TALKING CASEMIX

July 2001 • volume 5 issue 2

THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE

Funded by the Commonwealth Department of Health and Aged Care

National Allied Health Service Weights Project

The previous edition of *Talking Casemix* included a brief report on the *scoping* phase of the Allied Health Service Weights Project. In this edition you are provided with an update on the progress of the main project.

Background to Project

This project is the second part of a CDHAC funded project aimed at producing service weights for allied health professions in Australia.

Project Significance

The most important outcome of this project is that, for the first time, there will be Australian allied health service weight data that will enable Australian allied health professionals to benchmark their professional practices both locally and internationally.

Project Deliverables

The key deliverables of the allied health service weights project are the production of allied health service weights and the development and delivery of 'service weights' training packages for allied health professions, hospital costing managers and tertiary students in allied health training programs.

It is expected that this project will lead to a significant change in the culture of allied health data collection and use in management practice. A further benefit will be a standardised costing methodology for allied health services and ultimately for all health services.

Project Plan

The project commenced in April this year and the first version of allied health service weights will be launched in December 2003.

The key phases of the project include:

1. Production and implementation of a training kit for allied health professions and hospital costing managers;
2. Recruitment and training of pilot hospital sites for testing of the costing methodology;
3. Three month collection of costing data and evaluation of data;
4. Recruitment of hospitals for implementation of allied health costing methodology for the National Hospital Cost Data Collection Round 7 (Jul 2002- Jun 2003);
5. Production of version 1.0 of allied health service weights (composite and some specific professions);
6. Launch of allied health service weights and incorporation of definitions into the National Health Data Dictionary.

MORE INFORMATION?

- *View or download the project report from the NAHCC website: www.bf.rmit.edu.au/nahcc*
- *Telephone the NAHCC Secretariat on (03) 9925 5916*
- *Email Catherine at: catherine.itsiopoulos@rmit.edu.au*
- *Or call on (03) 9925 5934*

Allied Health Workforce and Data Survey

NAHCC has completed a piece of research to determine the patterns of allied health data collection in Australian public hospitals. This was undertaken in conjunction with the first phase of the Allied Health Service Weights Study. The primary objective was to obtain a clear picture of what data could reasonably be collected in the development of Service Weights.

A survey form was sent to Allied Health "departments" in all public hospitals across Australia. In all, 406 responses were returned from the 322 public hospitals targetted.

The survey gathered information on a variety of Allied Health issues including:

- Staffing levels;
- IT capability;
- Nature of feeder systems (if any) for sending Allied Health Activity Data to hospital wide systems;
- Application rates for the Allied health Activity hierarchy data elements (Individual patient attributable, non-individual patient attributable, clinical services management, teaching and training and research;
- Budget structures within Allied Health services.

Following are just a few of the findings from the survey:

Most Allied Health services in public hospitals collect data electronically

Almost 60% of respondents reported that they collected service data electronically. Encouragingly, only five percent of services did not collect any data.

Most Allied Health services collect "IPA data" routinely

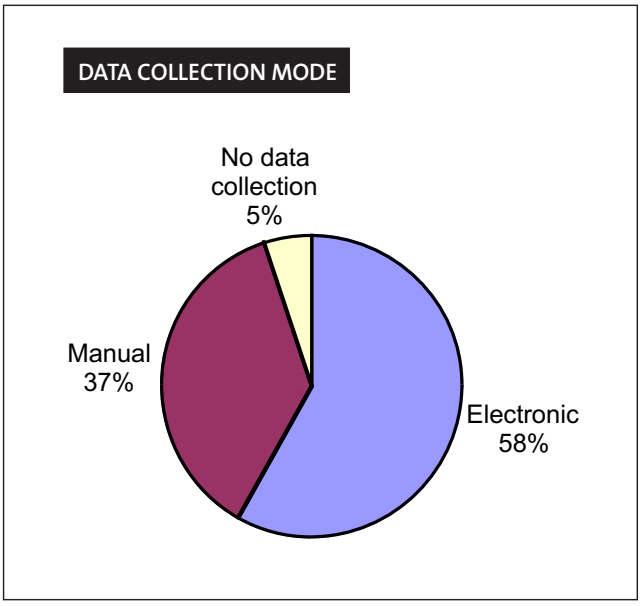
Most respondents reported that their department collected clinical activity data (Individual Patient Attributable and Non-Individual Patient Attributable) routinely.

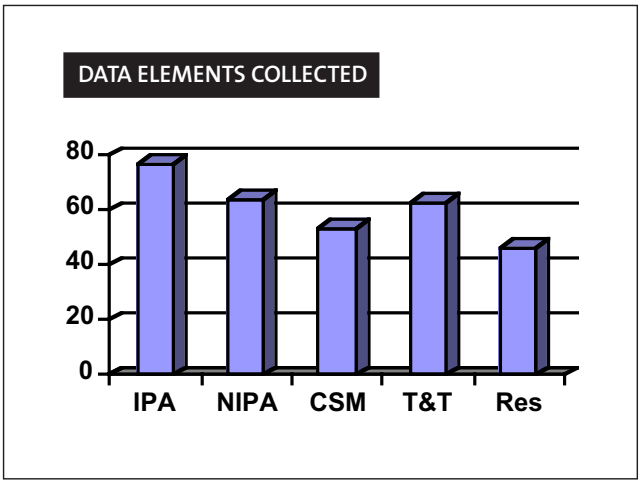
IPA data was the most collected data element at approximately 77%, followed by NIPA at 65%.

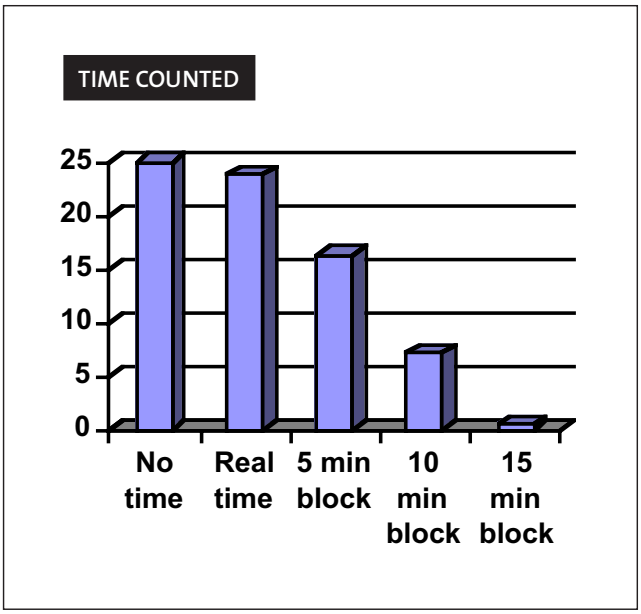
Majority of services collect time-based activity data

The survey results indicated that 75% of Allied health services collect information on time spent by activity type. The most common unit of measure for time was "real time", followed respectively by five minute, ten minute and fifteen minute time blocks.

The full report on the workforce and data survey is available on the NAHCC Website.







NAHCC Representatives to the Clinical Classification and Coding Groups (CCCGs)

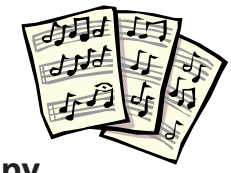
The CCCGs are convened to provide expert advice to the Casemix Clinical Committee of Australia on changes to the DRG system. NAHCC provides representatives for almost all of the CCCGs. In this edition we profile the Oncology CCCG – represented by Annette Byron (Dietitians' Association of Australia).

Annette attended a workshop for the Oncology CCCG in Melbourne on March 29, 2001. The purpose of the workshop was to consider proposals put forward for changes to version 4 of the Australian Refined Diagnosis Related Groups (AR-DRGs).

Members of the Oncology CCCG received detailed analyses of the proposals prior to the workshop using costing data and length of stay data where available. In the first half of the program an update of AR-DRG development was given. In the second half of the program the Group discussed the proposals in detail. Resolutions from the meeting have been forwarded to the CCCA. After consideration by the CCCA, Version 5.0 group specifications will be developed and software developed in order to meet the implementation date of June 2003 for AR-DRG Version 5.0. Where relevant, the National Centre for Classification in Health will also follow-up issues for ICD-10-AM.

Annette Byron
NAHCC Representative to Oncology CCCG
April 19, 2001

Music Therapy for Better Health



The Australian Music Therapy Association (AMTA) is a NAHCC member body

Music Therapy is the planned and creative use of music by a qualified professional, to help people with special needs. These needs may be physical, emotional, cognitive, behavioural and / or social (Australian Music Therapy Association). To become a Music Therapist, one is required to complete either a Bachelor of Music (Therapy), which is four years full-time at the undergraduate level, or a postgraduate Diploma in Music Therapy, which is two years at the postgraduate level. Both courses include a wide range of subjects including music, psychology, human behaviour, counselling, gerontology and special education. Students are also required to complete clinical training as part of the course. Training courses are currently available in Brisbane, Sydney and Melbourne.

There are approximately 150 practising registered Music Therapists in Australia who work in a wide range of areas including aged care, special education, palliative / hospice care, hospitals, private practice, disabilities, psychiatry and early intervention.

AMTA's representative on NAHCC, Karen Brien-Elliott, is a registered Music Therapist who completed her Bachelor of Music (Therapy) degree at the University of Queensland in 1996. Karen then established *"Sonance"*, a successful music therapy practice in Coffs Harbour, working primarily with children and adults with disabilities and in aged care. In 1998, Karen became the inaugural music therapist at the Children's Hospital at Westmead, where she worked mainly in the areas of oncology and rehabilitation. In January this year, Karen relocated to Brisbane to take up a six-month position as Acting Music Therapy Clinical Tutor, a joint appointment between the Royal Children's Hospital, Brisbane and the University of Queensland.

The position of National Representative for Music Therapy on NAHCC is usually chosen from a small group of people who are employed in relevant facilities such as children's hospitals. Each year, this group of people, known as the "Paediatric Reference Group" meet together to discuss and review the Casemix Codes.

Karen is in the process of buying a house in Brisbane with her husband David, and enjoys dining out, shopping and gardening!

Health Activity Hierarchy Version 1.1 is now available

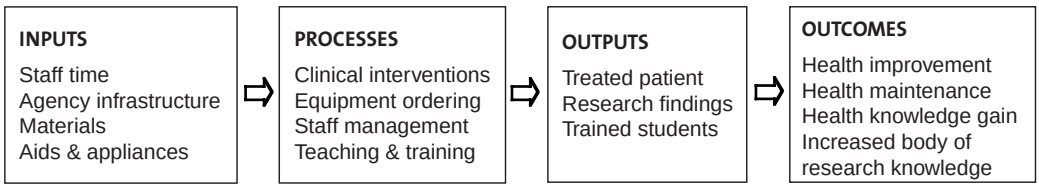
What Is It?

The Health Activity Hierarchy – Version 1.1 (***HAH v1.1***) is the update of the Australian Allied Health Activity Classification System (AAHCS) – colloquially known as the "blue book"! Some significant changes were made to definitions in this new version. Readers may recall that the original AAHCS incorporated the ICD-10-AM (Edition One) codes within the Individual Patient Attributable split under clinical care.*

The ***HAH v1.1*** is now a stand-alone document.

How Is It Used?

Health service reporting is a highly quantitative process, which requires detailed information on the inputs, processes, outputs of the provider and outcomes for the patient.



The ***HAH v1.1*** provides a nationally consistent framework for the reporting of inputs and processes. It divides activity into the four top-level splits of clinical care, clinical services management, teaching & training and research.

Lower tiers in the hierarchy allow greater specificity in allocation of time (or resources).

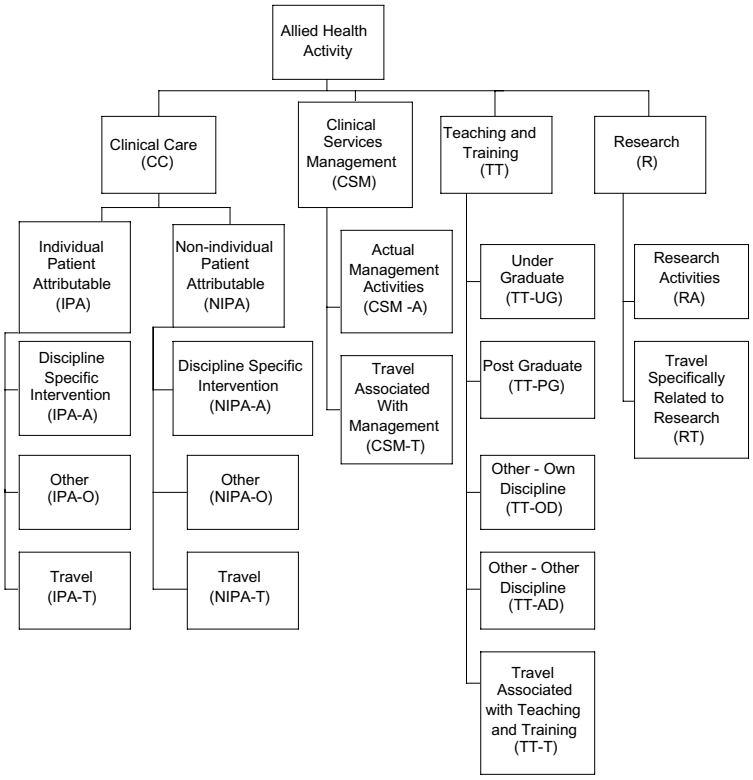
This structured approach facilitates benchmarking (both internally and across organisations) by permitting the measurement of like activities.

The Allied Health Service Weights study will utilise the ***HAH v1.1*** as the basis for calculating cost attribution.

The ***HAH v1.1*** also contains a list of data elements – the minimum data set – describing and defining various components of the reporting process.

The overriding principle for the data elements is that they should be those already included in the National Data Dictionary.

* The ICD codes are currently under review and will be published by the National Centre for Classification in Health in January 2002. (See the article on ICD-10 in this Talking Casemix for details.)



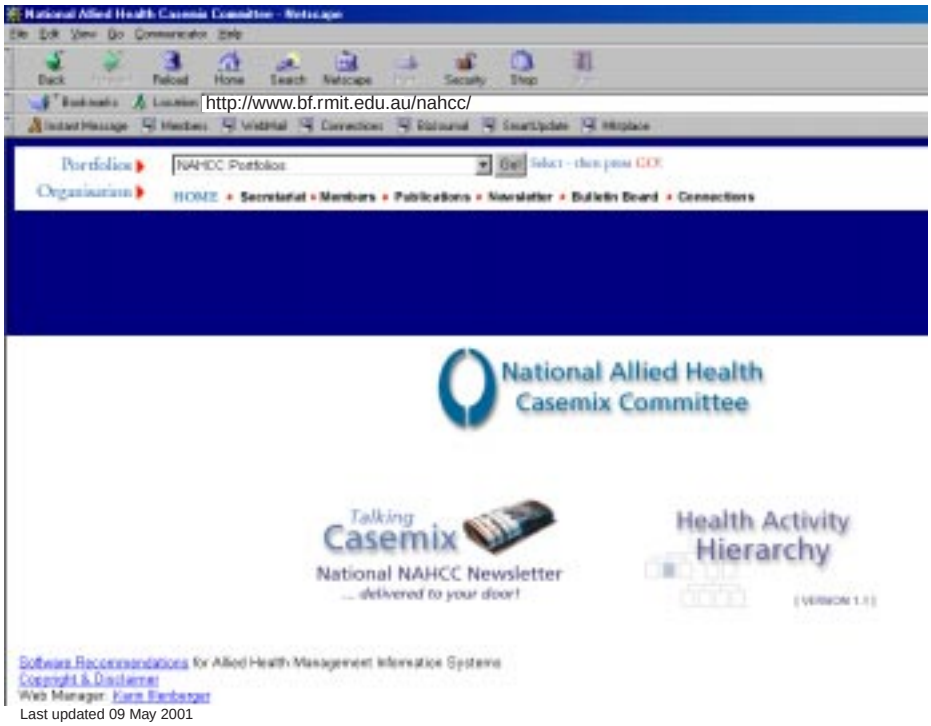
Support

NAHCC has produced a set of PowerPoint slides on the ***HAH v1.1*** that readers may wish to adapt for their own training needs.

Health professionals may also submit queries about the ***HAH v1.1*** to the hierarchy@bf.rmit.edu.au address. These will be answered by a panel of experts from NAHCC and the National Allied Health Benchmarking Consortium.

Accessing the *HAH v.1.1*

- download from the NAHCC website at www.bf.rmit.edu.au / nahcc (see page view below)
- request an emailed or floppy disk copy from hierarchy@bf.rmit.edu.au
- alternatively, call Karin Illenberger on 03 9925 5916.



Thirteenth Casemix Conference

This year the conference will be held in Hobart from Sunday, September 16 to Wednesday, September 19.

The conference themes have been broadened somewhat from previous years and have encompassed aspects of health care quality, clinical leadership and applied research.

A conference brochure was packaged with this copy of Talking Casemix. Alternatively, readers can access conference information and register on-line at www.health.gov.au / casemix

NAHCC Casemix Workshop

NAHCC is presenting a half day workshop in Hobart on Sunday, September 16, from 1pm to 5 pm – immediately preceding the Casemix Conference.

This year we are encouraging emerging researchers to present short papers in one of the following three areas:

- allied health service management;
- activity reporting; and
- performance reporting.

Allied Health on the Apple Isle

The Sixth National Allied Health Casemix Workshop

Offered in conjunction with the 13th National Casemix Conference

Venue: Grand Chancellor Hotel – Hobart

Date: Sunday, September 16, 2001, 1 – 5 pm

Who should attend: Any health professional or health services manager interested in allied health management, casemix and quality reporting systems.

Expected Outcomes:

1. Publication of authors' papers in a dedicated edition of Talking Casemix
2. Entry point for emerging researchers to present their work – in a supportive environment
3. Update on NAHCC – related activity
4. Networking opportunity for allied health professionals
5. Improved understanding of the current status of allied health management and Casemix issues

Format: Four one-hour sessions with ample opportunity for questions and networking.

Session One: NAHCC Developments
NAHCC Chair: *Catherine Itsiopoulos*
Overview of NAHCC – related activities / projects

Session Two: Allied Health Service Management – Emerging Issues
Key speaker: *Lauren Andrew*
Addressing management issues for allied health – 20 minutes
3 short (oral) papers – 10 minutes each

Session Three: Activity Reporting
Key speaker: *Gayle Smith*
Allied health activity reporting issues – 20 minutes
3 short (oral) papers – 10 minutes each

Session Four: Performance Reporting
Key speaker: *David Stokes*
Performance / quality reporting systems in Australian Healthcare – 20 minutes
2–3 short (oral) papers – 10 minutes each

Registration Fee:
$100 (payable via the 13th National Casemix Conference Registration Brochure, or online at www.health.gov.au / casemix).

Note: It is possible to attend the Allied Health Workshop without registering for the 13th National Casemix Conference.

Call for Abstracts:
If you would like to present a ten minute paper in any of sessions 2 to 4, please email your abstract to:

karin.illenberger@rmit.edu.au or post a disk to
Karin Illenberger
NAHCC
c / - School of Management
RMIT University
GPO Box 2476V
Melbourne Victoria 3001

Abstracts must be received by 2 August 2001.

International Classification of Diseases Version 10 – Australian Modification – 3rd Edition

Regular readers of Talking Casemix will be aware that NAHCC has recently worked with the allied health professions and the National Centre for Classification in Health (NCCH) to revise the ICD-10-AM Edition 2 codes in preparation for the launch of ICD-10-AM Edition 3 in January 2002.

All the ICD-10-AM Edition 2 codes are subject to review

All the codes are periodically reviewed to ensure that they maintain currency with changing technologies and practice patterns. For example, the Orthoptists (coordinated by Kerri Martin) recommended (amongst others) the following coding change – *ultrasound of the eye:*

> ***Orthoptists' comment:***
> ***Block 1940, Code 55055-00: Unidimensional ultrasound of orbital contents. Issue: This code is for measuring the length of the eye which until recently was only done using ultrasound. Laser technology has been introduced which performs the same measurements. These measurements include axial length and anterior chamber depth. This will require separate coding to ultrasound.***
>
> *NCCH response: Please provide a definition for the newer laser approach.*
>
> *Orthoptists' response: Definition for laser measurement: Axial length measurement of the eye(s) using Partial Coherence Interferometry (PCI).*

This same process has occurred across all the allied health professions.

Revised codeset to be implemented in July 2002

States and Territories will switch to Edition 3 of the codeset in July 2002. NAHCC hopes to offer a series of education seminars on application of the codes in the period October 2001 to June 2002. NAHCC advises that allied health professionals should continue to use the ICD-10-AM Edition Two codes until July 2002 to ensure consistency of data.

NAHCC to publish an Allied Health Sensitive codeset

The review of codes is almost complete and NAHCC will now liaise with the allied health professions to confirm which of the total ICD codeset is allied health sensitive. (Since Edition 2, all codes have been provider neutral in that no profession is identified as part of the code definition.)

Once identified, these codes will be made available as a cut-down version of the full codeset. It is expected that the codes will be arranged under each of the professions and that there will be considerable overlap as a number of professions will undoubtedly share many of the same codes to describe their interventions.

Copies of the publication will be available from the NAHCC website, as an email request and in hard copy.

Readers are also encouraged to consult the full codeset publication from the NCCH. All hospitals keep copies of this multi-volume manual and the document is available for purchase from NCCH.

In the interim, readers with questions about ICD-10-AM Edition 3 codes should contact their profession representative to NAHCC, or

David Stokes, Project Coordinator on (03) 9925 1353 or by email at david.stokes@rmit.edu.au

Information on the full ICD codeset is available at the NCCH Website:

National Centre for Classification in Health
ICD-10-AM Second Edition

http://www.cchs.usyd.edu.au/ncch/

NAHCC REPRESENTATIVES – STATE / TERRITORY CASEMIX GROUPS

		Telephone	*Fax*	*E-mail*
ACT	MaryLee Sinclair-Vogt Canberra Hospital	02 6244 2152	02 6244 2346	Mary_sinclair-vogt@dpa.act.gov.au
NSW	Helen McCathie Concord Hospital	02 9767 6550	02 9767 8445	mccathieh@email.cs.nsw.gov.au
NT	Christine Carter Royal Darwin Hospital	08 8999 2551	08 8999 2457	chris.carter@nt.gov.au
QLD	Mary Haire Prince Charles Hospital	07 3350 8443	07 3212 5147	mary_haire@health.qld.gov.au
SA	Ingrid Vogelzang Women & Children's Hospital	08 8204 7572	08 8204 7890	vogelzangi@wch.sa.gov.au
TAS	Fred Howard Royal Hobart Hospital	03 6222 8601	03 6234 5568	fred.howard@dchs.tas.gov.au
VIC	Catherine Itsiopoulos RMIT University	03 9925 5934	03 9925 5960	catherine.itsiopoulos@rmit.edu.au
WA	Bill Edward Royal Perth Hospital	08 9224 2050	08 9224 2050	billedwa@rph.health.wa.gov.au

NAHCC REPRESENTATIVES – PROFESSIONAL ASSOCIATIONS

		Telephone	*Fax*	*E-mail*
Audiology	Jan Pollard Royal Children's Hospital	03 9345 5550	03 9345 5514	pollardj@cryptic.rch.unimelb.edu.au
CDHAC	Jo Bothroyd Cth Dept. of Health & Aged Care	02 6289 6896	02 6289 7630	jo.bothroyd@health.gov.au
Dietetics	Annette Byron Royal Adelaide Hospital	08 8222 5223	08 8222 5135	abyron@mail.rah.sa.gov.au
Allied Health Service	David Rhodes Hunter Area Health Service	02 4924 6341	02 4924 6006	drhodes@doh.health.nsw.gov.au
Exercise & Sport Science	Phil Hamdorf Hampstead Rehabilitation Centre	08 8222 1889	08 8222 1850	phamdorf@hampstead.rah.sa.gov.au
Pharmacy	Naomi Burgess Royal Adelaide Hospital	08 8222 4951	08 8222 5881	nburgess@mail.rah.sa.gov.au
HPCA	Lin Oke OT Australia	03 9416 1021	03 9416 1421	hpca@ausot.com.au
Music Therapy	Karen Brien-Elliott Royal Children's Hospital	07 3636 8561	07 3636 1883	Karen_Brien-Elliott@health.qld.edu.au
Occupational Therapy	Gayle Smith Royal Children's Hospital	03 9345 5134	03 9345 5868	smithg@cryptic.rch.unimelb.edu.au
Orthoptics	Kerri Martin Royal Victorian Eye & Ear Hospital	03 9929 8448	03 9929 8420	kmartin@rveeh.vic.gov.au
Orthotics & Prosthetics	Natalie Sullivan Austin & Repat Medical Centre	03 9496 4651	03 9853 0950	Natalie.SULLIVAN@armc.org.au
Physiotherapy	Viv Wulfsohn Alfred Hospital	03 9276 3455	03 9276 2702	V.Wulfsohn@alfred.org.au
Podiatry	Stephen Tucker Australasian Podiatry Council	03 9288 3493	03 9288 3528	tuckersm@svhm.org.au
Psychology	David Stokes RMIT University	03 9925 1353	03 9925 5960	david.stokes@rmit.edu.au
Social Work	Jill Feltham Royal Talbot Rehab Centre	03 9496 4591	03 9496 4589	Jill.FELTHAM@armc.org.au
Speech	Paul Murray Austin & Repat Medical Centre	03 9496 5000	03 9496 3280	paul.murray@armc.org.au