

COMMONWEALTH GRANTS COMMISSION 2017 UPDATE

Northern Territory Response to Staff Discussion Paper New Issues for October 2016 – IHPA Data

November 2016

New Issues for October 2016 IPHA data

The Territory supports the Commission staff's proposals to recommend that the Commission:

- Use 2015-16 Independent Hospital Pricing Authority (IHPA) data in the 2017 Update when they become available in January 2017;
- For the Emergency Department (ED) component in the Health category, use the number of Public Hospital Establishment (PHE) ED occasions in 2013-14 to estimate the number of ED occasions for hospitals not covered by the ED National Minimum Dataset (EDNMDS) in 2014-15.

The Territory does not support the Commission staff's proposal to recommend that the Commission:

• continue to use this estimate until the next methodology review or until IHPA advises that the EDNMDS data is sufficiently comprehensive, and proposes that the CGC revisit this issue in the 2018 Update.

2015-16 Independent Hospital Pricing Authority (IHPA) Data

1.1 The Territory supports the use of 2015-16 IHPA data in the 2017 Update when they become available in January 2017. The Territory understands that this data will no longer be released on a preliminary basis, and will be the final hospital activity data for 2015-16.

Estimating Public Hospital Establishment (PHE) Emergency Department (ED) Occasions in 2014-15

- 1.2 The Territory supports the proposal to use the number of PHE ED occasions in 2013-14 to estimate the number of ED occasions in 2014-15 for hospitals not covered by the EDNMDS, given that there is no alternate data available.
- 1.3 However, the Territory proposes that the estimation method be revisited for the 2018 Update to ensure that this approach does not fail to capture growth in activity of small remote hospitals over time, should these hospitals not convert to EDNMDS reporting as quickly as expected.
- 1.4 The Territory's small, block-funded hospitals provide comprehensive ED data to IHPA, and as such, the Territory is not in a position to predict how quickly ED activity will begin to be reported by hospitals that do not currently do so.
- 1.5 When 2015-16 EDNMDS data become available, the Commission will be able to identify the ED activity in hospitals previously uncaptured in that dataset. This will allow the Commission to determine whether or not its proposed approach is

appropriate, or if it should index the 2013-14 ED activity data for those hospitals that have not yet converted to EDNMDS reporting.