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Development of AN-SNAP version 4: activity based funding classification workshop

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J. Green & R. Gordon "Development of AN-SNAP version 4: activity based funding classification workshop", Activity Based Funding Conference, Melbourne Convention and Exhibition Centre, 23-25 Jun 2014, (2014)

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Abstract

Project aims and objectives

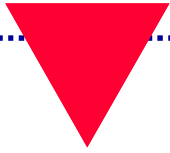
- To develop a fully revised and contemporary version of the AN-SNAP classification suitable for implementing as a national sub-acute and non-acute ABF model
- To ensure that the revised classification is acceptable across the sub-acute sector including States and Territories

Keywords

activity, 4, version, snap, classification, funding, workshop, development

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Development of AN-SNAP Version 4:

Activity Based Funding Classification Workshop

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23 June 2014

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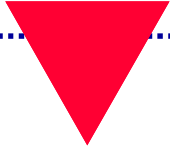
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Conceptual framework

- ◆ Within the context of:
 - the national health reform agenda, and
 - the changing clinical profile of sub-acute patients
- ◆ Three related sets of activities are being undertaken:
 - a review of previous and current work
 - an extensive stakeholder consultation process
 - application of recognised classification development and statistical analysis methods

Sub-acute cost drivers

- ◆ We know that cost drivers in the sub-acute sector are different from the acute sector and involve factors such as:
 - Rehabilitation: function, impairment, age, co-morbidities, complications, psychosocial environment,
 - Palliative care: stage of illness (phase of care), function, age, and acute complications;
 - GEM: function, acute medical complications, co-morbidities, psychosocial environment
 - Psychogeriatrics: function, behaviour, risk factors



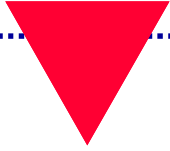
Development of AN-SNAP V4

Project comprises the three major elements

- ◆ A targeted review of previous work including AN-SNAP V3
- ◆ A multi-pronged stakeholder engagement strategy
- ◆ A series of statistical analyses using clinical, activity and financial data obtained from a range of sources, including projects recently undertaken on behalf of IHPA.
- ◆ To be completed in October 2014

Core project activities

No	Activity
1	Activate project, implement and maintain project governance arrangements
2	Develop detailed work plan
3	Review previous work undertaken in this field
4	Produce classification development framework principles
5	Establish and implement stakeholder engagement strategy
6	Source available sub-acute and non-acute clinical, activity and cost data
7	Undertake data preparation and preliminary analysis
8	Produce preliminary AN-SNAP V4 classes
8a	Produce preliminary overnight and ambulatory paediatric AN-SNAP V4 classes
8b	Produce preliminary adult overnight AN-SNAP V4 classes
8c	Produce preliminary adult ambulatory AN-SNAP V4 classes
9	Produce AN-SNAP V4 classification
10	Submit interim report and public consultation paper
11	Deliver draft final report and presentation to IHPA
12	Deliver final project report and user documentation



Methodological and clinical issues

Data availability

◆ Data from a range of sources are being synthesised including:

- Jurisdictional sub-acute data collections
- NHCDC sub-acute data
- Admitted patient collection morbidity data for sub-acute episodes
- Cost (and available clinical) data collected in 2013 by Ernst and Young study
- Other available episode level costed sub-acute data (including data held by CHSD)
- Non-admitted data collection, including service events for sub-acute type Tier 2 clinics
- PCOC and AROC data

Challenges with the data

- ◆ In general –
 - To measure the things that drive costs,
 - To have these measures available in a costed dataset

- ◆ For this project a rigorous methodology to maximise the utility of all available data is being employed

Some other key project issues

- ◆ Understanding sub-acute cost drivers
 - reviewing variables in the current version
 - PLUS testing some new variables for inclusion
 - eg should diagnosis play a role?
 - what is it about cognition?

- ◆ Incorporating changing clinical practice

Changes in clinical practice and cost drivers

- ◆ We know that the following types of factors have influenced the delivery and cost of sub-acute services in recent years
 - Clinical characteristics of patients
 - New models of care / treatment protocols
 - Structural / organisational issues
 - Length of stay related factors
 - Patient / family / carer expectations

Plus...

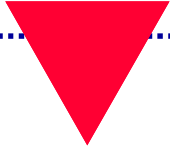
- ◆ Additional issues being given particular focus:
 - the interface between acute and sub-acute care
 - the interface between sub- and non-acute care types
 - reviewing ambulatory AN-SNAP classes
 - developing paediatric AN-SNAP classes

Solutions for these issues

- ◆ May be found in the new classification
- ◆ May be managed via business rules
- ◆ May be managed via a funding model

OR

- ◆ May be some years off



Options being considered in the statistical analysis

To improve the performance of the
classification

Palliative Care

- ◆ Modifying age and RUG/ADL splits
- ◆ The impact of incorporating weighted RUG-ADL scores
- ◆ The use of diagnostic clusters as a splitting variable
- ◆ Additional variables, eg palliative care problem severity score

Rehabilitation

- ◆ Modifying FIM™ splits for several impairment categories
- ◆ Incorporating clusters of ICD 10 diagnosis codes in some impairments
- ◆ Introducing a weighting for individual FIM items
- ◆ Special focus on the reconditioning impairment

GEM

- ◆ An initial split based on FIM motor score and a second split based on diagnosis clusters
- ◆ Age and FIM cognition - perhaps will not be included as splitting variables
- ◆ Additional measures that have been suggested – SNMSE, HoNOS 65+, other measure of cognitive or behavioural issues for future versions

Psychogeriatrics

- ◆ Limited availability of data will preclude detailed analysis for this care type
- ◆ Likely to remove two current AN-SNAP classes as are no longer relevant in clinical practice
- ◆ Overlap with mental health classification
- ◆ Overlap with GEM care type

Maintenance

- ◆ Likely to change the care type name to 'non-acute'
- ◆ Reviewing current 'maintenance care types' to better reflect current clinical practice
- ◆ Check for RUG-ADL and/or age splits

Paediatrics

- ◆ Data!!!
- ◆ Rehabilitation: test the development of paediatric classes with an initial age split based on three age groups: 0-3, 3-12 and >12 followed by a secondary split based on impairment group
- ◆ Palliative care: test the development of paediatric classes with an initial age split based on three age groups: 0-3, 3-12 and >12 followed by a secondary split based on cognitive impairment, medical complexity and function or impairment groups

Ambulatory AN-SNAP classes

- ◆ Overlap with classification based on Tier 2 Clinics
- ◆ Data availability
- ◆ Feedback from clinical panels
 - Mutlidisciplinary vs single discipline
 - Episode based?
 - What about same day admitted?
 - Ambulatory maintenance no longer happens