Activity Based Funding Conference 2015

Workshop Two: Explaining the National Efficient Price

27 May 2015

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Workshop Overview

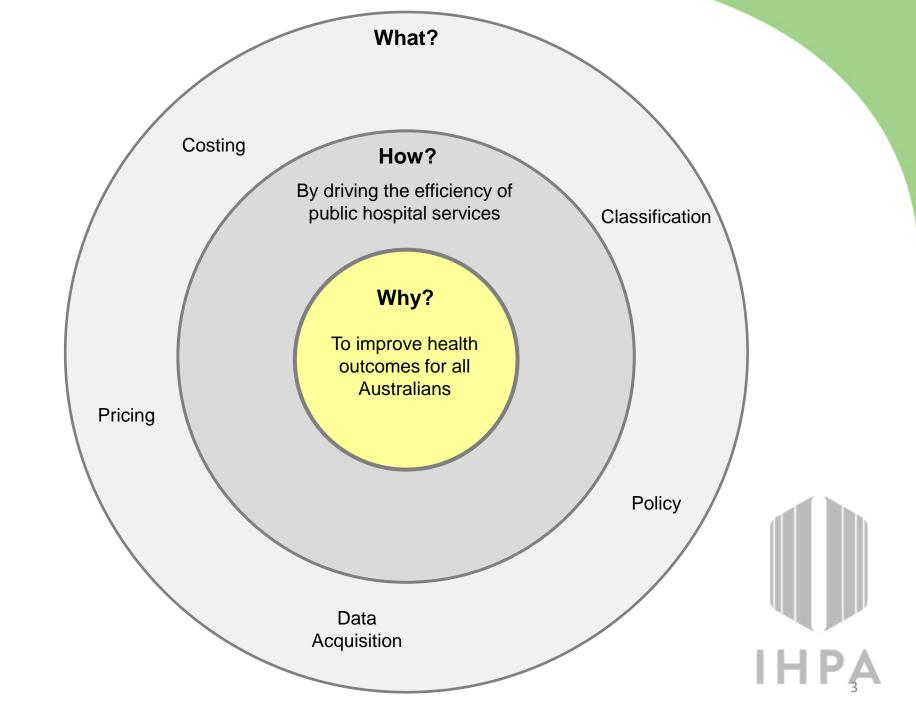
Session 1 (9:00 – 10:30)

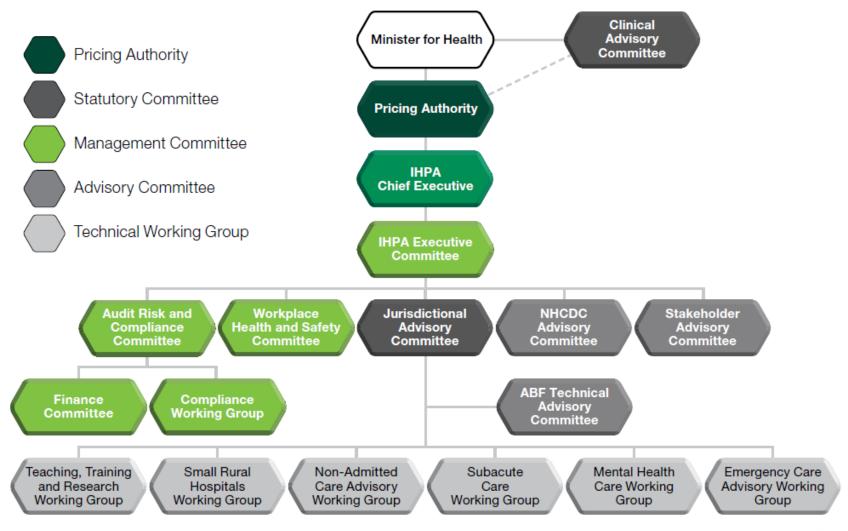
- NEP from above
 - Data flow
 - Pricing
 - Roles and uses

Session 2 (11:00 – 12:30)

Continuation of Session 1 & Discussion

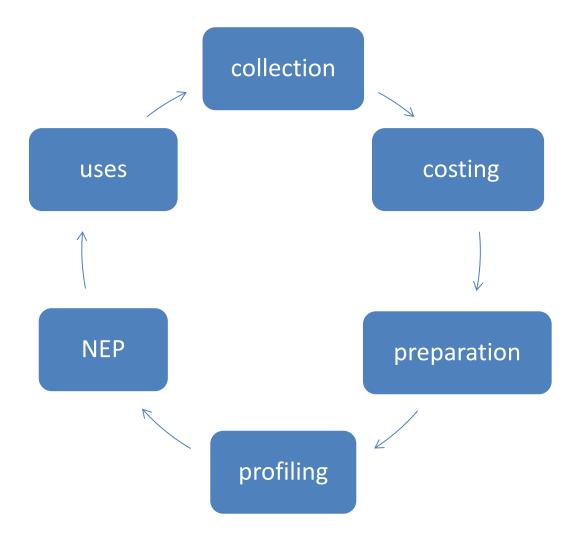






IHPA

NEP cycle





Session 1: NEP from above



Data Flow



Cost Data Process Flow

LHN/LHD

- Completes patient level cost data
- Submits data to Jurisdictional Health Dept

State & Territory

- Prepares data using NHCDC DRS
- Submits data to EDW

EDW

- Accepts, validates and links data
- NHCDC national submitted dataset available

IHPA

- Link to ABF activity datasets
- Perform transformations, integrity and quality assurance checks



What is the NHCDC

The National Hospital Cost Data Collection is an annual retrospective study

Relies on variables submitted through the Activity Based Funding collections

The largest collection of it type in the world consisting of detailed patient activity and costs

402 hospitals

4.8 million admitted acute separations,

6.5 million emergency (admitted and non-admitted) presentations

12.6 million non-admitted service events

161,515 admitted subacute separations

Total \$31.5 billion in total costs

Primary purpose - calculation of the NEP

Also used to develop and refine classifications and for benchmarking



How do we know the data is robust?

Australian Hospital Patient Cost Standards

Independent Financial Review

Quality Assurance Reports

Independent reviews



How are the costs analysed?

Cost Centre Definitions

Clinical Services

Operating Theatres

Allied Health Services

Imaging

Pathology

Pharmacy

Emergency Department

Critical Care Services

Specialised Procedure Services

Other Services not already categorise

Line Item Definitions

Salaries and Wages, Nursing/Medical/VMO/Allied

Health/Other

Labour (staff) oncosts, all staff types

Pathology

Imaging

Drugs - PBS (eg high cost and S100) & Non PBS

Prostheses (surgically implanted)

All other medical and surgical supplies

All other Goods and Services

Hotel Goods and Services

Blood Products

Leasing costs

Building Depreciation & Equipment

Corporate costs (from outside the hospital GL and not otherwise specified)

Not in scope - Capital works & Excluded costs



How are the costs analysed?

Cost Buckets

Ward Medical Salary & Wages

Ward Nursing Salary & Wages

Non Clinical Salaries & wages

Critical Care

Operating Rooms

Special Procedure Suites (or SPS)

On-Costs

Supplies

Allied

Pathology

Imaging

Pharmacy

Emergency Department

Prostheses

Hotel

Depreciation



Other Data influences

Data Sets

- NHCDC Collection
- ABF Activity Datasets:

 Admitted Patient Care
 Emergency Department
 Non-Admitted Patient Care
 Subacute
- Private Hospital Collections:
 Overnights
 Day Hospitals

Costing Studies

- NEP Studies
 - Culturally and Linguistically Diverse
 - Home Delivered Services
 - Indigenous Patients
 - Home Delivered Ventilation
 - Total Parenteral Nutrition
 - Home Enteral Nutrition
- Non-Admitted & Subacute Services
- Teaching, Training and Research
- Mental Health
- Radiotherapy



Pricing



Streams	Classifications	Adjustments
Admitted acute Admitted subacute and non-acute	AR-DRG v7.0 AN-SNAP v3.0	Indigenous Remoteness Specialist
Emergency	URG v1.4	psychiatric
department/service	URD v1.3	Radiotherapy
Non-admitted	Tier 2 v1.4	Dialysis ICU
		Paediatric
		Multidisciplinary

Streams

Admitted acute
Admitted subacute
and non-acute
Emergency
department/service
Non-admitted

Classifications

AR-DRG v7.0 AN-SNAP v3.0

URG v1.4 URD v1.3 Tier 2 v1.4

Adjustments

Indigenous
Remoteness
Specialist
psychiatric
Radiotherapy
Dialysis
ICU
Paediatric
Multidisciplinary

IHPA

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psychiatric
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Dialysis
ICU
Paediatric*

Multidisciplinary



Streams

Admitted acute

Admitted subacute and non-acute Emergency department/service Non-admitted

Classifications

AR-DRG v7.0 AN-SNAP v3.0

URG v1.4 URD v1.3 Tier 2 v1.4

Adjustments

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Streams

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Classifications

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Tier 2 v1.4

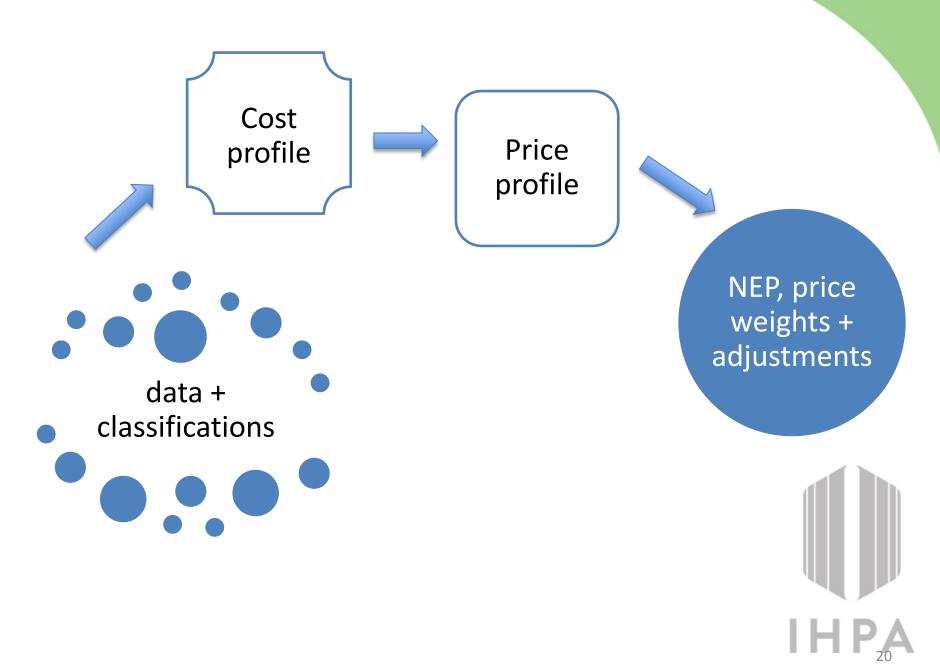
Adjustments

Indigenous

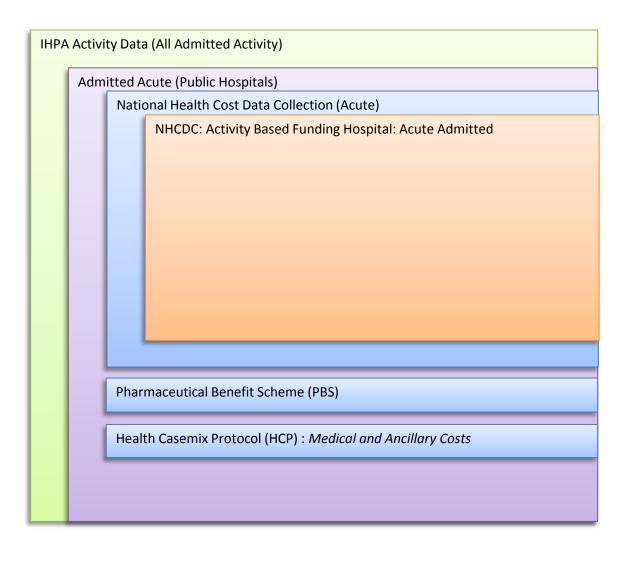
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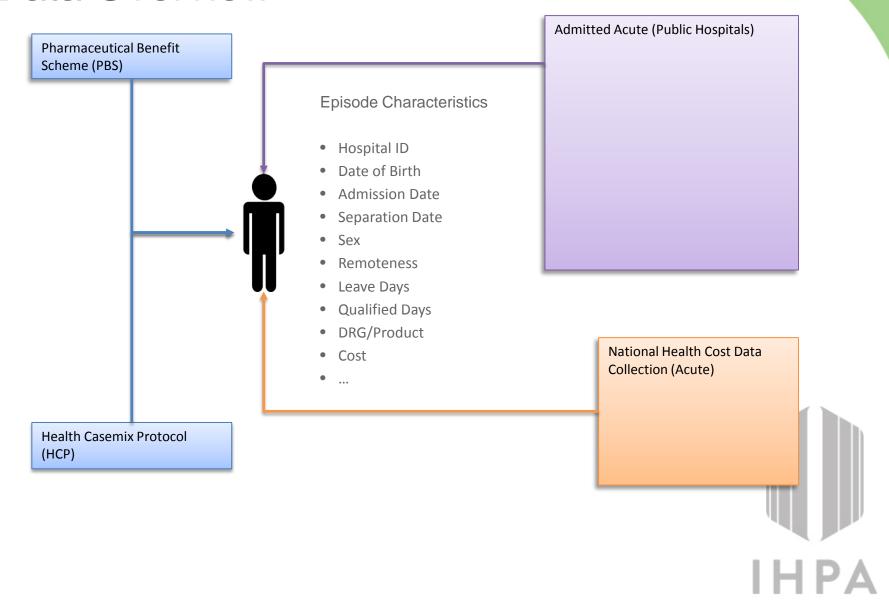


Data Overview





Data Overview



Cost Overview

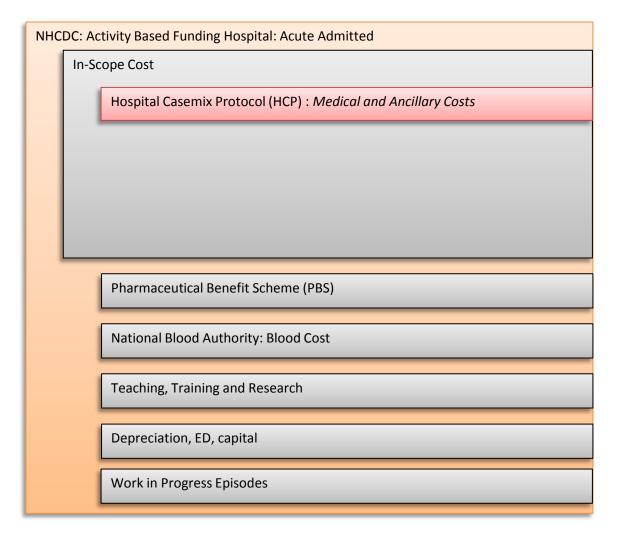
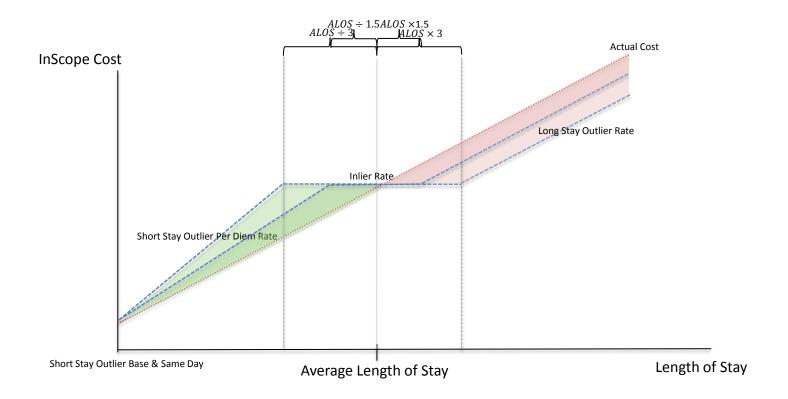




Illustration of cost profile





Cost to price

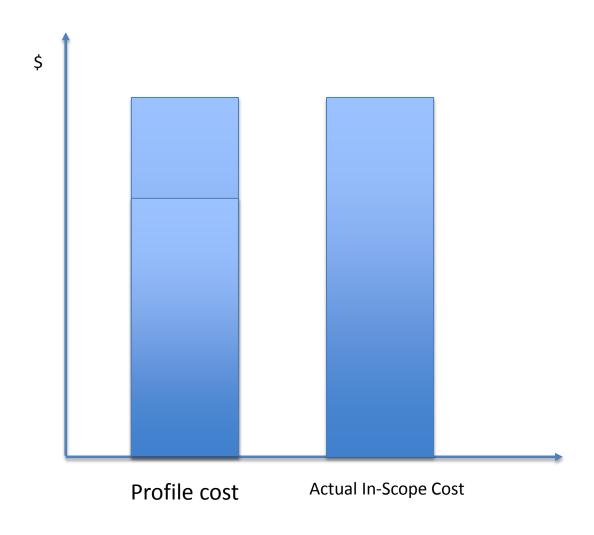
- Move from 2012-13 costs to 2015-16 price via indexation
- Policy
 - Adjustments
 - Equalisation of price across streams eg Gastroscopy, Sameday Acute
 Admitted and Endoscopy gastrointestinal Non-admitted)

Adjustment methodology

- If the base model alone was used for pricing, many groups of patients would be under-priced
- The idea behind adjustments is to ensure the actual cost of a group of patients is equal to their predicted cost (at a whole group level)
- Under the NHRA, the Pricing Authority has the function:
 - "... to determine adjustments to the national efficient price to reflect legitimate and unavoidable variations in the costs of delivering health care services"

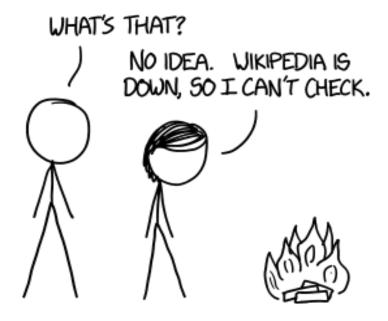


Adjustment example (general adjustment)





What is the price of an eight day severe burns episode for a remote patient?





What is the price of an eight day severe burns episode for a remote patient?

$$price (\$) = PW \times (1 + A_A) \times NEP$$

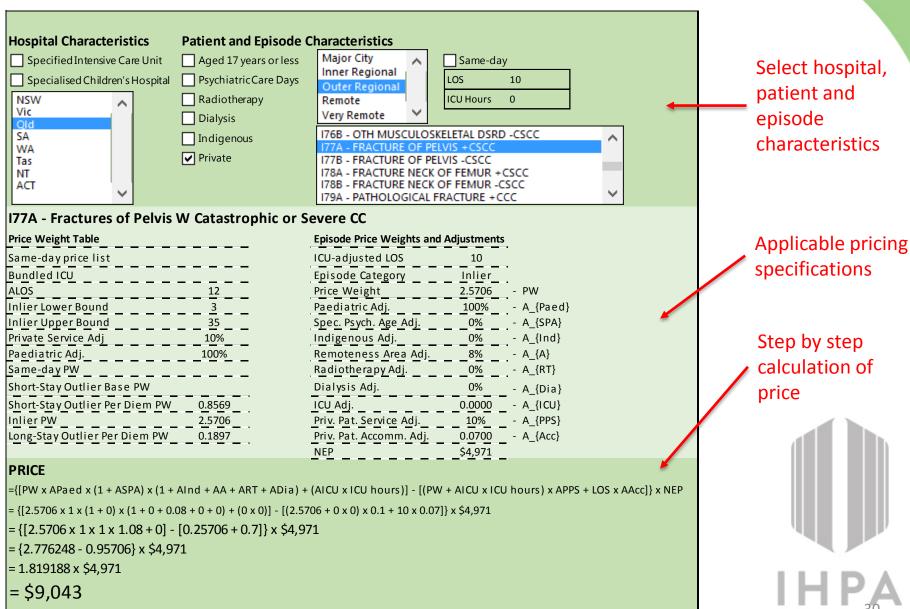
		Inlier Bounds		Price Weights				
AR-DRG V7.0	Description	Lower Bound	Upper Bound	Same Day	Short-Stay Outlier Base	Short-Stay Outlier Per Diem	Inlier	Long-Stay Outlier Per Diem
Y61Z	Severe Burns	1	10				0.8891	0.3035

price (\$) =
$$PW \times (1 + A_A) \times NEP$$

= $0.8891 \times (1 + 0.16) \times 4971
= \$5127



Admitted Acute Price Calculator



Roles and uses

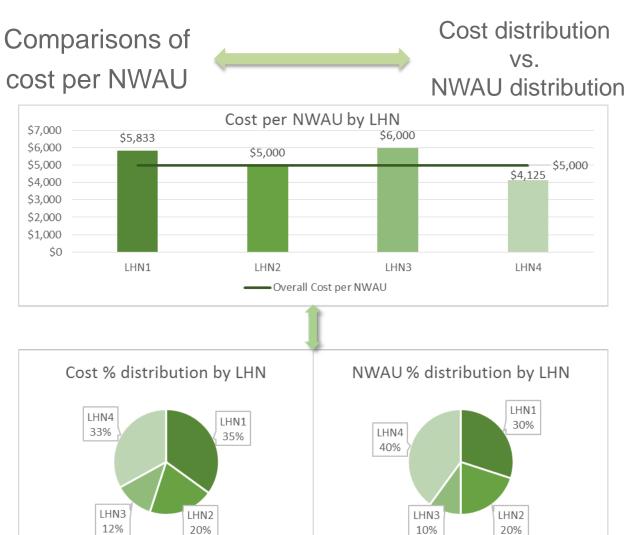


Roles and Uses

- The Administrator of the National Health Funding Pool (National Health Funding Body)
 - Growth in funding from Commonwealth to states and territories
 - Allocation of each state/territory's Commonwealth funding as payments to LHNs
- The National Health Performance Authority
 - Financial performance and relative efficiency of public hospitals
- Other uses
 - Financial performance benchmarking
 - Efficiency analysis
 - In general, a means of communicating and exploring the dynamics of hospital service delivery



Roles and Uses





% Cost vs. % NWAU ____

Select LHN

	LHN	21	14.0%	
# Major Diagnostic Category	% Cost	% NWAU	12.0%	
0 Pre MDC	6.8%	8.4%		
1 Diseases & Disorders of the Nervous System	7.0%	6.0%	₹ 10.0%	
2 Diseases & Disorders of the Eye	2.0%	1.8%	N 8.0%	•
3 Diseases & Disorders of the Ear, Nose, Mouth & Throat	2.2%	2.2%		
4 Diseases & Disorders of the Respiratory System	7.2%	6.9%	%0.0 bercentage	• .• •
5 Diseases & Disorders of the Circulatory System		12.8%	4.0%	
6 Diseases & Disorders of the Digestive System		7.7%	4.0%	.00
7 Diseases & Disorders of the Hepatobiliary System & Pancreas	3.2%	3.1%	2.0%	300
8 Diseases & Disorders of the Musculoskeletal System & Connective Tissue	11.9%	11.1%	ø	50 00
9 Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	3.5%	3.7%	0.0%	2.0% 4.0% 6.0% 8.0% 10.0% 12.0% 14.0%
10 Endocrine, Nutritional & Metabolic Diseases & Disorders	2.5%	2.2%	0.0%	
-11 Diseases & W breakdowns of LHN	5.7%	5.6%		Percentage Cost
12 Diseases & [0.5%	0.6%	14.0%	
13 Diseases & C cost and NWAU by	1.9%	2.0%	12.0%	al .
14 Pregnancy, Ct — — — — — — — — — — — — — — — — — —	5.0%	5.9%		
15 Newborns &	3.6%	3.6%	10.0%	
16 Diseases & Disorders of Blood, Blood Forming Organs, Immunological Dis	2.0%	0.9%	8.0%	a III a
17 Neoplastic D	1.5% _	1.4%	6.0%	
_18 Infectious & Graphical es	1.3%	1.3%	4.0%	
19 Mental Diser representations of isorrers	6.8%	7.5%	2.0%	
20 Alcoholy Diug	0.7%	0.6%	0.0%	
_ 21 Injuries, Pois % breakdowns of LHN ———	3.5%	3.1%	0 1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
-22 Burns cost and NWAU by	0.1%	0.1%		Major Diagnostic Category
	0.9%	1.0%		■% Cost ■% NWAU
24 OR Procedure MDC	0.6%	0.6%		
	100.0%	100.0%		

