Southern Adelaide Local Health Network (SALHN) NEP23 Pricing Framework response

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Are there any specific considerations IHPA should take into account for assessing COVID-19 impacts on the 2020–21 data in the development of NEP23?	7
• Differences between jurisdictions/ LHNs in how COVID related costs were allocated in the GL i.e. separate Cost Centres for direct costs of supplies, COVID models of care etc. How much COVID related costs have now become embedded in 'usual business' i.e. testing, PPE, infectious disease management. • Investigate impact of increased Security requirements, monitor entrances, ensure adherence to Covid rules (restricted patient visitors, mask wearing, check in protocols followed etc. • Investigate effect on costs for hospitals that created dedicated wards for COVID positive patients being treated for other conditions. • Investigate impact on costs associated with decanting and recanting, including contracting out what otherwise would've been core business to private providers. • Were PFRAC reviews undertaken to consider non-admitted cancellations and subsequent rebooking. Appointments may have been cancelled but did clinicians divert their time elsewhere. Further, different specialties may have been impacted more than others. • Costs associated with separate COVID Care Centres i.e. different location for existing activity or providing treatment directly related to COVID.	
Are there any barriers or additional considerations to using AR-DRG Version 11.0 to price admitted acute services for NEP23?	16
• No given no major structural changes.	
Do you support IHPA's proposal to refocus some resources on projects that prepare for ICD-11 implementation? Please provide suggestions for any specific 'readiness' projects you would like to see progressed.	16
• SALHN support refocusing some resources. Given the significance of the change some potential readiness project should include requirements, cost & time analysis to configure patient administration systems, groupers & reporting systems. Another key readiness project would be reviewing the requirement to retrain the coding workforce of Australia. • It would be beneficial to include the redevelopment of ED shortlist and SNOMED mapping into the scope of readiness projects.	
Are there any barriers or additional considerations to using AN-SNAP Version 5.0 to price admitted subacute and non-acute services for NEP23?	16
• An additional consideration to using AN-SNAP5 to price subacute for NEP23 would be the concerns raised by clinicians regarding lack of tools or knowledge to manage reporting frailty using ICD and the impact this could have on funding. Until future years where Rockwood can be assessed for use, it would be helpful for a tool to be provided to assist in the clinician education process required to ensure correct documentation for FRIC to be accurately coded, reported and funded.	
Are there any barriers or additional considerations to using AMHCC Version 1.0 to price community mental health care for NEP23?	18
• A main barrier for SALHN is that LHNs have no visibility on what mental health data the department submits on behalf of LHNs. This is both for community mental health and remains an ongoing issue for Admitted Mental Health phase data. This means there is no visibility or quality process for LHNs to review and improve what is being submitted. This is a significant barrier to using the AMHCC or any classification to price community mental health for NEP23.	

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• It appears that there has been little communication with Mental Health Services at SALHN regarding the potential financial impact of the change to funding models for community mental health. • The phase of care for a community mental health consumer does not reflect the services provided to the consumer nor the resources required to provide those services. It is not understood by SALHN whether the number of services provided is a part of the final NWAU calculation. • SALHN Mental Health Services provides a variety of services to consumers under the community mental health barrier, including through our Specialist Community Mental Health Service, the Specialist Eating Disorder Service; ambulatory care at Jamie Larcombe Centre (veterans), the Older Persons Community Mental Health Service; and through the Flinders Psychological Therapy Service (FPTS) providing IAPT, Gambling and similar services. There are different Models of Care for each of these services, and it is unlikely that the use of 'phase of care' will reflect and value this variety of settings.	
Are there any adjustments IHPA should prioritise investigating to inform the development of NEP23?	21
• Effect of interpreter services for non-admitted and ED activity on costs. It's acknowledged that IHPA have previously undertaken a CALD study but the findings were primarily about the effect on admitted activity. The cost differential is significantly great for non-admitted and lesser extent ED. • Cost differential for providing state-wide and even multi state/ territory services, especially for non-admitted activity. • Of the initiative listed by IHPA SALHN would like consideration of a socioeconomic status adjustment to be prioritized.	
What cost input pressures that may have an impact on the national pricing model and are not included in the NHCDC should be considered in the development of NEP23?	21
• Macro-economic conditions may impact on costs during 2023-24 that were not affecting costs for the period the funding weights will be derived from. Certain line items may inflate more than others, especially around salaries and wages. And some states/ territories may be affected differently depending on what point in EB cycle they are in. • Transport costs • Staff training and recruitment costs higher turnover due to unprecedented stress on the system, mandatory vaccination requirements.	
Which initiatives to refine the national pricing model should IHPA prioritise?	23
• SALHN believe an IHPA priority should be reviewing the impact of bed block from shortage of Residential Aged Care beds and National Disability Insurance Scheme delays on length of stay and cost for both inpatient and ed settings. Ambulance Ramping has become a national issue and often has underlying factors including bed block preventing patients from being able to be moved through the system. Therefore, it is important to be able to identify it and determine the impact. Of the initiative listed by IHPA SALHN priorities are: 1. Pricing related to newborns 2. Review of ICU definitions (IMO this should be lower in list so we can move as required) 3. Organ donation, retrieval and transplantation 4. Harmonising price weights across care settings, including standardisation of counting and capture rules. 5. Phasing out the private patient correction factor	

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6. Inclusion of Patient-reported outcome measures (PROMS) and patient-reported experience measures (PREMs) to enable the delivery of value-based health care	
What additional data sources are available to support refinement of the national pricing model in relation to adjustments, price harmonisation, unqualified newborns, private patients or organ donation?	23
• Potentially there is a neonatal system at SALHN that could be an additional data source to assist in the pricing and definitional review of unqualified newborns that would assist in identifying acuity. • Further work such as a costing study would also be needed to identify costs not being assigned to an unqualified newborn's mother episode.	
What cost pressures for regional or remote hospitals should be considered in the development of NEC23?	26
• Not applicable for SALHN	
What specific areas of the Local Hospital Networks and Public Hospital Establishments National Minimum Data Set would you recommend IHPA focus on when developing its independent quality assurance process?	26
What should IHPA consider when transitioning standalone hospitals providing specialist mental health services to ABF?	26
How is virtual care delivery captured in information systems and data collections?	30
• From December 2021 a Virtual Care Centre was set up as state-wide service to alleviate demand on ED whilst SA prepares to live with COVID-19 in the community. A separate instance of Sunrise EMR was created to reflect this as it's own entity. The data should be reportable against either ED or Non-Admitted.	
IHPA is proposing to investigate the inclusion of emergency department telehealth video consultations in the NAPEDC NMDS and Emergency service care National Best Endeavours Data Set for 2023–24. Are there any other examples of innovative models of care and services related to virtual care that IHPA should also consider investigating?	30
n/a	
What changes, if any, to the national pricing model should IHPA consider to account for innovative models of care and services related to virtual care?	30
n/a	