

CATALOG FOR AMBULATORY PROCEDURES

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BACKGROUND

While for the classification of diseases the ICD-10 or for coding of drugs the ATC-code are commonly used, there is no system available that would likewise be accepted worldwide as common standard for the classification of medical procedures, and this despite the existence of a number of classifications, e.g. OPS in Germany, CCAM in France, or TARMED in Switzerland. Several attempts have been made to compile a common classification for Austria in the area of outpatient procedures, none of which were so far successful. Therefore, the Austrian Ministry of Health commissioned the compilation of a common catalog for medical outpatient procedures in Austria until the end of 2007. The project was called "Catalog for Ambulatory Procedures", hereinafter referred to as CAP.

METHODS

The structure of our Catalog is based on the French CCAM with its multi-axial systematic. Different axes, which are independent of each other, are defined. This guarantees the flexibility and the extensibility of the classification. The order within one axis is alphabetical, i.e. the range is always between A and Z, not only between 0 and 9. Experience has shown that for example the OPS in Germany has reached its end far too quickly to be able to keep up with the medical progress. A multi-axial structure on the other hand is far more flexible. As in CCAM, three main axes plus two additional axes were defined for the Austrian catalog.

Prior attempts to create a common classification for ambulatory procedures mainly failed because of the intention to set up a complete and all-embracing catalog. Therefore already existing fee structures were used as a basis to set up the new catalog.

To define which procedures would be included in the catalog, inclusion and exclusion criteria were defined. These criteria were applied to the fee structures of the Social Security Institutions as well as to those of the four participating Provinces.

INCLUSION CRITERIA

EXCLUSION CRITERIA

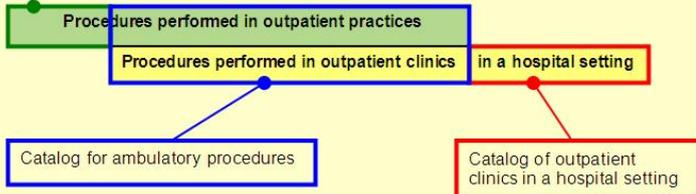
J1	The procedure is provided at minimum 5 times per 10'000 inhabitants in private practices or 3 times per 10'000 inhabitants in ambulatory care in hospitals (per year).
J2	Those procedures that cover 80% of all provided procedures within a special medical sector.
J3	The procedure is provided more than 100 times per 10'000 inhabitants in private practices or 50 times per 10'000 inhabitants in ambulatory care in hospitals (per year).
J4	The procedure is provided by a large medical device, such as CT or MRT.
J5	Basic procedures, such as anamnesis.
J6	Procedure is part of an existing catalog and complies with the gold standard.

N1a	The procedure is a medicament or the application of it.
N1b	The procedure is a dental procedure.
N2	Procedures that represent trivia, such as injections, blood collections, etc.
N3	The procedure costs less than 10 €.
N4	Violation of catalog principles: The procedure cannot be provided by itself; the name of the procedure contains a diagnosis, etc.

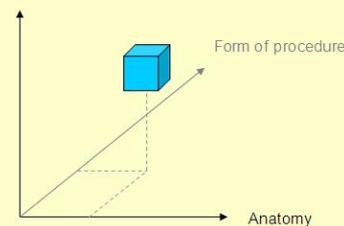
COMPONENTS OF THE CATALOG

SYSTEMATIC DOCUMENTATION OF PROCEDURES

Procedures listed in the catalog of the Main Association of Austrian Social Security Institutions



Entering mode



B	Eye
L	Sight
U	In-vivo-examination
Q	Without entrance

1. Technical examination of the binocular vision
2. Determination of the cylindrical correction of the refraction power
3. Determination of the visual field
4. Refraction

RESULTS

CONCLUSIONS

The final catalog, which was compiled from more than 1800 procedures provided by the participating institution, now contains about 360 ambulatory procedures.

Even though it covers up to 95% of the actually provided ambulatory procedures, it is by far not complete and will need further enhancement and revision.

Several steps are necessary before introducing the CAP as a binding classification for ambulatory procedures in Austria:

- Procedures from the fee structures meeting the criteria for inclusion were included a priori into the CAP. Procedures that are currently not mapped to the CAP need to be checked for possible mapping, even though they may not have met the inclusion criteria in the respective Province in the first place.
- All Provinces that have not yet participated in the project will need to get involved.
- Procedures performed by practice-based physiotherapists, speech therapists, or occupational therapists need to be included in the catalog too, as currently only procedures performed by practice-based physicians are accounted for.
- A concept for further maintenance of the catalog needs to be developed.
- The appropriate infrastructure (e.g. IT) that enables documentation as well as data transfer needs to be set up.