



# College of Intensive Care Medicine of Australia and New Zealand

ABN 16134292103

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Independent Hospital Pricing Authority  
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Re: **IHPA Work Program 2016 - 2017**

The College of Intensive Care Medicine would like to thank you for the opportunity to comment on the IHPA Work Program 2016-17. We would like to comment on a few items listed in the Work Program:

1. The ICU adjustment in the pricing framework is based on hospital characteristics. The IHPA appears to be keen to investigate patient level indicators further. We would like to extend our help in this process as required.  
We would like to take this opportunity to enquire about the change in the current pricing model. The price weight adjustment for ICU has been dropped back from 0.0440 NWAU/hr in 2015-16 to 0.0436NWAU/hr in 2016-17. Considering the change in NEP from \$4971 (2015) to \$4883 (2016) this would mean a drop in price from \$218 per hr to \$212 per hr. We would like to know the reasons behind this reduction and the rationale for changing the weight adjustment.
2. We would like to support the development of the TTR classification. We acknowledge the difficulties in costing Research activity in hospitals. Research is important for the College of Intensive Care Medicine (CICM). We expect a research co-ordinator in units accredited for training by CICM.  
We would support further costing of labour resources required to deliver research capabilities in hospitals. We would be happy to help with such costing studies as required.
3. Pricing for Quality and Safety is a project our representatives have been involved with. We note that the focus for developing the set of High Priority Hospital Complications has expanded from "provided to clinical teams in the hospital environment to promote improvement in safety and quality" to *"this could include an adjustment to the amount the Commonwealth contributes to public hospitals for a set of agreed hospital acquired conditions"*.  
The set proposed includes "Unplanned ICU admission" and "MET call". We would like further dialogue on the use of these occurrences to adjust Commonwealth contributions to public hospitals.

We would like to take this opportunity to congratulate the IHPA on its work in this field and would like to extend our help in developing a contemporary and sustainable pricing model for Intensive Care services into the future.

Yours sincerely,

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Dr Amod Karnik  
CICM representative to the IHPA Clinical Advisory Committee