

Developing and anchoring a DRG-system

ABF PCSI 2017, Sydney, Australia

Jesper Iwersen

Executive Advisor, Payer/Provider/Government - Denmark, QuintilesIMS

October 11, 2017



Agenda

- Who are we – really short
- Tools
- Developing a DRG-system
- Build your own Logic
- Build your own cost database
- Lessons learned

Agenda

- **Who are we – really short**
- Tools
- Developing a DRG-system
- Build your own Logic
- Build your own cost database
- Lessons learned

QuintilesIMS Global Resources & Experience

50,000

people in

>100

countries



Award-winning
Safety Platform

>99%

on-time compliance to
regulatory authority

1,200

experts in
healthcare
informatics



530+

million global
anonymous
patient records

14

centers of
excellence



15+

petabytes of unique
healthcare data

~900+

clinical
educators

Elite 100

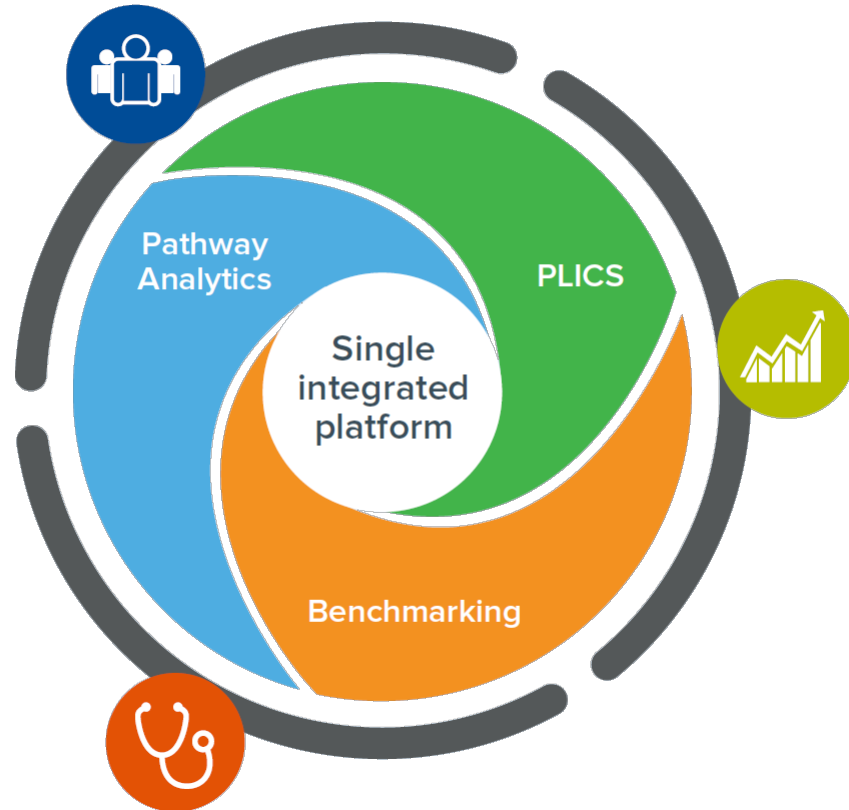
list in 2015 for Information
Technology Innovation

>1,100

medical doctors



QuintilesIMS Healthcare Services



Casemix360

Tools for Healthcare services:

- PLICS
- Care Pathway Analytics
- Benchmarking
- Casemix360
- Value Based Healthcare
- Capacity Management

Agenda

- Who are we – really short
- **Tools**
- Developing a DRG-system
- Build your own Logic
- Build your own cost database
- Lessons learned

Casemix360

CasemixEditor

The CasemixEditor is the main part of the system. This application will help you maintain and develop the Casemix logic, and to publish the results in a grouper and visual decision tree.

CasemixViewer

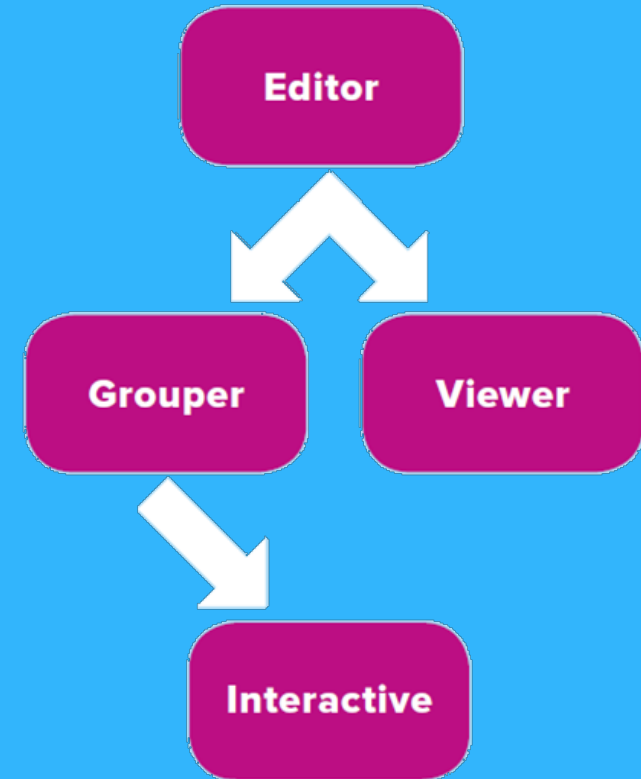
The CasemixViewer is a website that gives a standard user full information about the casemix system with the possibility to make specific lookups and view how different classifications influence the grouping.

CasemixGrouper

The CasemixGrouper is a fast offline grouper that gives the technical user a way to group a large amount of records either for testing or in a production workflow.

CasemixInteractive

The CasemixInteractive is a website that gives a standard user the precise information about where specific classification codes end up in the relevant casemix system. The website guides the user through setting up an input string to the grouper and presents the results of the grouping process with links to the visual presentation.



Why do we need a Casemix tool?



- From the Danish perspective – we needed a consolidated and user-friendly solution
- You need to open the black box grouper to adapt and use the DRGs
- You need more user documentation as well as for those developing the system
- By using Casemix360 it is possible to make changes to the DRG system - fast and flexible
- It just makes it easier

Agenda

- Who are we – really short
- Tools
- **Developing a DRG-system**
- Build your own Logic
- Build your own cost database
- Lessons learned

Experience from cooperating with the Danish Health Data Authority

- The Danish Health Data Authority's task is to create coherent health data and digital solutions for the benefit of patients and clinicians as well as research and administrative purposes in healthcare.
- The Danish Health Data Authority maintains and develops the Danish DRG system, which is used for financial management in the health service in the municipalities, ministries, agencies, hospitals and regions.



Developing a DRG-system

- Analysis of the healthcare system
 - Identify key stakeholders
 - Identify structural challenges
 - Identify which structural challenges that can be adressed
 - Identify strategies and reforms planned and in progress
- Work plan for project
 - Create awareness of DRGs and Health data
 - Hands on experience with data flow
 - Workshop creating a prototype grouper
 - Test the prototype on actual data
 - Workshop creating prototype cost data
 - Calculating average tariffs on prototype data

Agenda

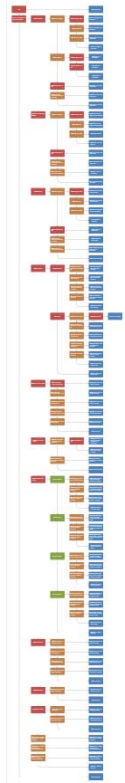
- Who are we – really short
- Tools
- Developing a DRG-system
- **Build your own Logic**
- Build your own cost database
- Lessons learned

Build your own Logic

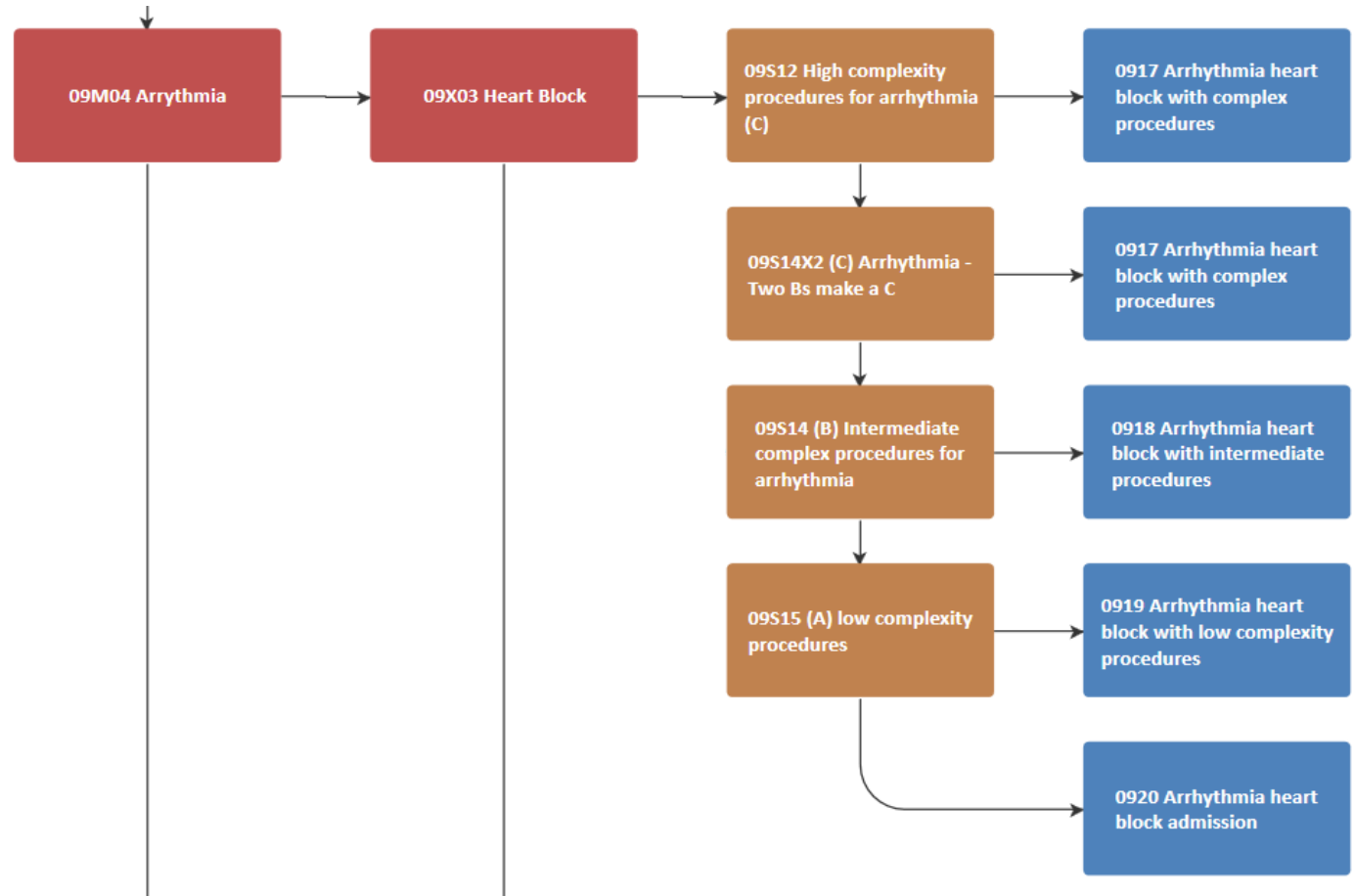
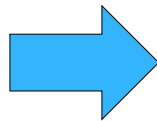
- Workshop creating a prototype grouper
 - Engaging and involving clinicians
 - To gain trust
 - To gain acceptance of the DRGs – if it's wrong, you're able to change it
 - Update through ownership
- How-to-build
 - An advice: It's not that technical to start up: Draw it!
 - Engage the enthusiasts to spread the word
 - A tool will do the technical part

An example - Non-invasive cardiology

- 7-8 clinicians from cardiology departments and from the national cardiology society –
- 4 days



65 DRGs - 81 rules



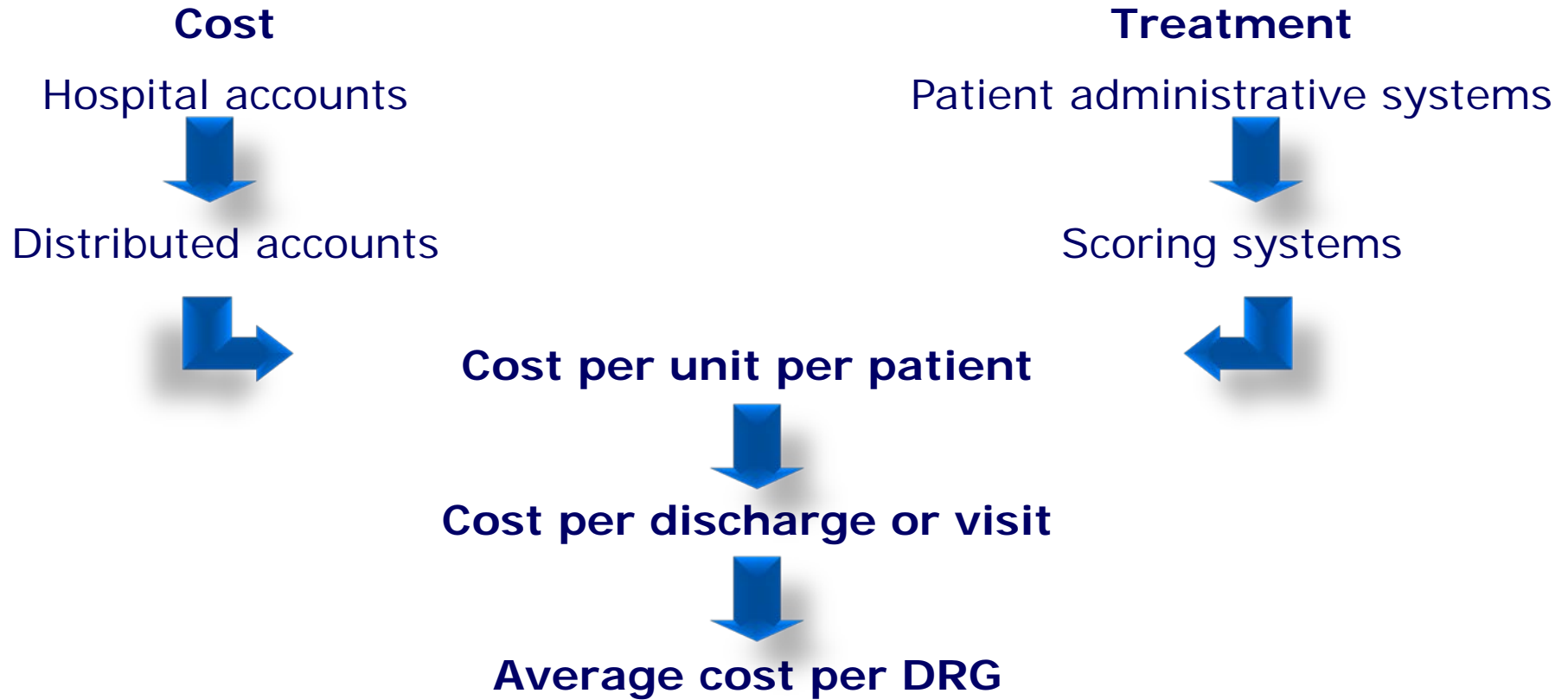
Agenda

- Who are we – really short
- Tools
- Developing a DRG-system
- Build your own Logic
- **Build your own cost database**
- Lessons learned

Build your own cost database

- Create awareness of actual costs
- Hospitals will know their cost
 - Activity planning
 - Tariffs for specialized treatment
 - Easy access to patient data
 - Reuse model
- Administrators know the cost on each hospital
 - Activity planning
 - Benchmarking

Build your own cost database



Agenda

- Who are we – really short
- Tools
- Developing a DRG-system
- Build your own Logic
- Build your own cost database
- **Lessons learned**

Lessons learned

- DRGs needs to be tailored
- The way DRGs are introduced is a key element
- Clinical validation
- Formalized governance with stakeholders
- Connection between the DRG system and the "true" financial burden
- Return data to data generators
- Avoid DRG coding
- Appoint coding responsible staff
- Teach clinically correct coding



Thank you for listening ...

Jesper Iwersen, Executive Advisor, QuintilesIMS

Mobile: +45 24458082 email: jesper.Iwersen@quintilesims.com

quintilesims.com