Explanation of the National Private Patient/Public Hospital Acute Care Certificate
April 2014

Background:
Over the past four years the Private Health Insurance Ombudsman has been working with States and Territories and health funds to develop a new acute care certificate that can be used in public hospitals for patients who have elected private patient treatment. Under legislation public hospitals can bill the private patient's insurer for the acute daily rate for the first thirty-five days of a continuous period of hospitalisation[1]. However, if the acute daily rate is charged any time after the 35th day of this continuous period of hospitalisation, the hospital raising the charge must show that an acute level of care was provided. The purpose of the acute care certificate is to collect the summary of the care provided to the patient in the certified period so the fund paying the hospital claim can see it was acute.

After a very comprehensive consultation, a final draft *National Acute Care Certificate – Private Patient/Public Hospital* is now complete. The table below summarises the rationale for the composition of the final draft certificate. This information is provided for the benefit of the broader industry to explain how agreement on key points of difference was reached. All the comments and suggestions in the industry submissions were very valuable and without exception industry comments were constructive and insightful[2]. A number of suggested amendments have been taken up because they strengthen the integrity of the acute care certificate and/or add clarity to terms or expressions used in the earlier draft that some stakeholders found ambiguous. These are important corrections because if the new certificate is not self-explanatory it is unlikely to be easy to administer and unlikely to be administratively efficient. Some of the certificate wording is the direct result of very detailed discussions between members of the small working group that has overseen the development of the new certificate[3].

Not all changes put forward in the submissions have been incorporated because they represent a difference of opinion between health funds and State health officials that remain unreconciled. If we are to fulfil the aim of developing and implementing a new voluntary national public sector acute care certificate that can be used in all public hospitals and accepted by all health funds, compromise is necessary.

Outlined below is the explanatory table which we hope you find useful.

[1] "Continuous period of hospitalisation" is a defined term in rule 3, Part 1, Private Health Insurance (Benefit Requirements) Rules 2013. It is defined as "any two periods during which a patient was, or is, receiving hospital treatment as a patient at a hospital, whether or not the same hospital, where the periods are separated from each other by a period of not more than 7 days during which the patient was not receiving hospital treatment as a patient at any hospital."
[2] Submissions are posted on a secure page of the PHIO website and can be accessed via a link and password which is available by e-mailing alison@phio.gov.au.
[3] The National Acute Care Certificate – Private Patient/Public Hospital working group members are representatives from NSW Health, SA Health, Medibank Private, and BUPA, and the Private Health Insurance Ombudsman's office.

Rationale for the content of the new National Private Patient/Public Hospital Acute Care Certificate

Suggested Change	Discussion
TITLE	
New title: "National Private Patient/Public Hospital Acute Care Certificate" (or similar).	This new title provides a clear signal to hospital staff that the patient has elected private patient treatment in a public hospital and the clinical summary of care documented on the certificate will be used by a health fund to verify a long stay claim at the acute rate. The amendment aims to remove any ambiguity about the purpose of the certificate.
SECTION 1 – Particulars of patient and hospital	
Add "over-night" to patient description	Clarifies that acute care certificates are relevant to overnight patients. Removes the requirement for certificates to be completed for on-going admitted day only procedures such as renal dialysis patients.
Add "nursing home" as a discharge destination	Suggested in some industry submissions but not included in the final certificate because this question is concerned with patient transfer destinations that occur *within the same episode of care*.
Add new entry to identify the sequence of the acute care certificate. For example Certificate …… this admission (insert 1,2, 3 etc)	Aimed to track the number of acute care certificates associated with a particular continuous period of hospitalisation.
Amend question to identify if patient has been transferred to, or from, another hospital. If yes, name of hospital.	Identifies the hospitals involved in the care of a long stay patient with a continuous admission of more than 35 days.
SECTION 2 – Patient Authorisation	
Insert new patient consent wording	The patient consent in the new certificate is based on the wording proposed in the submission from Qld Health with adjustments to clarify the: a. disclosed confidential information is relevant to the condition(s) that required acute care during the certified period including but not limited to medical records etc;

Insert new patient consent wording *cont'd*	b. the purpose of the disclosure is to: ○ summarise the acute treatment provided in the certified period; ○ verify the claims; ○ enable health fund payment of hospital accounts for the treatment of conditions or diagnostic tests described in Section 3 etc The qualification in (a) above was considered by States to be necessary to ensure patients understood they were not being asked to consent to release confidential information related exclusively to previous admissions and not relevant to the acute care claim in question. The qualifications in (b) aim to obtain clear patient consent to use the disclosed confidential information to pay the claim and to verify it. Funds considered this distinction is important to accommodate differencesin claims management processes across the health fund industry. Some funds might verify long stay acute claims post claim payment. Others routinely verify long stay claims prior to payment.
SECTION 3 – Certification of Patient's Medical Condition	
Section 3 – to be completed by and/or certified by, the Patient's ***treating*** doctor	Allows greater flexibility for Section 3 to be completed entirely by the treating doctor or completed *in part* by someone other than the doctor where this is appropriate and allowed for in privacy legislation. However the ***treating doctor*** would still need to provide a patient prognosis; his/her opinion of the patient's probable duration of further acute care; and continue to be responsible for checking and certifying the accuracy of all information documented in Section 3 of the certificate. These changes recognise the time pressures on clinicians by allowing certificate input from other hospital staff who also contribute to the acute care provided to the patient such allied health professionals.
Remove 'nursing home transitional care' as tick box option to describe the acute treatment type during the certified period.	Funds and States agree nursing home transitional care is not a recognised inpatient care type and not relevant to acute care certificates.

ACAT assessment completed during the certified period – yes/no	The wording of this question in the new certificate is a compromise. Most funds requested access to the full ACAT assessment report because they consider this information contributes important descriptive details about the care a patient received in the certified period. State Health representatives, however, consider that the information in an ACAT assessment does not demonstrate what acute care was provided. States also advised that the timing of an ACAT assessment does not always indicate the end of acute care. The yes/no compromise question is included in the new certificate to serve as a high level signal to hospital staff completing the certificate to double check the dates that acute care was provided to the patient after the 35th day of a continuous admission.
Inclusion of co-morbidities/complications that were also treated during the certified period	The framing of this question in the new certificate is also a compromise. It limits the requested information to a list of co-morbidities/complications *treated during the certified period*. The aim of this question is to maintain a rich description of the patient's medical condition/diagnosis for the purpose of interpreting the acute care the patient received in the certified period while minimising the administrative impost of certificate completion. Clinicians should find the high level co-morbidity information requestedin the new certificate easy to document because of their involvement in providing this care to the patient and byconsulting withother health professionals involved in the patient's care.
Table summary of hospital treatment provided in the certified period: • Change the leading sentence to "Please document the services or interventions that describe the acute care provided to the patient in the certified period"	New explanatory sentence aims to remove ambiguity about the purpose of the information sought in the table. Removes the direction that requires all of Section 3 to be completed by the doctor. For example there is flexibility for allied health professionals to document the allied health services they provided.
• Purpose of the information sought in table	The combination of the data requested in all 4 columns in the table identifies the mix of acute services and interventions provided to the patient for the period certified as acute care. This can be up to 30 days. The table is designed to provide transparency in the acuity of care provided, even if there is variation in the mix of services/interventions provided to the patient in this period.
• Column two heading "Services or interventions (related to acute care)"	The new heading clarifies not all services/interventions/nursing/allied health services need to be documented in the table. Only those that formed part of the acute care provided.

• "Date ended" column	The table column 'date ended' captures the duration of a particular frequency of service/ intervention and tracks changes to the pattern and intensity of these services/interventions. This information explains the nature of the acute care that was provided in the certified period.
• Provide more space within the table to detail summary of interventions provided	More space added in response to requests from cliniciansswho attended the initial round of PHIO consultations.
New signature block for the treating clinician	Requests printed name of patient's treating doctor and signature; date the certificate was signed. Treating clinicians retain responsibility for ensuring the information supplied in certificate is accurate, but allows other hospital staff to contribute data where appropriate/efficient to do so.