Independent Hospital Pricing Authority

ABF FROM A CLINICIAN PERSPECTIVE

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Chair, Clinical Advisory Committee

OUTLINE

- The CAC itself
- Business as Usual (the NEP etc.)
- Teaching, Training and Research
- Quality and Safety (Joint working party with ACQSHC)
- Horizon Scanning
- Unintended Consequences or “complications”

CLINICAL ADVISORY COMMITTEE

- The IHPA Clinical Advisory Committee (CAC) is a key component of the National Health Reform Agreement and the *National Health Reform Act 2011* which recognises the critical role of clinicians in the development of activity based funding

- CAC was established to ensure that clinicians have a voice in the development of a national activity based funding system through the provision of timely and quality clinical advise to inform Pricing Authority decision making

CLINICAL ADVISORY COMMITTEE

- Members are appointed by the Commonwealth Minister for Health and are drawn from a range of clinical specialities and backgrounds to ensure CAC represents a wide range of clinical expertise

- The 25 CAC members provide high level technical and clinical advice to the Pricing Authority on a range of issues such as activity based funding classification development and revision to guide policy development at IHPA and to inform the national efficient price and national efficient cost

WHAT HAS BEEN ACHIEVED?

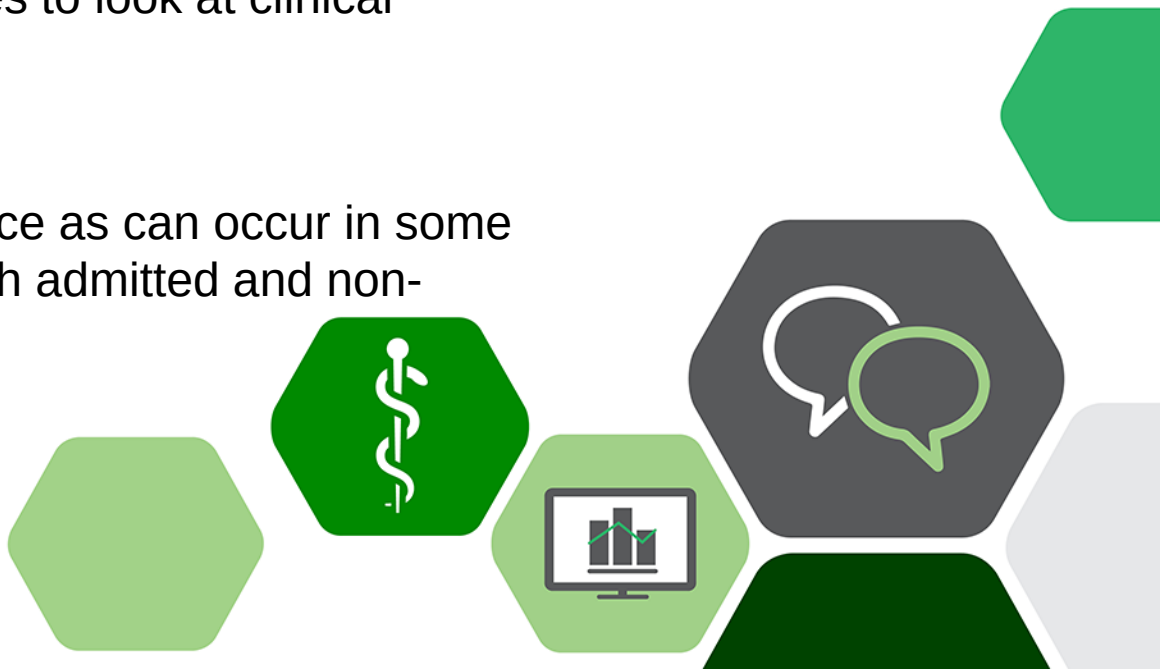
- The CAC:
  - Provides critical input into the development of the *Pricing Framework for Australian Public Hospital Services*
  - Informs the development of the National Efficient Price and the National Efficient Cost through the provision of clinically relevant and timely advice

OTHER AREAS OF CONTRIBUTION

- Identification and engagement of peak clinical bodies to offer content expertise

- Review of data discrepancies to look at clinical reasons such as can occur

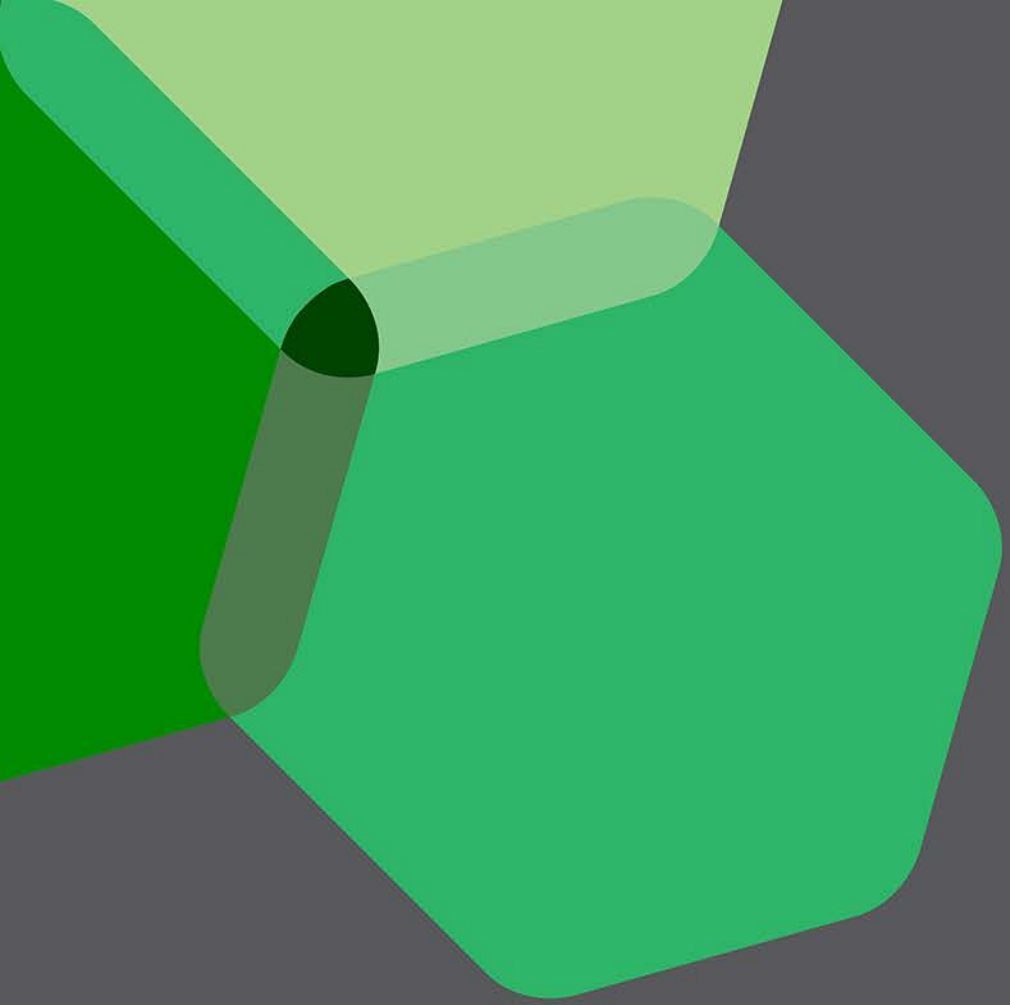
- Unpack differences in practice as can occur in some same day procedures in both admitted and non-admitted areas



VALUABLE WORK OUTSIDE OF FUNDING

- Key role in the development and revision of clinically relevant classifications which support the implementation of a nationally consistent ABF framework

- Incudes extensive work in the following areas:
  - Development of Teaching, training and research classification - Amanda Ling and Philip Hoyle
  - Review of non-admitted classification
  - Review of emergency care classification
  - Development of mental health care classification – Ruth Vine



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TEACHING
TRAINING
RESEARCH

TEACHING AND TRAINING

RESEARCH

Teaching and Training

- Classification Framework

- Trainee type being unit of measure

- Direct
- Embedded
- Indirect

Research

- Research Capacity of the organisation not Research

CAC ROLE IN QUALITY AND SAFETY

- Joint Working Party (JWP) on safety and quality formed from the Australian Commission for Safety and Quality in Health Care (ACSQHC) and IHPA

- ABF benchmarking portal development

JOINT WORKING PARTY

- 40 Hospital Acquired Complications
- Quality Standards
- Guidelines for Care
- Process for linking price and quality
- Implementation challenge

“HORIZON SCANNING”

- New
  - Processes
  - Procedures
  - Devices
  - Pharmacotherapies
  - Techniques

UNINTENDED CONSEQUENCES

- Clinicians developing Data addiction
- Greater engagement
  - Choosing Wisely (including the RACP Evolve)
  - Clinical integration and the need for some form of bundling in funding methodology.
  - Cross sectoral work in ambulatory specialist care

WHAT NEXT?

- Continue to advise IHPA on *Work Program 2016-17*
- Continue to provide key clinical input in to the *Pricing Framework for Australian Public Hospital Services 2017-18*
- Work on classification development for admitted acute care, non-admitted care, sub-acute care, emergency department care and mental health care

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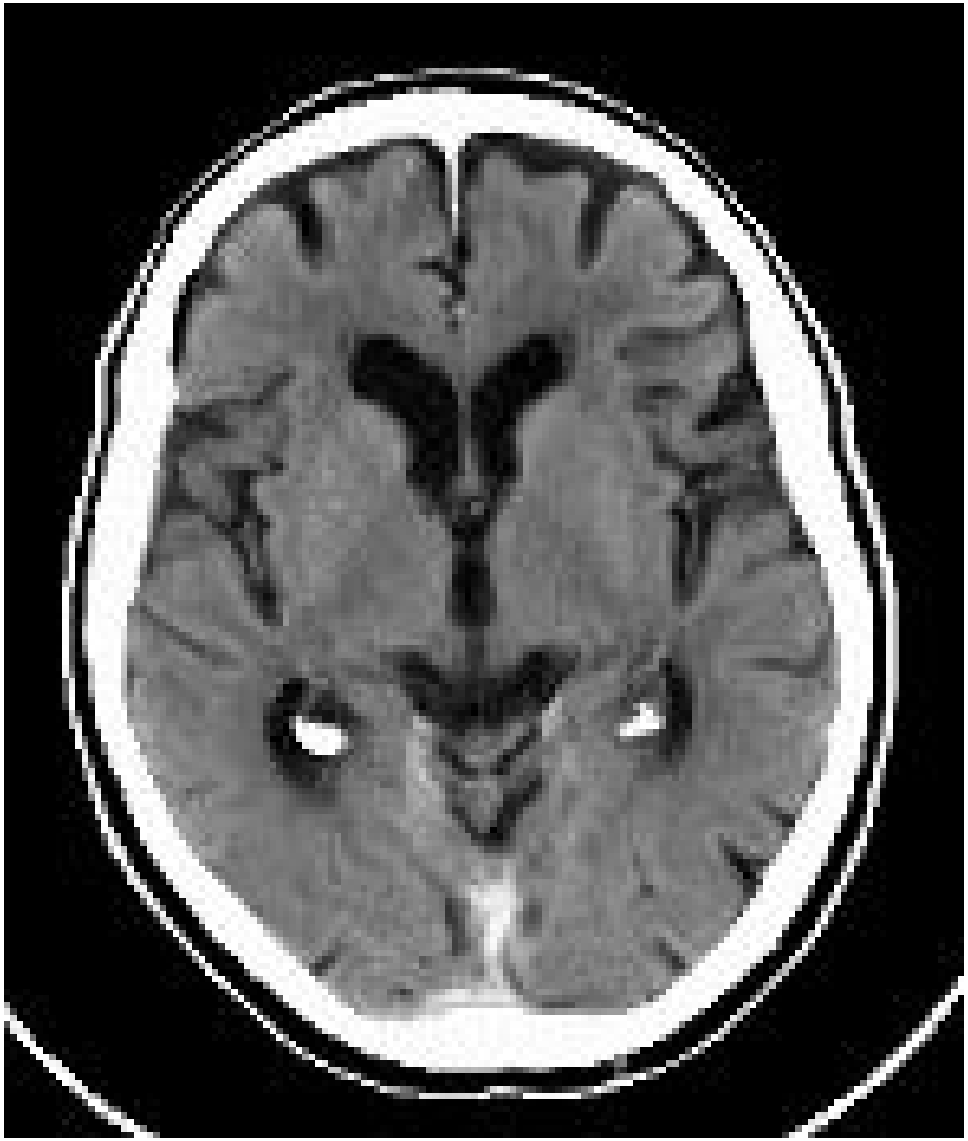
CLINICAL COMPLICATION

CASE Study

THE CASE

- Man in late 60’s
- Presented 2 hours after onset of dense right hemiplegia
- Clinical Left Middle Cerebral Artery CVA
- Previously very well man still in workforce with a wife and adult children

SCAN



PROGRESS

- No contraindications to Thrombolysis
- Lysis administered
- Full resolution of neurology

- Good Outcome everyone happy!!

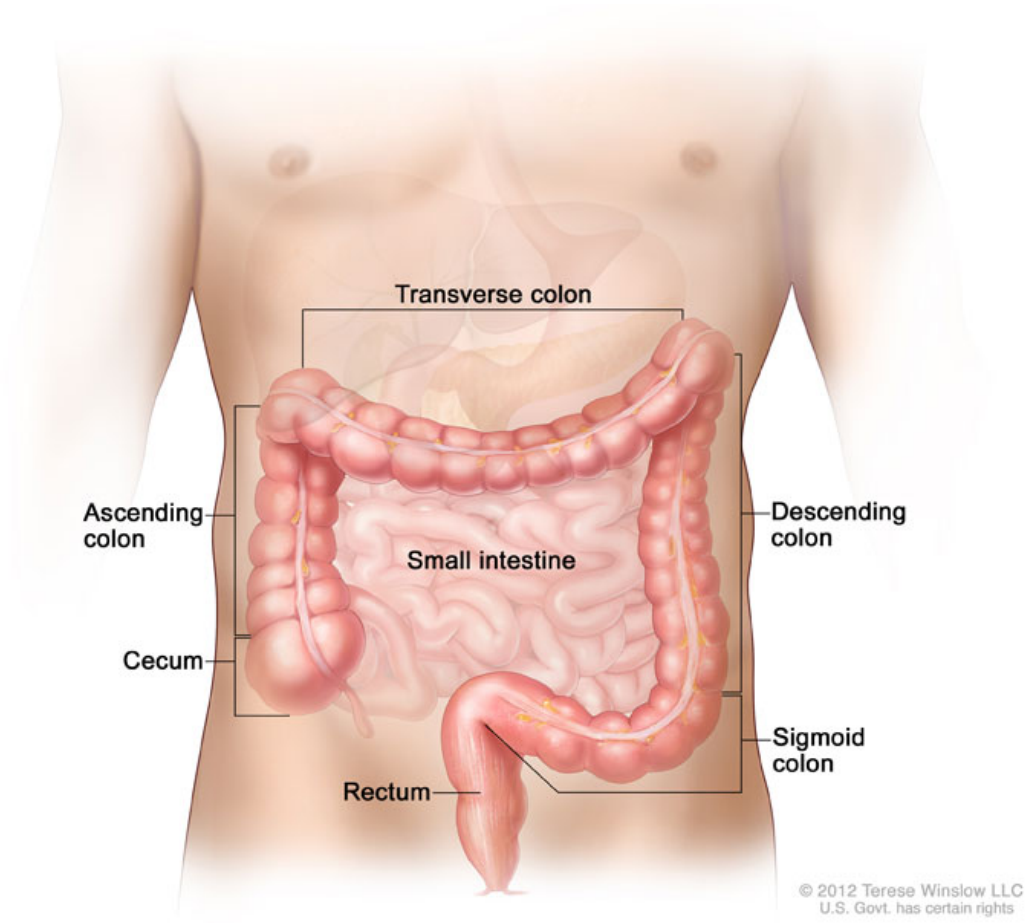
BUT

- 45 minutes later
- Called to see patient urgently
- Neurology still intact but blood pressure 60/-
- Shocked with massive GI bleed

- Resuscitated (with difficulty)

- Endoscopy and Colonoscopy done

LARGE BOWEL


Transverse colon
Ascending colon
Small intestine
Descending colon
Cecum
Sigmoid colon
Rectum
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CAECAL BOWEL CANCER

- Treated with Hemicolectomy 6 weeks later for cure.

- Not all Complications end badly!

QUESTIONS