
TITLE : CONSTRUCTION OF THE FIVE HEALTH CONDITON PURCHASING GROUPS

DISTRIBUTION: ALL HEALTH SERVICES IN WESTERN AUSTRALIA

1. Purpose

The purpose of this bulletin is to describe the scope and construction of the five health condition purchasing groups which will be used to report activity in 2000-2001.

2. Background

In 1997-98, the Department of Health (DOH) moved to an output based program. An important feature of this program is a three dimensional model of care which describes the health system's outputs in terms of health conditions, the service or intervention levels and the client demographic groups.

The demographic groupings are influenced by gender, age, aboriginality and geographic location. There are three intervention levels: promotion of health and prevention of illness; diagnosis and treatment of acute conditions; and continuing care for the chronically or terminally ill. Health conditions are grouped into ten bands: Cancer; Mental Health; Cardiovascular Disease; Injury and Poisoning; Pregnancy and Newborn; Genitourinary Conditions; Digestive and Endocrine Conditions; and, Infectious and ill-Defined Conditions.

In the process of developing a model for purchasing, it was decided that the ten health condition groups would be organised into five health condition purchasing groups. These five groups continue to be the basis for the purchasing model that has been implemented for 2001-2002.

The purchasing health condition groups are combinations of the clients' health conditions and the treatments or interventions given by health service providers. They demonstrate the health system's dual emphasis on what is wrong with the client and what care a health service can offer to correct or ease the condition.

3. Definition

The five health condition purchasing groups are:

1. Cardiovascular and Respiratory;
2. Mobility, Digestive and Skin;
3. Mental Health, Neurology and Senses;
4. Reproduction and Neonates; and
5. Systems.

Refer to the abstract from the document *MoU Health Condition Characteristics of Public Patient Episodes in Western Australia Teaching Hospitals, Dr T.E. McGuire*, in the manual titled 'WA Government Health System Purchasing 1998/99 – Policy & Guidelines'.

4. Information Reporting

Health Services are expected to report volumes of activity, monthly, according to the five health condition purchasing groups. The information to be collected and the ease of identifying the appropriate purchasing group will be different for each intervention level.

4.1 Promotion and Prevention

Health promotion and illness prevention services relevant to the Health Service Agreements, are those services provided to individuals or groups, usually by the local Community Health facility or Public Health or Mental Health Unit. The relevant counting unit would generally be occasions of service. Where there is contact with individuals on a one-to-one basis, each contact is an occasion of service. Where the client population is addressed or receives service as a group, the service should be reported as one occasion of group service.

The assignment of the services to the five health condition purchasing groups will be based on the condition or illness being targeted by health promotion and/or prevention programs. For example, vision screening should be reported under group 3 - Mental Health, Neurology and Senses. Neonatal clinic visits should be counted under group 4 - Reproduction and Neonates, and so on.

4.2 Diagnosis and Treatment

Diagnosis and treatment services are provided in response to acute episodes of ill health. These services are usually delivered in hospitals and always have identifiable start and end points. They are counted as episodes of care when the care involves admission to hospital. The units of measure are occasions of service when provided to ambulatory patients.

The mechanism for assigning diagnosis and treatment services to the five health condition purchasing groups depends on whether or not the patient was admitted. Services for

admitted patients use the tools of hospital morbidity reporting and casemix analysis. Services for non-admitted patients will generally rely on clinical specialty groupings.

4.2.1 Admitted Patient Services

The health condition purchasing group is identified using the Major Diagnostic Category (MDC) of the episode of care. There are 23 MDCs organised into 5 purchasing groups. Each MDC is a cluster of Diagnosis Related Groups (DRGs). From 1993 to June 2000 Western Australia used Australian National Diagnosis Related Groups (AN-DRGs) and from July 2000 Australian Refined Diagnosis Related Groups (AR-DRGs)

The DRG to health condition purchasing group assignments are listed in Table 1 for AN-DRGs and Table 2 for AR-DRGs. All DRGs are assigned to a group using the rules listed in this table below.

Table 1: DRG to Health Condition Purchasing Group (AN-DRGs Version 3.1)

Health Condition Purchasing Group	DRG
1. Cardiovascular and Respiratory	1-4, 8, 9, 160-297
2. Mobility, Digestive and Skin	5, 300-515
3. Mental Health, Neurology and Senses	19-152, 841-863
4. Reproduction and Neonates	600-727
5. Systems	6, 7, 10, 520-587, 750-822, 870-943, 950-956

Table 2 : DRG to Health Condition Purchasing Group (AR-DRGs Version 4.1)

Health Condition Purchasing Group	DRG
1. Cardiovascular and Respiratory	A03Z, A05Z, A06Z, A40Z,A41Z,E01A-F75C
2. Mobility, Digestive and Skin	A01Z, G01A-J67B
3. Mental Health, Neurology and Senses	B01Z-D67Z, U40Z –V64Z
4. Reproduction and Neonates	M01Z-P67D,963Z
5. Systems	A02Z, A04Z, K01Z-L67C,Q01Z-T64B, W01Z-903Z

Alternatively, the five health condition purchasing groups can be broadly identified using MDCs as listed in Table 2 below.

Table 3: MDC to Health Condition Purchasing Group

Health Condition Purchasing Group	MDC
1. Cardiovascular and Respiratory	4, 5
2. Mobility, Digestive and Skin	6, 7, 8, 9
3. Mental Health, Neurology and Senses	1, 2, 3, 19, 20
4. Reproduction and Neonates	12, 13, 14, 15
5. Systems	10, 11, 16, 17, 18, 21, 22, 23

4.2.2 Non-Admitted Patients

Assigning an occasion of service to a health condition purchasing group is normally a matter of identifying the group to which the scheduled clinic can be assigned. For example, an ante-natal clinic will be group 4 - Reproduction and Neonates.

However, there are instances when a clinic cannot be readily assigned to one of the five health condition purchasing groups. This would be true for General and Paediatric Medicine and General and Paediatric Surgery clinics, some Allied Health, Nursing and Technical services and Emergency Department services.

Where health condition purchasing group assignment is straightforward, the condition or body system being attended to should be used to identify which of the five groups the occasion of service should be counted in. Emergency treatment for a heart attack goes into group 1 - Cardiovascular and Respiratory. Minor surgery for a skin lesion is a group 2 service - Mobility, Digestive and Skin. Nursing assistance in unblocking a peritoneal dialysis tube is group 5 - Systems, etc.

Experience since 1998/99 has shown that assigning non-admitted patient services to the relevant health condition purchasing groups can be complex. The following Technical Bulletins have been refined to provide greater assistance and should be used as a reference.

Technical Bulletin	19/4	Scheduled Non-Admitted Patient Services Information Reporting -HA215B and HA215D
Technical Bulletin	23/2	Emergency Department Patient Services Information Reporting - HA215E

4.3 Continuing Care

Continuing care services most frequently refer to care provided in a residential health care setting. For these cases, the appropriate units of measure are generally beddays. Where the services are non-residential, occasions of service should be recorded.

Continuing care services include palliative care, geriatric care, mental health care and other long term services provided to the chronically or terminally ill. Assignment to health condition purchasing groups should be determined by the condition or illness that has caused the need for continuing care.

The hospital morbidity reporting mechanism applies to episodes of care in the residential continuing care sector. Hospitals must ensure that the appropriate episode of care type is reported for HMDS even if the relevant purchasing unit eventually happens to be beddays. A separate morbidity record is submitted for each episode of care. Each episode will have a defined DRG. Assignment to the five health condition purchasing groups will use the rules in Table 2 of this bulletin. The Technical Bulletin on Sub-Acute and Non-Acute Care gives more detail on episode of care types.

Technical Bulletin	20/4	Sub-Acute and Non-Acute Care
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Non-residential (ambulatory) service allocation to the health condition purchasing groups should follow the guidelines set for non-admitted patient services in the diagnosis and treatment intervention level.