Consultation questions

1. Should the new classification for non-admitted care support the delivery of integrated care between health care settings? If yes, how?

Answer- Yes, this should help to provide service as close to the patients home as possible and encourage innovation. The reason for intervention and type of intervention rather than the setting should be the focus rather than incentivising hospital acute care settings. In the long term this could be achieved through a system based on episode of care and reasons for intervention rather than specific service counts.

2. Should the new classification for non-admitted care services account for and adapt to newer models of care and technology? If yes, how?

Yes, health services must innovate and embrace technology in order to be affordable/sustainable into the future and to be able respond to patients and their needs. Therefore the classification system needs to be able to account for this by encouraging use of self-management technologies with support from health care professionals

3. As the type of care delivered in admitted, non-admitted and primary care are challenged, how can the future ANACC system account for these changes?

The classification principles have been designed to guide and support the development of the future classification, do you agree with these and/or are there other principles that should be considered in developing ANACC?

Answer- the principles seem reasonable

4. Non-admitted patients often present with multiple comorbidities, and may be treated under a chronic disease management model. Should the future ANACC system have a separate path for classifying chronic disease

5. Answer- I do not believe it should be a separate path but incorporated into what in the end I believe should be an episode classification system patients?

6. What implementation timeframe is required for jurisdictions to transition to a patient-based non-admitted care classification system?

Answer- 5 year timeframe

7. What considerations should be made in relation to including a diagnosis-type variable in the future ANACC system?

Answer- need to incorporate diagnosis, reason for episode/presenting problems and interventions required. However, still believe in long term an episode count is better than service count to drive self-management, innovation and use of technology

8. Should presenting problem be used as the diagnosis type variable? If yes, do you agree with the proposed definition of ‘presenting problem’?

Answer- yes, see answer to question above

9. What are your views on the proposed list of initial presenting problem/diagnosis-type and intervention-type groups presented at Appendix A? What refinements should be considered?

10. Do you agree with the list of complexity variables presented in Section 5.3? What other variables should be considered for the new ANACC system?