

SERVICE SCHEDULE FOR PAIN MANAGEMENT SERVICES

CONTRACT NO: [REDACTED]

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING PAIN MANAGEMENT SERVICES

The Term for the provision of Pain Management Services is the period from 1 December 2016 ("Start Date") until the close of 30 November 2019 ("End Date") or such earlier date upon which the period is lawfully terminated or cancelled.

ACC may at its sole discretion exercise a maximum of one right of renewal for 2 years.

2. SPECIFIED AREA AND SERVICE LOCATION (CLAUSE 4)

Far North District, Kaipara District, Whangarei District, Auckland City, Franklin District, Manukau City, North Shore City, Papakura District, Rodney District, Waitakere City, Hamilton City, Hauraki District, Matamata-Piako District, Otorohanga District, South Waikato District, Thames-Coromandel District, Waikato District, Waipa District, Waitomo District, Kawerau District, Opotiki District, Rotorua District, Taupo District, Tauranga City, Western Bay of Plenty, Whakatane District, Gisborne District, Central Hawke's Bay District, Hastings District, Napier City, Wairoa District

3. SERVICE ITEMS AND PRICES (CLAUSE 14)

Table 1 - Service Items and Prices

Community Services: Stage one

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PN101	Community Assessment & report	[REDACTED]	Fixed fee, 1 per claim
PN110	Community Stage one - Allied Health	[REDACTED]	Per hour (up to a total of [REDACTED]) per claim
PN111	Community Stage one - Psychologist	[REDACTED]	
PN112	Community Stage one - Medical Practitioner	[REDACTED]	
PN130	Progress (mid-point) and completion reports	[REDACTED]	Fixed fee, 1 per claim

Community Services: Stage two - Complex Support

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PN201	Reassessment (assessment and report) if transition to Community Stage two required.	[REDACTED]	Fixed fee
PN210	Community - complex support - Allied Health	[REDACTED]	Per hour (up to a total of [REDACTED]) per claim
PN211	Community - complex support - Psychologist	[REDACTED]	
PN212	Community - complex support - Medical Practitioner	[REDACTED]	

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PN230	Progress (mid-point) and completion reports		Fixed fee, 1 per claim

Tertiary Services

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PN301	Tertiary Assessment & service administration (includes all costs relating to the assessment and report for ACC)		Fixed fee
PN310	Tertiary Outpatient Programme - Allied		Per hour (maximum 22 hours)
PN311	Tertiary Outpatient Programme - Psychologist		
PN312	Tertiary Outpatient Programme - Medical		
PN330	Progress (mid-point) and completion payment per client		Fixed
PN360	Tertiary Residential Programme (for a 3 week residential course, if terminated during the 3 weeks this price maybe prorated based on number of days complete)		Fixed fee
PN361	Accommodation, food, transport		Per day
PN370	Tertiary service support - Allied Health		Per hour (maximum of 10 hours)
PN371	Tertiary service support - Psychologist		
PN372	Tertiary service support - Medical Practitioner		

Community and Tertiary Services: Other

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PN401	Follow - up health check Community or Tertiary (within 6 months of programme completion)		Per follow up, maximum 2 per claim
PN402	Group Education (payment for course). Prior approval required.		Payment for course, 1 per claim

General

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PNDNA	Do not attend payable if the client fails to provide 24 hours notice - Allied/Psychologist/Medical (please note a DNA is not payable for courses purchased on a package basis i.e. Group Education, residential courses)	40% of providers hourly rate, onsite 60%, providers hourly rate, offsite	Fixed, maximum 2 per claim

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PNTT50 PNTT51 PNTT52	<p>Travel time 1st hour – Allied Travel time 1st hour Psychologist Travel time 1st hour Medical Practitioner</p> <p>Paid for the first 60 minutes (or less) of total travel in a day where:</p> <ul style="list-style-type: none"> • the travel is necessary; and • the Service Provider travels via the most direct, practicable route between their base/facility and where the services are provided; and • the distance the Service Provider travels exceeds 20km return; and/or • the time the Service Provider travels exceeds 30 minutes <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client (as agreed by ACC)</p> <p>Note 2: If travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>		Per hour or part thereof
PNTT10 PNTT11 PNTT12	<p>Travel Time Subsequent Hours – Allied Health Travel time Subsequent Hours – Psychologist Travel time Subsequent Hours – Medical Practitioner</p> <p>Paid for return travel time after the first 60 minutes in a day paid under PNTT50/51/52, where:</p> <ul style="list-style-type: none"> • the travel is necessary; and • the Service Provider travels via the most direct, practicable route available between their base/facility and where the services are provided; and • additional travel time is required after the first hour of travel <p>Note 1: where the Supplier has no base or facility in the Service provision area return travel will be calculated between the “start point” and “end point” closest to the Client as agreed by ACC</p> <p>Note 2: the first 60 minutes must be deducted from the total travel time and if travel includes more than one client (ACC and/or non-ACC) then invoicing is on a pro-rata basis.</p>		Per subsequent hour

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PNTD10	<p>Travel distance - A contribution towards travel:</p> <ul style="list-style-type: none"> • for return travel via the most direct, practicable route; and • where ACC requests the Service Provider attends the branch base to provide a Client File Review and Client Interview <p>Note: If travel includes services for more than one client then invoicing will be on a pro-rata basis</p>	█	Per km
PNTD7	<p>Remote access fee - Paid where a Service Provider is:</p> <ul style="list-style-type: none"> • requested by ACC to deliver services in an outlying area that is not the Service Provider's usual area of residence or practice; and • the Service Provider is required to hire rooms for the specific purpose of delivering Services 	Actual & Reasonable Cost (up to max █)	Per day
PNAC	<p>Accommodation - Payable when an Assessor has been requested by ACC to conduct a clinic in an outlying area that is not the Assessor's usual area of residence or practice and overnight accommodation is necessary.</p> <p>ACC will pay actual and reasonable accommodation costs of up to a maximum of █ plus GST per day with prior ACC Coordinator approval and receipts provided.</p> <p>Hotels – Maximum of █ + GST per night</p> <p>Meal and Incidental Allowances – Actual and reasonable up to the following maximums █ + GST per 24 hour period where overnight stay is required.</p> <p>No reimbursement for alcohol, including mini-bar expenses</p>	Actual & Reasonable Cost (up to max █)	Per night

Price Review

ACC will review pricing when, at ACC's sole discretion, we consider a review necessary. The factors ACC may take into account during a review include, but are not limited to:

- general inflation
- changes in service component costs
- substantial changes in the market

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

If ACC provides a price increase, the supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

4. RELATIONSHIP MANAGEMENT

Table 2 - Relationship Management

Level	ACC	Supplier	Frequency
Client	ACC Client Service Staff	Individual staff or operational contact	Client
Branch	Branch Manager	Operational contact	Branch
Region	Designated Supplier Manager	Operational contact/ National Manager	Region
Account Management	Provider Service Delivery Category Team or equivalent	National Manager	Account Management

5. ADDRESSES FOR NOTICES (PART 1, SCHEDULE 2)

NOTICES FOR ACC TO:

ACC Health Procurement (for delivery)

Justice Centre
19 Aitken Street
Wellington 6011

ACC Health Procurement (for mail)

P O Box 242
Wellington 6140
Marked: "Attention: Procurement Specialist"
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:



Marked: "Attention: [Redacted] ACC Manager"

Phone: [Redacted]
Email: [Redacted]

A handwritten signature or initials in the bottom right corner of the page.

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B. SERVICE SPECIFICATIONS FOR PAIN MANAGEMENT SERVICES

1. PURPOSE

- 1.1. ACC wishes to purchase Pain Management Services. The purpose of the Service is to improve clients' outcomes and experience by reducing the impact of pain following an injury. The service will:
- 1.1.1. Provide high quality, evidence-based support under a biopsychosocial framework.
 - 1.1.2. Deliver outcomes that are tailored to each client's individual needs, taking into account their goals and context, and is supported by a coordinated, multidisciplinary team.
 - 1.1.3. Support clients to develop appropriate and effective self-management strategies and to minimise over-medicalisation and unnecessary intervention.
 - 1.1.4. Adopt a holistic approach, taking into consideration other treatment and rehabilitation services the client may be receiving to ensure an integrated service experience.
 - 1.1.5. Ensure that clients have clear expectations of the service(s), the expected outcomes, and understand the role of the service in their rehabilitation pathway.

2. SERVICE OBJECTIVES

- 2.1. ACC will measure the success of this service based on the criteria set out in clause 1.1 above and the outcomes achieved for clients, taking into consideration:
- 2.1.1. Client satisfaction;
 - 2.1.2. The time taken to achieve the outcome(s);
 - 2.1.3. Client complexity;
 - 2.1.4. Efficient use of resources; and
 - 2.1.5. Sustainability of the outcome.

3. SERVICE COMMENCEMENT

- 3.1. Clients are eligible for this service if they meet the following criteria:
- 3.1.1. The Client has suffered a personal injury in terms of the AC Act for which a claim for cover has been accepted, and
 - 3.1.2. Screening has identified that the client has:
 - (a) A score of 50 or above in the short-form OREBRO or;
 - (b) Been identified as "high-risk" on completion of ACC's Rehabilitation Progress Checklist (RPC); or
 - 3.1.3. The ACC Branch Medical Advisor, Branch Advisory Psychologist or Rehabilitation Advisor has approved eligibility for the service:
 - (a) Where a Client has scored less than 50 in the short-form OREBRO, or is not deemed "high-risk" on completion of the Rehabilitation Progress Checklist; or
 - (b) For Children under the age of 18 for whom the OREBRO and Rehabilitation Progress Checklist are not applicable; and
 - (c) Referrals are made and prior approval is obtained as set out in clause 3.2 below.

3.2. Referral process

3.2.1. Referral for Group Education or Community services:

- (a) Referrals can be made by the ACC Case Owner, or by the client's General Practitioner or other registered Health Professional currently providing ACC funded services to the client.
- (b) When a referral is made by General Practitioner or other Health Professional the supplier must confirm eligibility from ACC before commencing service provision.

3.2.2. Referral for Tertiary Service Delivery

- (a) Referral can be made by the ACC Case Owner, or by the General Practitioner or other registered Health Professional currently providing ACC funded services to the client.
- (b) Referral to a Tertiary service may be on the recommendation of the Tertiary Support Service where liaison with Community Services has identified a client requires clinically complex or intensive services that are not available in the community.
- (c) The Community service will continue to provide support to the client until Tertiary Services begin.
- (d) The two services will work together to ensure a coordinated transition for the client.
- (e) The two services will work together to ensure a coordinated transition for the client.

4. SERVICE LOCATION OR SPECIFIC AREA (PART A CLAUSE 2)

4.1. The Service will be provided in the areas specified in Part A, clause 2.

4.2. The Service will be provided in the Supplier's facilities specified in Part A, clause 2 and/or in the Client's home, workplace or other appropriate community location.

5. SERVICE REQUIREMENTS

5.1. The Service consists of three programmes:

5.1.1. Group education

- (a) The Group education programme is a specialised, standalone programme for clients who would benefit from education about pain and learning self-management strategies, and who may not require more intensive Community or Tertiary Services.
- (b) The method of delivery for Group Education is in a group setting over a period of six to eight weeks.

5.1.2. Community Services

- (a) Tailored, flexible, intervention delivered in either one or two stages in the community.
- (b) The primary method of delivery for Community Services is face-to-face.
- (c) The Supplier may use group sessions in Community Services where this is an appropriate method of delivery to provide general education and learning about self-management strategies.

- 5.1.3. Tertiary services:
- (a) Tertiary Service delivery - Tailored, flexible, clinically complex or intensive multidisciplinary services.
 - (b) The primary method of delivery for Tertiary Service delivery is face-to-face.
 - (c) The Supplier may use group sessions in Tertiary Service delivery where this is an appropriate method of delivery to provide general education and learning about self-management strategies.
 - (d) Tertiary Support Service - Clinical leadership/liaison support for Community Services.
 - (e) Tertiary Service support is delivered to Community Services via telephone, email or case conference where appropriate.
- 5.1.4. If a risk assessment is undertaken and it is deemed appropriate telehealth may be utilised for Community or Tertiary Services to:
- (a) Complete initial consultation and/or review by the medical practitioner or psychologist. A member of the multidisciplinary pain management team or client's General Practice team must be physically present with the client.
- 5.1.5. Service Providers will comply with the relevant New Zealand guidelines, regulations and standards for telehealth.
- 5.1.6. Family/whanau may be included in treatment sessions.
- 5.1.7. Service Providers must not work in isolation with different components of the service being brought together by a Key Worker. Service Providers will work as a collaborative, multidisciplinary team with shared decision-making.
- 5.1.8. The multidisciplinary team must deliver clear and consistent communication to all parties including the client, ACC, and other health professionals involved in the client's rehabilitation.
- 5.1.9. The Supplier will determine the appropriate service mix and remuneration for Service Providers up to the specified resource limit for each stage as detailed in Part A, clause 3.
- 5.2. Group Education
- 5.2.1. Group education is a specialised, stand-alone programme, provided through weekly workshops over a period of six to eight weeks.
- 5.2.2. Group education is for clients who would benefit from developing the skills to self-manage their condition and who may not require treatment through Community or Tertiary Services.
- 5.2.3. Group education will be delivered using the Stanford Chronic Pain Self-Management programme format or equivalent. Further information is provided in the Operational Guidelines.
- 5.2.4. If a Supplier wants to use an equivalent programme, prior approval must be gained from the ACC Account Manager through your local Supplier Manager.
- 5.3. Community Services
- 5.3.1. Community Services provide tailored, flexible intervention to meet the needs of the client and is delivered in either one or two-stages.
- (a) Stage one for those with less complex needs or barriers to rehabilitation, or
 - (b) Stage two for those clients with persistent pain concerns and complex barriers to pain rehabilitation and who will utilise more resources than available under Stage One services.

- 5.4. The following apply to both stages of Community services:
- 5.4.1. Provide a tailored rehabilitation programme to improve function, quality of life and enable the client to participate in their usual activities. If applicable the service may also promote a return to work in conjunction with the Vocational Rehabilitation Service.
 - 5.4.2. The Supplier will ensure the client has clear expectations of the purpose of the service, the expected outcomes and how the service contributes to their rehabilitation pathway.
 - 5.4.3. The services encourage self-efficacy and active self-management. The service will demonstrate the client's ability to implement these strategies.
 - 5.4.4. Where more than one health professional is involved the support must be collaborative to ensure an integrated rehabilitation experience for the client. The Supplier will designate one member of the team to act as the client's key-worker.
 - 5.4.5. The Service Providers actively engage and work collaboratively with others involved in the client's rehabilitation, including the client's General Practitioner For those clients who will not achieve the agreed outcome(s) within the approved timeframe indicated on the initial action plan the Supplier will complete an exception report and updated action plan as soon as they have sufficient evidence to determine the outcome will not be met, or at least two weeks before the end of the programme, whichever is sooner.
 - 5.4.6. Allows for up-to two follow-up sessions to be undertaken within six months of programme completion.
 - 5.4.7. If the service seeks advice or input from Tertiary Support Services, the Community Service Providers will document the discussions and any recommendations and amend the action plan as appropriate.
- 5.5. Community Service Stage-One programme will:
- 5.5.1. Include an assessment to determine the client's goals and identifies any pain rehabilitation barriers and an action plan to overcome these barriers and achieve an outcome.
 - 5.5.2. Provide tailored interventions delivered up to the resource limit as detailed in Part A, Clause 3, Table 1.
 - 5.5.3. Is delivered by the health professionals listed in section 6.6. Medical input is not mandatory however medical oversight is required.
- 5.6. Community Service Stage-Two delivers a rehabilitation programme that expands on what was delivered in Stage-One by allowing Service Providers to request additional resources where those available in Stage-One will not be sufficient. In addition to the services provided in Stage-One, Stage-Two includes:
- 5.6.1. A brief multidisciplinary review that revises the action plan completed in Stage One. The revised plan will detail why additional resources are required to achieve the outcome(s) stated on the action plan.
 - 5.6.2. Tailored intervention on prior approval from ACC.
 - 5.6.3. Delivery by the health professionals listed in clause 6.5. Medical involvement is mandatory in Community Services Stage-Two.
 - 5.6.4. Select interventional procedures, as specified in Appendix One, can be delivered as part of a multidisciplinary programme if ACC gives prior approval.
 - 5.6.5. Optimises clients' understanding of and adherence to prescribed medication and/or optimises the effectiveness of medication treatment.

5.7. Tertiary services

5.7.1. Tertiary services consist of two components, Tertiary Service Delivery and Tertiary Support Service.

5.7.2. Tertiary Service Delivery:

- (a) Tertiary Service Delivery will provide clinically complex or intensive multidisciplinary services to support clients with long-standing persistent pain and/or significant pain-related disability. The service provides support that:
- (b) Promotes a return to independence, focussing on improved quality of life and function and, if applicable, prepares the client for a return to work or greater independence.
- (c) Encourages self-efficacy and active self-management. The service will demonstrate the client's ability to implement these strategies.
- (d) includes a comprehensive multidisciplinary assessment to determine the client's goals and identifies any barriers. An action plan with specific goals to overcome these barriers and achieve an outcome is developed in conjunction with the client and a copy of this plan provided to ACC within ten working days of the initial assessment.
- (e) Is delivered by the health professionals listed in clause 6.5. One member of the multidisciplinary team will be designated as the client's key worker.
- (f) Actively engages and works collaboratively with others involved in the client's rehabilitation, including the clients General Practitioner.
- (g) Select interventional procedures and neuromodulation, as specified in Appendix One, can be delivered as part of a multidisciplinary programme. Prior approval for procedures is required.
- (h) If neuromodulation is approved, it must be undertaken in line with the Guidelines for Neuromodulation Treatment with Spinal Cord Stimulators for Pain Management.
- (i) Optimises clients' understanding of and adherence to prescribed medication and/or optimises the effectiveness of medication treatment.
- (j) For those clients who will not achieve the agreed outcomes within the approved timeframe indicated on the initial action plan, the Supplier will complete an exception report and updated action plan as soon as they have sufficient evidence to determine the outcome will not be met, or at least two weeks before the end of the programme whichever is sooner.
- (k) Up-to two follow up sessions can be undertaken within six months of programme completion.

5.7.3. Tertiary Service Support:

- (a) Tertiary Support Service provides advice, clinical leadership and support for Community Services by acting as a liaison service. The service:
- (b) Receives and responds to email or phone requests from Community Service Providers with advice relevant to the clinical situation of the client.
- (c) Provides support by attending a case conference via telephone or in person to provide advice and input into the clinical discussion.
- (d) Reviews and provides recommendations to rationalise the number of interventions if appropriate.
- (e) In consultation with the Community Service Providers allows Tertiary Service Providers to recommend to ACC that a client currently receiving Community Services be referred to the Tertiary Service for more complex or clinically intensive services.

- (f) The service also allows Tertiary Service Providers to complete follow up/liaison with a client and Community Provider when the client has been discharged from the Tertiary Service into a Community Service for on-going intervention.

6. SERVICE SPECIFIC QUALITY REQUIREMENTS

6.1. In addition to the requirements specified in this Contract, the following requirements will be met:

6.1.1. Operational Guidelines

- (a) Services will be delivered in accordance with the Operational Guidelines. If there is a conflict between the Operational Guidelines and this Contract, the provisions of this Contract take precedence.

6.2. Accepting referrals

6.2.1. The Supplier must accept a referral within the timeframes set out in Table 3 or, if the Supplier considers the referral is inadequate, the Supplier must contact ACC immediately to discuss.

6.3. Service timeframes

6.3.1. The Supplier will provide the Services in accordance with the following timeframes:

Table 3 – Service Timeframes

	Community Services	Tertiary Service
Referral acceptance	Within two working days	Within five working days
Initial contact with client	Within one working day of referral acceptance	
Initial Assessment	Within 10 working days from initial contact	Within 20 working days from initial contact
Action plan submitted to ACC	Within five working days from initial assessment	Within 10 working days from initial assessment
Request to transition to Community Services – Stage Two	As soon as the Supplier has sufficient evidence to determine additional resources will be required or at least two weeks before the end of the programme whichever is sooner	Not applicable
Programme review update	At programme mid-point or regularly as agreed with Case Owner	
Completion report	Within 10 working days of programme completion	Within 20 working days of program completion
Exception report	As soon as the Supplier has sufficient evidence to determine the outcome will not be met, or at least two weeks before the end of the programme whichever is sooner	
Did Not Attend Notification	Within 24 hours	
Tertiary Service Support – Response to request from Community Services	Not applicable	Within five working days

- 6.5.5. Medical Practitioners must be vocationally registered in one of the following:
- (a) Pain medicine
 - (b) Anaesthesia
 - (c) Interventional Radiology
 - (d) Musculoskeletal medicine
 - (e) Occupational medicine
 - (f) Paediatrics
 - (g) Psychiatry
 - (h) Rehabilitation medicine
 - (i) Rheumatology (Internal Medicine).
- 6.5.6. Under exceptional circumstances, ACC at their sole discretion may approve the Supplier to use a medical practitioner without a vocational registration as set out in 6.5.5 where there is adequate evidence that the service provider has the necessary expertise.
- 6.5.7. The Supplier must ensure that service providers undertake annual professional development related to pain management.
- 6.5.8. The Supplier will notify ACC within 2 business days of becoming aware of any current or future change in circumstances that prevents you from meeting the core requirements of the MDT team for either the Community or Tertiary service, in each Service Location specified in Part A, clause 2. (E.g. loss of personnel from core MDT)
- 6.6. Staff experience
- 6.6.1. The Supplier must maintain a senior clinical team who each have two years' experience predominately in pain management in each geographic region for which they hold the contract (refer Part A, clause 2). A senior clinical team will at a minimum include a medical practitioner, physiotherapist, occupational therapist and psychologist.
- 6.6.2. Staff members who have less than two years fulltime work equivalent in pain management must receive supervision from a health professional from the same professional discipline and who has more than two years' experience predominately in pain management.
- 6.6.3. Supervision may be provided by a supervisor based in a different geographical region.
- 7. SERVICE EXIT**
- 7.1. This Service is complete for a Client when:
- 7.1.1. the Client has achieved their outcome objective within specified timeframes, or
 - 7.1.2. Where there is agreement between the case owner and Supplier that the Client will exit the Service, or
 - 7.1.3. When ACC withdraws the referral for any reason.

8. EXCLUSIONS

- 8.1. The following Services are not purchased under this Service Schedule but may be purchased under other Service Schedules:
- 8.1.1. Return to work services/Vocational Rehabilitation Service (VRS);
 - 8.1.2. Vocational Medical Services;
 - 8.1.3. Medical Case Reviews;
 - 8.1.4. Training for Independence Services;
 - 8.1.5. High-Tech Imaging;
 - 8.1.6. Clinical Services.
- 8.2. ACC reserves the right, to appoint additional Suppliers, during the life of the Contract, in regions where additional capacity is required. ACC will determine the most appropriate process for appointing additional Suppliers based on the specific service.

9. LINKAGES

- 9.1. The Supplier must actively engage and work collaboratively with others involved in the client's rehabilitation; including the clients General Practice team the Supplier will also maintain linkages with other supporting services such as Community Alcohol and Drug programmes.

10. PERFORMANCE REQUIREMENTS

- 10.1. The Supplier's performance will be measured as shown in Table 6 – Performance Measurement

Table 6 – Performance Measurement

Objective	Performance measure	Data Source
1. Clients access services in a timely manner	Percentage of referrals accepted within service timeframe	Supplier
	Percentage of clients contacted within service timeframes	
	Percentage of action plans submitted within service timeframes	
	Number of referrals declined	
	Number of programmes put on hold	
2. Clients are satisfied with the service they receive	Percentage of clients satisfied with the service	Supplier
3. All Clients discharged from the Service have an improvement in their understanding of pain, improved function, quality of life and participation in work/ usual activities.	Clinical measures related to pain interference, depression, anxiety and stress, self-efficacy and catastrophising	ePPOC
	Change in work status (if applicable)	
4. Resource use	Cost per claim	ACC
5. Duration of service	Number of days from service commencement to service completion	ACC
6. Claim complexity	Case-mix adjusted claim	ePPOC

Objective	Performance measure	Data Source
	complexity	

11. REPORTING REQUIREMENTS

11.1. The Supplier will report the following information to ACC from time to time:

- 11.1.1. Service Timeframe Reporting;
- 11.1.2. Customer Satisfaction;
- 11.1.3. Staff Experience;
- 11.1.4. ePPOC reporting.

11.2. Independent Reporting - Electronic Persistent Pain Outcome Collaboration (ePPOC)

- 11.2.1. The Supplier will participate in the Electronic Persistent Pain Outcome Collaboration reporting and benchmarking system in accordance with ePPOC's requirements.
- 11.2.2. The Supplier will participate in joint quality forum(s) with ACC to discuss the results with the intention of focussing on continuous service improvement.
- 11.2.3. The Supplier agrees to provide written permission to ePPOC to identify the Supplier's name in ACC's ePPOC funders report.
- 11.2.4. Reports will be provided in accordance with Table 7 – Reporting Requirements.

Table 7 – Reporting Requirements

Information	Frequency	When	Responsibility
Service Timeframe Reporting	Monthly	1 st of each month	Supplier
Customer Satisfaction	Six-monthly	01 June and 01 December	Supplier
Staff Experience and Qualifications	Annually	01 December	Supplier
ePPOC Reports	As per ePPOC requirements	As per ePPOC requirements	Supplier

12. OPERATIONAL CONTACT

12.1. During the Term of this Service Schedule the Supplier will nominate a person (as specified in Part A, Clause 5 Quick Reference Information) to be the main contact for ACC who will:

- 12.1.1. Have primary responsibility for relationships with ACC and the operation of this Service on a day to day basis;
- 12.1.2. Be proactive in informing ACC of issues with provision of Services as outlined;
- 12.1.3. Raise issues and suggest solutions regarding this Service;
- 12.1.4. Ensure that the Service is operated in accordance with this Service Schedule;
- 12.1.5. Represent the Supplier in discussions on performance; and
- 12.1.6. Ensure that ACC is advised promptly when the person's contact details change.

13. RELATIONSHIP MANAGEMENT

13.1. To ensure the continuing effective operation of the service, formal working relationships are to be maintained as defined in Table 2 - Relationship Management.

14. PAYMENT AND INVOICING

- 14.1. Services prices are defined for this Service in Part A, clause 3 Table 1 - Service Items and Prices.
- 14.2. ACC agrees to pay the prices set out in Table 1 - Service Items and Prices.

15. DEFINITIONS AND INTERPRETATION

“**Biopsychosocial**” model proposes that biological, psychological and social factors all play a significant role in human responses to illness or disease.

“**Case owner**” means the person from time to time engaged by ACC as case owner for the Client for the purposes of the AC Act or the person who from time to time is the case owner in relation to the Client’s entitlements, and may also include other authorised ACC personnel.

“**ePPOC**” is the Electronic Persistent Pain Outcome Collaboration, an outcome benchmarking service for Australasia.

“**Multidisciplinary**” means a multidisciplinary team comprising a range of health professionals, working together to deliver coordinated, comprehensive rehabilitation to achieve shared goals.

“**Operational Guidelines**” is the document produced by ACC from time-to-time to reflect the processes and procedures that should be followed in support of this Service.

“**Stanford Chronic Pain Self-Management Programme**” is a licenced programme from the Stanford School of Medicine that supports participants to gain self-confidence in their ability to control their symptoms and how their health problems affect their lives.

“**Rehabilitation Progress Checklist**” or “**RPC**” a questionnaire used by Case owners to identify pain-related disability and support decisions on referral to pain management services.

“**General Practice Team**” is the healthcare professionals within the General Practice where a Client is enrolled as a patient.

“**OREBRO**” refers to the short form of the Örebro Musculoskeletal Pain Screening Questionnaire. Refer to Appendix Two for a copy of this Questionnaire.

16. APPENDICES

Appendix One – Interventional procedures and Neuromodulation

Procedure Codes

Code	Procedure Description	Price (Excl GST)	Pricing Unit
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SPINAL INJECTIONS

IN01	Lateral Atlanto-axial injection steroid and/or local anaesthetic under imaging		Per Procedure
IN02	Lumbar epidural steroid with or without local anaesthetic		Per Procedure
IN03	Caudal injection steroid with or without local anaesthetic		Per Procedure
IN04	Transforaminal injection steroid (always with image intensifier) steroid and/or local anaesthetic		Per Procedure
IN05	Intrathecal Injection (Prior to consideration of implant)		Per Procedure
IN06	Lumbar epidural steroid with or without local anaesthetic (with imaging)		Per Procedure
IN07	Caudal injection steroid with or without local anaesthetic (with imaging)		Per Procedure

PERIPHERAL AND PLEXUS NERVE INJECTIONS

IN10	Injection of anaesthetic agent around a peripheral nerve		Per Procedure
IN11	Injection of anaesthetic agent around peripheral nerve using image intensifier or EMG		Per Procedure
IN12	Steroid injection with or without local anaesthesia under Flexor Retinaculum for CTS		Per Procedure
IN13	Injection of anaesthetic agent around the Sciatic nerve, using image intensifier or EMG		Per Procedure
IN14	Injection of anaesthetic agent around the brachial plexus		Per Procedure

SYMPATHETIC BLOCKS

IN20	Sympathetic stellate ganglion block		Per Procedure
IN21	Sympathetic Lumbar ganglion block with imaging		Per Procedure

Code	Procedure Description	Price (Excl GST)	Pricing Unit
IN22	Sympathetic stellate ganglion block with imaging		Per Procedure

JOINT INJECTIONS

IN30	Injection of steroid and /or local anaesthetic into joint or bursa		Per Procedure
IN31	Injection of steroid and/or local anaesthetic into joint under imaging		Per Procedure
IN32	Sacroiliac or Facet joint injection of steroid and/or local anaesthetic under imaging		Per Procedure

DIAGNOSTIC NERVE BLOCKS AND NEUROTOMY INJECTIONS

IN40	Diagnostic cervical medial branch block		Per Procedure
IN41	Diagnostic lumbar medial branch nerve block		Per Procedure
IN42	Diagnostic 3rd occipital nerve block		Per Procedure
IN43	Thermal radiofrequency neurotomy cervical medial branch		Per Procedure
IN44	Thermal radiofrequency neurotomy lumbar medial branch		Per Procedure
IN45	Thermal radiofrequency neurotomy 3rd occipital nerve medial branch		Per Procedure

BOTOX INJECTIONS

IN50	Botox for neck		Per Procedure
IN51	Botox for head		Per Procedure
IN52	Botox for myofascial pain		Per Procedure
IN53	Botox for back pain		Per Procedure

INFUSIONS

IN60	Intravenous infusion of Bisphosphonates		Per Procedure
IN61	Ketamine Injections. (NB not supported by EBR)		Per Procedure
IN62	Lignocaine injection (NB not supported by EBR)		Per Procedure

Code	Procedure Description	Price (Excl GST)	Pricing Unit
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ENTHESIS INJECTIONS

IN70	<u>Epicondyle</u> - Injection with steroid with or without local anaesthetic		Per Procedure
IN71	<u>Plantar fascia</u> - Injection with steroid with or without local anaesthetic		Per Procedure
IN72	<u>ITB</u> - Injection with steroid with or without local anaesthetic		Per Procedure

EXCEPTIONAL PROCEDURE CODES

Code	Procedure Description	Price (excl GST)	Pricing Unit
INEC	Exceptional IPM Procedure	Actual & Reasonable Cost	Per Procedure

NEUROMODULATION (TERTIARY SERVICES ONLY)

Service Item Code	Service Item Description	Price (excl. GST)	Pricing Unit
PNS01	Stage 1 Implant (trial lead)	Actual & reasonable cost	Per Procedure
PNS02	Stage 2 Implant	Actual & reasonable cost	Per Procedure
PNS03	Battery Replacement	Actual & reasonable cost	Per item
PNS04	Spinal Cord Stimulator	Actual & reasonable cost	Per item
PNS05	Manipulating Spinal Cord Stimulator	Actual & reasonable cost	Per Procedure
PNS06	Replace Stimulator Box	Actual & reasonable cost	Per item
PNS07	SCSI PG Change and Lead Change	Actual & reasonable cost	Per Procedure
PNS08	Removal of Trial SCS Lead	Actual & reasonable cost	Per Procedure
PNS09	Intrathecal Pump Refill	Actual & reasonable cost	Per Procedure

Appendix Two – OREBRO Musculoskeletal Pain Screening Questionnaire: Short Form (Linton et al. 2010)

Name:

Date:

1. How long have you had your current pain problem? Tick (✓) one.
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 0-1 weeks [1] | <input type="checkbox"/> 1-2 weeks [2] | <input type="checkbox"/> 3-4 weeks [3] | <input type="checkbox"/> 4-5 weeks [4] |
| <input type="checkbox"/> 6-8 weeks [5] | <input type="checkbox"/> 9-11 weeks [6] | <input type="checkbox"/> 3-6 months [7] | <input type="checkbox"/> 6-9 months [8] |
| <input type="checkbox"/> 9-12 months [9] | <input type="checkbox"/> over 1 year [10] | | |

2. How would you rate the pain that you have had during the past week? Circle one.
- 0 1 2 3 4 5 6 7 8 9 10 []
- No Pain as bad as it

For items 3 and 4, please circle the one number that best describes your current ability to participate in each of these activities.

3. I can do light work (or home duties) for an hour.
- 0 1 2 3 4 5 6 7 8 9 10 (10-)[]
- Not at all Without any difficulty

4. I can sleep at night.
- 0 1 2 3 4 5 6 7 8 9 10 (10-)[]
- Not at all Without any difficulty

5. How tense or anxious have you felt in the past week? Circle one.
- 0 1 2 3 4 5 6 7 8 9 10 []
- Absolutely calm and As tense and anxious as I've ever felt

6. How much have you been bothered by feeling depressed in the past week? Circle one.
- 0 1 2 3 4 5 6 7 8 9 10 []
- Not at all Extremely

7. In your view, how large is the risk that your current pain may become persistent?
- 0 1 2 3 4 5 6 7 8 9 10 []
- No risk Very large risk

8. In your estimation, what are the chances you will be working your normal duties (at home or work) in 3 months
- 0 1 2 3 4 5 6 7 8 9 10 (10-)[]
- No chance Very Large Chance

9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.
- 0 1 2 3 4 5 6 7 8 9 10 []
- Completely disagree Completely agree

10. I should not do my normal work (at work or home duties) with my present pain.
- 0 1 2 3 4 5 6 7 8 9 10 []
- Completely disagree Completely agree

SUM: _____

Appendix Three – Professional Qualification and Membership requirements for Service Providers

Profession	Qualifications	Registration	APC
Chiropractor	<p>Bachelor of Chiropractic from NZ College of Chiropractic; or</p> <p>(if from Australia) Hold full registration with the Chiropractic Board of Australia; or</p> <p>(if from overseas) Graduated from an institution with accreditation status as recognised by a member body of the Council on Chiropractic Education International and passed an examination set by NZ Chiropractic Board.</p>	NZ Chiropractic Association	Required
Counsellor	Diploma, Bachelor, Masters or Post Graduate Qualification in Counselling.	NZ Association of Counsellors	Required
Dietician	<p>Postgraduate Diploma in Dietetics; or Master of Dietetics; or Master of Science (Nutrition and dietetics); or</p> <p>Equivalent qualification and pass in a Board examination or any other assessment set by the Board; or</p> <p>(if from Australia) Hold full accredited practising dietician status with Dieticians Association of Australia; or</p> <p>(if overseas) Have completed undergraduate and/or postgraduate nutrition and dietetic training of at least four years; and are registered or credentialed as a dietician in own country; and have practised as a dietician for a minimum of one year since graduation; and have practised as a dietician within the last 3 years.</p>	NZ Dieticians Board	Required
Occupational Therapist	<p>Bachelor of Health Science (OT) AUT Univ</p> <p>Bachelor of Occupational Therapy Otago Polytech.</p>	Occupational Therapy Board of NZ	Required
Osteopath	<p>Master of Osteopathy from UNITEC; or</p> <p>(if from overseas) Passed OCNZ qualifications assessment process / registered with equivalent Australian Registration Authority.</p>	Osteopathic Council NZ.	Required

Profession	Qualifications	Registration	APC
	<p>A graduate nursing qualification at Level 7 on the New Zealand Qualifications Framework approved by the Nursing Council of New Zealand; or</p> <p>A postgraduate nursing qualification at Level 8 on the New Zealand Qualifications Framework approved by the Nursing Council of New Zealand; and a pass in an assessment of Nursing Council Competencies for Registered Nurses by an approved provider; and a pass in an Examination for Registered Nurses set by the Nursing Council of New Zealand.</p>		
Social Worker	<p>Bachelor of Social Work</p> <p>Masters in Applied Social Work</p> <p>Bachelor of Applied Social Work</p> <p>Bachelor of Bicultural Social Work</p> <p>Bachelor of Social Practice</p> <p>Poutuarongo Toiora Whanau.</p>	<p>ANZASW; or</p> <p>Soc Work Reg Board of Aotearoa/NZ</p>	<p>Required</p> <p>Social Workers Registration Board of Aotearoa/New Zealand; or</p> <p>Aotearoa New Zealand Association of Social Workers Incorporated</p>
Medical Practitioner - Vocationally Registered in			
Pain Medicine	<p>Fellowship of the Faculty of Pain Medicine of the Australian and New Zealand College of Anaesthetists Faculty of Pain Medicine (FFPMANZCA); or</p> <p>An international postgraduate medical qualification in pain medicine, where the combination of qualifications, training and experience is assessed by the board of the Faculty against the standard of the FFPMANZCA.</p>		Required
Anaesthesia	<p>Fellowship of the Australian and New Zealand College of Anaesthetists (FANZCA); or</p> <p>An international postgraduate medical qualification in anaesthesia, where the combination of qualifications, training and experience is assessed by Council against the standard of the FANZCA.</p>		Required
Internal Radiology	<p>Fellowship of the Royal Australian and New Zealand College of Radiologists (FRANZCR); or</p> <p>An international postgraduate medical qualification in diagnostic and interventional</p>		Required

Profession	Qualifications	Registration	APC
	radiology, where the combination of qualifications, training and experience will be assessed against the standard of FRANZCR.		
Musculoskeletal	Membership of the New Zealand Association of Musculoskeletal Medicine (MNZAMM); or An international postgraduate medical qualification in musculoskeletal medicine, where the combination of qualifications, training and experience will then be assessed against the standard of the MNZAMM.		Required
Occupational Medicine	Fellowship of the Faculty of Occupational and Environmental Medicine (FAFOEM); or An international postgraduate medical qualification in occupational and environmental medicine, where the combination of qualifications, training and experience will then be assessed against the standard of the FAFOEM.		Required
Paediatrics	Fellowship of the Royal Australasian College of Physicians (FRACP) in paediatrics; or An international postgraduate medical qualification in paediatrics, where the combination of qualifications, training and experience is assessed against the standard of the FRACP in paediatrics.		Required
Palliative Medicine	Fellowship of the Australasian Chapter of Palliative Medicine (FACHPM); or an international postgraduate medical qualification in palliative medicine, where your combination of qualifications, training and experience is assessed against the standard of the FACHPM.		Required
Psychiatry	Fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP); or An international postgraduate medical qualification in psychiatry, where the combination of <i>qualifications, training and experience</i> will be assessed against the standard of the FRANZCP.		Required
Rehabilitation Medicine	Fellowship of the Australasian Faculty of Rehabilitation Medicine (FAFRM); or An international postgraduate medical qualification in rehabilitation medicine, where the combination of qualifications, training and experience is assessed against the standard of the FAFRM.		Required
Rheumatology (Internal medicine)	Fellowship of the Royal Australasian College of Physicians (FRACP); or An international postgraduate medical qualification in internal medicine, where the combination of qualifications, training and experience will be assessed against the standard		Required

Profession	Qualifications	Registration	APC
	of the FRACP.		

