Classifying subacute and non-acute care - AN-SNAP V4

Janette P. Green
University of Wollongong, janette@uow.edu.au

Robert Gordon
University of Wollongong, robg@uow.edu.au
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Classifying Subacute and Non-Acute Care - AN-SNAP V4

Associate Professor Janette Green
Associate Professor Rob Gordon
Centre for Health Service Development
Australian Health Services Research Institute
University of Wollongong
Developing a new version of AN-SNAP

• What did we do?

• How did we do it?

• What does Version 4 look like?

• How is it different from Version 3?

• What happens next?
Background and context

- AN-SNAP = Australian National Subacute and Non-Acute Patient classification
- In 2012, AN-SNAP selected by IHPA as the ABF classification system to be used for subacute and non-acute care.
- In December 2013, CHSD commissioned by IHPA to develop AN-SNAP V4.
- Key objective to review the AN-SNAP V3 and develop a revised version that is suitable for ABF purposes
- Final products – report, AN-SNAP manual, AN-SNAP grouper, grouper manual
Project scope

• Project brief was to:
  o develop AN-SNAP V4
  o aim to develop paediatric subacute classes
  o consider new clinical tools where data available

• Project brief was not to:
  o Develop cost weights for AN-SNAP V4 classes
  o Develop a funding model for AN-SNAP V4
Project stages

• Stage 1: results included in Stage 1 Report
  ○ Review of previous work
  ○ Initial stakeholder consultation

• Stage 2: results included in Final Stakeholder Consultation Paper
  ○ Clinical consultation
  ○ Data preparation
  ○ Class finding

• Stage 3: results included in Final Project Report and AN-SNAP V4 Manual
  ○ Final stakeholder consultation
  ○ Grouper and associated documentation
Stakeholder consultation
Data available to project

• Primary source of data for project was public sector Round 16 (2011/12) National Hospital Cost Data Collection (NHCDC)

• Additional data included
  - PCOC
  - AROC
  - Paediatric datasets provided by units
  - Additional data provided by jurisdictions

• Insufficient data were available for class finding from the recent study undertaken by Ernst and Young on behalf of IHPA
Stage 1 Findings - Key cost drivers

- Rehabilitation: function, impairment, age, co-morbidities, complications (including those that arise during acute care), social support, initial severity of impairment and equipment requirements

- Palliative care: stage of illness (phase of care), function, age and acute complications

- Psychogeriatrics: function, behaviour and risk factors;

- GEM: function, diagnosis, acute medical complications, comorbidities, social support

- Maintenance: function, social support
Key Stage 2 and 3 Outcomes

• AN-SNAP V4 that includes 130 classes -
  o 83 overnight admitted classes for subacute episodes (for palliative care, rehabilitation, psychogeriatric care and GEM)
  o 6 same-day admitted subacute classes (per diem level)
  o 6 non-acute classes
  o 35 non-admitted classes (episode level) (for palliative care, rehabilitation, psychogeriatric care and GEM)

• Based on the branches where data were available and assuming costs follow a lognormal distribution, RID = 55%

• Majority of classes had a CV < 100
What’s New in V4?

• Structural changes
  ○ Admitted & non-admitted branches rather than overnight & ambulatory
  ○ Paediatric classes in both the admitted and non-admitted branches
  ○ Name of maintenance care type changed to ‘non-acute’
  ○ No non-admitted non-acute classes
  ○ No admitted classes for assessment only in V4
  ○ No bereavement class in the V4 palliative care branches

• Other changes
  ○ Introduction of some variables not used previously eg diagnosis of dementia and delirium for GEM classes
  ○ Weighted FIM score used in rehabilitation classes
  ○ New 4-character alpha numeric codes for AN-SNAP classes
The admitted adult classes

- **50 classes for rehabilitation**
  - split on impairment, weighted FIM motor score, FIM cognition score, age
- **12 classes for palliative care**
  - split on phase of illness, RUG-ADL, age, first/subsequent phase in episode (unstable phase)
- **6 classes for GEM**
  - split on FIM motor score, delirium/dementia diagnosis
- **6 classes for psychogeriatric care**
  - split on HoNOS 65+, LOS
- **6 classes for non-acute care**
  - split on age, RUG-ADL, LOS
## Paediatric classes

<table>
<thead>
<tr>
<th>Admitted class code</th>
<th>Non-admitted class code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4G01</td>
<td>4Y01</td>
<td>Palliative Care, Not Terminal phase, Age &lt; 1 year</td>
</tr>
<tr>
<td>4G02</td>
<td>4Y02</td>
<td>Palliative Care, Stable phase, Age ≥ 1 year</td>
</tr>
<tr>
<td>4G03</td>
<td>4Y03</td>
<td>Palliative Care, Unstable or Deteriorating phase, Age ≥ 1 year</td>
</tr>
<tr>
<td>4G04</td>
<td>4Y04</td>
<td>Palliative Care, Terminal phase</td>
</tr>
<tr>
<td>4F01</td>
<td>4X01</td>
<td>Rehabilitation, Age ≤ 3</td>
</tr>
<tr>
<td>4F02</td>
<td>4X02</td>
<td>Rehabilitation, Age ≥ 4, Spinal cord dysfunction</td>
</tr>
<tr>
<td>4F03</td>
<td>4X03</td>
<td>Rehabilitation, Age ≥ 4, Brain dysfunction</td>
</tr>
<tr>
<td>4F04</td>
<td>4X04</td>
<td>Rehabilitation, Age ≥ 4, Neurological conditions</td>
</tr>
<tr>
<td>4F05</td>
<td>4X05</td>
<td>Rehabilitation, Age ≥ 4, All other impairments</td>
</tr>
</tbody>
</table>
Non-admitted adult classes

• Classes based on clinical advice

• Emerging view to consider combination of service event and episode counting for non-admitted subacute services
  - Single discipline – Tier 2
  - Multi-disciplinary – AN-SNAP

• Classes and splitting variables -
  - Rehabilitation – 8 classes defined by rehabilitation program
  - Palliative care – 8 classes defined by palliative care phase, RUG-ADL, palliative care symptom severity score
  - GEM – 4 classes defined by clinic type
  - Psychogeriatric – 6 classes defined by focus of care, HoNOS 65+
Implementation issues

• Data systems
  - Diagnosis variables in the GEM branch – most other grouping variables are collected on admission
  - Collection of splitting variables in the non-admitted setting
  - Introduction of four-character alpha-numeric codes for AN-SNAP

• External to the classification
  - Recognition of bereavement support for palliative care, including in paediatrics
  - Changes to the “maintenance” care type – consistency in terminology
  - Business rules around interruptions/leave days, dialysis

• Counting, cost weights, …
  - “Episodes” in same-day and non-admitted settings
  - Development of cost weights for equivalent patients in different classes eg SD vs OP, rehabilitation reconditioning vs GEM
Future development

• Consideration of the overlap between the GEM, rehabilitation and psychogeriatric care types
• Ongoing work to capture, classify and cost consultation / liaison services
• Ongoing development of the paediatric AN-SNAP classes
  o Implementation of routine data collection
  o Development of cost weights
  o Refinement of impairment codes
  o Business rules for assignment to paediatric classes
• Ongoing work to refine AN-SNAP non-admitted and same-day admitted classes
thank you!

janette@uow.edu.au