TALKING CASEMIX

April 2003 • volume 7 issue 1

THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE

Funded by the Commonwealth Department of Health and Ageing

Allied Health and the National Hospital Morbidity Database

A summary version of the presentation given by Ian Woodruff and Lauren Andrew at the 5th National Allied Health conference in Adelaide

Hospital activity data at the national level offers the opportunity to compare performance across a range of dimensions for the various permutations of jurisdiction, setting type, DRG and population demographics.

The National Hospital Morbidity Database (NHMD) is the single most significant hospital database at the national level. It captures data on every separation from all public and private hospitals in Australia. In the 2000-2001 year slightly over six million hospital separations were recorded.

Data elements contained within the NHMD include:

1: Demographic data

(a) Sex, age, Indigenous status, country of birth
(b) State and local area of usual residence

2: Administrative data

(a) Hospital sector (public/private)
(b) Patient status (public/private)
(c) Length of stay

3: Clinical data

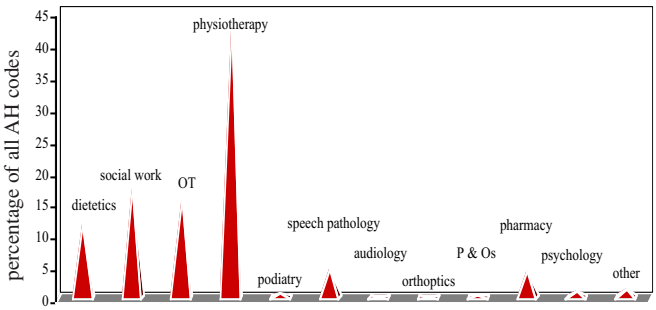
(a) Diagnoses, procedures, external causes (ICD based)
(b) AR-DRG's, MDC's

Allied Health interventions

Of the 6.1 million ICD - coded procedures and interventions captured by NHMD in 2000 – 01, almost 1.5 million were "Generalised Allied Health Interventions". This constitutes almost one quarter of all interventions coded, but has limited utility as it flags only the presence of an Allied Health discipline rather than a specific intervention provided.

In relative proportions, physiotherapy intervention is most often recorded of the Allied Health professions (over 35%). Of the remaining professions, only Social Work, Dietetics and Occupational Therapy interventions achieve greater than 5% of total Allied Health intervention coding. (See figure below)
This reflects the incomplete capture of potential Allied Health codes rather than a true representation of the activity level of the professions. It is unlikely that this situation will change in the foreseeable future unless dramatic enhancements are made to activity data collection and reporting systems.

Proportional representation of AH disciplines in NHMD



Allied Health Intensive DRG's

Interrogation of the NHMD can provide information on the patterns of Allied Health resource intensity by DRG (notwithstanding the previously discussed limitations of the data).

Table One is an extract from the 2000 – 01 NHMD which ranks DRG's according to the highest number of Allied Health interventions recorded. It would not surprise many Allied Health clinicians to see that rehabilitation, stroke and childbirth top the list.

How much more powerful this data would be if it also contained the IFI, flagging the reason that Allied Health clinicians became involved!

Table One: Total Allied health interventions for the 10 AR-DRGs with the highest number of Allied Health interventions reported, by hospital sector, 2000-01

AR-DRG	AR-DRG description	Public	Private	Total
Z60A	Rehabilitation W Catastrophic or Severe CC	87557	32205	119762
Z60B	Rehabilitation without Catastrophic or Severe CC	28122	25850	53972
Z60C	Rehabilitation, Sameday	26369	26305	52674
B70A	Stroke W Severe or Complicating Diagnosis/Procedure	26009	4220	30229
O60D	Vaginal Delivery without Complicating Diagnosis	20398	5555	25953
E65A	Chronic Obstructive Airway Disease with Catastrophic or Severe CC	21565	3872	25437
I04B	Knee Replacement and Reattachment without Catastrophic CC	10511	12099	22610
I18Z	Knee Procedures	7183	13908	21091
A06Z	Tracheostomy Any Age Any Cond	17869	1896	19765
I03C	Hip Replacement without Catastrophic or Severe CC	10431	8878	19309

Source: AIHW National hospital Morbidity Database

continued page 2. . .

The limitations of the data become more apparent in Table Two, which lists the average number of Allied Health interventions per DRG. The top ten list, although similar to those in Table One, have between 2.1 and 3.0 interventions per patient. This is a gross under-representation of both the *within-discipline* range of interventions and variety of Allied Health disciplines typically involved in care of patients in each of those DRG categories. Figure Four depicts similar information for AR-DRG, *B70A – Stroke with severe complicating diagnosis or procedure.*

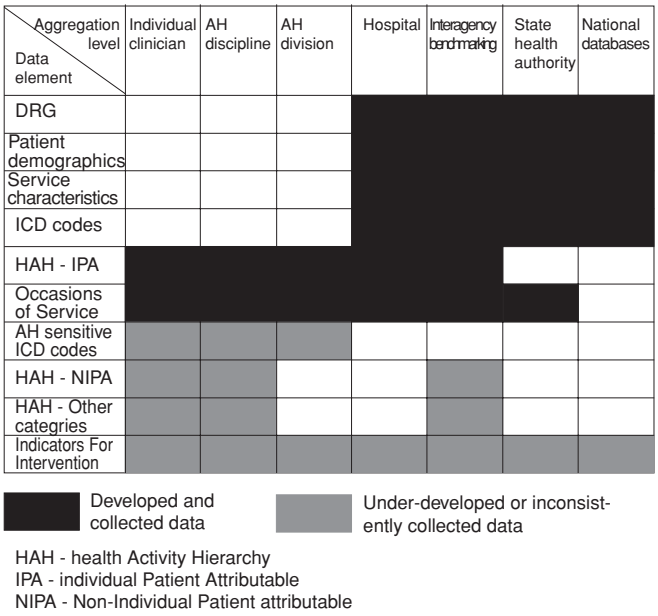
Table Two: Number of Allied Health interventions per separation for the top 10 AR-DRGs with the highest number of allied health interventions per separation, by hospital sector, 2000-01

AR-DRG	AR-DRG description	Public	Private	Total
Z60A	Rehabilitation with Catastrophic or Severe CC	3.0	2.9	3.0
B70A	Stroke with Severe or Complicating Diagnosis/Procedure	2.9	2.0	2.7
W01Z	Ventilation or Craniotomy Procs for Multiple Significant Trauma	2.7	1.8	2.7
Z60B	Rehabilitation without Catastrophic or Severe CC	2.4	2.5	2.4
A06Z	Tracheostomy Any Age Any Cond	2.5	1.5	2.4
Y01Z	Severe Full Thickness Burns	2.3		2.3
S63A	HIV-Related Infection with Catastrophic CC	2.3	1.0	2.3
A03Z	Lung Transplant	2.3		2.3
B02A	Craniotomy with Catastrophic CC	2.5	1.3	2.2
W02Z	Hip, Femur and Limb Procs for Multiple Significant Trauma, incl Implantation	2.1	1.4	2.1

Source: AIHW National hospital Morbidity Database

Where should Allied Health managers focus their data collection energies?

The following diagram depicts the current range of Allied Health sensitive data elements and the aggregation levels at which they are reported. The solid black shading indicates data elements which are robustly collected. Light shading indicates incomplete (unreliable) data. The most useful data elements are those which are not yet fully implemented or developed.



HAH - health Activity Hierarchy
IPA - individual Patient Attributable
NIPA - Non-Individual Patient attributable

Some specific data elements

IFI

The IFI classification requires further work prior to a roll-out as a national standard. Once available and validated, it will offer a powerful means of analysis. Some of its applications are listed below.

- ***Optimal intervention pattern***
  For each IFI a panel of potential and relevant (ICD based) interventions could be constructed. This would form an "optimal care pattern" (akin to a clinical pathway for the Allied Health component of care).
- ***Average resource consumption pattern***
  For each IFI, a typical IPA-time based consumption pattern could be calculated. This would allow estimation of resource requirements for changing population demographics and planned future services.

ICD Codes

Generalised Allied Health intervention codes

There are 12 ICD codes which indicate an Allied Health intervention (at the discipline level). These are the only means of flagging Allied Health involvement in aggregated national databases but they are not comprehensively collected. Allied Health should focus on improving the collection rate for these. Coverage should also be extended to all Allied Health disciplines.

Centrality of ICD codes to AH need

Few ICD codes of relevance to Allied Health are captured from the patient record. Apart from the generalised codes discussed above, Allied Health should focus more on data elements which carry through the spectrum from individual to national database. Elements which describe outcome (performance indicators) or patient groups (IFI's) should be prioritised.

Allied Health Service Weights

Service weights calculate relativities of AH cost across the DRG range. A service weight is a valuable statistic for service planning. Sophisticated HAH time collection systems make it possible to continuously generate service weights within agencies. However, this is not recommended as a routine activity. Periodic release of Allied Health Service Weights should be sufficient to assist service management and interagency benchmarking. Paired with IFI based data, this should add considerably to financial management.

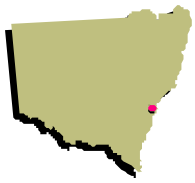
Occasions of Service

The Occasions of Service statistic is, at best, crudely useful as a data element.
The statistic has the following disadvantages:

- Poor correlation with Allied Health resource intensity
- Limited consistency in interpretation and collection

continued page 10. . .

NSW Allied Health Casemix Group



The NSW Allied Health Casemix Committee is chaired by Catherine Doggett and is represented on NAHCC by David Rhodes (Hunter Area Health Service).

Activities of the committee have included the following:

1. Examination of the NSW Allied Health cost data collection with a specific focus on Allied Health data. NSW representative, Darren Bennett, and colleagues from the Department of Health presented a hospital level analysis of the 2000/01 data from NSW hospitals. The data indicated significant variances which provided an opportunity for hypothesising reasons for the variance. In particular, the variances between peer group hospitals provided much discussion. The formulation of revised service weights for Allied Health could considerably improve the quality of the findings. At this stage, it was concluded that these data were of importance and interest, but could not be relied upon for a decision making tool.

2. In conjunction with the NSW Allied Health Management Information System consortium, the committee has been working on developing standardised code sets for professional diagnosis, interventions and reason for referral. For some years, speech pathology has achieved a statewide standardisation through the NSW Speech Pathology Coding Group. Other professions have been exploring similar mechanisms to produce standard code sets to facilitate benchmarking and inter-facility comparisons. The smaller professions have found this task difficult, in terms of resource capacity, to meet and develop a standard code set.

The meeting is also wishing to obtain a better understanding of the Department of Health reporting system data and how it is applied at the state level.

3. The committee has a number of participants in the National Allied Health Service Weight project and has expressed particular interest in regular provision of information in relation to the progress of this important study.

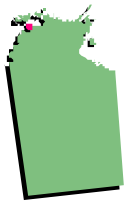
4. The NSW committee is keen that NAHCC develops orientation materials for new members of this committee. It is difficult for new people to get up to speed with the concept and language. A product such as a tutorial would be useful for new members.

5. The Department of Health released a report on SNAP data up to December 2001 which identifies material such as the average length of episode, pre and post episode functional measures by SNAP class and facility. The report has allowed participating facilities to begin to look at variances between facilities. Feedback from units has been very positive.

6. The Department of Health is also looking at reporting to the Commonwealth in relation to data on non-admitted patients from 2003. Information on Emergency Departments is significantly progressed; the department's next step is to look at Outpatient services.

David Rhodes
NSW Representative to NAHCC

Northern Territory Allied Health Casemix Group



The Northern Territory Allied Health Casemix Group is represented on NAHCC by Rebecca Orr (Department of Health & Community Services).

NT is moving fast towards an outcome based funding model. All areas of the NT Department of Health and Community Services including hospitals will report as a standard approach in describing service and assessing performance. Agreed upon performance measures will be used in all service plans including service plans for inpatient services. Activity Related Groups will then relate back to Treasury's working for outcomes- output groups and outputs.

Much work is still needed in working with individual service plans to develop common language for ARG's and performance indicators. A number of workshops were held with 'DGR Consulting' and the NT Department of Health and Community Services in 2002 to start work on performance indicators for many of our output groups.

A feedback session from the December NAHCC meeting has been arranged with the Senior Allied Health Staff at Royal Darwin Hospital in March 2003. This will be the first opportunity as a new NT representative on NAHCC to discuss Casemix issues with NT Hospital Allied Health staff.

Music Therapy Update

Jacinta Calabro (Monash Medical Centre, Melbourne) is the Music Therapy representative to NAHCC.

Australian Music Therapy is certainly developing in leaps and bounds. For a relatively small profession (the Australian Music Therapy Association has around 280 members) registered music therapists are making their presence felt in a diverse range of clinical areas such as paediatrics, palliative care, aged care services, special education, disability services and private practice.

Music therapy in Australia is developing a strong research focus. Both the University of Queensland and the National Australian Music Therapy Research Unit (based at the Faculty of Music, University of Melbourne) are enrolling increasing numbers of graduate students. Their research embraces culturally specific issues which create and report the process and outcomes of music therapy practice. This is an important time for music therapists to provide evidence-based practice for the diverse areas in which they provide services.

In this exciting new phase, the Australian Music Therapy Association (AMTA) is the proud host of the 2005 World Congress of Music Therapy. This is the first Congress to be held in the pan-Pacific region. Susan Coull, President of AMTA, made the successful bid to the council of the World Federation of Music Therapy during the 2002 World Congress held in Oxford. The theme of the Congress is "Music Therapy: From Lullaby to Lament". The Congress Organising Committee created this theme as they felt it represents the breadth and depth of the clinical work and research that today's music therapists are engaged in. The Congress will be held at the Brisbane Convention Centre in late July 2005. The 2003 National AMTA conference will also be held in Brisbane mid-year. Why not come along?

Further details and information regarding general music therapy information, research and professional development can be found on the AMTA website, www.austmta.org.au

Jacinta Calabro RMT
NAHCC Music Therapy Representative

Exercise and Sport Science Update

Bob Barnard (Centre for Physical Activity in Ageing, Hampstead Rehabilitation Centre, Adelaide) is the Exercise and Sport Science representative to NAHCC.

Attending the NAHCC full committee meeting in Melbourne last December was a baptism of fire. As the new representative of the Exercise and Sports Science group I was impressed by the range of issues that the NAHCC has been involved with over the past years of its operation.

Filling Phil Hamdorf's shoes was certainly going to be a tall order!

The pressing issues of the Melbourne meeting certainly moved the discussion very quickly from looking at past achievements onto the needs of the future role and opportunities of the NAHCC within the public health sector.

Exercise Science graduates operate in a diverse range of health settings in both private and public sectors. Some are working in the clinical investigation areas such as Cardiology. Many now work in post acute areas, most often in multidisciplinary teams within rehabilitation settings. Many work alone and do not have the backing of large Departmental structures as occurs for physiotherapy and OT. These individuals are often reliant on direction and supervision from non-Exercise Science professionals. While this helps with the individuals development in what is often an unfamiliar setting, their overall development is limited because core issues central to the development of Exercise Science are not dealt with.

Exercise Science has however, blossomed in a number of public health sites and these groups of practitioners continue to move the quality of service ahead. These professionals are now in active dialogue with the large number of educational institutions with Human Movement or Exercise Science courses in order to provide better prepared graduates.

Involvement in the NAHCC is a crucial opportunity for Exercise Science to contribute to public health issues that affect all Allied Health professionals through our focus on science-based provision of exercise related health outcomes.

I look forward to maintaining the high standard that Phil Hamdorf has set in my own service to the NAHCC.

Bob Barnard
NAHCC Exercise and Sport Science Representative

What's new on the NAHCC website…

If you haven't had a look at the NAHCC website for a while you will notice a number of changes. Firstly, the NAHCC website has relocated to a new web address:

http://www.dlsweb.rmit.edu.au/bus/nahcc/

A permanent redirection has been applied to the old address. This means that anyone attempting to access the site from the old address will automatically (and instantaneously) be redirected to the new site.

Allied Health Benchmarking Standard V1
The Benchmarking Working Group has completed a document detailing the "standards" for benchmarking of Allied Health services in Australia. The group was chaired by Deborah Law. Secretariat support was provided by NAHCC. A copy of the document has been posted on the NAHCC website (look under "Publications").

Allied Health Outcomes 2003
The "Conferences" section of the website has been updated and includes details of the upcoming *Allied Health Outcomes 2003* conference.

ICD-10-AM 3rd Edition
The NAHCC website now includes a copy of the latest codes identified as relevant (or sensitive) to Allied Health activity. Take a look under the "Publications" section.

Talking Casemix
As always, you can access both the current and previous issues of *Talking Casemix* — just look under "Publications".

Occupational Therapy Update

Jan Erven (Port Kembla Hospital, Warrawong) is the Occupational Therapy representative to NAHCC.

Occupational Therapy Australia has established a National Advisory Groups (NAG's) with representatives from each State and Territory on various areas of focus relevant to clinical practice. The function of these groups is to respond on behalf of OT Australia to any issues or discussion papers as requested by government bodies. Also to represent OT Australia on related committees or organisations and to advise OT Australia of any services or support required by Occupational Therapists to enhance their knowledge and skills. Representatives are Occupational Therapists who are knowledgeable and committed to the particular area of focus and are nominated to these positions on a voluntary basis. The NAG dealing with casemix issues is Clinical Classification and Measures. The convenor of the National Advisory Group represents Occupational Therapy on the National Allied Health Casemix Committee.

The group has a new convenor since October 2002 but would like to acknowledge the work carried out by Gayle Smith over the last few years as the convenor and representative on NAHCC. She was involved in a number of projects and provided excellent representation of the Occupational Therapy profession.

The group has worked on a number of projects over the last 18 months, mainly by teleconference, including the field-testing of the ICD-10-AM codes. The convenor is on the National Allied Health Service Weights project steering committee so will be feeding back information to the group on its progress. The group is also planning to work on a number of issues over the next 12 months including the use of the Health Activity Hierarchy version 1.1 and the next edition of the ICD-10-AM codes.

For further information about the representatives for each State and Territory on the National Advisory Group on Clinical Classification and Measures contact the convenor, Jan Erven on email address: ervenj@iahs.nsw.gov.au

Speech Pathology Update

Robin Branchi (Sir Charles Gardiner Hospital, Perth) is the Speech Pathology representative to NAHCC.

Speech Pathology and Casemix

Casemix is one of the responsibilities of the Practice, Workplace and Government Portfolio led by Alison Stevens for the Speech Pathology Association. Inclusion in this portfolio ensures that casemix can be considered in the clinical, political and research areas related to the profession and can be taken into account when dealing within the context of strategic planning, promotion and advocacy.

The national representative to the National Allied Health Casemix Committee (NAHCC) for speech pathology is Robin Branchi. She is available for any issues or queries that may need discussion with the National Allied Health Casemix Committee's professional members and state representatives. These issues or queries can relate to any product or tool that has been developed or supported by NAHCC eg Health Activity Hierarchy, Indicators For Intervention. Speech Pathology Australia supports the national representative to attend the National Casemix Conference each year. The side bonus is that you see a different city each year, so casemix can have travel advantages!

NAHCC has input into projects, by providing representatives with experience and knowledge, who will add to the development and implementation of projects. Athina Georgiou represents Speech Pathology Australia as a NAHCC representative on the steering committee for the AusTOMS Project.

Speech Pathology has a Casemix consultancy group that is composed of representatives from each state. This Casemix group is disseminated information to pass onto speech pathologists in their home states. Part of the voluntary role of the state representatives is to input into any relevant issues that are likely to have an influence on speech pathology. If you have any queries or issues contact your national or state representative.

The contact details of representatives national and state are:

National Representative

Robin Branchi ***(08) 93462044***
robin.branchi@health.wa.gov.au

State Representatives

ACT	Robyn Cross	robyn.cross@act.gov.au
NT	Noni Bourke	noni.bourke@nt.gov.au
	Lee Mc Govern	lee.mcgovern@nt.gov.au
QLD	Kim O'Donnell	Kim_ODonnell@health.qld.gov.au
NSW	Melinda Charlesworth	stevensa@sesahs.nsw.gov.au
	Christine Tait	achristine@imag.wsahs.nsw.gov.au
VIC	Lisa Shaw-Stuart	lisa.shaw-stuart@angliss.org.au
SA	Marion Hoenig	marionhoenig@bigpond.com
TAS	Pamela Parks	pamela.parks@dhhs.tas.gov.au
WA	Robin Branchi	robin.branchi@health.wa.gov.au

Physiotherapy Update

Lauren Andrew (Royal Melbourne Hospital) is the Physiotherapy representative to NAHCC.

I have been asked what is happening in Physiotherapy for this edition of *Talking Casemix*. I will have a go at this, but of course, I will put in a disclaimer immediately as I could not possibly extend the breadth of the public and private sectors of our profession across Australia…but here I go…

Did you know that physiotherapy practice not only extends to the better known disciplines but also includes: incontinence maintenance, occupational health assessments and lymphodema management?

Physiotherapy has had a great year in 2002 with many new initiatives in public health. With the pressure on bed availability, physiotherapy is proving an innovative and flexible professional group with many new ways of safely and effectively moving patients through the health system. In Victoria, with the 2002 HARP funding round from the Department of Human Services, projects with physiotherapy as its core were the majority. Most of these projects were joint hospital and community initiatives.

Research in physiotherapy continues to be world class with now over 3,000 published Randomised Control Trials relevant to physiotherapy practice. In the past 7 years the volume has doubled. To assist physiotherapy clinicians to be evidence based, the University of Sydney fund the Physiotherapy Evidence Database (PEDRO) which is a free web based database of RCT's and systematic reviews in physiotherapy. Try accessing it via the Australian Physiotherapy Association website www.physiotherapy.asn.au

The World Physiotherapy Congress will be held in Barcelona in June this year. There is a large contingent of both presenters and participants from Australia who will be making the journey to Spain which is a great reflection on the standard and enthusiasm that physiotherapists embrace their profession (and travel!). But not to be outdone, closer to home, the following physiotherapy conferences are being run:

- Western Australian Biennial State Conference 10-11th May, Perth
- 2nd National Gerontology Conference 22- 24th August, Brisbane
- 8th National Cardiothoracic Conference 4 - 6th September, Brisbane
- 5th National Paediatric Physiotherapy Conference 22-24th September, Perth
- Musculoskeletal Physiotherapy Association Biennial Conference 27 - 30th November, Sydney
- 1st National Neurological Physiotherapy Conference 27 - 29th November, Sydney

We are looking forward to continuing our work as part of the multidisciplinary health team in 2003!

Lauren Andrew
Manager of Physiotherapy
Melbourne Health
Phone: 0438 599264

Victorian Allied Health Casemix Committee

The Victorian Allied Health Casemix Committee (VAHCC) is chaired by Dr Helen Cleak (La Trobe University) who is also the Victorian State representative to NAHCC.

BACKGROUND

The VAHCC was established as a working party in August 1993 as a response to the introduction of casemix funding by the Victorian State Government in 1993. Some of its founding members at that inaugural meeting are still actively involved in casemix matters 10 years later! They include Karen Howitt (Pharmacy), Gayle Smith (OT), Andrea Bryce (Nutrition), Cathy Nall (Physiotherapy) and Helen Cleak (Social Work). We meet bi-monthly and many of our members also represent their professions on NAHCC which helps us to be very informed about casemix developments.

ACHIEVEMENTS

The Terms of Reference for this Committee includes an education imperative to disseminate casemix information and undertake educational activities to ensure we better inform our Allied Health colleagues. Some of these activities have included a State Allied Health Conference and a breakfast workshop.

VAHCC also has a goal of reviewing policy and contributing to policy development related to Allied Health casemix issues. As a result, members of our Committee are members of the Victorian Casemix Clinical Committee, the Victorian Ambulatory Classification and Funding System (VACS) Advisory Committee and the Rehabilitation Industry Advisory Committee. We also have an ongoing link with the Allied Health Professions Alliance (AHPA).

We have written submissions on the Training and Development Grant, the Outpatients Funding Model and the CRAFT rehabilitation model for rehabilitation sites. Representatives from the Department of Human Services have accepted our invitation to attend our meetings on many occasions.

WORK IN PROGRESS

VAHCC has been concerned about the inadequate level of appropriate training of casemix principles within the professional health courses being offered in Victoria. We have lobbied the Faculty of Health at La Trobe University to develop curricula around topics such as classification, funding models, quality measures and other management tools. The Faculty has now established a working party and a project officer with the goal of developing a final year, mandatory interdisciplinary subject that will be taught in all the health courses offered at La Trobe in 2004. This subject will offer students an opportunity to reflect on a wide range of professional issues and will incorporate on-line and face-to-face teaching methods.

VAHCC has been concerned about the current funding of Allied Health activity in outpatient departments of acute hospitals. Currently, Allied Health is funded by a block grant, based on a fee per occasion of service (OOS). However, there is no definition of an OOS, other than as a face-to-face outpatient attendance and these may vary markedly in terms of Allied Health time. Attendance and collection of referrals at the clinics may lead to many follow up attendances for Allied Health service provision eg. splinting regime and mobilization. Issues are also complicated by the profusion of private clinics established in the acute hospitals that are set up with medical staff on the understanding that hospital Allied Health will be available to service these much needed clinics. The financial structure for these clinics (Medicare rebate) does not enable the clinics to fund these services.

Given these clinics are neither VACS or Casemix funded yet the patients attending are usually public patients with a chronic illness, there needs to be a funding mechanism. Readers are encouraged to contact their State discipline representative if experiencing some of these difficulties. The Department of Human Services has held discussions with VAHCC and will consider a revision of current funding formula based on our recommendations.

Conference

Allied Health Outcomes 2003

8th August 2003
8:30 am — 5:30 pm
Arthur Streeton Auditorium
Hotel Sofitel
25 Collins Street, Melbourne

Conference Program

This one-day conference will discuss issues relating to measuring patient outcomes in the context of Allied Health professions.

Morning Sessions

The morning sessions will focus on the development of the AUSTRALIAN THERAPY OUTCOME MEASURES (AusTOMs). This is a new Australian tool, created specifically to measure ALLIED HEALTH OUTCOMES for physiotherapy, occupational therapy and speech pathology. The AusTOMs is currently being validated here in Victoria. The AusTOMs is based on work carried out by Professor Pam Enderby and colleagues in the UK and this session will also focus on the work of Pam and her colleagues in the development and use of the THERAPY OUTCOME MEASURES (TOMs).

Afternoon Sessions

Sessions in the afternoon will include submitted papers discussing issues relating to measuring outcomes in clinical contexts for the Allied Health professions. The focus for these sessions will be on issues such as:

- What do we measure?
- How can we successfully implement outcome measures?
- How do outcome measures benefit our professions?
- How are outcome measures being used in clinical practice?

Our invited speakers will provide comment on these papers, and there will be open discussion.

Guest Speakers

Professor Pam Enderby
Sheffield University, UK
Dr Alex John
Sheffield University, UK

Pam Enderby and Alex John have extensive knowledge and experience relating to outcome measures in the context of Allied Health in the UK. Both have been involved in the development and extensive testing of the Therapy Outcome Measures (TOMS) for speech pathology, physiotherapy and occupational therapy. Pam and Alex will describe the development and current use of the Therapy Outcome Measure in the UK clinical context. They will also chair the afternoon sessions, providing feedback and leading general discussion on the presented papers.

Call For Abstracts

Abstracts are invited for research and discussion papers relating to outcome measures and their use by Allied Health professions (refer contact details for a copy of the conference brochure). Please submit a structured abstract including: background, method, results, conclusion (as appropriate). Please limit your abstract to a maximum of 300 words.

Please also include a title page, with the following information:

- Name of paper
- Your name
- Organisation
- Contact address
- Contact phone number
- Contact email

All abstracts must be submitted by **Friday, 16th May, 2003** with full payment of registration fees. Abstracts should be submitted electronically to D.Benetti@latrobe.edu.au or by mail to:
Deb Benetti, School of Human Communication Sciences, La Trobe University, VIC 3083.

Questions can de directed to
Deb Benetti on (03) 9479 1821, or
Jemma Skeat on (03) 9479 1820

Registration Fees *(Including GST)*

Early bird registrations (before 30th April, 2003)	$250
Late registrations (after 1st June, 2003)	$300

Contact

Deb Benetti
School of Human Communication Sciences
La Trobe University
VIC 3086
Ph (03) 9479 1821
Fax (03) 9479 1874

AusTOMs is a Commonwealth funded research project, and has the involvement of the National Allied Health Casemix Committee, the Department of Human Services, and the Commonwealth Department of Health and Ageing.

Conference

New Zealand Society of Podiatrists presents

The Foot in Sport

The Canterbury Branch of the New Zealand Society of Podiatrists are holding "The Foot in Sport" conference from the 1st to the 3rd of July 2003. The conference venue is the Millennium hotel in Queenstown, well renowned for its beauty and attractions. To add value, this conference immediately precedes the International Society of Biomechanics, Technical Group on Footwear Biomechanics 6th symposium, held from the 3rd to the 5th July.

We have been fortunate enough to confirm several keynote speakers, biomechanists Alex Stacoff, and Ned Frederick who have both made significant contributions to biomechanics in general, as well as to the development of athletic footwear, and podiatrist Michael Kinchington who has been very active in sports medicine research in Australia. There will also be presentations from technical representatives of plantar pressure equipment and it's relevance to podiatry including recent research.

Sessions are split into themes and will include both clinical and technical presentations and panel discussions. Time will be provided to enjoy the Queenstown scenery or hit the slopes of no less than 3 excellent ski areas within close proximity to the venue with the closest being only 20 minutes away.

Call for Abstracts

Please contact the Conference Secretariat (details below) and they can forward a copy to you. Close date for abstract submission is Monday 31st March.

Registration

As this event is being run in conjunction with the ISB Footwear Symposium, details regarding programme, keynote speakers and registration have been included in the ISB Footwear Symposium registration brochure. This can be downloaded from the ISB Footwear Symposium website, by entering www.isb2003.otago.ac.nz then clicking onto Satellite and Associated Conferences and following the link under the Footwear Symposium introduction. Alternatively please contact the Conference Secretariat (details below) and they can forward a copy to you.

Exhibition

There is also opportunity for exhibiting at the Podiatry "The Foot in Sport" conference. For further details regarding this please email kim@conference.co.nz.

Conference Innovators Ltd
196 Gloucester Street
PO Box 13 494, Christchurch, New Zealand
Tel: 64 3 379 0390, Fax: 64 3 379 0460
Mobile: 025 62 62 302
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Allied Health and the National Hospital Morbidity Database *Continued from page 2*

Performance Indicators

Allied Health activity in the acute care setting is difficult to directly link to improvements in the population's health. A range of short-term process and outcome measures is available but there is no standardised or systematic evaluation of the efficacy or efficiency of Allied Health services currently.

Australian Therapy Outcome Measures (under development) and the possibility of outcome indicators based on the IFI groupings are important opportunities for Allied Health to examine practices in an evidence-based framework.

Advances in information technology will undoubtedly assist in the quest for better ways of collecting, reporting and analysing health data, but even with highly advanced computer systems, there is an underlying necessity for valid, reliable and accepted data classifications.

We still have a way to travel, but the reward of better health care for all Australians is ample motivation to continue the journey.

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Health Activity Hierarchy Version 1.1 March 2001 National Allied Health Casemix Committee, Melbourne. www.bf.rmit.edu.au/nahcc
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NAHCC Forward Strategy 2003 - 2006

The current funding grant for the NAHCC Secretariat expires in June this year. The NAHCC Executive is actively pursuing a further three-year grant from the Commonwealth Department of Health and Ageing (CDHA)

The framework for the grant is a forward strategy developed by the NAHCC Committee at a two-day meeting in December 2002 and further refined by a special meeting of the NAHCC Executive in February 2003.

A brief summary of the strategy follows.

NAHCC AIMS:

- A national focus for service management and development.
- Creating and maintaining appropriate tools for use in service management.
- Giving a national and strategic focus to the activities of the Allied Health community.
- Emphasising the importance of the continuum of care.
- Considering the spectrum of healthcare from acute care through to population health.

NAHCC OBJECTIVES

1. *Ensure national and state/territory acceptance and uptake of meaningful measurement tools.*
   - Products are user-friendly and strategic.
   - Skilled use of tools by AH clinicians.
   - Uptake of tools across all care settings/funding systems.

2. *Expanded focus of tools towards outputs and outcomes.*
   - Creation of performance measures of output and outcome.
   - Patient/client descriptors applicable across care settings.

3. *Harnessing AH expertise as a collective voice to influence/advise national health agencies.*
   - Conduit for two-way communication health authorities – Allied Health.

4. *Ensure appropriate and efficient resource allocation/ intervention across care continuum.*
   - Allied Health skill mix.
   - Transition acute → subacute → home/residential care.
   - Home ↔ hospital emergency service.

5. *Strategic alignment to national health agendas*
   - Based on *Report to Australian Health Ministers Conference* www.health.gov.au/haf/ahca.htm

NAHCC has also submitted a request for funding to CDHA for Phase 2 of the Indicators for Intervention (IFI) project. Most readers will be aware that the IFI set was developed in 2000 and has since been widely adopted up by acute healthcare settings across Australia.

When the IFIs were released (Phase 1) it was acknowledged that they were a starting point and required further refinement. The Phase 2 submission includes creation of definitions for all IFIs and alignment with current classification work. One example of current work is the International Classification of Functioning, Disability and Health (ICF) which is being developed by the Australian Institute of Health and Welfare. The ICF and the IFI are closely aligned philosophically and NAHCC is keen to explore ways of linking the two.

A copy of the IFI set can be downloaded from the NAHCC website. More information on ICF can be found at the AIHW website www.aihw.gov.au/disability/icf_ug/index.html

Australian Community Health Terminology Project

The National Centre For Classification in Health (NCCH) is coordinating a major project to develop/refine terms to be used in the Australian Community Health Terminology (ComHeT) classification.

This work links directly to attempts to accurately describe (from the provider's perspective) the activities performed by community health sector practitioners within the framework of the Australian Classification and Terminology for Community Health (CATCH). Many readers will be aware that CATCH is the successor to CHID/CHIME (apologies for all the acronyms!).

The NCCH has established Community Health Expert Groups (CHEG) in the four areas of:

- Mental Health;
- Drug and Alcohol;
- Child and Family; and
- Aged Care.

NAHCC is assisting NCCH by providing Allied Health experts as part of the Aged Care CHEG.

Allied Health members include:

Linda Worrall	Speech Pathology (University of Queensland)
Anne Sweetapple	Occupational Therapy (Hunter Health, NSW)
Karen Harrison	Social Work (Hunter Health, NSW)
Anne McGann	Physiotherapy (Melbourne Health, Vic)
Margaret Dawson	Podiatry (Grampians Health, Vic)
Ian Woodruff	NAHCC Executive Officer

The Aged Care CHEG has held one workshop already to consider the range of descriptors that would be useful in an Aged Care environment. A further workshop is scheduled for late June 2003.

Further information about the ComHeT is available from Alex Canduci, Project Manager, CATCH email: A.Canduci@fhs.usyd.edu.au

Allied Health – specific enquiries can be directed to the NAHCC Secretariat.

NAHCC REPRESENTATIVES – STATE / TERRITORY CASEMIX GROUPS

		Telephone	*Fax*	*E-mail*
ACT	MaryLee Sinclair-Vogt	02 6244 2152	02 6244 2346	mary.sinclair-vogt@act.gov.au
NSW	David Rhodes	02 4924 6341	02 4924 6428	drhodes@doh.health.nsw.gov.au
NT	Rebecca Orr	08 8922 7074	08 8922 7304	rebecca.orr@nt.gov.au
QLD	Mary Haire	07 3350 8424	07 3212 5147	mary_haire@health.qld.gov.au
SA	Geoff Bloor	08 8276 9666	08 8277 9401	geoff.bloor@rgh.sa.gov.au
TAS	Fred Howard	03 6222 8601	03 6234 5568	fred.howard@dchs.tas.gov.au
VIC	Helen Cleak	03 9479 2411	03 9479 3590	H.Cleak@latrobe.edu.au
WA	Jeff Ewen	08 9346 2337	08 9346 3037	jeff.ewen@health.wa.gov.au

NAHCC REPRESENTATIVES – PROFESSIONAL ASSOCIATIONS

		Telephone	*Fax*	*E-mail*
Audiology	Jan Pollard	03 9345 5550	03 9345 5514	pollardj@cryptic.rch.unimelb.edu.au
CDHA	Jo Bothroyd	02 6289 7493	02 6289 7630	jo.bothroyd@health.gov.au
Dietetics	Annette Byron	08 8222 5223	08 82225135	abyron@mail.rah.sa.gov.au
Exercise & Sport Science	Bon Barnard	08 8222 1889	08 8222 1828	rbarnard@hampstead.rah.sa.gov.au
Hospital Pharmacy	Naomi Burgess	08 8222 4951	08 8222 5881	nburgess@mail.rah.sa.gov.au
HPCA	Lin Oke	03 9416 1021	03 9416 1421	hpca@ausot.com.au
Music Therapy	Jacinta Calabro	03 9594 4300	03 9594 6910	jacinta_c@yahoo.com
Occupational Therapy	Jan Erven	02 4223 8250	02 4276 4111	ervenj@iahs.nsw.gov.au
Orthoptics	Kerri Martin	03 9616 7870	03 9616 8010	kerri.martin@dhs.vic.gov.au
Orthotics & Prosthetics	Natalie Sullivan	03 9496 4651	03 9853 0950	Natalie.SULLIVAN@armc.org.au
Physiotherapy	Lauren Andrew	03 9342 7440	03 9342 8440	lauren.andrew@mh.org.au
Podiatry	Stephen Tucker	03 9288 3493	03 9288 3528	tuckersm@svhm.org.au
Psychology	David Stokes	03 8662 3324	03 9663 6177	d.stokes@psychsociety.com.au
Social Work	Jill Feltham	03 9496 4591	03 9496 4589	Jill.FELTHAM@armc.org.au
Speech Pathology	Robin Branchi	08 9346 2044	08 9346 3458	robin.branchi@health.wa.org.au

NAHCC SECRETARIAT

		Telephone	*Fax*	*E-mail*
Executive Officer	Ian Woodruff	03 9925 5961	03 9925 5960	ian.woodruff@rmit.edu.au
Manager – Administration	Karin Illenberger	03 9925 5916	03 9925 5960	karin.illenberger@rmit.edu.au