



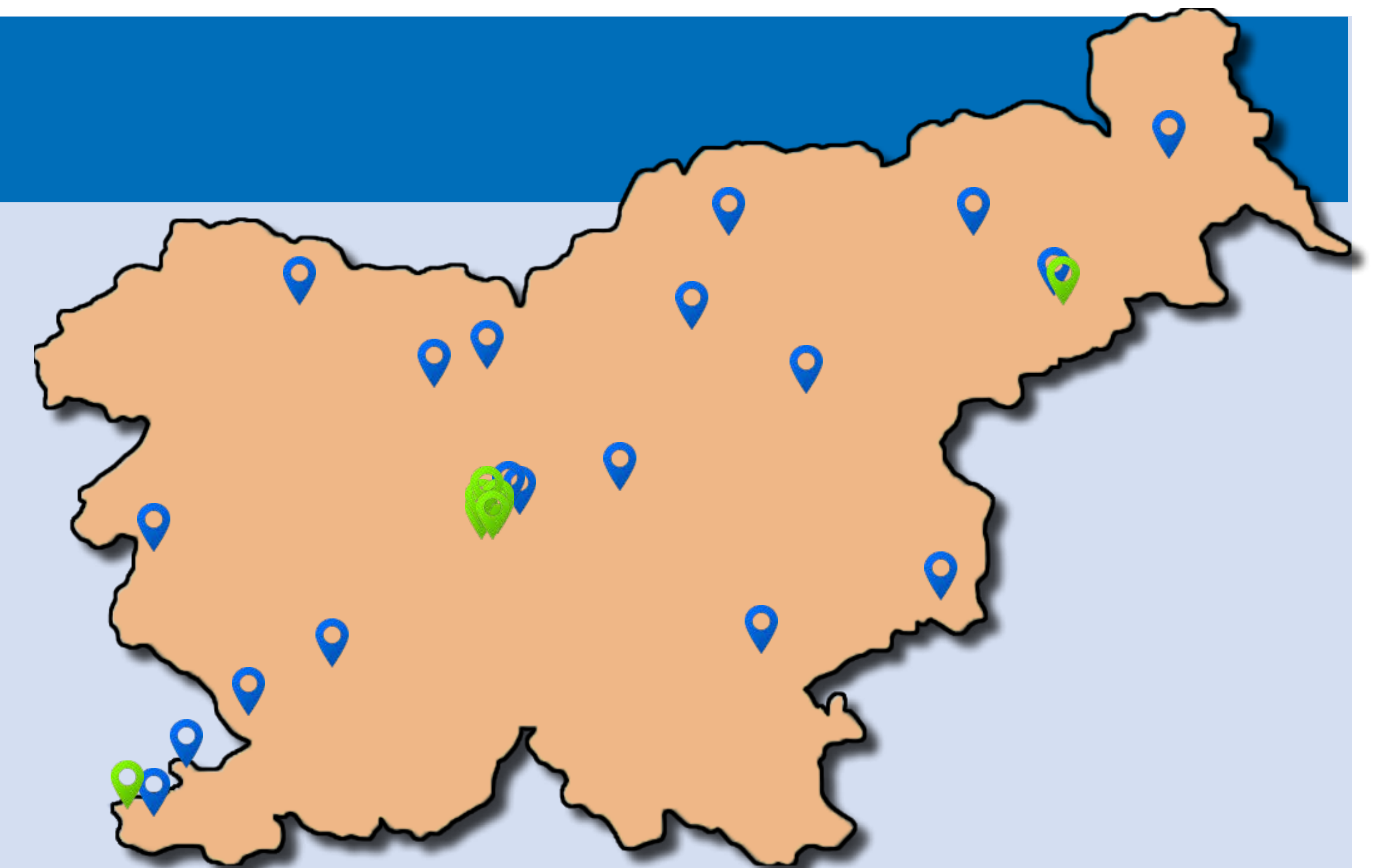
Challenges in updating the Slovenian DRG System

Martina Zorko Kodelja

Introduction

What is the current state of DRG system in Slovenia?

- Public network: 19 public hospitals, 8 private hospitals
- 342,000 cases of treatment in 2023, 1.1 billion €
- In 2004: Australian DRG system (ver. 4.2) adopted; including weights
- Several (unsuccessful) attempts at national cost analysis
- In 2020 start of the DRG Project „To establish a comprehensive management of the DRG system“



Methods

What has been done so far?

D63*	Anemija pri kroničnih boleznih, uvrščenih drugje
D63.0*	Anemija pri neoplazmah Okoliščine v 2. poglavju (C00–D48†)
D63.8*	Anemija pri drugih kroničnih boleznih, uvrščenih drugje
V1438	Anemija pri kronični ledvični bolezni: • ≥ stopnja 3 (N18.3–N18.5†) • NUD (N18.9†)

STANDARDI KODIRANJA
Standardi kodiranja – avstralska različica 11 in slovenske dopolnitve

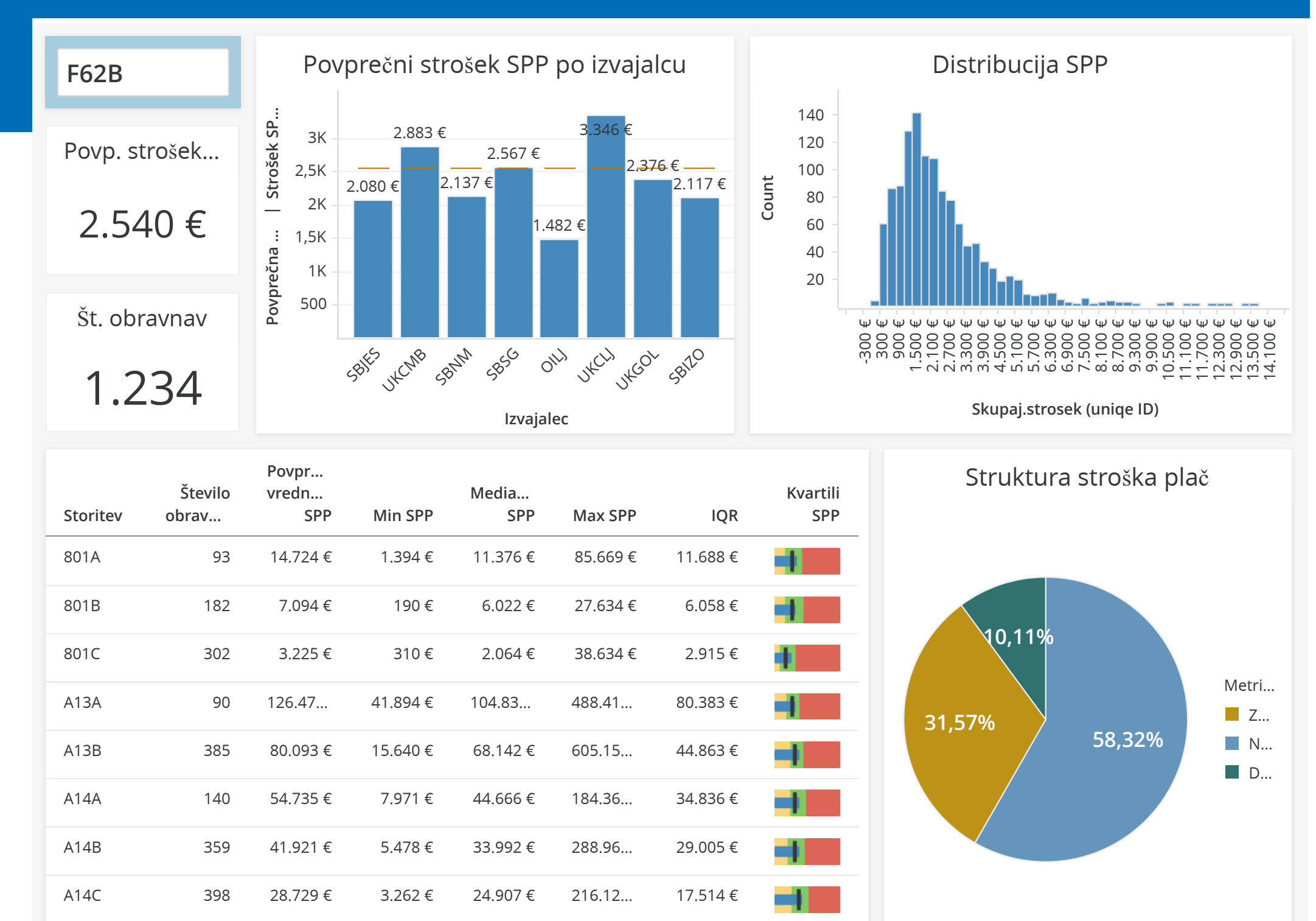


- Introduction of AR-DRG v10, ICD-10-AM/ACHI/ACS edition 11 in January 2023
 - Large personnel, time and financial investment
 - Installation of the new grouper in all hospitals
 - Coder training workshops
- Recording of detailed data on costs in hospitals
 - Methodology for recording costs (of labour, drugs, materials, balance sheet costs)
 - 2 mio EUR/year for pilot hospitals
- Collecting data on costs from hospitals, checking the data
- Costing methodology
- Education and training of personnel and establishment of a competence centre
- Promotional activities for acceptance of changes and updates

Results

What is the feedback after 1 year of use?

- The new AR-DRG, grouper and coding rules affected hospital revenues
 - To cover the different (better and worse) evaluation of DRGs in 2023 due to the impact of new AR-DRG, ZZZS planned an additional EUR 16.6 million for all providers in the DRG system
- All data for 2023 from hospitals is collected and checked
 - Improvements in quality needed (missing data, erroneous data)
- Calculation of weights in progress



Discussion

What challenges and questions do we still need to face?

How often should we update the DRG system (implement new versions of AR-DRG and calculate new weights) so that it is sustainable from a financial, personnel and time point of view?

Should we continue to use the Australian system, or should we start developing our own?

How to ensure the acceptance of the new Slovenian weights by all stakeholders?
How to ensure the implementation and use of the new weights?

What actions to take to improve coding, where to acquire knowledge, how to strengthen the team?

In what way can we further improve the data based on which we will calculate Slovenian weights?

How to encourage hospitals to make greater use of data also for their own needs?

What tools can/should we use to help with coding, recording data, cost distribution, calculating weights, managing the DRG system?