Patient level data collection – does it show a new reality?

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Romania – 3 years ago

- 400 hospitals, 23 mil. inhabitants
- "per day" reimbursement system
- OLD coding system
  - Diagnosis – Romanian adapted ICD-10 with 999 codes only for main diagnosis
  - Procedures – Romanian adapted ICPM with 1117 codes
- NO data collection standards
- PAPER-based hospital level aggregated data collection
- FEW health indicators

Romania – 2004

- Electronic patient level clinical data collection from all 400 hospitals
- Standard hospital Minimum Basic Data Set
- ICD10 coding system for diagnosis
- HCFA18 DRG grouping
- Case-mix financing for 185 acute care hospitals from January 2004
- Neutral hospital base rate with an 85%-15% blending rate with the national rate
- Clinical and financial validation rules for submitted cases

Question

How does the hospital system looks like now in comparison with 3 years ago?

Number of discharges per year

2000	**2004**	**Reasons**
5.5 milion discharges	4.5 milion discharges	New definition of “a case”

Main causes of admission

2000 – Top 10 “MDCs”

1. Cardivascular diseases
2. Respiratory diseases

Etc.

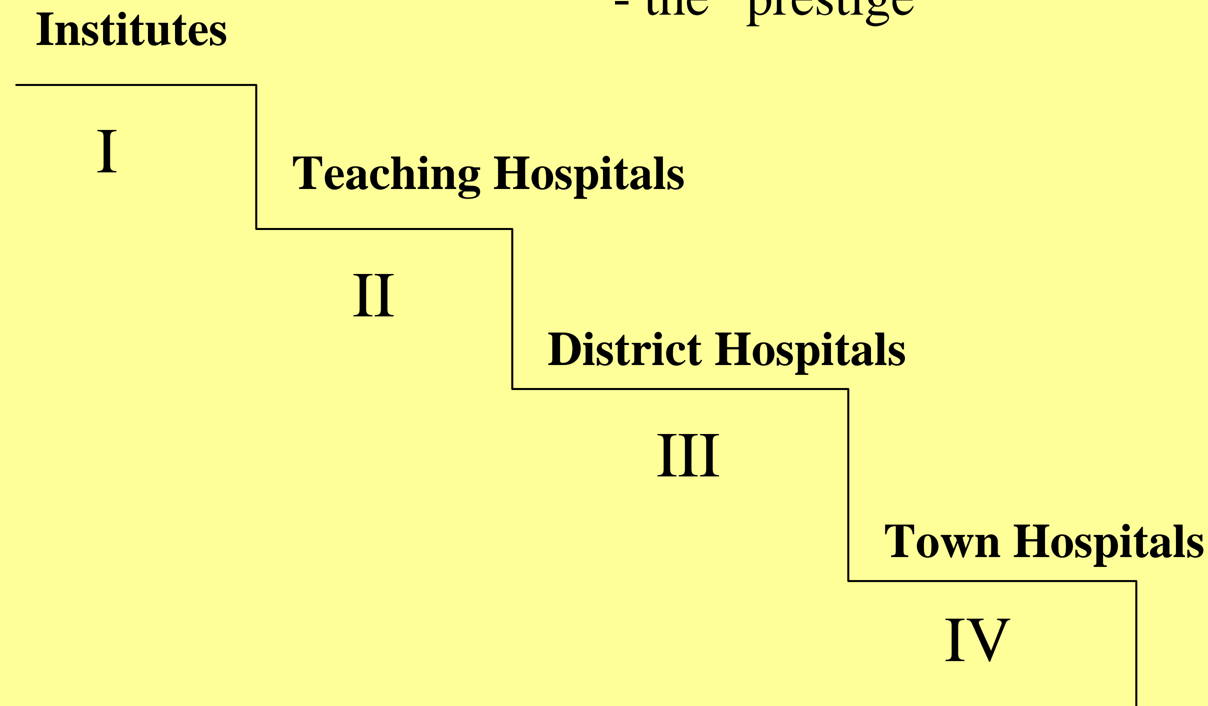
2004 – Top 10 DRGs

1. Upper respiratory infections and otitis media, age 0-17
2. Arterial hipertension
3. Medical back problems

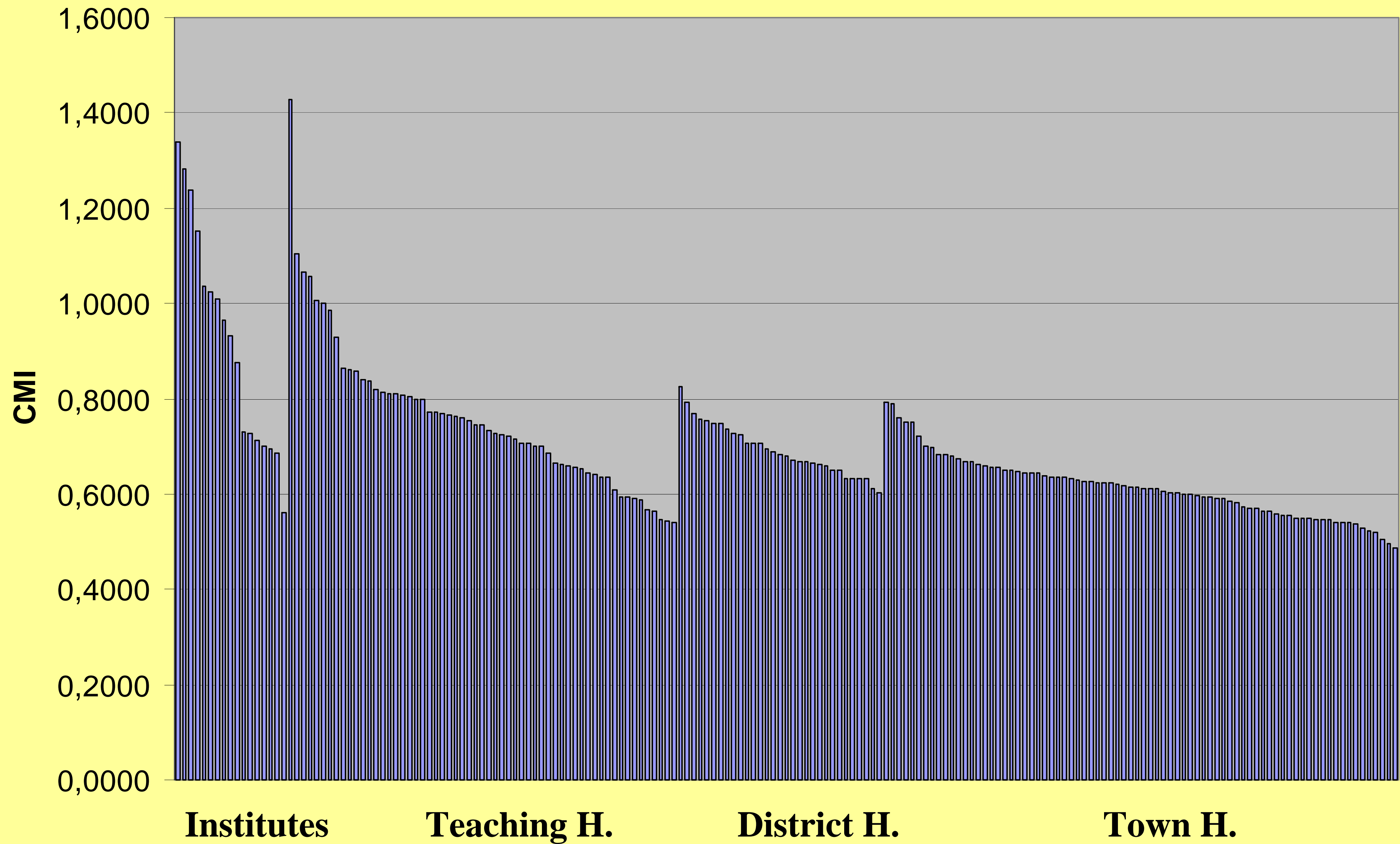
Etc.

Ranking of the Hospitals in 2000
(…but still in place in 2004)

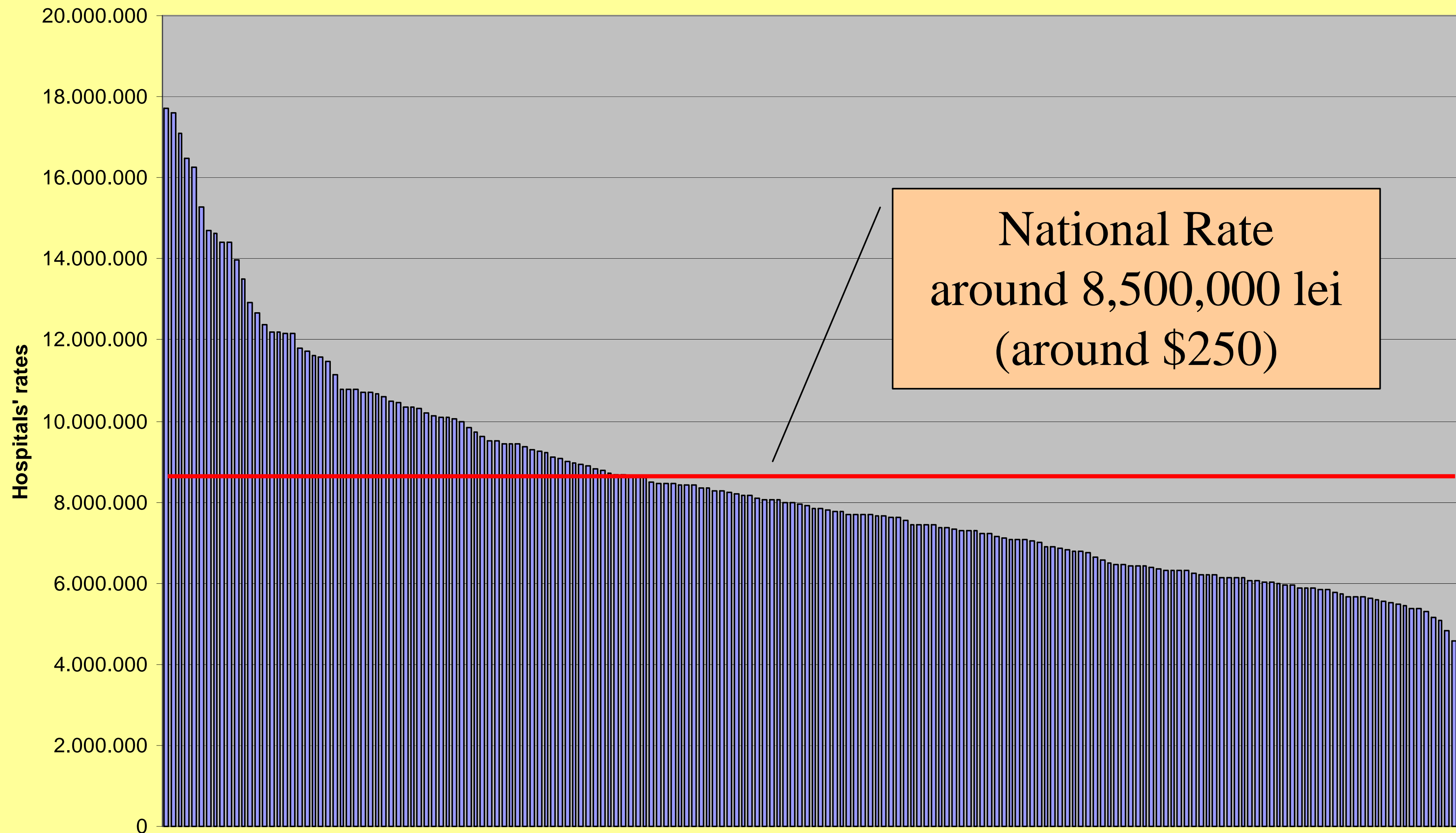
The higher the ranking, the higher:
- the “per day” rate
- the investments from the state budget in high performance technology
- the “prestige”



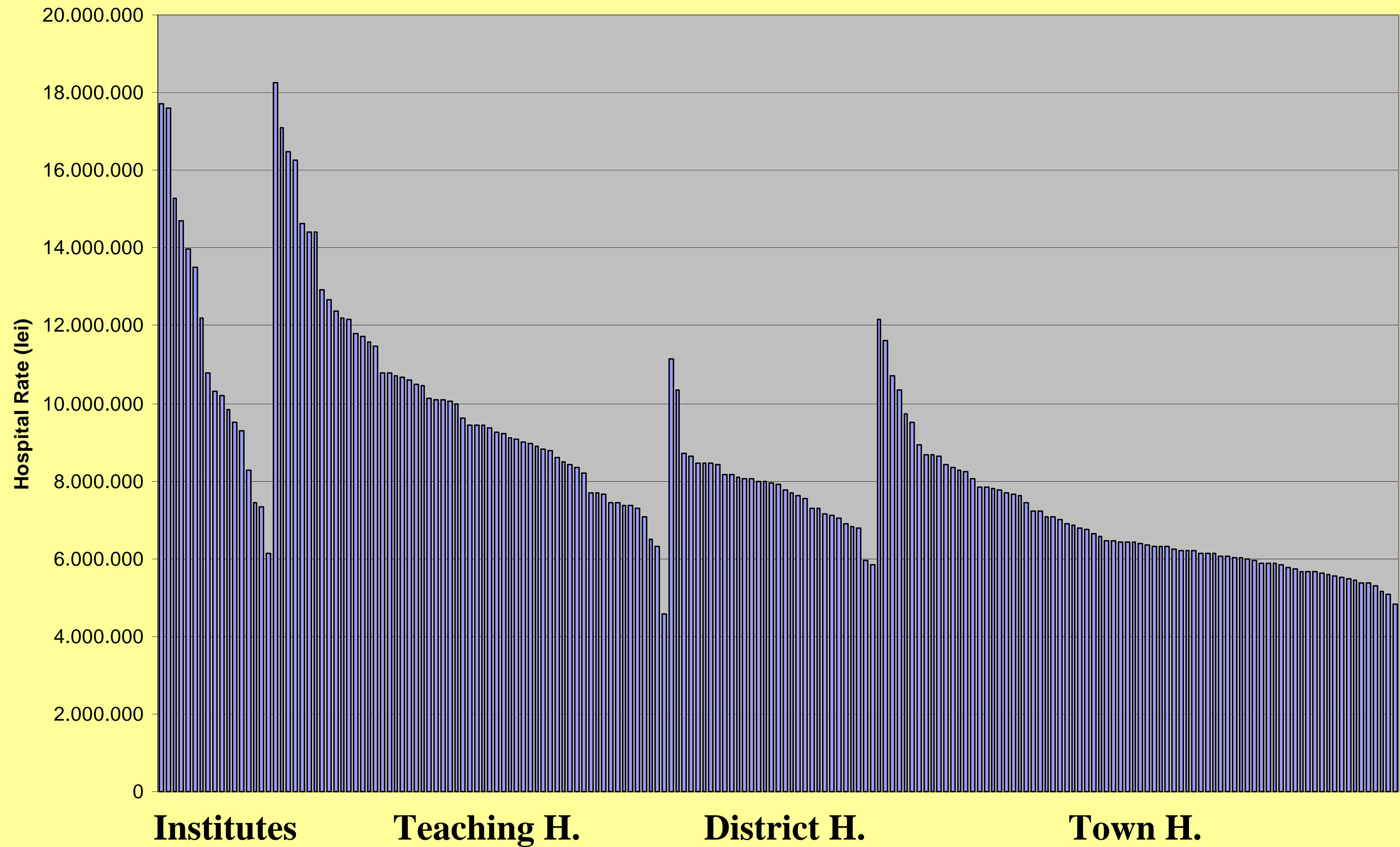
CMI by Type of Hospitals



Variation of Hospitals' rate



Hospital Rate by Type of Hospital



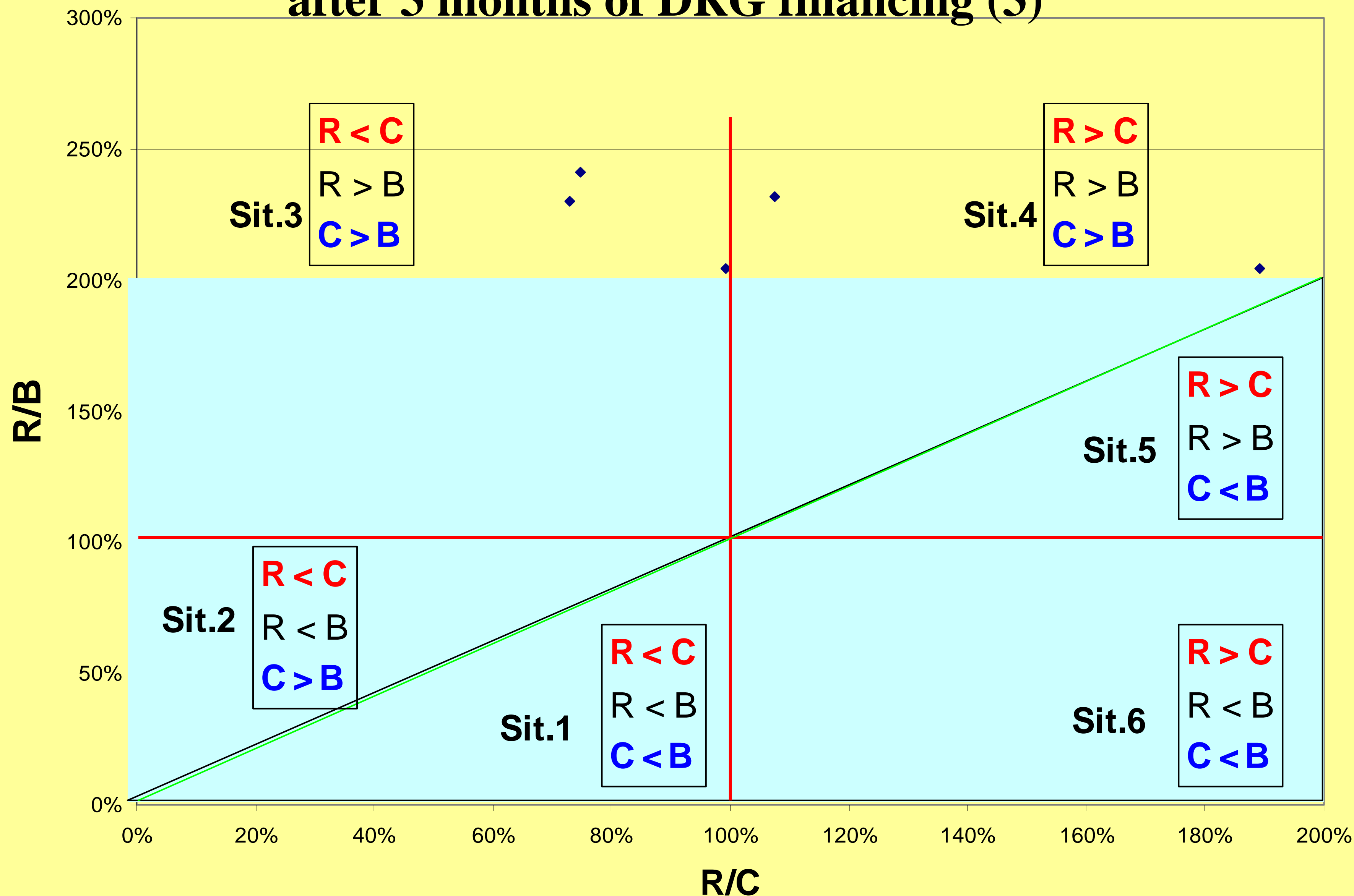
Financial situation of the hospitals after 3 months of DRG financing (1)

- From January 2004, 185 acute care hospitals started to be reimbursed by DRG mechanism
- The hospital rates were calculated as neutral base rate (based on the historical **BUDGET** in 2003 – **“B” in the next slide**) with an 85%-15% blending rate with the national rate
- At the beginning of the year, the hospitals negotiated and **CONTRACT**ed with the National Insurance Fund a prospective budget for the year of 2004 – **“C” in the next slide**
- After 3 months of DRG financing, we made a simulation of the financial situation of the hospitals, based on the hospital **REVENUE** for services provided in this time frame – **“R” in the next slide**

Financial situation of the hospitals after 3 months of DRG financing (2)

- CONTRACT 2004 < > BUDGET 2003
- REVENUE 2004 < > CONTRACT 2004

Financial situation of the hospitals after 3 months of DRG financing (3)



B = BUDGET 2003, C = CONTRACT 2004, R = prediction of REVENUE for 2004

Conclusions

- The hospital system looks different after introducing the patient level clinical data collection
- The new facts reveled require a new methodology of the decision making process
- As for to the hospital system, we need to:
  - re-think the roles and ranking of the hospitals and the patient flow
  - refine the hospital contracting and reimbursement system, by refining the incentives-disincentives system