

F09Z Other Cardiothoracic Procedures W/O Pump
F10Z Percutaneous Coronary Angioplasty W AMI
F12Z Cardiac Pacemaker Implantation
F15Z Percutaneous Coronary Angioplasty W/O AMI W Stent Implantation
F16Z Percutaneous Coronary Angioplasty W/O AMI W/O Stent Implantation
F17Z Cardiac Pacemaker Replacement
F18Z Cardiac Pacemaker Revision Except Device Replacement
F19Z Other Trans-Vascular Percutaneous Cardiac Intervention
P02Z Cardiothoracic/Vascular Procedures for Neonates

The above list of DRGs has been modified for 2000/01 with the change to Australian Refined Diagnosis Related Groups, Version 4.1 (AR-DRG V4.1). It contains essentially the same mix of procedures as was encompassed by the Cardiac Program in 1999/2000.

The major focus of the program will continue to be on services provided at RPH, SCGH, FH and PMH. Non-teaching hospitals will continue to be paid by DRG according to the relevant Health Department Schedule.

Heart transplants will continue to be funded through the Cardiac Program rather than through the exception pool.

4. Program Management

4.1 Reference Groups

A Cardiac Reference Group will provide advice on technical and allocative efficiency, health outcome, costings and the differentiation of services amongst hospitals. This group will focus on the areas outlined in section 4.4 below, and any other issues identified as requiring priority attention.

4.2 Activity

Increases in overall activity will not occur in the coming financial year. The introduction of a cardiac program has allowed HDWA to monitor and review this area of activity closely, in consultation with providers and clinicians. This process will continue, and may result in changes in resource allocation in 2001/2002, in line with the directions outlined in *Purchasing Intentions 1999-2002*.

4.3 Payment

- Program payments will cover both core and exceptional episodes, and will exclude emergency department, medical, and teaching, training, development and research costs.
- 2000/2001 prices will be set by DRG according to the Health Department Cost Weight Schedule 2000/2001.

- Non-teaching hospitals will continue to be paid by DRG according to the Health Department Cost Weight Schedule 2000/2001.

4.4 Aims of the Cardiac Program in 1999/2000

Proposals to enhance and reconfigure cardiothoracic and cardiology services over a three year period will be developed in consultation with providers, building on the review process commenced in 1998/99. Priority areas will include:

- development of a payment model that is responsive to changes in treatment modalities and technological change, and that provides appropriate incentives;
- increased emphasis on patient outcomes in the monitoring and evaluation of cardiac health services;
- expansion of secondary prevention services;
- improved integration of cardiothoracic surgery and cardiology services; and improved integration of both with secondary prevention and rehabilitation services;
- costs and patterns of service among the three cardiothoracic surgery units;
- determining public and private mix and cost and revenue implications;
- analysis of trends regarding comparative rates of CABG and PTCA, and information on patient outcomes;
- analysis of medical and ICU costs;
- interstate and international benchmark intervention rates;
- variations in length of stay between hospitals;
- repeat admissions for major treatments;
- prevention, health promotion and continuing care issues;
- addressing the issues of DRG pricing (e.g. defibrillators, stents); and
- likely future purchasing requirements in view of the aging population and changing patterns of clinical care.

5. Program Monitoring and Reporting

The performance of the program will be monitored against performance indicators, including activity levels, which will be developed by the Cardiac Reference Group. Teaching hospitals will be required to report to the Cardiac Reference Group and the Purchaser on a quarterly basis. This reporting requirement will facilitate Statewide Program development and will enable the Purchaser to monitor performance. The level of reporting will be negotiated between providers and the Purchaser. In the interim, reporting will continue to be required against the present performance indicators.