Activity Based Funding and non-admitted data collections

Introduction

Under the National Health Reform Agreement, Victoria is working towards the implementation of Activity-Based Funding (ABF). The introduction of ABF will be staged across the various service streams. For non-admitted services, ABF will not be introduced before 1 July 2014. For 2013-14, existing funding mechanisms will remain in place. However, services should prepare for the introduction of ABF.

Counting activity using the National ABF service event unit is one substantial change for 2013-14. The definition of a service event, the development and maintenance of the Tier 2 Categories, the weight applied to each class, and the National Efficient Price (NEP) are all set by the Independent Hospital Pricing Authority (IHPA) in consultation with the jurisdictions.

The Department has two mechanisms for collecting data for ABF. VINAH (Victorian Integrated Non-Admitted Health Minimum Dataset) receives patient-level data for a number of programs, but some services and programs are currently out of scope for VINAH. AIMS (Agency Information Management System) collects aggregate non-admitted data and will include all services and programs in scope for ABF. Some programs and services may be included in VINAH reporting in the future but for the interim, AIMS fills the gaps in the patient-level collection.

In AIMS, the S10 form collects acute non-admitted data. From 1 July 2013, the S11 form will be introduced for the collection of subacute non-admitted data.

The purpose of this document is to provide information about:

- The definition of a non-admitted service event
- How service events are derived from VINAH data, and
- How National Weighted Activity Units (NWAUs) are calculated for non-admitted services.

Definition of ‘clinic’

National ABF classifies non-admitted activity using the Tier 2 system. This is a broad classification that allocates activity into categories. Tier 2 uses the label of ‘clinic’ for each of these classes although this may not be the usual language used by services. For example, a nurse-led interaction with a palliative care patient at the patient’s home would be allocated to a class called ‘nurse-led palliative care clinic’. Further information about each Tier 2 clinic is available at www.ihpa.gov.au.

Throughout this document, the term ‘clinic’ refers to the national definition rather than the commonly understood definition of a clinic as a physical location, often in an outpatient department.
Service events

A service event is defined as:

An interaction between one or more healthcare provider(s) with one non-admitted patient, which must contain therapeutic/clinical content and result in a dated entry in the patient's medical record.¹

For patient encounters to be defined as a service event, the following parameters must be met:

1. The patient must be present at the encounter.
2. For services that are delivered via modes other than face-to-face with the clinician (for example, via telephone or email), the service must be a substitute for a face-to-face encounter and the other requirements of a service event must be met.
3. The patient must not be an admitted patient at the time that the non-admitted service is delivered.

The following information describes two counting rules that require interpretation for reporting to VINAH/AIMS. Refer to the IHPA Tier 2 Non-Admitted Compendium 2013-14² for full details on the counting rules for service events.

More than one service on the same day

For multiple non-admitted patient service events to be counted, the patient must have attended separate clinics.³

In the subacute setting, multiple service events may be counted if the services are delivered under different program/streams.

Services provided to more than one patient at the same time

A service event is reported for each patient in a group. Where all patients in the group follow the same program, the session is considered to be a group session. Where each patient follows an individual program, the session is considered to be an individual session.

³ Ibid.
Reporting of Service Events

When reporting aggregate data to AIMS, health services are required to understand and use the definition of a service event to report the number of service events against the identifier for the clinic in which the service was provided.

When reporting patient-level data to VINAH, health services report at the Contact level. The Department will then derive service events from the contacts reported according to the rules described below.

Derivation of Service Events in VINAH

Providers report activity to VINAH as Contacts. Not all contacts reported to VINAH will be eligible to be counted as service events, for example, indirect contacts may be reported to VINAH for some programs but only direct contacts can be counted as service events. Multiple contacts delivered on the same day may be incorporated into one or more service events. The rules that VINAH uses to derive service events are detailed below, and vary for acute and subacute programs. This is because the reporting requirements for acute and subacute data have some minor differences that affect the derivations and mappings, as detailed below.

Acute service events

Acute contacts are those reported under the Specialist (Outpatient) Clinics program.

For contacts to be included in Service Events, they must comply with all of the following criteria:

1. The contact must be Direct
   Contact Session Type NOT EQUAL TO ‘3-Indirect contact’
2. The patient must be present at the contact
   Contact Client Present Status IS EQUAL TO ‘10’, ‘11’ or ‘12’.
3. The contact must be delivered in person, via telephone, via teleconferencing, or via written means
   Contact Delivery Mode IS NOT EQUAL TO ‘9-Not applicable’
4. The patient cannot be an inpatient at any health service at the time the non-admitted service was delivered
   Contact Inpatient Flag MUST EQUAL ‘O-Outpatient’

Where contacts have the same value for all of the following data elements, the contacts will be counted as one service event:

   Organisation Identifier
   Referral Identifier
   Episode Campus Code
   Episode Identifier
   Episode Program/Stream
   Contact Account Class *(See Mappings below)
   Contact Clinic Identifier
   Contact Date
   Contact Delivery Mode
   Contact Delivery Setting
   Contact Indigenous Status *(See Mappings below)
   Contact Session Type *(See Mappings below)
Subacute service events

Subacute contacts are those reported under the following Episode Program:

- FCP – Family Choice Program
- HARP – Hospital Admission Risk Program
- PAC – Post-acute Care
- PC – Community Palliative Care
- RIR – Residential In-Reach
- SACS – Subacute Care Services
- VRSS – Victorian Respiratory Support Service

For contacts to be included in Service Events, they must comply with all of the following criteria:

1. The contact must be Direct
   Contact Session Type NOT EQUAL TO ‘3-Indirect contact’

2. The patient must be present at the contact
   Contact Client Present Status IS EQUAL TO ‘10’, ‘11’ or ‘12’.

3. The contact must be delivered in person, via telephone, via teleconferencing, or via written means
   Contact Delivery Mode IS NOT EQUAL TO ‘9-Not applicable’

4. The patient cannot be an inpatient at any health service at the time the non-admitted service was delivered
   Contact Inpatient Flag MUST EQUAL ‘O-Outpatient’

Where contacts have the same value for all of the following data elements, the contacts will be counted as one service event:

- Organisation Identifier
- Referral Identifier
- Episode Campus Code
- Episode Identifier
- Episode Program/Stream
- Contact Account Class *(See Mappings below)
- Contact Date
- Contact Delivery Mode
- Contact Delivery Setting
- Contact Indigenous Status *(See Mappings below)
- Contact Provider Code
- Contact Session Type *(See Mappings below)
**Code groupings**

In VINAH, multiple codes may be mapped to one code in the *Activity Based Funding: Non-admitted patient care Data Set Specification*. When deriving service events, if contacts occurring on the same date are reported with different values for certain data elements (such as Contact Delivery Mode), those contacts will usually not be incorporated into one service event. For example, two contacts occur on the same date, one is reported as a ‘face-to-face’ contact, the other is delivered via telephone. This would be considered two service events. However, some code values are sufficiently similar to ‘roll up’ and be considered as one code. For example, two contacts occur on the same date, one is reported with Contact Account Class ‘PO-Private patient: Other payer’, the other is reported with ‘PS-Private patient: self-funded’. These would be considered one service event because the two codes indicate the patient is private.

Where multiple codes map to one national code, they are shown in the tables below.

**Contact Account Class**

The following account classes are grouped together for the purposes of determining service events:

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>MP</td>
<td>Public Eligible</td>
</tr>
<tr>
<td></td>
<td>MV</td>
<td>Public eligible - VACS-funded outpatient</td>
</tr>
<tr>
<td></td>
<td>MG</td>
<td>Public eligible - Specified-grant-funded outpatient</td>
</tr>
<tr>
<td>Health service budget – no charge raised</td>
<td>ME</td>
<td>Ineligible-hospital exempt</td>
</tr>
<tr>
<td></td>
<td>MF</td>
<td>Ineligible-asylum seeker</td>
</tr>
<tr>
<td>Self-funded</td>
<td>PO</td>
<td>Private patient: Other payer</td>
</tr>
<tr>
<td></td>
<td>PS</td>
<td>Private patient: self funded</td>
</tr>
<tr>
<td>Compensation and other non-ABF</td>
<td>CL</td>
<td>Common Law Recoveries</td>
</tr>
<tr>
<td></td>
<td>OO</td>
<td>Other compensable</td>
</tr>
<tr>
<td></td>
<td>XX</td>
<td>Other non-compensable (ineligible)</td>
</tr>
</tbody>
</table>
### Contact Delivery Setting

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>On the campus of the health service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11  Hospital setting – Inpatient setting</td>
<td>11</td>
<td>Hospital setting – Inpatient setting</td>
</tr>
<tr>
<td>12  Hospital setting – Clinic/centre</td>
<td>12</td>
<td>Hospital setting – Clinic/centre</td>
</tr>
<tr>
<td>13  Hospital setting – Emergency department</td>
<td>13</td>
<td>Hospital setting – Emergency department</td>
</tr>
<tr>
<td>14  Hospital Setting - Other Non-Inpatient Setting</td>
<td>14</td>
<td>Hospital Setting - Other Non-Inpatient Setting</td>
</tr>
<tr>
<td>15  Hospital Setting - Palliative Care Unit</td>
<td>15</td>
<td>Hospital Setting - Palliative Care Unit</td>
</tr>
<tr>
<td>Off the campus of the health service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21  Community Based Health Facility</td>
<td>21</td>
<td>Community Based Health Facility</td>
</tr>
<tr>
<td>22  General Practice Setting</td>
<td>22</td>
<td>General Practice Setting</td>
</tr>
<tr>
<td>23  Residential Care</td>
<td>23</td>
<td>Residential Care</td>
</tr>
<tr>
<td>24  Supported Accommodation Setting</td>
<td>24</td>
<td>Supported Accommodation Setting</td>
</tr>
<tr>
<td>31  Home</td>
<td>31</td>
<td>Home</td>
</tr>
<tr>
<td>41  Educational Institution Setting</td>
<td>41</td>
<td>Educational Institution Setting</td>
</tr>
<tr>
<td>98  Not Applicable</td>
<td>98</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>99  Other</td>
<td>99</td>
<td>Other</td>
</tr>
<tr>
<td>Not relevant (Program out of scope)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>241 Supported Accommodation Setting - TCP - Home Based</td>
<td>241</td>
<td>Supported Accommodation Setting - TCP - Home Based</td>
</tr>
<tr>
<td>242 Supported Accommodation Setting - TCP - Bed Based</td>
<td>242</td>
<td>Supported Accommodation Setting - TCP - Bed Based</td>
</tr>
</tbody>
</table>

### Contact Indigenous Status

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not stated/inadequately described</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8  Question unable to be answered</td>
<td>8</td>
<td>Question unable to be answered</td>
</tr>
<tr>
<td>9  Client refused to answer</td>
<td>9</td>
<td>Client refused to answer</td>
</tr>
</tbody>
</table>

### Contact Session Type

<table>
<thead>
<tr>
<th>Group</th>
<th>Code</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual sessions</td>
<td>1</td>
<td>Individual</td>
</tr>
<tr>
<td>4  Group – Individual program</td>
<td>4</td>
<td>Group – Individual program</td>
</tr>
</tbody>
</table>
Derivation of Tier 2 class

The weight assigned to each service event is based on the Tier 2 Class. The Tier 2 Class is determined via different methods, according to the type of service and the data collection.

Acute Service Events (Outpatients)

Each health service must register clinics with unique Clinic Identifiers on the Non-Admitted Clinic Management System. The Clinic Identifier must be unique within the health service, not just the campus. The Department reviews the registration details and, if approved, the clinic is mapped to a Tier 2 Class.

AIMS

Acute, non-admitted data is reported on the S10 form. The form is completed at campus level, and displays only the Clinics registered for that campus in the Clinic Management System. The health service reports aggregate numbers of service events against the appropriate Clinic Identifier.

VINAH

Every contact reported for acute non-admitted services (that is, Program = ‘OP-Outpatients’) must include a Clinic Identifier. The Clinic Identifier code must exactly match the code which has been registered on the Clinic Management System.

If the Clinic Identifier is not an exact match, the Tier 2 class cannot be determined.

Subacute Service Events

Subacute programs do not require the registration of clinics in order to determine the Tier 2 Class. For subacute services, the Tier 2 class is derived using the Program/Stream and the category of health professional providing the service.

AIMS

Subacute, non-admitted data is reported on the S11 form. S11 will only display the programs an organisation is funded to undertake. Organisations report aggregate numbers of service events in the S11 categories that correspond to the funded programs. VINAH Episode Program/Streams map directly to the categories on the S11 form.

VINAH

VINAH derives service events from the individual contacts reported. The Episode Program/Stream will be used to map directly to a Tier 2 Class, however, whether the Tier 2 Class is ‘medical’ or ‘non-medical’ will be determined by the Contact Professional Group codes reported on the Contacts. If any of the contacts which have been used to derive a service event indicate that a doctor or nurse practitioner was involved, the service event will map to the ‘medical’ Tier 2 class. If there are no doctors or nurse practitioners involved, the service event will map to the ‘non-medical’ class.

For example, VINAH Program/Stream ‘1-SACS: Rehabilitation’ will map to either Tier 2 Class 20.47 Medical Consultation: Rehabilitation or 40.12 Allied Health and/or Clinical Nurse Specialist Intervention: Rehabilitation. Reporting a Contact Professional Group of doctor or nurse practitioner in any of the contacts in the service event will result in Class 20.47, otherwise the service event will map to 40.12.
Calculation of NWAU

Each service event is allocated a National Weighted Activity Unit (NWAU) according to the Tier 2 Class assigned to the service event. A loading for Indigenous Status is applied to the NWAU calculation. The diagram below demonstrates the decision tree for NWAU calculation for 2013-14.
Definitions and descriptions of each variable within the NWAU formulae are provided in the following table:

### Table 1: NWAU Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NWAU Tier 2 Clinic Weight</td>
<td>The weight assigned to the Tier 2 clinic (class).</td>
</tr>
<tr>
<td>Tier 2 clinic</td>
<td>The Tier 2 clinic into which the service has been grouped.</td>
</tr>
<tr>
<td>Base NWAU</td>
<td>The weight applied to the service event, according to the Tier 2 class</td>
</tr>
<tr>
<td>Indigenous Status flag</td>
<td>&quot;Y&quot; indicates patient is Indigenous or TSI</td>
</tr>
<tr>
<td>Funding Source</td>
<td>'Public' includes Contact Account Classes 'MP', 'MV', 'MG' and 'MA'.</td>
</tr>
</tbody>
</table>

**AIMS and NWAU**

NWAUs by Tier 2 Categories are calculated by multiplying the number of service events reported against each Tier 2 class by the weight allocated to the class by IHPA. The loading for Indigenous Status is not applied to aggregate data.

**VINAH and NWAU**

NWAUs by Tier 2 Categories are calculated from VINAH data using the following steps (outlined in the diagram on Page 7):

1. Service events are derived from VINAH Contacts.
2. For Outpatient data, the Clinic Identifier for the service event is mapped to a Tier 2 Class, according to the information on the Clinic Management System. For subacute data, the Program/Stream plus the Professional Group is used to derive the Tier 2 Class.
3. The weight allocated to the Tier 2 class is applied to the service event as the Base NWAU.
4. If the Indigenous Status of the service event is ‘1’, ‘2’ or ‘3’ (indicating that the patient is Indigenous or Torres Strait Islander), a loading is applied.
5. The Base NWAU multiplied by the Indigenous Status adjustment (if applicable) produces the NWAU for the service event.
6. The funding source for the service event is derived. If the Contact Account Class is ‘MP’, ‘MV’, ‘MG’, or ‘MA’ the service event is in scope for National ABF. Service events with all other funding sources are reported to national bodies but are not be eligible for National ABF.
References and Resources

Reports
The Department will make reports available for organisations to demonstrate the NWAUs calculated from activity reported via VINAH and AIMS. Advice will be provided via the HDSS Bulletin when these reports are available.

ABF
For information related to the implementation of Activity Based Funding in Victoria:

Bulletins and newsletters
The HDSS Bulletin is used to provide official notification to health services about the implementation of ABF, particularly where it relates to data collections.
The VINAH Newsletter provides information about VINAH across all programs.
The ABF Newsletter provides information specific to Activity Based Funding, across all programs.
To be added to the mailing list for these publications, complete the online form:

VINAH
The VINAH manual, including data element definitions, specifications and validations, is available here:

AIMS
Information about AIMS and user manuals for S10 and S11 are available here:

IHPCA
The Independent Hospital Pricing Authority has a website providing information about the National Efficient Price (ABF), the classifications used for funding, national definitions for the reporting of activity, and information about ABF.
www.ihpa.gov.au