



# Scenario 6 A worker is injured

Positive outcomes for workers, including being satisfied with the experience of injury management and claims management is central to the programme.

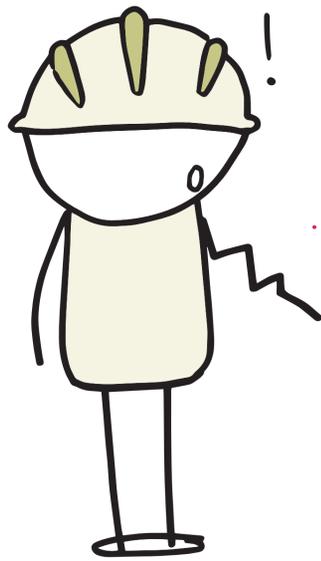
Currently there are options which will impact on this experience that we would like to explore.

**Current state:**  
Workers employed by AEs are not consistently aware of the rights and responsibilities they have when injured.

Process issues such as routing of claim information, cover decision-making, and liability decision-making are impacting the experience of injured workers and their ability to return to work.

**Future state:**  
Regardless of the options chosen the experience of the injured worker will be paramount.

ACC will set expectations that AE or TPA service levels match or exceed ACC's own service.



An injury occurs

**Workers, why do you think your injury or claim experience is the way it is right now?**

A claim is made:

## Effective cover decisions and return to work

### Routing of new claim information

**Issue:**  
Currently practice around submission of ACC45 forms for claims by AE workers is inconsistent. In theory medical professionals should know which workplaces are AEs and submit forms directly to them. However in practice the majority of forms are submitted to ACC, as medical professionals either fail to correctly determine that the workplace is an AE, do not know to send work claims directly to the workplace or send all forms to ACC to minimise effort.

**Options:**  
Because ACC does not have a formal role in redistributing these forms to AEs or TPAs, the process is manual and can cause delays in the AE receiving the claim, slowing the cover decision. This could be addressed either by:

**1. ACC as clearing House**  
ACC formally taking on a 'clearing-house' role so that an efficient redistribution process can be implemented leading to improved decisions and timelines.

OR:

**2. Better process knowledge**  
Improving communications and systems so that medical professionals and workers can easily identify which workplaces are AEs and better understand the proper process for lodging a work claim directly with an AE.

**How might we improve the claim experience?**

### Separation of cover decision and liability decision

**Issue:**  
Interviews with workers and worker representatives identified that the timeliness of cover decisions is a key driver of worker satisfaction with the claims management process.

Currently some delays in cover decisions for claims by AE workers are caused by the time taken to determine whether an accident is work-related or not, and therefore whether the claim should be covered by ACC or the AE.

**Options:**

**1. Separate decisions**  
Separating decisions around cover and liability would address this issue by allowing a cover decision to be made without certainty as to whether it happened at work, meaning workers receive treatment and compensation without unnecessary delay. Once a determination is made around liability, the claim would be transferred if necessary and any corresponding financial transfer made.

OR:

**2. ACC makes cover decision**  
Other possibilities for improvements in cover decision timeliness include ACC taking responsibility for initial cover decisions with the AE still making the subsequent liability decision and providing AEs with access to Next-Gen Case Management.

### Determining capacity to work

**Issue:**  
There is a tension between safety and timeliness when determining capacity to work and an appropriate return-to-work plan. It is in the best interest of the worker and AE to balance minimising the risk of re-injury with the risk of isolation and prolonged productivity loss.

An AEs desired level of involvement in this process, and their preferred outcome, will likely depend on their individual philosophy – some may prefer individuals not to return until they are at full capacity to minimise the risk of re-injury while others may prefer a quick return to alternative duties to keep the worker connected to the workplace. ACC will need to determine how prescriptive it wants to be in this space.

**Options:**

**1. Providing high-level principles**  
(e.g. strong communication, balancing safety and timeliness, preference for a gradual process etc.).

OR:

**2. Best-practice approach**  
Determining and prescribing a best-practice approach in consultation with medical professionals and AEs.

It is important that there is strong communication between AEs, medical professionals and injured workers when determining capacity to work (including which alternative duties might be appropriate) and creating a return-to-work plan. This should support an approach that takes into account the needs of the worker, the professional opinion of the medical professional, and the benefits that the AE can offer in terms of a graduated return that keeps the worker connected to their workplace.

**How might ACC help you determine best practice around return-to-work?**

Claim management performance is measured:

## Potential claims management targets



**Which of these targets are most critical to workers, and their experience?**

Source: TPA non-work KPI's

