

Page Number	Question	Response	Author
7	Are there any specific considerations IHPA should take into account for assessing COVID-19 impacts on the 2020–21 data in the development of NEP23?		
16	Are there any barriers or additional considerations to using AR-DRG Version 11.0 to price admitted acute services for NEP23?	Support the use of AR-DRG V11.0 and the addition of a separate DRG for endovascular clot retrieval (B08) for DRG harmonisations. ECR is a lot more resource intensive so should be recognised in a separate DRG.	Kate Hunt - Manager, Corporate Reporting
16	Do you support IHPA's proposal to refocus some resources on projects that prepare for ICD-11 implementation? Please provide suggestions for any specific 'readiness' projects you would like to see progressed.		
16	Are there any barriers or additional considerations to using AN-SNAP Version 5.0 to price admitted subacute and non-acute services for NEP23?		
18	Are there any barriers or additional considerations to using AMHCC Version 1.0 to price community mental health care for NEP23?	Community Mental Health patients care pathway is not easily defined as with the Acute clinical pathway and outcome. Therefore, how might incidental care be accurately calculated and costed when outside of a patient's episode of care? Items that need to be consider are, travel time between appointments, locating AWAL clients, follow up with family members and secondary consultations.	Maria Efthymiou - Senior Health Information Manager, Mental Health
21	Are there any adjustments IHPA should prioritise investigating to inform the development of NEP23?	Would support consideration of a new adjustment for genetic services. Genetic testing is extremely expensive and should be recognised as such. Consideration should also be given to an allied health / nursing classification within the Tier 2 system to recognise Genetic counsellors (as opposed to Clinical Geneticists). This is a specialised qualification that takes years to complete and they deliver a significant amount of patient contacts within the Genetic Services area.	Kate Hunt - Manager, Corporate Reporting
21	What cost input pressures that may have an impact on the national pricing model and are not included in the NHDC should be considered in the development of NEP23?	Current pricing models do not account for the volume and complexity of diagnostic imaging (and other diagnostics eg. Pathology) within contemporary health care management within the public hospital setting. In particular, complex imaging (CT, MRI and Angio procedures) experiences continuous growth within the emergency and inpatient care groups. These critical components of acute care need to be better recognised and accounted for, sector wide, within funding models.	Nicole Hosking - Operations Director, Radiology and MIT
23	Which initiatives to refine the national pricing model should IHPA prioritise?	Would support the prioritisation of a review into the private patient correction factor. Once the correction factor is applied, some episodes receive 0 NWAU payment. The correction factor is intended to cover the accommodation, medical and prosthesis costs (covered by the PHI payment) however other costs are still incurred by the public hospital treating a privately insured patient (nursing, allied health, overheads etc). The correction factor could be seen to de-incentivise treatment of private patients.	Kate Hunt - Manager, Corporate Reporting
23	What additional data sources are available to support refinement of the national pricing model in relation to adjustments, price harmonisation, unqualified newborns, private patients or organ donation?		
26	What cost pressures for regional or remote hospitals should be considered in the development of NEC23?		
26	What specific areas of the Local Hospital Networks and Public Hospital Establishments National Minimum Data Set would you recommend IHPA focus on when developing its independent quality assurance process?		

26	What should IHPA consider when transitioning standalone hospitals providing specialist mental health services to ABF?	A greater emphasis and clarification of specific Mental Health coding rules to ensure consistent and accurate coding across the state. In turn will result in accurate funding. Mental Health patient comorbidities play an important role in a patients care pathway and for that reason if Z codes were added within ACS 0002 Additional Diagnosis, and caried a higher weight, accurate funding would be provided to reflect their treatment.	Maria Efthymiou - Senior Health Information Manager, Mental Health
30	How is virtual care delivery captured in information systems and data collections?	Virtual care (admitted and non admitted) is captured within existing patient management systems and reported to the State Department of Health via the VAED and VINAH datasets. Consideration should be given to nationally recognising, and funding, the delivery of virtual care in Emergency Departments.	Belinda Rickards - Divisional Director of Continuing Care Kate Hunt - Manager, Corporate Reporting
30	IHPA is proposing to investigate the inclusion of emergency department telehealth video consultations in the NAPEDC NMDS and Emergency service care National Best Endeavours Data Set for 2023–24. Are there any other examples of innovative models of care and services related to virtual care that IHPA should also consider investigating?		
30	What changes, if any, to the national pricing model should IHPA consider to account for innovative models of care and services related to virtual care?		