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AGGIR, the Work of Grids

by Etienne Dupourqué

After World War II, the French government committed to protect workers from several hazards. It established a social security program to cover risks arising from health, retirement, work accident and raising a family. This commitment has been carried out by the various governments since then. The long-term care risk has been addressed through public services and reimbursements. Public programs are now greatly challenged by the twin forces of an aging population and the conversion to a European currency. The problem is compounded by the way some of the French social security is funded: repartition. Repartition, as opposed to the U.S. Social Security funding, is based on the principle that future workers, or tax payers, will pay for benefits being accrued. Long-term care costs are funded on a pay-as-you-go basis, with no fund such as in Medicare or what is envisioned in CLASS.

In this context, this article will attempt to describe a widely used long-term care claim assessment tool in France: Autonomie Gérontologie Groupes Iso-Ressources (AGGIR).

In 1997[1] the government adopted a standard method for public services to assign levels of individual autonomy to groups requiring equivalent resources. The method has been modified and refined in 2001,[2] 2004[3] and 2008.[4]

FRANCE LTC BENEFIT — ALLOWANCE FOR PERSONAL AUTONOMY (APA)

Background

- Introduced in January 2002 to expand senior benefits

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Actuaries
Risk is Opportunity.®

- Targeted to cover 500,000 people (4.3 percent of population over 60 in 2002); 1,174,000 in 2010 (11 percent)
- Financed by general taxes; no specific contribution
- Cost was €2.6 Euro in 2002, €5.2 Euro in 2010
- Total long-term care public cost €24.7B in 2010

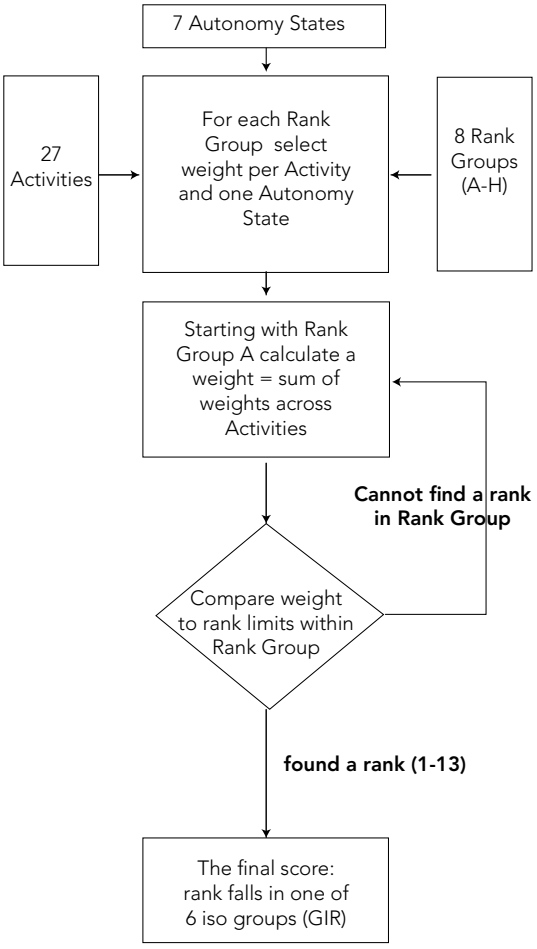
Eligibility

- At least 60 years old and a resident in a French Territory
- LTC dependency must be classified in group 1 to 4 of AGGIR scale (GIR 1 highest dependency)

Benefit

- A public commission evaluates finances, health, LTC need and family help (physical/financial) to set benefit
- Co-pays are required for individuals with medium-to-high incomes (co-pays range from 0 percent to 85 percent of the benefit)
- Cash benefit, same across regions, monthly cap only
- In 2007, 50 percent of recipients are over age 85
- 61 percent of beneficiaries are in their home
- About 26 percent of the recipients at home receive the maximum benefit
- In 2008 the average daily APA home care benefit is about €16

Below is a graph that illustrates the AGGIR algorithm.



AGGIR categorizes autonomy levels to various environmental factors affecting a person's activities and social life. No pathology is considered, although pathology grids[5] can be used with AGGIR to determine the relative costs of pathologies. The resulting levels of autonomy are assigned to equivalent resource groups. Individuals whose score falls in one group would require similar financial, instrumental, or human resources.

Weights in eight resource groups (A–H) are specified by regulation. Initially the weights were determined by a three-year clinical study involving 10,000 individuals. The study was performed in hospitals, not in nursing homes or private residences. The application to long-term care is still questioned.

Groupe Iso-Resource (GIR) helps determine if a person is entitled to a benefit as well as determine the level of benefit the person can receive. The GIR score is based on answers to questions or by observation. The calculator assigns a score between 1 (0 percent autonomy) and 6 (93 percent autonomy). A score below 4 entitles a person to public assistance: full assistance for a score of 1 and partial assistance for a score of 3. A score of 4 may entitle an individual to some assistance. Scores above 4 do not entitle a person to benefits under the national long-term care program (Allocation Personnalisée d'Autonomie, APA). The scores can be used for other purposes, such as insurance claim evaluation. A paper[6] accompanying this article compares GIR and ADL.

A score of 1 does not mean a disabled person will receive full benefits. For APA, a person must be age 60 or older, and a co-pay may apply based on the financial resources of the individual. The measurement's aim is to be as objective as possible. It should not vary by region or by the evaluator; however, several studies have shown that this is not entirely true.

Seventeen activities are considered in the evaluation. Ten of them are considered "discriminant" variables and apply to the physical environment; they are used to evaluate the level of assistance a person needs to carry on with normal activities of daily living. Seven "illustrative" variables measure the social environment; they are used to evaluate how much assistance a person needs to lead a normal social life. Each variable is categorized by three major states:

- A: The individual cannot complete, needs assistance, or must have someone else do the activity;
- B: The individual can complete alone, but not spontaneously, and/or correctly and/or habitually and/or partially;
- C: The individual completes alone, spontaneously, habitually, totally and correctly.

The 10 discriminatory variables evaluate:

1. Coherence: Converse or behave in a logical and sensible manner;
2. Orientation: Locates oneself in time, during the day, and on location;
3. Toileting: Evaluates upper and lower body toileting;
4. Dressing: Evaluates upper, middle and lower body dressing;
5. Alimentation: Evaluates serving and eating;
6. Elimination: Evaluates capacity to manage one's hygiene, not continence; evaluates all eliminations;
7. Transfers: Lying down, sitting down, getting up;
8. Indoor movement: With or without technical assistance;
9. Outdoor movement: Same as above, but outdoors;
10. Distant communication: Phone, tele-alarm.

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Benefit Coverage

The AGGIR Scale – Dependence Levels

GIR I	Bedridden or confined to an armchair AND mental faculties severely impaired	€1,235
GIR 2	Confined OR impaired mental faculties	€1,059
GIR 3	Help several times a day for ADLs	€794
GIR 4	Loss of autonomy for transferring, sometimes also regarding toileting or dressing, OR mobile but needs help to perform ADLs, including eating	€530
GIR 5	Help for bathing and home care	0
GIR 6	Autonomous	0

Groupe Iso-Resource (GIR) helps determine if a person is entitled to a benefit as well as determine the level of benefit the person can receive.

In early 2011 the now defunct French government initiated a review of long-term care.

The seven illustrative variables evaluate:

1. Management: Manages personal business, budget, handles money;
2. Cooking: Prepares meals;
3. Housekeeping: Can do all of housekeeping tasks;
4. Transportation: Can use different modes of transportation, or can order them;
5. Purchases: Mail, phone, internet purchase, or direct purchases;
6. Medical treatment: Follows medical prescriptions;
7. Leisure activities: Cultural activities, sports, pastime.

An Excel calculator included on the website of the Long Term Care Insurance Section is based on the 1997 regulation (see endnote 1 of this article) with 10 discriminant variables to measure physical autonomy, and three major severity states. A 2010 calculator[7] found on the internet has all 17 variables as well as six severity states, where state B is split into: not spontaneously, not totally, not correctly, and not habitually. An iPhone app is also available.[8] Programs are available to build one's own calculator. These newer versions are based on the more recent regulations.

In the Excel version, when a severity state A (full autonomy), B (intermediate autonomy) or C (no autonomy) is selected for one of the 10 discriminant variables, a weight is calculated in each of eight groups used to rank the level of resources required ("calculation" tab). The level of utilization is indicated in the tab "AGGIR weights." States B and C are assigned weights (A is assigned 0) in each of the groups for most of the variables. The weights are specified by regulation (see endnote 1 of this article).

The calculation occurs in the right-hand side of the "Calculations" tab to determine the GIR score. The sum of all the discriminant variables' weights is performed for each of the eight groups. Starting from group A, a rank ranging from 1 through 13 is determined. Rank #1 means a person cannot perform any of the discriminant activities; rank #13 means a person performs all the activities. For each group a low enough rank can determine a final GIR score. This means that the individual is deemed to have reached a level of resources that is higher than the remaining groups. If a low enough rank that corresponds to a final GIR score cannot be found in one group, the next higher group (less resource-dependent) is analyzed. Maybe this approach is also used for grading actuarial exams.

Each rank was assigned an iso-group based on Canadian and French studies.[9] A validation study was performed with 17,000 individuals.

The 2008 (see endnote 4 of this article) version further refines the A–C choices as mentioned above, and some variables now have subcategories, such as lower and upper body for dressing.

THE REVIEW OF LONG-TERM CARE IN FRANCE—A FOLLOW-UP TO A SEPTEMBER 2011 ARTICLE

In early 2011 the now defunct French government initiated a review of long-term care. Four working groups (iso-groups?) were formed:

- Society and aging: 55 members, including one philosopher
- Demographic and financial perspectives of dependency: 65 members
- Housing and caring for the elderly: 59 members
- Strategy for the coverage of the elderly dependency: 53 members.

Members encompassed many branches of society: educational, professional, scientific, corporate, unions, and national and regional governments. Discussions occurred regularly; town meetings were held; reports were written. A May 2011 report from the Institut des Actuaires, "Groupe de travail sur la dépendance," is included on the website of the Long Term Care Insurance Section. The Institut was part of working group 2. Group 2 met five times between February and June 2011, and sent its final report to the government on June 15, 2011. At the end of 2011, the results of this review were a pledge by the government to spend €700,000 on wellness programs, and an internet site that gives access to the various proceedings of the debate.[10]

While the apparent results of the debate may seem small (options such as adding long-term care to the

social security program and mandated long-term care insurance coverage were considered), they created a national debate for several months. This brought to the attention of many people in France how serious the long-term care question is, for individuals as well as for society, although I seriously doubt that the media coverage was more intense than a Justin Bieber tour.

In April 2012, a new government was installed. It created a subcabinet level department: Ministère délégué aux personnes âgées et à la dépendance (Administration on Aging and Long Term Care).

Based on preliminary data, the national debate did not translate in significantly higher sale of long-term care insurance. In 2009, 1,359,000 people were insured; 1,453,000 in 2010, a 7 percent increase. Preliminary figures indicate that 1,533,000 people were insured in 2011, a 6 percent increase. ■

Note from the Editors: *Additional information related to this article can be found on the LTCI Web page at* www.soaltci.org.

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END NOTES

1 Décret n°97-426 du 28 avril 1997 relatif aux conditions et aux modalités d'attribution de la prestation spécifique dépendance instituée par la loi n° 97-60 du 24 janvier 1997 *http://www.ibou.fr/aggir/files/gir_iso_ressources_28_04_1997.pdf*

2 Décret no 2001-1084 du 20 novembre 2001*http://www.ibou.fr/aggir/files/grille_aggir_20_11_2001.pdf*
Guide d'évaluationde la personne âgée en perte d'autonomie *http://www.inami.fgov.be/care/fr/other/sisd-gdt/scientific-information/pdf/aggirguide.pdf*

3 Décret n°2001-1084 du 20 novembre 2001 relatif aux modalités d›attribution de la prestation et au fonds de financement prévus par la loi n° 2001-647 du 20 juillet 2001 relative à la prise en charge de la perte d›autonomie des personnes âgées et à l›allocation personnalisée d›autonomie NOR: MESA0124006D Version consolidée au 26 octobre 2004 *http://www.ibou.fr/aggir/files/Aggir_26_10_2004.pdf*

4 Décret no 2008-821 du 21 août 2008 relatif au guide de remplissage de la grille nationale AGGIR *http://www.ibou.fr/aggir/files/groupe_iso_ressources_23_08_2008.pdf*

5 The AGGIR evaluation tool is sometimes used with another grid: PATHOS. PATHOS categorizes 49 pathologies (+1 when no pathology is found) into 12 "care" profiles.

6 Evaluation of situations of loss of autonomy of the elderly, CNSA.

7 *http://medco5962.free.fr/GIR2/, in French, based on a 1998 government directive.*

8 AggiNet, based on the 2008 directive.

9 a) Les S.I.I.P.S : Soins Infirmiers Individualisés à la Personne Soignée (France), values in time.
b) P.R.N. 80 : projet de recherche en Nursing (Canada), values in points.
c) Echelle analogique de charge de soins (avec la même méthode et le même outil-une réglette-que pour la mesure de la douleur), values in centimeters.
From the document "La spécificité de l'évaluation de la perte d'autonomie à domicile":
http://www.riziv.be/care/nl/other/sisd-gdt/scientific-information/pdf/aggir24p.pdf

10 *http://www.social-sante.gouv.fr/espaces,770/personnes-agees,776/dossiers,758/le-debat-de-la-dependance,2071/*