

Mr James Downie  
Chief Executive Officer  
Independent Hospital Pricing Authority  
PO Box 483  
Darlinghurst NSW 1300

8<sup>th</sup> July 2022

Dear Mr Downie,

**RE: Independent Hospital Pricing Authority (IHPA) Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2023–24**

Thank you for the opportunity to provide feedback in relation to the Independent Hospital Pricing Authority (IHPA) Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2023–24. Please accept ESSA's response with particular focus on item 5.4.1 Tier 2 Non-Admitted Services Classification, and 5.4.2. A new non-admitted care classification.

Exercise & Sports Science Australia (ESSA) is the peak professional association for exercise and sports science professionals in Australia, representing more than 10,000 members comprising university qualified Accredited Exercise Physiologists, Accredited Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

Accredited Exercise Physiologists (AEP) are four-year university degree qualified allied health professionals who design and deliver prescribed exercise for people with or at risk of chronic disease, injury, mental illness or disability. Exercise physiology services are recognised by Australian compensable schemes including Medicare, the National Disability Insurance Scheme (NDIS), Department of Veteran Affairs (DVA), workers' compensation schemes and most private health insurers. Australia's exercise physiology profession comprises over 7,000 AEPs with approximately 325 working in the public sector. There are barriers in the health system that result in this professional group being underutilised.

5.4.1. Tier 2 Non-Admitted Services Classification

As per the joint submission presented to IHPA in April 2022, ESSA and the National Exercise Physiology Advisory Group (NEPAG), recommend that IHPA include an 'Exercise Physiology (40.65) Tier 2 Non-Admitted Services Classification' in the Tier 2 Non-Admitted Services for 2023-24'.

ESSA is pleased that IHPA is considering the inclusion of an exercise physiology code within the Tier 2 classification. This will improve the accuracy of reporting on service delivery and assist in health service planning. Currently 91% of AEP activity is mapped to another discipline [1], (predominately physiotherapy) within the non-admitted service setting, creating a significant impact on workforce planning due to the lack of visibility of the outcomes delivered by the profession and evaluation the value the profession is providing in the current system. This affects decision making processes and results in the suboptimal delivery of actual healthcare services to meet the needs of the population, and ESSA therefore looks forward to continuing to collaborate with IHPA to work on the solution.

#### 5.4.2. A new non-admitted care classification

ESSA would like to express concerns relating to the process IHPA are proposing to recommence the costing study. Although leveraging non- admitted service activity data from jurisdictional eMR systems will place lower impact on clinical service delivery, this option will provide inaccurate service delivery data for exercise physiology. The current imprecise coding and mapping of exercise physiology will impact the validity of the costing study.

Data inaccuracies in eMR for exercise physiology is demonstrated in the Queensland Health system. In this state the eMR links with the Electronic Scheduling Manager (ESM). If an exercise physiologist provides a service to a patient in a stand-alone exercise physiology clinic the coding within the eMR is aligned to the Tier 2 code that exercise physiology is being mapped to. For example, in the Gold Coast Hospital and Health Service, the exercise physiologist currently utilises the eMR coding of: physiotherapy phone review, physiotherapy review, physiotherapy home review, physiotherapy new within the eMR. This Queensland Health example is not dissimilar to other health services across the country. It highlights the need to investigate alternative models for the costing study if IHPA wish to obtain true and accurate data to make informed decisions in relation to a new non-admitted care classification.

Additional considerations should also be made based on the variability in use of eMR across the country affecting all disciplines and service types. Although eMR is well established in the inpatient setting, there is still a large variability with its use in the outpatient and community health setting – where the Tier 2 Non-Admitted Services Classification is applicable.

ESSA would welcome an invitation to work with IHPA on the proposed approach to the costing study to ensure an accurate and informative result is delivered. We look forward to the prospect of discussing these matters with you. Please contact ESSA Policy & Advocacy Manager, Jeffrey Allen on 07 3171 9697 or at [policy@essa.org.au](mailto:policy@essa.org.au) to schedule a meeting.

Yours sincerely



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Exercise & Sports Science Australia



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[1] *National Public Health Exercise Physiology Activity Report 2021*. 2021, Exercise & Sport Science Australia.