Development of Thai Ambulatory Casemix for Continuous Care Version 0.1

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Introduction
Research and development for Thai Ambulatory Casemix for Continuous Care Version 0.1 (TAC-CoC V 0.1) has pilot in 3 chronic diseases: diabetes, hypertension and hyperlipidemia.

Methods
The objectives of this study were to develop a casemix classification to capture differences in healthcare resource use of patients. Data came from 5 hospitals in Project of Healthcare Resource Use of TAC-CoC. Classification and regression tree (CART) analysis of healthcare resource use. A detailed clinical and service utilization was collected on each patient and measured on a yearly basis. Classification and regression tree analysis was used to group patients into similar costs and clinical characteristics.

Results
The resulting classification of TAC-CoC Version 0.1 shows that the branch for classifying ambulatory patient has 24 groups. Diagnostic variables were mainly used to classify patients into each group.

Conclusions
The results suggest that TAC-CoC Version 0.1 with 24 casemix groups was used diagnostic variables as the main classification factors. The classification has clinical meaning but the overall statistical performance should be test in the future. The structure of the classification allows for it to be improved over time as models of ambulatory care service delivery develop.

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