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

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

Abstract

Project aims and objectives

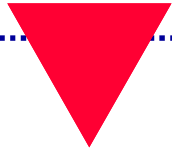
- To develop a fully revised and contemporary version of the AN-SNAP classification suitable for implementing as a national sub-acute and non-acute ABF model
- To ensure that the revised classification is acceptable across the sub-acute sector including States and Territories

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

Project aims and objectives

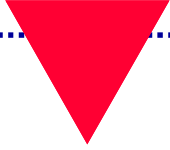
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Conceptual framework

- ◆ 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



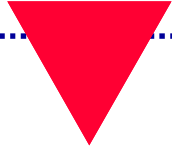
Development of AN-SNAP V4

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...

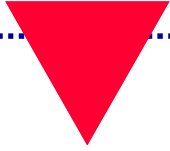
- ◆ Additional issues being given particular focus:
 - the interface between acute and sub-acute care
 - the interface between sub- and non-acute care types
 - reviewing ambulatory AN-SNAP classes
 - developing paediatric AN-SNAP classes

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