Variability of fees in the field of haemograms in the Austrian contract physicians’ and institutes’ sector

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OBJECTIVES

The Austrian health care system has a complex structure. The Social Security System contains 13 sickness funds, each one having a different fee structure for physicians’ and institutions’ health care services. Moreover, there is a Catalog for Ambulatory Procedures (CAP) that has been developed in the last 5 years (1). Another catalog for clinical procedures (CPC) catalog lists the services provided in the hospital. The current challenge in Austria is to simplify the display of procedures and the mapping of the nomenclature to one general. Using the tool of mapping the various n to m relations are resolved properly. Apart from the fact that there exist more than one common nomenclature and therewith several catalogs, we had to deal with different loading factors and overall caps. In order to obtain valid frequencies and turnovers from the data we rethought the loading factors and accordingly the frequencies were not counted twice.

RESULTS

Calculations:

➔ deviations vary according to the granularity of the data

For haemograms, current savings of 78% indicate a well established fee negotiation. However, a savings potential of 95% is worth being considered for further evaluation and, if necessary, the adjustment of fees is advisable.

Lessons learned

➔ different catalogs have to be mapped to one common nomenclature
➔ the nomenclature of procedures shall be adapted to one common nomenclature
➔ different meta-positions were adapted for each patient (and therewith body region or organ) individually and therefore comparable.

For further evaluation:

➔ the loading factors and caps have to be considered individually and therefore comparably.

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CONCLUSION

The Austrian health care system has a complex structure. The Social Security System contains 13 sickness funds, each one having a different fee structure for physicians’ and institutions’ health care services. Moreover, there is a Catalog for Ambulatory Procedures (CAP) that has been developed in the last 5 years (1). Another catalog for clinical procedures (CPC) catalog lists the services provided in the hospital. The current challenge in Austria is to simplify the display of procedures and the mapping of the nomenclature to one general. Using the tool of mapping the various n to m relations are resolved properly. Apart from the fact that there exist more than one common nomenclature and therewith several catalogs, we had to deal with different loading factors and overall caps. In order to obtain valid frequencies and turnovers from the data we rethought the loading factors and accordingly the frequencies were not counted twice.

After this redistribution we divided the turnovers by the frequencies to obtain a valid fee. Moreover, we aggregated all procedures to one meta-position and therefore obtained a minimum and a maximum fee differing from the fees for the procedures. In order to obtain a savings potential we calculated the current turnover subtracting the fictional turnover with the minimum fee (current frequency multiplied with minimum fee). To show the current savings, we calculated the current turnover subtracting the fictional turnover with the maximum fee (current frequency multiplied with maximum fee). Moreover, we aggregated all procedures to one meta-position and the overall caps accordingly so the frequencies were not counted twice.

Lessons learned

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