Due to the heterogeneous health care environment in Austria, data about procedures performed in outpatient clinics, ambulatories and in the outpatient sector have not been collected in a standardized language. However, this data is crucial for planning processes and health services provision. Therefore, the Ministry of Health in collaboration with the Austrian Social Security and 3 of 9 Federal States initiated a pilot project to collect this data and make it available for evaluation and planning processes in a standardized way according to CAP (Catalog for ambulatory procedures).

Due to the heterogeneous documentation catalogs of procedures in the Austrian health care system, a standardized-Catalog for ambulatory procedures (CAP) with a unified language had to be created. This catalog contains about 360 procedures provable in an ambulatory setting. Moreover it contains about 400 procedures from the inpatient sector, also provable in an outpatient clinic.

Generally, there are 12 different fee structures in the Austrian Social Security System. All of them map their positions to the so-called meta-fee structure position, where they are being unified in the CAP. The internal catalogues for outpatient clinics being used for documentation and dividing the lump sum. The positions thereof are not comparable to those of the Social Security Institutions because they don’t use the same standardized language as the meta-fee structure. Therefore, the CAP was developed to unify all positions documentable in a single, standardized language since the meta-fee structure. Moreover, one position from the meta-fee structure could be mapped to one position of the various fee structures could be mapped to either one or multiple positions of the meta-fee structure. However, one position from the meta-fee structure could be mapped to either one or multiple positions of the CAP.

The data will be clustered and processed accordingly to specific predefined requirements in special data cubes. Moreover, data will be made available via an online application and ad-hoc reporting for planning processes. A crucial factor in the database will be the user administration since this data is very sensitive and therefore subject to special data protection laws.

Since until today this part of the health care system has more or less been a black box, data for planning processes and evaluations was not available. However, the new database containing information about procedures, patients and health care providers will help close this gap.