

# Victorian health services policy and funding guidelines 2009–10

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## Part 1: Highlights

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The Victorian health services policy and funding guidelines 2009-10 Part 1: Highlights should be read in conjunction with detailed on-line information for the various program areas in the health sector:

- acute (hospitals)
- rural health
- aged and home care
- drug services
- mental health
- primary and dental health
- public health
- ambulance services.

These documents are available online at [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg)

Policy and funding guidelines/plans are referenced in Schedule 1 of the Department of Human Services funded agency service agreements for 2009-10 to 2011-12 and in the Statement of Priorities 2009-10. This document, plus the detailed information mentioned above, is one such plan, and it is therefore a formal condition of funding that organisations meet the policies and other requirements documented in the Victorian health services policy and funding guidelines 2009-10.

Legislation, regulations and Commonwealth-State agreements take precedence over the conditions presented in this guideline, to the extent of any inconsistencies.

Victorian health services policy and funding guidelines 2009-10, Victorian Government, Department of Human Services, Melbourne, Victoria.

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## Message from the Ministers

The *Victorian health services policy and funding guidelines 2009-10*, for the first time, integrates the information on funding, providing a comprehensive whole of health state budget and funding perspective for Victorian health services. It shows that for 2009-10 the Victorian Government will provide more than \$11.3 billion for the provision of health services including acute health, ambulance, mental health, aged and home care, primary and dental health, small rural, public health and drug services. This is an increase of \$827 million from the previous year.

The 2009-10 Budget delivers significant investment in mental health reform with a boost to mental health services of \$182.1 million over four years. This includes \$74 million in capital funding allocated to the development of new bed based services including new beds in Dandenong and Maroondah Hospitals, and extensive service expansion, redevelopment and innovation initiatives. This commitment progresses strategic directions outlined in the Victorian Government's recently released *Because mental health matters: Victorian Mental Health Reform Strategy 2009-19*. As well as creating up to 280 new mental health jobs, the budget demonstrates the Victorian Government's commitment to providing a comprehensive mental health system that delivers effective and high-quality prevention, early intervention, recovery and social inclusion services.

An allocation of \$350 million over five years has been made to create greater capacity in the Victorian health system to meet the growing demand for hospital services and treat an extra 39,500 patients each year. A further \$111 million over four years has been provided to meet the growing demand for medical services, such as renal dialysis, chemotherapy and radiotherapy, and treat 9,000 elective surgery patients and an additional 20,000 public dental patients.


An \$8.3 million *Autism state plan* has been funded to improve the assessment, diagnosis and support provided to Victorians with Autism Spectrum Disorders, their families and carers. Victoria is the first jurisdiction in Australia to develop an Autism State Plan to improve outcomes for people of all ages with an Autism Spectrum Disorder.

Significant investment has been made to ensure that the health system has the necessary infrastructure to deliver services. A \$1 billion world-class cancer centre will be built in Parkville to drive the next generation of progress in the prevention, detection and treatment of cancer. Ten million dollars has also been allocated to extend digital screening technology to all BreastScreen Victoria services to improve the early detection of breast cancer, especially in regional areas.

In addition, the 2009-10 Budget has committed to undertake major upgrades of regional hospitals and deliver the next stages of the Warrnambool Hospital redevelopment and the new Sunbury Day Hospital. The first-stage redevelopment at Bendigo Hospital will fund enabling works, relocate the ambulance station and upgrade important infrastructure. Other important works include the Ballarat Base Hospital redevelopment, the Alexander District Hospital & ambulance station redevelopment, enhancing capacity works at the Geelong Hospital and the Dandenong Hospital Mental Health expansion. These projects will not only provide direct benefits to hospital staff and patients but will also create more jobs.

The integrity of data that underpins delivering services is paramount. The department has appointed a Director of Data Integrity to implement a number of data management reforms to ensure accurate performance reports. To this end spot audit and data recording and reporting practices have been introduced to guarantee accountability and accuracy of data are upheld, along with the abolition of the performance bonus funding pool.

In 2009-10, the Victorian Government will continue to provide high quality holistic health services and be responsive to the complex issues impacting on the health system.



**Hon Daniel Andrews MP**  
Minister for Health



**Hon Lisa Neville MP**  
Minister for Mental Health  
Minister for Senior Victorians  
Minister for Community Services

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## Glossary of acronyms and abbreviations

ACAS	Aged Care Assessment Services
AHPACC	Aboriginal Health Promotion and Chronic Care
AMA	Australian Medical Association
ANF	Australian Nursing Federation
AR-DRG	Australian Refined Diagnostic Related Groups
ATS	Amphetamine Type Stimulant
COAG	Council of Australian Governments
CRAFT	Casemix Rehabilitation and Funding Tree
DHS	Department of Human Services
DoHA	Commonwealth Department of Health & Ageing
DRG	Diagnostic Related Groups
DVA	Department of Veterans' Affairs
EBA	Enterprise Bargaining Agreements
ESIS	Elective Surgery Information System
FIM	Functional Independence Measure
GEM	Geriatric Evaluation and Management
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HITH	Hospital in the Home
HIV	Human Immune Virus
HRP	Health Reform Program
HSUA	Health Services Union Association
ICS	Integrated Cancer Services
ICU	Intensive Care Unit
MBS	Medical Benefits Schedule
NAESG	Non-admitted Emergency Services Grant
NBCSP	National Bowel Cancer Screening Program
NHNDI	National Health Cost Data Collection
NICU	Neonatal Intensive Care Unit
PAC	Post Acute Care
PAV	Personal Alert Victoria
PICU	Paediatric Intensive Care Unit
RWU	Rehabilitation Weighted Units
SACS	Sub-acute Services
SRHS	Small Rural Health Services
STI	Sexually Transmissible Infections
T&D	Training & Development
TCP	Transition Care Program
VACCDI	Victorian Advisory Committee on Casemix Data Integrity
VACS	Victorian Ambulatory Classification System



# 1 Overview

The Victorian Government is responsible for delivering a wide range of health services to the community including:

- Health care services through the public hospital system, community health services, ambulance services, dental services and public mental health services.
- Health promotion and protection through emergency management, public health and related preventive services, education and regulation.
- Residential and community care for older people, along with support and assistance to enable people to function independently in their own homes.

Health services in Victoria are delivered in line with the Victorian Government's economic, environmental and social policy goals for Victoria. These goals are outlined in a number of policies including *Growing Victoria Together*, *A Fairer Victoria* and *Governments Working Together: Third Wave of National Reform*.

There are four divisions within the Department of Human Services (the department) responsible for health and aged care services in Victoria:

- *Metropolitan Health and Aged Care Services* division is responsible for health and aged care services in metropolitan Melbourne, and has responsibility for service and capital planning, statewide policy and program direction for the specific program areas of acute, sub-acute and ambulance services.
- *Rural and Regional Health and Aged Care Services* division is responsible for health and aged care services in rural and regional Victoria, and has responsibility for statewide policy and program direction for aged and home care, primary health, dental health, public health and statewide quality.
- *Mental Health and Drugs* division encompasses public sector policy, program, service and workforce development in relation to mental health and drug matters.
- *Portfolio Services and Strategic Projects* division provides a cross program focus for research, policy analysis and strategic planning to support the departmental executive in determining portfolio priorities to ensure that they are delivered in a coordinated and collaborative manner. In particular it has responsibility for nurse policy and health workforce initiatives.

Over 700 organisations are contracted by the department to provide health services for the community and these policy and funding guidelines provide an outline of the policy and funding objectives, new initiatives and an overview of the health budget.

The *Victorian health services policy and funding guidelines 2009-10* is comprised of two parts:

- *Part 1* is an overview of the 2009-10 Budget, program and policy initiatives, including details of funding for public hospitals, small rural services, community health centres and other large providers of services in the community.
- *Part 2* can be found at [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg). It details the funding, program initiatives and service information for organisations to use in planning their services. It includes descriptive information regarding service activities, performance measures, data collection requirements and service standards and guidelines.

The two parts collectively replace the previous:

- *Rural and regional health and aged care services division policy and funding plan,*
- *Victoria – public hospitals and mental health services policy and funding guidelines* and
- *Ambulance services policy and funding guidelines.*

## 1.1 Health policy directions

Victorians enjoy excellent health by world standards but universal challenges, such as an ageing population, new patterns of chronic disease, global health incidents and changed behaviours, present significant economic and social challenges.

Chronic disease in the community impacts on economic activity and social cohesion and health care costs, particularly among the most disadvantaged members of the community. Fundamental to the treatment of chronic disease is a modern healthcare system that encourages Victorians to lead healthy lives and provides access to the right care at the right time.

Victoria has responded in a number of ways to meet the objectives of the health and wellbeing of Victorians including:

- Providing timely and accessible health services to manage increasing and changing demand, improved continuity of care and enhanced preparedness for emergencies.
- Promoting least intrusive and earliest effective care with the right care in appropriate settings, individualised support in the home and community settings and intervention at the most effective point in the development of ill health.
- Ensuring the delivery of safe quality care.
- Strengthening the capacity of individuals, families and communities, to facilitate people living independently and achieve healthy lifestyles.
- Working on reducing inequalities through improved health and wellbeing, particularly for disadvantaged people and communities.
- Building sustainable, well-managed and efficient human services.

The ways in which the health services objectives are implemented and funded can be found in a number of recent policy documents including:

- *Because mental health matters: Victorian mental health reform strategy 2009-2019*
- *Victorian amphetamine-type stimulant (ATS) and related drugs strategy 2009-2012*
- *A new blueprint for alcohol and other drug treatment services 2009-2013*
- *Clinical governance policy framework 2009*
- *The Victorian Government's role in residential aged care 2009*
- *Victoria's cancer action plan 2008-2011*
- *Clinical networks: a framework for Victoria 2008*
- *Strengthening Home and Community Care in aboriginal communities strategy 2008*
- *Better faster emergency care: Improving emergency care and access in Victoria's public hospitals 2007*
- *Victoria: a better state of health 2005*
- *Rural directions for a better state of health 2005*
- *Metropolitan health strategy 2003.*

## 1.2 National Partnerships

In November 2008, the Council of Australian Governments (COAG) agreed to a new inter-governmental agreement on federal financial arrangements. Under the agreement the Commonwealth committed to provide ongoing funding through:

- general revenue assistance
- National Specific Purpose Payments (SPPs) for key service delivery
- National Partnership Payments (NPPs) to support service delivery.

The National Healthcare Agreement replaces the 2003-08 Australian Healthcare Agreement, though the principles of both agreements are generally consistent. The agreement sets out objectives and performance measures as well as clarifying the roles and responsibilities of the Commonwealth and States and Territories. The agreement provides a vehicle for the Commonwealth Government to provide funding to assist States and Territories to supply free public hospital services to the Australian community.

Further information on the partnerships can be found at

[http://www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/index.cfm](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm).

Under the new National Partnerships, the Commonwealth will provide funding to support the delivery of specified initiatives and to facilitate and reward the implementation of specific nationally significant reforms. The three national partnerships in the health sector are:

1. Hospital and Health Workforce Reform, which incorporates:

- *Activity Based Funding*: seeks to introduce a nationally consistent approach to activity based funding for public hospital services by end 2013-14. Under this initiative, activity based funding may be extended to services such as sub-acute and emergency department services.
- *Workforce Enablers*: these reforms seek to improve health workforce capacity, efficiency and productivity through a range of complementary initiatives. This includes:
  - the creation of a new National Health Workforce Agency
  - a new clinical placement subsidy
  - additional funding to support supervision training for clinicians
  - simulation training facilities for health students
  - a new Australia-wide international recruitment program
  - funding for workforce redesign and national workforce data.

The new four-year package for clinical placements will increase funding in Victoria for clinical placements from around \$18 million a year in 2008-09 to around \$70 million a year in 2010-11. This subsidy will be co-funded by the Victorian and Commonwealth Government, who will contribute 50 per cent each. In addition, a new supervision training grant will provide around \$14 million over four years.

- *Sub-acute Care Reform*: provided \$125 million in 2008-09 to Victoria to expand sub-acute service provision levels by 20 per cent by 2012-13, and better address regional availability.
- *Taking the Pressure off Public Hospitals*: provided \$181 million in 2008-09 to Victoria to improve access to emergency department care. Victoria is required to ensure that, by 2012-13, 80 per cent of emergency department presentations will be seen within the clinical triage times, as recommended by the Australian College of Emergency Medicine. Further, by 2013-14, 95 per cent of hospitals with an emergency department will report to the Non-admitted Emergency Department Care National Minimum Dataset collection.

2. Preventive Health: aims to address the rising prevalence of lifestyle related chronic diseases by laying the foundations for healthy behaviours in the daily lives of Australians.
3. Closing the Gap in Indigenous Health Outcomes: focuses on key priority areas, such as effective primary health care services, to close the gap in health outcomes between Indigenous and non-Indigenous Australians.

In addition, the following National Partnerships were specified in the 2009-10 Commonwealth Budget (see also Section 5.3):

- Essential Vaccines.
- Health Services – includes several initiatives
- Aged Care Assessment.
- Home and Community Care – including services for veterans.

### **1.3 Data quality reform**

The department has appointed a Director of Data Integrity to oversee governance and accountability arrangements for data collection, management and reporting including audits and health data complaints. This appointment will support a range of proposed reforms to the way data is managed and provide increased assurance to the community that the publicly reported results reflect actual performance. The reforms will include a system-wide audit of hospital emergency department and elective surgery waiting list data and reporting practices. Six spot audits per year have commenced to support this work. In addition, the performance bonus funding pool has been abolished.

## 2 Health Budget 2009-10

### 2.1 Budget growth

Table 1: Victorian Budget details

	2007-08 \$m	2008-09 \$m	2009-10 \$m	% increase 2008-09 - 2009-10
Acute health services	6,482.0	7,015.7	7,602.0	8.4
Aged and home care	858.5	915.5	974.3	6.4
Ambulance services	417.0	494.4	529.1	7.0
Drug services	116.8	123.9	127.5	2.9
Mental health	819.1	883.8	945.0	6.9
Primary and dental health	314.5	330.3	418.2	*26.6
Public health	315.3	280.7	265.6	** -5.4
Small rural health services	406.0	442.9	452.6	2.2
<b>Total</b>	<b>9,729.2</b>	<b>10,487.2</b>	<b>11,314.3</b>	<b>7.9</b>

Source: Victorian Department of Treasury and Finance, Budget Paper 3, p87

Rounding may result in discrepancies in the total figures.

\*Includes additional funds for bushfire relief and recovery.

\*\*The 2009-10 Budget includes a reduction of fixed term vaccine funding, additional funding for Indigenous Early Childhood Development, Public Health Governance and Regulatory Reform, *Victoria's Cancer Action Plan*, Indexation and enterprise bargaining agreement outcomes.

### 2.2 Budget structure

The Victorian Budget allocated to the department is divided into a number of output groups, of which eight are specifically for health services (see Figure 1 below). Each output group funding is separated further by outputs that form the financial and performance accountability framework between the department and the Department of Treasury and Finance.

**Figure 1 – Health services output groups and outputs**

Acute Services	Aged and Home Care	Ambulance Services	Drug Services	Mental Health	Primary and Dental Health	Public Health	Small Rural Services
Admitted	Aged Care Assessment	Emergency Services	Drug Prevention and Control	Clinical Care	Community Health Care	Health Protection	Small Rural Services Acute Health
Non-Admitted	Aged Support Services	Non-Emergency Services	Drug Treatment and Rehabilitation	Psychiatric Disability Rehabilitation & Support	Dental Services	Health Advancement	Small Rural Services Aged Care
Emergency	HACC Primary Health, Community Care and Support					Public Health Development Research and Support	Small Rural Services Home and Community Care
Acute Training & Development	Residential Aged Care						Small Rural Services Primary Health

The department disaggregates the output groups to service activities that are either directly funded or grouped into service plans for organisations. The activities for which an organisation receives funding are documented in either a service agreement (three years) or a Statement of Priorities (one year) for public hospitals and health services. The details of the various activities and the method of funding for each of the output groups can be found at the website [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg).

The funding models vary across activities depending upon the nature of the service to be delivered. In all health programs, funding is provided either as a unit price, specified grant (or block funding) or as investment funding. For example, services such as acute hospital services, residential aged care, Home and Community Care (HACC) and publicly funded outpatient services are funded on the basis of unit priced activity, whereas aged support, emergency, training and development tend to be specified or block funded. The tables in Appendix 2 outline the major unit prices for the funded activities.

### 3 Budget highlights for 2009-10

#### Hospital and health services

The 2009-10 State Budget invests a total of \$825.9 million over five years in acute hospital services. This continues the government's election commitment to meet growing needs for hospital services and improve the access of all Victorians to world-class health care services.

A total of \$780.9 million over five years will be made available to health services to improve patient flow, support system capacity improvements and strengthen hospital performance in the face of existing and emerging challenges of Victorian health services. The injection of funds will increase services in the key areas of cancer treatment, acute care and sub-acute services. A further \$45 million has been allocated to continue to treat more elective surgery patients sooner.

Investment of \$374.4 million over four years will sustain health service capacity and address the challenges presented by the growth in population and disease burden, constraints in the primary care sector and the cost impacts of new technologies and treatments.

Specific capacity funding for 2009-10 includes:

- \$57.0 million (\$237.1 million over four years) to meet anticipated growth in emergency (admitted and non-admitted) and critical care services.
- \$16.2 million (\$67.4 million over four years) to meet unavoidable growth in radiotherapy, chemotherapy, dialysis and blood services.
- \$5.8 million (\$24.1 million over four years) to provide mental health facilities and demand diversion initiatives to supplement investment under the mental health reform strategy. Note that this forms part of the package of mental health reform funding (\$182.1 million over four years) about which more detail is provided below.
- \$7.5 million (\$31.2 million over four years) to support the expansion of sub-acute services (\$4.2million for transition care patients, \$1.8m for palliative care and \$1.5million for post acute care).
- \$3.5 million (\$14.6 million over four years) to support paediatric and genetic services.

The funding provided in 2009-10 will meet anticipated growth in patient demand by increasing the capacity of the system to:

- treat an additional 30,000 emergency patients
- provide 29,000 additional inpatient treatments
- support an additional 2,100 chemotherapy inpatient treatments and 1,800 outpatient episodes
- provide an additional 3,200 palliative and 2,000 post acute care services.

The budget also provides \$406.5 million (over five years) for a beds package to treat thousands of extra patients in Victorian public hospitals. The beds package announced in December 2008 will improve bed access and patient flows and will see additional beds in acute, sub acute and critical care services across the state.

The \$406.5 million (over five years) bed package for Victorian hospitals includes:

- \$34 million per year for 100 acute beds to treat an extra 10,500 patients.
- \$10 million per year for four ICU beds and two Neonatal Intensive Care (NICU) beds to treat an additional 540 patients.
- \$31 million per year for 170 sub acute beds, enabling treatment of an additional 2,400 patients.
- \$10 million per year for diversion programs for emergency department and short stay capacity, community based rehabilitation and additional emergency department diversion under the Hospital Admission Risk Program.

## Mental health

The 2009-10 State Budget invests a total of \$182.1 million over four years for mental health initiatives to assist in achieving the vision and strategic directions outlined in the *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019*. This includes \$74 million in capital funding allocated to the development of new bed based services.

The Budget initiatives have been selected to address priority pressures, risks and opportunities highlighted in the strategy and build on preliminary investment made in the 2008-09 Budget. Note that this is a whole of government reform package and so elements of this funding will be delivered through the Department of Justice.

Funding for these measures commence with \$22.7 million in 2009-10. In summary, the measures are:

- *Early in life*: improving mental health outcomes for children, young people and their families – \$21.3 million over four years.
- *Pathways to care*: enhanced mental health triage – \$11.2 million over four years.
- Strengthening specialist support to people with high needs – \$21.3 million over four years.
- Building the foundations for recovery and participation for people with a mental illness – \$37.7 million over four years.
- Improving mental health outcomes for Aboriginal people – \$874,000 over four years.
- Strengthening the mental health workforce and local mental health service system development – \$6.6 million over four years.
- Additional boosts to service capacity – \$9.1 million over four years.
- Added investment in beds – \$74 million in new capital.

In addition to these specific mental health initiatives, other 2009-10 budget highlights which will support mental health services and reform include:

- A further eight mental health beds, which will be built as part of the \$30 million project at Geelong Hospital announced in the 2009-10 Budget.
- \$4.2 million announced as part of the \$8.3 million over four years for the State Autism Plan, comprising:
  - 14 new dedicated coordinators in Child and Adolescent Mental Health Services to manage the process of diagnostic assessment of children and young people with complex presentations of Autism Spectrum Disorders (\$3.7 million over four years).
  - Development of operational guidelines (\$225,000 over four years).

- Autism Spectrum Disorder training to the specialist mental health workforce and education specialists (\$208,000 over four years).

## **Aged and Home Care**

The 2009-10 Budget will provide \$49.8 million (over four years) to assist people to maintain independent living and regain function in their own homes through Home and Community Care (HACC) services.

Funding in 2009-10 includes the state's \$11.5 million contribution to HACC program funds, attracting an estimated additional \$17.3 million from the Commonwealth Government. These funds will contribute to indexation and agency infrastructure, as well as services growth, providing for an estimated 158,000 additional hours of service in 2009-10, and over 300,000 hours in subsequent years

The budget will also provide \$5.8 million over four years to provide personal alert units to an additional 4000 senior Victorians through the Personal Alert Victoria (PAV) program. The number of PAV units for seniors will increase to 23,255 by June 2010, up from 8,200 in 1999.

Funding of \$3 million will also be provided in 2009-10 for Stage 4 of the Aged Care Land Bank. This program makes available selected surplus government land in inner and middle suburbs of Melbourne to not-for-profit agencies to help establish more residential aged care facilities.

## **Indigenous health**

The 2009-10 State Budget will provide \$47.4 million over four years to promote healthy lifestyle choices for Indigenous young people, including smoking cessation and healthy transitions to adulthood. The funding will also assist universal health services to become more culturally competent and provide training to the clinical health workforce in Aboriginal community controlled organisations and community health services.

As part of the COAG National Partnership on Indigenous Early Childhood Development the Victorian Government has committed new funding of \$5.4 million over five years to address the high levels of disadvantage experienced by Indigenous children in Victoria and provides funding for two Children and Family Centres, additional maternal and child health services, antenatal care services for Indigenous women under 20 and teenage reproductive and sexual health programs. The initiative is part of the COAG National Partnership on Indigenous Early Childhood Development

## **Dental services**

The government has allocated \$21.1 million over four years as part of the government's commitment to improving Victorians' access to dental services.

The budget will provide \$17.6 million over four years to increase service delivery at the new La Trobe University training clinics in Bendigo and Wodonga to support the clinical training of the dental workforce. More than 14,000 treatments will be provided over the next two years.

Funding of \$3.5 million over two years will be provided to reduce dental waiting lists in Melbourne and regional Victoria, including Ballarat, Dandenong, Geelong, Moe and Sale.

### Communicable diseases

The 2009-10 State Budget commits \$7.8 million in expenditure over four years to modernise the information management system for infectious diseases and provide three additional public health nurses in the metropolitan area to support screening and prevention initiatives targeting tuberculosis.

### Preventive health

The 2009-10 State Budget provides \$2.7 million over two years to support planning and prioritisation of future chronic disease prevention efforts in Victoria. The funding forms part of the National Partnership Agreement for Preventive Health (through COAG). Future components of the agreement, which extends to 2014-15, are to focus on building healthy communities, healthy children and healthy workers.

### Legislative reforms

To support government legislative reforms, the 2009-10 State Budget commits \$19.2 million in expenditure over four years for implementation of recent amendments to food, public health and wellbeing legislation and to support changes to cemeteries and crematoria legislation.

The budget has committed \$7.7 million in expenditure over five years to implement the *Assisted Reproductive Treatment Act 2008* to ensure Victoria's laws are consistent with federal discrimination law and reflect the makeup of Victorian families and new advances in technology.

## 4 Program highlights & funding policy initiatives

Program highlights and policy funding initiatives reflect government priorities and facilitate effectively delivering and improving services to Victorians.

The following section outlines major the changes that will be made in 2009-10 as a result of budget decisions, funding policy development or program reviews. Further program and funding details are outlined in each output group found at: [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg)

### 4.1 Metropolitan and regional health services

#### Acute Admitted Care

In 2009-10, 27,427 additional WIES have been allocated to metropolitan, rural and regional health services, which will enable the department to:

- Expand capacity across Victoria and meet demand for emergency care.
- Deliver additional elective surgery as part of the statewide elective surgery program.
- Meet increased demand for chemotherapy/radiotherapy.
- Expand critical care services at the Alfred, Southern Health, the Royal Children's hospital and the Royal Women's hospital.

#### Emergency care

In 2009-10 the State Budget has provided an extra \$53 million to fund emergency care to meet anticipated growth comprising:

- \$45 million for admitted emergency patients
- \$8 million for emergency department patients
- Emergency care has also been supported by the flowing funding from the beds strategy:
- \$34 million per year for 100 acute beds to treat an extra 10,500 patients
- \$5 million per year for diversion programs for emergency department and short stay capacity.

Ensuring emergency care is responsive to patient and carer needs remains a priority and work will be undertaken throughout 2009-10 to support redesigning health care methods which will improve the patient journey and patient and carer experiences of emergency care.

Increased funding for acute non-admitted emergency services has been provided in 2009-10 to assist with service demand. The funding has been distributed to hospitals through the Non-Admitted Emergency Services Grant (NAESG).

#### *Non-admitted emergency services grant*

NAESG is allocated to 38 public hospitals across Victoria that provide 24-hour emergency departments. The funding formula for the NAESG will continue to recognise actual workloads associated with non-admitted emergency presentations (activity component), as well as the resources required to have emergency services available (availability component).

The activity allocation component is based on each hospital's share of estimated non-admitted emergency presentations, weighted by triage category. For 2009-10, pre-planned emergency presentations (such as pre-arranged follow ups) are weighted at a discount rate of 50 per cent (previously 75 per cent) of other emergency presentations.

The availability component is distributed on the basis of each hospital's share of the total number of multi-day emergency WIES, excluding emergency WIES that are attributable to neonatal transfers.

The allocation of this grant has been updated using 2008 actual activity, both in non-admitted emergency presentations and non-same day emergency WIES.

The model of care component of this grant is provided to selected hospitals to facilitate models of care reform in emergency departments, for example the care coordination program and fast track initiative.

The co-located General Practice (GP) clinics component of this grant was included in the grant in 2008-09. Co-located after hours GP clinics provide timely and accessible services for consumers seeking primary medical care outside business hours. In 2009-10, the allocation for Dandenong and Northern hospitals was increased by \$97,000 and \$100,000 respectively.

### **Critical care services**

In 2009-10 the State Budget has provided an additional \$14 million of funds to critical care.

- \$4 million to meet anticipated growth in critical care services which supports the opening of 2 adult intensive care beds, one paediatric intensive care (PICU) bed and one neonatal intensive care (NICU) bed.
- \$10 million provided in the beds package for four ICU beds and two NICU beds to treat an additional 540 patients.

The department will also be releasing a new strategic framework in 2009-10 for critical care services across Victoria's public hospitals; *Victoria's Intensive Care Services: Future Directions. Future Directions* identifies three priority areas to ensure that Victoria's health system best meets the critical care needs of the community in the future.

The identified priorities areas are:

- building a sustainable system
- access: the right level of patient care when required
- quality: safe and effective intensive care services.

The department will work with sector stakeholders on the implementation of recommendations contained in this strategic framework.

### **Surgery program**

A State Budget one-off injection of \$45 million has been made available in 2009-10 to treat 9,000 elective surgery patients. Of these funds, \$34.6 million will continue to support an agreed level of patient admissions from elective surgery waiting lists. A pool of \$10.4 million will be allocated to health services to target treatment of longest waiting patients.

The department will also be releasing a new strategic framework in 2009-10 for surgical services across Victoria's public hospitals. The framework will guide health services and the department over the next five years to enhance surgical services and improve access to elective surgery.

The department will release in 2009-10 a revised policy for managing access to elective surgery in Victoria's public hospitals. The revised policy provides guidance to health services about their responsibilities in managing elective surgery waiting lists, and the rights and responsibilities of their patients.

In 2009-10 St Vincent's Health will open a new centre dedicated to orthopaedic surgery. This centre will comprise two additional theatres and dedicated elective surgery beds and will provide additional hip, knee and shoulder surgery.

### Renal dialysis services

The 2009-10 State Budget is funding \$6.5 million for unavoidable growth in dialysis.

In 2009-10, the policy of funding maintenance dialysis services to actual activity, via capitation grants and WIES payments, will be continued. The funding model will continue to use three capitation grants and a single WIES payment rate. For 2009-10 it will include:

- A \$10,383 incentive payment to hub services for each home haemodialysis patient.
- An additional \$2,596 payment to hub services for each peritoneal dialysis patient.
- A patient payment, as below, to hub services which will be administered by hub services:
  - for home peritoneal dialysis - \$473 per patient per annum
  - for home haemodialysis - \$1,246 per patient per annum

The total capitation grant rates for 2009-10, which include the components listed above, are available at [www.health.vic.gov.au/renaldialysis](http://www.health.vic.gov.au/renaldialysis).

### Maternity services

The government's policy statement *Future directions for Victoria's Maternity Services*, provides the framework for promoting safe, effective and consumer-oriented maternity services, with a focus on increasing provision of local primary maternity services for women experiencing low risk pregnancies. The department will continue to work with health services to achieve these policy objectives and is actively supporting reforms to models of care, such as midwifery caseload, which are being implemented at a number of services.

Overall demand for maternity services throughout 2008-09 has stabilised in comparison to the previous three years, although a number of services have experienced growth. For 2009-10, maternity services will continue to be supported to achieve continuous improvement through a range of initiatives such as the Maternity and Newborn Clinical Network and targeted workforce and education strategies.

As detailed in the *Victoria-public hospitals and mental health services policy and funding guidelines 2008-09* a review of postnatal domiciliary care, including lactation support services, is currently being undertaken. As part of this review, the department is analysing the nature of postnatal domiciliary care provision in Victoria, the extent to which lactation support is a component of this care and service delivery models for lactation support. The objective of this review is to determine how to best support

families in the context of reducing length of stay in hospital post birthing and the need for enhanced post-natal care in the home.

### **Continuing care**

Continuing Care (post acute and sub-acute services) provide a number of programs that support the independence of older people and people with chronic and complex health care needs in hospital and in the community.

In 2009-10, \$5.7 million will be delivered by the State Budget to support the expansion of sub-acute services, which includes:

- \$4.2 million towards the jointly funded Commonwealth/State Transition Care Program (TCP).
- \$1.5 million to provide 2,000 post acute care occasions of services.

As part of the beds package for Victorian hospitals in 2009-10, \$31 million will fund 170 sub-acute beds, enabling the treatment of an additional 2,400 patients.

### **Cancer and palliative care services**

#### *Victoria's Cancer Action Plan 2008-11*

Cancer is the leading cause of death in Victoria with the incidence of cancer set to increase by up to 40 per cent over the next 10 years. *Victoria's Cancer Action Plan 2008-11* (VCAP) has been developed to help accelerate the increase in the five-year survival rate from 61 per cent to 74 per cent by 2015.

In the 2009-10, \$34.2 million will be invested in the plan to meet the four areas of cancer prevention, research, treatment and support targets, including:

- \$6.6 million in prevention and screening (action area 1)
- \$15.8 million in research (action area 2)
- \$4.6 million in treatment (action area 3)
- \$7.2 million in support (action area 4).

#### *The Victorian Cancer Agency*

The Victorian Cancer Agency was established in 2006 and was allocated \$78.8 million funding over four years from July 2008 through VCAP.

In 2009-10, \$15.8 million will be allocated to a range of cancer research priorities in line with VCAP targets and milestones for Action area 2, including:

- translational cancer research initiatives
- tumour stream research
- cancer clinical trials
- supportive care, palliative care and survivorship research
- infrastructure and enablers of cancer research.

### *Chemotherapy*

In 2009–10, funding of \$2.2 million has been allocated to deliver additional chemotherapy services to meet growth requirements, including \$1.7 million to provide an additional 2,100 inpatient treatments and \$0.5 million to provide an additional 1,800 outpatient episodes. Funding has been allocated to services demonstrating consistent growth in chemotherapy activity, services aiming to expand chemotherapy activity, and to support new services that opened in 2008-09.

### *Integrated Cancer Services*

Integrated Cancer Services (ICS) are partnerships between health services to achieve coordinated planning and improvement of cancer services across specified geographic regions, including the implementation of key aspects of VCAP.

There are three metropolitan, five regional and one statewide paediatric ICS. In 2009-10, \$11.8 million is allocated to the ICS, comprising \$1.7 million for metropolitan ICS, \$1.1 million for regional ICS and \$1.1 million for the state-wide paediatric ICS.

### *Palliative care*

In 2009-10, growth funding of \$1.8 million has been allocated to provide 3,200 new palliative care bed days in the north and west metropolitan region at Melbourne Health.

The eight palliative care consortia will receive \$100,000 (\$160,000 for the North and West Palliative Care Consortium) to implement the *Strengthening Palliative Care: a policy for health and community care providers 2004-09* at the regional level.

### *Radiotherapy services*

In 2009-10, funding of \$2.7 million has been allocated to deliver additional radiotherapy activity to meet growth requirements. As in 2008-09, activity above targets will continue to be funded at the full MBS rate. The 2009-10 targets are listed at [www.health.vic.gov.au/radiotherapy/activity.htm](http://www.health.vic.gov.au/radiotherapy/activity.htm).

A revised model for non-admitted radiotherapy was introduced in 2008-09 with a number of activities previously funded by specified grants being incorporated into the weighted activity model. The three regional sites that participated in the national radiotherapy Single Machine Unit (SMU) radiotherapy trial were also included into the output based funding model for the first time. The department will continue to analyse the impact of the new model on radiotherapy activity and will continue to work closely with radiotherapy service providers to ensure optimum performance is achieved.

### *Bowel cancer screening*

The National Bowel Cancer Screening Program (NBCSP) is a Commonwealth initiative, which involves inviting Australians turning 50, 55 and 65 to participate in the screening program. In Victoria, program participants requiring assessment colonoscopy in the public sector can access this through designated providers. In 2009–10, \$3.6 million will be provided to support the NBCSP implementation, including additional WIES payments to designated providers and a range of development initiatives.

## Organ donation

The Commonwealth has committed new funding to increase organ and tissue donation rates nationally by implementing a consistent and coordinated approach to facilitate the donation process. Victoria will receive approximately \$5 million in activity based funding during 2009-10. These funds will be used to operate the Victoria Organ Donation Agency, employ a state medical director of organ and tissue donation and to employ specialist medical directors and senior nurses based in some Victorian health services. New funding will also be made available for hospitals to meet additional staffing and infrastructure costs associated with organ donation.

Further details regarding organ donation can be found at: [www.health.vic.gov.au/organdonation](http://www.health.vic.gov.au/organdonation).

## Specialist clinics

The *Victorian public hospital specialist clinics strategic framework*, released in February 2009, has been developed to deliver high impact system improvements that will guide transformation of specialist clinics to deliver optimal outcomes for patients. There are five high impact service improvements to be delivered in 2009-10:

- increased capacity for new patients
- individualised appointments for all patients
- patient journey standards
- local specialist clinic telephone services 'Infolines'
- better monitoring of services.

The framework applies to acute specialist clinics funded through Victorian Ambulatory Classification System (VACS) funding model and Medicare Benefits Schedule billed services.

### *Victorian Ambulatory Classification System (VACS)*

General and specialist services in all Group A hospitals, as well as major rural services, are funded under VACS. For 2009-10 the weights have been set based on 2007-08 cost data reported from 17 Victorian hospitals.

For 2009-10, where VACS output targets are not met under normal circumstances, 100 per cent of any shortfall between targets and actual will be subject to recall, including Department of Veterans' Affairs (DVA) activity. DVA activity above target will remain fully funded.

### *Implementation of VACS review*

A review of VACS was completed in 2008 as part of the Specialist Clinics Improvement and Innovation Strategy, to develop a more refined funding model that reflects and provides incentives for best practice models of care.

A number of specified grants were identified as suitable for transitioning to activity targets. These have been reviewed with the relevant health services and are being translated to activity targets commencing in 2009-10.

Maroondah and Casey Hospitals will formally commence funding under consolidated VACS activity targets for their respective health services in 2009-10.

## Hospital in the Home

A review of the Hospital in the Home Program (HITH) started in March 2009 and it is planned to conclude in December 2009. An advisory group has been established for the tenure of this project. The main objectives of the review include:

- Review the current HITH Programs and recommend future direction of HITH.
- Review its current relationship with other health independence programs, such as Post Acute Care (PAC), Sub-acute Ambulatory Care Services (SACS) and Hospital Admission Risk Program (HARP).

Further information regarding the review and reporting guidelines can be found on the HITH website at [www.health.vic.gov.au/hith](http://www.health.vic.gov.au/hith).

## Clinical governance policy

Consumers have a right to safe, high quality health care and to the provision of the information they need to participate in decisions about their care. They have the right to openness and honesty of communication and to be cared for in an environment that fosters trust in those providing care.

Clinicians and clinical teams play a pivotal role in providing safe, high quality care to consumers and require robust systems and processes to support them in providing that care.

There is widespread recognition that the direction and management of safety and quality systems within health care would benefit from a more consistent, systematic approach. Service delivery is complex and there are competing priorities, posing challenges for health services in the delivery of care.

In Australia clinical governance has been defined as “the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care” (Australian Council on Healthcare Standards, 2004).

The clinical governance policy framework (the policy) will provide a coordinated plan of action for the department, key stakeholders and Victorian health services to develop the capacity of the health system to deliver sustainable, patient focussed, high quality care.

It is expected the policy will be embedded throughout all public health services and public hospitals by the end of 2009 and that means to measure and monitor compliance with the framework, and report on this in the annual quality of care reports, will be implemented from 2010.

Compliance will be gauged through future accreditation mechanisms which are currently under review. Further information on clinical governance can be found at:

<http://www.health.vic.gov.au/governance/>

## Genetic health services

In 2009-10, new funding of \$1 million will be provided to increase public genetic health service diagnostic and predictive capacity. Service system redevelopment will continue and be informed by a refreshed five-year genetic services strategy.

## Health reform program

The Health Reform Program (HRP) is a series of initiatives that focuses on initiatives which are likely to result in efficiency improvement to the Victorian health system. Some of the current programs of the HRP as discussed below.

### *Clinical networks*

*Clinical Networks: a framework for Victoria*, released in 2008 as part of the HRP, provides strategic direction for the development of clinical networks to further improve clinical and service networking in Victoria's public hospital system. In 2009-10 a further two networks will be established in paediatrics and cardiac services.

### *Redesigning Hospital Care Program*

The Redesigning Hospital Care Program is a statewide initiative to drive significant health system improvements through applying process redesign methodologies in Victorian public hospitals. Objectives of the program are to provide health services with the strategies, mechanisms and tools to enhance service delivery through improved effectiveness, efficiency and productivity.

Additional health services will commence the program in 2009-10 through a staged process. A range of funding and capability building support will be provided to these health services based on self assessed redesign readiness. Further information can be found at <http://www.health.vic.gov.au/redesigningcare/index.htm>

## Ambulance services

Across Victoria, services are provided through more than 260 ambulance branches (including 29 community emergency response team - CERT - locations), using more than 2,300 career paramedic staff. There are more than 500 community emergency response team members and more than 400 volunteer ambulance community officers. The government is committed to the development of CERT teams and recognises the invaluable first responder role they play in remote areas.

The 2009-10 State Budget has provided \$56.2 million to upgrade call taking and dispatch systems for rural emergency service organisations. A component of this funding will enable Ambulance Victoria to implement an integrated ambulance call taking and dispatch service.

As part of the Ambulance Services Strategy, \$6.1 million of committed funds will be provided for the Warrnambool helicopter to commence operation in 2009-10

Further detailed information on ambulance services can be found at: [www.health.vic.gov.au/pfg/ambulance.htm](http://www.health.vic.gov.au/pfg/ambulance.htm)

## Indigenous health

There are significant disparities in the health status and life expectancy of Aboriginal and non-Aboriginal Australians. A combination of contributing factors such as smoking, lack of exercise and poor nutrition, along with a high incidence of chronic diseases such as diabetes, renal failure, coronary heart disease, respiratory conditions and infectious diseases, continue to impact disproportionately on Aboriginal people and their communities in Victoria.

Victoria's commitment of \$47.4 million over four years is the most significant investment in the health of Indigenous people by a Victorian Government.

The partnership agreement is centred on five priority areas: tackling smoking, providing a healthy transition to adulthood, making Indigenous health everyone's business, delivering effective primary health care services and better coordinating the patient journey through the health system. The initiative will provide better management of chronic disease in both hospital and primary health care settings.

Budget initiatives will include:

- Investments in community lead smoking cessation strategies.
- Better management of chronic disease through proactive and coordinated care in aboriginal controlled health care settings and mainstream services through the expansion of the Aboriginal Health Promotion And Chronic Care (AHPACC) partnerships.
- Improving access to all tiers of the health system through strengthened cultural awareness and competence of health service delivery.
- Targeted health promotion and advice to Aboriginal people during the important transition period from adolescence to adulthood.
- Strengthening of the Aboriginal health workforce through improved access to training and the development of better health career pathways Aboriginal people.

## 4.2 Mental health and alcohol and other drugs

### Mental health

The *Because mental health matters: Victorian mental health reform strategy 2009-2019* was released in March 2009. The strategy represents a significant shift in the way in which the Victorian Government will respond to mental health issues over the next 10 years. It establishes a comprehensive framework for achieving mental health outcomes and builds on the core concepts of prevention, early intervention, recovery and social inclusion.

The strategy takes a whole of government approach to improving mental health and associated individual, social and economic outcomes. These outcomes will be delivered through service redevelopment, practice change, partnership development and targeted new investment over the life of the strategy.

The 2009-10 State Budget builds on preliminary investment made in key reform areas in the 2008-09 State Budget. The initiatives focus on:

- early intervention and treatment for children and young people
- psychiatric triage
- targeted support for people with a forensic history and high risk behaviours
- providing better access to services for people with multiple needs
- intensive disability support packages linked to housing
- court support services
- commencing work to develop a metropolitan wide aboriginal mental health service
- development of the specialist mental health workforce.

Funding for these measures commences with \$22.7 million in 2009-10, with a further \$4.5 million in new funding in 2010-11. A further \$74 million is allocated to the development of new bed-based services.

## Drugs services

### *A new blueprint for alcohol and drug treatment services 2009-2013*

A *new blueprint for alcohol and other drug treatment services 2009-2013* was released in December 2008. This major policy document sets out a five-year plan to improve alcohol and other drug treatment services for the benefit of clients, their families and the community. The first full year for implementation of actions identified in the blueprint will be 2009-10. The actions aim to enhance prevention and early intervention responses, improve access to services and focus on excellence and quality in service delivery. It will include initiatives to enhance workforce skills, improve recognition of family issues in treatment responses, commence discussions to address concerns within forensic alcohol and other drug services and promote a community awareness-raising campaign for young people regarding the harms associated with cannabis use.

### *Victorian amphetamine-type stimulant (ATS) strategy 2009-2012*

The *Victorian amphetamine-type stimulant strategy 2009-2012* was released in April 2009. The strategy outlines the Victorian Government's comprehensive response to the use of amphetamine-type stimulants (ATS) and related drugs and provides the framework for a coordinated statewide response to ATS use, complementing existing frameworks and strategies, including the national ATS strategy. The goal of the strategy is to prevent and reduce the supply, use of and demand for ATS and related drugs and minimise the harms associated with their use. The strategy has five priority areas with a range of corresponding key actions to respond to prevention and early intervention, treatment, workforce development, justice and law enforcement, and new knowledge collection and dissemination.

### *Drug program initiatives*

Other important program initiatives in 2009-10 will include:

- implementation of *Restoring the balance – Victoria's Alcohol Action Plan 2008-2013* for which the 2008-09 State Budget provided over \$37.2 million over four years
- development of a whole of Victorian Government alcohol and drug abuse prevention framework
- development of a Koori alcohol action plan in consultation with the Koori community
- reforming data collection to improve the quality and usefulness of data gathered and the development of a common service standard
- improving liaison, coordination and consultation with regions.

### 4.3 Aged and home care

The Victorian Government's strategy for older Victorians receiving aged care services aspires to support them to make their own choices and decisions, remain involved in the community, connected with family, friends and others and to feel safe and comfortable.

The State Government's aged care agenda is focused on addressing the special needs of older Victorians and ensuring its policies and programs recognise and reflect the diversity of older people's lives.

This includes:

- Providing access to good quality and appropriate services.
- Providing services to assist older people to remain living independently in their own homes.
- Responding to the needs of the minority of older people who require residential aged care by taking steps to support the effective location, design and delivery of residential aged care services, including maintaining a state government role, particularly in rural and regional areas.

#### Personal Alert Victoria

The Budget provides \$5.8 million over four years to provide an additional 4,000 senior Victorians with personal alert units. In September 2008, the Minister for Senior Victorians announced that Peninsula Health will be the sole provider of Personal Alert Victoria (PAV) from July 2009. New PAV communication products have been distributed to all designated assessment agencies. To target a wider audience, these communication products will also be translated into the main community languages by July 2009. The Program and Service Guidelines are being revised to reflect the changes that have occurred over the past 12 months and have a planned completion date of October 2009.

#### Residential aged care and service planning and development framework

The public sector residential aged care planning and development framework to be released mid-2009, aims to support public sector agencies plan for the future aged care needs of their local communities including having regard to the changing nature of service demands and broader sector trends. During 2009-10, use of the Framework will be promoted through a range of information strategies, with particular assistance to public sector services undertaking service planning.

#### Active Service Model

The HACC Active Service Model is a quality improvement initiative which asks Victorian HACC funded services to take a renewed focus on improving HACC clients' capacity to remain independent through a greater adoption of capacity building and restorative care approaches. One way of describing this approach is as a health promoting philosophy of care which aims to help older people and younger people with disabilities live in the community as independently and autonomously as possible. The philosophy shifts thinking from "doing for" clients to "doing with" clients.

An implementation plan is being developed for 2009-10. This is informed by extensive consultation with the HACC sector and consumers and carers. Strategies will focus on:

- The development of tools, resources and training to support HACC funded organisations to move to this approach.
- Specific consultation strategies to occur with Aboriginal organisations and culturally and linguistically diverse organisations on how to implement the ASM.
- Strengthening assessment.
- Strengthening partnerships.
- Strengthening good practice and knowledge.
- Building on service development opportunities to embed ASM practice in service delivery.

#### 4.4 Preventive Health

Preventive health is an increasing focus of government to promote optimal community health and wellbeing by reducing the incidence and prevalence of disease. Prevention focuses on:

- identifying the disease early, in order to favourably influence its outcome
- changing the distribution of the determinants of health/disease
- changing the amount of risk within populations.

Preventive health is undertaken through:

- Population and community engagement to participate in agreeing norms, setting priorities for prevention and in determining and implementing ways to facilitate and implement behaviour change.
- Visionary leadership, clear outcomes and co-ordination of effort across multiple sectors, settings and levels of government.
- Application of an equity lens to ensure that inequalities in health do not widen through preventive interventions.
- Development and strengthening of the evidence base to assess the distribution of disease risk in the populations of interest and evaluate effectiveness.
- Resource allocation/distribution for prevention that reflects population need (distribution of risk) and is focussed on delivery of clear outcomes with measurable targets.

Over the next two years, funding through the National Partnership Agreement for Preventive Health will support planning and prioritisation of future chronic disease prevention efforts in Victoria. Future components of the agreement, which extends to 2014-15, are to focus on building healthy communities, healthy children and healthy workers with the overall aims of reducing the health impact of alcohol abuse, smoking and obesity. This funding will be used to develop innovative and proven methods to tackle the determinants of health and reduce health inequalities. In the longer term, this funding will have broad beneficial effects, including a long-term improvement in the health status of Victorians.

A range of other Victorian initiatives are detailed below.

## **Continuing to improve primary health care in Victoria**

In April 2008 the department released *Primary health care in Victoria: A discussion paper*. The paper proposed that the future primary health care system in Victoria should focus on wellness and person-centred care, address inequalities in primary health care access and enable people with chronic and complex conditions to have well-planned, integrated care in a community setting that supports people's capacity to self-manage and reduces avoidable hospital admissions. Such a system should be available for people regardless of where they live, their socioeconomic status, cultural, linguistic and social background, Indigenous status or the complexity of their health needs.

All funded agencies will see people with chronic disease and are expected to engage in quality improvement activities to improve the quality and coordination of their chronic disease care. Clients with chronic disease should have access to best practice clinical care and support for self management. Care should be integrated in order to improve the client's access to, journey through, and experience of, health services.

## **Victorian Health Monitor Survey**

In conjunction with Baker IDI Heart and Diabetes Institute, VicHealth, the Cancer Council Victoria, Diabetes Australia – Victoria, 'Go for your life' and fieldwork partners, the department is undertaking a major survey in 2009 of the health of Victorians.

In an Australian first, 4000 Victorians from randomly selected neighbourhoods will be personally approached to undertake a physical and biomedical measurement survey called the Victorian Health Monitor.

The purpose of the VHM is to collect objective, comprehensive, baseline physical and biomedical measurement data on the prevalence of risk factors for cardiovascular disease and diabetes in the adult population.

The information will be used for policy development and contribute to the department's program planning for chronic disease prevention activities in Victoria.

## **Victorian Tobacco Control Strategy 2008 – 2013**

The strategy sets out challenging targets to significantly reduce smoking in the whole Victorian population, with a specific focus on vulnerable and high-risk groups such as pregnant women and Aboriginal Victorians. It includes initiatives to help all smokers to quit and stay quit. Strategy development was informed by a public consultation, which was undertaken to understand and listen to community opinions regarding the next steps the government should take in tobacco reform in Victoria.

## **Victorian Immunisation Strategy 2009 – 2012**

Immunisation saves lives and makes it possible for Victorians to live free from the illness and disability caused by many infectious diseases. The *Victorian Immunisation Strategy* has been developed to guide action and ensure that all Victorians can benefit from publicly funded vaccines.

## **HIV and chronic communicable disease prevention**

Continuing the initiative announced in the 2008-2009 State Budget, a range of comprehensive social marketing and prevention activities are being designed and delivered aimed at reducing rates of HIV transmission and other sexually transmissible infections (STI) in gay men. These initiatives are guided by the department's *Something borrowed, something new: addressing increased rates of HIV and STI transmission among gay men in Victoria Action plan 2008 – 2010*.

Other initiatives include the establishment of a new rural centre of excellence in STI prevention in Shepparton, priority setting to inform initiatives that will increase Chlamydia testing in target populations and building on the Victorian Public Health Prisoner Initiative, which has been effective in providing testing, treatment and prevention programs to prisoners in relation to HIV, Hepatitis B and C and Chlamydia.

## **Responding to the impact of climate change on human health.**

During the next twelve months the department will consolidate the current Victorian Heatwave Strategy and all associated work programs into the Victorian Heatwave Plan. Human-induced climate change will have many adverse health impacts – both directly (such as heat-related mortality and morbidity) and indirectly through changes to environmental conditions that have adverse impacts (such as on air quality and crop yields). In addition, many of the changes and the human responses will result in social and economic impacts that will widen existing health inequalities.

## **4.5 Primary health programs funding and accountability**

The Primary Health Funding Approach and new arrangements for funding and accountability in the Dental Health Program will be implemented from 1 July 2009.

### **Primary Health Funding Approach**

A recall policy will apply from 1 July 2009 to funding allocated under the Primary Health Funding Approach. Funding will be recalled if an organisation under-performs by more than 5 per cent. The amount potentially subject to recall is the amount beyond that 5 per cent variance from the target. Where an organisation over-performs by more than 5 per cent, the department will seek evidence that a quality service is being delivered. Relevant policies can be located at <http://www.dhs.vic.gov.au/rrhacs/businessunits/primaryhealth/fundingapproach>

### **Dental health program funding and accountability**

A new funding model will be finalised during 2009-10. This model will be based on a course of care and provide a universal price for the same output. Regional information sessions to inform model refinement and implementation will be conducted during 2009-10. The new funding model will be implemented from 1 July 2010.

## 4.6 Funding policy changes for metropolitan and regional health services

Acute admitted care is funded through:

- Variable (casemix) payments based on Diagnosis Related Groups (DRGs) for which the unit of payment is a WIES, referred to as WIES 16 for 2009-10.
- WIES 16 co-payments where applicable.
- Training and Development (T&D) Grant.
- Specified grants, for statewide and specialist services.

### WIES

WIES 16 cost weights have been developed for 2009-10 based on 2007-08 inpatient cost data, as reported by Victorian public hospitals and with advice from the Victorian Advisory Committee on Casemix Data Integrity (VACCDI).

A major change from the 2008-09 funding model (WIES 15) is the adoption of AR-DRG Version 6.0. A summary of the technical implications of moving to V6.0 is contained in Technical Guidelines. For full details on the changes in V6.0, refer to the Department of Health and Ageing website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/Classificationshub.htm>

### Complexity component of Training and Development Grant

For 2009-10, the complexity allocation has been rebased using the VAED and Victorian Cost Data Collection for 2006-07 and 2007-08.

The complexity component of the Training and Development (T&D) grant is designed to support hospitals treating more complex patients within individual DRGs and is allocated on a share of complex WIES within the selected 663 DRGs. Separations are considered complex if they account for the top 30 per cent of costs within a DRG. The formula for allocation also takes into account inter-hospital transfers, use of interpreters and obstetric episodes with a length of stay of three or more days preceding the newborn delivery date.

### Admitted rehabilitation (CRAFT)

Cost weights for admitted rehabilitation episodes funded under the Casemix and Rehabilitation Funding Tree (CRAFT) funding model in 2009-10 have been based on 2007-08 patient cost data submitted from nine Victorian hospitals.

### Transport Accident Commission (TAC) WIES Rates

In 2009 a pricing review was undertaken in conjunction with the TAC and Worksafe. As a result the price paid to the department has increased and this has been reflected in an increase in the TAC price for metropolitan and larger rural hospitals. WIES rates for TAC patients are listed in Appendix 2.

## Admission Policy

During 2009-10, the department will develop simplified criteria for Type B and Type E admissions types, with the aim of introducing the new criteria in July 2010. These changes involve development of a list of procedures suitable for Type B admission in ACHI codes; and refinement and expansion of the definition of Type E admissions. The department will work with health services during 2009-10 to ensure that changes are simple, logical, and fair.

Additionally, the department reminds health services that Type C admissions should only occur when a patient has received a Type C procedure, and the treating doctor provides relevant evidence and rationale for admission. The department notes that the expectation remains that Type C procedures should occur on a non-admitted basis. In 2009-10 the department will closely monitor Type C admissions.

## Specified grants

In 2004-05 health services were advised that specialised statewide services grants would be progressively reviewed to determine the most appropriate level and method of funding. In reviewing the funding models, the following principles were adopted:

- alignment of funding to activity where possible, or;
- complexity not addressed through the WIES funding model should be addressed through the complexity grant where possible, or;
- if funding cannot be linked to activity, then a level of accountability should be included.

In 2008-09 the following grants reviewed in 2007-08 were reassessed:

- liver transplant
- acquired brain injury
- spinal DRG shortfall
- paediatric interstate cardiac services.

In addition, the reviews of the following grants were initiated:

- cystic fibrosis
- Electrophysiological devices – to be completed in 2009-10
- positron emission tomography – to be completed in 2009-10.

Future reviews of specified grants will be a component of the national agenda to introduce activity based funding (refer COAG funding reforms below) to ensure that activity that is not reflected in the mainstream funding models is addressed in a nationally consistent manner.

## **Revenue targets**

Under current arrangements, each hospital has specified revenue targets.

The department has commenced a review of revenue targets to assess whether they apply equitably across all hospitals. This review will inform any future changes to revenue targets. During 2009-10 the review will also consider changes in compensable and ineligible revenue that have occurred since revenue targets were last reviewed.

## **Day hospitals**

Day hospitals will be funded through a combination of activity based funding (WIES) and specified grants. As a large component of funding is input based, health services are required to report costs and activity manually. Unexpended funding is subject to recall.

In 2009-10, funding for admitted patient episodes at day hospitals will be mainstreamed. Further work, including the evaluation of non-admitted services, will be undertaken in 2009-10 with the objective of informing a sustainable funding model.

## **Residential Aged Care**

A new funding model, based on the Review of unit prices in Public Sector Residential Aged Care will be established in 2009-10 with implementation occurring through a staged transition commencing in 2010-11. The revised pricing structure will provide greater funding consistency through the consolidation of a number of existing wage related unit price components and conversion of non-unit price grants in to a new high care supplement.



## 5 COAG funding reform initiatives

### 5.1 COAG National Partnership Agreements - activity based funding

The November 2008 Commonwealth of Australian Government (COAG) *National Partnership Agreement for Hospital and Health Workforce Reform* allocates \$35.4 million to Victoria over the next four years to 2012-13 to implement a nationally consistent model of costing and classifying patient activity. The aim (subject to COAG agreement) is to implement activity based funding.

The agreement outlines an implementation plan with the following four stages:

**Table 3 – Activity based funding reform stages**

Output	Due
Stage 1: Acute inpatient services - Complete developmental work on an agreed patient classification system and refined casemix costing methodology.	By end of 2009-10
Stage 2: Complete development of a common approach to costing of small or regional hospitals with community service obligations that will not be adequately funded using activity based funding, in order to inform funding strategies. Implement funding strategies for training, research and development and other activities not directly related to treatment of individual patients. This work should establish a common public and private funding framework for teaching and research.	By end of 2010-11
Stage 3: Complete developmental work related to the achievement of a common casemix classification and costing methodology for emergency department services, sub-acute care, outpatient services and community health, undertaken in several parallel stages.	By end of 2012-13
Stage 4: Complete development of an activity based funding methodology, including methodology for setting price, incentives and transition arrangements. Subject to COAG decision – Use of an activity based funding model would begin from 2014-15, with an evaluation undertaken after the first year of operation.	By end of 2013-14

Each jurisdiction, including Victoria, is required to develop jurisdictional level implementation plans by August, 2009. Development and execution of the Victorian implementation plan will require considerable work, including engagement with key stakeholders over the next four years to ensure Victorian, and national, objectives are obtained.

In recognition of the COAG agreement, and in line with the department's policy to improve the Victorian funding models to ensure allocative and technical efficiency, equity and access for patients, the department will focus on the following initiatives in 2009-10.

#### Stage 1

##### *Acute admitted services*

To progress Stage 1 of the COAG agreement on activity based funding, the department will be focusing on building on the existing National Health Cost Data Collection (NHND) to develop nationally consistent cost data collection and activity classification.

The department will continue to review and improve its existing admitted patient funding model through a range of initiatives to:

- develop strategies to improve and validate the cost data that underpins the funding model
- improve the operational and allocative efficiency of the current WIES model
- examine the implications of removing costs associated with funding from other sources
- capitation funding models
- maternity care funding arrangements
- funding of high cost patients
- reviewing Hospital in the Home (HITH) outlier payment rates.

## Stage 2

### *Teaching & research funding models*

The Workforce enablers component of the COAG National Partnership Agreement jointly commits the Commonwealth and Victoria to develop a new funding model that will allocate subsidy payments to health services on the basis of clinical placement activity. In terms of supporting undergraduate learners, payments are likely to be conditional on accountability provisions that aim to assure a quality clinical learning environment within health services commencing 2010-11. This collaborative work will also inform further development of activity based funding models for broader teaching and research.

### *Small rural and statewide or specialist services funding models*

Funding of small rural services, as well as statewide services and specialist services that require appropriate funding models that may not fit within the overall mainstream funding, will be reviewed collaboratively with all jurisdictions to determine appropriate options for funding that ensure community service obligations are met.

## Stage 3

### *Sub acute funding models*

The department has initiated an overall review of sub-acute funding options, which will continue in 2009-10 and assist in addressing Stage 3 of the COAG agreement on activity based funding.

In addition, reviews of specific sub acute services have already been initiated including:

- Palliative care - a review of the model of care and funding options for palliative care commenced in 2008. This review will conclude in late 2009, with options for funding to be investigated for implementation, subject to suitability, in 2010-11.
- Paediatric rehabilitation - a review of paediatric rehabilitation costs completed in May 2009 will assist in developing future Victorian and national funding models.

### *Non-admitted emergency services funding models*

In 2009-10 the department will be reviewing the NAESG funding model and participating in national initiatives to develop an activity based funding model for non-admitted emergency services.

### *Ambulatory specialist consultations*

Victoria will also participate over the next few years in national initiatives to develop nationally consistent classification and costing methodologies for specialist ambulatory services.

The department has commenced a review of allied health services including opportunities for enhanced scope of practice, differential funding of individual and group sessions, and improved categorisation of services provided. This review will report back to the department later this year for consideration in formulating 2010-11 policy.

### *Mental health and drugs funding models*

In 2009-10 work will progress to develop improved funding models for mental health and drugs services that complement and support the reform goals outlined in *Because mental health matters: Victorian mental health reform strategy 2009-2019*, and *A new blueprint for alcohol and other drug services 2009-2013*. A key focus will be the development of a consultation process to engage stakeholders in relation to funding model reform.

## **Stage 4**

### *Development of activity based funding methodologies*

Development of funding methodology will continue concurrently as each area under review is progressed.

### *Patient cost data*

Patient level cost data will underpin the development of any current or future funding models. Hence extending and improving on the current Victorian cost data collection will be a key initiative of the Victorian Activity Based Funding implementation plan.

In 2009-10, annual patient cost data must be provided to the department by 30 November 2009 to allow for both the development of the Victorian cost weights as well as Commonwealth reporting and activity based funding development initiatives. The department will be moving towards requiring patient level cost data on all funded episodes.

## **5.2 COAG National Partnership Agreements - Workforce enablers**

The Workforce enablers component of the COAG National Partnership Agreement on Hospital and Health Workforce Reform jointly commits the Commonwealth and Victoria to develop a new funding model that will allocate subsidy payments of approximately \$246.1 million (over the four years to 2012-13) to health services (including public, private and not-for-profit settings) on the basis of the clinical placement activity of university undergraduate learners. The joint state/Commonwealth investment represents a significant increase in funding for the purposes of supporting clinical education within health services.

Data collection to inform payments is scheduled to commence in 2010 with in-principle agreement for adjusting payments to reflect activity from 2010-11. Further advice will be communicated to health services in advance of new data collection protocols.

## 5.3 COAG funding initiatives

### Aged care assessment

The 2009-10 financial year will be the last for the 2006 COAG initiative, which resolved to improve and strengthen the Aged Care Assessment Program (ACAP). Continuing funding for aged care assessment is provided in the new National Partnership Agreements.

The agenda for this year will focus on bedding down e-business processes so that Aged Care Assessment Services (ACAS) can maximise efficiency gains resulting from the roll out of the electronic Aged Care Assessment Record with Medicare Australia. End-to-end e-business will be achieved through the use of mobile computers, elimination of multiple data entry and a common assessment form embedded into ACAS software. Identifying and implementing strategies for improving access to ACAS for indigenous clients will be another key project in 2009-10.

### Improving HACC access and client outcomes

COAG agreed in February 2006 that there be simplified entry and assessment processes for the Hospital and Home Community Care Program (HACC). This COAG agenda provides the rationale for three pieces of work:

- Simplified entry to the service system will be achieved by the Direct2Care initiative (“access points”). Pilot sites have been implemented in Eastern Metropolitan and Grampians Regions, which will participate in a national evaluation
- COAG’s goal of improved assessment will be advanced by Victoria’s HACC Assessment Framework. One hundred HACC assessment services will deliver Living at Home Assessments, a broad evaluation of need, conducted in the client’s home by skilled personnel
- The COAG agenda will also be promoted via Victoria’s Active Service Model, a quality improvement initiative that asks HACC providers to explore new ways of improving clients’ capacity to remain independent through a capacity building and restorative care approach.

During 2008, further discussions occurred in COAG forums on options for restructuring government roles and responsibilities in community care. Victoria’s development projects in HACC have been designed to add value to the community care system whatever decisions on government roles are reached during 2009-10. Commonwealth funding for HACC will continue under the new National Partnership Agreement including services to veterans.

### Indigenous Health

In November 2008, the Council of Australian Governments (COAG) announced a \$1.6 billion investment over four years under the National Partnership Agreement on *Closing the Gap in Indigenous Health Outcomes*. The Commonwealth is contributing \$805.5 million and the States and Territories are committing a combined \$771.5 million.

In 2009-10 *Closing the Gap Strategic Action Plans* will be developed by each region with funds allocated to resource the development and implementation of these action plans. Funding will also support a range of statewide initiatives, including the coordination of workforce development.

## Health Services

Several Commonwealth payments will be integrated into the National Partnership for Health Services including:

- Victoria Cytology – a government funded pathology laboratory responsible for reporting cervical cytology tests.
- OzFoodNet – a collaborative initiative with the State for enhanced food-borne disease surveillance.
- National Bowel Cancer Screening Program – follow-up for national bowel cancer screening program participants with a positive test result.
- Vaccine-preventable diseases surveillance program – a program to measure the incidence of selected vaccine- preventable diseases.
- Perinatal Depression Initiative –aims to improve prevention and early detection of antenatal and postnatal depression and provide better support and treatment of expectant and new mothers experiencing depression.
- Nurses return to the workforce - the Commonwealth are providing funding to support qualified nurses to return to nursing in the public health system.
- Public patients waiting for nursing homes - funding will be provided for assistance to long stay older patients in public hospitals who no longer need acute care or rehabilitation and who are waiting for residential aged care place. This will enable the States to provide a range of services to enhance the care of older people in hospitals and reduce the risk of hospitalisation.

## Essential Vaccines

The Commonwealth will provide funding for essential vaccines for immunisation to be included in the National Vaccine Schedule. It will include centralised purchasing arrangements for individual vaccines.



## 6 Agency funding 2009-10

### 6.1 Agency Funding

There are a range of agency types that receive health funding including public hospitals, small rural health services, community health centres, local governments and non-government agencies. Appendix 1 contains specific information on some of these groups with only local government and non-government services that receive in total more than \$1 million in health funding included. Many of these organisations receive funding from more than one health output group (see section 2.3 for output groups) thus offering a range of integrated services at the one location.

The funding models vary across the activities depending on the nature of the service to be delivered. Appendix 2 details the program areas and services where unit price funding applies including the WIES amounts provided to metropolitan and regional health services.

### 6.2 Funding adjustments

Each year, funding to agencies may be adjusted in relation to:

- additional funding received through the state and Commonwealth budget processes (figures for 2009-10 Commonwealth budget are not included in this plan) for growth in service volume
- additional one off or recurrent funding for new program initiatives
- indexation to funding
- approved award adjustments for some programs to cover wage and other cost increases where agreed by government as part of an Enterprise Bargaining Agreement (EBA) settlement
- changes to the relative costs of service delivery for services when prices are weighted across a range of services (eg WIES)
- savings or productivity requirements levied on funding
- integration of agency specific specified grants or block funding with unit price activity funding.

#### Indexation and award adjustments

The majority of recurrent health funding provided to agencies will be increased annually by an indexation factor to cover anticipated wage cost increases and other non-wage cost increase. The indexation factor does not take account actual cost increases for individual agencies, as these vary significantly from agency to agency depending on their workforce profile and the mix between wage and non-wage costs.

Where government allocates budget for specific EBAs, additional award adjustment funding may be provided.

**Table 6 - Known EBA and award anniversary dates (as at June 2009)**

Award	Increment (%)	Wage increase date
ANF/HSUA 2 (Nurses and psychiatric nurses)	3.25	1 October 2009
HSUA 1 (health & allied services, dental assistants) HSUA 5 (hospital administrative officers, chief officers & deputy chief executive officers)	3.25	1 August 2009
HSUA 3 (health professionals)	3.25	21 November 2009
HSUA 4 (hospital pharmacists, medical scientists & psychologists)	3.25	1 January 2009
Dentists	3.25	31 May 2009
Dental specialists	3.25	1 February 2009
Dental assistants	3.25	12 March 2009
Dental therapists	3.25	29 December 2009
Dental maintenance technicians	3.0	1 September 2009
Medical (AMA)	3.25	1 October 2009

## 7 Accountability arrangements

The department plans, funds and delivers health services in support of the government's vision for making Victoria a better place to live and raise a family. The output performance measures described in the Victorian Budget contribute to the key government outcomes of:

- high quality, accessible health and community services
- a fairer society that reduces disadvantage and respects diversity
- building friendly, confident and safe communities.

The work of funded organisations and service providers is essential to the achievement of government policy goals and departmental objectives. The department monitors organisation performance to ensure funds are directed to appropriate services. Data and reports are submitted by organisations help the department in this monitoring role, and this information also contributes to planning and policy development.

The accountability framework for funding comprises of:

- Agreements between health services (either a statement of priorities or service agreement) which includes the expected levels of services for each activity funded.
- A performance management framework that applies risk management principles to monitoring performance and financial sustainability at three levels of monitoring ranging from standard to intensive monitoring.
- Standards, guidelines, conditions of funding and, in some cases, registration to ensure quality services are provided.

Health services and agencies receive government funding. They account for and report their performance through various methods and therefore funding decisions are made at a number of different levels. To account for funding, data about the performance of organisations is ultimately presented in state budget papers and reported to parliament.

### 7.1 Expectations of organisations and service providers

As set out in departmental service agreements and statements of priorities, it is a condition of funding for organisations and service providers that they comply with requirements contained in this divisional policy and funding plan.

In general terms, organisations in receipt of funding are expected to:

- deliver the specific volume of services for which departmental funding is provided
- deliver quality services consistent with prescribed standards and guidelines
- deliver services that are accessible, inclusive and responsive to the diversity of the Victorian community
- provide agreed data and reporting to meet accountability and planning requirements
- work with the department to develop new approaches to service delivery.

## 7.2 Data quality reform

The department has implemented a strategy to reduce the proliferation of departmental data collections and reporting requirements and to improve the integrity of data quality. This has involved an annual review to identify opportunities to rationalise and reform data collected from agencies. In addition new processes have been introduced within the department to better share information across programs and divisions and increase feedback of collected information to agencies.

The specific measures, data collection requirements and standards and guidelines for services for particular output groups can be found at [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg)

### Specific quality measures

To further support the department's commitment to high quality data concerning the Victorian health system, a number of other initiatives have been implemented. These include:

- The appointment of a Director of Data Integrity. The director reports directly to the Secretary concerning data quality assurance activities, oversight of audits and health data complaints.
- The system-wide audit of hospital emergency department data recording and reporting practices to the Victorian Emergency Minimum Dataset (VEMD) commenced earlier in 2009.
- The system-wide audit of elective surgery waiting list management and reporting practices to the Elective Surgery Information System (ESIS) will commence early in 2009-10.
- A program of six spot audits per year of emergency and elective surgery waiting list data reporting.
- Health service's boards of management have been requested to document their audit arrangements by the Minister for Health of their obligations and accountability for the accuracy of data on which their health services report.
- An enhanced program of data analysis is to be undertaken by the department to improve the capacity to identify issues in data requiring audit attention or other data quality initiatives.

Further details are available in the technical guidelines available at: [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg)

## 7.3 Changing reporting requirements

The department is currently conducting a major review and redevelopment of the Victorian Admitted Episode Dataset (VAED), Victorian Emergency Minimum Dataset (VEMD) and the Elective Surgery Information System (ESIS) data collections. It is expected that as a result of this redevelopment the level of integration between these data collections will be significantly enhanced and streamlined. Data submission processes will be consolidated, derived data removed and replaced with less burdensome transactional data and data elements formally evaluated beyond the annual process to ensure they have an identified business use. The redevelopment will be conducted in consultation with health services. It is not expected that any significant change to data collections will be made as a result of the redevelopment before 2010-11. Full details on data reporting requirements and timelines are outlined in the Conditions of Funding available at <http://www.health.vic.gov.au/pfg/hospitals.htm>

### *Functional Independence Measure (FIM™) Score and Impairment*

From 1 July 2009, the reporting of admission and separation FIM™ scores for rehabilitation episodes has been introduced as an optional reporting field in the VAED. Services that currently use the FIM™ instrument will report both FIM™ and Barthel, but those who only use the Barthel measure are not required to report FIM™ at this stage. Note that Barthel Index Scores will continue to be required and used for funding purposes.

FIM™ scores should be reported for rehabilitation episodes (Care types 2, 6, 7 and K) but may also be reported for Geriatric Evaluation & Management (GEM) episodes (Care type 9) if services use the measure for those patients.

Reporting for impairment will be optional for rehabilitation episodes. Hospitals can choose to report either:

- impairment, or
- clinical sub program.

The department will map Impairment to clinical sub program for CRAFT funding purposes.

### *Palliative care episodes - VAED*

From 1 July 2009, changes to the palliative care inpatient coding definitions will be made to allow statistical admission/separation to/from palliative care (care type 8) and remove the need to collect palliative care patient days.

### *Palliative care episodes - VINAH*

There are a number of revisions to the VINAH minimum dataset from 1 July, 2009 that relate to the reporting of palliative care episodes that are available at: [www.health.vic.gov.au/hdss/](http://www.health.vic.gov.au/hdss/)

## Appendix 1 Modelled budgets 2008-09 and 2009-10

### Acute services (hospitals) modelled budgets

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
METROPOLITAN														
Alfred Health	492,816	7,438		38,621	1,609	6,255	<b>546,740</b>	523,420	7,717		39,911	1,660	6,452	<b>579,159</b>
Austin Health	385,061	2,113	406	41,723		6	<b>429,309</b>	415,304	2,211	421	43,140		6	<b>461,082</b>
Bethlehem	17,768	1,312					<b>19,080</b>	19,407	1,353					<b>20,760</b>
Dental Health Services Victoria					34,081		<b>34,081</b>					34,643		<b>34,643</b>
Eastern Health	416,534	6,674	1,899	65,460	2,944		<b>493,511</b>	438,958	6,932	2,317	67,634	3,043		<b>518,884</b>
Melbourne Health	390,770	5,269		122,539		7,173	<b>525,751</b>	407,033	5,435		126,547		7,501	<b>546,515</b>
Mercy Public Hospitals Inc	146,973			21,367	65		<b>168,406</b>	152,067			22,084	67		<b>174,219</b>
Northern Health	214,257	6,328			107		<b>220,692</b>	232,483	6,561			110		<b>239,154</b>
Peninsula Health	237,394	9,145	1,488	25,831	8,765		<b>282,623</b>	249,660	9,674	1,535	26,690	9,723		<b>297,281</b>
Peter MacCallum Cancer Institute	119,499	1,292					<b>120,791</b>	127,181	1,333					<b>128,515</b>
Royal Children's Hospital	263,527	16		12,396	470	204	<b>276,613</b>	274,696	17		12,804	501	211	<b>288,229</b>
Royal Victorian Eye and Ear Hospital	58,204						<b>58,204</b>	59,883						<b>59,883</b>
Royal Women's Hospital	130,510		705	302	219		<b>131,736</b>	135,823		727	313	220		<b>137,083</b>
Southern Health	649,157	13,166	3,913	83,970	14,878	35	<b>765,119</b>	698,551	13,678	4,036	86,754	16,231	36	<b>819,285</b>
St Vincent's Hospital	295,341	3,808	1,543	35,416		124	<b>336,232</b>	312,714	4,481	1,591	36,578		128	<b>355,493</b>
Western Health	351,098	3,642	4,382			345	<b>359,467</b>	378,238	3,758	4,519			356	<b>386,870</b>
Victorian Institute of Forensic Mental Health				35,807			<b>35,807</b>				36,935			<b>36,935</b>
<b>Total Metropolitan</b>	<b>4,168,910</b>	<b>60,202</b>	<b>14,336</b>	<b>483,433</b>	<b>63,139</b>	<b>14,141</b>	<b>4,804,161</b>	<b>4,425,418</b>	<b>63,149</b>	<b>15,146</b>	<b>499,389</b>	<b>66,199</b>	<b>14,688</b>	<b>5,083,989</b>
BARWON SOUTH WEST														
Barwon Health	250,046	16,322	1,791	26,644	8,449	83	<b>303,336</b>	264,973	16,751	1,847	27,529	8,402	86	<b>319,588</b>
South West Healthcare	61,887	2,557	264	13,147	2,389		<b>80,244</b>	64,502	2,639	272	13,584	2,329		<b>83,327</b>
Western District Health Service	26,442			101			<b>26,543</b>	27,736			104			<b>27,841</b>
Colac Area Health	16,791	2,700	158	7	1,589		<b>21,245</b>	17,335	2,809	163	7	1,736		<b>22,050</b>

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Portland District Health	16,821	1,340	316		2,327		<b>20,803</b>	17,366	1,385	326		2,391		<b>21,469</b>
Lyndoch Warrnambool	979	4,070		294			<b>5,343</b>	1,001	4,189		304			<b>5,494</b>
<b>Total Barwon South West</b>	<b>372,966</b>	<b>26,989</b>	<b>2,528</b>	<b>40,193</b>	<b>14,754</b>	<b>83</b>	<b>457,513</b>	<b>392,914</b>	<b>27,773</b>	<b>2,608</b>	<b>41,528</b>	<b>14,859</b>	<b>86</b>	<b>479,769</b>
GRAMPIANS														
Ballarat Health Services	121,374	11,320		25,274	3,215		<b>161,184</b>	130,725	11,633		26,107	3,225		<b>171,690</b>
Wimmera Health Care Group	34,803	4,577			1,943		<b>41,323</b>	36,275	4,706			1,974		<b>42,955</b>
Djerriwarrh Health Services	24,192	2,331	34		1,971		<b>28,527</b>	26,256	2,452	35		2,204		<b>30,947</b>
East Grampians HS (Ararat & Willaura)	11,865	2,157			1,110		<b>15,132</b>	12,411	2,229			1,014		<b>15,653</b>
Stawell Regional Health	10,389	1,244		192	787		<b>12,612</b>	10,713	1,280		198	811		<b>13,002</b>
<b>Total Grampians</b>	<b>202,623</b>	<b>21,629</b>	<b>34</b>	<b>25,466</b>	<b>9,026</b>	<b>0</b>	<b>258,778</b>	<b>216,380</b>	<b>22,300</b>	<b>35</b>	<b>26,305</b>	<b>9,228</b>	<b>0</b>	<b>274,248</b>
LODDON MALLEE														
Bendigo Health Care Group	125,820	14,736		31,308	2,788		<b>174,652</b>	135,967	15,160		32,342	2,881		<b>186,351</b>
Echuca Regional Health	24,948	2,156	85		1,250		<b>28,439</b>	26,286	2,230	88		1,290		<b>29,894</b>
Mildura Base Hospital	63,430			8,877			<b>72,307</b>	67,717			9,166			<b>76,884</b>
Swan Hill District Hospital	21,769	2,466	85		1,670		<b>25,990</b>	22,755	2,534	88		1,700		<b>27,078</b>
Kyabram and District Health Service	9,836	1,646			757		<b>12,239</b>	10,209	1,694			781		<b>12,684</b>
Maryborough District Health Service	12,128	2,953	145		1,244		<b>16,471</b>	12,653	3,037	149		1,125		<b>16,964</b>
Mt Alexander Hospital	15,939	3,413					<b>19,352</b>	16,624	3,507					<b>20,131</b>
<b>Total Loddon Mallee</b>	<b>273,870</b>	<b>27,371</b>	<b>315</b>	<b>40,185</b>	<b>7,710</b>	<b>0</b>	<b>349,451</b>	<b>292,213</b>	<b>28,162</b>	<b>325</b>	<b>41,508</b>	<b>7,778</b>	<b>0</b>	<b>369,986</b>
HUME														
Goulburn Valley Health	88,128	5,692	143	14,833	3,481		<b>112,278</b>	94,573	5,978	148	15,322	3,772		<b>119,793</b>
Northeast Health Wangaratta	56,203	2,188		8,185	2,309		<b>68,885</b>	58,079	2,249		8,453	2,302		<b>71,084</b>
Albury Wodonga Health*	50,889	1,365		5,385	1,374	68	<b>59,081</b>	53,582	1,408		5,567	1,523	70	<b>62,150</b>
Benalla and District Memorial Hospital	13,522	1,787	4		1,025		<b>16,338</b>	13,991	1,839	4		1,160		<b>16,995</b>
<b>Total Hume</b>	<b>208,742</b>	<b>11,033</b>	<b>147</b>	<b>28,403</b>	<b>8,190</b>	<b>68</b>	<b>256,582</b>	<b>220,226</b>	<b>11,475</b>	<b>152</b>	<b>29,342</b>	<b>8,756</b>	<b>70</b>	<b>270,021</b>

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
<b>GIPPSLAND</b>														
Bairnsdale Regional Health Service	34,606	1,938			891		<b>37,434</b>	36,001	2,027			1,140		<b>39,169</b>
Central Gippsland Health Service	37,938	4,735			1,360		<b>44,034</b>	39,615	4,946			1,269		<b>45,829</b>
Latrobe Regional Health Service	91,742			31,486		30	<b>123,258</b>	98,695			32,520		31	<b>131,246</b>
West Gippsland Healthcare Group	38,060	3,165			802		<b>42,027</b>	39,430	3,312			870		<b>43,612</b>
Gippsland Southern Health Service	13,281	3,513	289		333		<b>17,415</b>	13,913	3,635	298		343		<b>18,190</b>
Bass Coast Regional Health	18,640	3,036	45		1,113		<b>22,834</b>	19,997	3,147	47		970		<b>24,160</b>
Total Gippsland	234,267	16,386	334	31,486	4,499	30	<b>287,001</b>	247,651	17,067	345	32,520	4,593	31	<b>302,206</b>
<b>TOTAL RURAL REGIONS</b>	<b>1,292,467</b>	<b>103,408</b>	<b>3,358</b>	<b>165,733</b>	<b>44,179</b>	<b>181</b>	<b>1,609,326</b>	<b>1,369,383</b>	<b>106,777</b>	<b>3,465</b>	<b>171,203</b>	<b>45,214</b>	<b>187</b>	<b>1,696,229</b>
<b>TOTAL STATE</b>	<b>5,461,378</b>	<b>163,609</b>	<b>17,694</b>	<b>649,166</b>	<b>107,317</b>	<b>14,323</b>	<b>6,413,486</b>	<b>5,794,801</b>	<b>169,926</b>	<b>18,610</b>	<b>670,592</b>	<b>111,413</b>	<b>14,875</b>	<b>6,780,218</b>

\*The funding for Albury Wodonga Health excludes the contribution to this organisation made by the NSW Government.

## Small rural health services budgets 2008-09 and 2009-10

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
BARWON SOUTH WEST														
Balmoral Bush Nursing Centre Inc		370					370		382					382
Casterton Memorial Hospital	2,925	924			30		3,879	3,071	949			31		4,051
Dartmoor & District Bush Nursing Centre Inc		281					281		290					290
Hesse Rural Health Services	1,492	989			476		2,956	1,544	1,025			491		3,059
Heywood Rural Health	2,066	453					2,518	2,134	465					2,599
Lorne Community Hospital	1,875	641			44		2,561	1,937	665			46		2,648
Moyne Health Services	3,020	1,276			6		4,302	3,120	1,312			6		4,438
Otway Health and Community Services	2,105	638			118		2,862	2,175	659			122		2,955
Terang and Mortlake Health Service	4,505	1,056			977		6,537	4,653	1,087			1,007		6,748
Timboon and District Healthcare Service	3,015	778			225		4,018	3,115	802			232		4,148
Western District Health Service	2,520	4,582			1,436		8,538	2,603	4,715			1,678		8,996
<b>Barwon South West Total</b>	<b>23,523</b>	<b>11,988</b>	<b>0</b>	<b>0</b>	<b>3,311</b>	<b>0</b>	<b>38,823</b>	<b>24,352</b>	<b>12,351</b>	<b>0</b>	<b>0</b>	<b>3,612</b>	<b>0</b>	<b>40,315</b>
GIPPSLAND														
Bass Coast Community Health Service		651			1,256		1,907		671	236		1,292		2,199
Cann Valley Bush Nursing Centre Inc		290					290		299					299
Dargo Bush Nursing Centre Inc		159					159		164					164
Ensay Community Health Centre Inc		21			64		85		88			0		88

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Gelantipy District Bush Nursing Centre Inc		115					115		119					119
Kooweerup Regional Health Service	4,173	1,105					5,278	4,312	1,137					5,449
Mallacoota District Health & Support Service Inc		388					388		400					400
Nowa Nowa Community Health					213		213					219		219
Omeo District Health	1,295	521			98		1,914	1,338	536			54		1,928
Orbost Regional Health	4,414	1,070			759		6,243	4,699	1,102			917		6,718
South Gippsland Hospital	4,053	345			115		4,513	4,309	356			119		4,784
Swifts Creek Bush Nursing Centre Inc		250					250		258					258
The Buchan Bush Nursing Association Inc		252					252		260					260
Yarram and District Health Service	3,977	1,092		76	323		5,468	4,108	1,125		78	333		5,644
<b>Gippsland Total</b>	<b>17,911</b>	<b>6,258</b>	<b>0</b>	<b>76</b>	<b>2,828</b>	<b>0</b>	<b>27,074</b>	<b>18,766</b>	<b>6,513</b>	<b>236</b>	<b>78</b>	<b>2,935</b>	<b>0</b>	<b>28,528</b>
GRAMPIANS														
Beaufort and Skipton Health Service	3,436	1,065			116		4,617	3,549	1,095			119		4,764
Dunmunkle Health Services	871	887			618		2,376	904	916			637		2,458
East Wimmera Health Service	8,335	2,947			480		11,763	8,640	3,032			532		12,204
Edenhope and District Memorial Hospital	2,928	771			81		3,781	3,025	798			84		3,908
Elmhurst Bush Nursing Centre Inc		237					237		244					244
Harrow Bush Nursing Centre Inc		280					280		289					289
Hepburn Health Service	6,697	2,775			1,357		10,828	6,950	2,938			1,328		11,216
Lake Bolac Bush Nursing Centre Inc	0	320					320		330					330

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Rural Northwest Health	6,823	1,632			452		8,907	7,095	1,679			466		9,240
West Wimmera Health Service	10,616	3,437		208	1,440		15,701	10,998	3,539		216	1,561		16,314
Woomelang & District Bush Nursing Centre Inc		249					249		257					257
<b>Grampians Total</b>	<b>39,707</b>	<b>14,599</b>	<b>0</b>	<b>208</b>	<b>4,544</b>	<b>0</b>	<b>59,058</b>	<b>41,162</b>	<b>15,117</b>	<b>0</b>	<b>216</b>	<b>4,729</b>	<b>0</b>	<b>61,224</b>
HUME														
Alexandra District Hospital	4,621	216			334		5,171	4,778	222			345		5,345
Alpine Health	9,404	2,142			237		11,783	9,740	2,203			245		12,188
Beechworth Health Service	2,966	1,667		2,532	246		7,411	3,112	1,716		2,620	254		7,702
Cobram District Hospital	4,873	1,079			112		6,064	5,033	1,110			116		6,259
Indigo North Health Inc		897			402		1,299		922			438		1,360
Kilmore and District Hospital	8,101	894					8,995	8,446	918					9,364
Mansfield District Hospital	4,597	990			89		5,676	4,795	1,017			92		5,904
Mitchell Community Health Services	0	1,690			1,118		2,807		1,743			1,156		2,899
Nathalia District Hospital	1,660	596					2,256	1,746	612					2,359
Numurkah and District Health Service	4,962	1,152			83		6,197	5,161	1,184			189		6,534
Seymour District Memorial Hospital	8,422	1,248			193		9,863	8,763	1,283			223		10,269
Tallangatta Health Service	2,947	879			173		4,000	3,074	905			180		4,158
Upper Murray Health and Community Services	2,949	1,132			94		4,175	3,047	1,165			97		4,308
Yarrawonga District Health Service	5,842	1,396			460		7,697	6,118	1,436			476		8,030
Yea and District Memorial Hospital	2,148	383			279		2,809	2,232	393			289		2,914
<b>Hume Total</b>	<b>63,493</b>	<b>16,360</b>	<b>0</b>	<b>2,532</b>	<b>3,819</b>	<b>0</b>	<b>86,203</b>	<b>66,045</b>	<b>16,829</b>	<b>0</b>	<b>2,620</b>	<b>4,099</b>	<b>0</b>	<b>89,593</b>

	2008-09 expenditure budget							2009-10 expenditure budget						
	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Acute health	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
REGION	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
LODDON MALLEE														
Boort District Health	1,794	506			431		2,731	1,881	520			426		2,828
Cobaw Community Health Services Limited		402			989		1,391		414			1,020		1,434
Cohuna District Hospital	4,075	579					4,654	4,210	595					4,805
Dingee Bush Nursing Centre Inc		245					245		253					253
Gisborne and District Community Health and Hospital Board Inc		575			514		1,089		593			529		1,123
Inglewood and Districts Health Service	1,542	593			427		2,562	1,592	610			441		2,643
Kerang District Health	5,143	1,331					6,474	5,312	1,369					6,682
Kyneton District Health Service	6,790	971					7,761	7,065	999					8,064
Lockington & District Bush Nursing Centre Inc		225					225		232					232
Maldon Hospital	934	564					1,498	965	580					1,545
Mallee Track Health and Community Service	2,553	1,402			496		4,451	2,638	1,442			447		4,526
Mclvor Health and Community Services	1,650	735			99		2,483	1,707	756			102		2,565
Northern District Community Health Service		286			952		1,238		295			982		1,277
Robinvale District Health Services	4,712	893			181		5,786	4,895	810			187		5,891
Rochester and Elmore District Health Service	3,794	1,168					4,962	3,950	1,202					5,152
Loddon Mallee Total	32,986	10,475	0	0	4,089	0	47,550	34,215	10,671	0	0	4,133	0	49,018
<b>SMALL RURAL TOTAL</b>	<b>177,620</b>	<b>59,679</b>	<b>0</b>	<b>2,816</b>	<b>18,591</b>	<b>0</b>	<b>258,707</b>	<b>184,540</b>	<b>61,481</b>	<b>236</b>	<b>2,914</b>	<b>19,507</b>	<b>0</b>	<b>268,679</b>

\*Drug Services funding for Small Rural Health Services is included in the Primary and Dental funding.

## Registered community health centres budgets 2008-09 and 2009-10

REGISTERED COMMUNITY HEALTH CENTRES												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
BARWON SOUTH WEST												
Bellarine Community Health Limited	1,992			2,037		<b>4,029</b>	2,096			2,176		<b>4,272</b>
Barwon South West Total	1,992	0	0	2,037	0	<b>4,029</b>	2,096	0	0	2,176	0	<b>4,272</b>
EASTERN METROPOLITAN												
EACH Ltd	1,244	1,568	2,867	3,293		<b>8,972</b>	2,237	1,626	2,957	3,426		<b>10,245</b>
Inner East Community Health Service	1,069			2,293		<b>3,361</b>	1,201			2,397		<b>3,598</b>
Knox Community Health Service Limited	1,072			4,601		<b>5,673</b>	1,159	44		4,818		<b>6,020</b>
Manningham Community Health Services Limited	1,145			1,028		<b>2,173</b>	1,255			1,060		<b>2,315</b>
MonashLink Community Health Service Limited	1,384			3,906		<b>5,289</b>	1,534			4,187		<b>5,721</b>
Ranges Community Health	701			3,160		<b>3,861</b>	723			3,591		<b>4,314</b>
Whitehorse Community Health Service Limited	1,162	362		3,930		<b>5,454</b>	1,251	374		3,956		<b>5,581</b>
Eastern Region Total	7,776	1,930	2,867	22,210	0	<b>34,784</b>	9,360	2,043	2,957	23,435	0	<b>37,795</b>
GIPPSLAND												
Gippsland Lakes Community Health	2,164	525		1,611		<b>4,300</b>	2,368	797		1,776		<b>4,941</b>
Latrobe Community Health Service	9,109	1,634	315	5,536		<b>16,595</b>	9,407	1,927	325	5,781		<b>17,440</b>
Gippsland Total	11,273	2,159	315	7,147	0	<b>20,895</b>	11,774	2,724	325	7,557	0	<b>22,381</b>
GRAMPIANS												
Ballarat Community Health	316	644	578	2,194	98	<b>3,829</b>	334	664	596	2,263	101	<b>3,958</b>
Grampians Community Health	802	629	392	492		<b>2,315</b>	827	649	404	506		<b>2,387</b>
Grampians Total	1,118	1,273	970	2,686	98	<b>6,145</b>	1,162	1,313	1,000	2,769	101	<b>6,345</b>

REGISTERED COMMUNITY HEALTH CENTRES												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
HUME												
Goulburn Valley Community Health Service		440		1,047		1,486	0	453		900		1,353
Ovens & King Community Health Service	1,748	415		939		3,101	1,879	428		1,071		3,379
Gateway Community Health		326	375	572		1,273		336	387	590		1,313
Hume Total	1,748	741	375	1,511	0	4,374	1,879	764	387	1,661	0	4,691
LODDON MALLEE												
Bendigo Community Health Services Limited	448	1,813		2,443	56	4,759	462	1,869		2,520	57	4,908
Castlemaine District Community Health Limited	97	155		679		932	100	160		700		961
Sunraysia Community Health Services Limited	2,612	488		3,518		6,617	2,693	503		3,646		6,843
Loddon Mallee Total	3,157	2,455	0	6,640	56	12,308	3,256	2,532	0	6,866	57	12,711
NORTH AND WEST METROPOLITAN												
Banyule Community Health	817	461		3,494		4,772	877	476		3,706		5,059
Darebin Community Health Service	1,735	354		6,638		8,727	1,868	365		6,795		9,028
Dianella Community Health	1,560		828	5,269		7,657	1,641		854	5,781		8,276
Doutta Galla Community Health Service	2,078		2,917	4,671		9,665	2,298		3,009	5,221		10,528
Isis Primary Care Limited	7,122	1,180		11,690		19,993	7,474	1,217		11,826		20,517
Merri Community Health Services Limited	5,941	129	965	4,313		11,348	7,626	133	996	4,275		13,030
Nillumbik Community Health Service Limited	1,985			1,431		3,416	2,063			1,456		3,519
North Richmond Community Health Limited	187	349	145	3,078	381	4,140	194	360	149	3,028	393	4,124
North Yarra Community Health	534	608	401	2,031		3,574	602	627	413	2,095		3,737
Plenty Valley Community Health Limited	1,189	77		4,468		5,734	1,294	79		5,478		6,851

REGISTERED COMMUNITY HEALTH CENTRES												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Sunbury Community Health Centre	756			2,164		<b>2,920</b>	796			2,380		<b>3,176</b>
Western Region Health Centre Ltd	1,660	459	2,540	5,594		<b>10,254</b>	1,779	473	2,620	6,164		<b>11,036</b>
North & West Total	25,565	3,616	7,796	54,842	381	<b>92,200</b>	28,512	3,729	8,041	58,206	393	<b>98,881</b>
SOUTHERN METROPOLITAN												
Bentleigh Bayside Community Health	1,223			3,962		<b>5,185</b>	1,294			3,941		<b>5,235</b>
Central Bayside Community Health Services Limited	2,150	421	281	3,959		<b>6,812</b>	2,258	435	290	4,235		<b>7,217</b>
Inner South Community Health Service Limited	2,637	542	1,781	5,114	472	<b>10,547</b>	3,889	559	1,837	5,746	487	<b>12,518</b>
Southern Total	6,010	963	2,062	13,036	472	<b>22,544</b>	7,441	994	2,127	13,922	487	<b>24,970</b>
<b>REGISTERED COMMUNITY HEALTH CENTRE TOTAL</b>	<b>58,639</b>	<b>13,138</b>	<b>14,385</b>	<b>110,109</b>	<b>1,006</b>	<b>197,278</b>	<b>65,479</b>	<b>14,100</b>	<b>14,837</b>	<b>116,593</b>	<b>1,038</b>	<b>212,047</b>

## Other health providers budgets 2008-09 and 2009-10

### Local Government providers

The following table shows the health funding to Local Government Authorities that receive >\$1million from specific health outputs.

LOCAL GOVERNMENT												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Banyule City Council	3,488					<b>3,488</b>	3,696					<b>3,696</b>
Bass Coast Shire Council	1,474					<b>1,474</b>	1,531					<b>1,531</b>
Baw Baw Shire Council	1,996					<b>1,996</b>	2,107					<b>2,107</b>
Bayside City Council	3,579					<b>3,579</b>	3,815					<b>3,815</b>
Brimbank City Council	3,577					<b>3,577</b>	3,734					<b>3,734</b>
Campaspe Shire Council	1,717					<b>1,717</b>	1,771					<b>1,771</b>
Casey City Council	5,545					<b>5,545</b>	5,914					<b>5,914</b>
Central Goldfields Shire Council	980					<b>980</b>	1,011					<b>1,011</b>
City of Ballarat	3,489					<b>3,489</b>	3,634					<b>3,634</b>
City of Boroondara	4,934					<b>4,934</b>	5,142					<b>5,142</b>
City of Darebin	4,804			34		<b>4,837</b>	5,088			35		<b>5,123</b>
City of Greater Geelong	8,049				46	<b>8,096</b>	8,461				48	<b>8,509</b>
City of Greater Shepparton	2,419					<b>2,419</b>	2,609					<b>2,609</b>
City of Kingston	10,245					<b>10,245</b>	10,794					<b>10,794</b>
City of Manningham	5,050					<b>5,050</b>	5,317					<b>5,317</b>
City of Maroondah	3,554					<b>3,554</b>	3,666					<b>3,666</b>
City of Port Phillip	2,981					<b>2,981</b>	3,129					<b>3,129</b>
City of Stonnington	2,973					<b>2,973</b>	3,140					<b>3,140</b>
City of Whitehorse	5,926					<b>5,926</b>	6,287					<b>6,287</b>
Frankston City Council	3,321					<b>3,321</b>	3,521					<b>3,521</b>
Glen Eira City Council	4,584					<b>4,584</b>	4,855					<b>4,855</b>

LOCAL GOVERNMENT												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Glenelg Shire Council	1,129					1,129	1,172					1,172
Greater Bendigo City Council	5,260					5,260	5,425					5,425
Hepburn Shire Council	960					960	1,002					1,002
Hobsons Bay City Council	3,149					3,149	3,249					3,249
Hume City Council	3,734					3,734	3,874					3,874
Knox City Council	3,977					3,977	4,111					4,111
Latrobe City Council	3,118					3,118	3,317					3,317
Macedon Ranges Shire Council	1,529					1,529	1,577					1,577
Maribyrnong City Council	2,284					2,284	2,414					2,414
Melbourne City Council	1,703					1,703	1,932					1,932
Melton Shire Council	1,992					1,992	2,115					2,115
Mildura Rural City Council	1,878					1,878	1,937					1,937
Monash City Council	6,057					6,057	6,354					6,354
Moonee Valley City Council	3,365					3,365	3,514					3,514
Moorabool Shire Council	1,202					1,202	1,261					1,261
Moreland City Council	4,872					4,872	5,075					5,075
Mornington Peninsula Shire Council	5,804					5,804	6,216					6,216
Mount Alexander Shire Council	1,037					1,037	1,069					1,069
Nillumbik Shire Council	975					975	1,025					1,025
Rural City of Wangaratta	2,384					2,384	2,433					2,433
Shire of Yarra Ranges	5,096		73			5,169	5,256		75			5,331
South Gippsland Shire Council	1,077					1,077	1,129					1,129
Southern Grampians Shire Council	1,048					1,048	1,094					1,094
Swan Hill Rural City Council	1,041					1,041	1,074					1,074
The City of Greater Dandenong	5,617					5,617	5,952					5,952
Warrnambool City Council	1,412					1,412	1,472					1,472
Whittlesea City Council	3,355					3,355	3,549					3,549

LOCAL GOVERNMENT												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Wodonga City Council	1,278					<b>1,278</b>	1,318					<b>1,318</b>
Wyndham City Council	3,375					<b>3,375</b>	3,491					<b>3,491</b>
Yarra City Council	2,678					<b>2,678</b>	2,738					<b>2,738</b>
All other LGAs (<\$1m)	13,526			372	23	<b>13,921</b>	14,225			384	94	<b>14,703</b>
<b>LOCAL GOVERNMENT TOTAL</b>	<b>180,599</b>	<b>0</b>	<b>73</b>	<b>406</b>	<b>69</b>	<b>181,147</b>	<b>189,594</b>	<b>0</b>	<b>75</b>	<b>419</b>	<b>142</b>	<b>190,229</b>

## Non-government providers

The following shows the health funding to non-government agencies that receive >\$1million from specified health outputs.

Agency												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Alzheimer's Disease and Related Disorders Association of Victoria Inc	2,460					2,460	2,537					2,537
Aspire, A Pathway to Mental Health Inc.			1,445			1,445			1,491			1,491
Australian Community Support Organisation		7,175	671			7,846		7,400	692			8,092
Australian Drug Foundation Inc		994				994		1,025				1,025
Cancer Council of Victoria					2,123	2,123					2,189	2,189
Ballarat District Nursing and Healthcare Inc	2,907					2,907	3,029					3,029
Baptist Community Care Ltd	1,933		181			2,114	2,051		187			2,238
Bouverie Centre			1,237			1,237			1,271			1,271
BreastScreen Victoria Inc	0				30,719	30,719	0				31,684	31,684
Brotherhood of St Laurence	3,425					3,425	3,553					3,553
Care Connect Limited	4,509					4,509	4,652					4,652
Carers Association Victoria Inc	1,927		168			2,095	1,989		174			2,163
Centacare, Catholic diocese of Ballarat Inc	717	119	1,195			2,031	1,710	122	1,233			3,065
Co As It Italian Assistance Association	1,278					1,278	1,319					1,319
Diabetes Australia - Victoria					1,999	1,999					6,156	6,156
Eastern Regions Mental Health Association Inc	527		2,150			2,677	2,028		2,217			4,245
Family Planning Victoria Inc				3,238	226	3,464				3,340	358	3,698
Inner East Mental Health Services Association Inc			1,588			1,588			1,638			1,638
Jewish Care (Victoria) Inc	1,307					1,307	1,410					1,410
Loddon malle Housing Services Ltd	583		204			786	1,317		209			1,526
MECWA	6,320					6,320	6,933					6,933
Mental Illness Fellowship Victoria			7,033			7,033			7,253			7,253

Agency												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Mind Australia			13,961			13,961			14,399			14,399
Moira Healthcare Alliance Inc	1,470					1,470	1,630					1,630
NEAMI Limited			2,834			2,834			2,923			2,923
Norwood Association			1,047			1,047			1,080			1,080
Odyssey House Victoria		1,836				1,836		1,841				1,841
Pathways - 'rehabilitation and support services' Inc			1,921			1,921			1,981			1,981
Peninsula Support Services Inc			1,276			1,276			1,316			1,316
Prahran Mission			2,184			2,184			2,253			2,253
Royal District Nursing Service	73,257			85	476	73,819	76,632			88	491	77,212
Rumbalara Aboriginal Co-operative Limited	700	249	43	365		1,358	638	257	45	386		1,326
St Laurence Community Services Inc	3,424					3,424	3,907					3,907
Southern Mental Health Association Inc			1,338			1,338			1,381			1,381
St Lukes Anglicare		73	1,891			1,964		75	1,950			2,025
The Mental Health Research Institute of Victoria			1,399			1,399			1,443			1,443
The Salvation Army (Victoria) Property Trust-Western		2,374	427			2,801		2,435	440			2,875
The Salvation Army (Victoria) Property Trust-Eastern	1,069	1,004	344	63		2,479	1,128	1,571	355	65		3,119
The Salvation Army (Victoria) Property Trust-Barwon		1,524	430			1,954		1,569	444			2,013
The Salvation Army (Victoria) Southern		574				574		592				592
The University of Melbourne			1,214	53	4,911	6,179	0		1,253	53	5,603	6,909
The Victorian College of Optometry	5,256					5,256	5,421					5,421
The Victorian Foundation for Survivors of Torture Inc			335	1,406		1,741			346	1,450		1,796
The Windana Society Inc		3,985				3,985		4,111				4,111
Turning Point Alcohol and Drug Centre Inc		4,479				4,479		4,620				4,620
UnitingCare Community Options	3,901					3,901	4,023					4,023
UnitingCare Moreland Hall		3,588				3,588		3,441				3,441
UnitingCare Ballarat Parish Mission		1,328				1,328		1,370				1,370

Agency												
	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total	Aged & home care	Drug services	Mental health	Primary & dental care	Public health	Total
	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s	\$'000s
Victorian Aboriginal Health Service Co-operative Limited	819	72	1,152	111	123	<b>2,276</b>	74	252	1,188	114	127	<b>1,755</b>
Victorian AIDS Council Inc					3,680	<b>3,680</b>					3,796	<b>3,796</b>
Victorian Clinical Genetics Services Limited					1,161	<b>1,161</b>					1,197	<b>1,197</b>
Victorian Cytology Service Inc					10,603	<b>10,603</b>					10,936	<b>10,936</b>
Victorian Health Promotion Foundation					31,744	<b>31,744</b>					32,741	<b>32,741</b>
Villa Maria Society	1,265		66			<b>1,331</b>	1,310		68			<b>1,378</b>
Vision Australia	2,062					<b>2,062</b>	2,082					<b>2,082</b>
Wesley Mission Melbourne	1,926			558		<b>2,484</b>	1,986			576		<b>2,562</b>
Women's Health Victoria				984		<b>984</b>				1,015		<b>1,015</b>
Youth Projects Inc		969				<b>969</b>		993				<b>993</b>
YSAS Pty Ltd		8,642				<b>8,642</b>		8,854				<b>8,854</b>
All other non-government (<\$1m)	47,225	10,330	16,089	8,869	5,742	<b>88,255</b>	48,659	10,790	16,594	9,548	6,434	<b>92,025</b>
<b>NON-GOVERNMENT TOTAL</b>	<b>170,267</b>	<b>49,315</b>	<b>63,824</b>	<b>15,733</b>	<b>93,507</b>	<b>392,646</b>	<b>180,020</b>	<b>51,318</b>	<b>65,824</b>	<b>16,635</b>	<b>101,711</b>	<b>415,508</b>

## Appendix 2 – Health service funded units

### Acute services

Payment	All hospitals \$	Major providers \$	Rural group B >14000 WIES \$	Rural group B 7500-14000 WIES \$	Rural group B 5000-7500 WIES \$	Rural group B <5000 WIES \$	Rural group C WIES \$
<b>Inpatients</b>							
Public WIES16*		3600	3773	3885	3980	4011	4098
Private WIES16		2943	3087	3182	3256	3280	3364
Nursing home type patient per diem	206						
TAC WIES 16		3228	3242	3337	3256	3280	3364
DVA WIES 16		3680	3859	3978	4071	4101	4206
<b>Sub-acute</b>							
CRAFT (episode - RWU)	13705						
Rehabilitation Level 1 (per diem rate)	632						
Rehabilitation Level 2 (per diem rate)	522						
Geriatric evaluation and management (per diem)	522						
Admitted patient palliative care - Metro	532						
Admitted patient palliative care - Rural	536						
Transition Care Program bed places per diem	154						
Transition Care Program home places per diem	30						
<b>Non-admitted patients</b>							
VACS payment per weighted encounter	173						
VACS allied health per occasion of service	61						
Radiotherapy per Weighted Activity Unit	249						

**Note:**

\* Renal WIES payment rates for 2009-10 are the same as public WIES16 rates.

Further funding information can be found at: [www.health.vic.gov.au/pfg](http://www.health.vic.gov.au/pfg)

*Mental health - Bed day rates applicable to clinical bed based services*

Service Element	Funded Unit	2009-10 Metro Unit Price	2009-10 Rural Unit Price
<b>Inpatient</b>			
Adult Acute	Available Bed Day	532	535
Aged Acute	Available Bed Day	496	499
CAMHS Acute	Available Bed Day	590	593
Acute Specialist	Available Bed Day	653	656
Extended Care Adult	Available Bed Day	475	478
Same-day ECT (DRG U40Z)	Separation	566	566
ECT co-payment	Procedure	140	140
<b>Residential</b>			
Community Care Unit	Available Bed Day	326	329
PARC	Available Bed Day	386	386
Psychogeriatric Nursing Home Supplement	Available Bed Day	83	83
Psychogeriatric Hostel Supplement	Available Bed Day	75	75

**Notes**

- 1. The bed day rates are based on 100 per cent availability of the funded beds, regardless of actual occupancy.*
- 2. EFT prices for clinical ambulatory service outputs vary depending on historical funding allocations adjusted for consumer price index and award increases.*

*Mental Health: PDRSS unit prices*

Service element	Funded unit	Unit Price
Aboriginal PDRSS		44,767
Aged intensive support	Client	6,314.23
Home based outreach support		
Standard	Client contact hour	95.65
Intensive	Client contact hour	95.65
Mutual Support and Self Help (MSSH)		
Standalone (high availability)	Weighted block grant	170,343
Standalone (low availability)	Weighted block grant	Varies
Individual support referral and advocacy	Client contact hour	29.48
Information development and dissemination	Block grant	
MSSH group support <sup>1</sup>	Contact hour (group)	78.02
Groups education and training <sup>1</sup>	Contact Hour (group)	265.82
Volunteer coordination <sup>1</sup>	Hour	34.16
Planned respite		
In home	Client contact hour	26.63
Community	Client contact hour	26.63
Residential	Client contact hour	26.63
Psychosocial day programs		
Drop in	Client contact hour	14.77
High cost integrated	Client contact hour	74.62
Standard integrated	Client contact hour	30.91
Specialist	Client contact hour	27.27
Residential rehabilitation		
Support	Client contact hour	82.69
24 hour	Available bed day	143.83
non 24 hour	Available bed day	114.98
Special client packages	Block Grant	

## Note

1. Standalone MSSH statewide specialist (high availability) receives a 50 per cent discount of the standard price.

*Drug Services - unit prices*

Activity	Sub-Activity Name	2009-10 Unit Price (\$)
Alcohol & Drug Supported Accommodation	Alcohol & Drug Supported Accommodation - Metro	4,420.58
	Alcohol & Drug Supported Accommodation - Rural	5,894.45
	Rural & Metro Drug Diversion	4,420.58
Counselling Consultancy and Continuing Care	Counsel Consult & Continuing Care	793.66
	Extended Hours Capacity	992.50
	Post Rehabilitation	1,586.29
	Youth CCCC	793.66
Home-based Withdrawal	Home-based Withdrawal	1,334.63
Koori Community Alcohol & Drug Resource Centre	Koori Community A & D Resource Centre - Model 1	542.07
	Koori Community A & D Resource Centre - Model 2	1,673.96
	Koori Community A & D Resource Centre - Model 3	1,673.96
Koori Community Alcohol and Drug Worker	Koori Community Alcohol and Drug Worker	1,488.31
Mobile Overdose Response	Mobile Overdose Response Service (MORS)	5,083.77
Outpatient Withdrawal	Outpatient Withdrawal	434.50
	Youth Outpatient Withdrawal	434.50
Peer Support	Peer Support	498.41
Residential Drug Withdrawal	Residential Drug Withdrawal - 12 Beds	2,316.52
	Residential Drug Withdrawal - 4 Beds	7,037.24
	Residential Drug Withdrawal - 6 Beds	3,445.91
Residential Rehabilitation	Residential Rehabilitation	11,952.89
Rural Withdrawal	Rural Withdrawal	1,334.63
Specialist Pharmacotherapy Program	Specialist Pharmacotherapy Service	2,385.63
Women's Alcohol & Drug Supported Accommodation	Rural Women's Alcohol & Accommodation	5,894.45
	Women's Alcohol & Drug Supported Accommodation	4,420.58
Youth Alcohol & Drug Supported Accommodation	Metro	4,420.58
	Rural	5,894.45
Youth Outreach	Youth Outreach	1,316.07

*Aged and Home Care Output Group – Unit prices, 2009-10*

Program Area	Service		Unit price	Funded unit	SEV Conversion Rate*
Aged Residential Care	Residential Aged Care Complex Care Supplement	Nursing Home Complex Care Supplements	33.45	Occupied bed days	-
	Public Sector Residential Aged Care Supplement	ANF EBA Wage Related Increases	26.06	Occupied bed days	0.33
		HSUA1 EBA – Hostel	5.10	Occupied bed days	0.07
		HSUA1 EBA – Nursing Home	2.58	Occupied bed days	0.03
		Public Sector Residential Aged Care Supplement	10.96	Occupied bed days	0.14
	Rural Small High Care Supplement	1-10 Places	8.92	Occupied bed days	-
		1-20 Places	6.69	Occupied bed days	-
1-30 Places		5.58	Occupied bed days	-	
Aged Support Services	Supporting Accommodation for Vulnerable Victorians	Expenditure Plans	9,284.00	Plans	-
		Cluster Plans	4,915.00	Plans	-
		Facility Cost Relief	3,277.00	Beds	-
HACC Primary Health, Community Care and Support	HACC Allied Health	Counselling	86.37	Hours	1.11
		Dietetics	86.37	Hours	1.11
		HACC – Allied Health	86.37	Hours	1.11
		Occupational Therapy	86.37	Hours	1.11
		Physiotherapy	86.37	Hours	1.11
		Podiatry	86.37	Hours	1.11
		Speech Therapy	86.37	Hours	1.11
	HACC Delivered Meals	HACC – Delivered Meals	1.44	Meals	0.02
	HACC Domestic Assistance	HACC – Domestic Assistance	28.45	Hours	0.36
	HACC Linkages Packages	HACC – Linkages Packages	13,169.00	Packages	168.69
	HACC Planned Activity Group	Planned Activity Group – Core	11.56	Hours	0.15
		Planned Activity Group – High	16.28	Hours	0.21
	HACC Property Maintenance	HACC – Property Maintenance	41.37	Hours	0.53
	HACC Respite	HACC – Respite	29.38	Hours	0.38
	HACC Volunteer Coordination	Hours of Coordinator Time	33.73	Hours	-
HACC Nursing	HACC Nursing	78.07	Hours	1.0	
	RDNS Top Up	11.29	Hours	-	

Program Area	Service		Unit price	Funded unit	SEV Conversion Rate*
	HACC Personal Care	HACC – Personal Care	32.51	Hours	0.42
		RDNS Top-up	29.68	Hours	-
	RDNS HACC Allied Health	RDNS HACC Allied Health	63.38	Hours	0.81
		Physiotherapy	63.38	Hours	0.81
		Occupational Therapy	63.38	Hours	0.81
		Speech Therapy	63.38	Hours	0.81
		Dietetics	63.38	Hours	0.81
		Podiatry	63.38	Hours	0.81
		Counselling	63.38	Hours	0.81

\*Standard Equivalent Value Units published in the Budget Papers are based on 2009-10 prices and conversion rates

*Primary and Dental Health Output Group – Unit prices 2009-10*

Program Area	Service		Unit price	Funded unit	SEV Conversion Rate*
Community Health Care	Diabetes Self Management	Community Health Diabetes Self Management	86.37	Hours	1.11
	Community Health	Allied Health	86.37	Hours	1.11
		Nursing	78.07	Hours	1.0
	Aboriginal Health Promotion and Chronic Care	Case Coordination	86.37	Hours	1.11
	Family Planning – Direct Care	Family Planning – Counselling \ Casework	86.37	Hours	1.11
		Family Planning – Nursing	78.07	Hours	1.0
	FARREP – Direct Care	FARREP – Direct Care	86.37	Hours	1.11
	ISHY – Direct Care	ISHY – Counselling \ Casework	86.37	Hours	1.11
		ISHY – Nursing	78.07	Hours	1.0
	Women’s Health – Direct Care	Women’s Health – Counselling \ Casework	86.37	Hours	1.11
		Women’s Health – Nursing	78.07	Hours	1.0
	Integrated Chronic Disease Management – Direct Care	Integrated Chronic Disease	86.37	Hours	1.11
	Integrated Chronic Disease Management – Direct Care	Nursing	78.07	Hours	1.0
	Refugee Health Services	Refugee Health Nursing	78.07	Hours	1.0
	Healthy Mothers Healthy Babies	Nursing	78.07	Hours	1.0
	Healthy Mothers Healthy Babies	Allied Health	86.37	Hours	1.11
	Children’s Weight Management	Children’s Weight Management	86.37	Hours	1.11

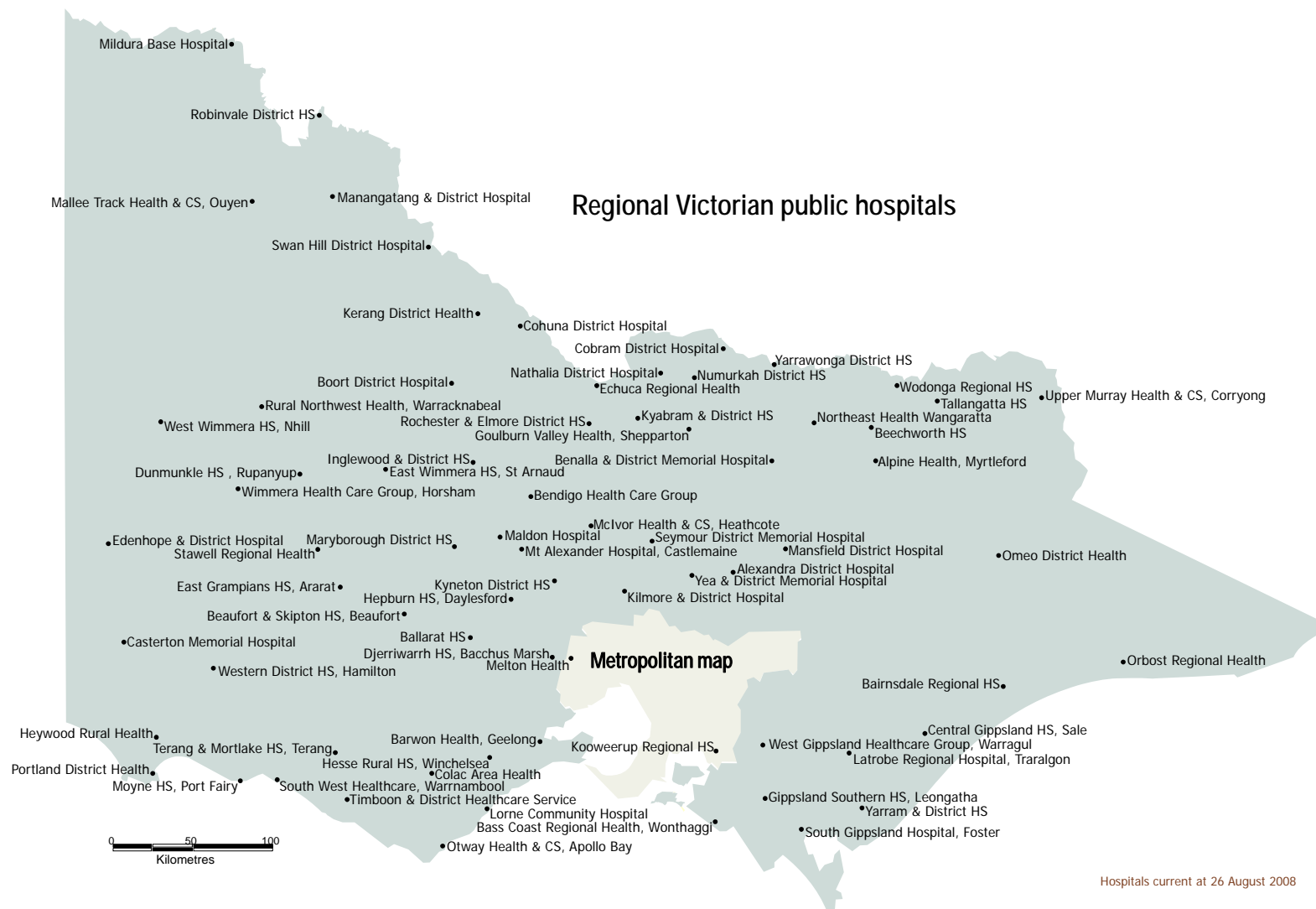
\*Standard Equivalent Value Units published in the Budget Papers are based on 2009-10 prices and conversion rates.

*Public Health Output Group – Unit prices 2009-10*

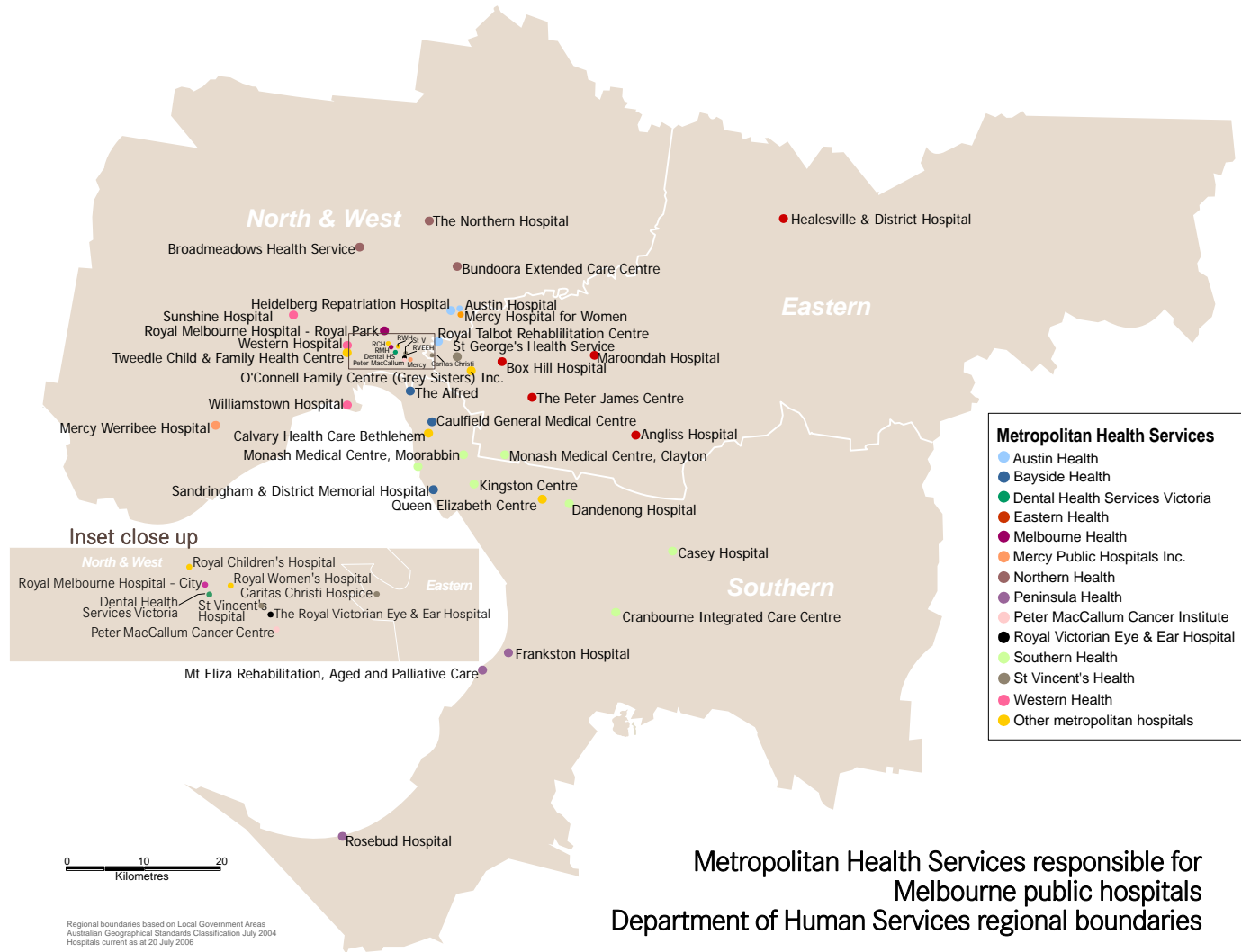
Program Area	Service		Unit price	Funded unit	SEV Conversion Rate*	
Health Protection	Immunisation Services	Under 5 year old Immunisation – ACIR Service Delivery	5.76	Encounters	-	
	School and Adult Immunisation Services	Boostrix – School Service Delivery	9.21	Encounters	-	
		Boostrix – Council Service Delivery	9.21	Encounters	-	
		Boostrix – Elsewhere Service Delivery	9.21	Reports	-	
		Hep B Dose 1 – School Service	9.13	Encounters	-	
		Hep B Dose 2 – School Service	9.13	Encounters	-	
		Hep B Dose 1 – Council Service	9.13	Encounters	-	
		Hep B Dose 2 – Council Service	9.13	Encounters	-	
		Hep B Dose 1&2 – Elsewhere Service Delivery	9.13	Reports	-	
		School Entry Immunisation Certificate Service Delivery	2.89	Certificate	-	
		HPV Dose 1 – School Service Delivery	12.38	Encounters	-	
		HPV Dose 2 – School Service Delivery	12.38	Encounters	-	
		HPV Dose 3 – School Service Delivery	12.38	Encounters	-	
		HPV Dose 1 – Council Service Delivery	12.38	Encounters	-	
		HPV Dose 2 – Council Service Delivery	12.38	Encounters	-	
		HPV Dose 3 – Council Service Delivery	12.38	Encounters	-	
		HPV Dose 1,2,3 – Elsewhere Service Delivery	12.38	Encounters	-	
		Varicella – School CW Funded Service Delivery	5.16	Encounters	-	
		Varicella – Council CW Funded Service Delivery	5.16	Encounters	-	
		TB Screening	TB Screening	131.60	Clients	-

\*Standard Equivalent Value Units published in the Budget Papers are based on 2009-10 prices and conversion rates.

## Appendix 3 – Map of regional Victorian public hospitals



## Appendix 4 – Map of metropolitan health services – public hospitals



## **Accessibility**

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