

17 May 2021

submissions.iHPA@iHPA.gov.au

To Whom It May Concern,

Re: Independent Hospital pricing Authority (IHPA) public consultation with regard to the proposed fifth version of the Australian National Subacute and Non-Acute Patient Classification Version 5.0 (AN-SNAP V5).

As the peak professional membership association for rehabilitation nursing in Australasia, the Australasian Rehabilitation Nurses' Association (ARNA) makes the following responses to the questions posed in relation to Frailty, Rehabilitation and Geriatric Evaluation and Management (GEMS) and Non-Acute Care as part of the IHPA public consultation.

3.6.2 Patient frailty

Do you support IHPA's proposed approach to use the Frailty Risk Score calculated from ICD-10-AM codes as proxy markers of frailty? If not, why not?

ARNA supports IHPA's proposed approach to use the Frailty Risk Score calculated from ICD-10-AM codes as proxy markers of frailty.

If the Frailty Risk Score is adopted for AN-SNAP V5, do you support IHPA's proposed approach to exclude less defined and redundant codes from the score's calculation? If not, why not?

ARNA supports IHPA's proposed approach to exclude less defined and redundant codes from the score's calculation as a means of providing a refined, accurate and clinically relevant Frailty Risk Score.

For future work (ie. beyond AN-SNAP V5), do you prefer any particular prospective frailty instrument being prioritised by IHPA for further investigation (including potentially being proposed for the admitted subacute and non-acute hospital care national best endeavours data set)? If so, why? Examples of the type of instruments include but are not limited to:

- *the Rockwood Clinical Frailty Scale*
- *the Australian National Aged Care Classification (AN-ACC) assessment tool*

ARNA expresses no preference for any particular prospective frailty instrument being prioritised by IHPA for further investigation. While making no specific suggestion as to a preferred instrument – ARNA members have noted the current widespread use of the

Rockwood Clinical Frailty Scale with their sub-acute care patients. ARNA is also cognizant of the recent Australian Government approval for the ongoing development of the Australian National Aged Care Classification (AN-ACC) assessment tool (AN- ACC) as a proposed new assessment and funding model for residential aged care and a possible replacement for the Aged Care Funding Instrument (ACFI).

4.2.1 Rehabilitation: 4.2.1.3 Proposed changes- splitting variables (p18)

Do you support IHPA's proposal to establish a new impairment type group Orthopaedic conditions, replacement for knee, hip and shoulder replacement activity?

ARNA supports the IHPA's proposal to establish a new impairment type group Orthopaedic conditions, replacement for knee, hip and shoulder replacement activity and consider this a reasonable action for the IHPA to take based on costs and ongoing high-level activity of joint replacements.

4.2.1.6. Issues identified for future work

Do you support a measure of frailty being introduced into the classification for adult admitted rehabilitation care, in principle? If so, do you have an approach you recommend?

ARNA supports a measure of frailty being introduced into the classification for adult admitted rehabilitation care in principle but have no specific approach to recommend. We note concerns raised by some ARNA members with regard to a possible "gap" that may result from incomplete assessment of other complications and /or co morbidities occurring in combination with frailty in the adult rehabilitation patient cohort.

Do you support IHPA continuing to explore the Functional Independence Measure for children (WeeFIMTM) as a potential variable within the paediatric rehabilitation classes? If not, why not?

ARNA supports the IHPA continuing to explore the Functional Independence Measure for children (WeeFIMTM) as a potential variable within the paediatric rehabilitation classes. ARNA considers that the paediatric version of the Functional independence Measure™ (FIM) well supports the documentation and scaling of changes in functional performance in disabled children and adolescents by quantifying assistance needs as well as the severity of disability and as such, considers this a valuable tool when used effectively.

Do you have any other suggestions for future work to refine the classification of adult or paediatric admitted rehabilitation care such as:

- *care cost drivers which could be further investigated; and/or*

ARNA has no suggestions re other care cost drivers which could be further investigated.

- *data items to consider for national collection?*

ARNA suggests that the Spinal Cord Independence Measure (SCIM) may possibly yield data items to consider for national collection. Developed for use with the spinal cord injury (SCI) population to assess competence with a range of activities of daily living – the SCIM is a well validated SCI specific outcome measure for evaluating clinical interventions, measuring functional progress and supporting individualised goal setting and education.

4.2.3 Geriatric Evaluation and Management (GEM)

Do you support IHPA's proposal to introduce the Frailty Risk Score as a variable for the GEM care type? If not, why not?

ARNA supports the IHPA's proposal to introduce the Frailty Risk Score as a variable for the Geriatric Evaluation and Management (GEM) care type as it may assist health professionals to better identify and remediate the often negative and serious adverse impacts of frailty and improve the functioning of older people with multidimensional health needs.

4.2.3.5 Issues identified for future work Consultation question

Do you have any suggestions for future work to refine the classification of GEM care such as:

- *care cost drivers which could be further investigated; and/or*
- *data items to consider for national collection?*

ARNA makes no suggestions for future work to refine the classification of GEM care.

4.2.5 Non-acute care Consultation question

Do you support IHPA's proposal to introduce the Frailty Risk Score as a variable for the non-acute care type? If not, why not?

ARNA supports the IHPA's proposal to introduce the Frailty Risk Score as a variable for the non-acute care type to assist with optimisation of the patient's functioning and quality of life.

***4.2.5.4 Classes for the admitted non -acute care type* Consultation question**

Do you have any suggestions for future work to refine the classification of non-acute care such as:

- *care cost drivers which could be further investigated; and/or*
- *data items to consider for national collection?*

ARNA has no suggestions for future work to refine the classification of non-acute care.



ARNA

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Thank you for the opportunity to participate in the consultation process. Please do not hesitate to contact me through ARNA, should you wish to understand our position further.

Yours sincerely,



Ali New

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