

THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE *Funded by the Commonwealth Department of Health and Aged Care*

■ Allied Health: The importance of the 'information' in IT

In the first of a Talking Casemix series on software applications, George Guorgi, Managing Director of Health Management Solutions, provides an overview of the importance of data interpretation.

The *digital age*, the *Internet revolution* and the *information age* are terms used liberally to describe the technological era within which we live and work today. The ever increasing computer power, complimented by the enormous data warehousing technologies and remote access options, predominantly via the Internet, provide a broadly distributed capability to access information that has hitherto been unavailable to those outside of well funded government agencies and the large corporate sector.

The challenge for allied health professionals is to harness this capability to access data, and with it, gather information to make intelligent business decisions to enhance their profession, clinical practice and provide strategic direction in the management of their disciplines. Not only should this be embraced at a local level, and wherever possible, national standards should be adopted. Indicators for Intervention (IFIs) and activity codes would be of immense benefit if standardised and consistent interpretation of these items is achieved at a national level. The ability to perform cross-service comparisons would provide useful insights into the workings of allied health services nationally.

In Australia, the baby boomers will begin turning 65 over the next 10 years (ABS statistics), and the over 65 group will continue to grow so that it will double within 20 years and triple within 50 years, representing about 24% of the Australian population. What will this really mean for allied health providers in the acute and community aged care sectors? Identifying the areas of greatest growth will help prepare for the onset of this demand and will be vital for future planning purposes.

The choice of any allied health data collection system must be based on its ability (amongst many other factors) to answer known questions as well as its flexibility to provide information to key stakeholders when even the question is unknown. The same body of information must be multidimensional and useful when analysed from the varied perspectives inevitable when data is used for different purposes by government, clinicians, managers and clients.

Policy, planning, resourcing and staffing, research to inform and adapt clinical practices and client level reporting when required should all be supported by an information system. Allied health professionals must be able to access resource usage information to determine and monitor emerging trends in the shifting landscape that describes this country's population demography.

It must be made clear that it is never possible to predict what questions will be asked, and what information may be required at some point in the future because circumstances will change. The priority is to ensure that data is always accessible to the owners of the data, and not locked into proprietary systems that require external input from system developers.

Ultimately, intelligent business decisions can only be made using information extracted from a good quality information system. The use of that information by allied health professionals depends on who wants the data, when they want it and what it will be used for. Careful planning and informed decision management will prepare allied health staff for the future growth that is most certainly on its way.

This paper is a modified summary of presentation by George Guorgi to the Aged and Community Services National Conference given in Cairns in October, 2001.

■ The National Allied Health Service Weights Project Update

Many of you may have read in previous editions of this newsletter the details about this national project that has been funded by the Commonwealth Department of Health and Aged Care Costing and Ambulatory Classification Section, Acute and Coordinated Care Branch, Health Services Division.

Our partners in the Commonwealth: Jo Bothroyd, Mike Clarke and Kerry Wright have been very supportive in this project and many other NAHCC activities.

The service weights project is still in recruitment phase and recruitment is going very well. There have been some key methodological revisions in the project which were confirmed at a recent meeting of the steering committee.

The project phases are now as follows:

Phase 1: Allied Health data elements

Following extensive consultation with the allied health professions the project team have agreed to implement the Health Activity Hierarchy version 1.1 (refer NAHCC website) and develop a training package that can be utilised at the local department level. This activity will ensure that allied health time-based activity is consistently captured.

Phase 2: Allied Health Costing Methodology

A review of the allied health costing activities has shown that there is considerable inconsistency in the way allied health services are costed in public hospital settings. The project steering committee is in the process of finalising the allied health costing methodology which will later be implemented into the *National Hospital Cost Data Collection*. The costing guidelines will be available on the NAHCC website in February 2002.

Phase 3: Hospital Recruitment

The project team commenced recruiting hospitals in June this year. The recruitment will be finalised by Christmas. At this stage, there are more than 30 hospitals that have agreed to participate and their demographics are as follows:

22- major metropolitan hospitals (1 ACT, 5 NSW, 6 VIC, 4 QLD, 1 SA, 1 TAS, 3 WA)

7 – minor metropolitan hospitals (6 NSW, 1 VIC)

2 – major rural hospitals (1 VIC, 1 QLD)

1 – minor rural hospitals (1 NSW)

Nil remote hospitals

Phase 4: Hospital Training

Following recruitment of hospitals the project team are running workshops with allied health staff to implement the Health Activity Hierarchy version 1.1 and undertake data audits to ensure compliance is appropriate.

Phase 5: Data Evaluation

Following implementation of the allied health activity data collection methodology the project steering committee will examine a period of costed data from participating sites to ensure that the allied health activity data and the allied health costing methodology have been appropriately implemented.

Phase 6: Formal collection July 2002 to June 2003

The formal collection period will take place in line with Round 7 of the National Hospital Cost Data Collection from July 2002 to June 2003.

The project team anticipate that the collection effort will be minimised. The allied health activity data will be downloaded from allied health feeder systems in participating hospitals.

Phase 7: Allied Health Service Weights Production

The project team will pool the data from all participating hospitals following the 12 month collection and produce a composite allied health service weight for all DRGs (version 4.2) and discipline specific weights where there is a large enough sample size.

The service weights will be launched in mid-December 2003.



Catherine Itsiopoulos (right) and Merlene Koch co-ordinators of the National Allied Health Service Weights Project

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This project provides NAHCC with the opportunity to implement a standardised approach to allied health activity data collection enabling appropriate benchmarking activities. In addition, NAHCC will have the opportunity to have input into the NHCCDC costing methodology and publish allied health definitions in the National Health Data Dictionary.

Welcome to new team members

We would like to welcome Merlene Koch who has just joined the project team. Merlene is the project assistant and comes with many years of experience in hospital costing projects and in particular from the private sector.

We would also like to welcome Richard Tate who will be known to many of you. Richard has a hospital finance background and has specific expertise in Casemix. Richard has had a major role in introducing Transition (a hospital costing program) to Victorian Hospitals.

If anyone would like any further information about this project please contact Catherine Itsiopoulos or Merlene Koch on 03 9925 5934 or via email: catherine.itsiopoulos@rmit.edu.au or merlene.koch@rmit.edu.au.

Farewell . . .

Mike Clarke from the Commonwealth Department of Health and Aged Care has recently left the department for greener pastures in Canberra. Mike has been an advocate for allied health and his input has been invaluable in many NAHCC projects, in particular the Allied Health Service Weights Project.

We would like to wish him all the very best in his new position and thank him for all his advice and support.

Allied Health: The importance of the 'information' in IT *continued*

Health Management Systems is a software development company that has designed and developed database systems for the health care sector since 1993. In Victoria, almost 95% of community based rehabilitation services use HMS software, as well as many other agencies across Australia in acute, community, and rural settings.

A free demonstration copy of HMS software AllHealth Info is available on request from George Guorgi, Health Management Systems (Australia) Pty Ltd, PO Box 3000, GLEN IRIS VIC 3146 email: admin@hms.com.au or telephone: (03) 9823 4484

Profiling Jeff Ewen

Western Australian Allied Health Casemix Committee Rep to NAHCC



Jeff Ewen has been involved in clinical costing and casemix related issues in various roles over the past 8 years. This began with his taking the inaugural role of Chairperson for the Western Australian Allied Health Casemix Committee in 1994 for which he has remained an active participant since that time. The period from 1994 to 1996 was spent developing cost models for various clinical departments at Sir Charles Gairdner Hospital and it was during this period that he commenced work on what was to become the Allied Health System (now the core clinical system in the Perth Metropolitan Area for Allied Health Professionals). In his role as the WAAHCC Chairperson, he was the Western Australian representative to NAHCC until 1998. From 1998 – 2000 he was the national convener of the Australian Physiotherapy Association's Casemix Committee. In 2001, he was returned as chairperson of the Western Australian Allied Health Casemix Committee and became their representative to NAHCC where he was elected to the Executive.

Jeff has a keen interest in the ongoing development of Indicators For Intervention for use across Allied Health and their integration with appropriate Performance Indicators. Through his interests in casemix, clinical costing and the information systems that support them, Jeff has developed expertise in the area of software development and is currently in the process of developing new information systems in the areas of clinical governance and domiciliary care. Jeff continues to maintain a clinical role within the intensive care environment whilst enjoying the growth of his daughters Sarah 6 and Rachael 3.

THE SOUTH AUSTRALIAN CASEMIX COMMITTEE



In past years the SA Casemix Committee has found itself, by default, dealing with a wide range of matters which were beyond the scope of the original casemix-related terms of reference. Consequently the committee underwent a transmogrification in early 2001 to become the Directors of Allied Health Group (SA) which represents allied health in the major metropolitan teaching hospitals of South Australia. DAHG, as we have affectionately dubbed ourselves, has continued its association with the National Allied Health Casemix Committee through a representative. Currently the representative is Ingrid Vogelzang from the Women's & Children's Hospital in North Adelaide.

Current membership of the Directors of Allied Health Group (SA) is as follows:

Christine Beal	Snr Speech Pathologist	Modbury Public Hospital
Marilyn Russell	A/g Manager of Allied Health Service	Noarlunga Health Services
Brenton Kortman	Director, Occupational Therapy, Training and Research	Repatriation General Hospital, Daw Park
Debbie Law	Director, Allied Health Services	Flinders Medical Centre
Kevin Duke	Snr Social Worker	Hampstead Rehabilitation Centre
Sandra Parr	A/g Director, Allied Health	Lyell McEwin Health Service
Margot Masters	Director, Occupational Therapy	Royal Adelaide Hospital
Ingrid Vogelzang	Project Officer	Women's & Children's Hospital
Sarah Clapp	Senior Occupational Therapist	St Margaret's Hospital
Lilian Pagnussat	A/g Manager, Occupational Therapy	Queen Elizabeth Hospital

Since the inception of casemix and the state and national Allied Health casemix committees, the focus in classification has been largely in the acute care sector and this is strongly reflected in the membership of DAHG (SA). In coming months, we will be considering the impact of the expansion of classification systems into the community health sector and how representation can adequately include the many non-acute allied health services.

**5th National Allied Health Conference
Adelaide - 2003**

THE WESTERN AUSTRALIAN ALLIED HEALTH CASEMIX COMMITTEE



The Western Australian Allied Health Casemix Committee (WAAHCC) is chaired by Mr Jeff Ewen (Sir Charles Gairdner Hospital) and is represented on NAHCC by Jeff Ewen (Sir Charles Gairdner Hospital). Following, are details of WAAHCC's membership and terms of reference.

Membership is open to Western Australian members of Associations who are members of NAHCC. Membership currently includes Western Australian Branch representatives of:

- Audiological Society of Australia
- Australian Association of Social Workers
- Australian Music Therapy Association
- Australian Orthoptics Association
- Australian Orthotic Prosthetic Association
- Australian Physiotherapy Association
- Australian Podiatry Association
- Australian Psychology Association
- Dietitians Association of Australia
- Occupational Therapy Australia
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

WAAHCC terms of reference

1. To monitor and review the development of casemix related matters at state and national levels.
2. To provide a forum for discussion of casemix issues relevant to allied health service providers and professional associations.
3. To actively contribute to casemix development projects, to provide advice and to represent allied health matters through state and national forums. This will involve planning, development, implementation and evaluation processes.
4. To facilitate the dissemination of information and support the development and implementation of education programs on casemix matters.
5. To maintain direct representation on the National Allied Health Casemix Committee (NAHCC) and other appropriate state and national bodies.
6. To function as a resource/liaison unit for the various allied health professions in Western Australia.
7. To support NAHCC in the achievement of its strategic plans and activities.

WAAHCC Office bearers and meeting schedule

- One member from each of the member bodies listed above.
- The Chairperson who shall be elected annually on the vote of Committee members.
- The Committee will provide an elected representative to NAHCC.
- Office bearers shall be elected at the meeting prior to the NAHCC annual general meeting.
- Meetings shall be convened at least bi-monthly. A quorum shall be four members of the Committee.
- Members may invite observers to a meeting but should give prior notice to the Chairperson.

SEEING QUEENSLAND'S BEACHES THROUGH CASEMIX



Queensland's membership of NAHCC is provided through the Queensland Council of Allied Health Professions (QCAHP). QCAHP is a constituted body which strives to maximise high quality care for Queenslanders by promoting best professional practice and improving workforce conditions through the combined efforts of allied health professions. Council representatives come from both professional associations and training institutions. Currently nine allied health professions are members of QCAHP: Audiology, Dietetics, Occupational Therapy, Orthoptics, Prosthetics and Orthotics, Physiotherapy, Psychology, Social Work, and Speech Pathology, and their representatives are drawn from hospital and community settings, private and public healthcare, Education Queensland and university departments from north and south-east Queensland. Other professions, such as Pharmacy and Music Therapy, are affiliated for work on casemix issues. The current Chairperson of QCAHP is Dr. Betty Headley, a member of the Australian Psychological Society.

Council members:

- Advocate for and represent allied health professions
- Promote allied health skills and services
- Enhance communication with stakeholders such as health service providers, training bodies, training institutions and industrial bodies
- Promote optimum workforce conditions
- Facilitate professional development for allied health staff
- Provide consultancy to Government and Non Government Organisations
- Promote allied health research

Casemix issues are included in the Information Management portfolio of the Council and are regular agenda items at QCAHP meetings. Inclusion in a working body which addresses political and industrial issues, research and professional development for allied health, ensures that casemix is considered within the wider context of promotion, advocacy, strategic planning and research for allied health professionals at the State level. The Council works in liaison with Queensland Health's Principal Allied Health Advisor, to ensure that appropriate advice is received and there is consultation on information management and casemix development for allied health staff.

Mary Haire is an Australian Association of Social Workers representative on QCAHP and is Queensland's current representative on NAHCC.

When needed, QCAHP has convened a Casemix Sub-Committee again, comprised of allied health members of professional associations and training bodies. Three casemix and best practice conferences have been held by QCAHP and its Casemix Sub-Committee in Brisbane, and several centres in North Queensland, such as Townsville and Cairns. On each occasion members of the NAHCC Executive or Secretariat have made valuable contributions to the conferences, while also experiencing North Queensland's best beaches. Chris Wilson, one of the founding members of NAHCC, realised her ambition to visit Port Douglas through Casemix - so the subject can have hidden attractions! A further seminar to address outcome measurement for allied health is planned for 2002.

Doctor of Public Health at Flinders University, Adelaide

WHY A DOCTOR OF PUBLIC HEALTH?

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- Socioeconomic & gender determinants of health
- Health promotion
- General practice
- Public policy and health
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- Cancer epidemiology
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- Public health surveillance

FLEXIBILITY OF DELIVERY

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WANT TO FIND OUT MORE?

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Phone (08) 8204 4698, fax (08) 8204 5693, email: public.health@flinders.edu.au.

Or contact course coordinator, Prof Fran Baum, phone (08) 8204 5983, fax (08) 8204 5693, email: fran.baum@flinders.edu.au.

Also see our website at <http://som.flinders.edu.au/FUSA/PublicHealth/index.html>



5th National Allied Health Conference

19 -21 February 2003

Stamford Grand Hotel, Glenelg

Topics

- Leadership, policy, influence and power
- Creative partnerships
- National benchmarking
- Primary health care and inter-agency solutions
- Rural strategies
- Innovative practices Future directions
- Older clients, supervision and team work options
- The evidence based practice trail and learning
- Workforce issues

Who should be interested in attending?

- Those involved in...*
- Community health
 - Private practices / specialist agencies
 - Teaching and research
 - Mental health
 - Social and welfare services
 - Acute care
 - Management of allied health services
 - Policy making and service planning
- ... anyone who is interested in allied health issues.*

Registration of Interest

To register your interest in attending this Conference or for further information, please contact the Conference Secretariat:
Allied Health 2003
SAPMEA Conventions
68 Greenhill Road
Wayville SA 5034
Tel: +61 8 8274 6060
Fax: +61 8 8274 6000
Email: alliedhealth2003@sapmea.asn.au
Web: www.sapmea.asn.au/alliedhealth.htm

5th National Allied Health Conference – 2003

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