Cicely Saunders International
Better care at the end of life

WHO Collaborating Centre

KING'S College LONDON

Capturing and grouping patient complexity in palliative care

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C-CHANGE
IMPROVING CARE BY MATCHING RESOURCES TO NEEDS

Background

- Casemix is a method to group people into classes based on a few key criteria which predict resource use
- Casemix classifications are increasingly used to allocate resources and ensure maximum value and efficiency
- Adopting this approach has rarely been studied in palliative care

An example of casemix classification

	Name	Criteria 1	Criteria 2	Criteria 3	Criteria 4
Class 1	Low complexity	Stable	Good functional status	Mild physical symptoms	No psychological symptoms
Class 2	Medium complexity	Unstable or deteriorating or dying	Medium functional status	Moderate physical symptoms	Any psychological symptoms
Class 3	High complexity	Unstable or deteriorating or dying	Poor functional status	Severe physical symptoms	Any psychological symptoms

Aim

To explore palliative care stakeholders' views on capturing complexity at the individual patient-level

Methods

Face-to-face semi-structured interviews

65 stakeholders: patients, family caregivers, healthcare professionals, managers and senior leads across hospital, hospice and community settings

Data was analysed using Framework analysis

Results

Main themes:

1. Composition of casemix classes
2. Benefits of using casemix
3. Challenges of using casemix

Theme 1. Composition of casemix classes

Holistic needs and beyond:

"…if you were splitting it into physical, social, psychological and simplistically scoring those and a combining composite score, then that might give some guide to the complexity."

(1005, Clinician)

"We've got a couple of ladies on our books at the moment who we would not class as complex, but they ring up virtually every day for advice. That is time-consuming, but, once again, are we missing something? Is it their mental health that is the issue and we're just addressing the physical symptoms? Have they no support mechanisms and there are no carers..."

(1062, Clinician)

Dimensions of complex needs:

1. Number
2. Severity
3. Range
4. Temporality

“I suppose you would need more time with the more complex patients, and I think you need more allied health professionals.”

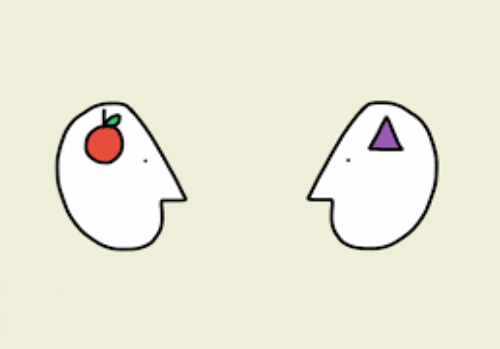
(1057, Clinician)

Theme 2. Benefits of using casemix

Provides shared language and understanding

"I think it's essential that you have a consistent standardised framework for measuring complexity so it gives you that common language to compare different patient cohorts across different populations, across different providers and to facilitate communication between providers and commissioners and the like."

(1025, Manager & Senior Lead)



Tailoring resource allocation

"…we just say, "Everybody gets all of this. Everybody." So we almost pour a bucket of water over everyone, so everybody gets wet. What we want to do is to have a bucket of water which has a spout on it, so we can pour the water on the ones who need it at the time." (1054, spiritual care lead)

"I think Arthur [low complexity case] on the surface we're saying his complexity is a lower level, but actually everything that is offered to him – he needs to have the same offering but he maybe doesn't take advantage of it."

(1002, Patient and Caregiver)

Managing specialist palliative care service provision

“So I would say [the low complexity case] could probably be quite capably managed by his GP and maybe occasional contact from a community palliative care nurse. Whereas the other lady [the high complexity case] would need specialist symptom control, spiritual and psychological support, and some encouragement and help with future planning, both for herself and for her family.”

(1047, Clinician)

Theme 3. Challenges of using casemix

Need for flexible complexity groupings

“If somebody presented and they weren't particularly complex and they only had a small number of resources to maintain their support but then their needs changed, I wouldn't want them to be stuck in the low-needs, low-access type of a column and couldn't be flipped over.”

(1059, Clinician)

Difficulty capturing certain elements of complexity

"I suppose the bit that's maybe missing is something about that person's own coping strategies and about their, sort of, own psychological make-up if you like. You get that sense of that person when you talk to them."

(1035, Clinician)

Practicalities of data collection

"I don't know quite how detailed that's going to be and how everyone's got the resources to keep on measuring, monitoring and reporting back on that kind of thing, so I quite don't know how that would work…"

(1015, Clinician)

Conclusions

- In general, palliative care stakeholders support the idea that complexity can be captured at an individual patient level.
- For a casemix, we need to go beyond the holistic needs of patients and capture other aspects of complexity aspects such as resilience and support networks.
- Dimensions of complex needs should also be considered in the development of a meaningful casemix classification for palliative care.

Next steps

- Longitudinal research to understand how any classification might apply for patients throughout their illness journey, and to identify best composition for the different casemix classes.
- To alleviate some of the concerns among stakeholders, any new casemix classification needs to be evaluated to demonstrate its feasibility and effectiveness.

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Research Team

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