



CASEMIX IN THE AUSTRIAN OUTPATIENT SECTOR

Pfeffer N., Weisser A., Endel G

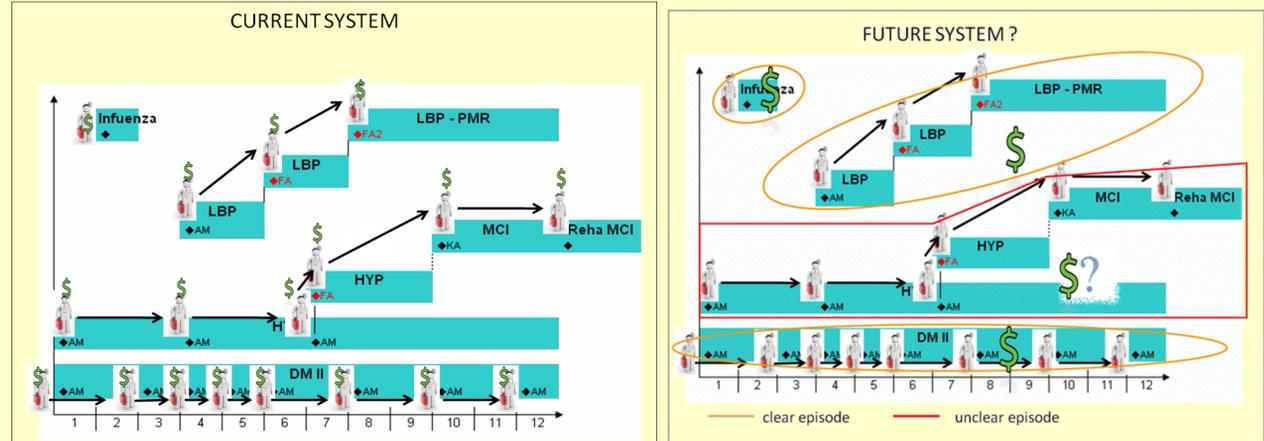
nina.pfeffer@hvb.sozvers.at

Main Association of Austrian Social Security Institutions

BACKGROUND

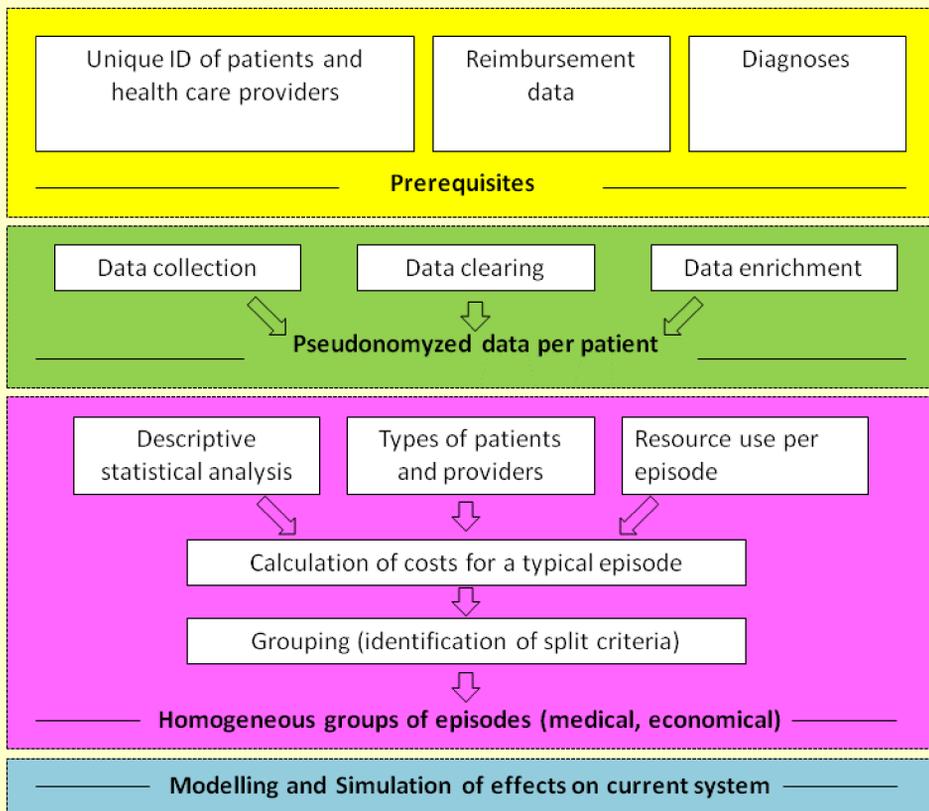
The project aims at establishing a classification of the ambulant (outpatient) patient spectrum according to Case Mix criteria similar to diagnosis from the inpatient sector (hospitals) as well as other administrative health data available for the population. The lack of standardized, reliable and systematic coding of diagnoses in the outpatient sector renders the availability of valid epidemiological data impossible. However, they are necessary for describing the case mix in primary health care in order to establish a new reimbursement system for physicians and for the outpatient sector of hospitals. Currently, such a system only exists in the Austrian inpatient sector with the LDF/LKF (Austrian procedure and diagnosis orientated hospital financing system), the Austrian version of an inpatient DRG-system.

THE CHALLENGE



For treatment, the patient visits numerous types of providers over time. Under the current remuneration system, every provider is paid separately, essentially based on a fee-for-service-system (only basic procedures are paid via lump sum payments). The challenge will be to shift the focus of remuneration to the patients perspective and to find a way to base the payment on episodes of care rather than on provider contacts.

METHODS



- The first obstacle to overcome was the absence of coded diagnoses for outpatient sector in Austria. A project that aimed at deriving the ICD-10 diagnosis from prescription data (ATC→ICD) was an essential step towards describing the casemix.

- In a next step, the reimbursement data of all patients in outpatient care, that are insured via Social Security in Austria, was collected and processed in one single database. The result were pseudonymized data sets for every patient, allowing to show pathways and resource consumption.

- After working on the prerequisites and the data base, the focus has to shift to the methods of developing groupers to describe the patient case mix from a medical and economical point of view. Therefore, a descriptive statistical analysis will be done and types of patients and providers will be identified. Furthermore, the typical resource consumption of different patient/provider types during an episode will be described and the costs for such an episode will be calculated.

- Based on the results (resources and costs per episode of care), split criteria are to be found, which help to form a system where the groups are homogeneous from a medical and economical point of view.

- Finally, the effects of a change in the reimbursement systems will be simulated, using a model of the current payment mechanism.

RESULTS

The results of this project, namely obtained Case Mix components and their simulated financial impacts can be used as a model in the on-going political discussion about financial flows. The modelled clusters can be evaluated under different aspects in respect of homogeneity. These aspects can be medical, epidemiological or economical. Also quality aspects (variability of care) and outcome aspects can be taken into consideration. The economical point of view is very important and suitable for the development of a reimbursement system in the outpatient sector.

CONCLUSIONS

The above-mentioned questions concerning the outpatient sector are discussed internationally. Therefore, other than being prepared for these upcoming questions for a political discussion, this project must be seen as a basic research implicating national and international consequences.

REFERENCES

Weisser A., Endel G., Gyimesi M., Filzmoser P.; ATC -> ICD – Evaluating the reliability of prognoses for ICD-10 diagnoses derived from the ATC-Code of prescriptions. http://www.hauptverband.at/mediaDB/MMDB137001_Poster%20ATC_ICD_PCSI_2008.pdf