

LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

WRITTEN QUESTION

Activity-based Funding Formula for Northern Territory Hospitals

Mr Conlan to Minister for Health and Families

1. What is the defined activity-based funding cost model for Australia?
2. What has the Northern Territory Government done to develop an activity-based funding model, definitions and projections for each activity in the Northern Territory?
3. How does the Department of Health demonstrate activity-based funding using case mix classifications explicitly linking funding to the actual services provided?
4. How does the activity-based funding formula work in the Northern Territory?
5. How is the Northern Territory currently determining funding for our hospitals?
6. is the Northern Territory now using activity-based funding for all costing rather than the previous block funding model?
7. Define where each activity starts and ends and what exactly is encompassed.
8. What has changed for the Northern Territory as it was previously noted that the case mix model is actually more appropriate for larger jurisdictions with significantly larger hospitals and populations?
9. How will the Northern Territory's high number of patients requiring complex care and chronic disease management and the unique indigenous percentage of patients with multiple illnesses be recognised under activity-based funding?
10. How will the negative and positive results of activity-based funding in the Northern Territory be measured?
11. How will the Northern Territory Government ensure that activity-based funding does not result in greater output being emphasised ahead of better outcomes?

12. Does the Department of Health have suitable activity-based funding data tracking technology in place?
13. Is the necessary modelling work on activity-based funding in the Northern Territory driven by the Health Gains Planning Unit?
14. Exactly how much does each activity cost in the Northern Territory compare with the national cost?
15. Give examples for: straight forward maternity hospital delivery, hip replacement, dialysis in each of the five NT hospitals.
16. What is the basis of future activity-based funding, infrastructure and investment and primary health care allocations?
17. How are future costs estimated?
18. What did the Hardison and Associates Report on the modelling of current usage of services in the Northern Territory and the comparison to interstate usage show in detail?
19. What updated demographics for the Northern Territory are currently being used?
20. How will activity-based funding impact on the Northern Territory's waiting lists and occupancy levels
21. Will there be the opportunity for Northern Territory patients to be transferred interstate for procedures?
22. Will activity-based funding include 24 hour mental health care for the Northern Territory?
23. How much is the remote service delivery component of activity-based funding?
24. Is the Hospital Services Planning Project, produced by Ernst and Young available?
25. What is the annual growth of hospital costs, in percentage terms and dollar terms, in the Northern Territory?
26. What is the annual growth of costs, in percentage terms and dollar terms, per hospital in the Northern Territory?
27. What are the projections for growth in the annual costs of hospitals in the Northern Territory, in percentage terms and dollars terms, for each of the next 15 years?

28. What are the projections of the growth in annual costs for each Northern Territory hospital, in percentage terms and dollar terms, for the next 15 years?
 29. What is the projected growth in GST revenue in the Northern Territory, in percentage terms and dollar terms, for each of the next 15 years?
 30. How will a new Palmerston hospital be funded - will the Federal Government fund 60% of its construction and set up costs?
 31. Will the bottom line for activity-based funding be additional funding for health in the Northern Territory?
 32. What will be the cost to the Northern Territory of activity-based funding regarding the loss of GST income?
 33. The Northern Territory's real cost of funding is higher than anywhere else in Australia. (2006-07, \$1,700 per person in the NT; the average figure for the rest of Australia is \$1,260) – how is this difference accommodated in activity-based funding?
 34. The Northern Territory's "highest hospital separation rate of 486.4 per 1,000 population, compared to 217 per 1,000 population for the rest of Australia – how is this difference accommodated in activity-based funding?
 35. Does activity-based funding completely encompass the diversity of services which are provided through the Northern Territory's hospitals?
 36. For Gove, Katherine, Tennant Creek, and Alice Springs hospitals, would moving to casemix-based funding with Australian-based weightings be disadvantageous?
 37. Do the risks of activity-based funding include classification insensitivity, lack of consistency and a focus only on hospital based activity?
 38. Does the Northern Territory have the ability to benchmark and compare?
 39. What is the cost to the Northern Territory of consolidating and entering data?
 40. Will activity-based funding include community home care?
 41. Will activity-based funding include nursing homes?
 42. Will activity-based funding include screening, immunisation and promotional programs?
 43. Will activity-based funding include non inpatient mental health and oral health?
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