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*Exploring outcomes and  
cost savings in an  
integrated rehabilitation  
model of care*

IHPA ABF Conference 2014

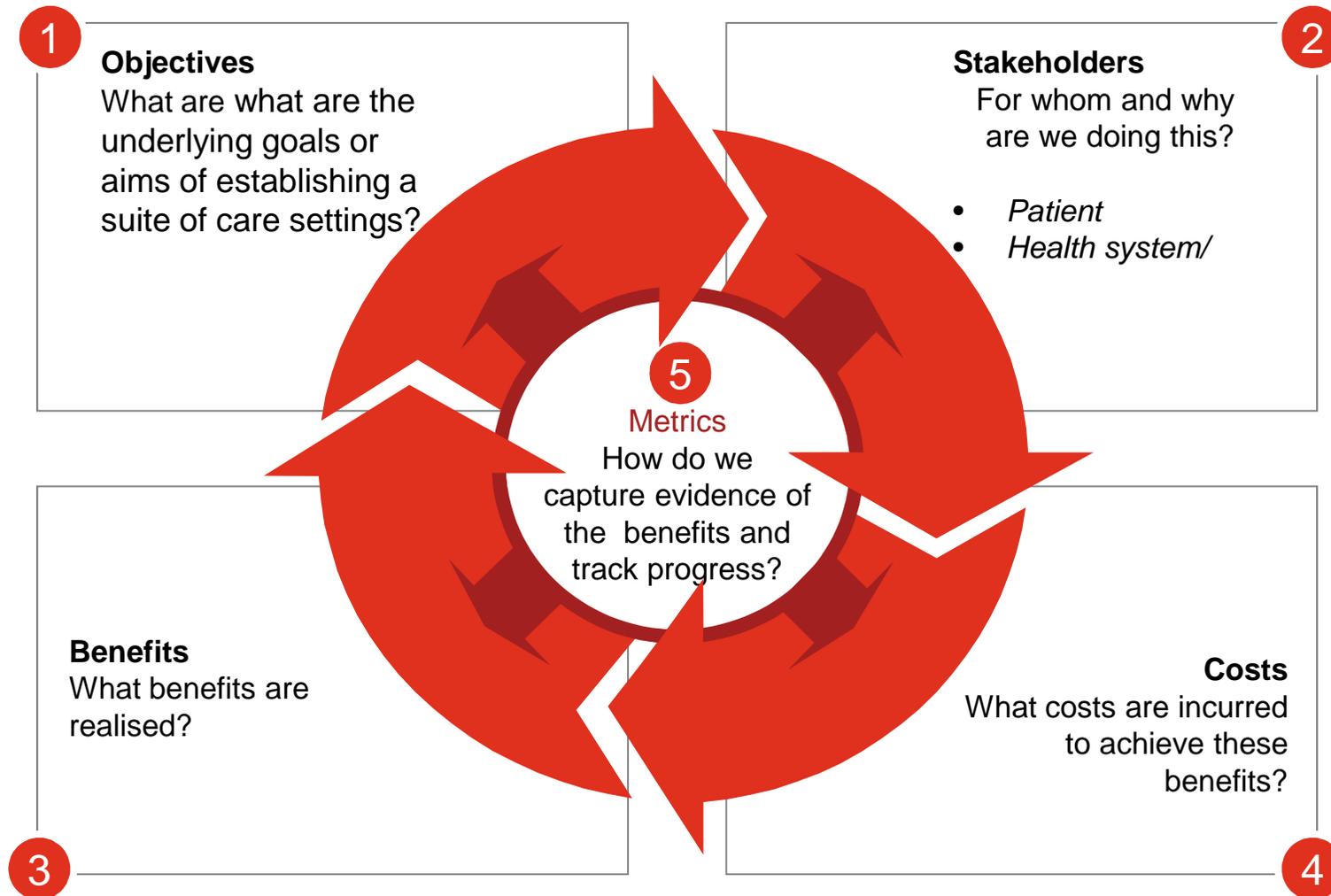
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## ***Principles used in assessing 'value' attached to an integrated care model***

1. The costs and benefits associated to providing care in a particular care setting cannot be examined in isolation
2. Additional value can be realised through integrated models of care across multiple care settings (hospital, outpatient, home)
3. KPIs need to be defined upfront
4. ABF is a rich source of data - has nationally consistent definitions of activity and costs by product, eg ED, Admitted, Sub-acute (admitted & non-admitted), Non-admitted

# How to measure the value of integrated care settings?



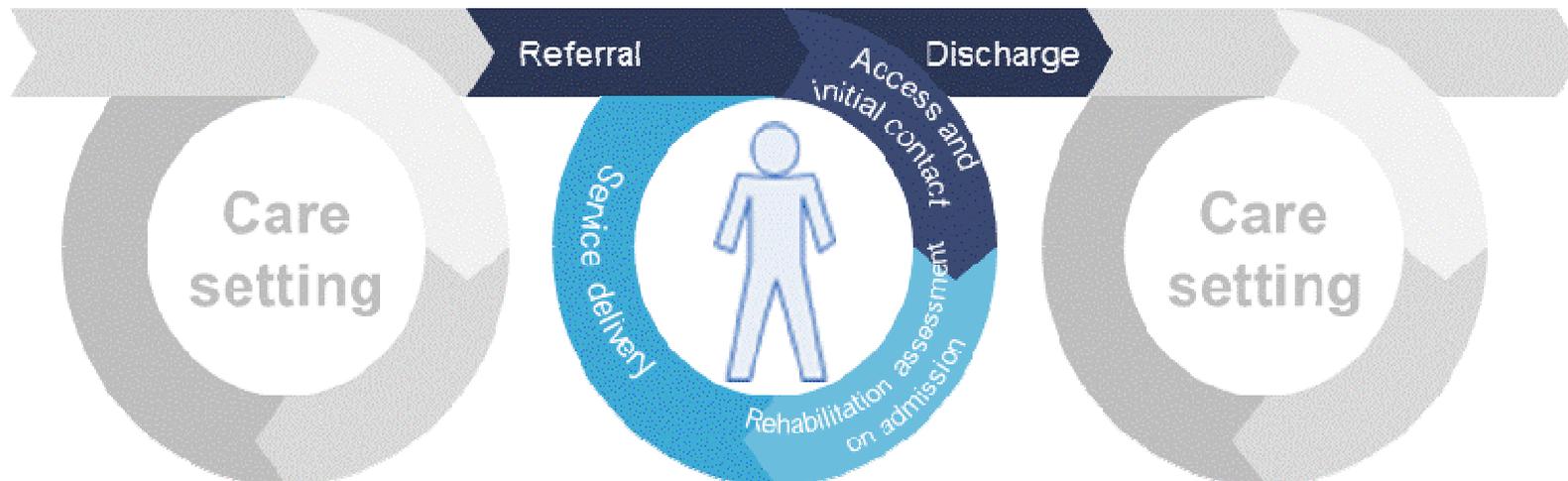
*A worked example:*

## ***NSW Rehabilitation Model of Care***

1. **In reach to acute** – early intervention multi-disciplinary rehab in acute setting
2. **Subacute inpatient** - multi-disciplinary rehab in subacute inpatient setting
3. **Day hospital** – intensive multi-disciplinary outpatient program
4. **Outpatient** – discipline specific one on one or group therapy
5. **Home based** – rehab therapy provided within the patient’s home
6. **Outreach** – hub and spoke model between regional & tertiary hospitals;

**Patient journey** – “across one or multiple care settings”

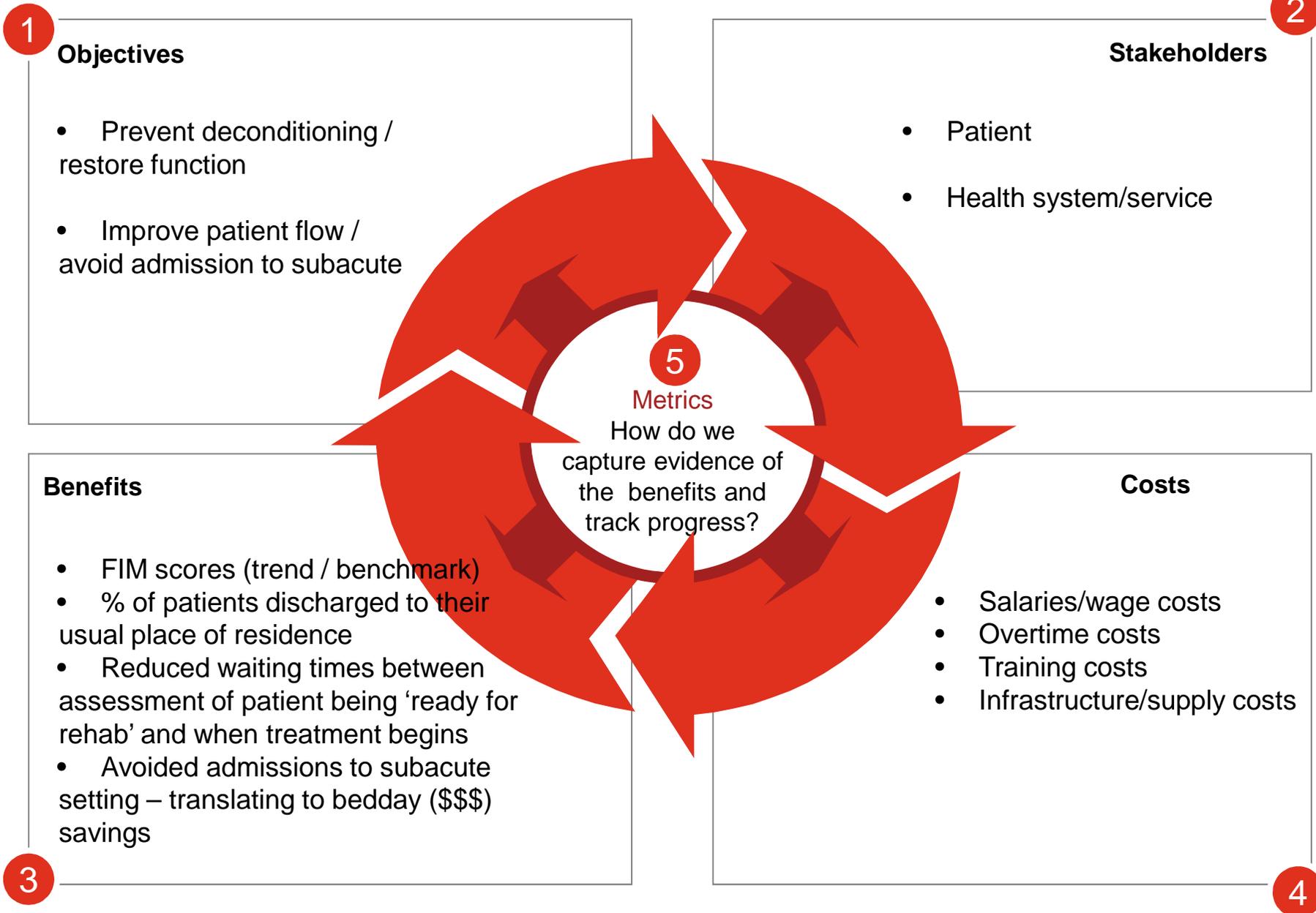
**Patient journey** – “consistent patient journey within a care setting”



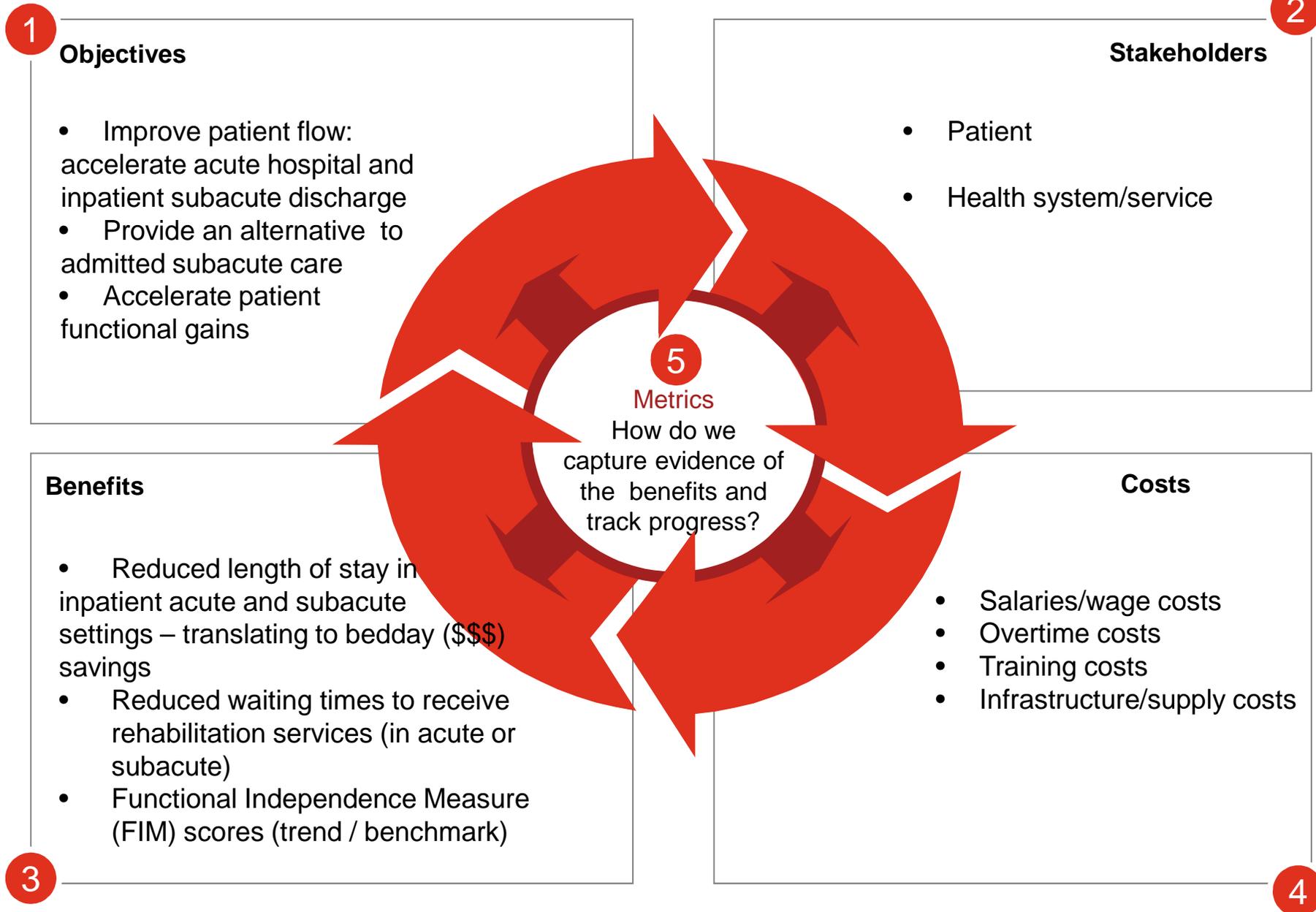
# Mapping the NSW Rehabilitation Model of Care to ABF products

NSW Rehabilitation Model of Care	ABF product - counting activity and costs
<b>Inreach to acute</b>	<b>Admitted</b> – a labour cost across admitted separations
<b>Sub-acute Inpatient</b>	<b>Sub-acute</b> – <u>separately counted activity and costs</u>
<b>Day Hospital</b>	<b>Admitted or Non-Admitted</b> – counting activity & costs depends on local practices
<b>Outpatient</b>	<b>Non-admitted</b> - <u>separately counted activity and costs</u>
<b>Home based</b>	<b>Admitted or Non-Admitted</b> – counting activity & costs depends on local practices
<b>Outreach</b>	<b>Admitted or Non-Admitted</b> – counting activity & costs depends on local practices; also consider potential misalignment of costs and revenue/budget/workforce allocations

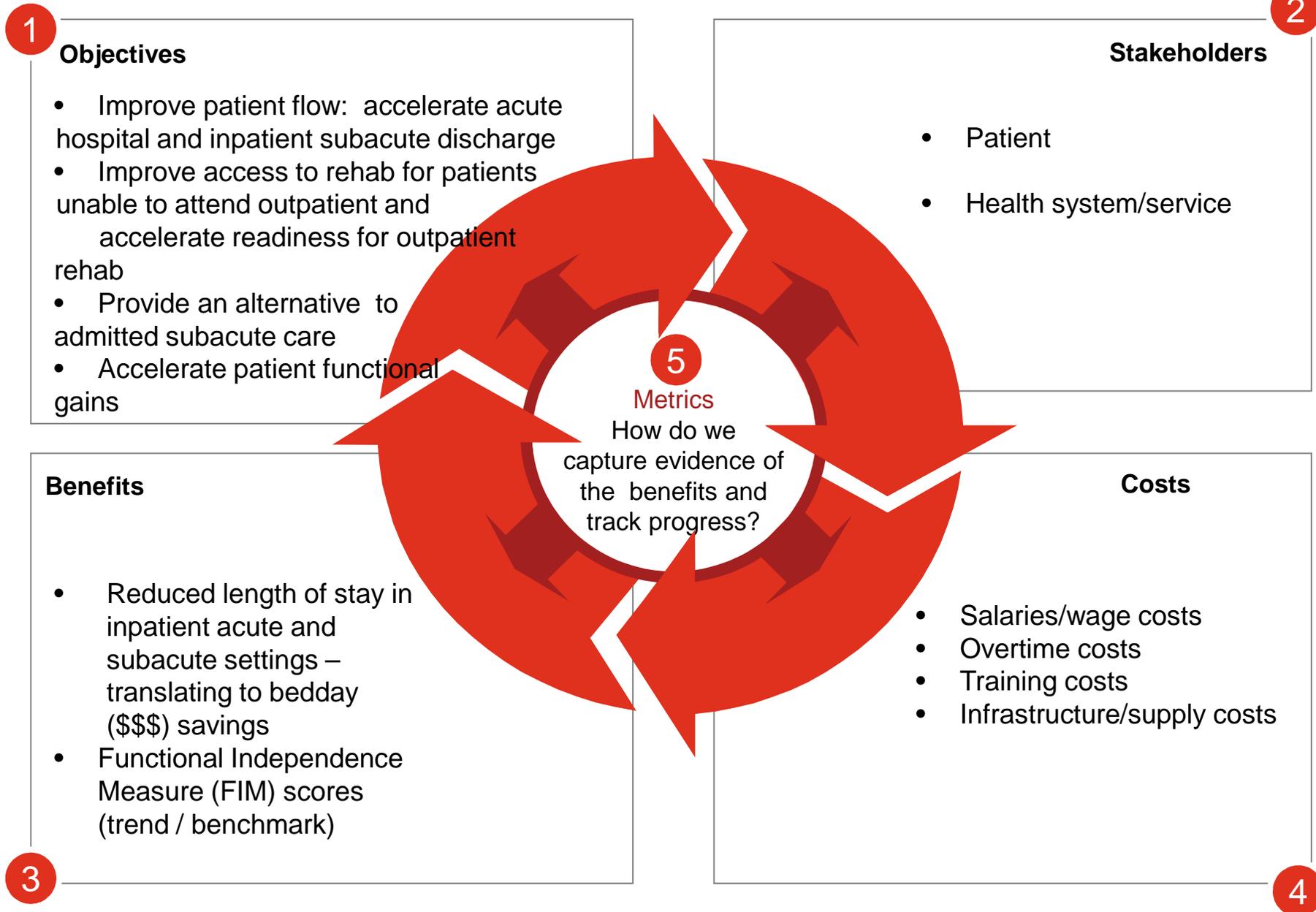
# Scenario 1. Assessing value of 'Inreach' rehab



# Scenario 2. Assessing the value of outpatient rehab



# Scenario 3. Assessing the value of home based rehab



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## *Summary*

- The patient journey is about care received across care settings and requires assessing performance across ‘integrated’ care models.
- Value to the patient and the health system can be measured and drive program design.
- In assessing the value or effectiveness of care delivery, it is important to look beyond the boundaries of that care setting and consider the impact across the entire patient journey, ie what are the flow on impacts upstream and downstream?
- Analysis of evidence / data will lead to more informed/robust decision making.

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# *Questions and discussion*