TALKING CASEMIX

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THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE

Funded by the Commonwealth Department of Health and Aged Care

Australian Service Weights for the Allied Health Professions

Regular readers of Talking Casemix will be aware that the Commonwealth Department of Health and Aged Care (Costing and Ambulatory Classification Section) funded a project to investigate the development of Australian Allied Health Service Weights.

The key objectives of Australian Allied Health Service Weights are:

- To better reflect clinical practice patterns in Australia
- To capture consumables and 'flow-on' costs and better understand allied health procedures
- To identify the variance in allied health weights across the health care continuum
- To develop discipline-specific service weights will enable more robust cost estimates.

What is a service weight?

An allied health service weight is a set of relativities that measure the cost of a service and consumables across a diagnosis group (Diagnostic Relating Group – DRG). The allied health service weight will enable robust cost estimates for allied health for any given DRG.

A service weight (also referred to as component service weight or service cost weight) is the relative costs of a serice for each type of patient care product. (Hindle, 1999)

The Maryland, USA weights

Service weights for allied health activity in the in-patient (DRG coded) setting are currently only available as a modification of the Maryland (US) data set. There are such fundamental differences in both the resourcing and clinical practice patterns of allied health professions in Australia and the USA that the continued use of the Maryland service weights is misleading.

Aim of the Allied Health Service Weights Scoping Project

The Allied Health Service Weights Scoping project was aimed at examining appropriate clinical costing methodologies and potential data collection sites for the development of Australian allied health service weights for the acute health care sector.

Key Outcomes of the Allied Health Service Weights Scoping Project

The scoping study was completed in December 2000 and the major outcomes of the project were:

- National database of allied health workforce in public hospital settings
- Database of data collection practices of allied health clinicians nationally
- Database of IT capacity and software used by allied health clinicians nationally
- Review of the National Hospital Cost Data Collection and recommendation that Allied Health Service Weights be developed via the NHCDC
- Recommendations on costing methodology for allied health service weights
- Project proposal for the allied health service weights study proper.

The above objectives were achieved following national consultation with key stakeholders including:

- The Commonwealth Department of Health and Aged Care
- The National Hospital Cost Data Collection Coordinating Group
- State/Territory Costing Managers
- The National Allied Health Casemix Committee
- The Allied Health Round Table
- The National Allied Health Benchmarking Consortium.

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Project Steering Committee

The project was guided by a steering committee comprising:

- Ms Jo Bothroyd (who replaced Ms Jo Murray), Commonwealth Department of Health and Aged Care
- Mr Mike Clarke, Commonwealth Department of Health and Aged Care
- Mr Kym Piper, SA Department of Human Services
- Mr Ian Woodruff, NAHCC Executive Officer
- Mr David Rhodes, NAHCC Executive member
- Ms Jan Erven, NSW Allied Health Casemix Committee
- Ms Cathy Nall, National Allied Health Benchmarking Consortium
- Catherine Itsiopoulos, Project Manager

The steering committee will continue their role in the study proper and are currently in the process of finalising the proposal for the service weights project which is due to commence this month.

FURTHER INFORMATION

If you would like more information on any aspect of this project (or subsequent phases) please contact Catherine Itsiopoulos.

Catherine's contact details appear in the NAHCC directory on the back page of this edition of *Talking Casemix*.

NB: A summary of results of the data survey will be posted on the NAHCC website in early May.

NATIONAL CASEMIX CONFERENCE 2001

Health in Perspective – incorporating the 13th National Casemix Conference Hobart, Tasmania, 16–19 September 2001.

Health Care in Perspective 2001 incorporating the 13th National Casemix Conference invites people working in the health sector to meet in Hobart in September 2001 to examine a number of the key issues facing the health sector. The Conference title *Health Care in Perspective 2001* indicates that the key issues will be addressed from a number of perspectives by representatives from clinical and non-clinical disciplines.

Key issues to be examined:

- Measuring quality and safety – the challenge for all
- Extending casemix beyond acute care
- Clinical leadership – recent developments
- Information management
- Benchmarking
- Health care financing
- Workforce challenges
- Making the most of applied research

The program has been designed to provide opportunities for delegates to network. In addition, *Speakers Corner* sessions have been included to make sure that everyone has an opportunity for discussion.

As in Cairns (August 2000), NAHCC will be offering a post-conference workshop on allied health specific issues. This is scheduled for the afternoon of Wednesday, 19 September 2001 (immediately following on from the Casemix Conference). Full details will be posted with the next edition of *Talking Casemix* and included with the Casemix Conference registration brochure.

Allied Health – What's in a name?

In *TC* (June 2000, Volume 4, No 2), we invited readers to submit their definitions of "Allied Health".

We were not overwhelmed with responses but did receive the following three definitions:

Those tertiary-trained individuals other than dentists (and pharmacists) who act in a clinical capacity and who enter into a care-based and/or primary investigative and primary diagnostic relationship with patients, be they in the public or private sector.

Margot Masters, Director, Occupational Therapy, Royal Adelaide Hospital, based on the definition used in the Ambulatory Reform project

Health professionals who collaborate to achieve the best outcome for their patients/clients.

Elaine Unkles, Director, Physiotherapy, Royal Brisbane and Royal Women's Hospital

Allied Health – allied to each other and the communities we serve.

Rosalie Boyce, University of Queensland (but which she credits to Michael Bishop)

Health Care Professionals with formally recognised discipline-specific qualifications who provide health services in inpatients, outpatients and the community.

The Allied Health Service Weight Study working definition.

In the true spirit of Allied Health inclusivity, NAHCC has decided to award all four entrants the grand prize of a box of quality chocolates.

We welcome your feedback on these definitions.

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Profiling Catherine Itsiopoulos – NAHCC Chair

Catherine (pictured at centre and never very far from a good white wine) is the current Chair of NAHCC.

She has previously spent 10 years working in metropolitan teaching hospitals firstly as a clinical dietitian, then held a research position in clinical dietetics and later in allied health management. After completing a Master of Public Health in 1993, Catherine's career moved from clinical dietetics to academia. She joined Deakin University as a Lecturer in Human Nutrition in 1994 and had a major role in the development, teaching and coordination of the public health nutrition stream in the Master of Public Health.

In July 2000, Catherine moved to RMIT University and took on a senior lectureship in Health Services Management Research and Managerial Epidemiology. As well as chairing the National Allied Health Casemix Committee she is also the project manager for the National Allied Health Service Weights Scoping Project.

Catherine has been undertaking doctoral studies at Melbourne University investigating diabetes and cardiovascular disease risk factors in Greek-born migrants and the potential of the traditional Greek diet in preventing premature mortality from coronary heart disease.

Catherine is in the process of submitting her doctoral thesis and continues to have a strong research interest in the health benefits of the traditional Mediterranean diet (in particular, wine consumption!) in the prevention and management of Diabetes and Cardiovascular Disease.

International Classification of Diseases – Codeset Review

NAHCC is currently completing a review of the allied health sensitive codes in the International Classification of Diseases – Australian Modification (conveniently known as ICD-10-AM Second edition). The outcome of this will be revised procedure codes for the Third Edition. David Stokes, NAHCC Profession Representative for the Australian Psychological Society and Senior Lecturer, RMIT University, has been coordinating this activity for NAHCC. The draft set of codes has been developed / modified by each of the Allied Health professions and is currently with the NAHCC committee for consideration.

As reported in *TC*, October 2000, (Volume 4, Issue 3), extensive intra-discipline consultation occurred to achieve the draft codeset. Many recommendations of a more general nature also arose from the consultation process and these will be addressed by NAHCC as a separate exercise to finalisation of the actual codes.

A summary of the types of comments from the professions (and some examples) is set out below.

Broader Issues

1 Need for explicit coding criteria and principles.

2 Structural Classification Issues: This includes issues about the need to modify classification structure or issues about conceptual problems.

3 Publication Format: A number of professions, including the NAHCC executive itself, have expressed the view that an AH friendly version of Chapter 19 should be produced with NAHCC's support.

4 Education Process: The need for informing and educating AH practitioners about the use of these codes and understanding the coding process was expressed by a number of professions.

Specific Issues

1 Need for clarification or definition because of overlap or lack of precision.

2 Too much specificity producing problems with overlap. A number of codes could be allocated to a patient for the one procedure. Suggest combining them to reduce the confusion.

3 Duplication of Codes: Similar to 2 but direct duplication rather than being overly specific.

4 Omission of specific items necessary to a profession.

NAHCC would like to acknowledge the enormous amount of work that has been done by the profession committees and individuals. There is still a lot of work ahead in implementing the suggestions and there will be further profession consultation, but overall it has been a great achievement to the present.

How are the ICD codes used?

The applications of the collected ICD codes are varied. Potential uses range from DRG assignment at hospital level to Quality Improvement activity at department level.

In broad terms, the "most significant" codes are collected at hospital level, sent to the state / territory health authority then bundled and reported to the Commonwealth Department of Health and Aged Care. At this point they are utilised by both the DHAC and by the Australian Institute of Health and Welfare (AIHW).

The National Hospital Morbidity Database

The National Hospital Morbidity Database is compiled by the Institute from data supplied by the State and Territory health authorities. It is a collection of electronic confidentialised summary records for admitted patients separated from public and private hospitals in Australia in the years 1993–94 to 1998–99. The total number of records for 1998–99 was 5.7 million. (The total number of interventions would, of course, be much higher than this as each patient receives many interventions.)

The following table is an extraction of Allied Health sensitive codes which appeared in the 1998-99 database.

NATIONAL HOSPITAL MORBIDITY DATA SET 1998–99

Allied Health Interventions	*number*
Nutritional assessment	26,354
Social work assessment	44,365
Sensory motor occupational therapy intervention	6,659
Ambulation and gait training, physiotherapy	56,842
Physiotherapy education	37,476
Therapeutic psychology interventions	2,955
Podiatry diagnostic evaluation	145
Therapeutic speech pathology interventions	2,518
Impedance audiometry	12
Orthoptic case management or discharge planning	320
Therapeutic prosthetic or orthotic interventions	26
Generalised allied health interventions	749,819
TOTAL ALLIED HEALTH	2,170,370

Almost 35% of all the Allied Health sensitive codes collected in were the *generalised allied health interventions* (ie simply indicating the presence of Allied health in that individual's care, but with no reference to the type of intervention provided).

The revised ICD codeset may offer an opportunity for Allied Health to be better "captured" in this national data set.

Other avenues include the exploration of other data elements to reflect the nature and intensity of Allied Health activity. The Indicator for Intervention (IFI) and Allied Health sensitive Performance Indicators (PI) are two such data elements that NAHCC is currently researching.

Once the codeset is finalised by the National Centre for Classification in Health, NAHCC will release a publication containing the Allied Health sensitive codes and some background to their development and application.

Your comments on the ICD codes are welcome.

Further Information

AIHW Website:
http://www.aihw.gov.au

National Centre for Classification Health Website:
http://www.cchs.usyd.edu.au/ncch

National Allied Health Casemix Committee

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