

6 May 2015

Independent Hospital Pricing Authority  
PO Box 483  
Darlinghurst  
NSW 1300

Dear IHPA

### **Draft IHPA Work Program 2015-16**

Thank you for the opportunity to comment on the draft Independent Hospital Pricing Authority (IHPA) work program 2015-16.

Palliative Care Australia (PCA) is the national peak body established by the collective membership of eight state and territory palliative care organisations and the Australian and New Zealand Society of Palliative Medicine. Together PCA members network to foster, influence and promote local and national endeavours to realise the vision of quality palliative care for all.

PCA has been involved in formal stakeholder consultations conducted by the Independent Hospital Pricing Authority (IHPA) in developing the Activity Based Funding (ABF) classification system for subacute and non-acute care – Australian National Subacute and Non-Acute Patient Classification (AN-SNAP), as a part of the Subacute Care Working Group. PCA has through these formal processes identified issues for palliative care.

PCA welcomes the commitment by IHPA in the 2015-16 draft work program to continue to deliver the program of work laid out in the IHPA Work Program, while the Australian Government undertakes consultations to form the proposed Health Productivity and Performance Commission. This is important for certainty and continuity for states and territories with ongoing models of funding for services.

As per PCA's comments on IHPA's draft work program for 2014-15, PCA would like to see IHPA remain committed to ensuring that specific issues related to community based palliative care are addressed. While bereavement has not been included in the current framework, at some point the costing of this service will need to be addressed as relying on hospitals to fund bereavement through a separate process does not provide certainty.

PCA notes that the 2015-16 draft work program states with regards to the National Efficient Price (NEP) and National Efficient Cost (NEC) determinations, that public hospitals or public hospital services will be eligible for block grant funding if the technical requirements for applying ABF are not able to be satisfied and/or if there is an absence of economies of scale that means some services would not be viable under ABF. In the

absence of a costing for bereavement, PCA would expect that this principle would be applied to funding bereavement services.

PCA's submission to the 2014-15 work program made the following recommendations:

- Prioritise the development of a new Australian non-admitted patient care classifications or the redevelopment or refinement of current SNAP classification that is appropriate for community based palliative care and other non-admitted services.
- Facilitate consultation on and the development of a national community palliative care data collection to inform the development of an appropriate classification.
- Services provided to carers, including without a patient present, are explicitly included in the classification arrangements for palliative care and that those arrangements support multidisciplinary clinical care, including joint home visits.
- Bereavement support needs to be included and counted as an activity and costed.
- Palliative care consultation services in hospitals need to be accurately classified and costed.

PCA would ask that IHPA continues to note and consider the concerns and recommendations made by PCA. PCA will also continue to promote these issues and concerns through the Subacute Care Working Group.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Liz Callaghan', with a long, sweeping underline.

Liz Callaghan  
Chief Executive Officer