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

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OBJECTIVES

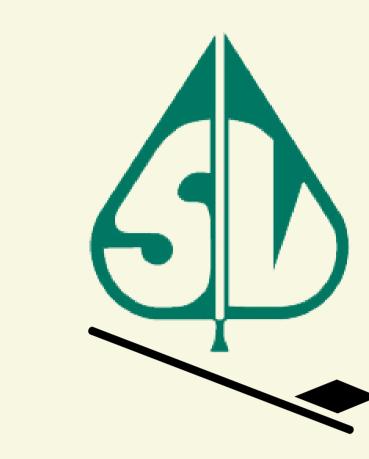
Contracts with contract physicians or institutes can provide price advantages due to competition.

Sickness funds of the Austrian Social Security signed contract concerning haemograms with physicians or institutes.

Claims data, respectively rendered fees suggest a possible savings potential in the fee for service system without reducing the scope of the procedures or the frequencies.

Price differences for the same or similar procedures performed by different contract physicians or institutes are evaluated and displayed.

Different possibilities of savings potential (e.g. focusing on average or lowest value) are simulated.



METHODS

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 institutes' 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 (MEL 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 m to n relations shall be resolved properly. Apart from the fact that there exist more than one common nomeclature and therewith serveral catalogs, we had to deal with different loading factors and overall caps. In order to obtain valid frequencies and turnovers from the data we redistributed the loading factors and overall caps accordingly so 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 therewith obtained a mimimum and a maximum fee deriving from the different fees for the procedures. In order to obtain a savings potential we calculated the current turnover subracting the fictional turnover with the minimum fee (current frequency multiplied with minimum fee). To show the current savings, we calculated the fictional turnover with the maximum fee (current frequency multiplied with maximum fee) subtracting the current turnover. Values were rounded to two decimal points, however, calculated by 15 decimal points.

We acted on the assumption that the differently named procedures leading to the same meta-position were adapted for each patient (and therewith body region or part) individually and therefore comparable.

Sickness Fund 1 Data clearing: n-1-m * Mapping i.e.: red and white heamstogram -> Whole i.e.: chargeable for max. 20 % of the patients Trustitutes Sickness Fund 13 Meta-Fee Structure Catalog For Ambulatory Procedures

DATA CLEARING NECESSITIES:

- collaboration of more than 2 people for cross-checking and quality assurance
 transparent queries that are reproducible
 - o complete documentation of the process for data clearing

N-M RELATION PROBLEMS:

- every single n-m relation has to be solved on its own, however, using one common logic
- ☐ this process requires a lot of time and effort since one has to sometimes go through a lot of individual data sets in order to map the procedures and divide the frequencies and turnovers accordingly

Lessons learned

LOADING FACTOR AND CAPS:

- ☐ map the loading factors and caps with its turnovers as accurately as possible to the according procedures in order to correct the frequencies thereof
- check the maximum and the minimum fee concerning reasonability manually

Haemograms 200,00% 180,00% 140,00% 120,00% 190,00% 100,00%

CALCULATION

- a deviations vary according to the granularity of the data
- □ calculating the turnovers with maximum and minimum fee for each sector separately and together results in different amounts and percentages

RESULTS

INSTITUTES:

- □ Calculating all frequencies with the lowest paid fee (turnover/frequency) for each service would lead to a lower financial effort of 64 % compared to the current turnover.
- ☐ Calculating all frequencies with the highest fee for service would lead to a higher effort of 19 % compared to the current turnover

CONTRACT PHYSICIANS:

- □ Calculating all frequencies with the lowest paid fee (turnover/frequency) for each service would lead to a lower financial effort of 46 % compared to the current turnover.
- ☐ Calculating all frequencies with the highest fee for service would lead to a higher effort of 46 % compared to the current turnover

INSTITUTES AND CONTRACT PHYSICIANS TOGETHER:

- □ Calculating all frequencies with the lowest paid fee (turnover/frequency) for each service would lead to a lower financial effort of 95 % compared to the current turnover.
- ☐ Calculating all frequencies with the highest fee for service would lead to a higher effort of 78 % compared to the current turnover

References

(1) Scholler C, Weisser A, Endel G. Catalog for Ambulatory Procedures. Poster Presentation at the 24th PCSI Working Conference: Casemix beyond founding. Contributuions for Health Policy, Lisbon 8-11 October 2008.

Wilbacher I, Schroeder J. Zusammenführung verschiedener Dokumentationssysteme. Presentation at a seminar for Germany, Switzerland, France and Austria in Neuchatel, CH. Download from http://www.hauptverband.at/mediaDB/ MMDB114156_Neuchatel%20-%20Prozedurenklassifikation.pdf

CONCLUSION

For heamograms, 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

Perspectives

- ☐ in the future the gap between the in-hospital sector and the outpatient sector shall be closed
- ☐ the nomenclature of procedures shall be adapted to one common nomencla-
- different catalogs have to be mapped to one common catalog
- → therefore, correct handling of loading factors and caps is necessary!