

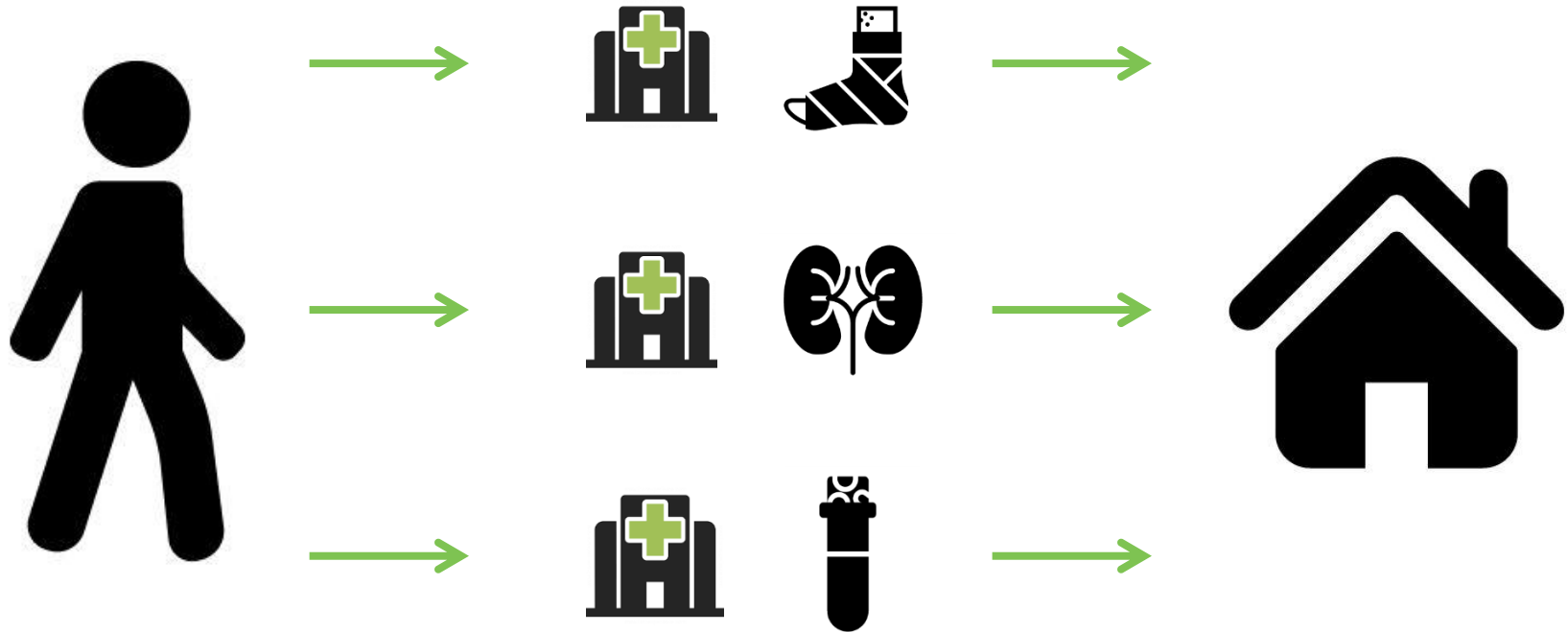
Development of the Australian Non-Admitted Care Classification system: Results from a targeted data analysis

Divyani Bhatnagar & Jaclyn Chan

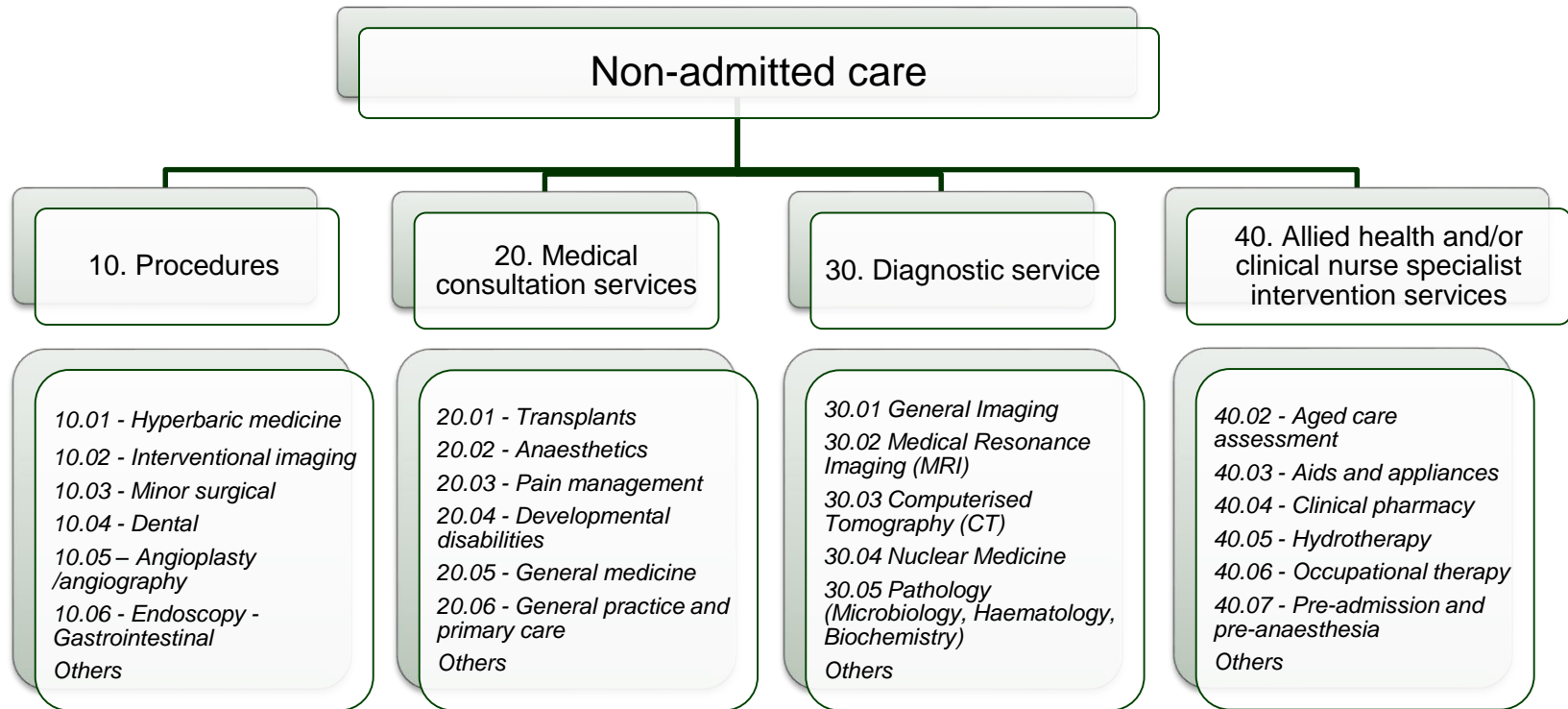


IHPA

The non-admitted patient journey



Tier 2 Non-Admitted Services Classification system (Tier 2)



Tier 2 limitations

- Assumes that clinics are constructed in a consistent way.
- Not patient-based and does not account for patient complexity within classes.
- Does not provide hospitals or clinicians with data which has utility beyond activity based funding (ABF).



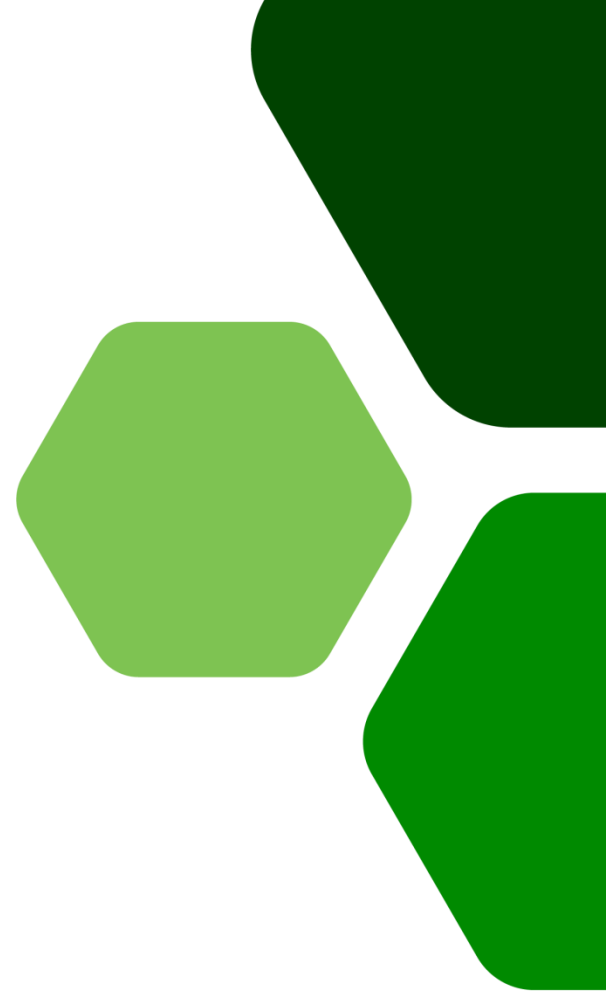
Australian Non-Admitted Care Classification

- IHPA commenced the development of the Australian Non-Admitted Care Classification (ANACC) system to provide an **evidence-based classification system** using **patient-centred variables** for non-admitted care services.

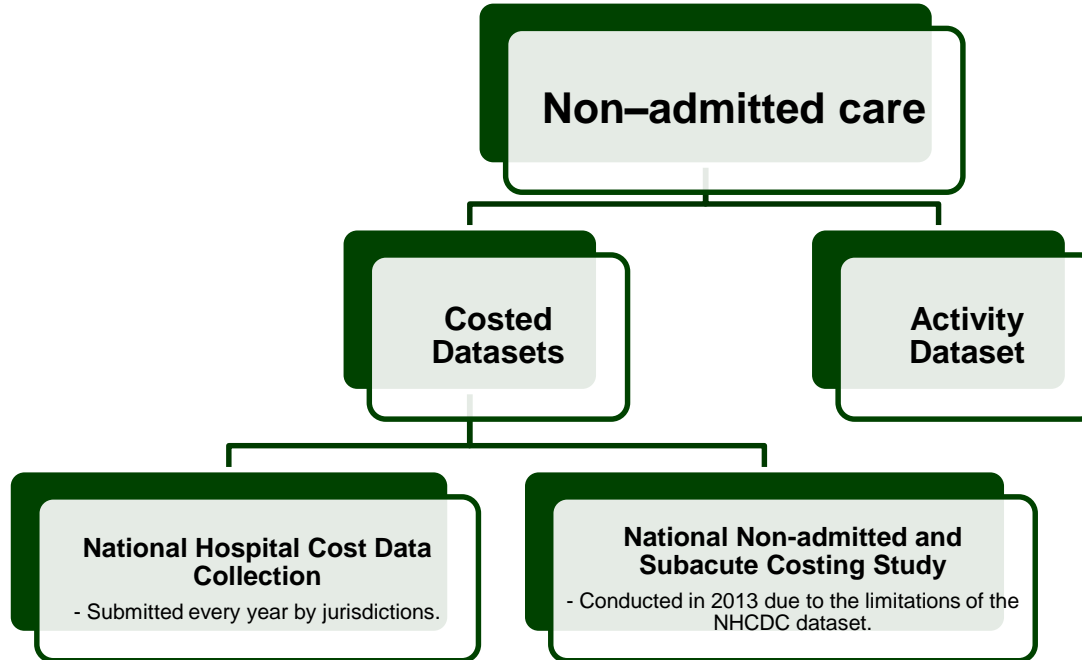
Purpose of the data analysis

- Quality and reliability of the non-admitted data.
- Availability of the procedures and diagnosis data.
- Identify potential cost drivers and any gaps in the available data.

Data analysis



Data sources



Data sources

Category

- Strengths
- Population covered
- Patient centric variables?

National Hospital Cost Data Collection (NHCDC) – as of 2016

- Reflects most recent cost data/standards and is updated annually.
- Collected from 161 hospitals for 16 million service events.



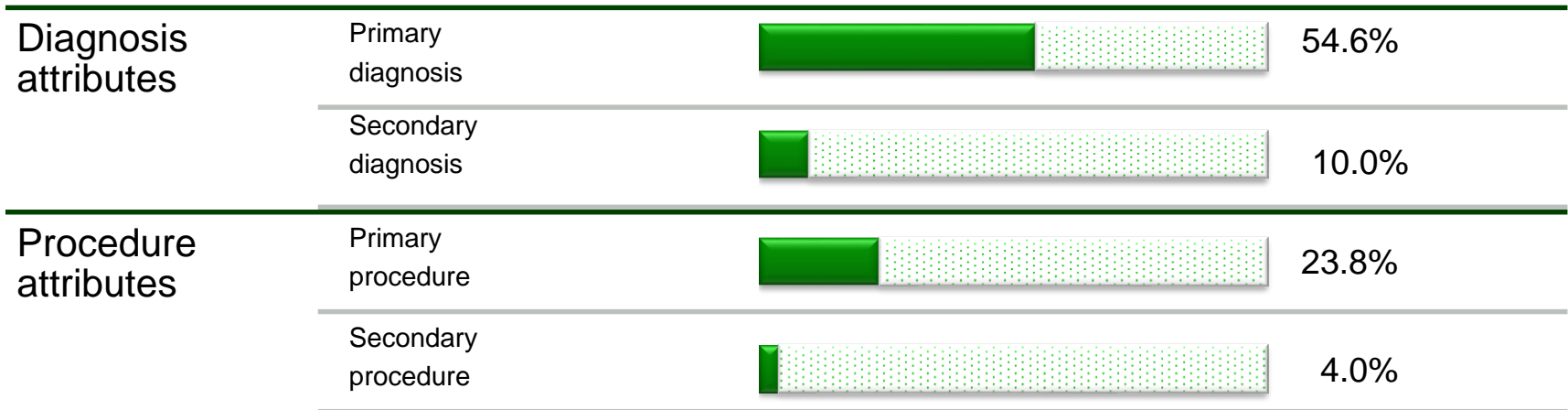
National Non-admitted and Subacute Costing Study

- Provides a time collection which drives the cost.
- Collected from 43 centres for ~ 500 thousand episodes.



Coding diagnosis and procedures

- In 2014, data collected from the National Non-admitted and Subacute Costing Study in a 'free text' format was translated to diagnosis and procedure codes.



Comparison of size

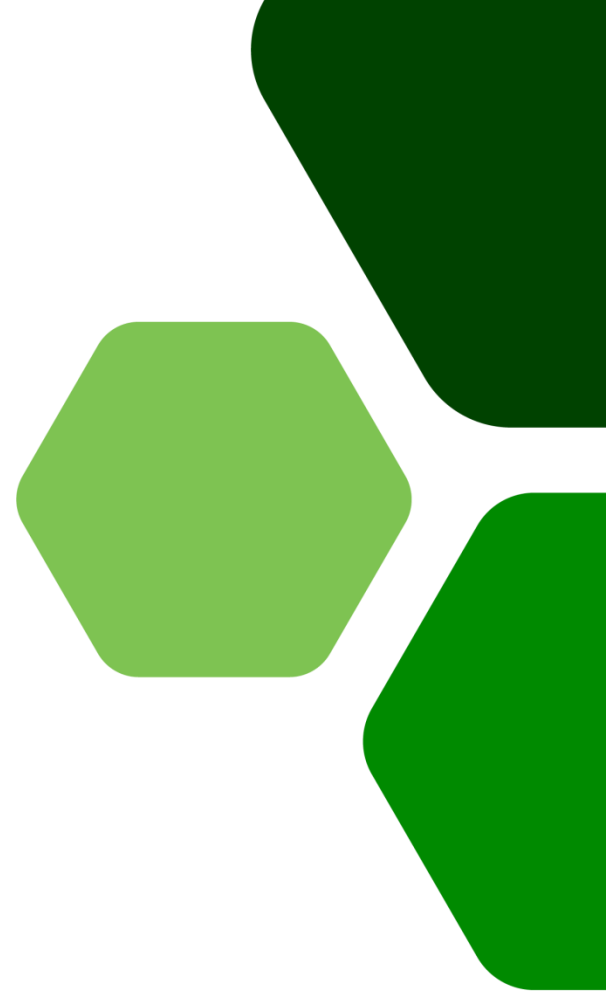
National Hospital Cost Data
Collection (NHCDC)

Non-admitted and Subacute
Costing Study



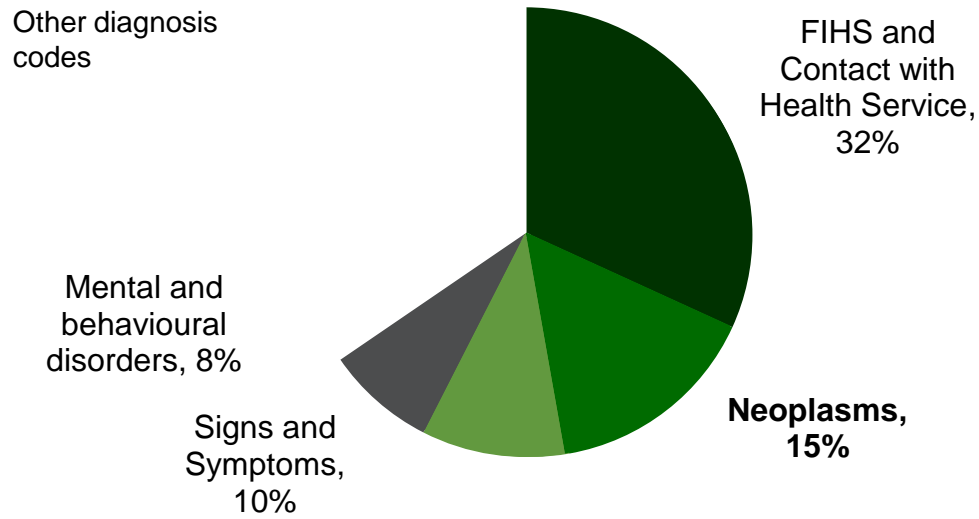
Diagnosis and procedures

Non-admitted care

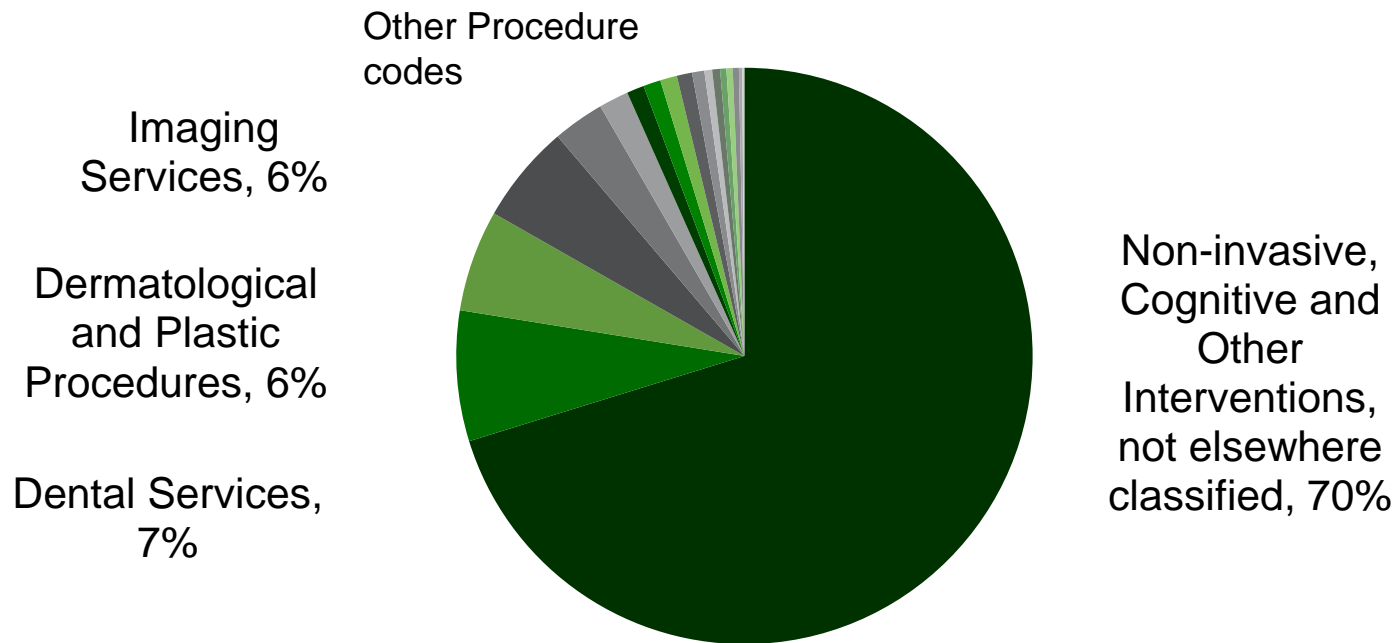


Diagnosis codes

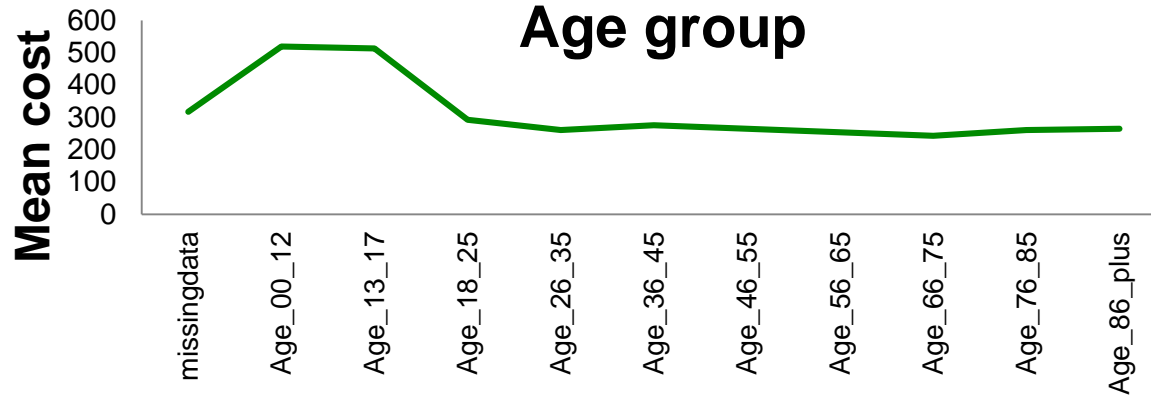
Distribution of diagnosis codes



Procedure codes



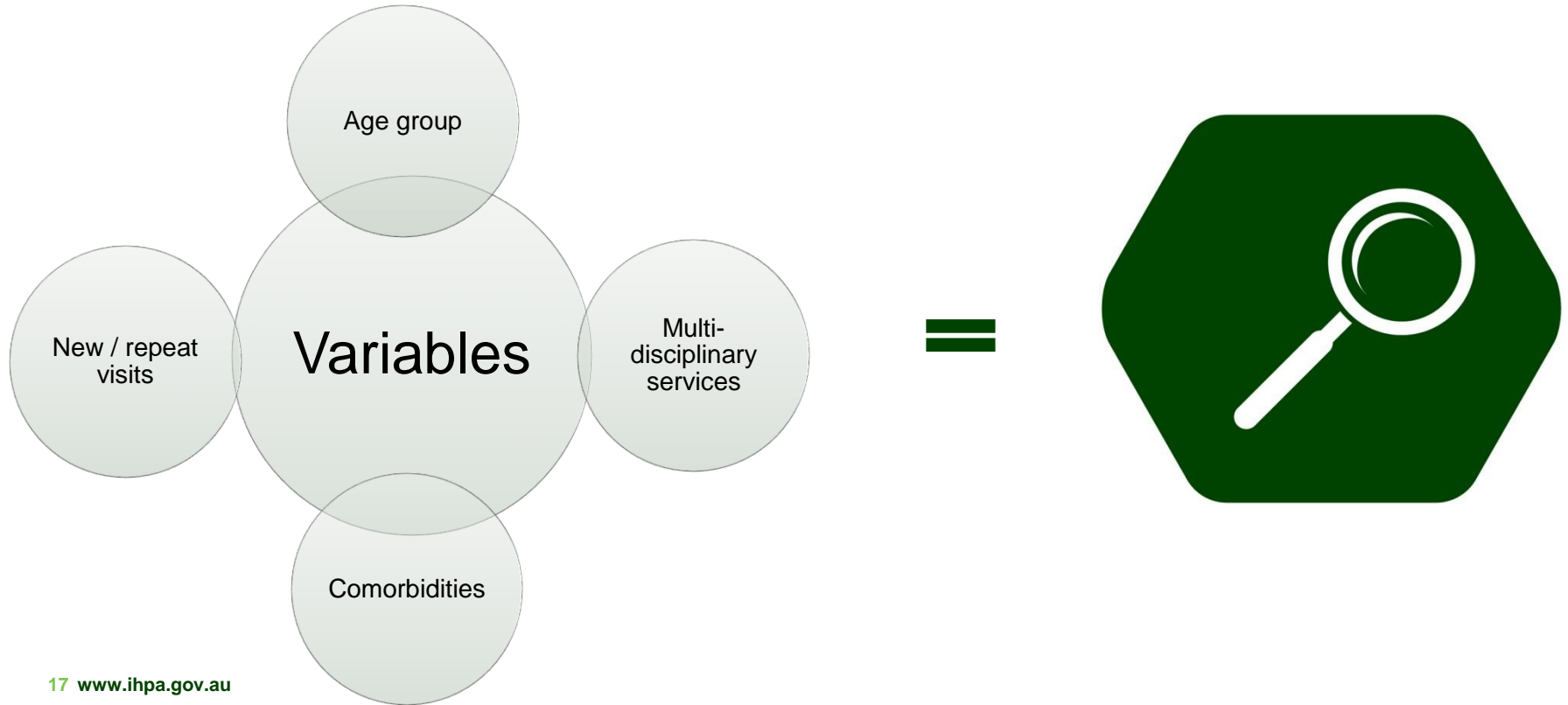
Neoplasms and age group



Other findings

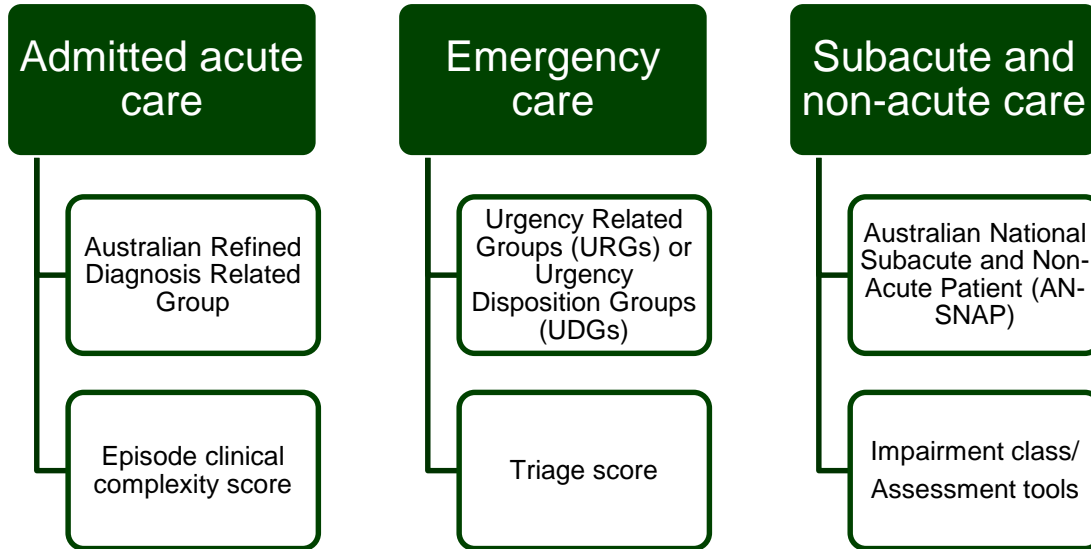
- Service events receiving multidisciplinary care are 43.3% more expensive than a single disciplinary care.
- Service events with a medical discipline, regardless of single/multi status are 43.2% more expensive than events without a medical discipline.

Areas for further research



Complexity

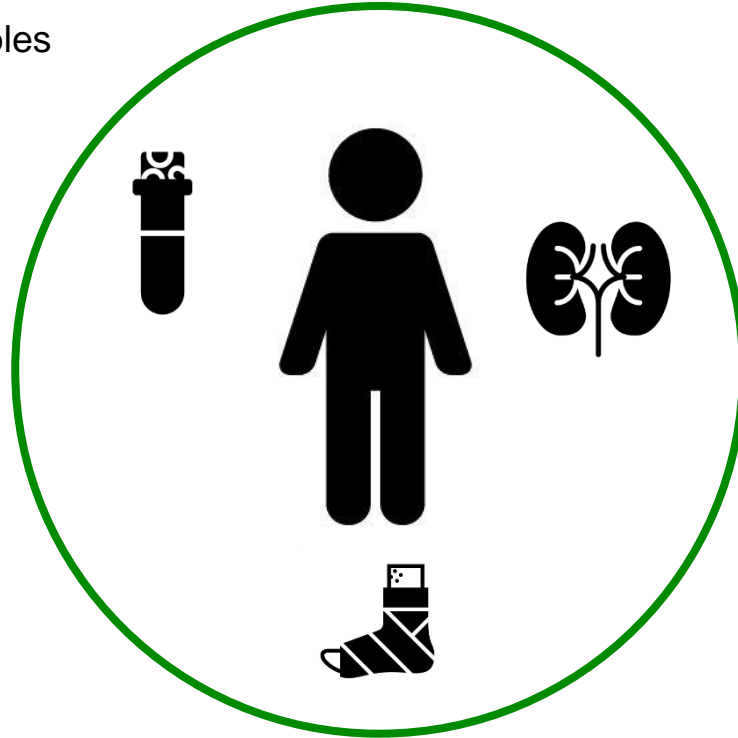
- Complexity is an important element in classifications.



Areas for further investigation?

Potential **classification** variables for consideration

- Diagnosis-type?
- Reason for encounter
- Presenting problem
- Intervention-type?



Potential **complexity** variables for consideration

- Age
- Multidisciplinary
- New/repeat visit
- Providers

Approach with caution...!

- Very small sample of the data with many limitations.
- Non-admitted data is:
 - Not robust
 - Limited availability

What are the next steps?

- The first version of the ANACC system will **certainly not** be directly led by the statistical analysis due to the data limitations.
- Subsequent updates to the ANACC system will be driven by statistical data analysis as the data sets become more robust and mature.