# Tasmanian submission to the Independent Hospital Pricing Authority – *Consultation Paper on the Development of the National Subacute and Non-Acute Patient Classification Version 5.0*

## Section 3.6 – Exploring potential new AN-SNAP variables

**Consultation questions**

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?

> Tasmania supports the evaluation of a Frailty Risk Score and will work though the AN-SNAP working group as IHPA reviews the ICD-10-AM frailty codes and their impacts on the new AN-SNAP version 5 model, both clinically and fiscally. Tasmania believes that the underlying principle of any classification system needs to be an explanation of the patient's condition and that will include elements of the patient's condition that impact on care and outcomes.

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?

> Tasmania would argue that reflecting the patient's condition in the classification system is important and that measures to reduce the data set need to ensure that the exclusion of codes doesn't reduce the reliability of the system to describe the variability of the patient's condition and therefore reduce the ability to predict the risk of adverse clinical outcomes because of the functional decline.

For future work (i.e. 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. (See Rockwood K, Song X, MacKnight C, Bergman H, Hogan D B, McDowell I, & Mitnitski A. (2005). A global clinical measure of fitness and frailty in elderly people. *CMAJ: Canadian Medical Association journal = journal de l'Association medicale canadienne*, *173*(5), 489–495).
- the Australian National Aged Care Classification (AN-ACC) assessment tool. (See Westera A, Snoek M, Duncan C, Quinsey K, Samsa P, McNamee J, & Eager, K. (2019) *The AN-ACC assessment model. The Resource Utilisation and Classification Study: Report 2*. Australian Health Services Research Institute, University of Wollongong).

> Tasmania has no comment at this time and will work with IHPA through the Sub-acute working group as it analyses the impact and the predictability of the various instruments across the different clinic groups/Care type within AN-SNAP.

## Section 4.2 – The AN-SNAP V5 admitted classes

### 4.2.1 Rehabilitation

### 4.2.1.3 Proposed changes – splitting variables

**Consultation question**

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

> Tasmania believes there is benefit in the development of the new classes as they will more accurately define joint replacements and may provide a more accurate representation of the cost than the current system, which bundles all replacements into orthopaedic conditions.

#### 4.2.1.6 Issues identified for future work

**Consultation questions**

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?

> Following current discussions with the Tasmanian Rehabilitation Unit, and inconsistencies within existing processes, Tasmania would support a conservative approach to the identification and measurement of frailty measurement.

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

> After discussion with Paediatric Rehabilitation Tasmania, Tasmania would support an implementation and use of WeeFIM™ for paediatric rehabilitation classes. Paediatric Rehabilitation Tasmania felt that using WeeFIM™ will better describe the paediatric rehabilitation patients than the current FM™ measurement system.

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
- data items to consider for national collection?

> Tasmania has no comment at this time. However, with the clinical redesign and development of State-wide specialist paediatric rehabilitation program in 2021-22, Tasmania will be in a better position to provide analysis though the Subacute working groups as the system develops.

### 4.2.2 Palliative care

#### 4.2.2.4 Issues identified for future work

**Consultation question**

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

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

> Tasmania, as a small jurisdiction, doesn't have separate adult and paediatric palliative care structures and is unable to comment at this time.

### 4.2.3 Geriatric Evaluation and Management (GEM)

#### 4.2.3.2 Proposed new variables

**Consultation question**

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

> While Tasmania is concerned in relation to the increased data burden, Tasmania supports the implementation of a Frailty Risk measure for the care type of GEM.

#### 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?

Tasmania, as a small jurisdiction with relatively small GEM programs, has no comment to make at this stage and will work though the Sub-acute working group as the AN-SNAP Version 5 develops.

### 4.2.4 Psychogeriatric care

#### 4.2.4.3 Proposed changes – splitting variables

**Consultation question**

Do you support IHPA's proposal to adopt the HoNOS 65+ total score to split short stay overnight episodes in the Psychogeriatric care type?

Tasmania is concerned in relation to the increased data burden. However, Tasmania has no additional comment to make at this stage and will work though the Sub-acute working group as the AN-SNAP Version 5 develops.

### 4.2.5 Non-acute care

#### 4.2.5.2 Proposed new variables

**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?

While Tasmania is concerned in relation to the increased data burden, Tasmania supports the implementation of a Frailty Risk measure for the care type Maintenance care.

#### 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?

Tasmania, as a small jurisdiction with relatively small and very distributed Maintenance care programs, has no comment to make at this stage and will work though the Sub-acute working group as the AN-SNAP Version 5 develops.