



strokefoundation

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The National Stroke Foundation (NSF) welcomes the opportunity to contribute to the consultation paper on the Pricing Framework for Australian Public Services. As a member of the Australian Stroke Coalition, the NSF has already contributed to a letter responding to this consultation process. However, in addition to this letter, the NSF would also like to add a few points regarding the bundling of prices for stroke treatment.

Firstly, the NSF would strongly suggest that any bundled prices in relation to stroke must consider emergency care and new technologies – such as the game changing endovascular clot retrieval which is an enormous breakthrough for stroke treatment. This includes sharing of costs between health services.

Secondly, the NSF would like to make the point that bundled prices for stroke treatment are inherently difficult. This is due to the fact that hospitals with specialised stroke units are more efficient and more effective in treating people with stroke than smaller hospitals. Therefore the NSF would welcome the opportunity to provide further information regarding acute stroke units as appropriate.

The NSF would also point out that determining any bundled pricing for strokes is further complicated by the fact that not all strokes are uniform in their level of severity. National datasets currently do not routinely collect an indicator for stroke severity among patients, such as has been used in the United States National Institutes of Health Stroke Scale (NIHSS). This scale provides a score for a patient that can then be classified into one of five categories of severity, from no stroke symptoms to severe stroke. A similar scale could be used in Australia to assist in overcoming the complexity in stroke severity and pricing.

The last point the NSF would make in relation to bundled pricing involves access to rehabilitation. Some hospitals provide more rehabilitation services while a patient is still in hospital (and again, this is dependent on the severity of the stroke) while other hospitals use early supported discharge. Early supported discharge provides significant cost savings by freeing up hospital beds and supporting patients in the comfort of their own home.

The NSF recognises this opportunity to contribute as a first step in the consultation process and welcomes the opportunity to provide further input as required.

Sincerely,

Dr Erin Lalor
Chief Executive Officer