

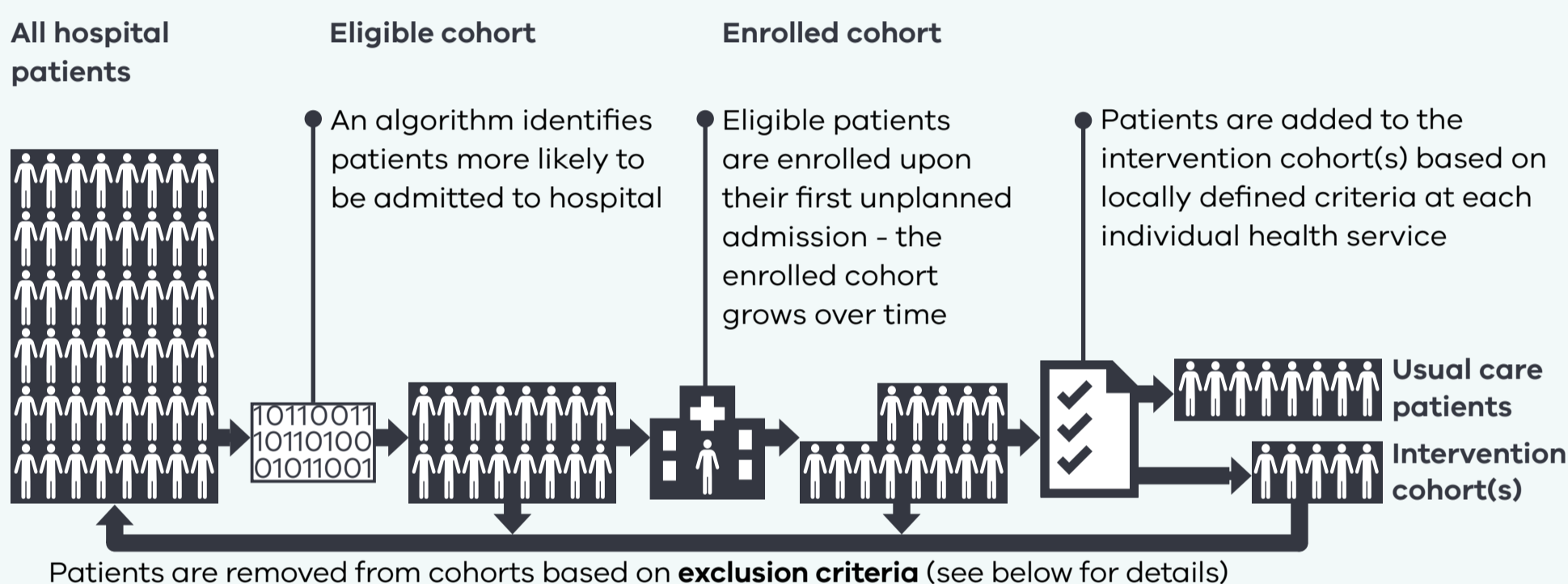
HealthLinks Chronic Care

Patient identification and funding arrangements

Version 1 – October 2016

Responsive and adaptive care along with active management can result in better outcomes for people living with chronic conditions, and may help reduce their need for inpatient care. A key goal of **HealthLinks Chronic Care** is to better identify patients who are at higher risk of multiple admissions to hospital as a result of chronic and complex care needs. The **HealthLinks Chronic Care** funding model removes some of the funding barriers to delivering alternative models of care for these patients.

Patient identification and selection



Exclusion criteria

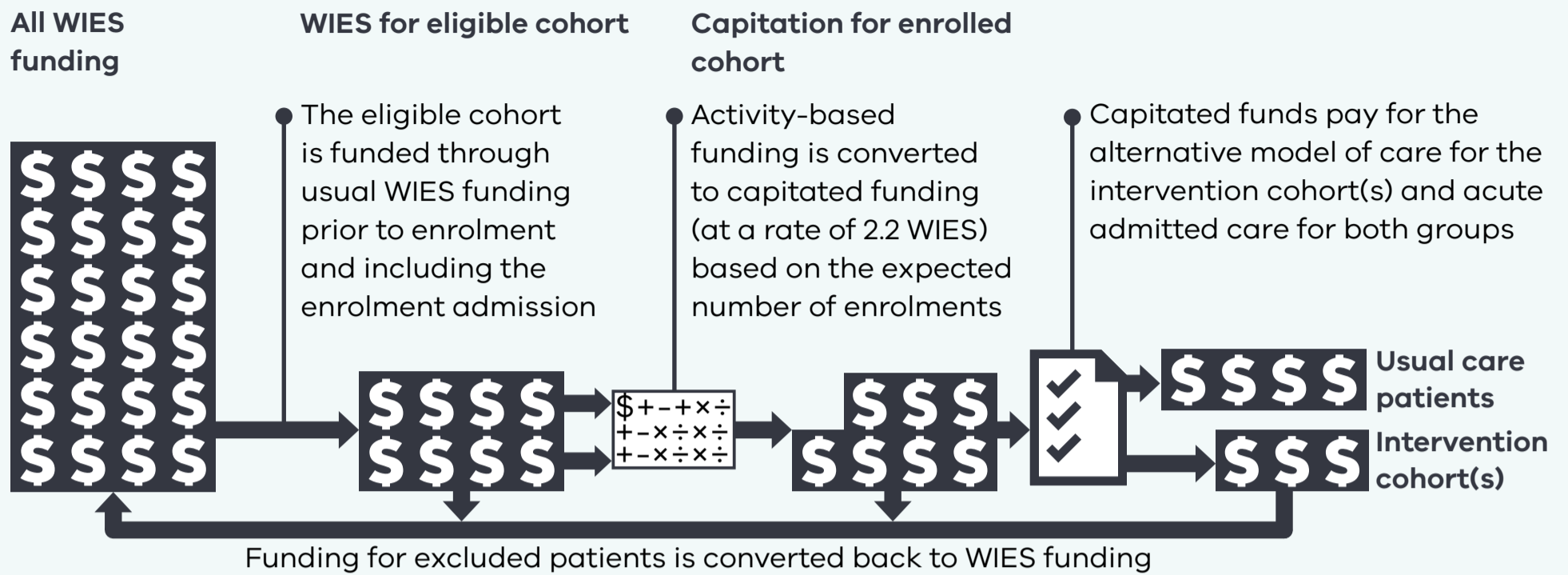
The following are excluded from capitated funding arrangements:

Excluded by patient type	Excluded for 12 months by principal reason for admission ¹	Statewide services
<ul style="list-style-type: none"> • Private hospitals • Compensable patients • Medicare ineligible • Prisoners • All patients under 18 years of age 	<ul style="list-style-type: none"> • Maternity care • Radiotherapy or chemotherapy • Palliative care • Major trauma • Mental health care 	<ul style="list-style-type: none"> • HIV • Poliomyelitis • Cystic fibrosis • Spinal cord injury • Thalassaemia • Transplant patients • Victorian respiratory support service

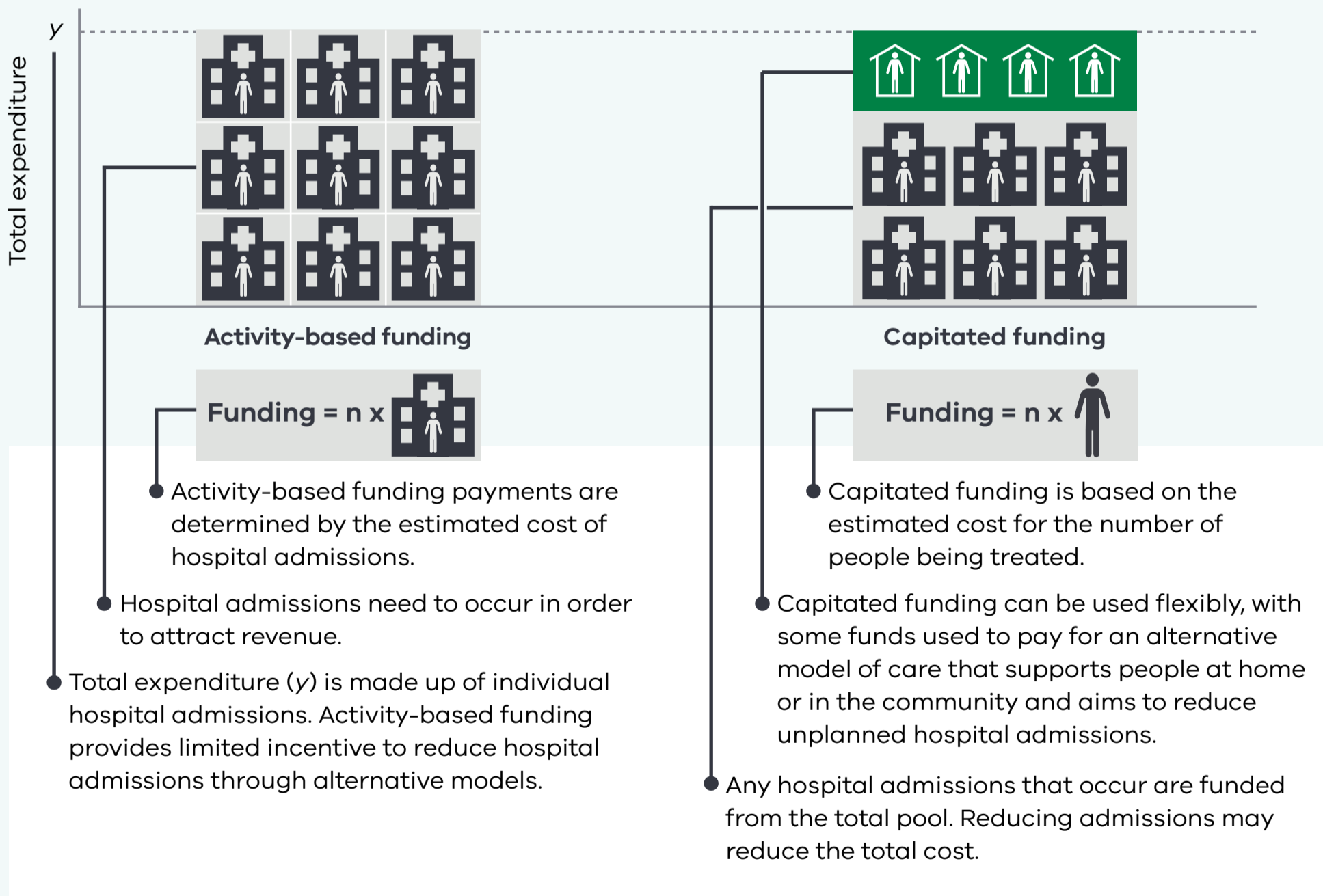
¹ While renal dialysis patients can be enrolled in HealthLinks, episodes of dialysis treatment are excluded.

Funding arrangements

WIES = Weighted inlier equivalent separation



How capitated funding works



For further information: consult the policy and funding guidelines 2016 (<https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>) or *HealthLinks Chronic Care business rules* (contact DHHS on 1300 650 172).