

TALKING CASEMIX

Volume 4 Issue 1

April 2000

THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE

Funded by the Commonwealth Department of Health and Aged Care

NAHCC SEMINAR 2000

Cairns, North Queensland

August 30 and 31, 2000

Location: Cairns Convention Centre
Cairns, Queensland, Australia

Format: Conjoint afternoon on Wednesday
with 12th Casemix Conference.
NAHCC program, Thursday.

Features:

- Managing Change for Allied Health
- Allied Health Organisational Structures
- Mainstreaming Allied Health Data
- Rural and Remote Health

CALL FOR ABSTRACTS

Those who would like to present a paper on topics related to Allied Health management issues should e-mail an abstract and letter to:

karen.fitzgerald@rmit.edu.au

or post on a diskette to the address below. The abstract should be no more than 300 words and contain an outline of your theme and conclusions. Please format in Microsoft Word (7 or lower). It must be received by May 26th, 2000.

All enquires or correspondence should be addressed to:

Karen Fitzgerald, NAHCC Office, GPO Box 2476V Melbourne 3001. Telephone: 03 9925 5934; Fax: 03 9925 5960.

Indicators for Intervention & Performance Indicators - Project Report Out

NAHCC is pleased to announce the release of the IFI/PI Project Report. The report marks the culmination of research performed over the last two years on the development of the Indicators for Intervention and Performance Indicators for allied health professions. Funding from the Commonwealth Department of Health and Aged Care enabled NAHCC to develop and test the IFI and PI models.

While there is a need for further work to be done before clinicians can routinely code from the models, the level of development attained was especially significant for two reasons.

Firstly, the IFI model was the first of its kind in the world. Secondly, the collaboration of 14 allied health professions and eight state/territory allied health casemix organisations enabled a majority vote in the ratification of Level B of the IFI model.

NAHCC also worked in conjunction with the National Centre for Classification in Health (NCCCH) to meaningfully incorporate allied health into Edition Two of the ICD-10-AM classification system, due to implemented mid this year.

This work is also captured in the report. NAHCC aims to produce a publication in the next few months, which will be an update of the Australian Allied Health Classification System.

Its title, *Report on the Development of Allied Health Indicators for Intervention (IFI) and Performance Indicators (PI), and Revision of Allied Health-sensitive ICD-10-AM Codes for inclusion in ICD-10-AM Edition Two*, has already been denoted "The Silver Book" by virtue of its silver cover.

See the Fax Back Sheet in this issue of *Talking Casemix* if you would like to obtain an electronic copy of this report.

HOW TO CONTACT NAHCC

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Grant Renewal

NAHCC receives the vast majority of its funding from the Commonwealth Department of Health and Aged Care. NAHCC is pleased to advise that its recurrent funding for the period Jan 2000 – December 2002 has been negotiated with CDHAC. NAHCC will continue to operate from its base within the School of Management at RMIT University.

NAHCC's revised strategic plan includes a range of activities that will be undertaken as part of the base grant from CDHAC, plus a selection of proposed activities that could be undertaken if funding sources are identified. The NAHCC Executive will be working closely with state and territory health authorities and Commonwealth health agencies to pursue possibilities of funding for these "optional" activities. See the report on the Strategic Plan for more details.

NAHCC Submission to Senate Inquiry

During October last year, it was brought to the attention of the NAHCC executive that the Senate Inquiry into Public Hospital Funding included a focus on IT infrastructure.

Not only was it interested in data collection and IT support, but specific reference was made to Allied Health.

Item "h" of the terms of reference reads as follows: *"The adequacy of current procedures for the collection and analysis of data relating to public hospital services, including allied health services, standards of care, waiting times for elective surgery, quality of care and health outcomes"*.

This seemed like a golden opportunity to wave the NAHCC flag so a submission was rapidly compiled by Viv Wulfsohn, Chairperson, Ian Woodruff, Executive Officer, and David Stokes, Deputy Chairperson, and sent to the appropriate body.

We made the following points:

- (a) There is a low level of IT infrastructure available to Allied Health professionals in most hospitals.
- (b) The level of awareness and understanding of issues relating to hospital funding, quality and performance reporting is low.
- (c) There is an urgent need for education / training in the issues referred to in point (b)

- (d) There is a limited capacity to collect and integrate Allied Health data into major health data sets maintained at state and commonwealth levels.
- (e) The foundation work completed in the IFI/PI project goes some way towards addressing the above issues but needs considerable ongoing support, development and adoption across Australia.

In addition, we added the executive summary from the just released IFI/PI report to demonstrate our commitment to the development of a minimum data set, standardisation of data sets, and the progression to outcome measures. It was very gratifying to be notified on March 15 that we were one of a select group of organisations to be asked to formally present a submission in person to the Senate Committee.

This occurred on Thursday, March 23 in Melbourne with presentations by Ian Woodruff, Executive Officer, David Stokes, Deputy Chair and David Rhodes, Executive Member.

Ian opened the presentation, introduced NAHCC and its membership, our current achievements and outlined our position on data and IT issues. David Rhodes spoke about IT infrastructure inadequacies for Allied Health and the general lack of allied health representation on data bases and management committees responsible for them. He also highlighted the impact that the lack of good data systems has on Allied Health management. David Stokes discussed the importance of outcome measurement to evidenced-based practice among allied health professions and the link between this and the development of IFIs.

We received a generous hearing (about an hour), and were asked about a range of healthcare issues.

Additional recommendations made during the hearing were:

1. That mechanisms in funding models be developed to ensure appropriate patient access to Allied Health services;
2. That "guaranteed funds" be created to support hospital-based research into evidenced-based practice;
3. That funds need to be quarantined to support teaching and training activities for allied health;
4. That there needed to be nationally consistent approaches to the collection of data and outcome measures;
5. That non-hospital Allied Health services need direct Medicare funding to relieve pressure on hospital-based services.

The NAHCC Strategic Plan

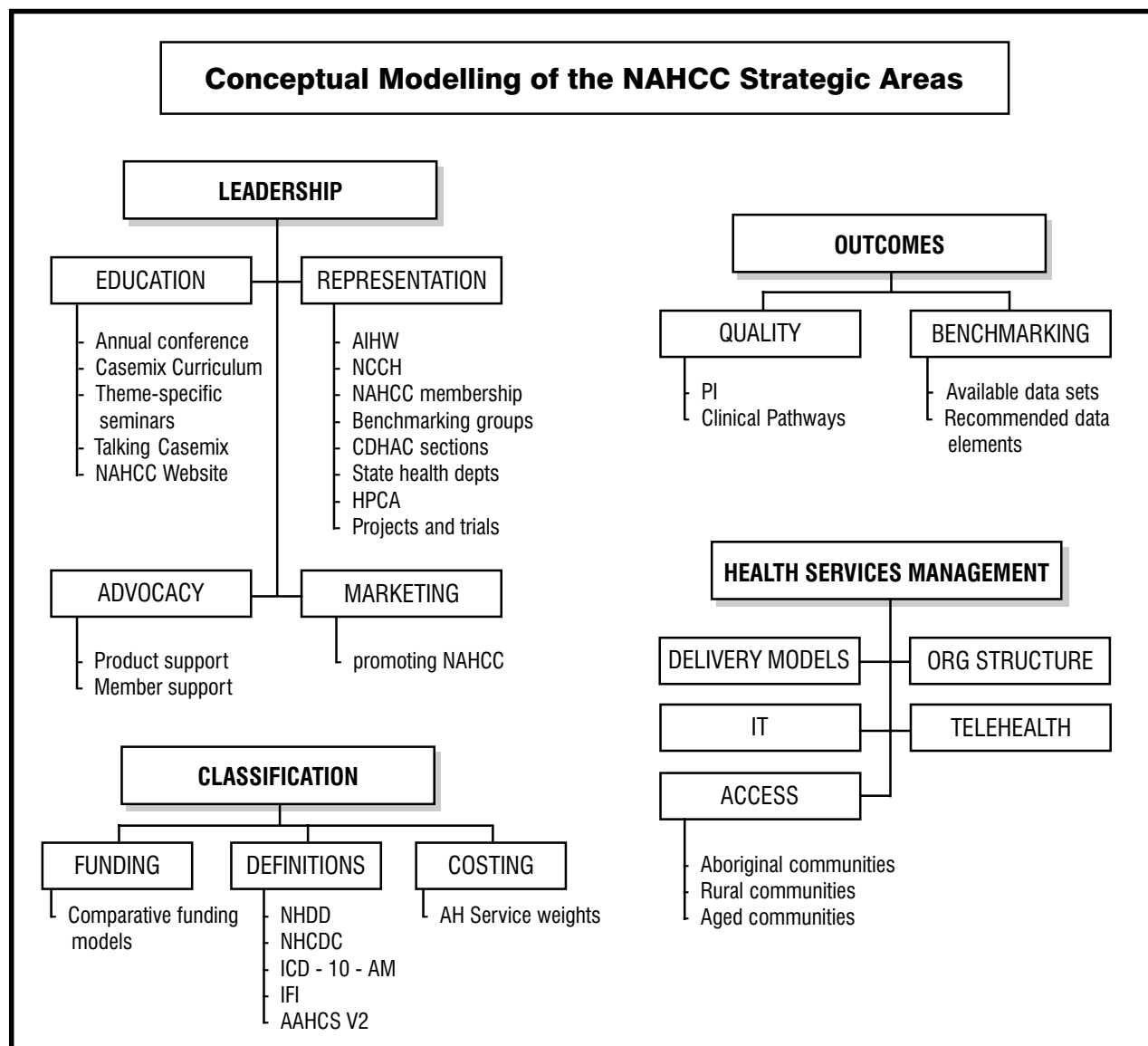
In December 1999, the full NAHCC committee met to discuss its strategic plans for the coming three years. From that meeting a draft strategic plan was created and this has been circulated to members for consideration.

The plan has already provided a basis for structuring NAHCC's submission to CDHAC for recurrent funding and for planning of new projects.

The diagram depicts the four key areas of strategic interest to NAHCC, those being leadership, outcomes, classification and health services management.

Within each of these four areas, specific projects and activities have been identified. Some will be undertaken with resourcing from NAHCC's recurrent funding grant. Other activities will be undertaken as funding becomes available from various sources. The NAHCC Executive will be consulting with each of the NAHCC member bodies and with other stakeholders to establish working groups for each of the identified activities.

The complete Strategic Plan can be viewed or downloaded at NAHCC's website. It will also be presented at NAHCC's 2000 AGM.



New NAHCC Website Address

NAHCC's website has relocated to RMIT University. You can now access it at www.bf.rmit.edu.au/nafcc

On this website you will find the most recent editions of *Talking Casemix*, the full IFI/PI Project

Report, NAHCC's Strategic Plan 2000 and other documents of interest.

NAHCC would like to acknowledge the support of MaryLee Sinclair-Vogt (who previously managed the website for NAHCC) and the Australian National University (which hosted the website).

Australian Allied Health Service Weights

Within the hospital inpatient setting, Diagnosis Related Groupings form the basis of activity measurement. Allied health professionals are a key contributor to the activity that goes into a DRG.

An Allied Health Service weight is a statistical device which quantifies the proportion of total DRG resources (mainly time) that Allied Health contribute. This weight obviously varies between DRGs and is a useful piece of information in funding and service planning activities.

For some years now, in the absence of Australian data, Allied Health service weights have been derived from American datasets.

Whilst this provides a fair approximation, there are substantial differences in clinical practice patterns between the US and Australia and NAHCC has long held the view that we should strive to create service weights from Australian data.

At the NAHCC workshop on December 10 1999, discussions were held with the Commonwealth Department of Health and Aged Care (CDHAC) on a project proposal to establish Australian Service Weights. NAHCC has been negotiating with the CDHAC since and is now coordinating a submission to carry out this activity.

This clearly will be a consultative process involving various Allied Health interests (such as benchmarking groups and NAHCC's professions, state and territory member bodies) national stakeholders and state / territory health agencies. NAHCC hopes to have this finalised with CDHAC in the near future.

Profiling the NAHCC Executive . . . David Rhodes

In this edition of Talking Casemix we profile David Rhodes, member of the NAHCC Executive Committee. David was a key player in the formation of NAHCC in 1993 and has had a continuous involvement in various capacities since.

He holds a Bachelor of Social Studies from the University of Sydney and a Graduate Certificate in Health Services Management (University of New South Wales). Until recently David was the Director of Health Professional Services at The Canberra Hospital. Earlier this year he took up the position of Area Director, Allied Health Services (ADAHS) for the Hunter Area Health Service (HAHS) in NSW.

His current objectives in the Area Director role are:

- Positioning AH in formal and informal forums to influence and contribute to HAHS mission and objectives;
- Establishing an effective, efficient AH infrastructure;
- A particular focus on integration and continuity of health care across the system to deliver improved client outcomes. This will involve creating flexibility in service delivery systems to ensure individual clinical and population health priorities are supported by allied health systems;
- To improve information on AH service provision and impact;
- Facilitating avenues to demonstrate the value of AH services across settings.

David has varied employment history beginning with clinical and management positions at the Royal Blind Society of NSW (4 years). Then he went to Qatar in the Arabian Gulf as a Social Work Consultant with the Australian Medical Team. He helped establish an Aged Care and Rehabilitation Service and a Developmental Disability Service for the Qatari Department of Health.

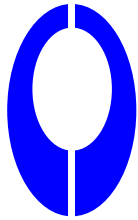
He was also involved in the training of local social work staff (2.5 years)

Back in Australia, he became the Area Coordinator, Community Health, Greater Murray, and based in Wagga Wagga (4 years).

Then he became the Director, Health Professional Services, The Canberra Hospital/ACT Community Care. He has held this position for 9 years and provided a model and support for other directorates of Allied Health across the country.

Among other achievements he has contributed to Allied Health activities as the co-founder and inaugural chair of National Allied Health Casemix Committee and is a current Executive member. He is currently also an active member and past convenor of National Allied Health Benchmarking Consortium

He claims that one of his personal objectives is to picnic at Everest Base Camp at least once! Good luck and thanks David.



National Allied Health Casemix Committee

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Fax Response Sheet

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- Send me the final IFI/PI Report, the *Silver Book* via:
 - Email
 - Floppy disk(Alternatively, you can access this document from NAHCC's website:
www.bf.rmit.edu.au/nahcc)

◆◆ The ICD-10-AM Edition Two has been released and will be implemented July 2000. An order form can be obtained by contacting the National Centre for Classification in Health on 02 9351 9461.

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