

# Workshop – Technical Costing Forum



IHPA

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# Introduction

## Who is IHPA?

- The Independent Hospital Pricing Authority (IHPA) is an independent government agency established by the Commonwealth as part of the National Health Reform Act 2011. IHPA was established to contribute to significant reforms to improve Australian public hospitals. A major component of these reforms is the implementation of national Activity Based Funding (ABF) for Australian public hospitals. The implementation of ABF provides incentives for efficiency and increases transparency in the delivery and funding of public hospital services across Australia.
- IHPA's primary function is to calculate and deliver an annual National Efficient Price (NEP). The NEP is a major determinant of the level of Australian Government funding for public hospital services and provides a price signal or benchmark for the efficient cost of providing public hospital services. We undertake several major areas of work designed to inform the annual determination of the NEP, including ongoing consultation with all Australian health departments, expert advisory committees and key stakeholders



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# Introduction

## What is the AHPCS?

- The Australian Hospital Patient Costing Standards (AHPCS) have been developed in the context of significant health reform in Australia.
- Intended for use by anyone that wishes to apply best-practice principles to costing hospital products.
- Consistent application of the Standards will generate high quality, reliable and comparable data that can be used by regulators, funders, providers and researchers to further develop the Australian hospital system.
- Approaches to hospital product costing activities that IHPA expects will be applied if the resultant data are to be used for:
  - setting the National Efficient Price;
  - developing and/or refining classification systems to be used by IHPA;
  - developing and/or refining relative value unit scales (including service weights);and
  - the production of other reports and statistical collections including the NHCDC
- Allows better understanding of hospital cost structures



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# Introduction

## What is the NHCDC?

- The National Hospital Cost Data Collection (NHCDC) is the primary data collection used to develop the National Efficient Price (NEP).
- It is an annual collection of public hospital data. Each collection (Round) is made up of several components including the public hospital report and an independent financial review of the public hospital collection.
- IHPA completed the Round 16 Private sector collection in 2013 and is continuing to build in the collection.
- IHPA works with states, territories, public hospitals and private hospitals in coordinating the collection, validation, analysis and reporting of the NHCDC.



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# What are we doing today?

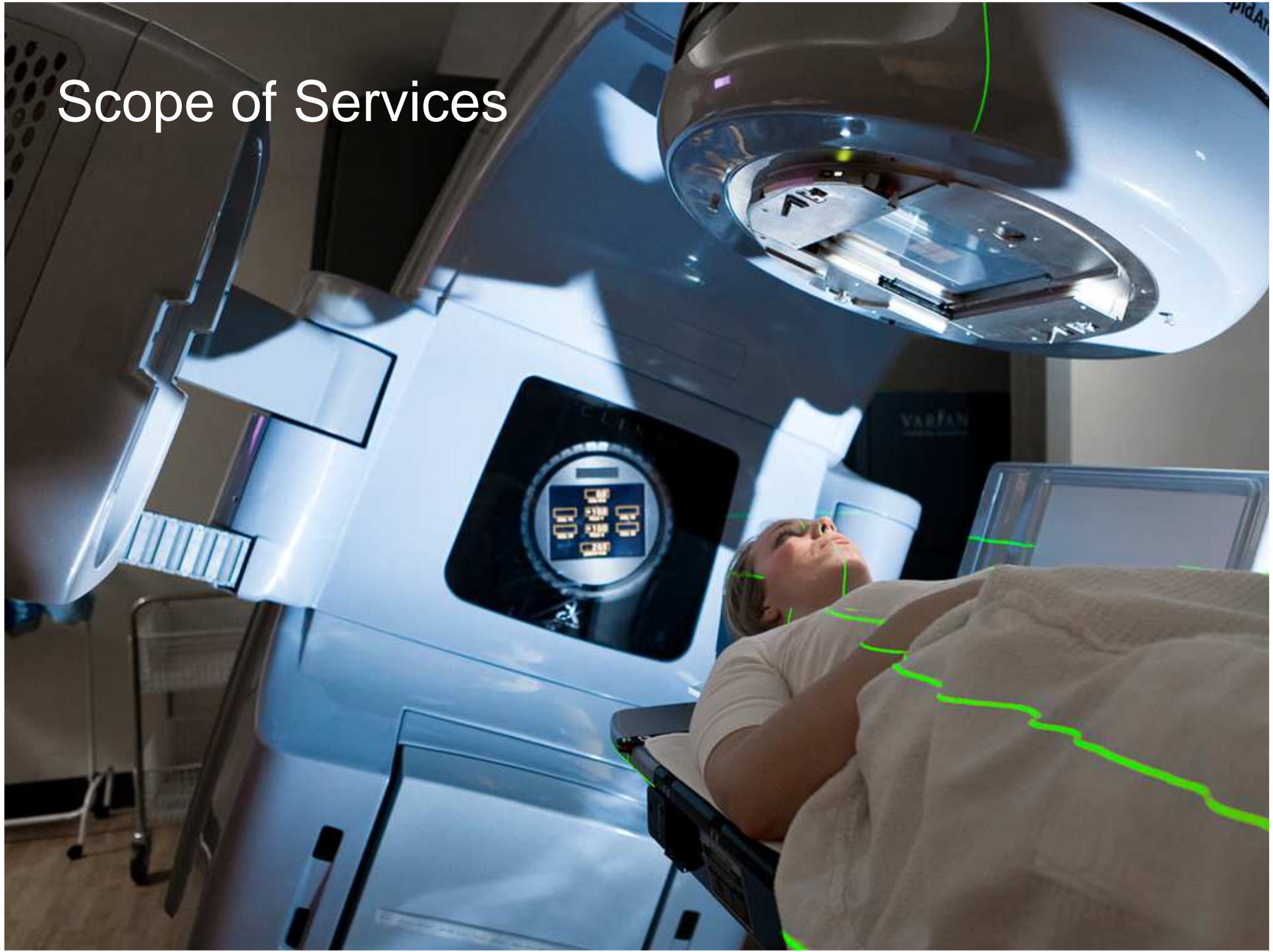
To provide an overview of the costing profiles in each jurisdiction and to identify where practices appear different. Provide context to prescribed method by linking these results to the costing standards.

This exercise should prompt discussion on costing approaches adopted across the nation. The session will focus on acute admitted and emergency services.



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# Scope of Services



# Information used

National dataset for 2011/12 (NHDC Round 16) which holds all the detail cost centre and line item costs by episode. The fields included are:

- Unique ID linking key
- EstabID (Establishment identifier)
- Prodtype, Product Type (AC, AE, NE, OP, RH etc)
- LineItem
- Cost Centre
- TotalCostDir (Total direct costs),
- TotalCostOH (Total overhead costs),

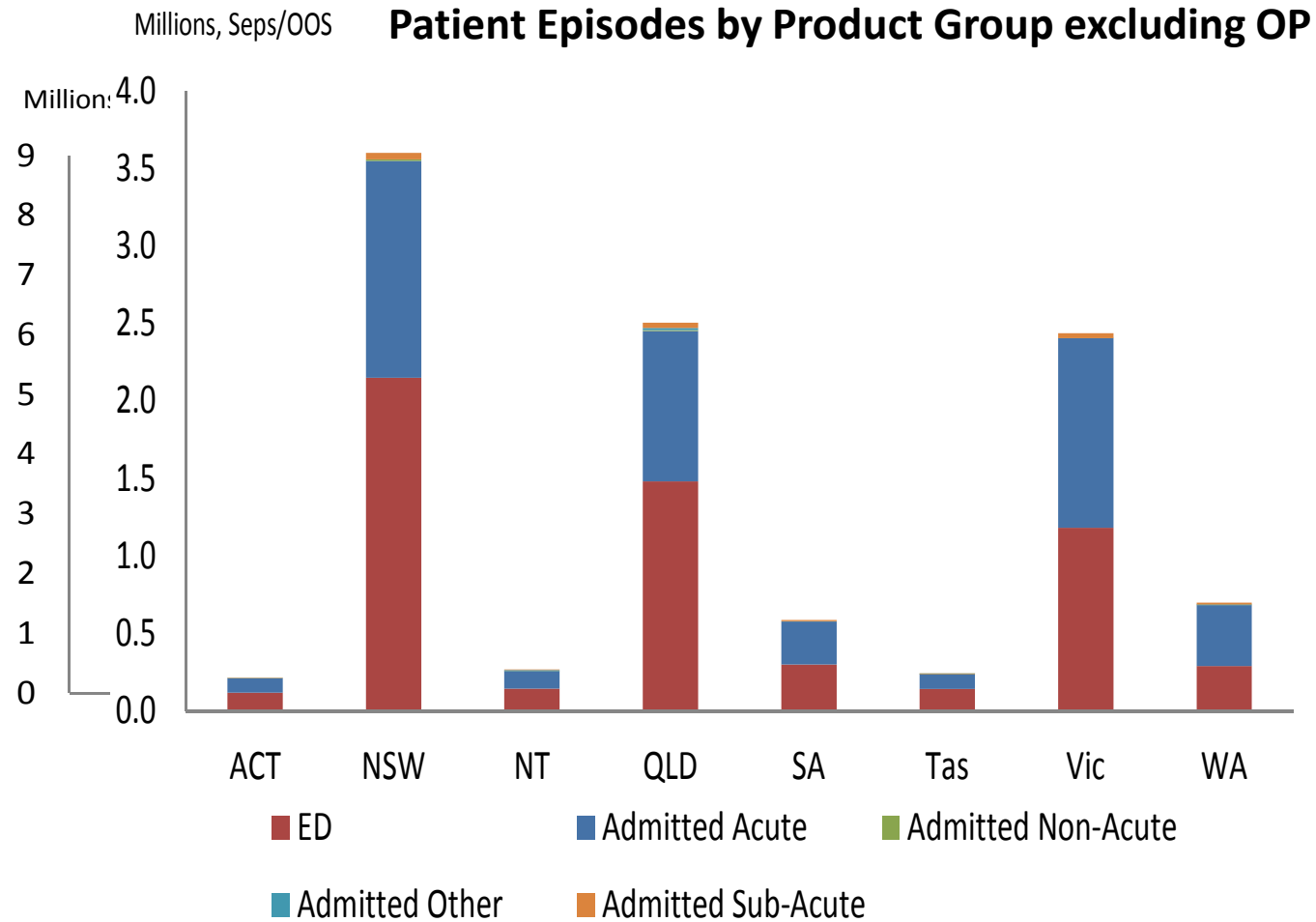
This dataset was used to produce the R16 cost report.

What will be presented and discussed will be based on the whole NHDC cost submissions for Round 16 and include all episodes, cost centres and line items contained in that dataset.



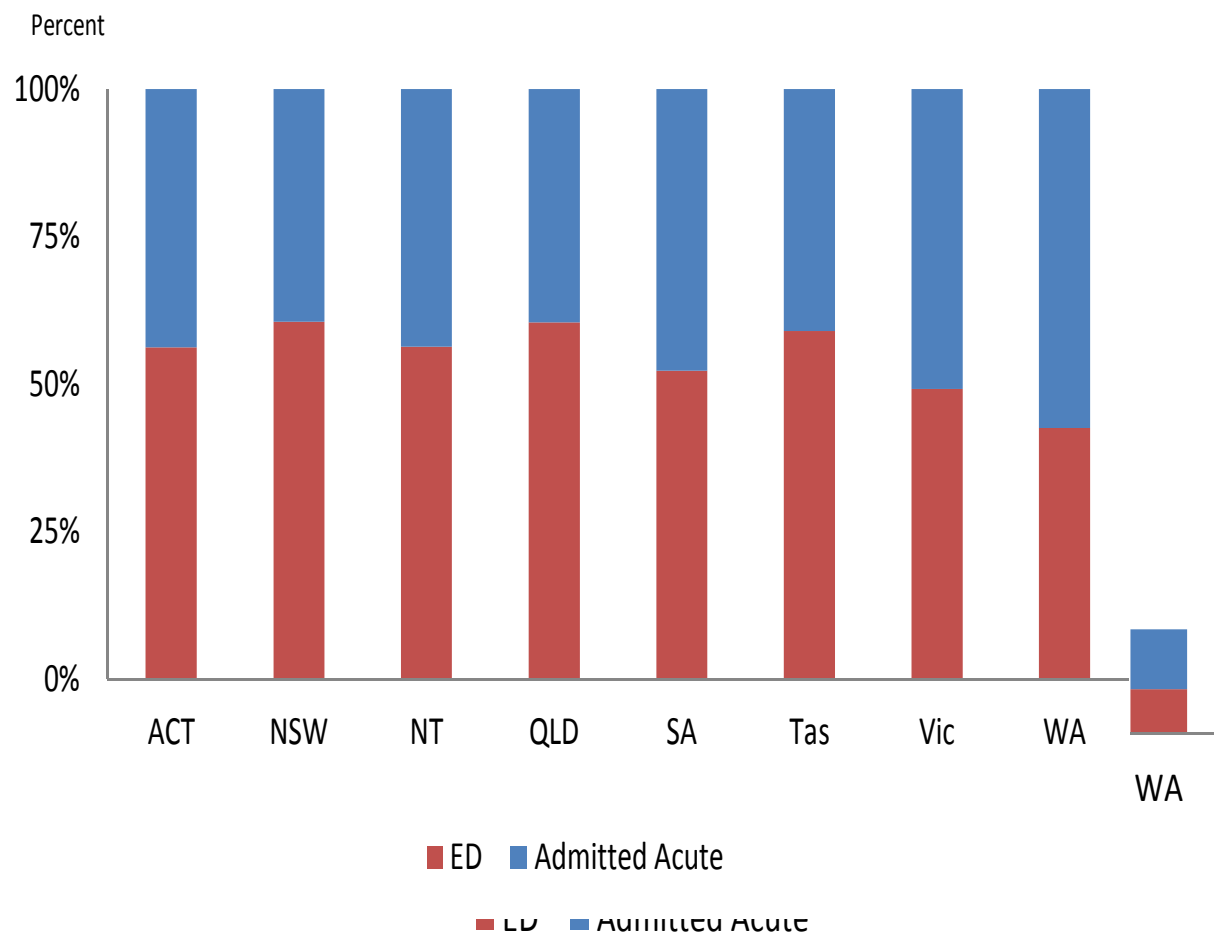
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# Patient Episodes by Product Group

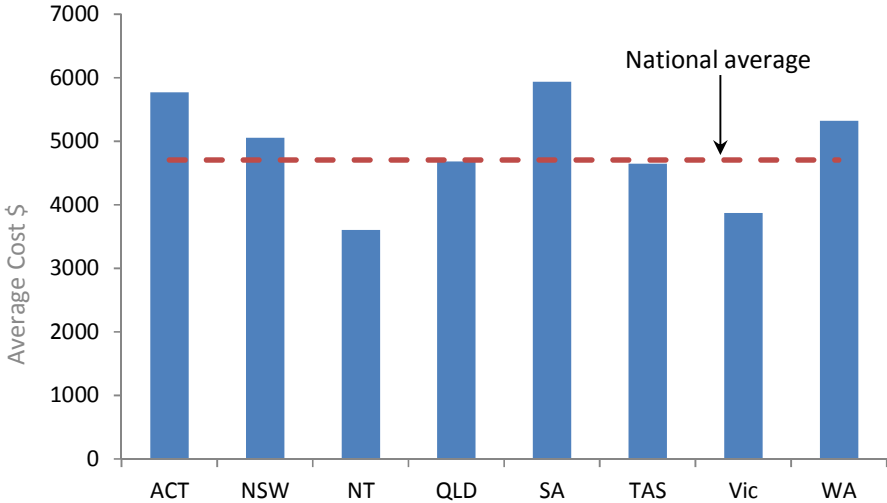




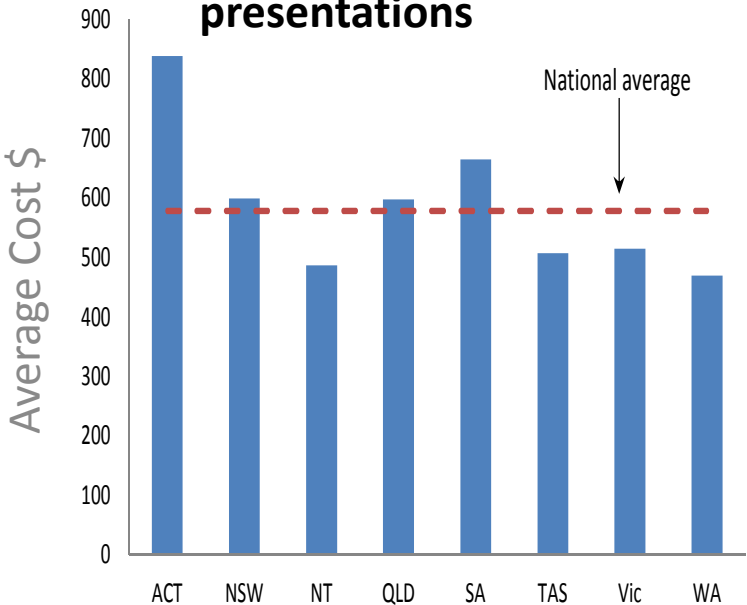
## Patient Episodes by Patient Episodes/Presentation by Product Group



# Average cost per Acute episode



# Average cost per Emergency Service presentations



# AHPCS Definitions

- **Line Items:**
  - GL 2.003-Account code mapping to line items; and
    - Attachment B –line item definitions
- **Cost Centres:**
  - Attachment C-Cost Centre Definitions
  - GL 4A.001 – Critical Care Definition
  - GL 4B.002 – Emergency Department Definition
  - GL 4C.001 – Operating Room Definition



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# Line Items Definitions

SWNurs - Nursing, Salaries and Wages

SWMed - Medical, Salaries and Wages (non-Visiting Medical Officers)

SWVMO - Medical, Salaries and Wages (Visiting Medical Officers)

SWAH - Allied Health, Salaries and Wages

SWOther - Other staff types, Salaries and Wages

OnCosts - Labour (staff) oncosts, all staff types

Path - Pathology

Imag - Imaging

Pharm - Drugs, PBS and Non PBS

Pros - Prostheses

Blood - Blood Products

MS - All other medical and surgical supplies (excluding prostheses and drugs)

Hotel - Hotel

GS - All other Goods and Services

Lease - Leasing costs

Deprec- Depreciation, Building and Equipment

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

Cap - Capital works – not in scope; and

Exclude - Excluded costs – not in scope



# Cost Centre Definitions

Clinical- Clinical Services

OR - Operating Theatres

Allied - Allied Health Services

Imag - Imaging

Path - Pathology

Pharm - Pharmacy

ED - Emergency Department

Critical - Critical Care Services

SPS - Specialised Procedure Services

OtherServ - Other Services not already categorised



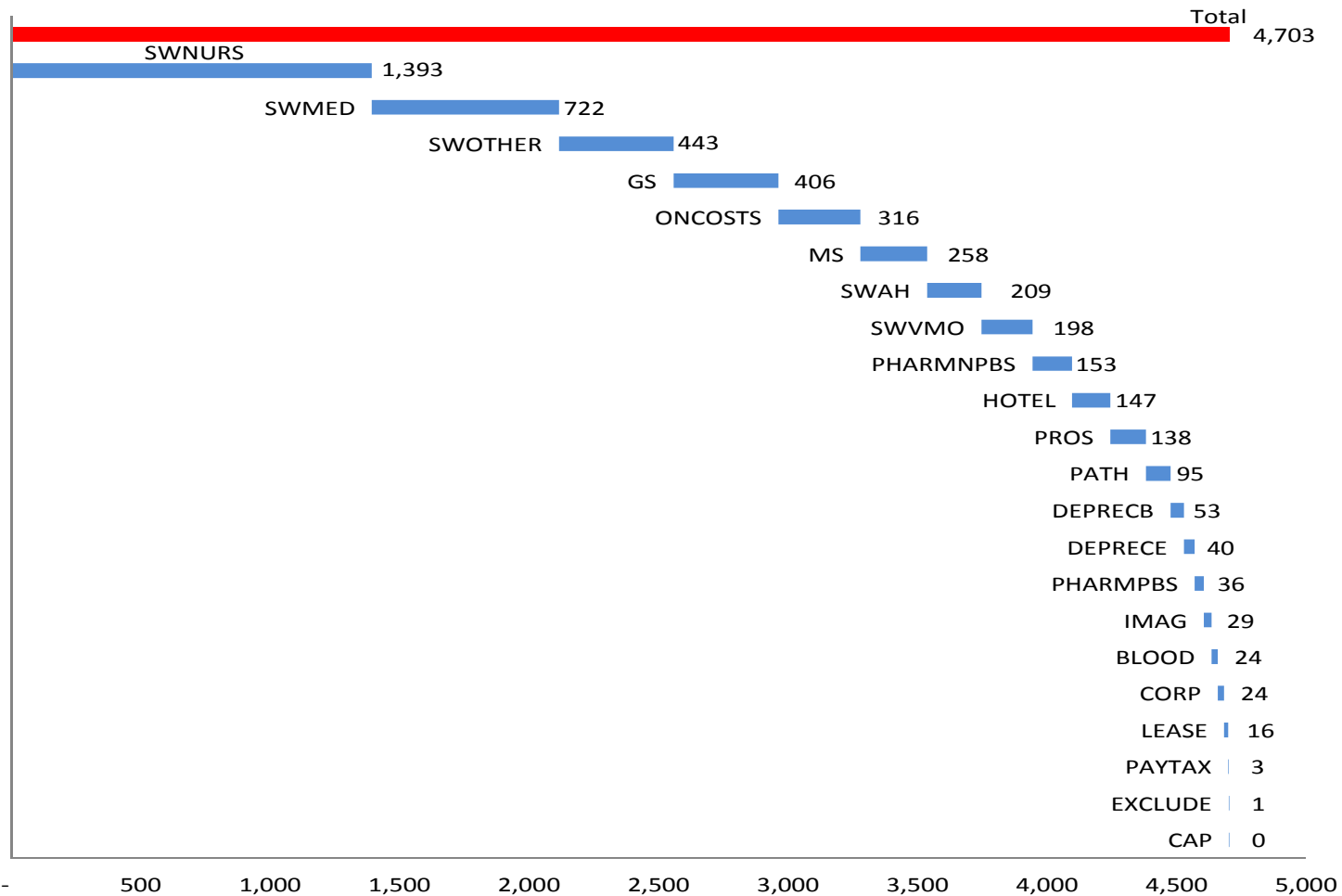
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# Expanding on Acute Admitted



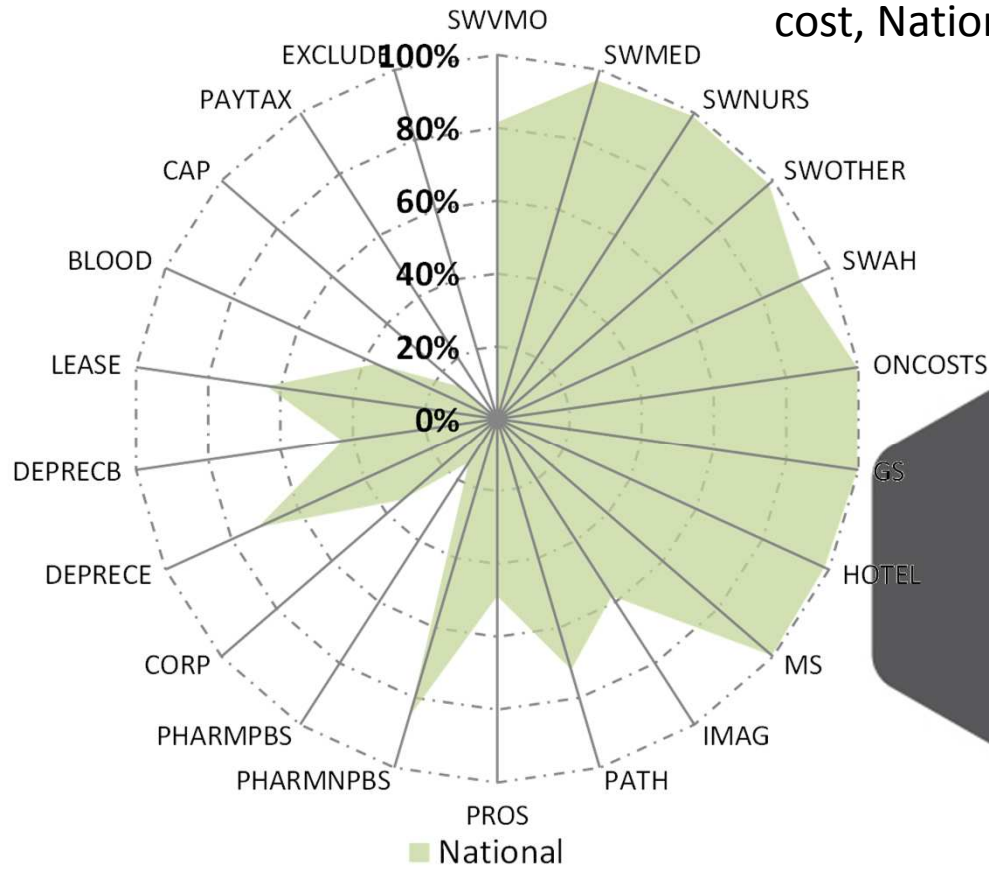
# Cost profile - Average Cost

## Average cost per acute episode by line item component, National



# Account Code Mapping

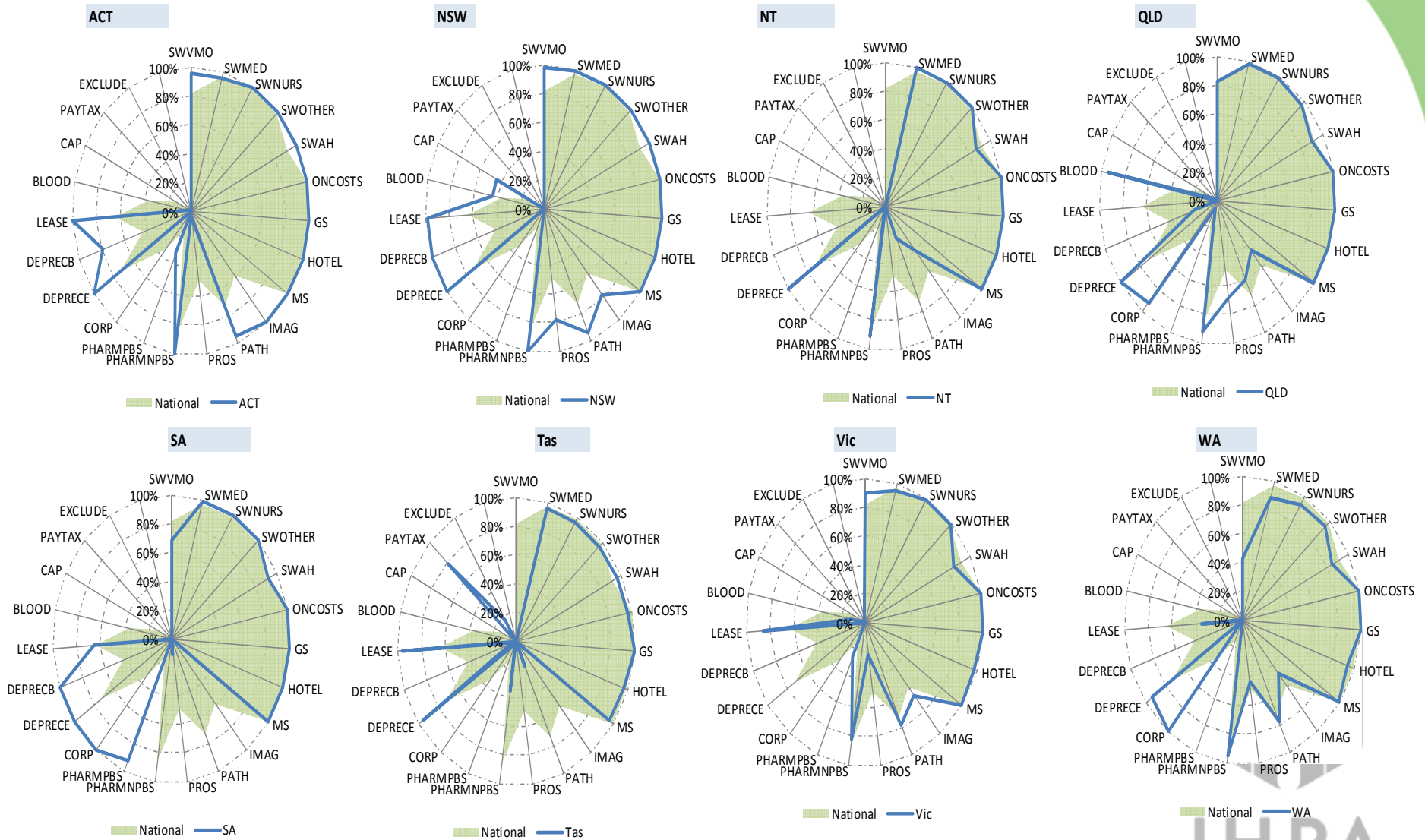
Proportion of Acute episodes receiving a line item cost, National



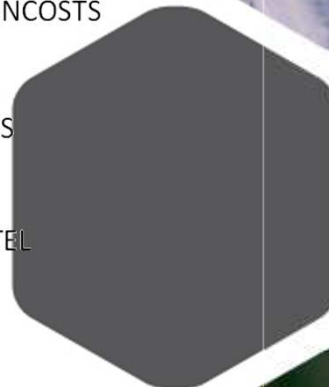
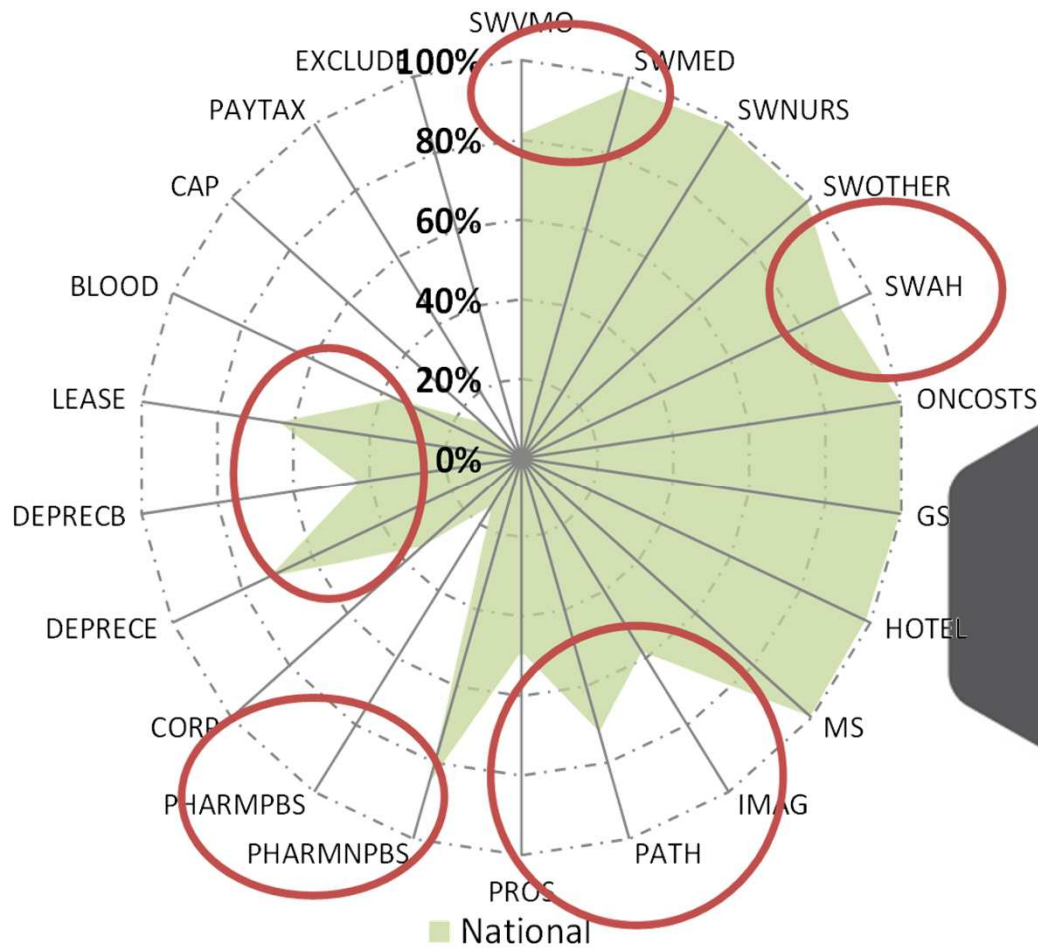
Note: The green shaded area reflects the proportion of acute patients that received the particular line item cost.



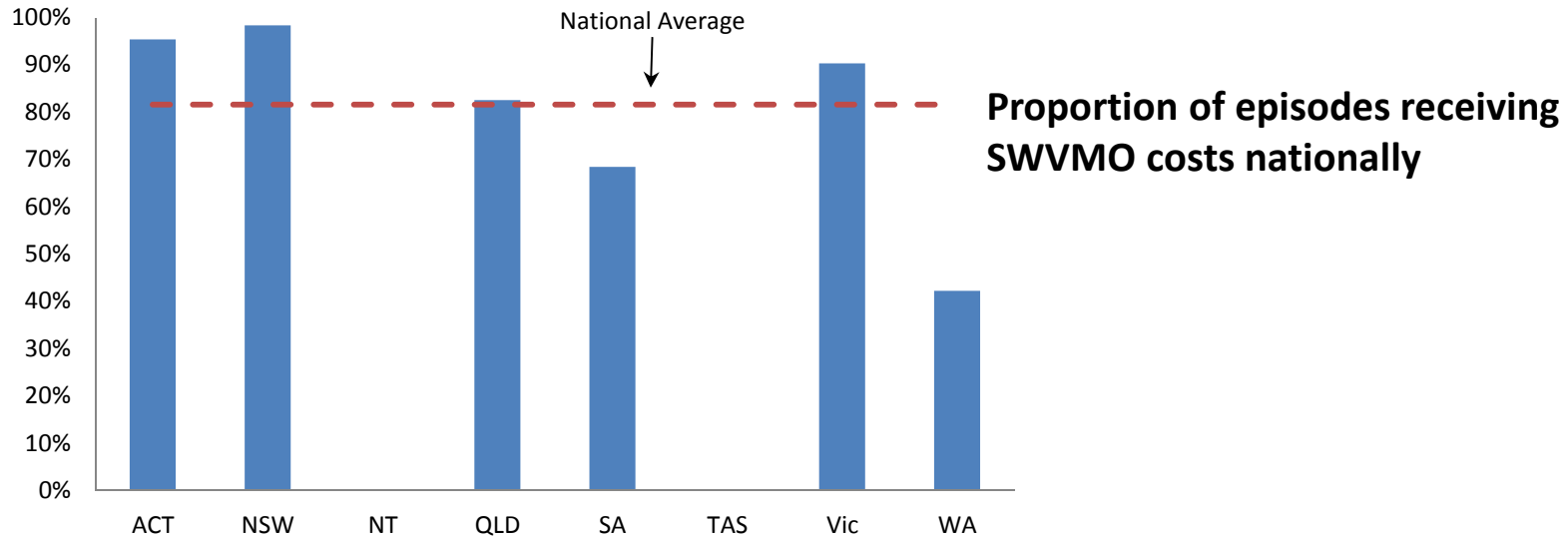
# Proportion of episodes receiving a line item cost by jurisdiction



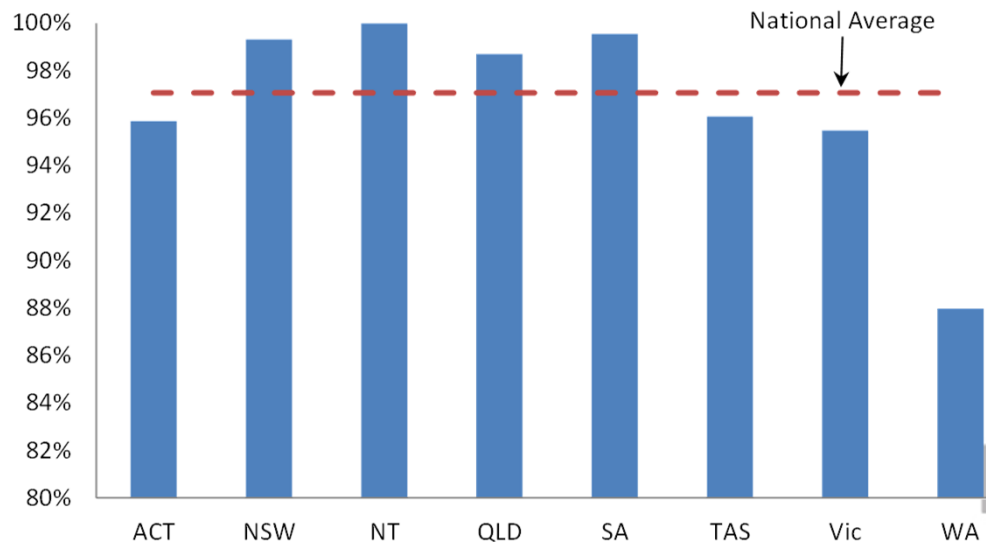
# Proportion of episodes receiving a line item cost, National – Areas of Interest



# Comparison between Salary and Wages Medical and Salary and Wages Visiting Medical Officers



Proportion of episodes receiving SWMED costs nationally



# What are S&W Med and VMO

## Medical, Salaries and Wages (non VMO)

Medical Salary and Wages includes the following categories of staff:

- Specialist and General Practice Medical Officers;
- Registrar;
- Residents; and
- Interns.

## Medical, Salaries and Wages (VMO)

Visiting Medical Officers are defined as:

- A medical practitioner appointed by the hospital to provide medical services for hospital (public) patients in an honorary, sessionally paid or fee-for-service basis.
- VMOs are entitled to on-call and call-back allowance and public holiday allowance on top of their 'contracted' services payments.

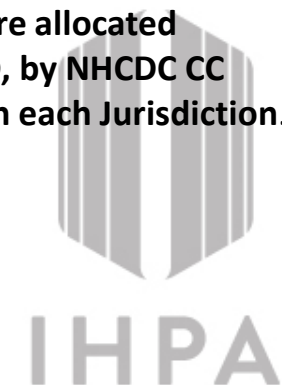


**Average cost (\$) of episodes that were allocated SWVMO, by NHCDC CC Group in each Jurisdiction**

NHCDC CC Group	Jurisdiction								Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA	
Clinical	138	220	-	62	48	-	175	705	<b>167</b>
OR	682	256	-	103	110	-	296	6	<b>239</b>
Allied	6	0	-	0	0	-	1	-	<b>0</b>
Imag	0	14	-	16	16	-	34	65	<b>25</b>
Path	1	0	-	2	0	-	11	-	<b>4</b>
Pharm	0	0	-	0	0	-	0	-	<b>0</b>
ED	-	-	-	-	2	-	5	0	<b>4</b>
Critical	54	135	-	33	11	-	334	-	<b>165</b>
SPS	84	28	-	10	1	-	91	644	<b>61</b>
OtherServ	0	0	-	0	-	-	0	-	<b>0</b>
<b>Total Avg</b>	<b>307</b>	<b>306</b>	<b>-</b>	<b>89</b>	<b>85</b>	<b>-</b>	<b>292</b>	<b>268</b>	<b>242</b>

NHCDC CC Group	Jurisdiction								Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA	
Clinical	344	429	325	827	605	544	293	639	<b>504</b>
OR	835	226	364	972	1,233	617	451	748	<b>544</b>
Allied	14	2	1	0	5	0	1	50	<b>4</b>
Imag	266	50	2	66	114	44	94	82	<b>68</b>
Path	80	6	15	54	1	58	28	1,398	<b>20</b>
Pharm	1	0	0	0	4	0	0	1	<b>1</b>
ED	-	-	-	-	458	-	106	190	<b>158</b>
Critical	1,738	912	957	1,884	2,066	1,047	1,108	2,313	<b>1,315</b>
SPS	133	30	-	226	274	292	89	318	<b>127</b>
OtherServ	-	0	4	4	-	-	1	-	<b>1</b>
<b>Total Avg</b>	<b>765</b>	<b>575</b>	<b>417</b>	<b>1,126</b>	<b>1,102</b>	<b>842</b>	<b>500</b>	<b>980</b>	<b>744</b>

**Average cost of episodes that were allocated SWMED, by NHCDC CC Group in each Jurisdiction.**





# Assumptions

- VMO expenses are not easily identified within the cost centres and could be grouped up with SWMed,
- The matching process of services and costs are not detailed enough or easily identifiable.

AHPCS Cost 6.001-Intermediate product/service matching method,

- There is no source identifying at a patient level the SWMed or VMO expense and is spread across most of the cohort or
- That there is no ideal methodology for attributing costs to the patients and a less than preferred allocation method is used

AHPCS Cost 3.004-Final cost allocation to patients and other products

Attachment E – Final allocation statistics



# Matters to consider

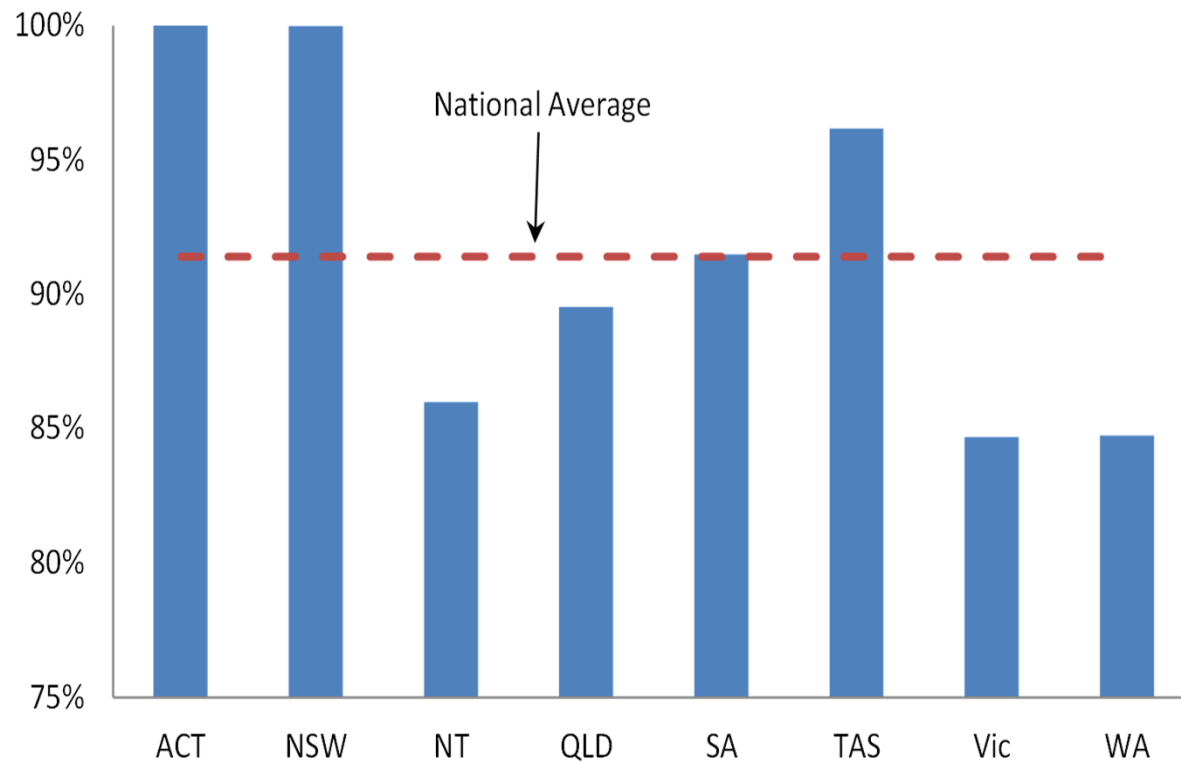
- Should there be a split between the two?
- How relevant is reporting the two line items when there is no consistency?
- Should there be a change to the line item categories that may reflect a more effective analysis of medical costs?

Perhaps identifying medical costs as medical staff and surgical staff or perhaps general medical offices & specialist, registrars, residents and interns could offer a more effective breakdown of these resources?



# An analysis of episodes receiving salaries and wages from allied health nationally

Proportion of episodes receiving SWAH costs nationally





# What is S&W Allied Health

- qualified staff engaged in duties of a diagnostic, professional or technical nature. This category includes all allied health professionals and laboratory technicians (but excludes civil engineers and computing staff).

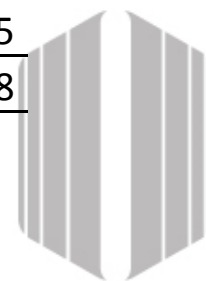
Tertiary qualified health professionals, other than medical and nursing, including but not limited to:

- Art /Music Therapists
- Audiologists
- Chiropractors
- Clinical Psychologists
- Dentists
- Physiotherapists
- Podiatrists
- Medical Physicists
- Sonographers
- Pharmacists (Community/Hospitals)
- Medical Imaging Technologists/Radiographers
- Nuclear Medicine Technologists
- Occupational Therapists
- Optometrists
- Orthoptists
- Orthotists/Prosthetists
- Osteopaths
- Dieticians/Nutritionists
- Medical Scientists
- Radiation Therapists
- Social Workers
- Speech Pathologists



## Average cost of episodes that were allocated SWAH, by NHCDC CC Group in each Jurisdiction

NHCDC CC Group	Jurisdiction									Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA		
Clinical	41	54	187	66	45	25	55	73	57	
OR	43	27	-	41	7	1	154	147	79	
Allied	355	163	228	158	99	109	257	385	180	
Imag	162	125	31	133	106	41	115	102	113	
Path	118	18	40	11	0	99	73	0	51	
Pharm	15	36	11	69	108	29	53	38	47	
ED	-	-	-	-	-	-	2	11	7	
Critical	76	61	1	47	11	0	117	147	73	
SPS	8	64	-	118	194	24	169	89	119	
OtherServ	21	2	0	3	3,653	-	66	-	5	
<b>Total Avg</b>	260	209	102	235	190	214	258	264	228	



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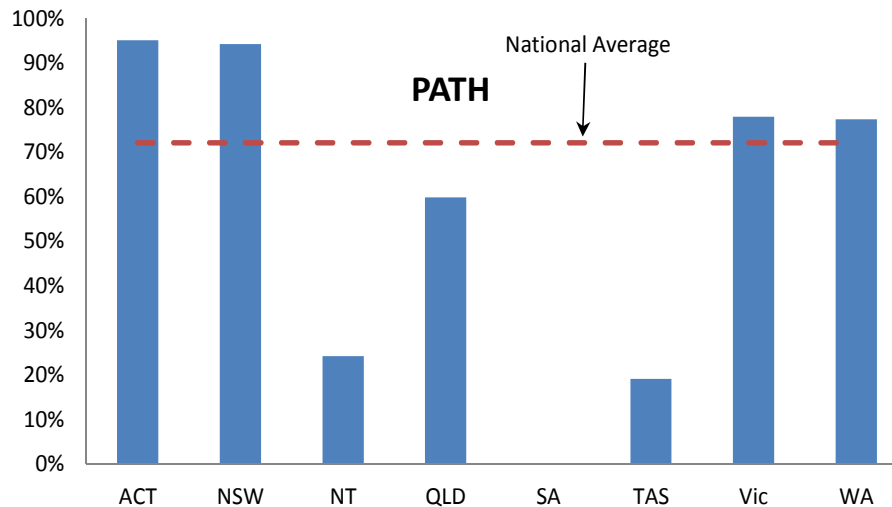
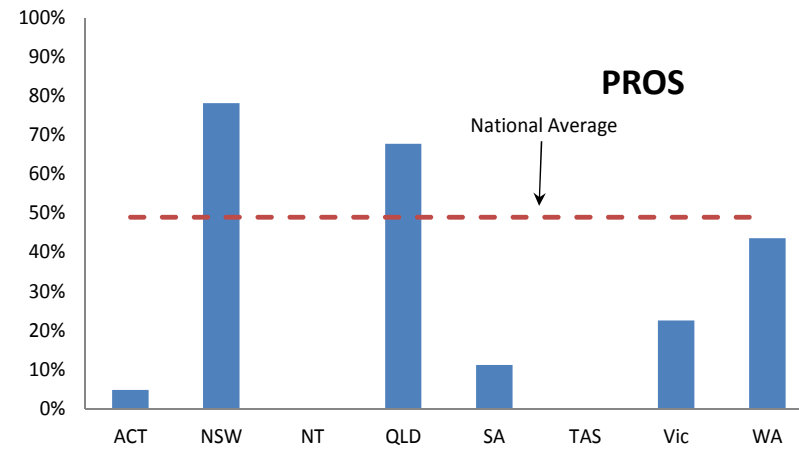
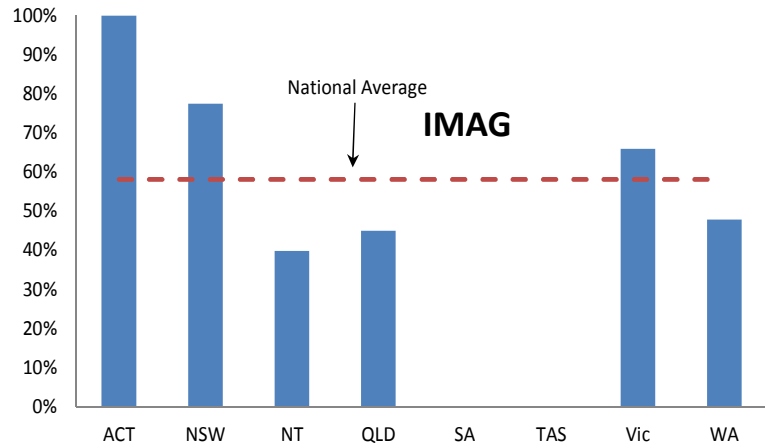
# Matters to consider

- there is no patient feeder data available therefore the costs are spread to all patients
- there may not be adequate data available/recorded within the feeder systems therefore the costs being spread to a much smaller cohort,
- the allocation methodology used is one of the least preferred methods compared to others.



# Allocation of imaging, pathology and prostheses costs nationally

Proportion of episodes receiving costs nationally

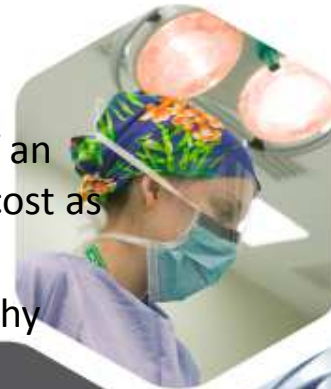


# What are Imag, Pros, Path

## Imaging

Imaging cost are goods and services used in the provision of an imaging service (including film, contrast, etc.) or the actual cost as billed by a provider and is defined as the following:

- Angiography
- General Imaging
- Mammography
- Nuclear Medicine
- Plain X ray (including films and contrasts)
- Ultrasound
- Other Imaging
- Computed Tomography (CT)
- Echo Cardiogram
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- New Technologies



# What are Imag, Pros, Path

## Pathology

Pathology costs are goods and services used in the provision of a pathology service and consumables (including reagents, stains and calibration products, etc.) or the actual cost as billed by a provider and is defined as the following.

- Animal Testing
- Blood Products
- Clinical Chemistry
- Cytology
- General Pathology
- Haematology (Laboratory)
- Immunology (Laboratory)
- Mortuary
- Specimen collection services
- Transfusion services (incl. blood bank/Autologist services)
- Other Pathology
- Autopsy
- Clinical Biochemistry
- Cytogenetics
- Forensic
- Genetics
- Histopathology
- Microbiology
- Pharmacology
- Toxicology





# What are Imag, Pros, Path

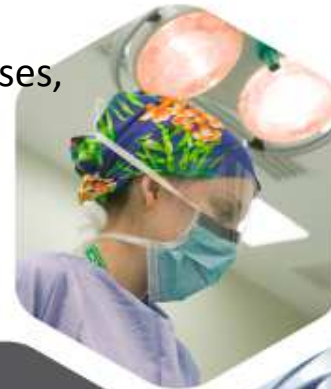
## Prostheses

The term 'Prostheses,' includes surgically implanted prostheses, human tissue and other medical devices.

Implanted prostheses include:

- cardiac pacemakers and defibrillators,
- cardiac stents,
- hip and knee replacements,
- intraocular lenses,
- as well as human tissues such as human heart valves, corneas, bones (part and whole) and muscle tissue.

There is a criteria list which outlines the products that are eligible for considerations for inclusion on the prostheses list. This criterion can be found in the AHPCS Attachment B Line item definitions.



## Average cost of episodes that were allocated a Line Item in each Jurisdiction

	ACT	NSW	NT	QLD	SA	TAS	Vic	WA	Aus
IMAG	4	68	24	55	-	-	42	4	51
PATH	78	140	104	214	-	124	61	182	132
PROS	3,200	192	-	180	1,926	-	586	398	283

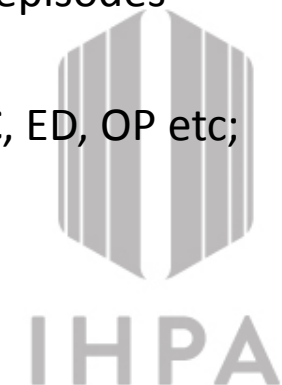
### Potential factors contributing could be:

inability to identify associated costs in the general ledger

lack of consumption feeder system or ability to link consumption data to episodes

apportion the costs effectively to the various product types, ie: AC, ED, OP etc;

third party services not recognised





# Matters to consider

## Is the AHPCS clear on:

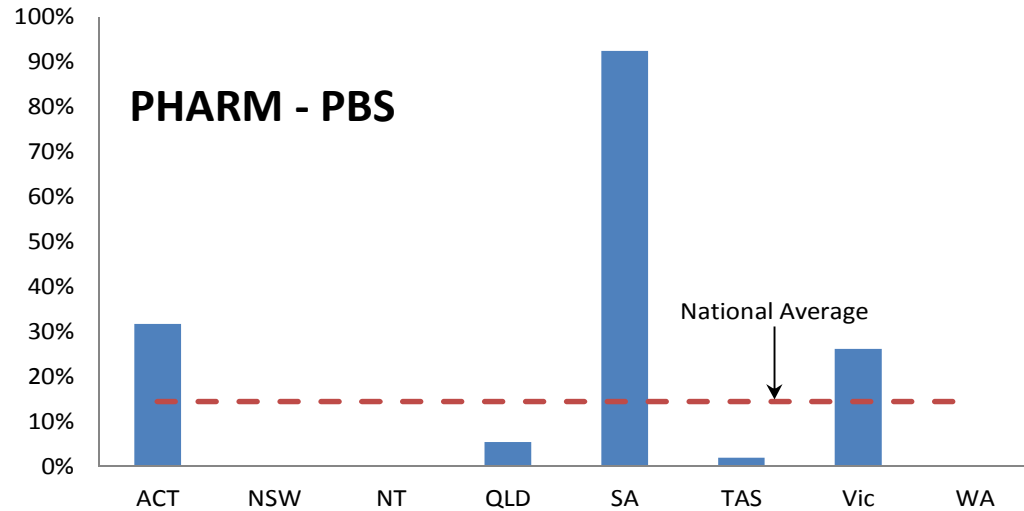
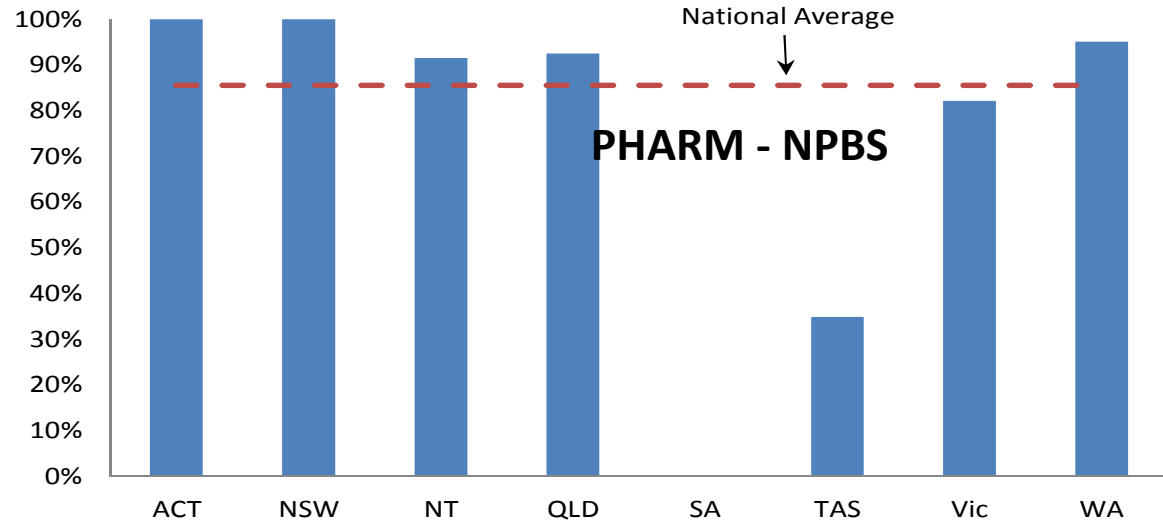
- how to allocate costs identified with no feeder data?
  - AHPCS Cost 3.001-Final cost allocation to patients and other products or SCP 3.001-Matching production and costs or Cost 6.001-Intermediate product/service matching method
- allocate costs using the best possible method?
  - AHPCS Cost 3.001-Final cost allocation to patients and other products or FDR 2.002-Relative value units
- what to do if a third party provides that service?
  - AHPCS SCP 2.003-Product costs in scope or SCP 3.001-Matching production and costs or Cost 6.001-Intermediate product/service matching method

## With regards to prostheses cost:

- Can all the prostheses expenditure be identified within the GL?
  - AHPCS GL 2.001 – Account code mapping to line items
- Are the expenses included within medical and surgical supplies?
- Is there a system that lists the patients that have received prostheses?
- Can that system provide more detailed information



# Proportion of episodes receiving Pharmacy costs nationally



# What is Pharm

## Pharmaceuticals

Pharmacy costs are goods and services used in the provision of a pharmaceutical service and consumables or the actual cost as billed by a provider.

They include the:

- purchase,
- production,
- distribution,
- supply and storage of drug products and
- clinical pharmacy services of both PBS reimbursed pharmaceuticals and PBS non-reimbursed pharmaceuticals.



## Average cost of episodes that were allocated PHARM-NPBS in each Jurisdiction

NHCDC CC Group	Jurisdiction									Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA		
Clinical	47	46	72	49	-	62	41	292	63	
OR	167	57	111	97	-	87	52	132	72	
Allied	0	0	0	0	-	8	5	6	1	
Imag	3	2	1	13	-	2	4	11	5	
Path	0	0	1	0	-	0	0	15	0	
Pharm	166	87	57	244	-	10	180	203	142	
ED	-	-	-	-	-	-	1	12	8	
Critical	265	165	373	270	-	1,122	307	587	244	
SPS	49	15	24	85	-	39	22	54	36	
OtherServ	0	0	128	0	-	-	-	-	2	
<b>Total Avg</b>	<b>177</b>	<b>148</b>	<b>135</b>	<b>185</b>	<b>-</b>	<b>134</b>	<b>171</b>	<b>326</b>	<b>179</b>	

## Average cost of episodes that were allocated PHARM-PBS in each Jurisdiction

NHCDC CC Group	Jurisdiction									Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA		
Clinical	-	-	-	69	110	-	11	-	93	
OR	-	-	-	28	61	-	5	-	45	
Allied	-	-	-	0	7	-	0	-	3	
Imag	-	-	-	0	4	-	0	-	3	
Path	-	-	-	0	2	-	0	-	1	
Pharm	310	-	0	727	210	18	254	-	242	
ED	-	-	-	-	6	-	-	-	6	
Critical	-	-	-	255	229	-	32	-	214	
SPS	-	-	-	245	19	-	-	-	25	
OtherServ	-	-	-	-	-	-	-	-	-	
<b>Total Avg</b>	<b>310</b>	<b>-</b>	<b>0</b>	<b>130</b>	<b>295</b>	<b>18</b>	<b>235</b>	<b>-</b>	<b>253</b>	



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# Matters to consider

- Is it possible to flag whether a drug was a PBS or S100?
- Are all the drugs dispensed to patient identified? And identified and matched to the correct episode and therefore the correct product type?
- Have the correct expenses been used to allocate the costs? All revenue offsets should not be included. (AHPCS SCP 3E.001-Matching production and cost-offsets and recoveries).





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# Additional Topics for Discussion



# Salary and Wages Other

## Other Personal Care staff –

- Attendants
- assistants or home assistants
- home companions
- family aides
- ward helpers
- ward assistants
- assistants in nursing and Aboriginal Health Worker

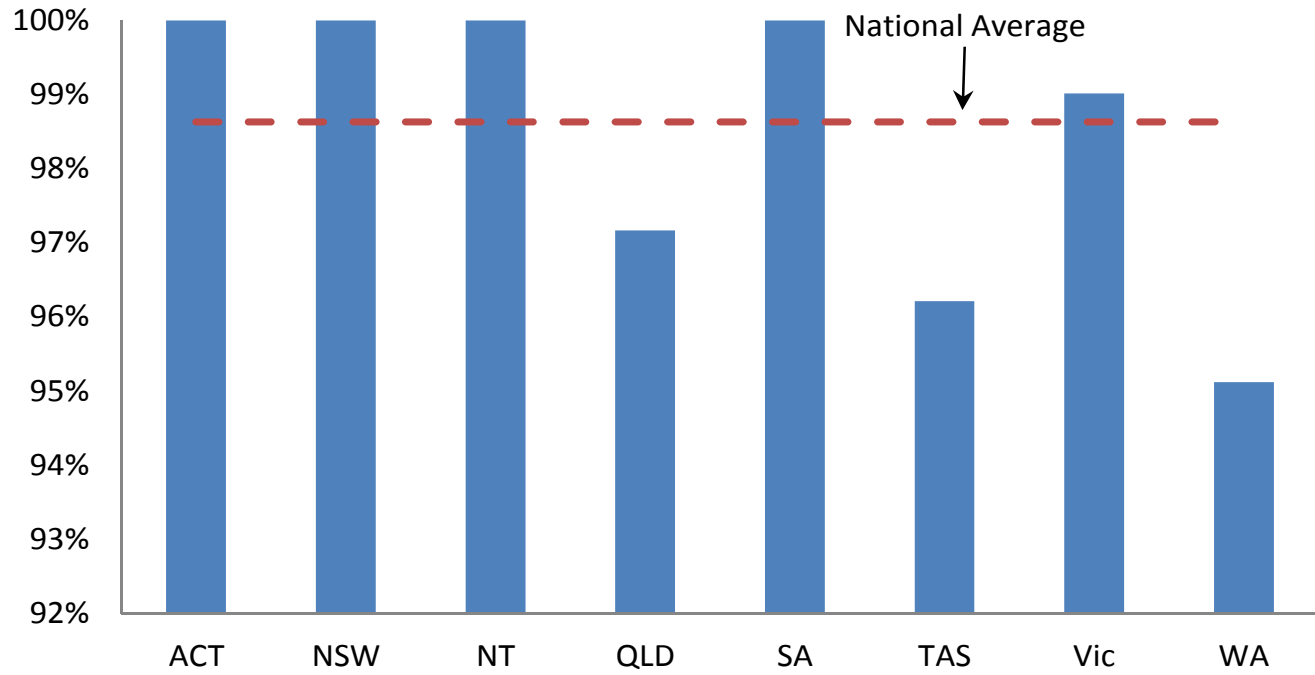
## Other Administrative, Maintenance and Clerical Staff - Includes staff engaged in:

- administrative, maintenance and clerical duties
- including ward clerks, health information managers and administrative staff (Medical staff, nursing staff, diagnostic and health professionals and laundry and hotel staff are excluded).





# Proportion of episodes receiving SWOTHER costs nationally



## Average cost of **episodes** that were allocated SWOTHER, by NHCDC CC Group, by Jurisdiction

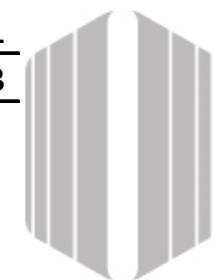
NHCDC CC Group	Jurisdiction								Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA	
Clinical	303	343	358	143	237	377	291	490	294
OR	362	262	343	127	156	297	241	373	239
Allied	60	36	21	31	16	57	56	83	38
Imag	60	46	15	41	94	28	79	69	53
Path	26	15	54	87	5	79	35	9	28
Pharm	6	10	12	22	40	20	22	8	17
ED	-	-	-	-	78	-	44	96	74
Critical	725	601	138	190	438	1,058	1,069	1,560	594
SPS	146	149	-	27	200	206	210	245	159
OtherServ	25	11	2	7	-	-	144	-	10
<b>Total Avg</b>	490	517	528	219	376	649	457	715	449



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## Average SWOTHER **cost** per acute episode, by NHCDC CC Group, by Jurisdiction

NHCDC CC Group	Jurisdiction								Aus
	ACT	NSW	NT	QLD	SA	TAS	Vic	WA	
Clinical	303	340	357	131	230	360	276	445	<b>281</b>
OR	83	83	58	29	43	99	76	91	<b>68</b>
Allied	15	17	17	17	8	21	13	17	<b>15</b>
Imag	14	15	7	10	29	22	13	23	<b>15</b>
Path	16	7	34	5	2	43	11	0	<b>8</b>
Pharm	2	9	11	9	29	19	13	3	<b>11</b>
ED	-	-	-	-	1	-	4	35	<b>4</b>
Critical	51	41	43	10	24	55	39	55	<b>35</b>
SPS	7	4	-	1	9	5	8	9	<b>5</b>
OtherServ	0	1	1	0	-	-	0	-	<b>1</b>
<b>Total Avg</b>	<b>490</b>	<b>517</b>	<b>528</b>	<b>213</b>	<b>376</b>	<b>624</b>	<b>453</b>	<b>680</b>	<b>443</b>



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# Matters to consider

- there is no patient feeder data available therefore the costs are spread to all patients;
- the allocation methodology used is one of the least preferred methods compared to others.
- Is the “general” cost centre Group too broad to allow for comparable observations between jurisdictions



## SWOTHER average cost allocated to episodes across all acute episodes by Clinical cost group

NHDC		Avg Cost	Avg Cost per	NHDC		Avg Cost	Avg Cost per	NHDC		Avg Cost	Avg Cost per	
Group	Cost Centre	Allocation	Acute Episode	Group	Cost Centre	Allocation	Acute Episode	Group	Cost Centre	Allocation	Acute Episode	
1	Clinical	ADOLMED	588.9	0.3	37	GENSURG	192.7	30.0	73	OTHERCLINSERV	10.4	0.1
2		AGEDCARE	96.6	0.1	38	GENWARD	155.0	64.9	74	OUTCOMM	83.4	0.6
3		ALLERGY	10.9	0.0	39	GERIATRICS	183.1	1.3	75	OUTPAT	13.7	0.4
4		ASSTECH	230.6	0.1	40	GYNAECOLOGY	73.3	0.7	76	OUTPATOTHER	294.4	0.0
5		ASTHMA	115.1	0.1	41	HDU	297.9	2.7	77	PAEDGEN	122.8	5.9
6		BIRTHCENTRE	85.8	1.0	42	HEACHEST	386.7	0.5	78	PAEDGENMED	171.3	3.2
7		BONEVAR	186.6	0.3	43	HEADINJURY	35.1	0.0	79	PAEDGENSUR	109.1	0.6
8		BREAST	63.1	0.1	44	HEARTTRANS	583.4	0.0	80	PAINMGT	11.5	0.2
9		BURNS	527.1	0.4	45	HEPATOBIILIARY	237.6	0.0	81	PALCARE	292.5	0.6
10		CARDIACSURG	277.7	0.5	46	HITH	233.6	2.5	82	PLASTICSURG	82.9	1.2
11		CARDIO	125.5	5.0	47	HYPERTENSION	0.6	0.0	83	PREADMIT	39.7	0.1
12		CARDIOTHOR	378.8	2.3	48	INFECTIOUS	109.1	1.5	84	PSYCHGERIATRIC	1,374.9	1.0
13		CLINHAEM	143.7	2.4	49	LITHO	148.9	0.0	85	PSYCHIATRY	230.8	14.4
14		CLINIMMUN	162.0	0.3	50	LIVERTRANS	594.2	0.2	86	PUBHLTH	0.1	0.0
15		CLINMEAS	2.7	0.1	51	LUNGTRANS	193.4	0.0	87	PULMMED	261.4	0.9
16		CLINPHARM	136.5	0.0	52	MAINTENANCE	2.0	0.0	88	RADMED	461.3	0.3
17		COLORECTAL	124.2	0.2	53	MATMON	10.4	0.0	89	RADONC	132.8	0.2
18		COMMED	85.0	0.1	54	MEDHOT	56.1	0.1	90	REHAB	230.5	1.0
19		CONT	0.3	0.0	55	MEDONCOLOGY	73.1	1.4	91	RENAL	42.1	6.7
20		DAYSURGWARD	81.1	3.8	56	MDWMF	38.0	0.2	92	RENALMED	20.6	0.6
21		DELIVWARD	157.1	3.2	57	NEONAT	136.4	1.0	93	RESP	149.6	1.6
22		DEMENTIA	3,784.8	0.0	58	NEPHROLOGY	70.9	2.7	94	RHEUMAT	47.3	0.2
23		DENTAL	221.3	0.7	59	NEUROSTROKE	182.8	2.9	95	SPECCN	276.3	1.9
24		DERMAT	64.1	0.1	60	NEUROSURG	308.6	2.3	96	SPECIALTY	344.1	10.8
25		DIABETES	165.6	0.0	61	NEWBORN	88.9	0.1	97	SPECMED	35.1	0.0
26		DRUGALCH	23.7	0.5	62	NONACUTE	475.4	2.0	98	SPECSURG	121.4	0.2
27		EDMU	108.4	0.4	63	OBSBED	26.6	1.9	99	SPINAL	1,154.4	0.7
28		ELECNEUR	515.1	0.1	64	OBSSGYNAEGEN	78.9	4.0	100	STOMTHER	1.4	0.0
29		ENDOCRIN	133.9	1.1	65	OBSTET	181.0	9.2	101	STROKE	90.9	0.0
30		ENT	70.8	0.8	66	OCCUPATMED	133.0	0.1	102	THORACICMED	139.7	0.6
31		ESSU	106.0	2.7	67	ONCOLOGY	115.0	6.8	103	THORACICSUR	4.0	0.0
32		FALLS	11.4	0.0	68	OPHTHALM	91.8	0.9	104	TRANLOUN	11.7	0.3
33		GASTRO	119.6	3.2	69	ORALMAXILLOFAC	82.5	0.2	105	TRANSPLANT	232.7	0.3
34		GEM	520.3	0.6	70	ORGANPROC	4,927.5	0.0	106	TRAUMCENTRE	221.5	0.7
35		GENETICS	57.0	0.0	71	ORTHAPP	8.7	0.0	107	UROLOGY	84.6	1.9
36		GENMED	118.1	42.7	72	ORTHPAED	176.4	8.5	108	VASCULAR	161.3	1.4
									<b>Total</b>	<b>294.2</b>	<b>281.2</b>	



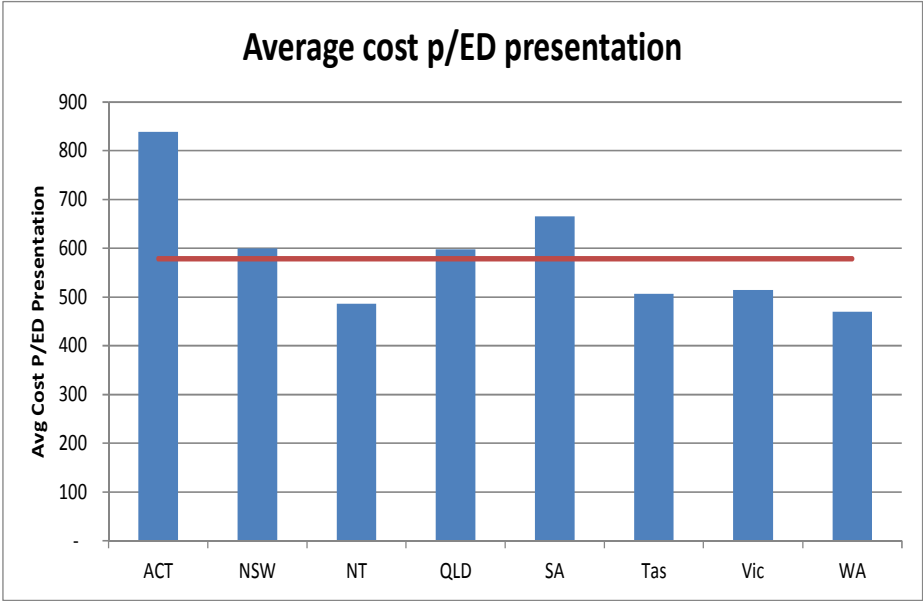
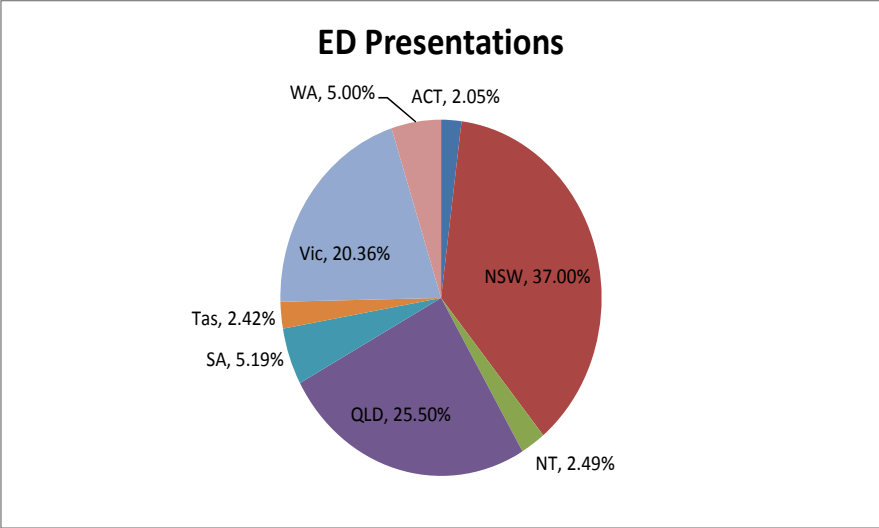
# Emergency Department

- Admitted and non-admitted presentations.
- AHPCS SCP 1.004-Hospital products in scope as patient products are categorised into URG classes that:
  - reflect the urgency (triage) category of the patient
  - the disposition (admitted or not-admitted) and diagnosis of the patient.
  - Note that for emergency services (i.e. services that do not meet the definition of an Emergency Department) UDG classes that reflect only the urgency and disposition of the patient are used (see below).

The current URG and UDG code descriptions and definitions of emergency services for ABF purposes are outlined on the IHPA website.

- Standard GL 4B.003 – Emergency department







## Average cost of episodes that were allocated Emergency services in each Jurisdiction

NHDCOC Group	Jurisdiction								National
	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	
<b>Allied</b>	17	3	2	2	-	2	7	15	4
<b>Clinical</b>	54	75	8	27	-	16	7	0	18
<b>Critical</b>	16	-	-	31	-	-	38	-	18
<b>ED</b>	48	30	45	44	44	41	33	31	35
<b>Imag</b>	22	16	3	18	29	2	18	16	17
<b>OR</b>	-	4	0	1	-	1	22	343	2
<b>OtherServ</b>	83	3	1	9	-	-	111	-	3
<b>Path</b>	8	11	13	22	15	-	10	27	12
<b>Pharm</b>	12	6	2	11	-	1	3	25	3
<b>SPS</b>	-	20	-	201	-	-	141	-	142
<b>National Avg</b>	<b>59</b>	<b>37</b>	<b>50</b>	<b>44</b>	<b>54</b>	<b>45</b>	<b>42</b>	<b>35</b>	<b>41</b>



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# Matters to consider

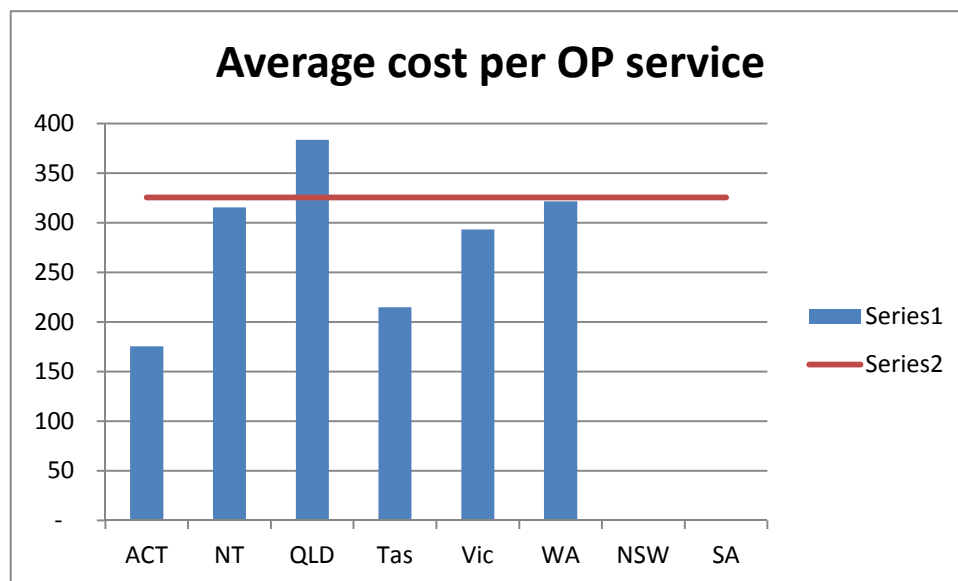
- are all resources associated with emergency presentations identified, linked and costed?
  - AHPCS Cost 6.001-Intermediate product/service matching method.
- the allocation methodology used is one of the least preferred methods compared to others.
- are the general ledger expenses for emergency department segregated between the presentations and other associated units attached to emergency service.



# Outpatient

- AHPCS Scope of Products defines as:
  - services categorised into NHCDC Clinics
  - reflect the characteristics of the service delivered to the patient
  - On-campus services
  - Off-campus services
- Tier 2 Non-Admitted Care Services
  - All detail regarding the Tier 2 Classification can be found on the IHPA Website





### Average cost of episodes that were allocated Outpatient services in each Jurisdiction

NHDCGC Group	Jurisdictions								National
	ACT	NT	QLD	Tas	Vic	WA	NSW	SA	
Allied	19	3	23	3	7	20	-	-	10
Clinical	16	9	27	6	9	18	-	-	18
Critical	-	0	18	-	-	-	-	-	10
ED	-	-	6	-	9	3	-	-	6
Imag	23	8	26	2	20	26	-	-	15
OR	2,183	29	39	1	28	12	-	-	28
OtherServ	38	1	11	-	118	-	-	-	5
Path	3	3	45	2	8	55	-	-	9
Pharm	24	2	75	2	15	170	-	-	21
SPS	-	44	54	91	24	29	-	-	47
<b>National Avg</b>	<b>12</b>	<b>30</b>	<b>34</b>	<b>19</b>	<b>25</b>	<b>29</b>	-	-	<b>28</b>



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# Matters to consider

- are all resources associated with emergency presentations identified, linked and costed?
  - AHPCS Cost 6.001-Intermediate product/service matching method.
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