Developing a non-admitted patient-based classification in a fast-evolving environment

Caroline Coevoet
Manager, Classification Development
Independent Hospital Pricing Authority
caroline.coevoet@ihpa.gov.au

Louise Kershaw
Director
Healthcare Strategy + Performance Solutions
louise.kershaw@ymail.com

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Some key considerations for non-admitted care

- How to measure patient complexity?
- How to capture integrated care?
- How to track patients across settings?
- How to design a classification that enable innovative funding models?

This is what the new non-admitted care classification seeks to enable

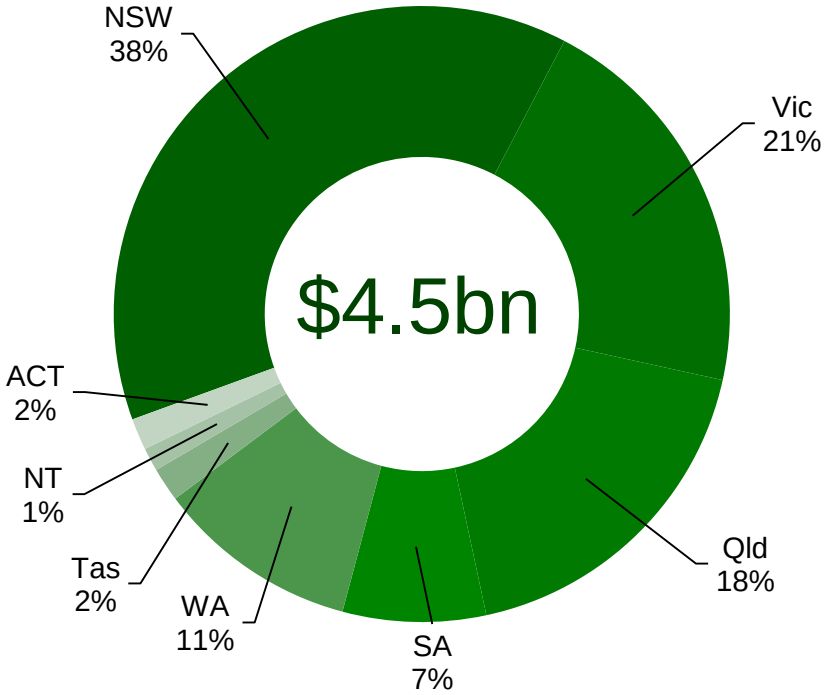
What is non-admitted care?

Non-admitted care encompasses services provided to patients who do not undergo a formal admission process to an inpatient service.

For example, services provided by hospitals:

- in hospital outpatient clinics
- in community-based clinics
- in patients' homes.

What is the cost of non-admitted care in Australia?



14% of the total expenditure on public hospital services

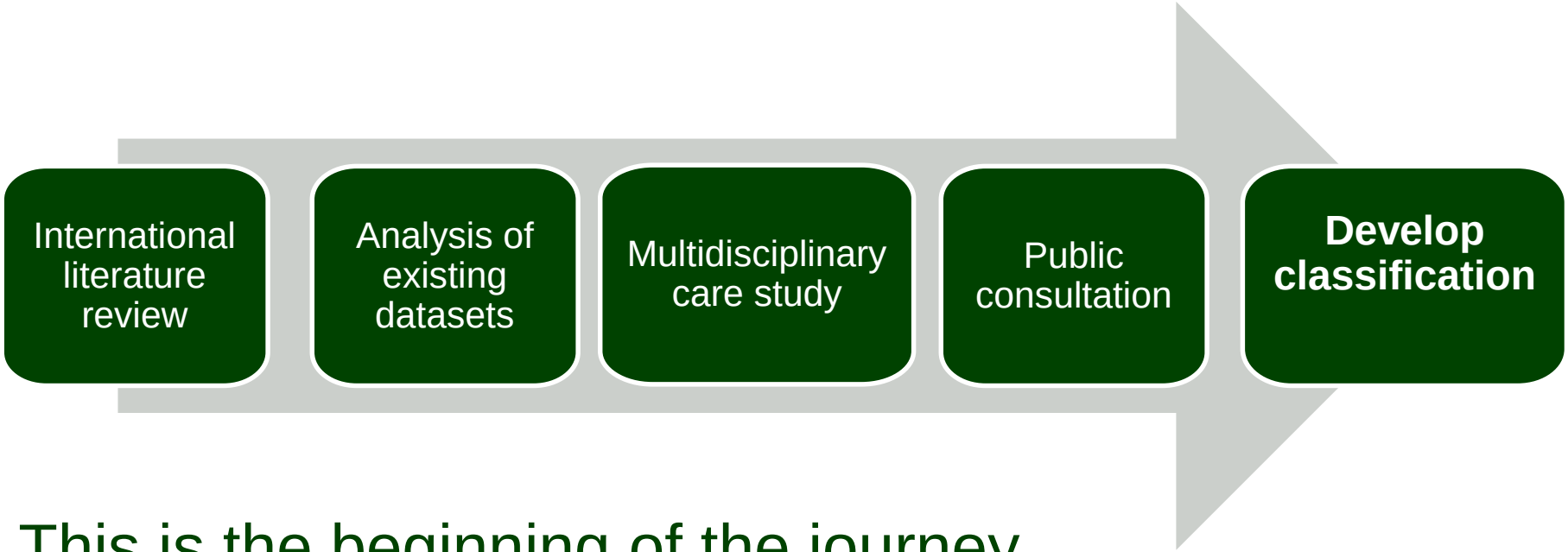
Source: 2015-16 National Hospital Cost Data Collection

How are non-admitted care services classified in Australia?

Developing a new classification for non-admitted care services

- Strong support from clinicians and non-admitted care stakeholders for a classification that has a broader scope than IHPA's pricing remit

Developing a new classification for non-admitted care services



This is the beginning of the journey

Health system trends

Challenges and opportunities

Health System Challenges

Developed countries are struggling to address a range of challenges:

- pressure of demand growth
- increasing consumer expectations
- explosion of high cost health technologies and treatments
- rising burden of chronic disease and obesity
- delivering equity of access to care across rural, regional and remote areas

What will non-admitted care look like in 10 years?

The new classification needs to consider the non-admitted care landscape in 10 years time

Health reform trends

Multidisciplinary teams

Cross sectors

Clinician leadership

Health outcomes

One person
One life
One record

Data information

Technology enablers

Transparent funding

Pay for value

Empowered, decision making, self managing

Wellness, prevention & health promotion

Clinical service integration – primary and specialist care

Centralised specialised treatment & procedure centres

Chronic disease models

- One integrated medical record that is shared with the whole healthcare team across primary, acute and sub-acute care

- Clinical information systems provide information
  - support efficient team work
  - shared evidence based care pathways
  - support quality improvement and performance monitoring

- Payments systems are designed to
  - reduce barriers to care coordination
  - incentivise collaboration
  - compensate for patient complexity

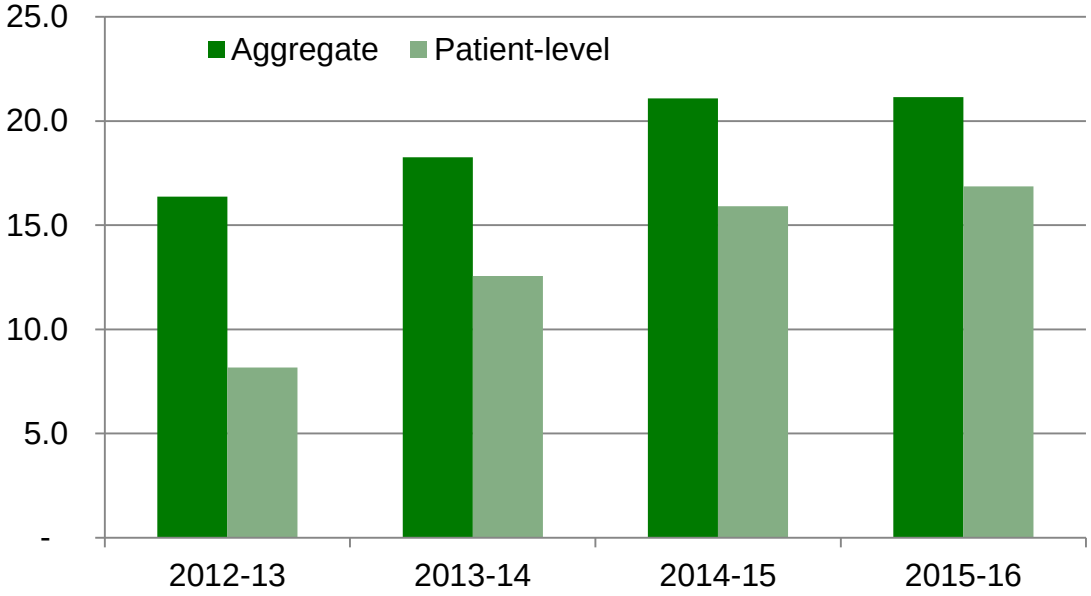
Primary care and hospital service boundaries

- Historically divided model with interaction largely limited to referral and discharge

- New models that cross the sector boundaries
  - Musculoskeletal clinics to manage obesity prior to elective joint replacement surgery
  - Maternity care models - inter-professional teams for low risk births
  - ‘Community healthcare hubs’ at aged-care facilities accessible for the general public and residents
  - Participating Health Care Homes model

Capitalising on the current trends

Reporting will continue to improve



Annual non-admitted service events reported (millions)

Aggregate: all Australian jurisdictions

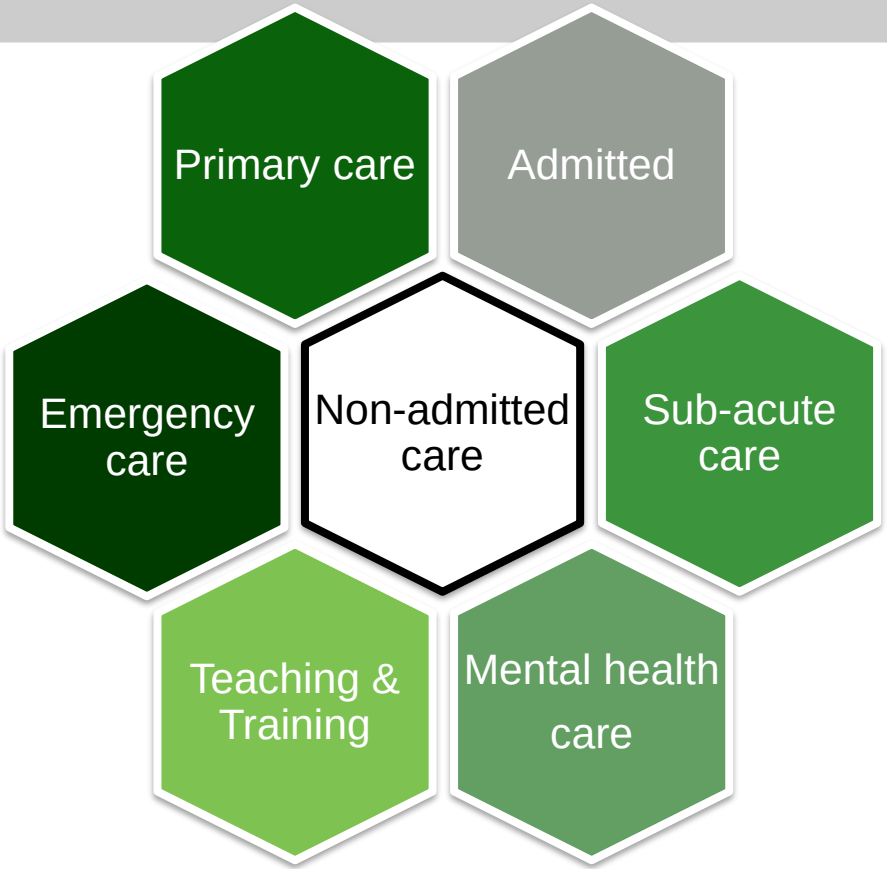
Patient-level: all Australian jurisdictions excl. Vic

Who will enter the clinical information collected?

- No clinical coding workforce in the non-admitted sector

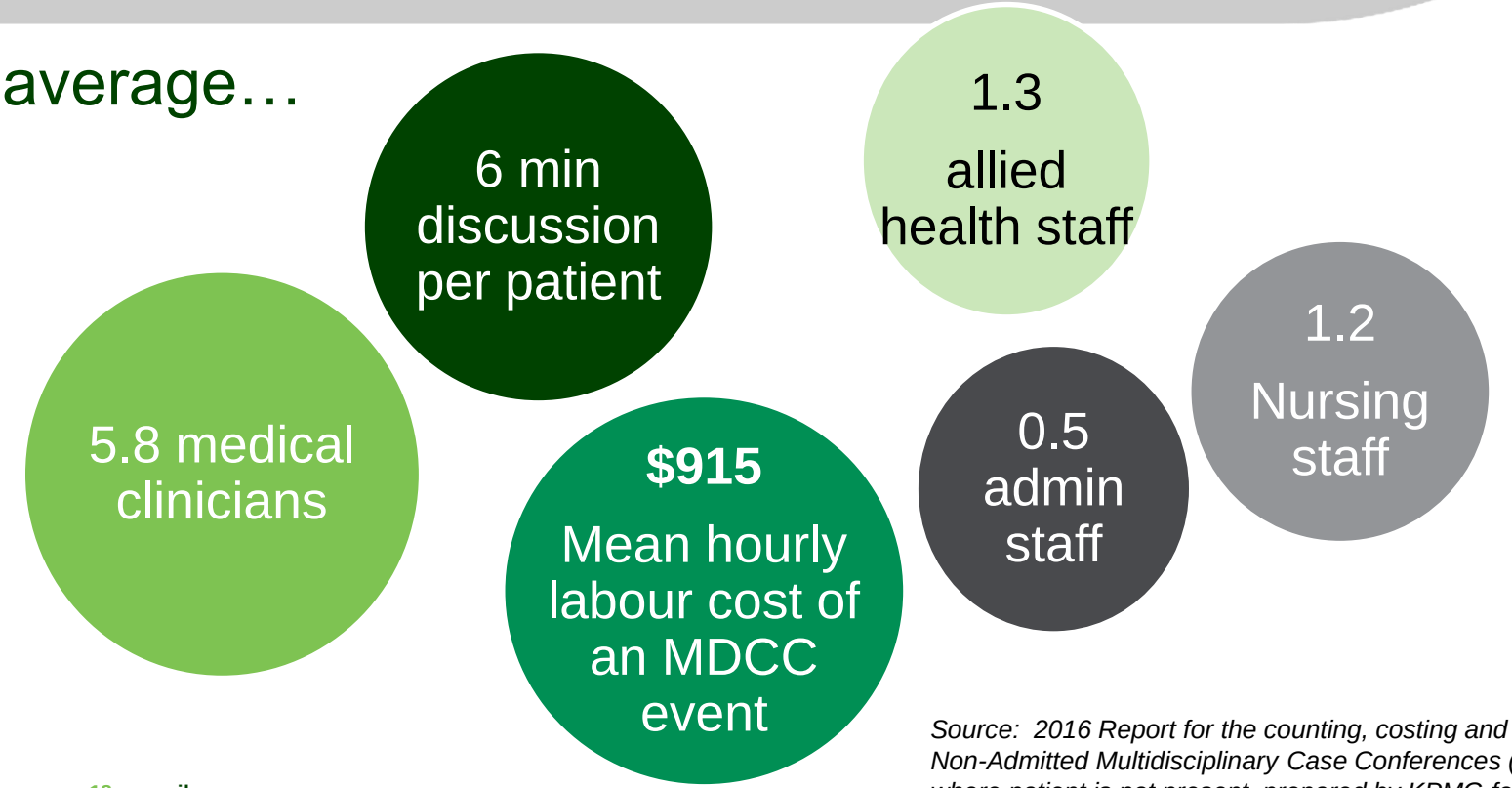
- Some options in the future:
  - Clinicians / administrative staff
  - Electronic medical records

Integrated care



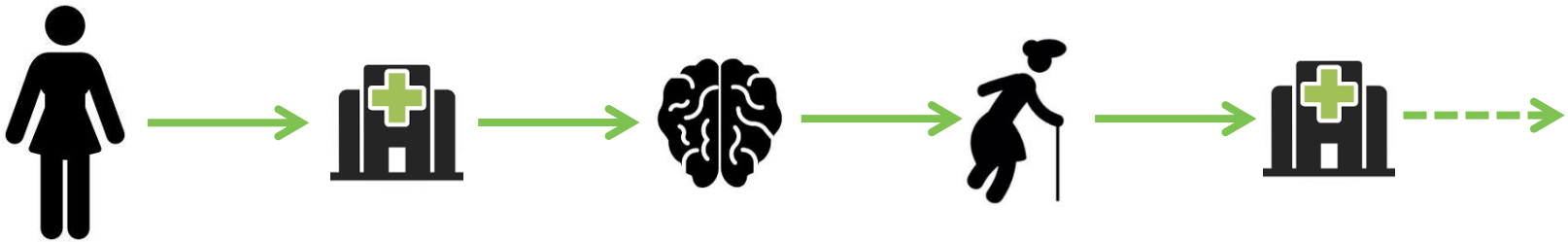
Multidisciplinary case conferences

On average…



Source: 2016 Report for the counting, costing and classifying of Non-Admitted Multidisciplinary Case Conferences (MDCCs) where patient is not present, prepared by KPMG for IHPA.

How will we track patients across settings?



Classification development conclusion

- From a provider-centric classification to a patient-based classification
- Boundaries between admitted, non-admitted and primary care to be addressed for the benefit of clinical practice, data flow and analysis, and funding
- Allow for innovative funding and data collection
- Consider different treatment pathways within the classification for chronic disease patients

Upcoming public consultation

STAY TUNED

Further information

- **IHPA website**
  https://www.ihpa.gov.au

- **Non-admitted care**
  https://www.ihpa.gov.au/what-we-do/non-admitted-care

- **Report for the counting, costing and classifying of Non-Admitted Multidisciplinary Case Conferences (MDCCs) where patient is not present**
  https://www.ihpa.gov.au/publications/report-counting-costing-and-classifying-non-admitted-multidisciplinary-case-conferences