Comparative analysis of Rehabilitation groupers

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Objectivos (Objectives): The number of elderly has been growing, as the number of people with chronic diseases and/or with potentially disabling diseases. This led to the development of the concept of rehabilitation and the need to create facilities to provide this type of care. In the USA, in 1983, with the appearance of the prospective payment system (PPS) through DRGs to finance acute care, the rehabilitation care, among others, were left out of this payment model, since DRGs were not appropriate to classify these patients. In Portugal, rehabilitation patients are still paid retrospectively, on a per diem basis, without any casemix adjustment. This type of payment leads to excessive costs and waste of resources. The aim of this study is to make a comparative analysis of patient classification systems (PCS) developed for inpatient rehabilitation for PPS; and discuss which one of these systems would address better the Portuguese reality.

Metodologia (Methodology): A literature search was performed in bibliographic databases and grey literature in Portuguese and English, to conduct a literature review on: patient classification systems for inpatient rehabilitation; patient assessment tools, and functional evaluation instruments. It was also necessary to contact experts in Portugal, Australia and Canada via email.

Resultados (Results): Two patient classification systems developed exclusively for inpatient rehabilitation were found: Case-mix Groups (CMGs) developed in the USA, and Rehabilitation Patient Groups (RPGs) developed in Canada. The CMGs are used for PPS (per episode) since 2002 for all Medicare inpatient rehabilitation, and RPGs are in the process of being implemented with the same purpose. Two more patient classification systems not exclusive to inpatient rehabilitation, but with “rehabilitation categories” in their structure were found: the Australian National Sub- Acute and Non-Acute Patient casemix classification (AN-SNAP) developed in Australia, and the Resource Utilization Groups (RUGs) developed in the USA. The AN-SNAP pretends to classify all post acute and non acute care, and the implementation of the “rehabilitation branch” for funding purposes is in process. The RUGs are used for the PPS of Skilled Nursing Facilities since 1998, and also has groups for inpatient rehabilitation. Regarding CMGs, RPGs and AN-SNAP, it was found that all include in their classification the variable “functional status”, measured by FIM instrument. The other common variables used for patients grouping are “impairment” and “age”. The RUGs also uses as grouping variables “functional status”, but measures it by an ADL instrument. The variables “time of therapy received” and “type of care” are the other items used for grouping in RUG, because these are considered to be the major cost drivers.

Conclusões (Conclusions): In Portugal, the number of rehabilitation facilities is growing, yet they still cannot meet the demand. This trend, together with the inadequacy of the current funding system, supports the need to implement a PCS for rehabilitation care. From the analysis undertaken in this study, it is considered that the most appropriate system to implement in Portugal would be the CMGs, since: it is designed exclusively for inpatient rehabilitation; it has been used for funding purposes for several years; it has an adjustment by co-morbid conditions for establishment of different relative weighs; and allows a cost estimate of 50%. We can also conclude that the RPG was developed based on the CMGs, and that the rehabilitation branch of AN-SNAP has many similarities with it. That is, there is an overall agreement of the instrument to be used for measuring functional status, and which variables that should be used for grouping. Thus, in Portugal, due to limited financial resources, the CMGs system should be adopted without major changes, as it happened with DRGs.