

New classification for the elderly in long-term care in France (EHPAD)

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Overview

- Why to do a classification for the elderly?
- Method
- Resulting classification
- Discussion

Why to do a classification for the elderly?

- Long term care for elderly in France are mainly done in EHPAD (= nursing home with medical services)
- In 2012: announcement of a funding reform for EHPAD
→ ATIH has been in charge to implement a costing study
 - 1st at EHPAD level (2 years)
 - 2nd at elderly level (from 2015) → to estimate the daily cost for the elderly in EHPAD **according to their medical conditions and their autonomy level**
- No classification for the elderly in France based on medical conditions and autonomy level and we didn't find one in other countries that could suit the french system
→ need to built one

Method

- Construction of groups of elderly
 - With similar medical conditions AND autonomy level
 - Qualitatively=without using costs (unknown)
 - Not a medico-economics classification
- Set up a working group with medical doctors in EHPAD
 - Classification according to experts
- Data source:
 - Collected for the cost study
 - from 2 tools routinely used in EHPAD
 - AGGIR scale (ADL): autonomy level
 - PATHOS: health status
 - By a cross-sectional study every trimester
 - For the elderly present on the day of collection

Method

AGGIR scale (autonomy level)



Eating



Bathing



Dressing



Transferring



Toileting



Walking or moving around

Communication

Coherence

Orientation



10 items

Naturally?

Usually?

Correctly?

Entirely?

4 = Level A

1, 2 or 3 = Level B

0 = Level C

AGGIR Algo

Autonomy profile

Iso-resources' group

Method

Autonomy profiles

| Autonomy profiles | AGGIR items coded per autonomy profile | Iso resources groups (GIR) | Label GIR |
|-------------------|--|----------------------------|--|
| 1 | C mainly | 1 | Person confined to bed or chair, with mental functions severely impaired and who requires a full-time caregiver; or end of life. |
| 2 | C coherence orientation & transferring | 2 | Person confined to bed or chair, with mental functions not totally impaired and whose condition requires care for most activities of daily living. |
| 3 | C coherence & orientation | | |
| 4 | C orientation, B coherence | | |
| 5 | B coherence & orientation | | |
| 6 | C transferring | | |
| 7 | B coherence, A or B orientation | | |
| 8 | C bathing & toileting | 3 | Person with mental autonomy, and partial locomotor autonomy, but who requires help daily and several times a day for body care. |
| 9 | C bathing, B coherence & orientation | | |
| 10 | B mainly | 4 | Person requiring help for transferring but who, once lifted, can move inside his dwelling, and help for bathing and dressing, Or person without locomotor problems but who needs help with body care and meals. |
| 11 | B coherence & orientation | | |
| 12 | B orientation, A for other items | 5 | Person who only needs occasional help with bathing, meal preparation and cleaning. |
| 13 | A all items | 6 | Autonomous person for activities of daily living. |



Profile 6



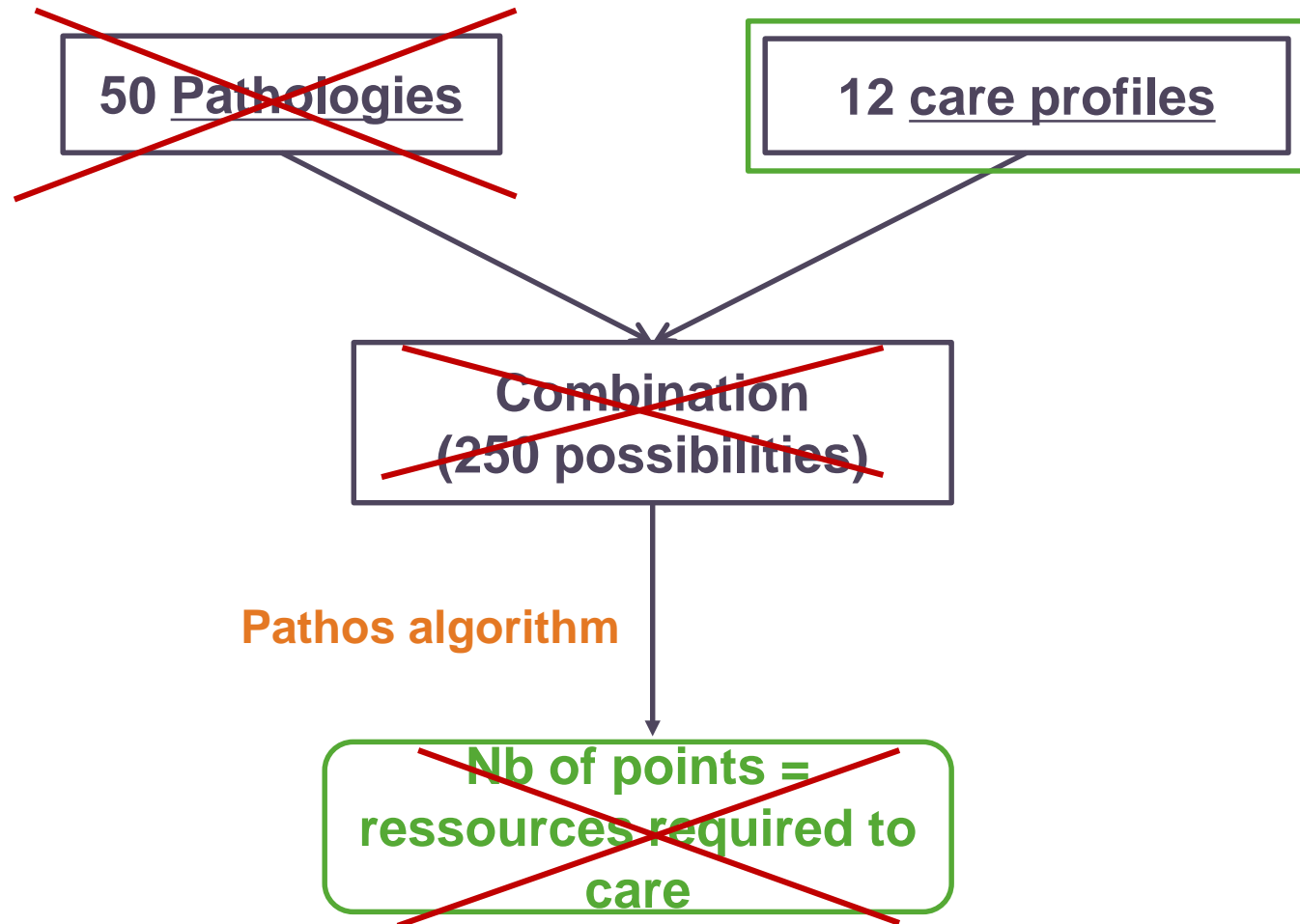
Profile 3



GIR 2

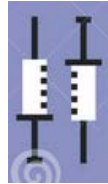
Method

PATHOS (health status)



Method

Combination of care profiles



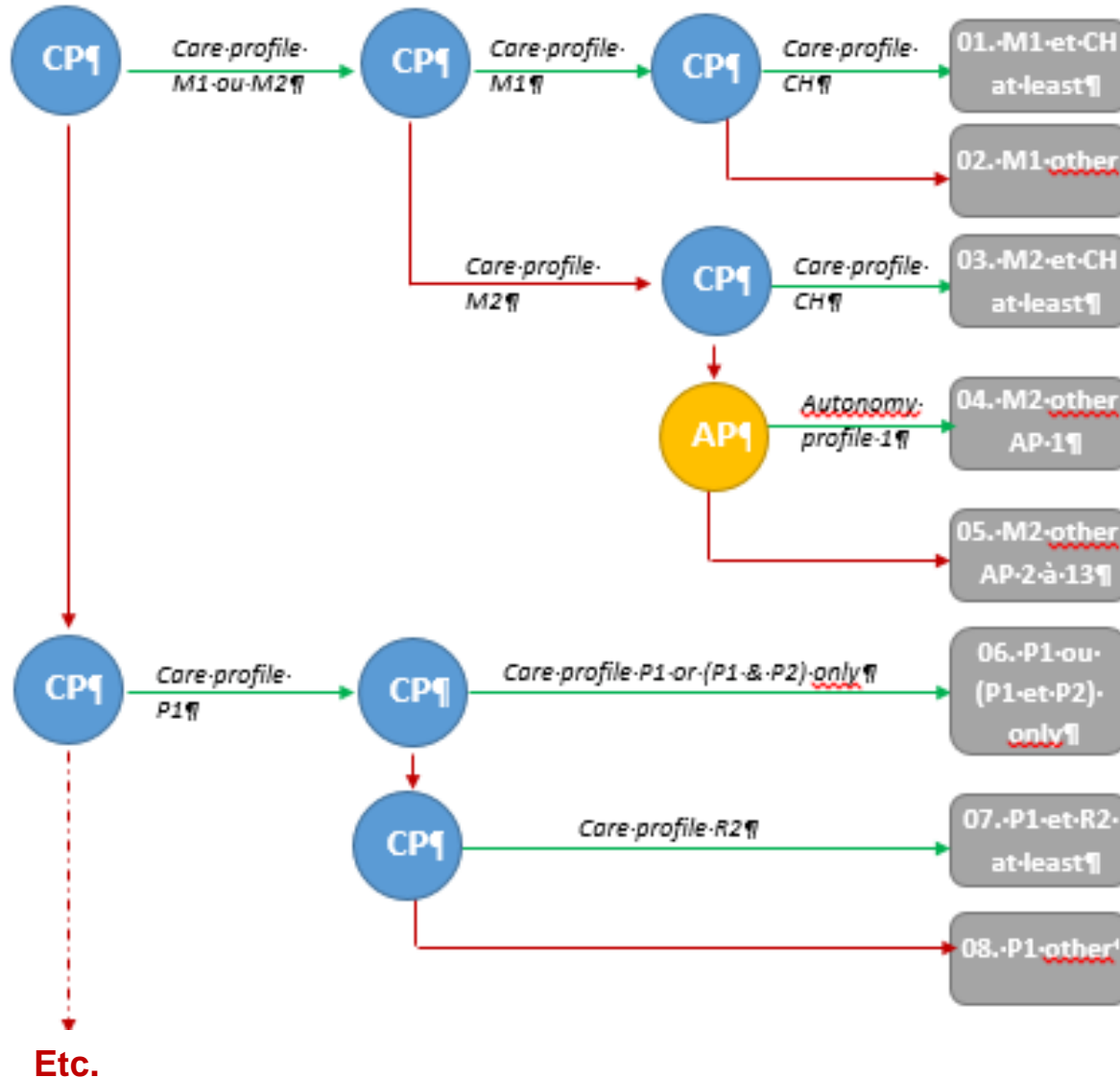
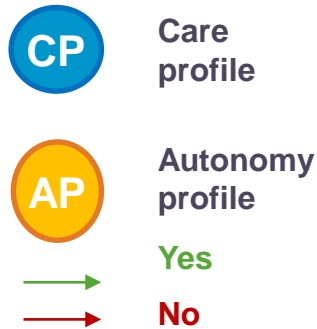
- 1 to 12 different PATHOS care profiles for one person
→ 33 combinations of care profiles retained for the groups
- One combination per person per trimester

Resulting classification

- The classification results of
 - The cross between the combinations of care profiles and the autonomy profiles
 - If the number of the elderly for a combination of care profile was too small → no division on the autonomy profile→ 83 groups
- One group per person & per trimester:
 - No link between the data per trimester for the same elderly
 - All groups are exclusive (algorithm)

Resulting classification

Algorithm (extract)



Discussion

Does the classification seem valide?

- The application of the classification on the cost study sample and on the population of reference gave:
 - Elderly concentrated in the same groups
 - Similar distribution between groups
- Consistency between characteristics of the groups and cost evolution:
 - Cost of support for ADL increases when the autonomy decreases
 - Cost of health care increases when the health status decreases

Conclusion

- 1st version of the classification for the elderly in EHPAD was consistent with cost data in 2015

Classification and results of the cost study available online (in French):

<http://www.atih.sante.fr/resultats-de-l-enc-ehpad-2015>



- How will the classification be consistent with the 2016 cost data?

Thanks for you attention

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PATHOS & the classification

Combinations of the care profiles

- At the end:
 - 33 combinations of care profiles retained

From 01 to 33

| | |
|--------------------------|----------------------------|
| 01. M1 and CH | 17. P2 |
| 02. M1 other | 18. P2CH |
| 03. M2 and CH | 19. P2DG |
| 04. M2 other | 20. P2R1 |
| 05. P1 or P1P2 | 21. P2R2 |
| 06. P1 and R2 | 22. P2R2CH |
| 07. P1 other | 23. P2R2DG |
| 08. T1 or T2 or T1T2 | 24. P2 other |
| 09. T1CH or T2CH | 25. R2 |
| 10. T1DG or T2DG | 26. R2CH |
| 11. T1P2 or T2P2 | 27. R2DG |
| 12. T1P2CH or T2P2CH | 28. R2 other |
| 13. T1P2R2 or T2P2R2 | 29. CH |
| 14. T1R2 or T2R2 | 30. R1 |
| 15. T1R2CH or T2R2CH | 31. DG |
| 16. T1 other or T2 other | 32. CH and/or R1 and/or DG |
| | 33. S1 and/or S0 |