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

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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
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Development of AN-SNAP Version 4:
Activity Based Funding Classification Workshop

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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
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

<table>
<thead>
<tr>
<th>No</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1</td>
<td>Activate project, implement and maintain project governance arrangements</td>
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<tr>
<td>2</td>
<td>Develop detailed work plan</td>
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<tr>
<td>3</td>
<td>Review previous work undertaken in this field</td>
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<td>4</td>
<td>Produce classification development framework principles</td>
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<td>5</td>
<td>Establish and implement stakeholder engagement strategy</td>
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<td>6</td>
<td>Source available sub-acute and non-acute clinical, activity and cost data</td>
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<tr>
<td>7</td>
<td>Undertake data preparation and preliminary analysis</td>
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<tr>
<td>8</td>
<td>Produce preliminary AN-SNAP V4 classes</td>
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<tr>
<td>8a</td>
<td>Produce preliminary overnight and ambulatory paediatric AN-SNAP V4 classes</td>
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<tr>
<td>8b</td>
<td>Produce preliminary adult overnight AN-SNAP V4 classes</td>
</tr>
<tr>
<td>8c</td>
<td>Produce preliminary adult ambulatory AN-SNAP V4 classes</td>
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<tr>
<td>9</td>
<td>Produce AN-SNAP V4 classification</td>
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<tr>
<td>10</td>
<td>Submit interim report and public consultation paper</td>
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<tr>
<td>11</td>
<td>Deliver draft final report and presentation to IHPA</td>
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<tr>
<td>12</td>
<td>Deliver final project report and user documentation</td>
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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
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
  - Multidisciplinary vs single discipline
  - Episode based?
  - What about same day admitted?
  - Ambulatory maintenance no longer happens