

Feedback on Independent Hospital Pricing Authority (IHPA) Work Program 2016-17

Feedback from CIRCS (Central Integrated Regional Cancer Service), Queensland. CIRCS's vision is access to integrated, high quality care for all people affected by cancer. We are focused on improving access to safe quality, multidisciplinary and evidence-based cancer care for all people affected by cancer. We do this by promoting and influencing integrated cancer care services, enabling smooth transitions between services and promoting resource efficiency.

Program Objective 3: ABF classification system development and revision

(e) Non-admitted care

Refinements to Tier 2 radiation oncology classification

- CIRCS would like to see the development of the Australian Non-admitted Care Classification System take the opportunity to make improvements to the classification of radiation oncology items. Queensland is conducting a study (in collaboration with other jurisdictions) to measure the differing costs involved with delivering radiation oncology. This study will produce evidence to support a new classification system for radiation oncology that recognises the significant difference in cost and complexity between radiation oncology services that are currently classified uniformly. CIRCS would like to see the development of the Australian Non-admitted Care Classification System consider submissions made by the States and involve appropriate consultation.

Multidisciplinary case conferences

CIRCS would like to see that the approach of conducting a study of costs for non-admitted multidisciplinary case conferences incorporate and recognise the high cost of more complex case conferences that involve a high number of health professionals. Depending on the meeting, and tumour group, cancer multidisciplinary case conferences might have 10-20 or more health professionals involved; and this cost should be recognised in the study. (The CIRCS MDT meeting guide outlines the recommended core membership of such conferences <https://www.health.qld.gov.au/circs/Docs/mdtm-guide.pdf>). Queensland would happy to be involved or consulted on this study.

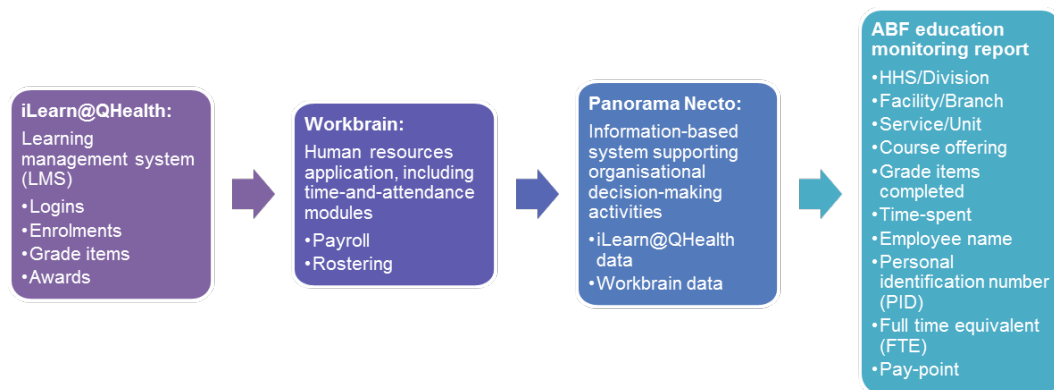
Program Objective 6: Support ABF research and education

- IHPA Work Program 2016-17 versus Queensland Health Healthcare Purchasing 2016-17
 - Support ABF Research and Education versus Queensland Health's Clinical Education and Training Funding Model
- (a) IHPA seeks to actively monitor the impact of the implementation of Activity Based Funding (ABF) through the *Activity Based Funding Monitoring Framework* including monitoring changes in the mix, distribution and location of public hospital services, consistent with Clause A25 of the Agreement.

Queensland Health is able to provide robust, accurate and timely data to support this deliverable. The flowchart below outlines Queensland Health’s capabilities and particularly the capabilities of the Central Integrated Regional Cancer Service (CIRCS).

Queensland Health utilises a Learning Management System (LMS) to capture clinical education within its Hospital and Health Services (HHS) and Divisions. CIRCS delivers six blended-learning cancer courses on this platform.

All education data captured within the LMS is fed into Queensland Health’s Human Resources (HR) database. In turn, this data is fed into Queensland Health’s Decision Support System (DSS). All end-users with access to the DSS database can formulate this data and produce reports both internally and externally to Queensland Health. As this data is directly connected to the HR system it is accurate and instantaneous. These reports can be provided to IHPA to inform ABF decisions and allocations.



- (c) IHPA seeks to implement strategies, tools and working papers to ensure that IHPA is providing information that will assist in informing its stakeholders.

Queensland Health’s *Healthcare Purchasing 2016-17* paper currently informs what data is recorded and how it is formulated. The Clinical Education and Training (CET) Funding Model provides incentives for its ABF facilities to build capacity for the future health workforce and positively influence student decisions when choosing their future employer.

CET is defined as any activity where the primary aim is to transfer clinical knowledge for ongoing professional development via a teacher or mentor to a student or candidate in a recognised course.

A national CET Funding Model would standardise data collection across Queensland and make ABF distribution more equitable and efficient. It would also encourage transparency amongst facilities and influence the level of clinical education currently delivered.

Queensland Health has the platform and capability to develop template reports within Panorama Necto to monitor its use of grant-issued ABF. This will also inform the mix, distribution and location of public hospital services by CET as required.