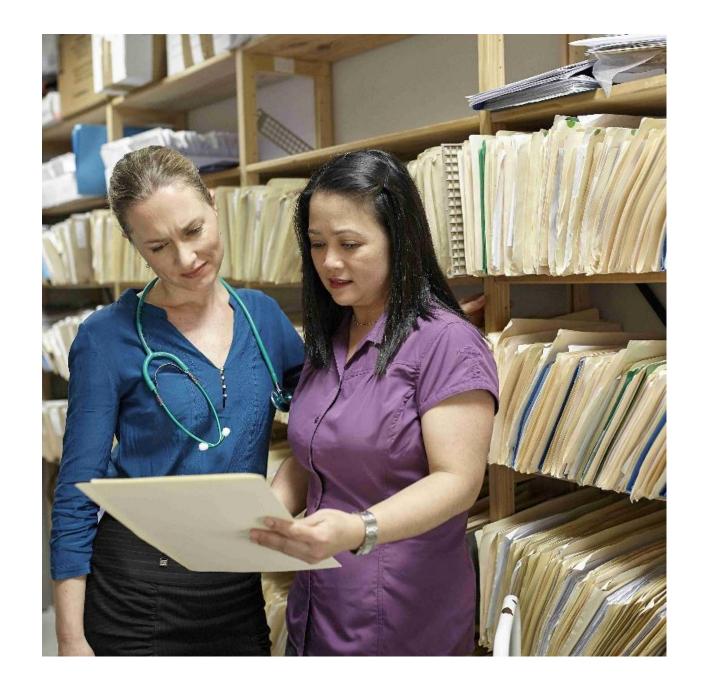
08 FEBRUARY 2023

Hosted by **Merian Graham** Portfolio Manager

Leigh Aston Portfolio Advisor



He Kaupare. He Manaaki. He Whakaora. prevention. care. recovery.



Karakia

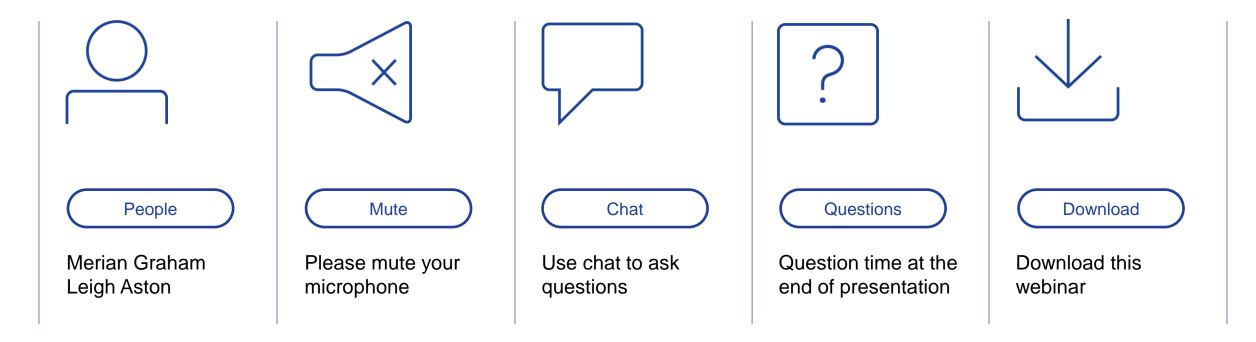
Whāia, whāia Whāia te Tika Whāia te Pono Whāia te Aroha Mō te oranga tāngata Kia puta ki te whai ao Ki te ao mārama Haumi e, hui e Tāiki e

Striving to do what is right Undertaking to act justly Being considerate of everyone That it may improve the lives of all



Welcome

Welcome to the Urgent Care Clinic webinar





Meet the team



Merian Graham Portfolio Manager



Paul Abernethy Health Partner



Leigh Aston Portfolio Advisor



Ally Emerson Engagement and Performance Manager



Dr Penelope Warring, FRNZCUC Clinical Advice Manager



Mary Higham Engagement and Performance Manager



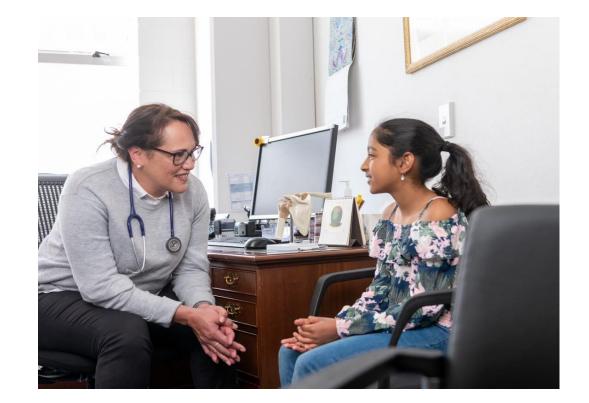


Agenda					
1	Our purpose	5	Future state		
2	History of UCC	6	Next steps		
3	Current state	7	Close		
4	Rationale for change				

Acknowledgement

ACC would like to acknowledge the efforts of the Urgent Care sector over the last few years.

We understand there are significant pressures regarding workforce, meeting contractual requirements and sustainability.





How we plan to respond

- Extend contract from 1 July 2023
- Make some changes to help relieve pressure
- Future service design





CHAPTER ONE

Our purpose



Purpose of ACC – Prevention, Care, Recovery

Our Vision:

To create a unique partnership with every New Zealander, improving their quality of life by minimising the incidence and impacts of injury

We help reduce the impact of injuries by:

- Educating people on injury prevention
- Contributing towards treatment
- ✓ Compensating people who can't work
- Working with communities to improve health literacy.





Purpose of UCC

- UCCs offer urgent and after-hours services which specialise in acute care, particularly injury management, and are provided usually on a no appointment basis in the community.
- UCCs provide benefit in the NZ health care system as they play an important role in meeting the urgent care needs of clients that cannot be safely deferred until regular or local GP services are available. They also act as an intermediary service between General Practice (GP) and Emergency Departments (ED).



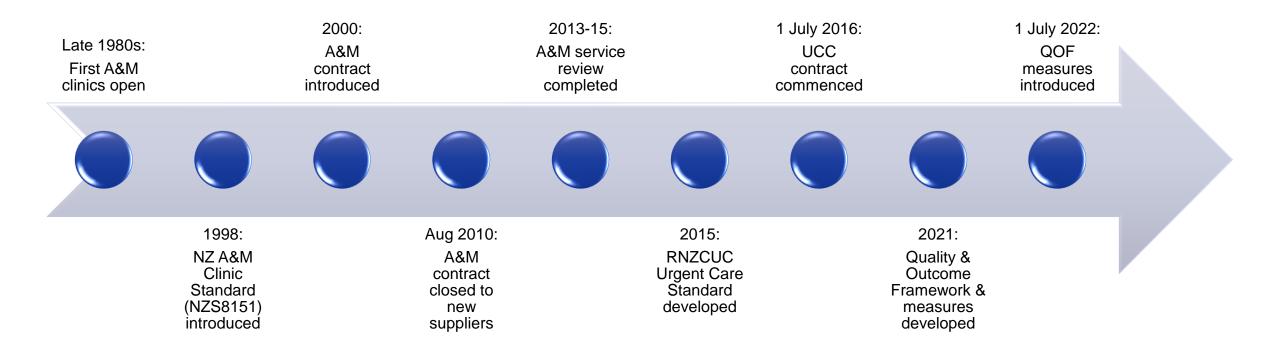


CHAPTER TWO

History of the Urgent Care Clinic Contract



A brief history of Urgent Care







Current State

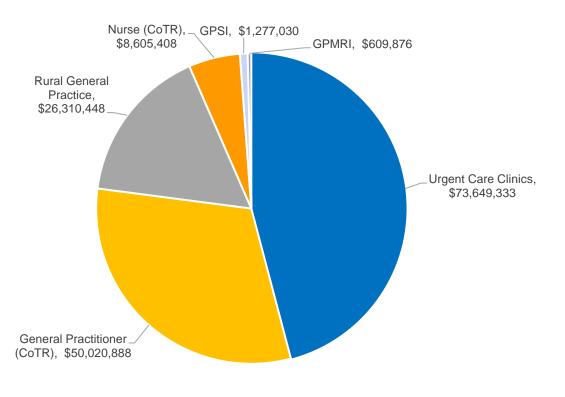


FY 2021/22

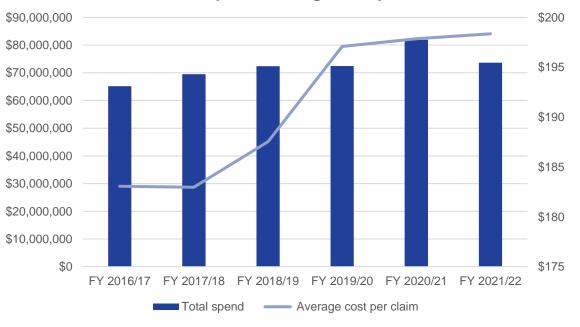




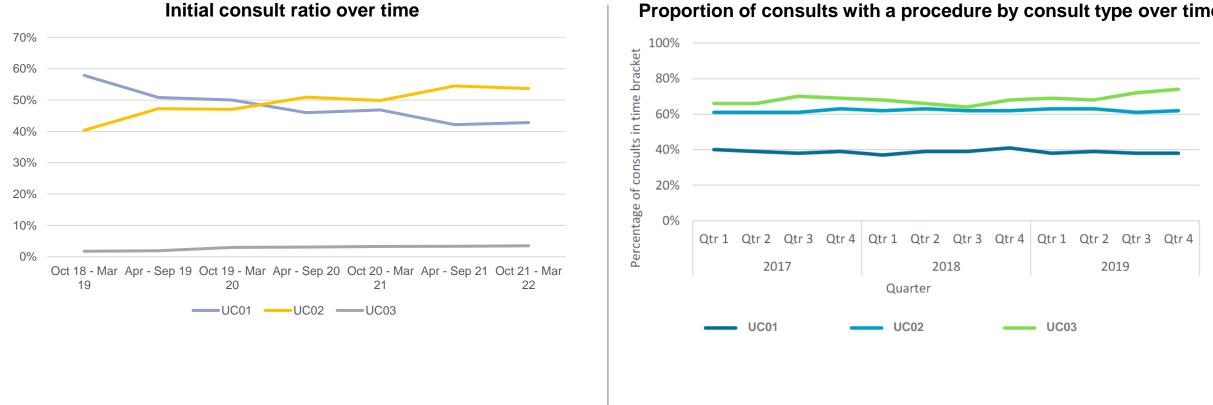
FY 21/22 ACC spend on Primary Care services - \$160.5M



Total UCC spend vs avg. cost per claim



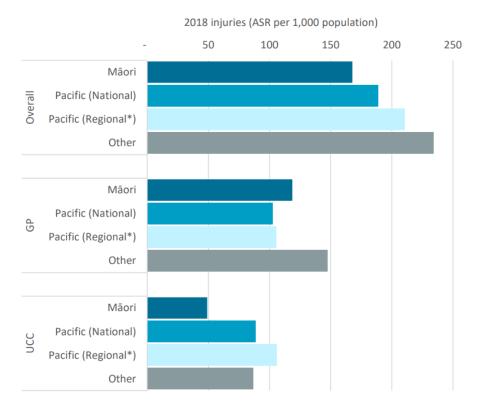




Proportion of consults with a procedure by consult type over time



Injury rate for population groups by general practice & urgent care



* Regional data includes Auckland, Wellington, and Hawke's Bay only as these are the areas where the Pacific population is over 5% of the total population.









What you've told us:

- Significant workforce pressures
- Long term impacts of Covid 19 Pandemic
- Hard to staff out of hours care
- Impact of MECA salary increases
- Increased client complexity
- Inconsistent health funding
- Overflow from general practice





What we know:

- Current UCC contract expires 30 June 2023
- UCCs unable to open required hours
- Increase in cost per claim
- Health sector reforms including Localities and Comprehensive Primary Care Teams
- Cultural Safety
- Inequitable access to and availability of urgent care





Opportunities to improve

- Improving equity and access
- Ensuring cultural safety and improved health outcomes and experiences for all
- Understanding the role of UCCs in the acute and primary care sectors.
- Defining the differences between acute vs after hours and convenience care
- Alignment with the health sector reform changes







Future State



Current state vs new state – change 1

Current	Rationale for proposed change	New state from 01 July 2023
Flat initial consultation rates for in and out of hours	 Higher cost of delivering service out of hours Difficulty attracting staff to unsociable shifts 	Differential rates for in and out of hours (out of hours includes weekdays 5pm - 8am, weekends and public holidays)



Current State vs New State – Change 2

Current	Rationale for proposed change	New state from 01 July 2023
Procedure codes can be charged with any consultation code e.g. UC01/UC02/UC03	Payment for procedure time is duplicated in consultation and procedure fees	Procedures may only be charged in conjunction with UC01 (for initial consults)



Current state vs new state – change 3

Current	Rationale for proposed change	New state from 01 July 2023
Simple (UC10) and complex (UC11) follow-up consults available	 Complexity of follow-ups should be captured via procedure codes Payment for procedure time is duplicated in consultation and procedure fees 	Single follow-up consultation code only as complexity is captured via time built into procedure codes



Summary of proposed changes

Current	Rationale for proposed change	New state from 01 July 2023
Flat initial consultation rates for in and out of hours	 Higher cost of delivering service out of hours Difficulty attracting staff to unsociable shifts 	Differential rates for in and out of hours (out of hours includes weekdays 5pm - 8am, weekends and public holidays)
Procedure codes can be charged with any consultation code e.g. UC01/UC02/UC03	Payment for procedure time is duplicated in consultation and procedure fees	Procedures may only be charged in conjunction with UC01 (for initial consults)
Simple (UC10) and complex (UC11) follow-up consults available	 Complexity of follow-ups should be captured via procedure codes Payment for procedure time is duplicated in consultation and procedure fees 	Single follow-up consultation code only as complexity is captured via time built into procedure codes



What is changing

- There will be higher rates for out of hours initial consultations
- The additional public holiday subsidies for under 14s / CSC holders will be removed

- There will be a single rate for follow-up consultations
- Procedures may only be invoiced in conjunction with a short initial consult (e.g. UC01) or the single follow-up code



What is not changing

- The number of UCC suppliers will stay the same
- UCCs will still be required to hold accreditation against the Urgent Care Standard
- Standard additional subsidies for under 14s and CSC holders will still apply

- Initial consultation time banding remains the same e.g. up to 20 mins, 21-40 mins, over 40 mins
- UCC follow-up timeframe of 8 weeks remains the same



How will these changes help?

- ✓ Fairly compensate UCCs for out of hours care
- ✓ Sustainable for ACC
- ✓ Simplify the contract
- ✓ Reduce unwarranted variation
- ✓ Better data and insights into patterns of use and UCC demand







Next Steps



Beyond 1 July 2023

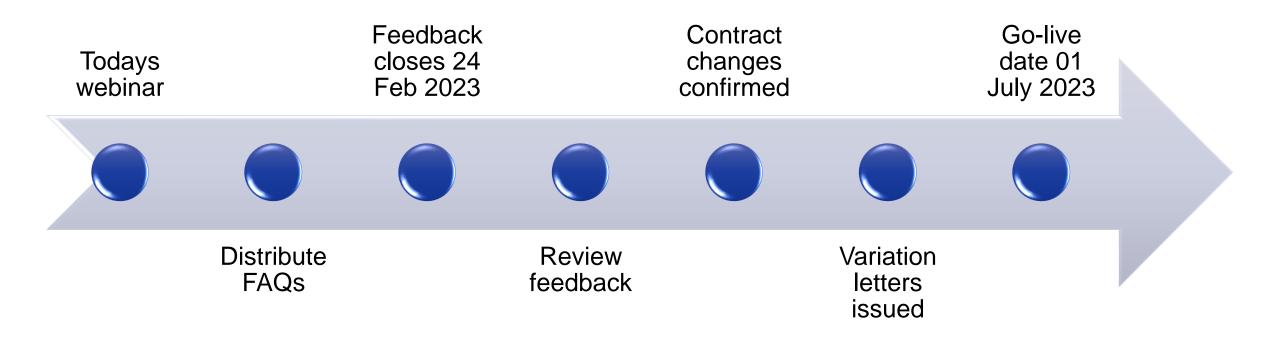
Explore and understand:

- What is the role of Urgent Care and how can we support you to deliver that?
- How can we support equitable access to all ACC patients who need your service?
- How do we ensure sustainability?
- How can we focus on improving outcomes?

- Establish expert reference group of internal and external stakeholders
- Design & develop a more sustainable contract for acute and after hours care
- Take new contract to market

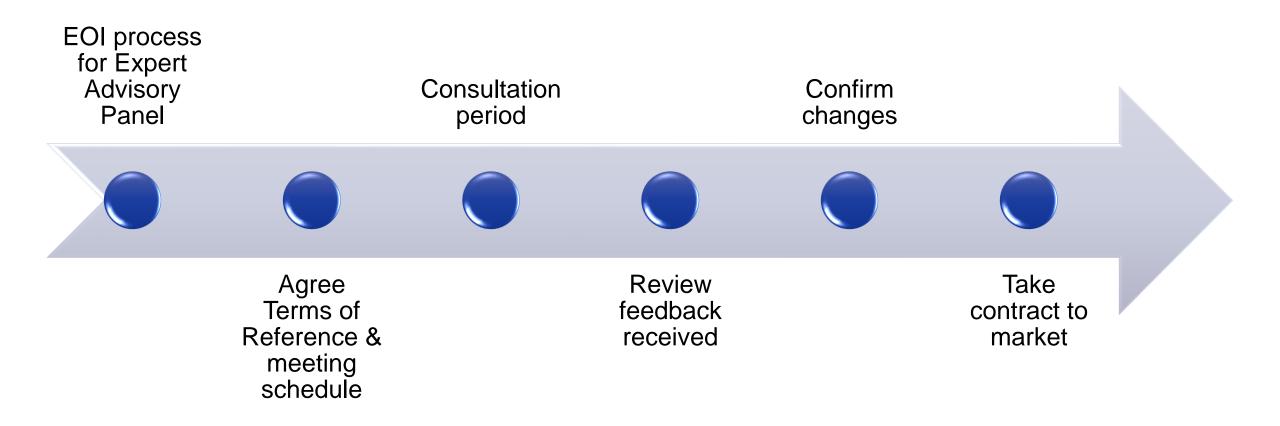


Timeline of next steps...





Looking further ahead...





Question break

We welcome your feedback

If you have any questions or wish to provide feedback following this webinar, please email us



primarycare@acc.co.nz



Thank you for your time today

Karakia

Whāia, whāia Whāia te Tika Whāia te Pono Whāia te Aroha Mō te oranga tāngata Kia puta ki te whai ao Ki te ao mārama Haumi e, hui e Tāiki e

Striving to do what is right Undertaking to act justly Being considerate of everyone That it may improve the lives of all

