

**AFTER THE BIG
BANG**
**The Creation and
Expansion of the
Non-Admitted
ABF Universe**

Xiao Cai
**Manager, Non-Admitted
and Emergency Department
Workstreams**

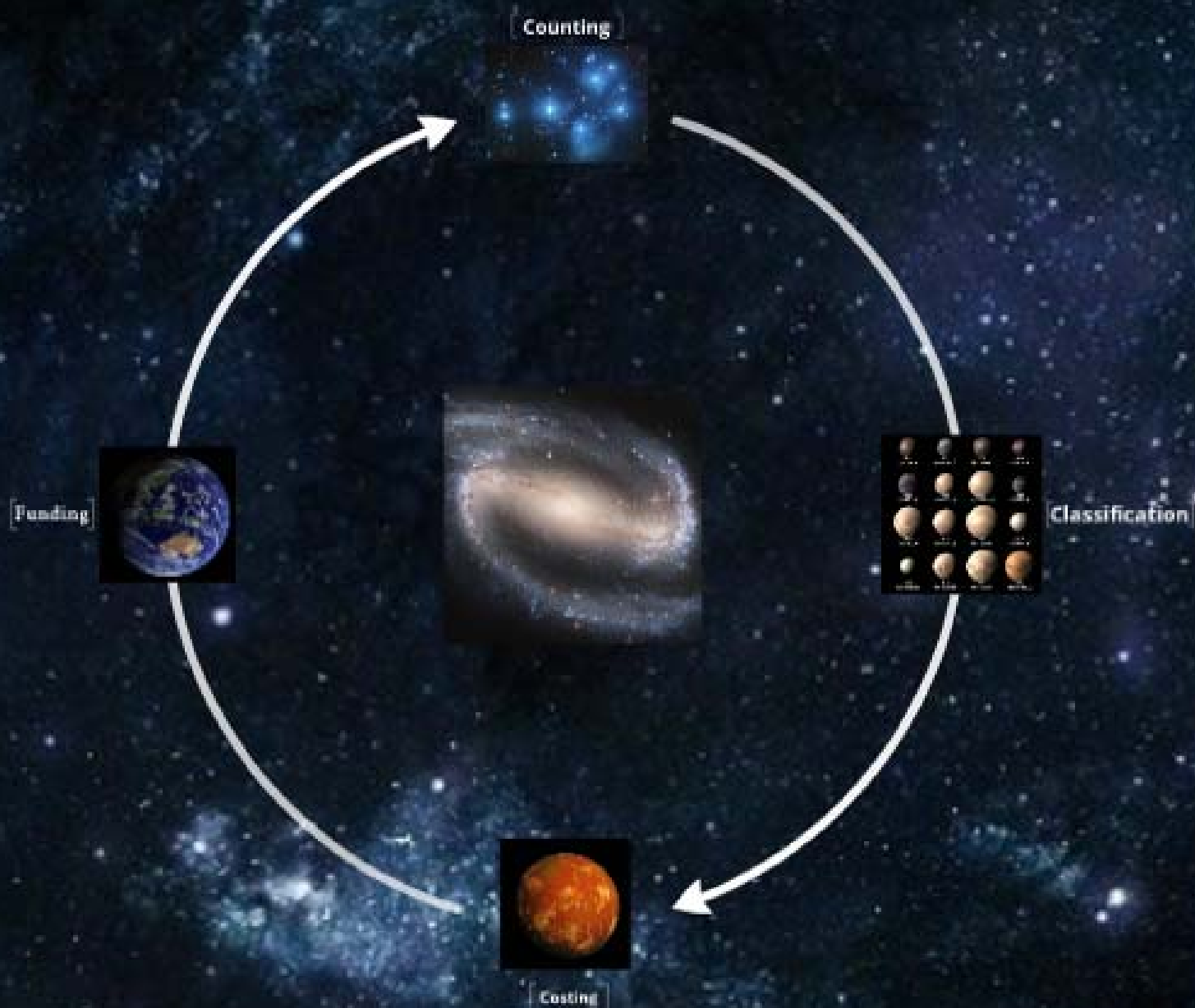
ABF Taskforce

NSW Health



Presentation outline

- Discoveries
- Challenges
- Results thus far
- Trajectory for the future



Building blocks of ABF

There are four essential building blocks in an activity based funding system

[Counting]





Key issues

- Patient level data
- Counting rules
- Electronic systems
- Unit of count
- Central non-admitted data repository



What did we do?

- NA data collection policy
- State business and counting rules
- Data specifications
- Minimum data requirements for systems
- Retained OOS counting and covert to SE
- Data warehouse redevelopment
- Push services onto enterprise systems

Patient Level Service Events

2011-12

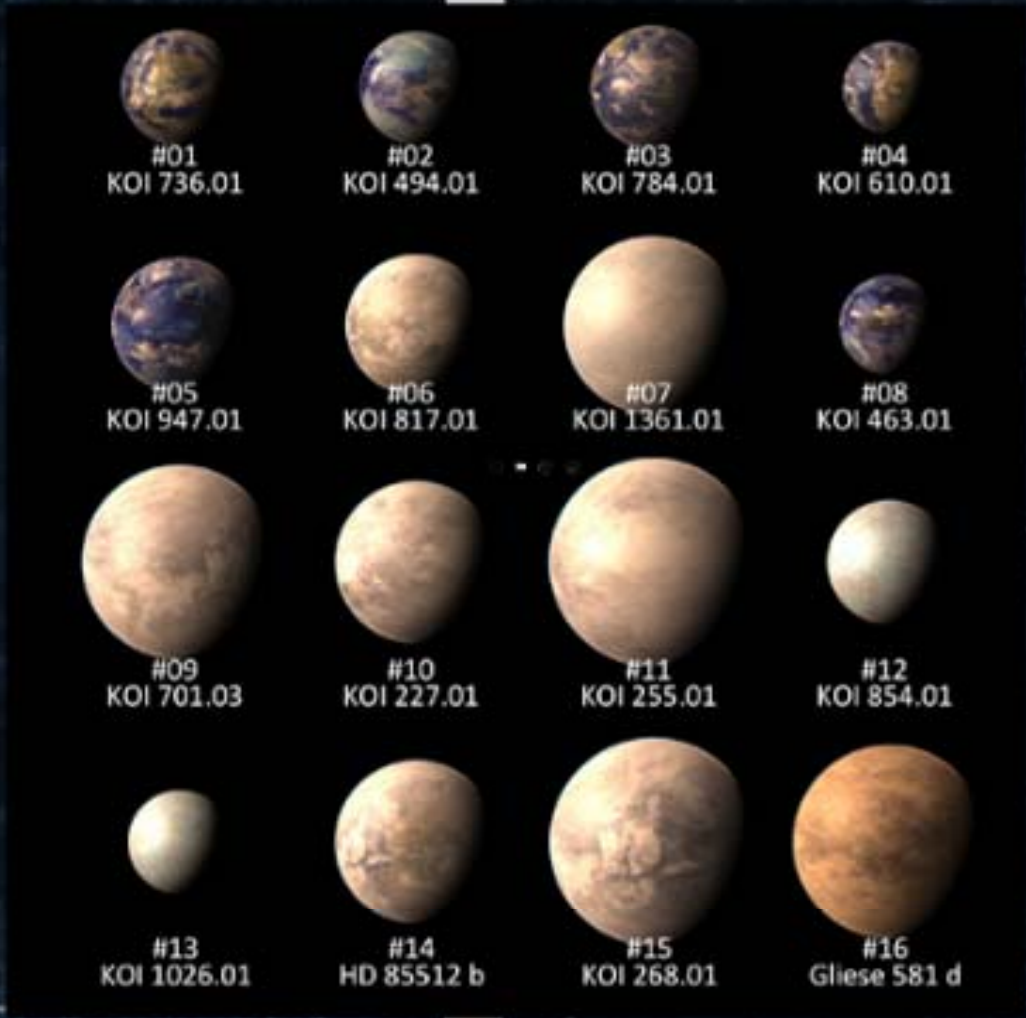


700,000

2013-14



+11,000,000



[Classification]





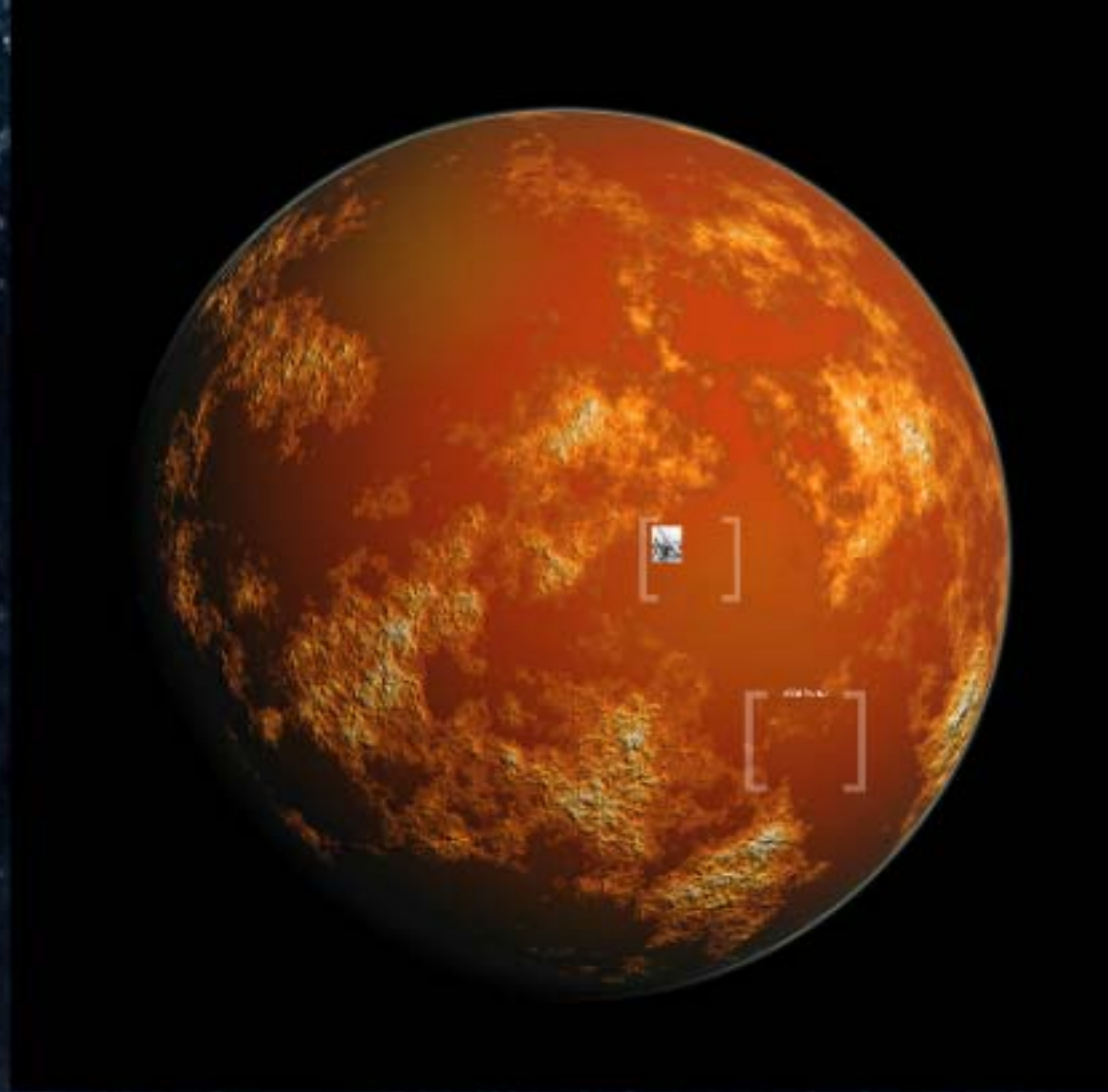
Taurus

Clinic Classification

- **Districts and Networks consultation with clinicians**
- **Classification of 10,000 Clinics reviewed and updated**
- **6,500 new clinics classified and registered**

Key Issues

- **Not a patient centric classification**
- **Clinic based classification**
- **Does not deal well with MDT services**
- **Perceived perverse incentives**
- **Not fit for long term use**



[Costing]



Last refresh: 20/06/14

Current Selections
 No
 NAP

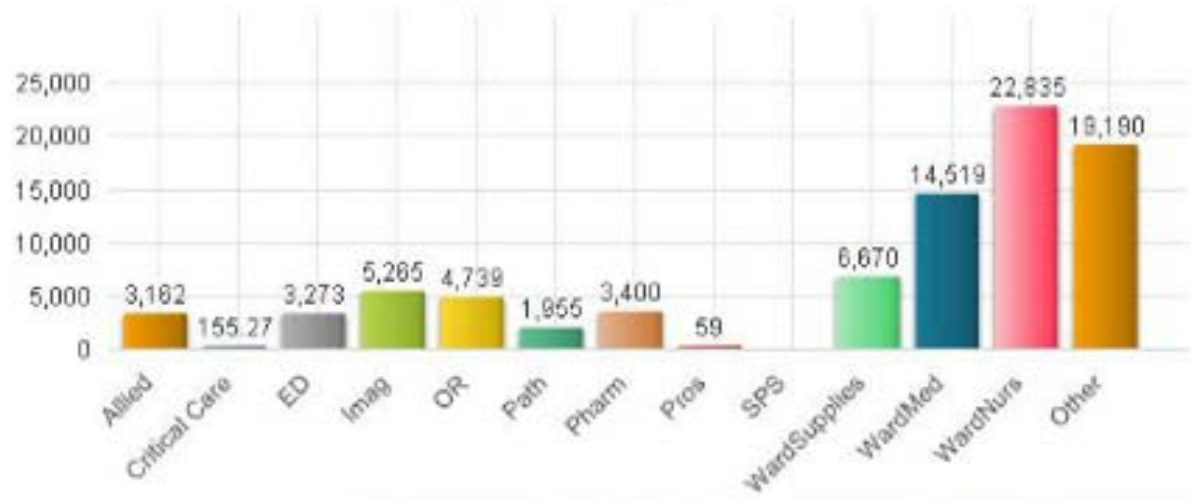
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Grouped to SNAP Non Grouped to SNAP NAP Other

Cost per Encounter (NAP)

Patient Cost Bucket

Total Cost : 85,223

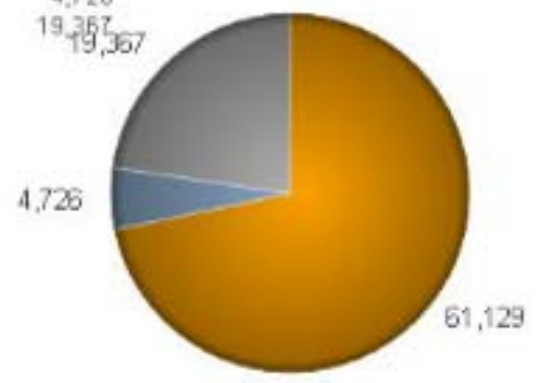


Patient ABF Service Stream Cost

Total Cost : 85,223

ABF Service Stream

Acute	61,129
ED	4,726
NAP	19,367



Total	Value
126,614	
76,485	
70,337	
10,316	
9,191	
127	
8,039	
6,672	
1,804	
1,449	
101	
303	
01	



Skin and Connective Tissue
 University of Sydney
 Health Services
 Mental Health Services
 Acute Health Services

[Funding]





Giordano Bruno



Trajectory for the future

- Use ABF data for Activity Based Management
- Development of a National Classification
- NSW to explore elements to improve existing classification
- Continue to improve counting
- Continue to improve patient level costing