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| Subcutaneous immunoglobulin (SCIg) infusion therapy – home delivered |
| Funding and reporting arrangements for Victorian public health services |
| OFFICIAL |

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# What is subcutaneous immunoglobulin infusion therapy?

**Subcutaneous immunoglobulin (SCIg) infusion therapy** is the administration of immunoglobulin via subcutaneous injection. Subcutaneous immunoglobulin is usually administered weekly and can be performed at home by a patient or their carer.

# Patient eligibility for department funded SCIg therapy

The clinical eligibility requirements specified by the Victorian Department of Health (the department) are given below.

SCIg therapy is only approved for patients with a medical condition as cited in the *‘Criteria for the clinical use of immunoglobulin in Australia’* namely:

* primary immunodeficiency diseases with antibody deficiency
* specific antibody deficiency
* acquired hypogammaglobulinaemia secondary to haematological malignancies, or post-haemopoietic stem cell transplantation (HSCT)
* secondary hypogammaglobulinaemia unrelated to haematological malignancies, or post-haemopoietic stem cell transplantation (HSCT)
* chronic inflammatory demyelinating polyneuropathy (CIDP), (including IgG and IgA paraproteinaemic demyelinating neuropathies) \*
* \*SCIg therapy is approved for use for the treatment of CIDP under the national blood arrangements pending the outcome of a current Health Technology Assessment (HTA) review evaluating the use of immunoglobulin in the treatment of CIDP.

In order to be eligible, patients must also:

* have a patient specific SCIg therapy request submitted in NBA BloodSTAR online system and be authorised by the Australian Red Cross Lifeblood (Lifeblood),
* be a Medicare eligible patient who is registered with the public health service participating in the program and is willing to attend appointments at the health service to allow ongoing management of their health condition requirements,
* be treated by a clinical specialist within a public hospital based SCIg program where the hospital provides access to all clinical services and resources to support the use of the SCIg product,
* reside in Victoria and self-administer SCIg therapy, and
* provide consent for the use of patient level data for funding, monitoring, and evaluation purposes.

All services must be provided at no additional cost to patients.

## Private patients

In instances where a patient has previously consented to being treated as a private patient in a private hospital, a patient may rescind their consent and elect to be treated under the care of a public health service participating in the program.

If the patient meets the established clinical criteria, is registered as a patient and is willing to attend appointments at the health service to allow ongoing management of their condition the patient's referral and election to be treated under the care of a public health service cannot be rejected on the basis that the patient has had treatment in a private hospital.

# Victorian funding model for public health services

The department will provide hospitals with quarterly funding for each patient being treated with home delivered SCIg therapy in 2024–25.

Funding for SCIg therapy is provided to cover the cost of consumables and equipment to support self-administration, including training and support to patients and their carers.

Funding is not intended to cover:

* clinical consultations related to SCIg therapy
* supply of the medication
* administration (other than self-administration) of intravenous immunoglobulin therapy
* inpatient administration of subcutaneous immunoglobulin.

As SCIg is a Schedule 4 (S4) medication, it must be dispensed by a pharmacist for home administration and will be available via pharmacy services in hospitals not providing consumables and nursing support. This will ensure patients are able to access their medicine in a location closer to home. Hospitals with pharmacy services that dispense SCIg, but do not provide consumables do not receive funding.

The department’s funding arrangements for SCIg therapy is consistent with the Independent Health and Aged Care Pricing Authority’s (IHACPA) funding model. Funding definitions of the SCIg program are set out in the IHACPA’s Tier 2 Non-Admitted Services Definitions Manual. The Tier 2 class for SCIg services is 10.22 *Subcutaneous immunoglobulin (SCIg) infusion therapy – home delivered*.[[1]](#footnote-2)

More information can be found on the subcutaneous immunoglobulin (SCIg) access program webpage <https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-access-program> and the Policy and Funding Guidelines[[2]](#footnote-3) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>

## What can funds provided to public health services be used for?

Funds may be used to supply the items required by eligible patients during training and ongoing treatment including:

* consumables:
* subcutaneous needles and tubing,
* luer lock syringes(s) (must fit pump if used),
* drawing up needles or vented dispensing pins,
* alcohol swabs or skin prep,
* surgical tape/dressing,
* small band aid or gauze,
* sharps container,
* transport bag and ice brick if required (Evogam® and Cuvitru® are stored at 2-8°C),
* patient treatment record/Infusion diary/product App,
* antibacterial wipes or soapy water (to clean SCIg preparation area/placemat).
* infusion pumps and other equipment that may be required
* patient training
* costs associated with managing the service (it does not include consultations with health professionals funded through specialist clinics or other treatment or services that may be required).

# Reporting

For SCIg infusion therapy, each occasion of service, regardless of frequency, is counted as a non-admitted patient service event on the day it is administered (provided there is documentation of the procedure in the patient’s medical record).[[3]](#footnote-4)

For example:

* if a patient self-administers SCIg infusion therapy in their own home three times a week, three non-admitted patient service events would be reported for the week and classified to 10.22 Subcutaneous immunoglobulin (SCIg) infusion therapy - home delivered
* SCIg infusion therapy performed with the assistance of a healthcare provider in the patient’s home is classified to 10.22 Subcutaneous immunoglobulin (SCIg) infusion therapy - home delivered.

If a clinician from the health service has a clinical interaction with a patient that meets the definition of a non-admitted service event, the health service can report this activity under the relevant specialist clinics (outpatient) program/stream.

Health services providing home delivered SCIg therapy are required to report to Victorian Integrated Non-Admitted Health Minimum Data Set (VINAH MDS) and Agency Information Management System (AIMS).

To ensure health services report accurate activity data, all health services funded to provide home delivered SCIg therapy are encouraged to undertake audits every six months to reconcile their reported data against the patients receiving home delivered SCIg therapy, ensuring that new patients are being reported and that patients no longer receiving home delivered SCIg are not being reported.

## VINAH MDS Reporting

Health services that provide home delivered SCIg therapy are required to:

* contact the [HDSS helpdesk](mailto:HDSS.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au> when a new home delivered SCIg therapy service commences, so they can be set up to report to the VINAH MDS, and
* report patient level contact information to the VINAH MDS using the following Episode Program/Stream code:

**Episode Program/Stream**

Infusion Therapy (IT)

**Code Descriptor**

951 Subcutaneous immunoglobulin infusion therapy

Health services that only dispense SCIg and do not provide specialist clinician support or consumables and equipment do not report activity via VINAH MDS.

VINAH MDS reporting is encouraged from 1 July 2024 and mandatory from 1 July 2025.

## AIMS Reporting

Health services that provide home delivered SCIg therapy are required to:

* contact the [HDSS helpdesk](mailto:HDSS.helpdesk@health.vic.gov.au) <hdss.helpdesk@health.vic.gov.au> when a new home delivered SCIg therapy service commences, so they can be set up to report to AIMS, and
* report aggregate data on service events using the AIMS S12 Self-administered non-admitted services data collection webform (only health services that deliver SCIg therapy are added to this form by the department).

Health services that only dispense SCIg and do not provide specialist clinician support or consumables and equipment do not report activity via AIMS S12.

AIMS reporting is mandatory from 1 July 2024.

# Requirements for health care providers

Health care providers receiving the funding are required to:

* undertake clinical reviews of patients and ensure cost-effective prescribing,
* provide the consumables and equipment to meet the needs of individual patients,
* provide written information to clients about services, hospital arrangements and client rights and responsibilities,
* implement and adhere to the most current information described by the Australasian Society of Clinical Immunology and Allergy (ASCIA) <https://www.allergy.org.au/patients/immunodeficiencies/scig-therapy-general-information>, and
* provide consumer level data for funding, monitoring, and evaluation purposes by the due date as set out in the VINAH MDS and AIMS Manuals.

# Further Information

* Department of Health Policy and Funding Guidelines [Policy and Funding Guidelines 2024-25](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
* Subcutaneous immunoglobulin (SCIg) program: tools and resources [SCIg program: tools and resources](https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-program-tools-and-resources) <https://www.health.vic.gov.au/patient-care/subcutaneous-immunoglobulin-scig-program-tools-and-resources>
* Independent Health and Aged Care Pricing Authority (IHACPA), Tier 2 Non-admitted services definition manual 2024-25 [Tier 2 Non-Admitted Services 2024-25](https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2024-25)<https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2024-25>
* Independent Health and Aged Care Pricing Authority (IHACPA), Tier 2 Non-admitted services compendium 2024-25 [Tier 2 Non-Admitted Services 2024-25](https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2024-25)   
  <https://www.ihacpa.gov.au/resources/tier-2-non-admitted-services-2024-25>
* Report episode information using VINAH MDS [VINAH MDS manual](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset)  
  <https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset>
* Report episode information using AIMS form [AIMS manual](https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims)   
  <https://www.health.vic.gov.au/data-reporting/agency-information-management-system-aims>
* Criteria for the clinical use of immunoglobulin in Australia [Criteria for immunoglobulin products | National Blood Authority](https://www.blood.gov.au/supply-system/governance-immunoglobulin-products/criteria-immunoglobulin-products)<https://www.blood.gov.au/supply-system/governance-immunoglobulin-products/criteria-immunoglobulin-products>

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1. Independent Health and Aged Care Pricing Authority 2024, *Tier 2 Non-admitted services definition manual 2024-25*, Independent Hospital Pricing Authority, Sydney [↑](#footnote-ref-2)
2. Department of Health, 2024-2025 *Policy and Funding Guidelines* Government of Victoria, Melbourne [↑](#footnote-ref-3)
3. Independent Health and Aged Care Pricing Authority 2024, *Tier 2 Non-admitted services compendium 2024-25*, Independent Hospital Pricing Authority, Sydney [↑](#footnote-ref-4)