

TALKING CASEMIX

Volume 2 Issue 1

March 1998

THE NEWSLETTER OF THE NATIONAL ALLIED HEALTH CASEMIX COMMITTEE
Funded by the Commonwealth Department of Health and Family Services by a Grant through the Casemix Development Program

NAHCC now has a National Office

NAHCC has a national office with an executive officer and secretariat support.

The office is located within the Department of Management at RMIT University in Melbourne's central business district.

The secretariat was funded by a grant from the Commonwealth Department of Health and Family Services.

Ian Woodruff is the Executive Officer. He has a background in dietetics and public health at clinician and management level and has held executive positions in his professional association and state registration board.

He has worked on the development of clinical indicators for the Australian Council of Healthcare Standards and more recently has researched the impact of casemix on Victorian hospitals as an academic at RMIT University in Melbourne.

He is currently engaged in doctoral studies researching aspects of Allied Health responses to change in Australian hospitals.

The national office provides administrative support to NAHCC and its various committees and acts as a clearing house for collection and dissemination of information to NAHCC members and other relevant groups.

The office aims to be the major contact point for external agencies seeking Allied Health involvement or information on Allied Health casemix matters. It also coordinates the production of NAHCC publications.

1998 NAHCC Seminar

September 6 — Melbourne

The Tenth National Casemix Conference will be held in Melbourne from September 6 to September 9 with the theme *Looking Back, Moving Forward*.

Please refer to the accompanying brochure for provisional details or call Conference Logistics on 02 6281 6624 / email: casemix@conlog.com.au

As in previous years, NAHCC will be holding a full day seminar immediately prior to the Conference. This year it is on Sunday September 6.

The venue is not yet confirmed, but will either be the same as for the Conference or nearby.

The program for the seminar has been designed to complement the Casemix Conference.

It has not yet been finalised but will include aspects of the following:

- Development of Indicators for Intervention (IFIs).
- Development of a generic framework for Allied Health outcome measures.
- Revision of the Australian Allied Health Classification System.
- Implications of newer classification systems for Allied Health.
- Workshop with the NCCH on hospital-level coding issues including strategies for "getting coded".
- Research reports from allied health professionals.

If you'd like to be a part of the seminar organising committee or could help out on the day, please call Kate or Ian at the NAHCC secretariat.

Message from the chair...

1998 is shaping up to be an exciting year for allied health in the casemix arena. 'Talking Casemix' will continue to keep you up to date with developments in casemix matters, especially those which affect allied health. In this newsletter you will read about the NAHCC National Office which is now well established.

There is also news of the workshop held on December 1 and 2, 1997 in Melbourne to initiate revision of the National Allied Health Activity Classification System - Version 1. The workshop also provided an opportunity for preliminary discussions about outcomes and indicators for intervention. The NAHCC Executive will be continuing with this work and preparing proposals for projects, so stay tuned for further developments.

One of the NAHCC goals for 1998 is to improve communication with members and organisations who play a key role in casemix matters. The National Office is helping to achieve the goal and so is the NAHCC Web site.

Don't forget that you can use these facilities to have your say or to get an update on progress on the Action Plans which are outlined in this issue.

Annette Byron, NAHCC Chairperson

How to contact us

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NAHCC Action Plans

In June 1997 the full NAHCC committee met to consider the practical implications of the NAHCC Strategic Plan report.

The following 17-point prioritised action plan represents the NAHCC strategy for the period up to June 1999:

1. Publish and distribute the Australian Allied Health Classification System (AAHCS).
2. Determine the requirements for an AH information system.
3. Maintain a central NAHCC registry of information.
4. Build relationships with key bodies relevant to NAHCC.
5. Develop NAHCC position statements on relevant issues:
 - Occasions of service
 - IPA / NIPA use
 - AAHCS recognition
 - Information systems requirements
6. Coordinate AH developments with respect to ICD-10.
7. Involve state based AH groups in NAHCC activities.
8. Identify target recipients of NAHCC information.
9. Establish NAHCC education program for 1997-99.
10. Develop Version 2 of the AAHCS.
11. Undertake comparative analysis of state casemix models.
12. Run focus groups with state health authorities.
13. Review NAHCC Secretariat function.
14. Produce *Talking Casemix & Web Page*.
15. Disseminate information through professional networks and journals.
16. Produce an annotated *AH and casemix* bibliography.
17. Encourage training institutions to include casemix in curriculum.

Most of this work is underway and some has already been completed.

Following is a brief description of some of these activities:

Version Two of the AAHCS

This is one of NAHCC's biggest challenges and involves a number of discreet, but related tasks, including:

- Development of Indicators for Intervention.
- The creation of an "allied health patient group" that could explain resource consumption and might lessen reliance on the "occasion of service" statistic.
- Review of the activity codes within the AAHCS.
- Review of the minimum data set.
- Generic framework for allied health outcome measures development.

- Moving to an "output" focussed classification.

To ensure that the allied health professions guided the direction of this work a national workshop was held in Melbourne in early December.

Fifty-five allied health professionals met over two days to discuss issues relating to the Australian Allied Health Classification System and to begin the process of developing generic guidelines for allied health outcome measures and indicators for intervention.

The workshop, sponsored by the Commonwealth Department of Health and Family Services, provided a strong direction for the ongoing development of NAHCC's classification work.

In summary, the outcomes of the workshop were:

- Potential for simplification of some of the discipline specific code sets.
- Affirmation of the need for development of non-individual patient attributable (NIPA) activity descriptions.
- Demand for a time-based statistic that is more resource-informative than the occasion of service.
- A proposed framework for the development of outcome measures and Indicators for Intervention (IFIs).

NAHCC is continuing to work with all stakeholders to advance this work.

Allied Health access to IT – hardware and software –

NAHCC recognises that the success of the AAHCS is contingent upon the availability of IT hardware and software for the collection of the data elements.

The South Australian Allied Health Casemix Committee has produced a document describing the elements required in an allied health activity reporting system and has kindly permitted NAHCC to adopt this a national resource for allied health professionals.

The *Software Recommendations for Allied Health Management Information Systems* is available for browsing or downloading from NAHCC's home page or can be requested from the national office.

Limited availability of computing equipment is a recognised problem in health care settings across Australia. Our anecdotal evidence suggests that few Allied Health professionals have routine access to computers at their worksite.

NAHCC plans to conduct a national survey on this issue as the first step to proposing solutions to the problem.

Casemix information in Allied Health training courses

NAHCC is currently surveying the course coordinators from all Australian allied health training schools to determine the extent to which students are exposed to casemix and related issues. The information gained from the survey will be used to inform the development of the 1998-9 NAHCC education plan.

National Coding Issues and Allied Health

The National Centre for Coding in Health (NCCH) is the organisation which has responsibility for health coding issues in Australia.

NAHCC has worked closely with NCCH in the development of the Australian Allied Health Classification System – Version One (AAHCS -V1) to ensure that it is consistent with broader coding practice.

ICD-9-AM, the current coding standard in use across Australia, has only limited codes for a few Allied Health professions. It does not include the full codeset from the AAHCS – V1.

The NCCH has just released “The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification”– First Edition July 1998”. This fortunately has a friendlier short title of *ICD-10-AM*!

ICD-10-AM includes all the codes for all ten allied health disciplines which are represented in the AAHCS (plus Pharmacy, which developed codes independently). The AAHCS – V1 actually forms a *chapter within* ICD-10-AM.

Hospital coding staff in Victoria, NSW, ACT and NT will switch from ICD-9 to ICD-10 from July 1, 1998 thus providing an opportunity to capture Allied Health activity in a systematic way.

The other states (SA, WA, Tas and Qld) will not switch to ICD-10 until July 1999.

In the interim, in these latter states, coding of Allied

Health activities will continue to be determined by local decisions.

It is a major achievement that the Allied Health codes are now included and due recognition should be accorded to all those professional associations and individuals involved in getting the AAHCS started.

It was recognised from the outset that Version One would need validation and review – leading to AAHCS Version Two. At a NAHCC *Version One Review Workshop* held in December 1997 numerous proposals for improvement to Version One were put forward. (see the brief summary under NAHCCs action plans.)

The NCCH will release Edition Two of ICD-10-AM in early 2000 and could incorporate AAHCS – V2.

This sets a realistic timeframe for NAHCC to produce and test AAHCS – V2.

Clearly, extensive consultation is needed with a wide range of organisations in its production.

NAHCC and NCCH are planning to convene several workshops on the matter over the next six months.

NAHCC believes that the transition from Version One to Version Two should be as smooth as possible and is thus recommending that no *interim changes* be incorporated until Version Two is released.

(If we were to make incremental changes to Version One we would create confusion and would lose the consistency of the data set being generated through Version One.)

<http://xray.anu.edu.au/casemix>

— our own homepage —

NAHCC has a homepage on the Internet enabling free access to NAHCC publications and linking related sites and contact details for NAHCC committee members. There are also plans to establish a discussion group. Any suggestions for articles, services or links to other sites would be welcomed.

Publications available

- Australian Allied Health Classification System – Version 1 (AAHCS V1)
- Software recommendations for Allied Health Management Information Systems
- Report of the National Reference Standards project – executive summary*
- Report of the Strategic Plan project – executive summary*
- Report of the Education Project – executive summary*

* The full reports of these projects are weighty tomes which may be borrowed if the executive summary is not sufficiently informative.

- **ICD-10-AM First Edition 1998 (NCCH publication)** — This is a five volume publication which costs \$250. Volume 3 *Procedures Tabular: MBSE* contains the full list of procedures including all those for Allied Health and can be purchased individually for \$60. To order, call Damian at NCCH on 02 9351 9344 or fax your order to 02 9351 9603.

Note: For readers who simply want the Allied Health codes, the NAHCC AAHCS V1 should be sufficient.

NCCH guidelines for coders using ICD-10-AM

The NCCH has released the following guidelines to coding staff in those States adopting ICD-10-AM in 1998 (NSW, Vic, ACT, NT):

Allied Health Professionals included:

# Dietetics	# Audiology
# Social Work	# Orthoptics
# Occupational Therapy	# Prosthetics & Orthotics
# Physiotherapy	# Pharmacy
# Podiatry	# Psychology
# Speech Pathology	

Block [2140] contains the generalised allied health intervention codes:

95550-00 [2140]	<i>Allied health intervention, dietetics</i>
95550-01 [2140]	<i>Allied health intervention, social work</i>
95550-02 [2140]	<i>Allied health intervention, occupational therapy</i>
95550-03 [2140]	<i>Allied health intervention, physiotherapy</i>
95550-04 [2140]	<i>Allied health intervention, podiatry</i>
95550-05 [2140]	<i>Allied health intervention, speech pathology</i>
95550-06 [2140]	<i>Allied health intervention, audiology</i>
95550-07 [2140]	<i>Allied health intervention, orthoptic</i>
95550-08 [2140]	<i>Allied health intervention, prosthetics and orthotics</i>
95550-09 [2140]	<i>Allied health intervention, pharmacy</i>
95550-10 [2140]	<i>Allied health intervention, psychology</i>
95550-11 [2140]	<i>Allied health intervention, other</i>

Blocks [2050] Nutritional assessment to [2139]

Other pharmaceutical intervention contain the specific allied health intervention codes.

Classification

1. As a rule, coders should assign only the general code/s [block 2140] for allied health intervention/s. However, if there is a need to collect more specific data on allied health interventions at the local level, then assignment of the general category code **and/or** specific codes [blocks 2050 - 2139] is allowable.
2. The general code representing a professional group should be assigned once only for an episode of care, regardless of the number of specific interventions performed by the relevant professional.
3. If assigning specific codes, and the same intervention is performed more than once during an episode of care, assign the appropriate code, once only.

NCCH guidelines CONTINUED

Example 1:

An inpatient is seen by a physiotherapist (5 interventions performed), a social worker (2 interventions performed) and a dietitian (1 intervention performed) during an episode of care, assign:

95550-03 [2140]	<i>Allied health intervention, physiotherapy</i>
95550-01 [2140]	<i>Allied health intervention, social work</i>
95550-00 [2140]	<i>Allied health intervention, dietetics</i>

When more specificity is required, assign the appropriate code/s from blocks [2050] to [2139].

Example 2:

An occupational therapist provided perceptual training, sensory integration and education on sensory motor function during the episode of care. The physiotherapist manipulated and mobilised the knee joint.

GENERAL CODES

95550-02 [2140]	<i>Allied health intervention, occupational therapy</i>
95550-03 [2140]	<i>Allied health intervention, physiotherapy</i>

OR

SPECIFIC CODES

95101-01 [2060]	<i>Perceptual training or retraining, occupational therapy</i>
95101-03 [2060]	<i>Sensory integration, occupational therapy</i>
95101-07 [2060]	<i>Education and advice on sensory motor function, occupational therapy</i>
95151-03 [2065]	<i>Manipulation, physiotherapy</i>
95151-04 [2065]	<i>Mobilisation of joint, physiotherapy</i>

Note: A combination of codes from (1) and (2) may be assigned, however, for consistency of morbidity data it is advisable to routinely assign general codes only.

Note from NAHCC...

The basic message from these guidelines is that Allied Health will be 'counted' but usually only at the primary (2140) code level. NAHCC will be consulting the various State health authorities on issues arising from the guidelines, such as:

- Application of the data set to resource allocation.
- Adequacy of coding systems to capture *all* Allied Health disciplines treating individual patients.
- Access to the data set for research and planning purposes.

Your NAHCC State and Profession Contacts

STATE CASEMIX GROUPS

		Telephone	Fax	Email
ACT	<i>David Rhodes</i> The Canberra Hospital	02 6244 2625	02 6285 3020	david_rhodes@dpa.act.gov.au
NSW	<i>Helen McCathie</i> * Concord Hospital	02 9767 6550	02 9767 8445	–
NT	<i>Jenny Woodhouse</i> Territory Health Services	08 8999 2891	08 8999 2955	jenny.woodhouse@dwnhhse.nt.gov.au
QLD	<i>Marie Oxlade</i> * Com. Child Health Service	07 3250 8529	07 3252 7895	oxladem@health.qld.gov.au
SA	<i>Kate Rice</i> Hampstead Hospital	08 8222 1600	–	–
TAS	<i>Lorraine Miller</i> Royal Hobart Hospital	03 6222 8982	03 6222 8036	lorraine.miller@dchs.tas.gov.au
VIC	<i>Helen Cleak</i> Latrobe University	03 9479 2411	03 9479 3590	h.cleak@latrobe.edu.au
WA	<i>Jeff Ewen</i> Charles Gairdner Hospital	08 9346 2337	–	Jeff.Ewen@health.wa.gov.au

PROFESSIONAL ASSOCIATIONS

		Telephone	Fax	Email
ACAHP	<i>Jenni Smith</i> Donvale Private Hospital	03 9882 3566	–	–
Audiology	<i>Jan Pollard</i> Audiological Society of Aust.	03 9642 4866	–	cowanr@mail.medoto.unimelb.edu.au
MusicTherapy	<i>Felicity Baker</i> Ivanhoe Manor Hospital	03 9497 1833	03 9497 1438	–
Psychology	<i>David Stokes</i> * Austin Repat Medical Centre	03 9496 2560	03 9496 2613	–
Physiotherapy	<i>Joanne Meldrum</i> * Princess Alexandra Hospital	07 3240 5506	07 3240 5457	meldrumj@health.qld.gov.au
Social Work	<i>MaryLee Sinclair-Vogt</i> * The Canberra Hospital	02 6244 2152	02 6244 3861	aaswnat@aasw.asn.au
Occupational Therapy	<i>Gayle Smith</i> * Royal Children's Hospital	03 9345 5454	03 9370 1912	smithg@cryptic.rch.unimelb.edu.au
Medical Photography	<i>Glenys Grant</i> Royal Vic. Eye & Ear Hospital	03 9665 9666	–	ggrant@rveeh.unimelb.edu.au
Dietetics	<i>Annette Byron</i> * Royal Adelaide Hospital	08 8222 5223	08 8222 5135	abyron@nadmin.rah.gov.sa.au
Hospital Pharmacy	<i>Naomi Burgess</i> Royal Adelaide Hospital	08 8222 4951	08 8222 5881	nburgess@adelaide.on.net
Speech Pathology	<i>Paul Murray</i> * Austin Repat Medical Centre	03 9496 5000	03 9496 3280	sppathau@vicnet.net.au
Prosthetics & Orthotics	<i>Nick Freijah</i> Northwest Hospital	03 9389 7288	–	–
Podiatry	<i>Allison Petchell</i> Australian Podiatry Council	03 9416 3111	03 9416 3188	–
Orthoptics	<i>Kerri Martin</i> Austin Repat Medical Centre	03 9496 2668	–	–

* 1997/98 NAHCC Executive

National Allied Health Casemix Committee

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Email Response Sheet

To: NAHCC National Office

Please:

ADD me to the *Talking Casemix* mailing list:

REMOVE me from the *Talking Casemix* mailing list:

Send me the following:

Send me details of the NAHCC Seminar
(September 1998):

Title:

Name:

Position Title:

Organisation:

Address:

Telephone:

FAX:

Email:

Bulletin Board

COMING EVENTS

- **Third National Allied Health Conference** to be held in Brisbane, 4th-5th November, 1998.

Contact: Third National Allied Health Conference, Division of Clinical Support Services, Princess Alexandra Hospital, Ipswich Road, Woolloongabba Qld 4102

Telephone: 07 3240 2187

- **NAHCC Seminar** to be held in Melbourne, 6th September, 1998.

Contact: NAHCC Secretariat, Department of Management, RMIT University, GPO Box 2476V, Melbourne Vic 3001

Telephone: 03 9660 5961
Fax: 03 9660 5960
E m a i l :
ianw@bf.rmit.edu.au

- **Tenth Casemix Conference** to be held in Melbourne, 6th-9th September, 1998.

Contact: Casemix Conference Secretariat, Conference Logistics, PO Box 505, Curtin ACT 2605

Telephone: 02 6281 6624
Fax: 02 6285 1336
Email: casemix@conlog.com.au

Contributions

to 'Bulletin Board' can be forwarded for inclusion in forthcoming issues of *Talking Casemix*.

Next issue - June 1998

Health Professions Council of Australia

On 1st January 1998 the Australian Council of Allied Health Professions (ACAHP) became the Health Professions Council of Australia Inc.

The HPCA collectively represents over 30,000 allied health professionals who are members of the HPCA member organisations. HPCA's mission statement is "the effective national representation of allied health professions" and its roles and objectives include to:

- Represent allied health and to lobby federal government departments and other national bodies on issues of common concern.
- Achieve representation on federal government committees.
- Present submissions and responses where appropriate.
- Promote the allied health sector.
- Provide representation on other relevant national allied health groups.
- Be a communication point from Commonwealth and between Associations.
- Disseminate information.
- Provide representation on relevant research grant committees, eg. NHMRC.
- Provide HPCA representation on ACHS and other accreditation bodies.
- Participate in the ongoing development of ACHS standards.
- Advocate for adequate resources for the education and training of allied health professionals.

The initial focus of the HPCA will be directed at issues which can provide a significant contribution to Commonwealth planning and policy setting.

It is proposed that, initially, the strategies be pursued around only one or two projects, judged by the Executive as the most important for allied health nationally. These projects might be:

- Contributing to policy development in aged care and other health delivery areas.
- Monitoring and researching health delivery system changes in HACC, Workers Compensation, Public and Private Hospitals, and Department of Veterans' Affairs.
- Distributing relevant information to constituent bodies as the information comes to hand thus facilitating greater involvement of allied health professions.

HPCA, 6 Spring Street, Fitzroy, Victoria 3065
Telephone: 03 9416 1021 Fax: 03 9416 1421

National Benchmarking Project in Allied Health

In 1997, Allied Health Departments from a number of teaching hospitals across Australia came together to compare information about resource utilisation and identify methods of best (or better) practice in Allied Health.

The National Allied Health Benchmarking Consortium (NAHBC) was established and involves hospitals from the ACT, Victoria, NSW, SA and Tasmania. In the second half of last year, a project commenced which involved collecting information about resource levels and activity in the hospitals involved.

The data is currently being analysed and provides a picture of staffing levels, how staff spend their time, and allocation across the various clinical streams. The project has demonstrated how allied health departments in various hospitals can work together and the problems that can be experienced in this type of project.

The project also provides a solid base for considering outcomes in more detail, and identifying benchmarks for specific allied health diagnoses. With this in mind, the Consortium will be working more closely with the National Allied Health Casemix Committee in the future.

For more information please contact Gay Horsburgh on 02 9515 9635 or Kit Eu on 02 9515 7979.