Improvement on Funding and Costing for Bone Marrow Transplant

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Sydney

Key Problem

Lack of funding

- Clinicians identified the cost of providing paediatric Bone marrow transplant services as much higher than for adults.
- Vic DRG for adult and paediatric cases were the same.

Missing costs

- There were hidden costs which were not captured in the costing system.

Aim of this innovation

Improve the costing and the funding model

- Improve the accuracy of the costing
- Costing staff to understand the process and identify the gaps in costing
- Increase the revenue
- Educate costing staff and clinicians on the process of costing BMT

Baseline Data

Gaps in costing

- Costs were provided to the clinicians who identified the missing elements.
- Some services for Allied health were not in the source system
- Medical staff assigned to BMT had their costs averaged across all cancer centre patients
- Low cost for pharmacy
- Consumables averaged across all CCC patients
- Some staff were funded by other sources

Key Changes Implemented

- Identified the staff who worked with BMT patients and allocated their EFT only to BMT patients rather than averaging to all CCC patients.
- Management recognised the BMT services and moved the EFT under the operating budget.
- All allied health services were entered in the source systems.
- All consumables to BMT patients identified and the department staff provided the information to costing staff.

Outcomes so far

- Costs reflected the work for services clinicians provided to the BMT patients
- Executives approached the Department of Health to understand the paediatric and adult differences. A proportion of genetic diseases had driven the changes in WIES and the Victorian paediatric DRG was separated from the adult DRG.
- As per the above results we have improved our revenue.
- The first table below shows the average revenue we had 3 years ago and the second table shows the average revenue increase as a result of our changes.

Average Cost and Revenue Per Patient (from 1/7/2008 to 30/06/2010)

		Average Cost	Revenue	Funding Deficit [1]
Transplant Type	Number (1/7/2008 to 30/6/2010)	Current Care Model	Average Total	Current Care Model
Total Autologous (A08X)	64	26,721	24,367	-2,354
Allogeneic - Matched Sib	13	96,946	95,959	-987
Allogeneic - CB, MUD	33	162,471	135,737	-26,734
Total Allogeneic (A07Z)	46	143,953	124,495	-19,458

Average Cost and Revenue Per Patient (from 1/7/2014 to 30/06/2015)

		Average Cost	Revenue	Funding Deficit [1]
Transplant Type	Number (01/07/2014 to 30/06/2015)	Current Care Model	Average Total	Current Care Model
Total Autologous (A08X)	24	$74,641	$24,335	-$50,306
Allogeneic - Matched Sib	7	$307,938	$178,876	-$129,062
Allogeneic - CB, MUD	17	$289,048	$174,035	-$115,013
Total Allogeneic (A07Z)	24	$294,558	$175,448	-$119,110

Lessons Learnt

- Clinician Engagement
  - For more accurate costing of specialised procedures
  - Review at least one DRG's costing per year with clinicians

- Data Quality
  - Using the lessons learnt from the clinicians, ensure that feeder extracts contain data that is accurate and reflective of actual resource usage

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