



# Independent Hospital Pricing Authority Tier 2: Non-Admitted Care Clinic Definitions – 2019-2020 Update Fact Sheet.

## 1 PULMONARY REHABILITATION 40.60

In 2013 the Independent Hospital Pricing Authority (IHPA) introduced a new activity based Funding item specifically for Pulmonary Rehabilitation. This fact sheet will provide you with the updated figures for implementing the Pulmonary Rehabilitation 40.60 Tier 2 Non-Admitted Services number. Please be advised that the Independent Hospital Pricing Authority Tier 2 model is situated at a commonwealth based level. It is therefore advised that you consult with your state based health service to investigate if this funding model is applicable in your area.

To view the full service definitions please see page 8 of this document.

Price weights change every year based on the costs reported from the health services. The NEP (National Efficient Price) Determination for 2019-20 is based on the average cost of public hospital activity in the 2016-17 financial year of \$4,866 per NWAU(19), indexed at a rate of 1.8 per cent per annum.

**2019 National Efficient Price (NEP) \$5,134**

The information found within the following graph provides more information on how this number is derived.

[https://www.ihoa.gov.au/sites/default/files/nep\\_and\\_nec\\_determinations\\_and\\_the\\_pricing\\_framework\\_infographic.pdf](https://www.ihoa.gov.au/sites/default/files/nep_and_nec_determinations_and_the_pricing_framework_infographic.pdf)

**2019-2020 Pulmonary Rehabilitation 40.60 Price-Weight Index = 0.0347**

National Efficient Price Determination 2019-20

Tier 2 Clinic V5.0	Description	Price Weights
40.56	Falls prevention	0.0122
40.57	Cognition and memory	0.0577
40.58	Hospital avoidance programs	0.0475
40.59	Post acute care	0.0388
40.60	Pulmonary Rehabilitation	0.0347
40.61	Telehealth - patient location	0.0086

The above table can be found on page 68 of IHPA's National Efficient Price Determination 2019-20 document:

[https://www.ihoa.gov.au/sites/default/files/publications/national\\_efficient\\_price\\_determination\\_2019-20.pdf](https://www.ihoa.gov.au/sites/default/files/publications/national_efficient_price_determination_2019-20.pdf)

Price = (Price-Weight Index) x NEP  
= 0.0347x \$5,134  
= \$178 Therefore the value that the IHPA places on Pulmonary Rehabilitation is \$178per person per occasion of service.

**2019-2020 Pulmonary Rehabilitation 40.60: \$178 per person per occasion of service**

## 2 TIER 2: NON-ADMITTED SERVICES CLINIC DEFINITIONS

The website [www.ihpa.gov.au](http://www.ihpa.gov.au) should be consulted for any additional information to that provided below. The following information has been extracted for your information.

**Scope:** In-scope non-admitted services is independent of the service setting in which they are provided (e.g. at a hospital, in the community, in a person's home). This means that in-scope services can be provided on an outreach basis, but ultimately run by the hospital and health service.

To be included as an in-scope non-admitted service, the service must meet the definition of a Service Event which is:

*“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.”*

**Consistent with clause A25 of the Agreement, the Pricing Authority will conduct analysis to determine if services are transferred from the community to public hospitals for the dominant purpose of making services eligible for Commonwealth funding.**

There are two broad categories of in-scope, public hospital non-admitted services:

- a Specialist (Medical) Outpatient Clinic Services; and
- b Other (Nurse or Allied Health led) Non-admitted Patient Services.

**Category A: Specialist outpatient clinic services – Tier 2 Non-admitted Services Classification – Classes 10, 20 and 30** (Not applicable to the 40.60 Pulmonary Rehabilitation item).

**Category B: Other non-admitted patient services and non-medical specialist outpatient clinics (Tier 2 Non-Admitted Services Class 40)**

To be eligible for Commonwealth funding as an Other Non-admitted Patient Service or a Class 40 Tier 2 Non-Admitted Service, a service must be:

- a directly related to an inpatient admission or an emergency department attendance; or
- b intended to substitute directly for an inpatient admission or emergency department attendance; or
- c ***expected to improve the health or better manage the symptoms of persons with physical or mental health conditions who have a history of frequent hospital attendance or admission; or***
- d reported as a public hospital service in the 2010 Public Hospital Establishments Collection.

In line with the criteria for Category B, community mental health, physical chronic disease management and community based allied health programs considered in-scope will have all or most of the following attributes:

- Be closely linked to the clinical services and clinical governance structures of a public hospital (for example integrated area mental health services, step-up/step-down mental health services and crisis assessment teams);
- Target patients with severe disease profiles;
- Demonstrate regular and intensive contact with the target group (an average of 8 or more service events per patient per annum);
- Demonstrate the operation of formal discharge protocols within the program; *National Efficient Price Determination 2013-14 7*
- Demonstrate either regular enrolled patient admission to hospital or regular active interventions which have the primary purpose to prevent hospital admission.

### **Out of scope services**

The Pricing Authority has determined that the following non-admitted services are not in-scope for Commonwealth funding, on the basis that they do not align with interpretive guidelines for inclusion listed above:

Mental Health:

- Psychosocial rehabilitation programs (including long term supported accommodation, vocational training programs,) where the primary purpose is to meet the social needs of consumers living in the community rather than hospital avoidance.
- Prevention and early intervention services.
- Chronic Disease management:
- Community based diabetes programs where the primary focus is on the ongoing management of stable diabetes patients

### 3 COUNTING RULES

A non-admitted patient service event should be counted once only, regardless of the number of healthcare providers present.

In 2019-2020, the multiple health care provider indicator will identify non-admitted patient service events where three or more health care providers are involved.

- a. Non-admitted services involving multiple healthcare providers are counted as one non-admitted patient service event.
- b. Irrespective of whether the patient was seen jointly or separately by multiple providers, only one non-admitted patient service event may be counted for a patient at a clinic on a given calendar day.

- c. The multiple health care provider indicator can be used to identify service events with three or more health care providers.
- d. The health care providers may be of the same profession (medical, nursing or allied health). However, they must each have a different specialty so that the care provided by each provider is unique and meets the definition of a non-admitted patient service event.

The data element multiple health care provider status is included in the Non-admitted patient care data set specification to record this type of non-admitted patient service event and should be recorded in the hospital patient administration system.

#### Example 1

A COPD patient enrolled into Pulmonary Rehabilitation attends his scheduled exercise session during an 8 week comprehensive program. During this 1.5 hour exercise session there are a number of different staff members and professions involved in the care and supervision of this patient. (For example nurse, physiotherapist and allied health assistant)

##### Outcome:

This would be counted as one non-admitted patient service event. The multiple health care provider indicator would indicate that direct care was provided by multiple health care providers.

#### Example 2

A patient with bronchiectasis is referred to Pulmonary Rehabilitation. During the initial assessment the patient is individually seen by a nurse, physiotherapist and exercise physiologist for a series of assessments or tests which enable base line rehabilitation levels to be obtained.

##### Outcome:

When claiming 40.60, this would be counted as one non-admitted patient service event. The multiple health care provider indicator would indicate that direct care was provided by multiple health care providers.

#### Example 3

A patient with IPF has just completed an 8 week pulmonary Rehabilitation program. During the last session this patient undergoes a range of tests including spirometry, St George's Respiratory Questionnaire and a 6MWT. These tests are conducted by a nurse and a physiotherapist only.

##### Outcome:

This would be counted as one non-admitted patient service event. The multiple health care provider indicator would indicate that direct care was not provided by multiple health care providers. This is because there were only two health care providers involved in delivering the one non-admitted patient service event.

#### Example 4

A 8 week Pulmonary Rehabilitation program running 2 exercise sessions per week will see patients attending a total of 16 sessions (if omitting pre and post assessments) – and pending 100 % attendance. In this particular example the Rehabilitation program is run by only a physiotherapist and nurse.

##### Outcome:

If a patient attended all 16 exercise sessions they would have 16 non-admitted patient service events 40.60 recorded across the duration of the 8 week program (if omitting pre and post assessments). The multiple health care provider indicator would indicate that direct care was not provided by multiple health care providers. This is because there were only two health care providers involved in delivering the one non-admitted patient service event.

## 4 PATIENT EDUCATION

Patient education services can be counted as non-admitted patient service events provided they meet all the criteria included in the definition of a non-admitted patient service event.

a. The patient education service must contain therapeutic/clinical content in order to be counted as a non-admitted patient service event.

b. The patient education service must be documented in the patient's medical record in order to be counted as a non-admitted patient service event.

c. Staff education and training must not be counted as a non-admitted patient service event.

### Example 1

As a part of a Pulmonary Rehabilitation program encompassing both exercise and education, a man with Chronic Asthma attends a group based education program. During this session the patient is provided with information and education on managing his current condition in a group based environment. Attendance within this education session is recorded in the patient's medical record as part of PR service event documentation. This man concludes the education session by attending the exercise component of the training.

#### Outcome:

**This education session would not be counted as a separate non-admitted patient service event.**

### Example 2

The man in Example 1 above presents with a low BMI and has shown increasing weight loss during the PR program. This patient is therefore referred to dietitian for one on one assessment and nutrition advice/education.

#### Outcome:

**This therapeutic clinical education provided to the patient by the dietitian, after being directly referred from the PR program can be claimed as a separate non-admitted patient service event by the dietitian (not 40.60).**

### Example 3

A patient recently diagnosed with COPD has been identified as benefiting from enrolment into a Pulmonary Rehabilitation Program. Unfortunately due to additional unstable health concerns unrelated to his new respiratory diagnosis, the patient is currently not safe to exercise. The doctor has therefore deemed him ineligible to partake in the exercise component of the program, although he has indicated that he would benefit in attending the education sessions.

#### Outcome:

**A patient attending group based education alone does not meet 40.60 service event.**

### Example 4

A hospital offers an informal group educational classes targeted at people suffering with a chronic lung condition, and their families. These classes provide general information on diet, exercise and self-management. The classes do not lead to entries in the patient's medical records, and are not a part of a formalised Pulmonary Rehabilitation program.

#### Outcome:

**These services would not meet the criteria in the definition of a non-admitted patient service event and would not be counted as non-admitted patient service events.**

## 5 GROUP SESSIONS

Care provided to two or more patients by the same service provider(s) at the same time can also be referred to as a group session.

One service event is recorded for each patient who attends a group session regardless of the number of healthcare providers present, where the definition of a non-admitted patient service event is met.<sup>4</sup>

A group indicator flag is included in the *Non-admitted patient care data set specification* to record this type of non-admitted patient service event.

a. The group session must contain **therapeutic/clinical content for each patient** in the group in order to be counted as non-admitted patient service events.

- b. The interaction must be documented in the individual patient medical records in order to be counted as non-admitted patient service events.
- c. Family members seen together can each be counted as non-admitted patient service events as long as each family member was provided with therapeutic/clinical input and a dated entry was made in each family member's medical record.
- d. Family members/carers accompanying a patient to an appointment must not be counted as additional non-admitted patient service events.

### Example 1

12 patients with a chronic lung condition participate in an exercise session as a part of a Pulmonary Rehabilitation program. Within this class a physiotherapist, nurse and allied health assistant are involved in directing the patients through a range of specifically prescribed and individualized exercises. A dated entry is made in each patient's medical record following the session, with individual details noted.

#### Outcome:

**This session would be counted as 12 non-admitted patient service events 40.60**

### Example 2

Two patients with a chronic lung condition participate in an exercise session as a part of a Pulmonary Rehabilitation program. Within this class a physiotherapist directs the patients through a range of specifically prescribed and individualised exercises. A dated entry is made in each patient's medical record following the session.

#### Outcome:

**The time with the physiotherapist would not be counted separately as all interventions in this service event are counted as pulmonary Rehabilitation 40.60**

## 6 ADJUSTMENTS

Please be aware that the items within the adjustments table are weight loaded and therefore multiple adjustments can be made to the 40.60 number in the one occasion of service.

Adjustments to price weights are to be applied in the manner and in the order indicated by the formula for determining the NWAU(19) value (price) of an ABF activity (refer Chapter 2).

To avoid doubt, adjustments have the following order of precedence of application:

- (a) Paediatric Adjustment; then
- (b) Specialist Psychiatric Age Adjustment; then
- (c) Patient Residential Remoteness Area Adjustment; then
- (d) Indigenous Adjustment; then

- (e) Radiotherapy Adjustment; then
- (f) Dialysis Adjustment; then
- (g) Patient Treatment Remoteness Area Adjustment; then
- (h) Intensive Care Unit (ICU) Adjustment; then
- (i) Private Patient Service Adjustment; then
- (j) Private Patient Accommodation Adjustment; then
- (k) Multidisciplinary Clinic Adjustment; then
- (l) Emergency Care Age Adjustment; then
- (m) Hospital Acquired Complications Adjustment.

### Adjustment Table:

Name	Context	Amount to be applied to \$178
Multidisciplinary Clinic Adjustment	Non-admitted Patient	46 per cent
Patient Residential Remoteness Area Adjustment: Outer Regional Area	Non-admitted Patient	8 per cent
Patient Residential Remoteness Area Adjustment: Remote Area	Non-admitted Patient	27 per cent
Patient Residential Remoteness Area Adjustment: Very remote area	Non-admitted Patient	29 per cent
Patient Treatment Remoteness Area Adjustment - Remote Area	Non-admitted Patient	8 percent
Patient Treatment Remoteness Area Adjustment Very Remote Area	Non-admitted Patient	10 percent
Indigenous Adjustment	Non-admitted Patient	4 per cent

Please use the RA codes below with the NWAU calculator. This is publicly available on the IHPA website  
<https://www.iHPA.gov.au/what-we-do/national-weighted-activity-unit-nwau-calculators>

RA Code	Meaning	Patient remoteness adjustment	Treatment remoteness adjustment
0	Metropolitan	0%	0%
1	Inner regional	0%	0%
2	Outer regional	8%	0%
3	Remote	27%	8%
4	Very Remote	29%	10%

## Non-admitted Calculation Breakdown

**Hospital, Patient and Episode Characteristics**

Multidisciplinary Clinic  
 Indigenous  
 Private

Patient Remoteness - RA  
 0  
 1  
 2  
 3

Treatment Remoteness - RA  
 0  
 1  
 2  
 3

Tier 2 Clinic v4  
 40.54  
 40.55  
 40.56  
 40.57  
 40.58  
 40.59  
 40.60  
 40.61

**40.6 Pulmonary rehabilitation**

Price	
PW	0.0347
A_{Ind}	0.04
A_{MC}	0.46
A_{Rem}	0.27
A_{Treat}	0
NEP	5134

**PRICE**  
 = {PW x (1 + Aind + Arem) x (1 + Atreat) x (1 + AMC)} x NEP  
 = {[0.0347 x (1 + 0.04 + 0.27) x (1 + 0) x (1 + 0.46)] x \$5,134  
**= \$341**

**Hospital, Patient and Episode Characteristics**

Multidisciplinary Clinic  
 Indigenous  
 Private

Patient Remoteness - RA  
 0  
 1  
 2  
 3

Treatment Remoteness - RA  
 0  
 1  
 2  
 3

Tier 2 Clinic v4  
 40.54  
 40.55  
 40.56  
 40.57  
 40.58  
 40.59  
 40.60  
 40.61

**40.6 Pulmonary rehabilitation**

Price	
PW	0.0347
A_{Ind}	0
A_{MC}	0.46
A_{Rem}	0
A_{Treat}	0
NEP	5134

**PRICE**  
 = {PW x (1 + Aind + Arem) x (1 + Atreat) x (1 + AMC)} x NEP  
 = {[0.0347 x (1 + 0 + 0) x (1 + 0) x (1 + 0.46)] x \$5,134  
**= \$260**

### Example 1

Patient 'A' is attending a Pulmonary Rehabilitation program within a 'Multidisciplinary clinic' with care provided by a physiotherapist, nurse and occupational therapist. Patient A resides in and is attending a program in a metropolitan hospital, and does not identify as ATSI.

Based on the above chart the following adjustment can be made:

An adjustment of 46% applied to the 2019-2020 40.60 Pulmonary Rehabilitation \$178 per person per occasion of service fee = \$260

### Example 2

Patient 'B' is attending a Pulmonary Rehabilitation program within a 'Multidisciplinary clinic', with care provided by a Doctor, Nurse and physiotherapist. Patient B is classified within the patient residential remoteness area of 'remote area' and identifies as ATSI.

Based on the above adjustments of the following can be made:

1. Indigenous Adjustment (8%)
2. Patient residential remoteness area Adjustment (27%)
3. Multidisciplinary clinic Adjustment (46%)
4. Adjusted amount total claimable: \$341

## 7 REFERENCES

Below information used with permission by IHPA. Information accessible via:  
[https://www.ihsa.gov.au/sites/default/files/publications/tier\\_2\\_non-admitted\\_services\\_definitions\\_manual\\_2018-19.pdf](https://www.ihsa.gov.au/sites/default/files/publications/tier_2_non-admitted_services_definitions_manual_2018-19.pdf)

### 40.60 PULMONARY REHABILITATION

#### Identifying attributes

<b>Number</b>	40.60
<b>Name</b>	Pulmonary Rehabilitation
<b>Category</b>	Allied health and/or clinical nurse specialist interventions
<b>Affected body part</b>	MDC 04 Diseases and disorders of the respiratory system
<b>Usual provider</b>	Allied health/clinical nurse specialist
<b>Definition of service</b>	Pulmonary Rehabilitation includes comprehensive patient assessment followed by individually tailored interventions which aim to improve the physical capacity and quality of life of patients with a chronic respiratory disease.

#### Guide for use

##### **Activity** *Inclusions:*

- assessment
- exercise training
- education
- behaviour change
- patients who experience breathlessness and functional limitation associated with chronic respiratory disease.

##### *Exclusions:*

Management of chronic respiratory disease:

- by respiratory physician in respiratory clinic (20.19)
- in specialist cystic fibrosis medical consultation clinic (20.20)
- in specialist rehabilitation medical consultation clinic (20.47)
- by physiotherapist in allied health/clinical nurse specialist physiotherapy clinic (40.09)
- in allied health/clinical nurse specialist rehabilitation clinic (40.12)
- in cardiac rehabilitation clinic (40.21)
- in allied health/clinical nurse specialist respiratory clinic (40.40)
- in allied health/clinical nurse specialist hospital avoidance program (40.58)
- in allied health/clinical nurse specialist post-acute care program (40.59)

##### **Conditions** **Constraints**

#### Administrative attributes

<b>Source</b>	
<b>Date created</b>	27/08/2013
<b>Date last updated</b>	27/08/2013
<b>Update source</b>	Non-Admitted Care Advisory Working Group (NACAWG)
<b>Reference material</b>	Australian Lung Foundation. (2009). Pulmonary Rehabilitation Toolkit. Retrieved August 27, 2013, from <a href="http://www.lungfoundation.com.au/professional-resources/pulmonary-rehabilitation/pulmonary-rehabilitation-toolkit/">http://www.lungfoundation.com.au/professional-resources/pulmonary-rehabilitation/pulmonary-rehabilitation-toolkit/</a>