Australian Allied Health Classification System – A Refresher

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Queensland Government
Queensland Health
Acknowledgements

- Health Activity Hierarchy Version 1.1
  National Allied Health Casemix Committee (2001)
- Indicators for Intervention (IFI) Project
  IFI Coding Manual
  National Allied Health Classification Committee (2006)
Key Health Management Functions in Today’s Health Care Environment

- Defining and measuring service activity and service outcomes
- Costing and pricing activities
- Analysing best practice (efficiency and effectiveness)
- Workforce planning
- Workload management
- Benchmarking exercises
Key Health Management Functions in Today’s Health Care Environment

- Effectively competing with alternative providers in the health sector
- Workload management / staff accountability and comparisons
- Conducting research
- Providing quality and equity
Health Service Delivery Elements

Inputs
- e.g. staff time
- materials

Processes
- e.g. interventions

Outputs
- e.g. treated patients

Outcomes
- e.g. health improvement
Classification Systems

- International Classification of Diseases and Related Health Problems ICD-10 (WHO).
- International Classification of Functioning, Disability and Health (ICF)
- Australian Allied Health Classification System (AAHCS)
- Australian Classification and Terminology for Community Health (CATCH) -
ICF

- International Classification of Functioning, Disability and Health.
- WHO’s framework for health and disability.
- A bio-psycho-social model ie combines the medical and social paradigms.
Australian Allied Health Classification System (AAHCS)

- Describes reason for intervention/activity.
- Describes the range of activities done by AHP’s and classifies them into different components/hierarchies.
- Defines a Minimum Data Set.
- Provides the framework to measure AH services and compare clinical practice.
The Allied Health minimum data set defines all the data elements that allied health service providers record on patient/client services.

- Minimum Data Set
  - client demographics
  - client special needs
  - critical dates
  - service features (provider, source, setting)
The AAHCS Activity Classification Hierarchy

Allied Health Activity

Clinical Care (CC)

- Individual Patient Attributable (IPA)
  - Discipline Specific Intervention (IPA-A)
  - Other (IPA-O)
  - Travel (IPA-T)

- Non-individual Patient Attributable (NIPA)
  - Discipline Specific Intervention (NIPA-A)
  - Other (NIPA-O)
  - Travel (NIPA-T)

Clinical Services Management (CSM)

- Actual Management Activities (CSM-A)

Teaching and Training (TT)

- Under Graduate (TT-UG)
- Post Graduate (TT-PG)
- Other - Own Discipline (TT-OD)
- Other - Other Discipline (TT-AD)
- Travel Associated with Teaching and Training (TT-T)

Research (R)

- Research Activities (RA)
- Travel Specifically Related to Research (RT)
Clinical Care:

- Activities which provide a service to an individual, group or community to influence health status.
Clinical Services Management

- Professional and management activities which support and are essential to clinical care.
Teaching and Training:

- **Formal** teaching or training activities which relate to the **imparting** of knowledge, skills and clinical competency to undergraduate and post graduate students, practitioners in own discipline, and other practitioners as part of a structured program
AAHCS Activity Hierarchy First Tier

Research:
Activities undertaken to advance the knowledge of the delivery of care to an individual, group or community. Research is limited to activities that lead to and follow formal approval of the project by a research committee or equivalent body.
Health Service Delivery Elements

Inputs
- e.g. staff time
- materials

Processes
- e.g. interventions

Outputs
- e.g. treated patients

Outcomes
- e.g. health improvement
Definition

The Indicator for Intervention is a service provider description of the characteristics of the individual or population which indicate need for intervention (NAHCC, 2000).
ICF Codes

ICF provides codes in four domains:

- body functions (b)
- body structures (s)
- activity and participation (d)
- and environment (e).

That means the first letter of the ICF code for a client or patient will be b, s, d or e.
Steps to aid in providing a standardised approach to coding using the ICF as an IFI.

1. State the IFI in plain language first by asking, “Why am I intervening? Why has the client/patient come to see me? What does the patient expect as a result of my interventions?”

2. Follow the procedures guide to use the ICF search capacity and use the profession specific codes or online browser [http://www3.who.int/icf/onlinebrowser/icf.cfm](http://www3.who.int/icf/onlinebrowser/icf.cfm) to ensure clinicians are all accessing the same options and reading the same definitions.

3. Use direct questions to check the reason for intervention with the client. Ask them, “So the reason you are seeking intervention is for…” This is important as the clinicians and client/patient may have different expectations regarding the reason for intervention.
IFI allocation decision making process

Identify
- Reason AHP has been asked to intervene
- Intervention
- List possible Profile Codes in ICF
- IFI allocation
- Rationale
Performance indicators

Performance Indicator

= IFI + Dimension factor combined with a threshold
## Quality Dimensions

<table>
<thead>
<tr>
<th>CDHAC QUALITY PERFORMANCE DIMENSION FACTORS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Access</td>
<td>Efficiency</td>
</tr>
<tr>
<td>Safety</td>
<td>Effectiveness</td>
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<tr>
<td>Continuity</td>
<td>Technical proficiency</td>
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<tr>
<td>Appropriateness</td>
<td>Acceptability</td>
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</tbody>
</table>
Performance Reporting Model

1. INPUT
2. PROCESS
3. OUTPUT
4. OUTCOME

A: CLIENT AXIS
B: DEPARTMENT AXIS
C: ORGANISATION AXIS
D: PURCHASER AXIS
E: PROFESSIONAL AXIS
F: PUBLIC AXIS

4. Create a performance model
## Dimensions of performance

<table>
<thead>
<tr>
<th>C level IFI examples with roll-up B level IFI</th>
<th>Access</th>
<th>Efficiency</th>
<th>Safety</th>
<th>Effectiveness</th>
<th>Continuity</th>
<th>Technical Proficiency</th>
<th>Appropriateness</th>
<th>Acceptability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognition → Memory</td>
<td>•</td>
<td></td>
<td>•</td>
<td></td>
<td></td>
<td>PO3</td>
<td></td>
<td></td>
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<tr>
<td>Head &amp; Trunk Control → Joint / Bone issue</td>
<td>Prioritisation</td>
<td>Number of Treatments</td>
<td>•</td>
<td>Clinical Outcome</td>
<td>•</td>
<td>•</td>
<td></td>
<td></td>
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<tr>
<td>Food Tolerance → Enzyme deficiency</td>
<td>•</td>
<td></td>
<td>•</td>
<td></td>
<td></td>
<td>Follow up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutrient Adequacy → vitamin adequacy</td>
<td>•</td>
<td></td>
<td>Screen within 3 days</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
</tr>
<tr>
<td>Speech → Acquired resonance</td>
<td>Referral Criteria</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
<td>•</td>
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<tr>
<td>Environment → Housing</td>
<td>•</td>
<td></td>
<td>•</td>
<td></td>
<td>•</td>
<td>•</td>
<td>Cultural Approp</td>
<td>Client Satisfaction</td>
</tr>
</tbody>
</table>
Outcome Measures

- Many different reasons for measurement and the reason determines the tool.
- Not all things can be measured directly, so we use indicators as a substitute.
  - Clinical effectiveness
  - Cost efficiency
  - Allocating scarce resources
  - Clients need met – satisfied
  - Evidence
  - Improvement
  - Planning
  - Informed Choice
  - Provider satisfaction
Performance Measures

- Time spent - clinical care, clinical services management, teaching, research.
- Costs of – wages, supplies, equipment.
- Types of activities.
- Clinical Outcome Tools
- Survey of Satisfaction
- Quality - Waiting time, safety
- Competency – skill, knowledge.
Episode of Health Care

Service Request or Referral
- No further action required
- Maybe further Ax or information required
- New Episode data collection occasion

Accepted for treatment
- Treatment
- Outcome measure occasion

Reviewed at least every 3 months
- Treatment
- Outcome measure occasion

End of Episode data collection occasion
- No further treatment - Discharge
- Outcome measure occasion

Face to Face Clinical Ax
Useful websites

World Health Organisation ICF Website
www3.who.int/icf/icftemplate.cfm
www3.who.int/icf/onlinebrowser/icf.cfm

Australian Institute of Health and Welfare ICF

National Allied Health Classification Committee
www.nahcc.org.au
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