CAP DATABASE - PROVISION OF OUTPATIENT PROCEDURE DATA IN A UNIFIED, STANDARDIZED LANGUAGE

Endel G.; Weisser A.

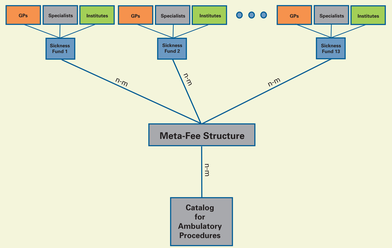
gottfried.endel@hvb.sozvers.at

OBJECTIVE

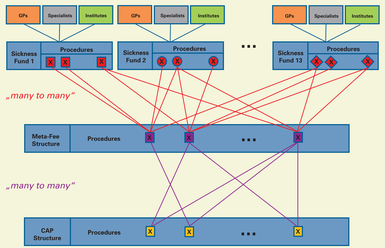
Due to the heterogeneous health care environment in Austria, data about procedures performed in outpatient clinics, ambulatories and in the outpatient sector have not been collected in a standardized language. However, this data is crucial for planning processes and health services provision. Therefore, 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).

METHODS

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 providable in an ambulatory setting. Moreover it contains about 400 procedures from the inpatient sector, also providable in an outpatient clinic.

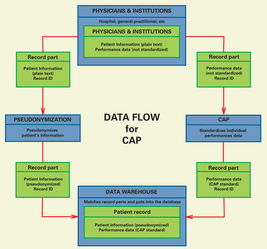


Generally, there are 12 different fee structures in the Austrian Social Security Sys-tem. All of them map their positions to the socalled meta-fee structure positions, where they are being unified in a standardized language for the Social Security Institutions. On the other hand there are various internal catalogues for outpatient clinics being used for documentation and dividing the lump sump. 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 either the meta-fee structure and the internal catalogues were mapped to CAP.



Data from the sickness funds will be displayed in a very aggregated way due to the many mapping procedures that automatically take place in the background. A special software designed for this mapping process was developed. The challenging part about the mapping process was that a position of the various fee structures could be mapped to either one or multiple positions of the meta-fee structure. Moreover, one position from the meta-fee structure could be mapped to either one or multiple positions of the CAP.

RESULTS



The data will be transferred into a new database in two data streams to ensure data protection. Data about the patient containing sex, age and other characteristics will be sent in a pseudonomyzed way in one data stream. Another will contain data about the procedures according to CAP and information about contract physicians and specialists.

The data will be clustered and processed according to specific predefined requirements in special data cubes. Moreover, data will be made available via an onlineapplication 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 are therefore subject to special data protection laws.

REFERENCES

http://www.bmg.gv.at/cms/site/standard.html?channel=CH0712&doc=CMS1240821423857
http://www.hauptverband.at/mediaDB/MMDB137002_Poster%20KAL__PCSI_2008.pdf

CONCLUSION

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, patiens and health care providers will help close this gap.

PERSPECTIVE

If the pilot projects are successful, other Provinces could participate in this data collection process as well.