

Appendix A

Definitions

Activity data

The information provided by each practice, irrespective of system used to aggregate and report on activity, which can be aggregated and analysed for evaluating the Health Care Home program.

Activity recording system

The system chosen by each practice to record information on the activities performed under each category and by each provider for each enrolled patient. In most instances, this system will be the practice management software currently in use.

Activity types

The categories used to aggregate data on the nature of patient interactions occurring with enrolled patients. Within each category the activities can be performed by an array of health care providers like doctors, nurses, allied health and non-clinically trained personnel.

Bundled payments

The monthly, pro-rata payments provided by the Department of Health under the Health Care Home program for each patient enrolled as a Health Care Home patient irrespective of Tier assigned to the patient.

Enrolled patient

Patients whose health status has been assessed using the Commonwealth approved patient screening tool, who have agreed to enrol in the Health Care Home program and whose chronic disease care will be delivered under a bundled payment model linked to the Tier assigned to the patient. A list of each practice's currently enrolled patients in each tier will be available through HPOS.

Non-enrolled patient

Patients continuing to receive chronic disease care through the historical Medicare Benefits Scheme model of payment including through use of chronic disease management item numbers.

Fee-for-Service model

The current process of billing patients or Medicare each time a patient interaction fits the Medicare Benefits Schedule (MBS).

Health Care Neighbourhood

The totality of health and social care providers associated with a Health Care Home patient. This encompasses the hospitals, specialist physicians, private allied health clinics, not for profit community support groups, government agencies and other providers associated with maintaining patient health and improving patient welfare.

Institutional payers

The term given to the various Tiers of payment which will flow to practices under the Health Care Home program. For example, Health Care Home 1 will enable billing of bundled payments for all patients eligible for Tier 1 monthly payments.

Model of care

The way care is organised within each practice to support each Tier of patient under the Health Care Home Program. Practices may develop one model of care for each Tier or multiple models of care, some of which might address the particular needs of patients with certain diseases.

Modes of delivery

The Health Care Home Program supports delivery of patient centred care. This includes delivery mechanisms across a spectrum from face to face interactions to phone and video contact through to automated and device enabled support.

Patient contribution

The out of pocket expense which patients may contribute to the cost of their care, even that provided under a Health Care Home model of care.

Providers

The list of personnel within a practice who can deliver care and patient support which has been assigned a value in the activity recording system.

Tiers

This refers to the three Tiers used to categorise patient complexity and therefore support need which will be generated by the Commonwealth approved patient screening tool. Each Tier has an annual payment fee which will be disbursed to practices monthly pro-rata. Patients can move between Tiers as their health status changes as reflected in the score provided by the patient screening tool.

Value

The dollar amount defined at practice level for each activity delivered by each provider. Providers can include devices or systems. Providers may dictate different prices for the care they deliver based on the unique value they offer to patients and the practice.