

"The spiralling down of technology- and DRG-reimbursement: how to stop?"

16 March - EHRA Summit - in Session 2 from 16:55 to 17:15









Content



- Design, History and Future of the DRG system
- The driver tree model for profits in the DRG System
- A look in the different driver arms: classical actions
- Take home message: A good mix to prevent DRG spiralling down



Background of the DRG Financing System

How is the DRG-system designed?

- Every DRG has a relative cost weight (RCW)
- The RCW is the average weight of a DRG relatively to the reference
- RCWs are the same in a local DRG-system (AR-DRG, G-DRG etc.)
- A yearly calculation is done by the INEK
- Eg. In the Catalogue Germany 2013 there were 1.187 DRGs
- The standardized RCW = 1

Revenue = DRG-RCW x Baserate

e.g. DRG: E36Z with RCW 7,959 and Baserate: 3.200,- Euro





Background of the DRG Financing System



Targets, History and Maintenance of the DRGs System

- In Germany switch in 2003 from a day based to a case-based reimbursement
- Impact on the duration of stay and overall efficiency
- More Transparency for the system over a "central intelligence" collecting detailled information about the system and all cost factors
- Yearly update of the system with a 3-year process of new data (and innovation) influence



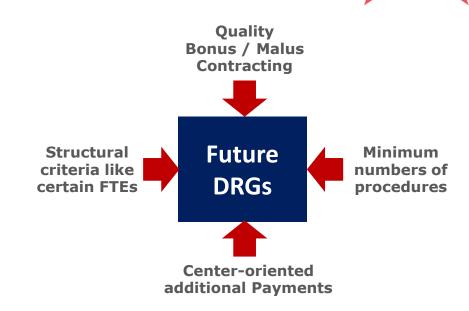


New components & changes in DRG 2017ff



Different discussions are conducted in DRG context

- Quality will get an additional criterium
 long discussed but not very operational at the moment
- Center building and minimal procedure numbers are often topic
- More and More structural criteria find into the system and make a lot of trouble on cost side
- The Transparency of Costs is a further topic being pushed by payors

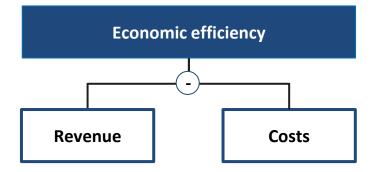






The typical driver tree in hospitals

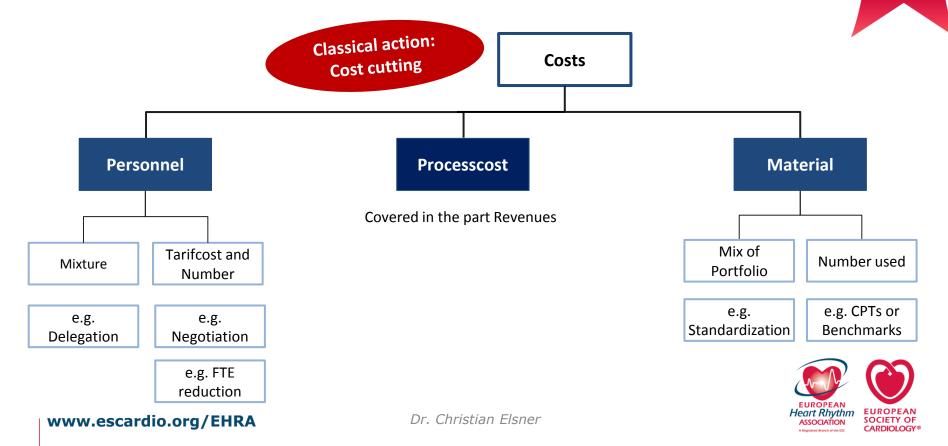




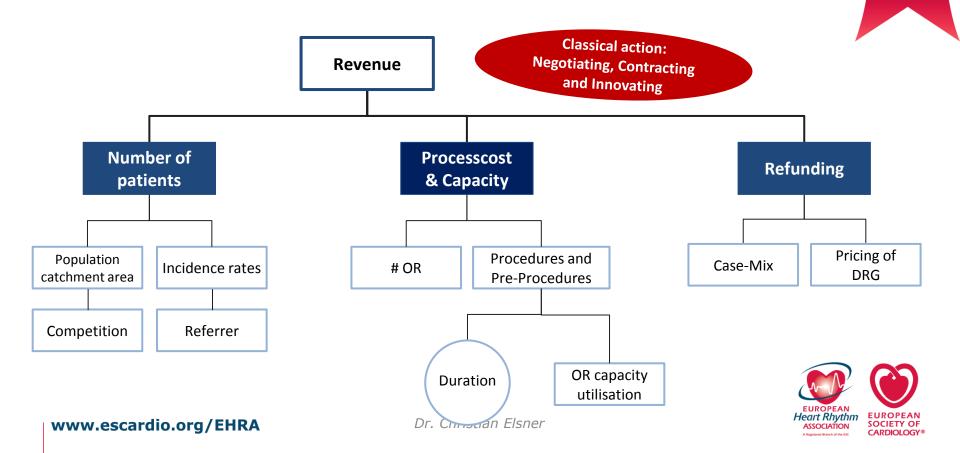




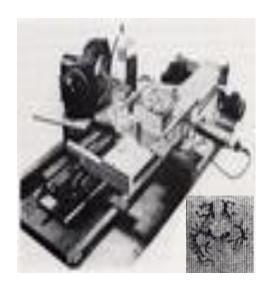
Costs are driven by 3 basic factors



Revenues are driven by 3 basic factors



Technology is getting faster and faster ...



The first CT prototype "calculates" over 11,5 hours for one picture in 1968



A CT- Scanner **in 1975**, only Cranio-CTs per Layer 20 seconds



Modern CT with 320 slices in 0,4 Seconds



Technology is getting faster and faster ...



First MRT experiments, ca. 1980, 15 minutes per picture



Today 20 pictures per second: Watch the patient thinking, while MRT is generated ...



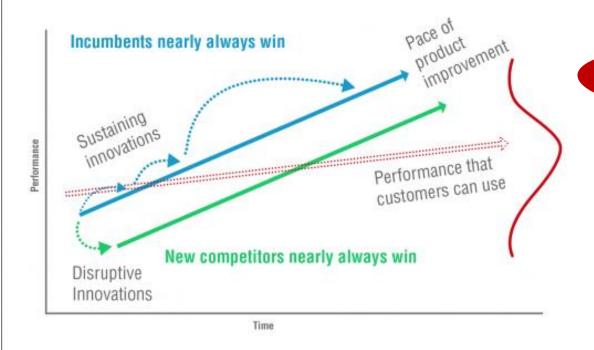
Same-Process always faster? Disruptive Process Innovations are needed!





The optimal mixture is a combination of sustaining innovations and disruptive ones





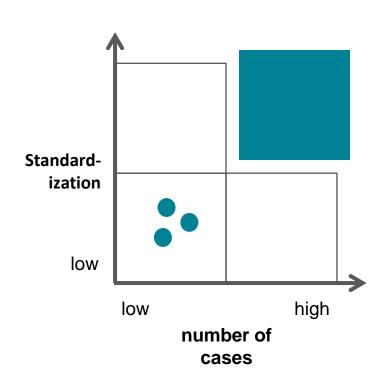
Classical action: Disruptive Innovation

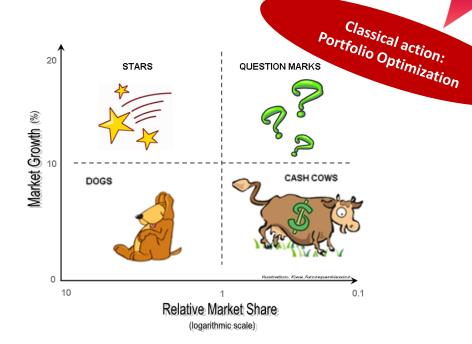
Source: Clayton Christensen, The Innovators Solution







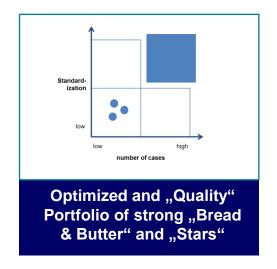




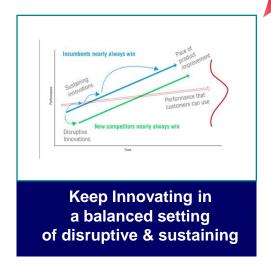




How to prevent spiralling down of the DRG system – a suggestion and take home message







Finding the right strategy to fight revenue portfolio spiralling down in DRG settings is an individual process with 3 columns to be considered. Only a balanced setting and continous work will give success to this venture.



