

Equipping Allied Health for Activity Based Funding

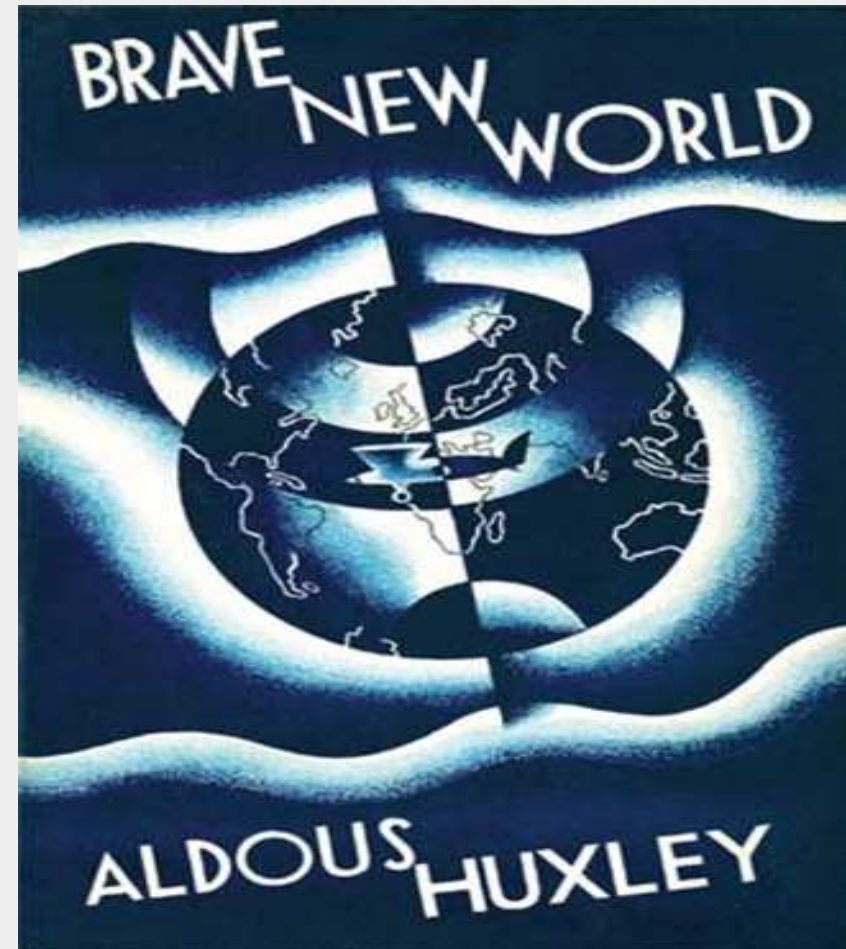
-A marriage between
clinical and technical partners-

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Health



The Brave New World of Health

- *“The new health reform is the most significant improvement to Australia's health system since the introduction of Medicare...”*
- Activity Based Funding is the key component



Characteristics of our Brave New World

- Data driven
- Focus is on efficient models of care
- Transparency and accountability
- Risks for allied health
 - Need to be able to communicate
 - Allied health not seen as cost drivers
 - Ability to quantifiably measure the contribution of the service



Background

- NSW Directors of Allied Health are a statewide group from across NSW
- Identified need to engage with allied health around ABF due to:
 - Variable understanding of ABF and costing
 - Lack of standardized data capture
 - Poor engagement with data custodians
 - Need for allied health ABF education

NSW AH ABF Forum

- Convened NSW AH ABF Forum, June 30, 2012
- Attended by NSW Health ABF Taskforce, AH Directors and discipline representatives
- Pre-forum questionnaire showed
 - Variable understanding of ABF and costing
 - Nil common AH activity or outcome data set or capture
 - Significant variation in approaches and understanding
 - High degree of interest (but not understanding) in this area

NSW AH ABF Forum

- Outcomes
 - Formation of Allied Health ABF Strategy Committee
 - Established ongoing and formalised engagement with ABF taskforce
 - Ongoing and formalised engagement with the state team looking at the development of a new electronic data system
 - Need to develop an allied health minimum data set for consistent data collection

AH ABF Strategy Committee

- The NSW Allied Health and Discipline Advisor Group ABF Strategy Committee ('the Committee') would be responsible for:

the leadership and oversight of allied health ABF initiatives and ABF-related allied health data governance, management and interpretation across NSW Health services.

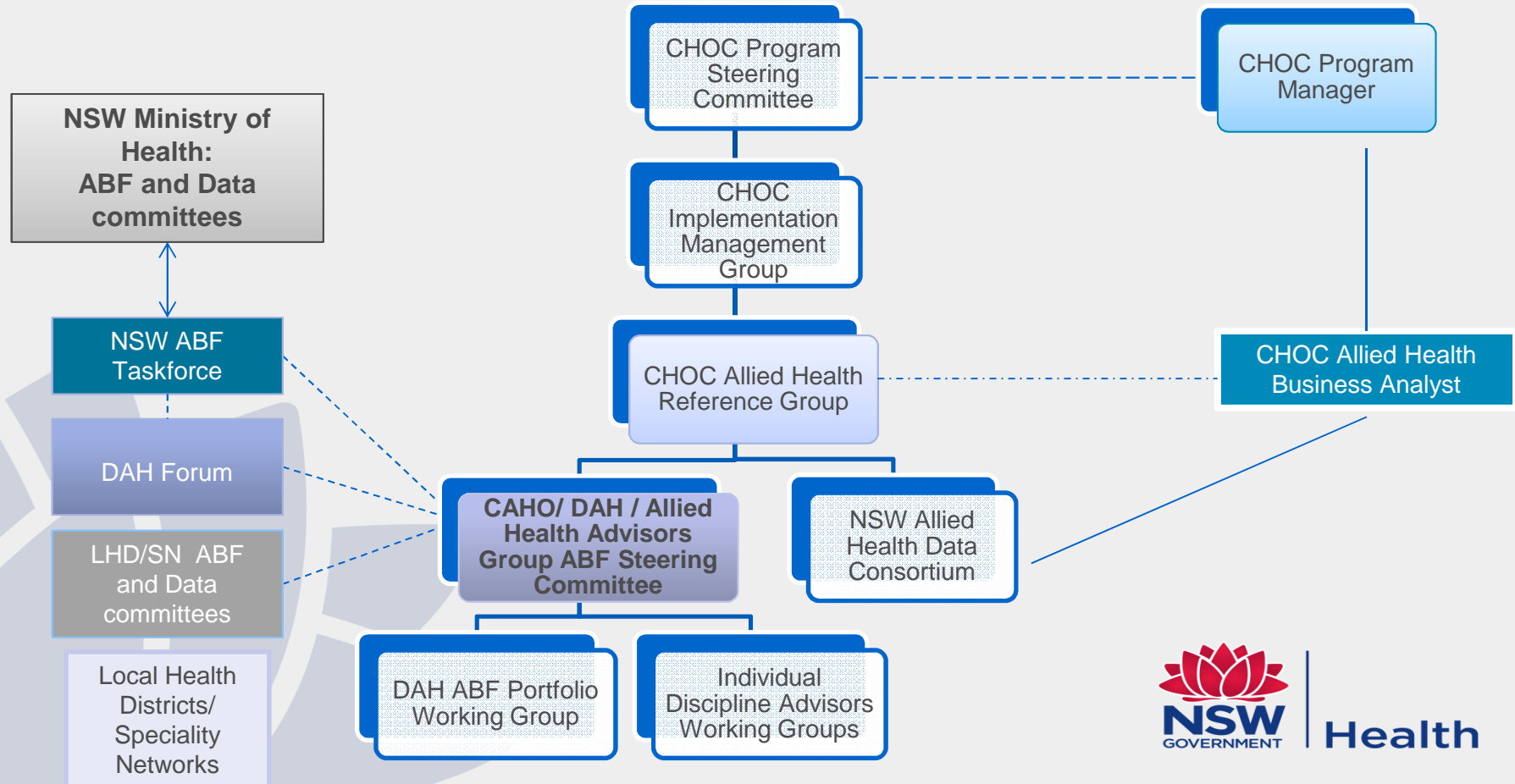
AH ABF Strategy Committee

- Primary subject areas and development objectives
 - **1. Data Collection:** The Committee will determine strategies that will enable a state wide approach to the sharing, collaboration and standardisation of approaches to allied health data collection and analysis.
 - **2. Costing:** The Committee will provide high level advice in relation to the implementation of standardised allied health costing methodologies within the PPM2.

AH ABF Strategy Committee

- **3. Reporting and Benchmarking:** The Committee will oversee the development of state-wide allied health reports and develop systems and processes that will enable discipline and allied health benchmarking.
- **4. Education and Training:** The Committee will oversee the development of systems and resources which support the education and training of allied health clinicians in ABF.
- **5. Advocacy and Networking :** The Committee plays an important role in advocating for allied health in the ABF environment at all levels of government

Directors of Allied Health and Discipline Advisor Group Activity Based Funding Strategy Steering Committee Governance Structure



Processes

- A number of half and full day workshops in relation to the development of a state wide MDS with discipline representative groups & DAH and discipline working groups
- Half day allied health costing workshop
- Development of ABF Allied Health Fact Sheets
- Representation on state-wide ABF meetings e.g. Non Admitted Patient ABF Committee

Allied Health Minimum Data Set

- Purpose
 - Provide accurate, relevant and standardised data capture for allied health activity, intervention and outcomes
 - Inform allied health cost modelling, workforce planning and service evaluation
 - Comply with and meet statutory reporting requirements
 - Facilitate consistent counting coding and costing of allied health activity

Allied Health Minimum Data Set

- Intent
 - For implementation state-wide in all allied health data systems
 - To be implemented across all clinical areas, settings and care types
 - To be implemented locally via a standardised education package to ensure consistency of interpretation

Allied Health Minimum Data Set
Codeset and data fields List



Outcomes

- Clinicians were highly interested in ABF and remain actively engaged
- High degree of consultation and follow through with allocated tasks
- Clear central point of coordination
- Meaningful partnership between two previously disparate parts of the health organisation

Conclusion

- Seemingly unlikely bed partners of clinicians and costing/ABF personnel share many common goals, including
 - Improved understanding of cost drivers
 - Driving efficient models of care
 - Understanding the ‘business’ of health better
- Working together to establish a shared language takes time but is essential to unified strategy

Coming together is a beginning; keeping together is progress; working together is success.

Henry Ford

