

Monday, 27 July 2015

Independent Hospital Pricing Authority

PO Box 483

Darlinghurst NSW 1300

By email: submissions.ihpa@ihpa.gov.au

To Whom It May Concern,

The Australian Stroke Coalition (ASC) is an alliance of stroke organisations and groups formed in 2008 to foster cooperation and coordination in the fight against stroke. Coalition membership includes state stroke clinical networks and professional organisations & colleges (appendix 1).

The ASC provides a forum for organisations involved in all aspects of stroke care to work together to minimise duplication, improve efficiencies and reduce the impact of stroke. The Coalition meets face to face twice a year, and conducts teleconferences at other times as required.

We note the Independent Hospital Pricing Authority (IHPA) consultation paper on the Pricing Framework for Australian Public Hospital Services 2016-17 canvasses bundled pricing for stroke patients across the entire episode of care, a proposal that, if implemented, would have significant implications for many ASC member organisations.

The ASC is of the strong view that any bundled pricing structure for stroke should be aligned to the recently launched Acute Stroke Clinical Care Standard developed by the Australian Commission on Safety and Quality in Health Care, which can be found here:

<http://www.safetyandquality.gov.au/>

We note that in Section 10 of the paper (page 24), Fractured Neck of Femur is mentioned in reference to pricing for quality and safety. ASC members were heavily involved in development of the Acute Stroke Clinical Care Standard and the Australian stroke community is leading the way in Australia in terms of nationally standardised data collection linked to quality improvement.

The ASC, therefore, is extremely well positioned to collaborate in development and implementation of pricing drivers and enablers for safety and quality and would welcome the opportunity to be involved in these initiatives.

The ASC notes the paper specifically identifies the possibility of bundled price weights which weight for severity of stroke, acknowledging that there are a range of issues involved in differentiating between stroke patients. However, there is no defined consultation process to resolve these issues in the next steps section (page 23, 9.2.2), and the ASC is of the view that these issues cannot be resolved without clinical input.

ASC members are concerned that stroke may be viewed by the IHPA as a one off event with a defined end point. Whilst this may be the case with TIA and mild stroke, it is certainly not for moderate and severe stroke, where rehabilitation is required for months, or in some cases years

after the incident. It is strongly recommended that the funding model to develop bundled price weights acknowledge and fund instances of complex stroke care.

The ASC is of the view that any consideration of stroke bundling must incorporate:

- Emergency care, including new proven technologies such as endovascular clot retrieval;
- Adequate costing of increasingly sophisticated radiological investigations undertaken as part of diagnosis;
- Drivers and enablers for evidence based care such as treatment in acute stroke units;
- Appropriate stratification for stroke severity and complexity, noting that current hospital data sets do not include the strongest predictor of this – stroke severity indexes such as the National Institutes of Health Stroke Scale;
- telehealth consultation and relocation from more isolated communities to tertiary stroke centres, which can involve considerable cost, particularly where a full medical retrieval is required; and
- Access to rehabilitation for all who require it in the most appropriate setting recognising that ambulatory rehabilitation and early supported discharge (evidence-based interventions with significant cost savings for subsequent disability and aged care) are poorly captured in the most current costing data.

The consultation paper states that bundled pricing has the potential to offer significant savings to the health system, and whilst the ASC's mandate is to pursue efforts to improve efficiencies in stroke care, this should not be at the expense of quality, evidence based care.

Regards,



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Appendix 1.

ASC Member organisations include:

- The Australasian College of Emergency Medicine
- The Australasian Faculty of Rehabilitation Medicine
- The Australian College of Nursing
- Australian Physiotherapy Association
- Australian Psychological Society
- Consumer representatives
- Council of Ambulance Authorities
- Dietitians' Association of Australia
- National Stroke Foundation
- Northern Territory Stroke Clinician representative
- Occupational Therapy Australia
- Queensland State-wide Stroke Clinical Network
- Royal Australasian College of Physicians
- Speech Pathology Australia
- NSW Agency for Clinical Innovation Stroke Network
- Stroke Society of Australasia
- Tasmanian Clinical Advisory Council representative
- Victorian Stroke Clinical Network
- WA State Stroke Director for the Stroke Clinical Advisory Group of WA