Submission form for the consultation on proposed changes to the Injury Prevention, Rehabilitation, and Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003

Submissions may be made to:

Email: COT@dol.govt.nz

Post to:

Consultation on proposed amendments to the Cost of Treatment Regulations Accident Compensation Scheme Policy Policy and Research Group Department of Labour PO Box 3705 Wellington

Submissions close at 5:00 pm on Friday 26 August 2011

YOUR DETAILS:

DETAILS:	
Name: Diane Williams	Position: NP MHN
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Name: Rosemary Minto	Position: Nurse Practitioner
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We are responding: On behalf of three organisations: (please specify

Organisations:

Nurse Practitioners New Zealand

Nurse Practitioner Advisory Committee of New Zealand

NZ College of Primary Health Care, NZNO

Please tick to describe who you represent:
☐ Treatment provider group
☐ Claimant representative
☐ District health board
□ PHO
☐ Accident and emergency clinic
☐ Business representative organisation/industry group
☐ Trade Union
☐ Registration Board
☐ Other (please describe)
Nurse Practitioner New Zealand,
Nurse Practitioner Advisory Committee New Zealand.
These two groups represent Nurse Practitioners working in:
Treatment provider groups,
District Health Boards,
Accident and Emergency Clinics,
PHOs

Questions

Nurse Practitioners

Add a price for nurse practitioner consultations to the Cost of Treatment Regulations, separate from the regulated price for registered nurse visits

Do you support the proposal to add a prescribed rate for nurse practitioners to the Cost of Treatment Regulations?

Yes

Comments: We welcome the inclusion of Nurse Practitioners in Cost of Treatment Regulations. In future documents we would encourage alterations such as:

Page 1 of the Consultation Document

"Context; Under the Cost of Treatment Regulations, payments for specified treatments are payable to counsellors, dentists, radiologists, providers of hyperbaric oxygen treatment, medical practitioners (GPs), Nurse Practitioners (NPs) nurses..."

Page 3

We support the proposal that clarifies the distinction between NP and RN. The NP level of payment should be the same as that of a GP, as GP's can and do refer to NP's for specialist wound care/ treatment. In addition NPs are registered ACC providers offering clinically equivalent initial assessment and treatment for ACC clients as GP's

In Department of Labour publications that explain NP activities, we suggest adding prescribing of medications for analgesia and ongoing treatment. For example

"Nurse practitioners have a wider scope of practice than registered nurses, and are able to perform some of the same tasks for ACC as general practitioners (GPs), for example, determining whether people are incapacitated for work; prescribing of medications for analgesia and ongoing treatment establishing the date of injury for work-related gradual process, disease, or infection claims."

Another example is on Page 4 where we would describe "Increased client accessibility to ACC treatment and care by the very nature of populations that Nurse Practitioners work with, i.e. frequently not within a general practice setting. Also claimants may pay no fee to visit NPs

Our three organizations also support the inclusion of a combined price for NP and RN treatment, as the NP may well be the lead carer in a clinical setting and delegate some of the ACC care management to an RN in the same manner that a GP can do so.

For clarification please could tables with proposed prices include NPs? For example in the table below adding GP/ NP will recognise NP's skill and cost at the same rate as a GP, and also NP/ RN treatment combination.

	Current prices GST inclusive	Proposed rate GST exclusive	Proposed rate 15% GST inclusive
General practitioners and Nurse Practitioners (for under-6-year-olds)	\$36.67	\$32.52	\$37.40
General practitioners and Nurse Practitioners (for 6- year-olds and over)	\$33.53	\$29.74	\$34.20
Nurse	\$15.72	\$13.94	\$16.03
GP / NP and Nurse combined (for under-6-year-olds)	\$39.81	\$35.31	\$40.61
GP/NP and Nurse combined (for 6-year-olds and over)	\$36.67	\$32.52	\$37.40

The advantages of the proposed changes are:

- Appropriate ACC contribution is likely to encourage the use of Nurse Practitioners for ACC tasks where possible, freeing up GPs for other work or replacing them in circumstances where no GP is available, thus addressing future workforce issues
- Increasing client accessibility to ACC treatment and care by the very

- nature of populations that Nurse Practitioners work with, i.e. frequently not within a general practice setting.
- A price increase will better remunerate nurse practitioners for their skills and expertise. It is expected that claimants might pay a lower co-payment or may pay no fee, to visit nurse practitioners

Podiatrists

Add three podiatry procedures currently paid under the Agreement (POD11, POD12, and POD13) into the regulations and terminate the Agreement. The procedures would be priced the same as current prices in the Agreement.

2 Do you support the proposal to terminate the Letter of Agreement with podiatrists and incorporate the three procedures into the Cost of Treatment Regulations?

Yes

3 If not, what are your reasons?

Rate increase for general practitioners and nurses

4

Increase the consultation rate for general practitioners and nurses by 2%.

Do you support the proposal to increase the consultation rate for general

	practitioners and nurses by 2% under the Cost of Treatment Regulations?
Yes	
5	If not, what are your reasons?
Go	ods and services tax
	end the regulations to describe the amounts as GST exclusive, similar
	other ACC regulations. The current amounts in the Schedule would be adjusted to reflect that they are GST exclusive.
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nee 6	Do you support the proposal to make all prices in the Cost of Treatment Regulations
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Technical amendments

Correct two errors made previously in the Cost of Treatment Regulations

8	Do you support making the two technical corrections to the Cost of Treatment Regulations, as discussed on page 10 of the consultation document?
9	If not, what are your reasons?