ABF Update 2019

22th May 2019 #ABFIRL19

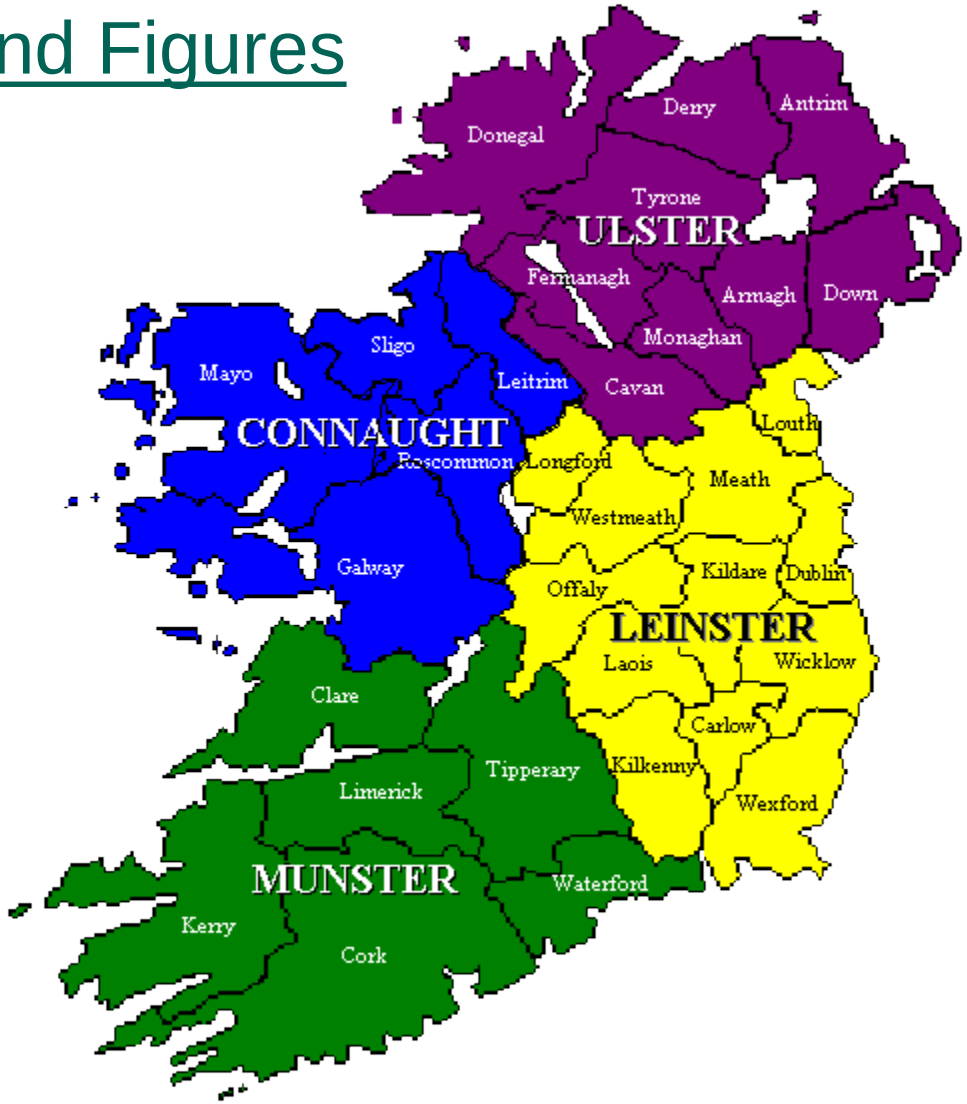
Brian Donovan
Head of Pricing , HPO

Agenda

- Introduction to ABF
- ABF Benchmarking 2018
- Impacts on Benchmarking
- Data Quality Initiatives
- Expansion of ABF
- A.O.B.

Ireland: Some facts and Figures

- Population 4.8 million
- 48 Acute hospitals
- **39 ABF hospitals**
- **1.7 million admitted patients**
- 1.3 million ED attendances
- 3.5 million OPD attendances

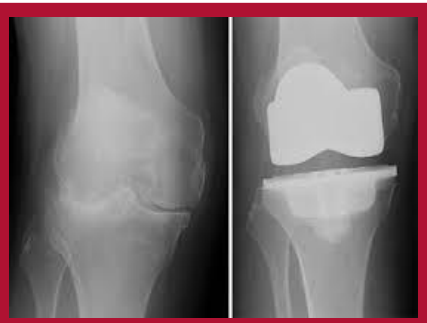


1.7 million episodes

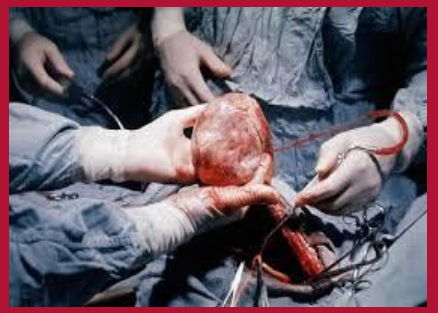
807 DRGs in Version8

Dialysis L61
170,000 patients

Normal delivery
O06C - 20,000 patients



Knee replacement
I04B - 2,000 patients



Heart transplant
A05Z - 10 patients

Acute Hospital Expenditure 2018

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- ABF € 3.9bn (66%)
- Block € 2.0bn (34%)
- **Total Acute Spend € 5.9bn (100%)**

- **Block**
  - OPD €0.6bn (10%)
  - ED €0.5bn (8%)
  - Non ABF Hospitals €0.3bn (5%)
  - Other €0.6bn (10%)
- **Total €2.0bn (34%)**

Healthcare Pricing Office

- HPO established on the 1st of Jan. 2014 on an administrative basis
- Merger of the Health and Research Division of the ESRI and the Case-mix team from the HSE
- As well as setting DRG Prices HPO has responsibility for:
  - Costing
  - Coding
  - Data collection and validation
  - Data Quality
  - Data Analytics
  - Audit
  - Training and Education of all clinicial coders and Costing Staff
  - Provide Monthly Reporting on ABF using Qlikview
  - PQ'S/ FOI'S / Data Requests / Monthly Reporting v Service Plan
  - ABF Funding
  - Analytical Support to Acute Hospitals Division

Home of the HPO

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ABF Benchmarking in Ireland

2018 Hospital Benchmarking

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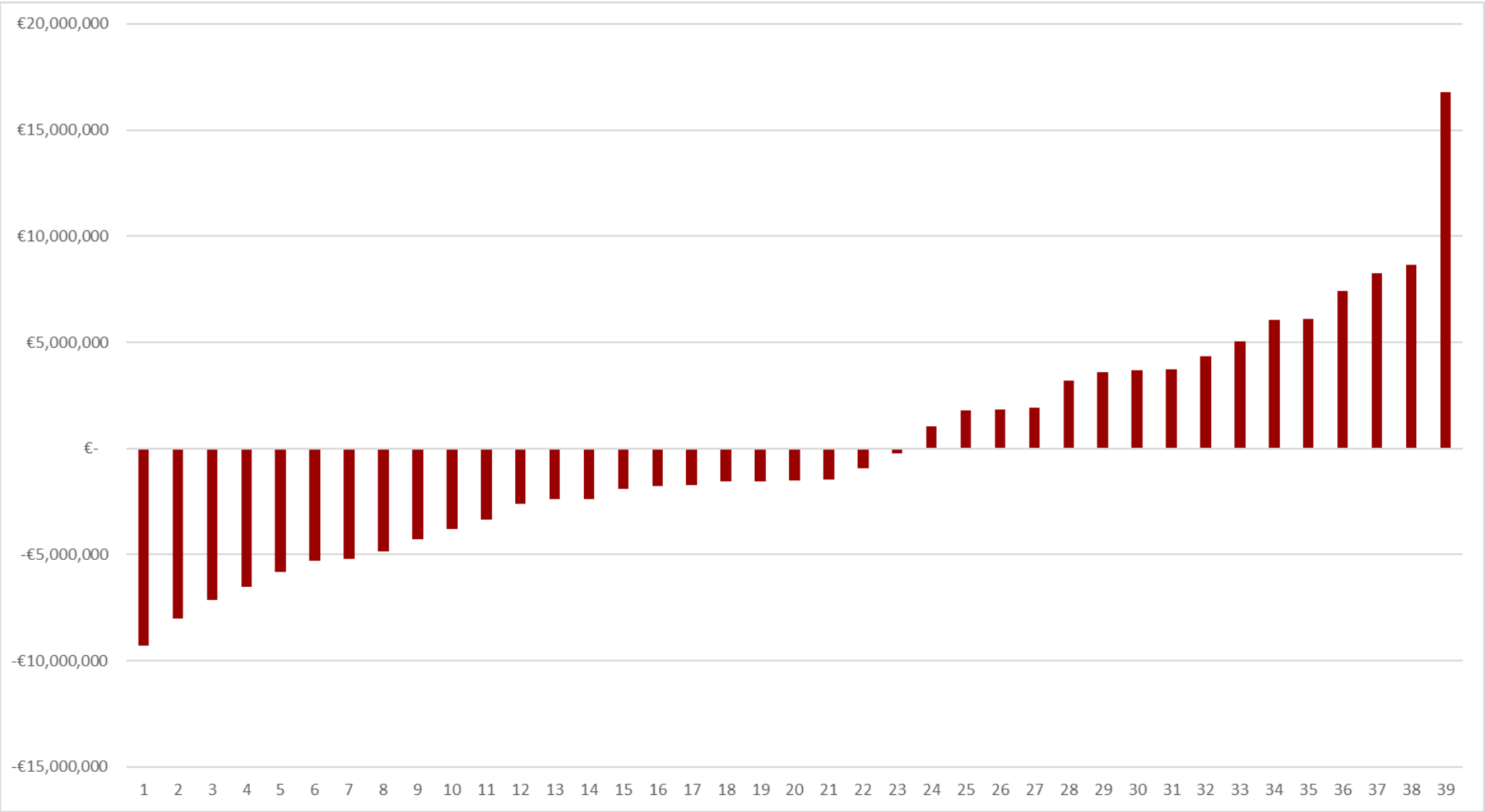
	ABF Expenditure	ABF Revenue						Abf Gap
Group	Total ABF Expenditure	Oncology Adjustment	Tertiary Referral Adjustment	Paediatric Adjustment	Agency Adjustmet	DRG Revenue	Total ABF Revenue	**Benchmarking Adjustment 2018**
1. Ireland East	€812,982,464	€17,692,029	€5,270,979		€5,716,284	€793,277,205	€821,956,496	€8,974,032
2. Dublin Midlands	€695,696,485	€21,858,671	€5,587,088		€7,602,255	€658,460,236	€693,508,249	-€2,188,235
3. RCSI Group	€609,874,630	€17,656,843	€3,189,024		€5,885,285	€563,183,107	€589,914,259	-€19,960,371
4. Childrens Group	€205,109,671	€1,656,162		€44,988,900	€609,236	€157,851,146	€205,105,445	-€4,227
5. South Southwest	€729,281,119	€23,683,429	€5,282,565		€7,190,214	€697,429,766	€733,585,974	€4,304,855
6. UL Group	€214,155,368	€6,215,803	€2,127,875		€1,704,287	€199,951,827	€209,999,791	-€4,155,577
7. Saolta	€624,537,043	€24,262,318	€3,430,779		€4,605,059	€605,268,409	€637,566,565	€13,029,522
National	€3,891,636,780	€113,025,255	€24,888,310	€44,988,900	€33,312,620	€3,675,421,695	€3,891,636,780	-€0

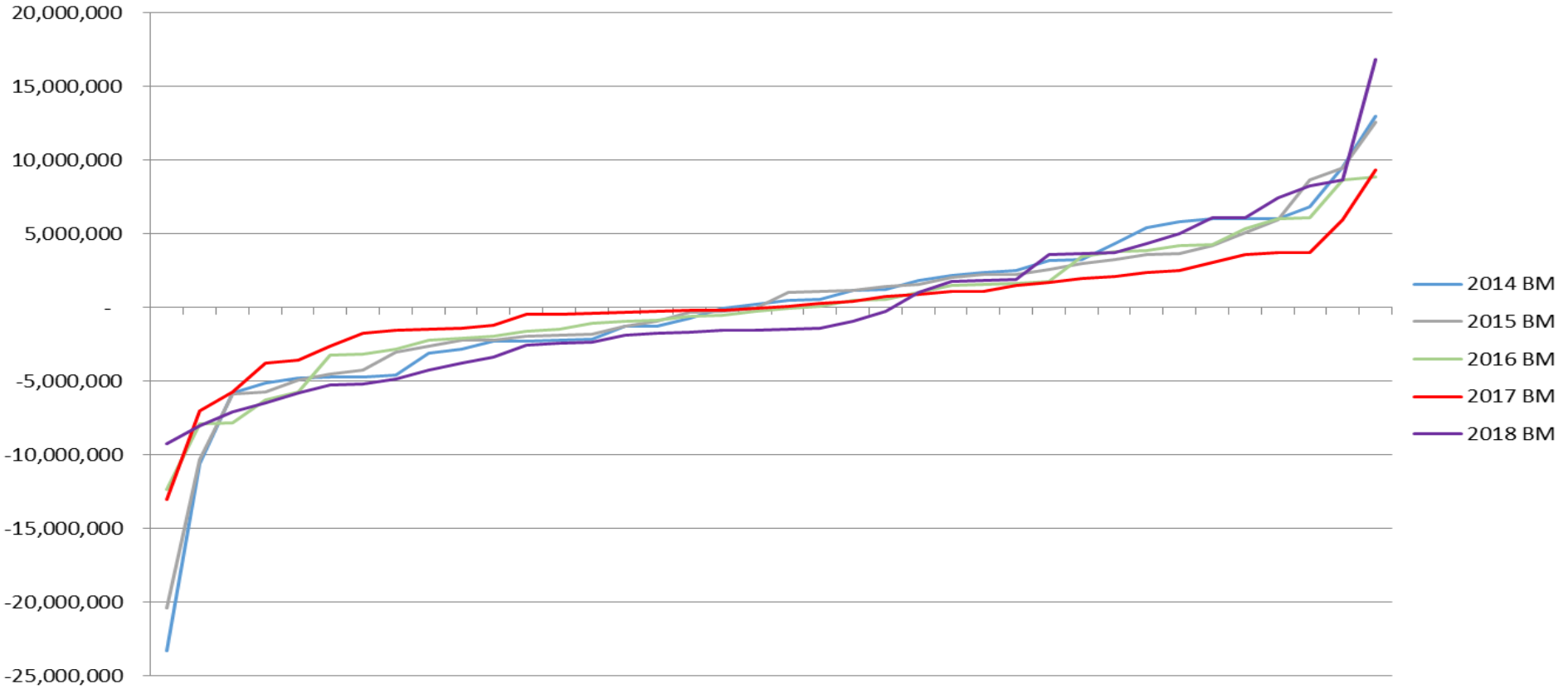
Tertiary Referral criteria for inclusion

- Hospitals meeting 3 of the 4 criteria below are eligible for a tertiary referral adjustment
  - Model 4 hospitals
  - Gross expenditure > €150m
  - > 20,000 WU (overnight, non-maternity)
  - CMI > 1
- Eight hospitals received the Tertiary Referral Adjustments based on the above criteria.
- Just two hospitals receive the Specialist Paediatric adjustment – Temple Street and OLH Crumlin.

ABF Benchmarking Results 2018



Trends in ABF Benchmarking 2014 -18



Source: Healthcare Pricing Office, HSE

DRG Revenue by Specialty 2018

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	Cases	Value
Specialty	**#**	**€000s**
General Medicine	200,627	648,801
General Surgery	152,828	428,687
Orthopaedics	64,550	310,875
Obstetrics	119,044	228,298
Paediatrics	54,984	155,134
Cardiology	37,315	149,832
Nephrology	179,974	147,578
Geriatric-Medicine	19,384	122,996
Oncology	113,200	121,751
Haematology	63,147	116,392
Respiratory Medicine	31,459	113,136
Gastro-Enterology	70,843	111,300
Otolaryngology (ENT)	33,187	78,300
Gynaecology	29,370	77,154
Urology	38,406	76,905
Cardio-Thoracic Surgery	4,242	76,069
Ophthalmology	59,676	74,410
Other	284,480	637,803
Total	**1,556,716**	**3,675,422**

Inpatients 2018

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	Cases	Value
Specialty	**#**	**€000s**
General Medicine	160,328	622,792
General Surgery	65,257	344,548
Orthopaedics	36,161	272,546
Obstetrics	99,187	218,476
Paediatrics	44,760	148,829
Geriatric-Medicine	16,158	121,664
Cardiology	19,898	119,249
Respiratory Medicine	16,919	100,609
Haematology	5,678	78,209
Cardio-Thoracic Surgery	3,654	75,629
Oncology	9,503	64,496
Gastro-Enterology	10,490	62,893
Otolaryngology (ENT)	12,232	62,219
Nephrology	8,634	58,654
Urology	10,159	58,326
Vascular Surgery	4,179	54,906
Neurosurgery	4,088	54,827
Other	80,744	450,546
Total	**608,029**	**2,969,417**

Daycases 2018

	Cases	Value
Specialty	**#**	**€000s**
Nephrology	171,340	88,924
General Surgery	87,571	84,139
Ophthalmology	56,087	57,257
Oncology	103,697	57,255
Gastro-Enterology	60,353	48,407
Orthopaedics	28,389	38,329
Haematology	57,469	38,184
Cardiology	17,417	30,583
General Medicine	40,299	26,009
Gynaecology	16,679	23,951
Urology	28,247	18,579
Plastic Surgery	18,134	16,870
Otolaryngology (ENT)	20,955	16,081
Dermatology	41,687	14,716
Pain Relief	13,088	14,630
Radiotherapy	47,733	14,139
Respiratory Medicine	14,540	12,528
Neurology	11,417	11,745
Other	113,585	93,680
Total	**948,687**	**706,005**

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Impact on Benchmarking Performance

Impacts on Benchmarking

- Expenditure movements
- Activity Movements
- Complexity movements ie change in CMI
- Work in Progress impacts ie discharges in the year for patients admitted in prior years
- Uncoded cases (Now paid at 80% of Hospital CMI)

Some Challenges for Benchmarking

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- High Cost Drugs / Frail Elderly
- Specialling – One to One Nursing care
- Availability of step down facilities for fit for discharge patients
- Procedures taking place in Outpatients that are Daycases in other hospitals
- Legitimate and Unavoidable costs (Unique Issues)

- Structured Dialogue process to deal with these issues

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ABF Update

Slaintecare

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- Effectively the new Health Policy
- Cross Party Support for this Policy
- ABF is a key component within the policy
- Extend ABF to all hospitals
- Extend ABF to all areas of the hospital(Outpatients & ED)
- Start the process of eliminating the ABF transition Adjustments – Roadmap to be provided
- Slaintecare Implementation team in the DOH
- ABF Implementation Plan for next 3 years

ABF Implementation Plan

- Original ABF Plan was 2015 – 2017.
- Outstanding issues from this plan included in new plan.
- Slaintecare now has to be addressed in the new plan.
- HIQA Report on HIPE recommendations also need to be addressed.
- Significant stakeholder engagement required
- Plan to be completed by end of Q2.

ABF Implementation Plan–What's new?

- Previous Plan was seen as a HPO plan.
- New Plan is for the hospital system with responsibilities at hospital and Group level
- Feedback from Hospitals / Groups welcome and encouraged
- ABF Technical Advisor assisting us with the plan

ABF Technical Advisor

- Jennifer Nobbs has been recruited in this role after a tendering process
- Jennifer was previously Executive Director of ABF in the Independent Hospital Pricing Authority in Australia (IHPA)
- Role is to assist in the development of the ABF Implementation Plan
- Develop a Stakeholder Engagement Plan
- Document the ABF Policy and Processes
- Assist in the Development of Outpatients and ED for use in an ABF model in these areas
- Provide ABF assistance in improving existing ABF model

Price List 2019

- Has been published on HPO website
- A key requirement in ABF Implementation plan
- Allow system to understand ABF better and to query the prices
- Will assist and improve stakeholder engagement.
- Has been printed as a booklet with introductory narrative explaining the content.
- Detailed Narrative provided in booklet explaining how to calculate the price for each patient
- There are up to 5 different prices for each DRG

ABF 2019 Admitted Patient Price List

HEALTHCARE PRICING OFFICE

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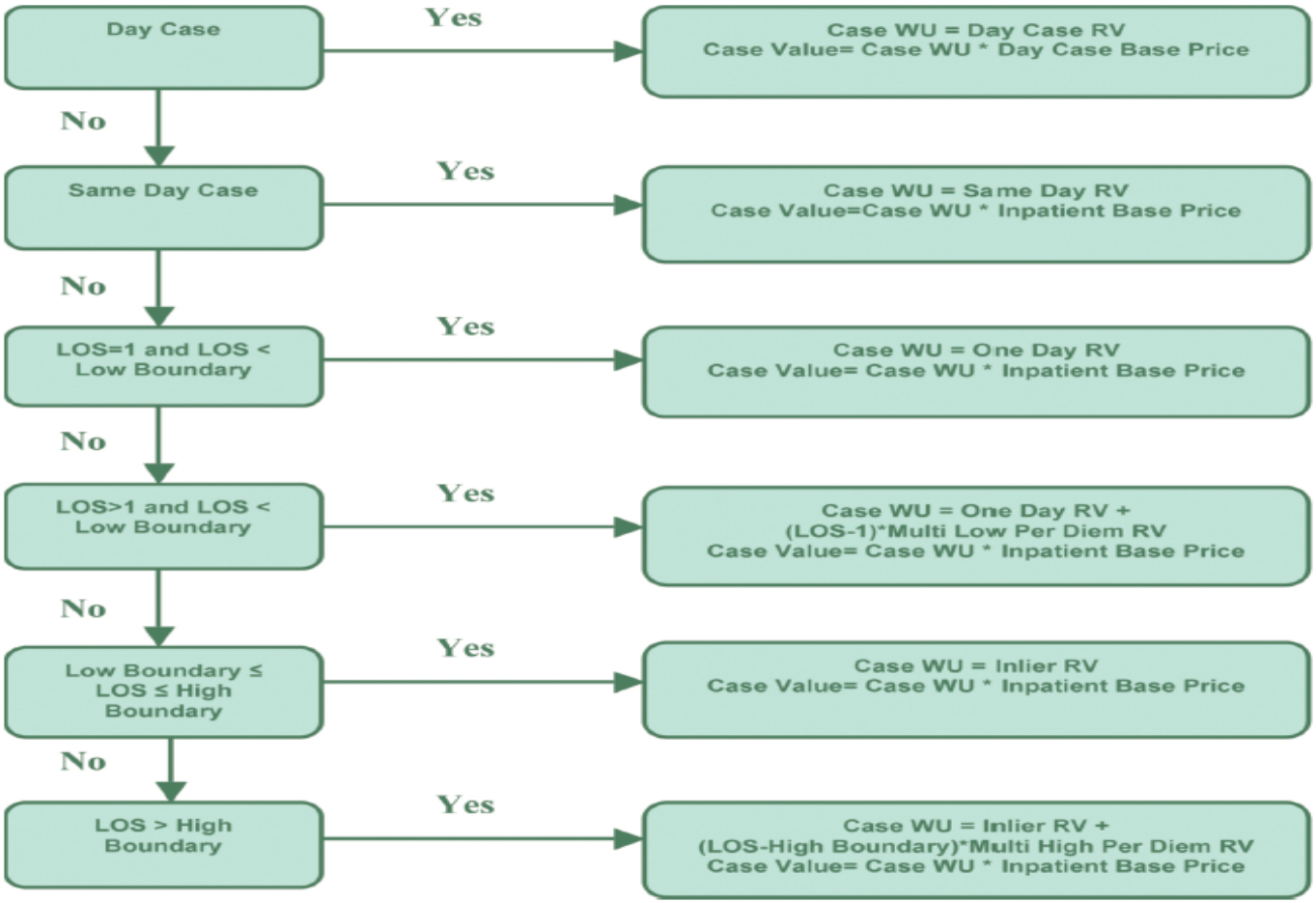
DRG Prices for Inpatients and Daycases 2019

http://hpo.ie/abf/ABF2019AdmittedPatientPriceList.pdf

Building a Better Health Service | Seirbhís Sláinte Nios Fearr á Forbairt

Flow Chart for Applying the ABF Price List

The flow chart below describes how to correctly implement the ABF 2019 Price List.



Notes:

1. Daycases are identified using HIPE question 16 - Was this a daycase? *(A day case is a patient who is admitted to hospital on an elective basis for care and/or treatment which does not require the use of a hospital bed overnight and who is discharged as scheduled).*
2. Length of stay is calculated as date of discharge - date of admission. The length of stay for cases admitted and discharged on the same day is set to 0.5.
3. Same day cases are defined as **non-elective inpatient discharges** which are admitted and discharged on the same date i.e. date of discharge=date of admission. Same day cases are distinct from day cases as defined in note 1 above.

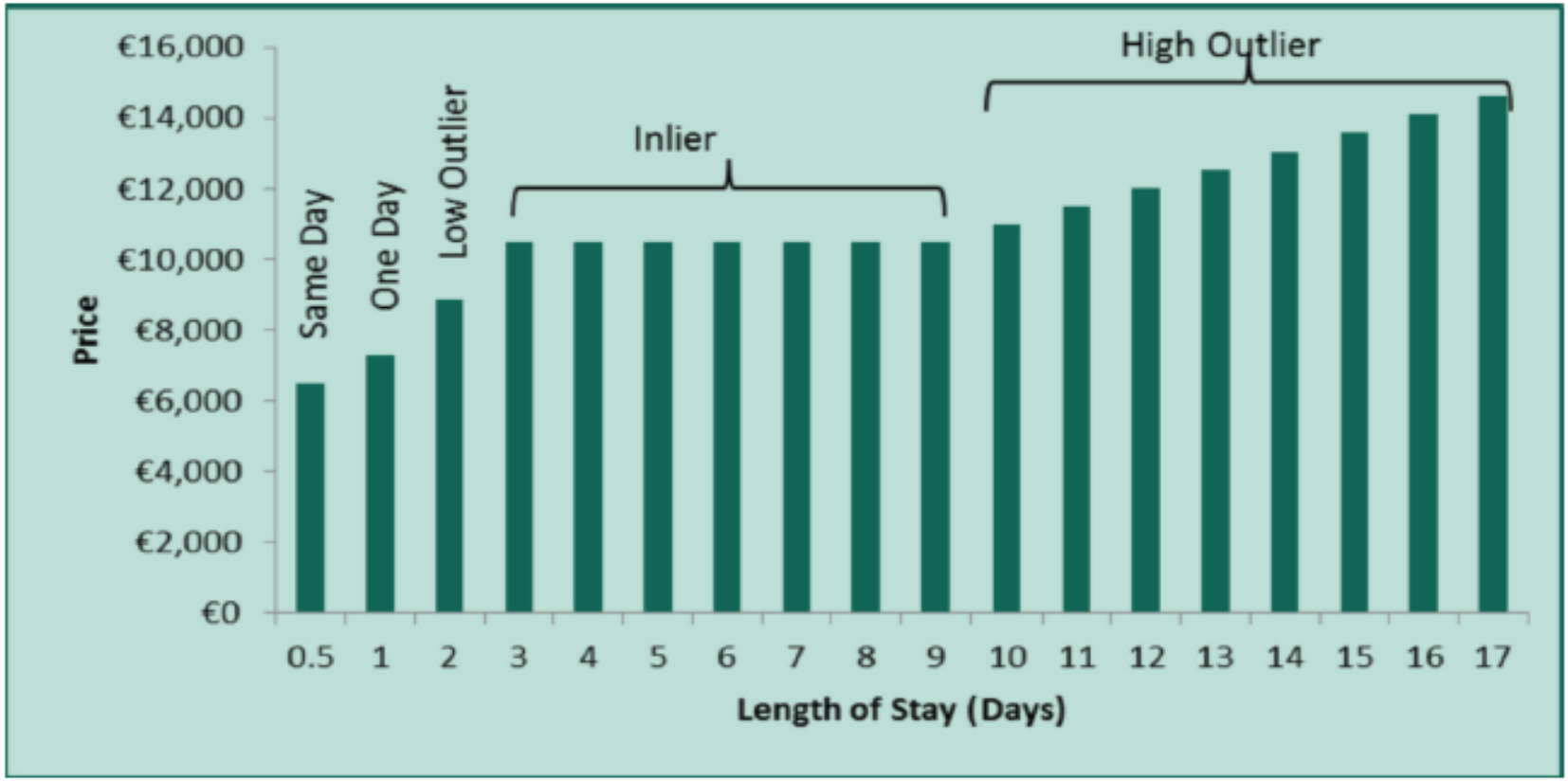
Example I04B Knee replacement, minc (Inpatient)

Low Boundary = 3 days
High Boundary = 9 days
Inlier Price = €10,471

Length of Stay	Case Type	WU Calculation	WU	Price Paid
0.5	Same Day	1.348	1.348	€6,498
1	One Day	1.513	1.513	€7,292
2	Low Outlier	1.513 + .330	1.843	€8,882
7	Inlier	2.173	2.173	€10,471
17	High Outlier	2.173+8*0.107	3.029	€14,608

Notes:
The values presented in this table have been rounded therefore multiplying the WU value by the base price will not yield the exact price to be paid.
* WU here refers to daycase WU and the value is derived by multiplying the day case WU by the day case base price

I04B Knee replacement, Minor Complications Payment Curve



DRG	DRG Description	Indicative Inpatient Cases	Inpatient Inlier Price	Same Day RV	One Day RV	Multi Low RV	Inlier RV	Multi High RV	Average Length of Stay	Lequiv (Low Boundary)	Hequiv (High Boundary)
UNRELATED OR DRGS											
801A	OR PR UNREL TO PDX, MAJC	413	€48,009	0.741	0.892	0.302	9.961	0.153	48.5	31	65
801B	OR PR UNREL TO PDX, INTC	550	€15,081	0.619	1.456	1.673	3.129	0.142	16.5	2	34
801C	OR PR UNREL TO PDX, MINC	359	€6,296	0.465	1.306		1.306	0.145	4.9	1	21
PRE MDC											
A01Z	LIVER TRANSPLANT	57	€67,377	3.727	4.215	0.976	13.980	0.425	28.2	11	45
A03Z	LUNG OR HEART-LUNG TRANSPLANT	26	€82,750	3.552	3.965	0.825	17.170	0.309	33.8	17	51
A05Z	HEART TRANSPLANT	18	€136,362	1.722	1.990	0.537	28.293	0.326	66.7	50	84
A06A	TRACHEOSTMY/VENT>=96HRS, MAJC	261	€193,526	2.703	2.922	0.438	40.154	0.190	103.1	86	120
A06B	TRACHEOSTMY/VENT>=96HRS, INTC	755	€102,670	1.687	1.956	0.537	21.303	0.287	53.8	37	71
A06C	TRACHEOSTMY/VENT>=96HRS, MINC	1,049	€50,436	0.985	1.436	0.903	10.465	0.257	28.5	11	45
A07A	ALLOGENEIC BMT, AGE<=16Y/MAJC	35	€191,797	1.193	1.787	1.188	39.796	0.883	50.1	33	67
A07B	ALLOGENEIC BMT, AGE>=17Y+MINC	57	€110,563	0.884	1.514	1.260	22.940	0.663	35.0	18	52
A08A	AUTOLOGOUS BMT, MAJC	128	€41,979	0.444	0.930	0.972	8.710	0.377	23.5	9	40
A08B	AUTOLOGOUS BMT, MINC	46	€20,322	0.439	1.698		4.217	0.272	11.6	2	29
A09A	KDNY TRANSPLNT, AGE<=16Y/MAJC	32	€50,069	1.618	2.293	1.349	10.389	0.469	14.9	7	30
A09B	KDNY TRANSPLNT, AGE>=17Y+MINC	144	€30,191	1.510	1.942	0.864	6.264	0.443	9.6	6	15
A10Z	INSERTION OF VAD	7	€271,506	3.508	3.725	0.435	56.334	0.400	139.2	122	156
A11A	INS IMPLNT SP INFUS DEV, MAJC	8	€30,197	2.444	3.718		6.265	0.370	6.7	2	18
A11B	INS IMPLNT SP INFUS DEV, MINC	5	€30,197	2.444	3.718		6.265	0.438	13.9	2	31
A12Z	INS NEUROSTIMULATOR DEV	94	€23,833	3.133	4.945		4.945	0.429	2.0	1	6
A40A	ECMO, MAJC	11	€246,430	8.805	9.123	0.636	51.131	0.490	84.0	67	101
A40B	ECMO, MINC	22	€91,012	4.520	5.826	2.612	18.884	0.467	22.5	6	40
MDC 01 - DISEASES AND DISORDERS OF THE NERVOUS SYSTEM											
B01A	VENTRICULAR SHUNT REV, MAJC	28	€7,857	0.628	1.630		1.630	0.157	4.0	1	13
B01B	VENTRICULAR SHUNT REV, MINC	80	€5,888	0.604	1.222		1.222	0.150	4.1	1	12
B02A	CRANIAL PROCEDURES, MAJC	177	€29,437	1.469	1.689	0.442	6.108	0.122	28.3	11	45
B02B	CRANIAL PROCEDURES, INTC	586	€14,229	1.221	1.798	1.154	2.952	0.132	10.5	2	28
B02C	CRANIAL PROCEDURES, MINC	1,252	€9,902	1.011	1.359	0.696	2.055	0.139	6.4	2	19
B03A	SPINAL PROCEDURES, MAJC	63	€16,930	1.289	2.030	1.483	3.513	0.155	17.2	2	34
B03B	SPINAL PROCEDURES, INTC	108	€8,017	0.974	1.663		1.663	0.146	4.1	1	15
B03C	SPINAL PROCEDURES, MINC	83	€7,572	0.855	1.571		1.571	0.125	3.9	1	15
B04A	EXTRACRANIAL VASCULAR PR, MAJC	51	€21,887	1.475	1.816	0.681	4.541	0.149	21.4	5	38
B04B	EXTRACRANIAL VASCULAR PR, INTC	103	€13,572	1.198	1.522	0.647	2.816	0.143	10.6	3	28
B04C	EXTRACRANIAL VASCULAR PR, MINC	186	€9,111	1.056	1.334	0.556	1.890	0.133	4.7	2	13
B05Z	CARPAL TUNNEL RELEASE	44	€2,664	0.213	0.553		0.553	0.149	1.3	1	3
B06A	CBL PSY,MUS DYSY,NPTHY PR,MAJC	31	€35,247	0.689	0.868	0.358	7.313	0.162	35.7	19	53
B06B	CBL PSY,MUS DYSY,NPTHY PR,INTC	52	€12,977	0.534	2.693		2.693	0.140	12.1	1	29

Quarterly Integrated Meetings

- Plan is to have quarterly integrated meetings on ABF
- Each meeting will be done one group at a time.
- Hospital /Group Coding, Costing and open to Clinical representation.
- Purpose to review ABF Monthly reporting against target.
- Deal with any queries that may exist on both sides.
- Introduce an ABF educational element at each Meeting eg Costing, Price Setting, Coding etc
- Also plan to show the national performance at a summary level so that hospitals can see how other hospitals are performing in-year.

Benchmarking Review Group

- Currently being set up.
- To support Hospitals in understanding their performance in Benchmarking.
- To gain insight into why hospitals are winning and losing.
- Group composition to be determined.

HIPE Governance Group

- In line with the recommendations of the HIQA Review of information management practices in HIPE (October 2018).
- The group will meet 4 times per year to discuss issues in relation to HIPE data. 1st meeting held March 2019.
- Membership is comprised of HPO, Department of Health, HSE and other relevant representative stakeholders.
- The HIPE Governance group will provide strategic guidance and support to the HPO, HSE, Hospital and Hospital Groups in the operation and development of the HIPE System
- Support effective management of the HIPE system to ensure the efficient generation of high-quality and timely HIPE data.

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Data Quality Inititiaves

HIPE Data Quality Strategy

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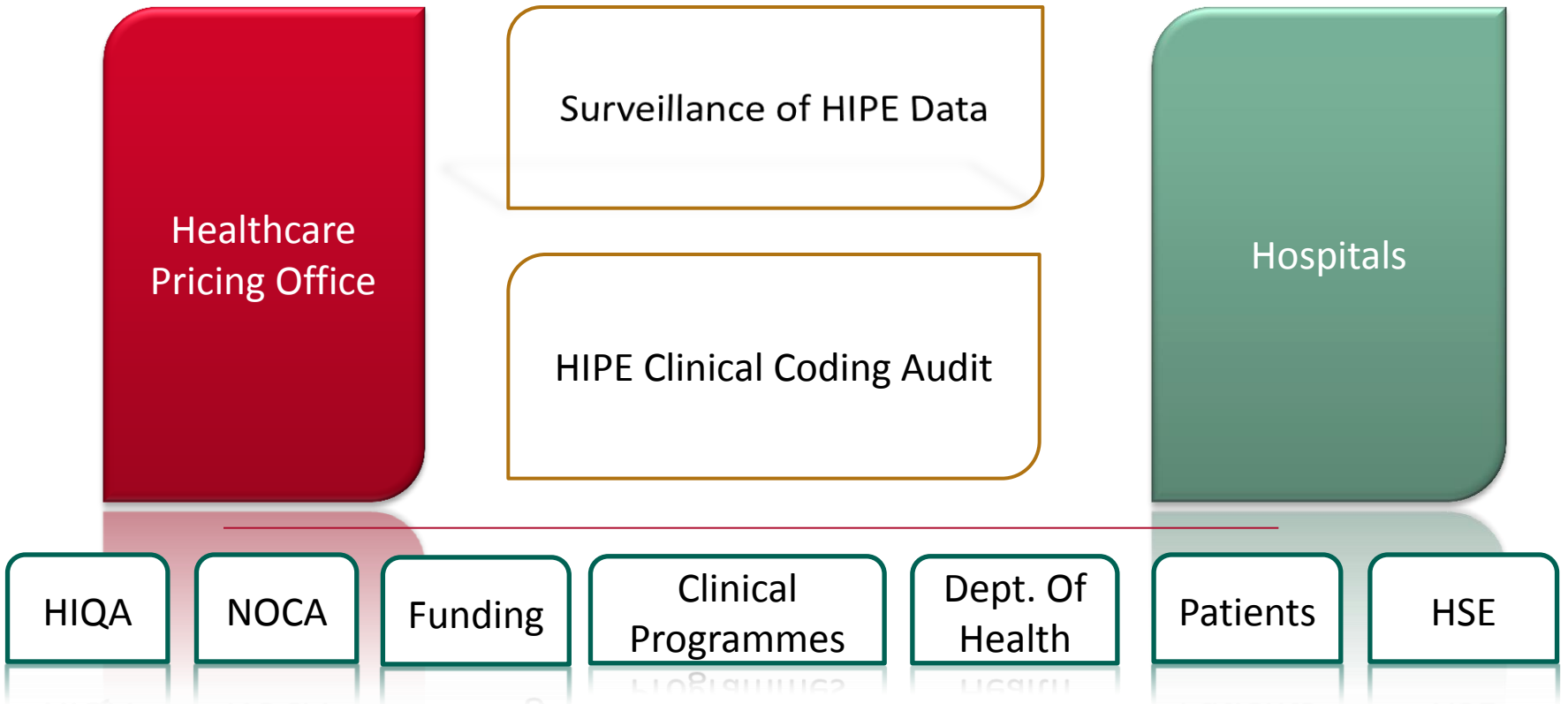
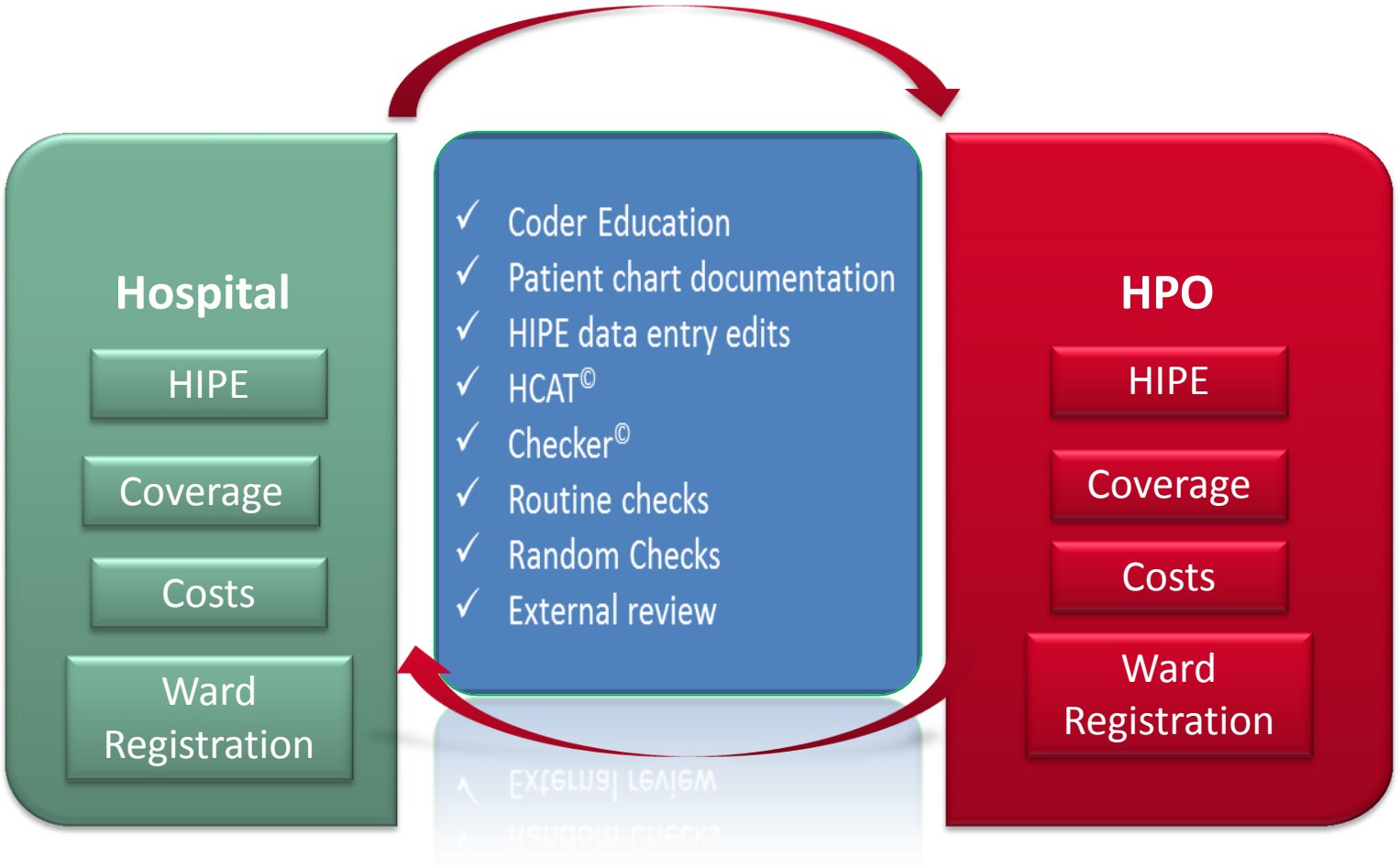
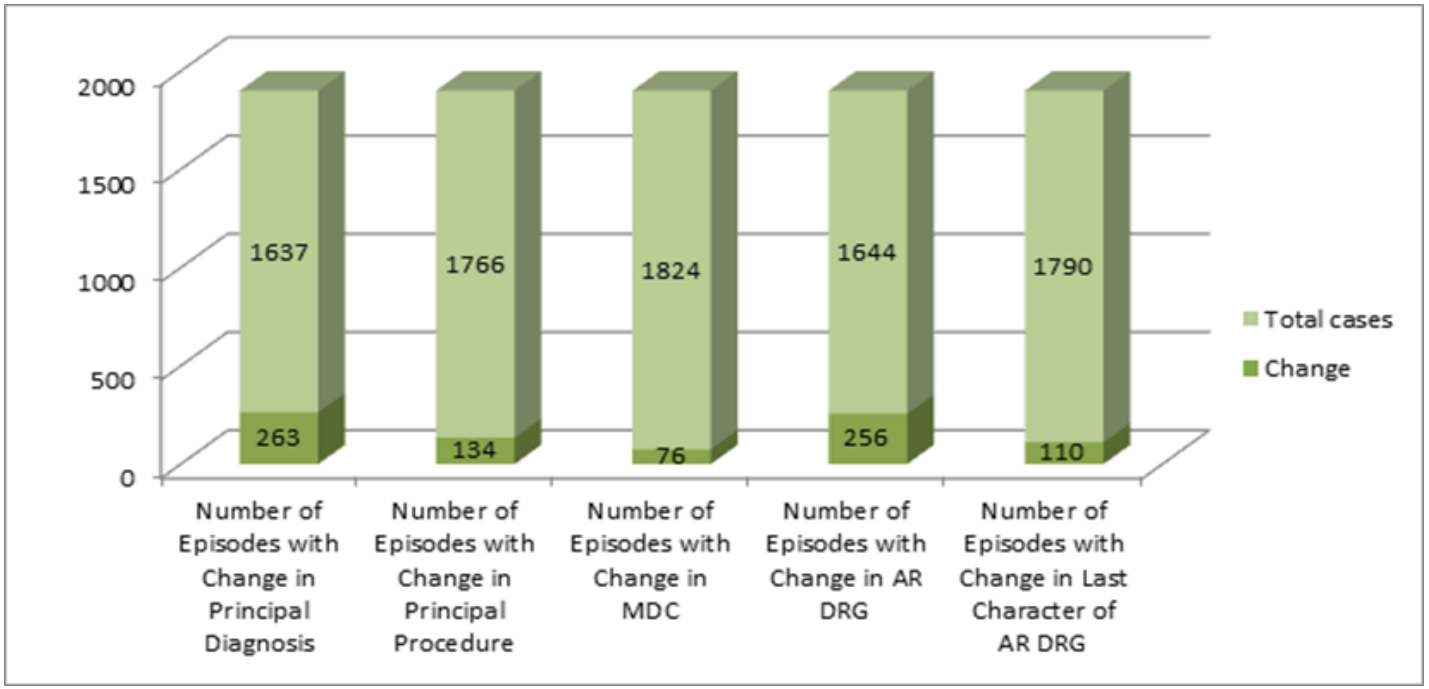
Aim: Quality assured robust HIPE data that is fit for purpose



HIPE Data Quality Strategy



Summary of HIPE Audit Findings



A total of 19 chart based audits were carried out as part of the HPO Audit Programme by the audit team in 2018. A total of 1900 cases were reviewed with 100 cases audited per hospital (70 Inpatients and 30 day cases).

Quality Assurance Group

- HPO cross functional group comprising leads from
  - costing, pricing, HIPE coding, IT, HIPE Training, NPRS
- Monthly meeting to address emerging issues that could effect the quality of HPO deliverables. For example:
  - Classification changes, Ward registration decisions, ABF developments
    Data Protection, Audit findings
- Ensures
  - Key decision makers from each functional area involved in the decision making process
  - Expert analysis available from individual teams to inform decisions
  - Management are assured that advice from the group has been considered from all perspectives

ABF Review Process - Costing

- Costing files received from all 39 hospitals in ABF.
- Detailed desktop review carried out by Costing team reviewing movement in cost year on year and comparison against peer hospitals
- Queries issued to hospitals which usually results in a a revised costing submission.
- If issues remain unresolved the norm would be to carry out an on site audit

PICQ (Performance Indicators of Coding Quality)

- Implemented in all HIPE hospitals
- Nationally for the 1st Quarter of 2019: 418,427 episodes checked by PICQ
- Daily personal alert email to all HIPE coders as required
- Positive feedback from coders
- HPO training responding to output as required eg. HADx workshops
- Coders approaching this data quality tool with an enquiring mind

PICQ (Performance Indicators of Coding Quality)

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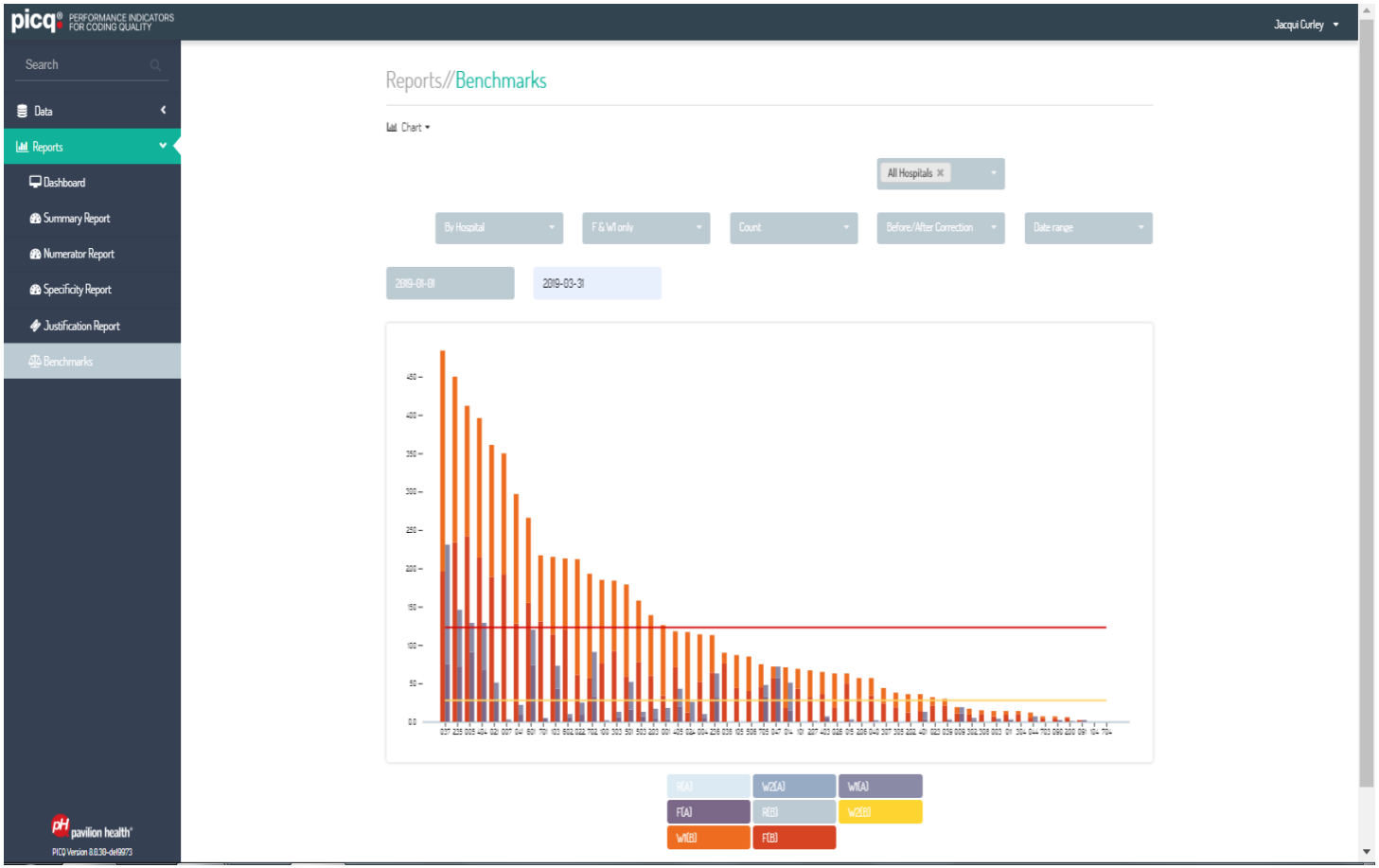

PICQ Software

- Performance Indicators of Coding Quality
  - Examines coded episodes against classification
    - Presents these to the coder
    - Measures compliance at multiple levels
  - Identifies non-compliance with standards
    - F, W1, W2
  - Identifies use of non-specific codes
    - R

PICQ Software

- **picq** is an additional data quality tool
- HIPE Portal
  - Edits
  - Checker
  - HCAT
  - Training
  - Audit
  - Mentoring
  - Checking lists
    -

PICQ

Indicators – degrees of severity:

- [F] – inconsistent with classification – episode needs to be corrected
- [W1] – most likely episode needs to be corrected, but sometimes correctly coded.
- [W2] - likely that episode needs to be corrected, but may be correctly coded. Coder can enter justification
- [R] – non specific codes used

HPO use of PICQ

- HPO will use PICQ to monitor data quality:
  - To measure HIPE data quality
  - when assessing ABF findings
  - to strategically plan audits
  - to identify and prioritise training needs
  - to identify and prioritise areas for liaison with clinicians on documentation
    -

HIPE Training

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- **HIPE Coder Training – Introduction to advanced workshops**

  2018- 66 courses in -1042 (288 individuals) participants from 51 hospital

  2019 (to date) - 32 courses to date- 632 participants (225 individuals) from 47 hospitals.

- **Training and Mentoring Course** – 12 participants
  To support Hospital HIPE departments in monitoring, developing and delivering training as well as mentoring for Clinical Coders at all levels of experience.

HIPE Training

TU Dublin – Certification course for clinical coders.

- 1 course per year – now meeting demand
- 140 clinical coders have been received certification

- Advanced course leading to Diploma in preparation with TU Dublin and the HPO
- 10th Edition certification examination for past students

HIPE Data Users training – High demand, on request, twice a year.

Audits – Costing and Coding

- To ensure the quality of the costing and Activity data (HIPE) underpinning the ABF process is robust and fit for purpose.
- Objective is to audit hospitals at a minimum of once every two years
- Audits may also be issues based as a result of the ongoing review processes in place
- These audits are also viewed as education opportunities for the hospitals

Patient Level Costing Peer Review tool

- Developed in house by HPO staff using the Power BI tool
- Facilitates comparison of costs by DRG between hospitals participating in PLC
- Can also facilitate comparison against the National Average
- Will also assist in improving coding quality

ABF Monthly Reporting

- Qlikview Document prepared monthly by HPO
- National, Group and Hospital level reported in the one document
- One version of the truth
- Internally Consistent thus eliminating the need for reconciliations
- Compares actual activity v target activity
- Links activity to ongoing expenditure by applying the ABF % from the Specialty Costing exercise.
- Document made available to the Acute Hospital system

DRG Update to Version 10

- 2020 will see the move in the DRG Classification system from AR DRG V 8 to V 10
- Coding system will also move from ICD 10AM version 8 to version.
- These updates take place so that we can keep up to date with changes in clinical practice
- HPO are also assessing the option of developing Coding E Books in house to assist the coding process

DRG Update to Version 10

- 363 New ICD-10-AM Diagnosis codes
  - 82 Codes Removed
- 180 New ACHI Procedure codes
  - 317 ACHI codes removed

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Expansion of ABF

ABF Myths - Block/OPD/ED

- Procedures taking place in Outpatients are not been rewarded in ABF.
- They are reimbursed out of the block funding

- Admission avoidance is not been rewarded in ABF.
- They are reimbursed out of the block funding

- When ABF is expanded to include Outpatients and ED there will be no block payments for these areas

Irish Outpatients Classification System (IOCS)

- Ireland has adopted the Australian Tier 2 Classification for Outpatients
- Initial work included a mapping of all clinics to the Classification system
- This work required us to adapt the Classification in some areas to reflect Irish practice.
- The implementation of IPMS in a number of Irish hospitals affected this mapping.
- This has resulted in the requirement for us to have the IOCS Clinic code on the PAS system.
- Pilot has commenced in UL

Outpatient Pilot

Outpatients

- Required under the ABF Implementation Plan and Sláintecare Strategy
- Aim to create a system of collection and standardised collection
- Patient Level Information
- Ultimately Resulting in Pricing and Funding through ABF

Engagement

- A decision was taken for the HPO to move forward with a pilot of data collection for a sample of hospitals.
- A sample of data was requested from iPMS hospital to examine data collection capabilities
- Statistical analysis was carried out on the data received for robustness.
- The decision was made to proceed with a pilot project to extract data at a patient level for iPMS hospitals.

ED

- The HPO engaged with the EMP on how ABF might be implemented for EDs in Ireland

- An EM Working Group was established to review international systems and the Australian URG (Urgency Related Group) system was considered to be a relevant and mature model and well-suited to Irish healthcare.
  - Ireland is currently using the Australian grouper for inpatient and daycases
  - The availability of expertise and knowledge in Australia.
  - The availability of the diagnosis short list and the urgency related grouper (URG).
  - The use of ICD10-AM

- The main variables required for URG are
  - Episode End Status, Type of Visit, Triage field, Diagnosis and Sex

ED

- In the long-term the Acute Floor Information System (AFIS) and Dataset will meet the data requirements of ABF for the Acute Floor provided that an appropriate mapping between SNOMED and ICD-10-AM exists.
- In the meantime we need to proceed with the ICD shortlist
  - The shortlist data will be used to test the shortlist for its suitability for use in the Irish ED model
  - The shortlist data will be used to test the quality and usefulness of any future mappings from SNOMED to ICD-10-AM
- The Mater and Cork University hospital have agreed to pilot the shortlist in their hospitals
- Analysis of data from the pilot hospitals will be carried out to test the suitability of the URG for use in the funding system for ED in Ireland

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Other

NTPF and ABF

- Some hospitals have been contracted to carry out activity in 2018 and 2019
- This activity needs to be recorded on HIPE
- Implications for
  - ABF Benchmarking
  - Target Setting
  - ABF Monthly Reporting
  - Income Calculation
- HPO will work with NTPF to reconcile differences between NTPF acitivity on HIPE and payments to hospitals.

Finally from DOH in Victoria Australia in 2002 - Ten tips re ABF

- 1 Get Going
- 2 Have an Outlier Payment Policy
- 3 Have a Reliable and Verifiable source
- 4 Be seen to be Fair
- 5 Build Alliances

Finally from DOH in Victoria Australia in 2002 - Ten tips re ABF

- 6 Ensure Financial Consequences
- 7 Take account of time
- 8 Remember the limitations
- 9 Account for size
- 10 Communicate, Communicate, Communicate

Questions


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