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

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# Classifying Subacute and Non-Acute Care - AN-SNAP V4

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# 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:
  - develop AN-SNAP V4
  - aim to develop paediatric subacute classes
  - consider new clinical tools where data available
- Project brief was not to:
  - Develop cost weights for AN-SNAP V4 classes
  - 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

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# 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 -
  - 83 overnight admitted classes for subacute episodes (for palliative care, rehabilitation, psychogeriatric care and GEM)
  - 6 same-day admitted subacute classes (per diem level)
  - 6 non-acute classes
  - 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

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

# 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
  - Implementation of routine data collection
  - Development of cost weights
  - Refinement of impairment codes
  - Business rules for assignment to paediatric classes
- Ongoing work to refine AN-SNAP non-admitted and same-day admitted classes



thank you!

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