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| Proposals for revisions to Victorian Cost Data Collection (VCDC) for 2024–25 |
| September 2023 |
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# Executive summary

Each year the Department of Health review the Victorian Cost Data Collection (VCDC) to ensure that the data collection supports the department’s business objectives, including national reporting obligations, and reflects changes in hospital funding and service provision arrangements for the coming financial year.

The proposed revisions for the VCDC for 2024-25 include:

Addition of data elements

Amendments to existing data elements

**Proposal 1 Remove redundant fields from VCDC that are recorded in other collections**

Amendments to validations

**Proposal 2 Modify linking process in VCDC to include NADC**

# Introduction

This document is intended to invite comment and stimulate discussion on the proposals outlined. Health services and software vendors should review this document and assess the feasibility of the proposals. Written feedback must be submitted using the online feedback form **by 5.00pm Friday 20 October 2023**.

This Proposals document and the [online feedback form](https://forms.office.com/Pages/ResponsePage.aspx?id=H2DgwKwPnESciKEExOufKII_2IfNHexFkH_EAj2AB_tUQ0dWRTBFVEVQVjM2TjU3SkxVR0RTUTNENiQlQCN0PWcu) are available at [HDSS annual changes](https://www.health.vic.gov.au/data-reporting/annual-changes) <https://www.health.vic.gov.au/data-reporting/annual-changes>

Specifications for revisions to the VCDC for 2024-25 will be published later and may include additions, amendments or removal of information in this document.

## Orientation to this document

* New data elements are marked as (new).
* Changes to existing data elements are highlighted in green
* Redundant values and definitions relating to existing elements are ~~struck through~~.
* Comments relating only to the proposal document appear in *[square brackets and italics].*
* New validations are marked ###
* Validations to be changed are marked \* when listed as part of a data element or below a validation table.
* Anticipated changes are shown under the appropriate manual section headings.

# Proposal 5: Remove redundant fields from VCDC that are recorded in other collections

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| **It is proposed to** | Remove the items from VCDC that are collected in VAED, VINAH, VEMD activity datasets to which the VCDC is episode matched. |
| **Proposed by** | Graham Bushnell, Freelance Clinical Costing Specialist |
| **Reason for proposed change** | These items are collected in the major activity datasets and are unnecessarily duplicated in VCDC. They add zero value to clinical costing or to analysis of the unlinked costing results. Fulfilling cumbersome data requirements for these fields is very time consuming and adds nothing to the quality of the cost data.  Removing these fields will help to speed up the submission process and to focus analysis in value-additive areas.  This fits with the ideal of single collection, multiple use for the DH datasets.  VCDC data that does match to VAED/VEMD/VINAH/etc does not require these fields. Clinic is generally a duplication of the VCDC Stream field which renders it pointless. The other three are non-mandatory fields for unmatched data. |
| **Details of change** | Remove the following fields from the VCDC reporting requirements and subsequently the validation rules:  Fund - Funding Source Type  Clinic - Clinic code ID  Optype - Contact Session Type  Opmode - Contact Delivery Mode |

## Update to proposal

Discussion with proposer have agreed to modify this proposal to also remove the atsi field. However the clinic field is to remain in the VCDC reporting requirement as it is a vital field used in the linking process of the VCDC.

# Proposal 6: Modify linking process in VCDC to include NADC

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| **It is proposed to** | Include the Non-Admittted Data Collection (NADC) data into the VCDC process for linking (phase 3 linking reports) the costed records to the activity. |
| **Proposed by** | Modelling and Costing Policy | Funding Policy and Accountability |
| **Reason for proposed change** | Victorian health services will be asked to cost patients reported to Non-Admitted Data Collection (NADC) with this costing information subsequently reported to the Independent Health and Aged Care Pricing Authority (IHACPA) via the National Hospital Cost Data Collection (NHCDC).  The activities that are required will be only for the specialist clinic patient level data.  A program code identifying the NADC activities is included in the VCDC as program ‘NN’.  The data will be provided to the IHACPA in line with national reporting obligations that all activity should have a corresponding costed record to enable the use of the data for analysis, benchmarking and funding.  This will enable a better understanding of the true cost of all non-admitted activity and increase the departments understanding of whether there are activities not able to be costed or costed records not reported to NADC.  Only linked costed records are able to be used to underpin funding models, so increasing the number of linked records will increase the departments ability to inform the national funding model.  Currently some health services already cost and report these activities to VCDC via an unlinked program code.  NADC data is currently submitted by some few health services and all will be able to retrieve the data for costing from their internal systems, forming part of the routine costing and reporting process. Costing practitioners will use this patient level data to allocated relevant costs based on resources within their costing systems and report to the VCDC. |
| **Details of change** | The linking report will need to be modified to report details for this program within the following outputs as:   * Summary report:   + Activity Link Summary   + VCDC Link Summary * List individual patients details like other VCDC Programs on:   + NADC \_UNMATCHED\_RECS   + VCDC\_PROG\_NN\_UNMATCHED\_RECS.   The Linking rule is to be based on these fields:   * NADC person\_id, VCDC ur; * NADC service\_date, VCDC estart; * NADC stream, VCDC stream. |