

12 December 2019

The Manager
Accident Compensation Policy
Ministry of Business, Innovation, and Employment
PO Box 1473
Wellington 6140

By email: ACregs@mbie.govt.nz

Changes to ACC regulated payments for treatment

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Board and Advisory Councils.

We note that MBIE is consulting on the following proposed changes relating to increasing regulated ACC payments for treatment:

- i) Implement a general increase of 2.05% for regulated treatment payments, and an increase of 1.72% for payments to Radiologists and providers of Hyperbaric Oxygen.
- ii) Create individual profession groups from the group currently known as 'Specified Treatment Providers' and specify payment rates for each.
- iii) Remove provisions that reduce ACC's contribution for dental treatment on teeth that have had previous non-injury related work.

The NZMA is supportive of these changes. However, we continue to have concerns about ACC funding treatments that have no, or very limited, evidence of effectiveness such as acupuncture. Our responses to the specific consultation questions are provided below.

Question 1: Do you have a view on the proposed 1.72% and 2.05% increases?

We are in agreement with these proposed increases. We note that this is an interim measure while progress continues towards developing alternative ways of working. We ask whether these increases could become an automatic annual adjustment for as long as treatment via regulations continues?

Question 2: Do you have a view on the proposal to split out classes of Specified Treatment Providers into separate classes so payment rates can be differentiated in the future?

We strongly support the proposal to separate out professional groups. This will allow for differential pricing in the future and enable much better analysis of referral rates—both for First Specialist Assessments and also for radiology. Such analyses would support future decision-making regarding funding (or not) for other professional groups.

Question 4: Do you have a view on removing all provisions that require deductions from regulated dental payments?

We support removing provisions that limit ACC's contribution where injury to teeth is superimposed on previous dental work. This is consistent with ACC's approach to injuries to other parts of the body.

Question 5: Do you have any overall comments that you would like to make on the review or recommendations?

We reiterate our concerns about ACC funding treatments that have no, or very limited, evidence of effectiveness such as acupuncture. The use of credible evidence to inform and base decisions about healthcare is a core value of the NZMA.¹ We note that ACC's own review of the evidence of acupuncture found little evidence for medium and long-term relief of pain associated with musculoskeletal conditions.²

We hope our feedback is helpful.

Yours sincerely



Dr Kate Baddock
NZMA Chair

¹ NZMA backs call for evidence-based policy making. <https://www.nzma.org.nz/news-and-events/media-releases/nzma-backs-call-for-evidence-based-policy-making>; Where's the evidence? NZMA Digest, July 2016. <https://www.nzma.org.nz/advocacy/from-the-chair/wheres-the-evidence>

² International Centre for Allied Health Evidence. Effectiveness and Safety of Acupuncture Interventions for the Treatment of Musculoskeletal Conditions. Technical Report. 2018. Prepared for the Accident Compensation Corporation, New Zealand. <https://www.acc.co.nz/assets/research/2b0c243f75/acupuncture-musculoskeletal-conditions-review.pdf>