Conference 2015
Towards sustainable health and social care systems

14–17 October 2015

Programme

www.pcsi2015.org
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Dear colleagues, friends, and members of the Case Mix community,

I’m delighted to invite you to attend the PCSI 31st Conference, and I hope that you are ready to share your knowledge, experience and time with us in The Hague, where you will find Case Mix history (participants at the first PCSI Conference are still around!), welcoming hosts, an intense scientific programme, a resourceful network for your case mix related initiatives and an interesting new approach to healthcare.

During the Conference, you will all have the opportunity to meet over 200 colleagues from more than 36 countries, to attend, present or chair interesting sessions and presentations, as well as to discover a new dimension of our regular topics within the parallel track “Caring Village of the Future”.

The idea behind the ‘caring village of the future’ concept revolves around the introduction of autonomy and respect for citizens as individuals, while at the same time providing a smart and integrated health and social care – and within our ageing society, this becomes more and more relevant.

Apart from the scientific and social agenda, it is also your chance to get involved:

• Run or participate in a workshop
• Debate during panel sessions and, last but not least
• Make your voice heard in the association’s day to day life - participate in the General Assembly of the association, vote or be voted.

The local organising committee, our distinguished keynote speakers, the scientific committee, our sponsors and friends all over the world are working hard to finalise the preparations so you can get the best of the latest knowledge and information in the area and have a great time – thank you for considering to join us at this year’s Conference, let’s have an enjoyable and successful event!

On behalf of the PCSI Association, Dr. Dana Burduja, PCSI President

On behalf of the PCSI 2015 organizing committee, I am honoured and delighted to welcome you to the 31st International Conference of Patient Classification Systems International (PCSI) at the Kurhaus hotel (a former health resort), in The Hague, the town I was born. It is the second time the PCSI Conference is organised in The Netherlands, in 2000 in the University hospital in Groningen and now in the Kurhaus in The Hague. This shift from a hospital to a former health resort symbolises the theme we have chosen for this year’s conference: to focus on the health of the person. It will be a small step, but we hope to share with you a common point on the horizon. A common focus on the health of each individual and the drive to go for People instead of Systems.

It is a great privilege to welcome each of you to join us for a couple of days in The Hague, the residence of our King, our Government and Parliament, as well as the international city of Peace and Justice.

I am happy to see so many “old” PCSI friends and look forward to meet many new friends coming from over 36 countries. Over 60 % of you have attended PCSI Conference’s in the past stressing the solidity of the PCSI network, once started with the early adopters of the DRG system in the eighties. Since then the PCSI association has managed to grow in members and activities. In addition to this yearly conference PCSI organises an Introduction and an Advanced school to introduce new generations into the world
Words of Welcome

of Casemix and health care management. It is a pleasure to see so many former PCSI students attending this conference. I do hope the new PCSI participants will appreciate the special atmosphere created over the years by our Executive Committee, elected by the members of PCSI. All of you attending the full conference will be automatically member of PCSI and will have the right to attend the PCSI General Assembly and vote for new members of the EC on Friday afternoon. The new EC members will be announced during the traditional PCSI Dinner on Friday evening. I would like to thank the PCSI Executive Committee, which systematic work has built up and maintained this network and once again brought over 200 people here from all over the world.

We are honoured with the contribution of several national and international Keynote Speakers, who will stress the theme of the conference and focus on personal dimension in the health care system. This will be a base for integrated care not only for chronic patients, but for the growing number of patients with multi morbid health and social care issues. It is our purpose to stress the ‘why’ of all our investments in health and social care to add value to people’s health.

The programme has been created by many of you, providing peer reviewed papers, workshops, panel discussions following the keynote addresses, and poster sessions.

I’m also very proud to announce the special ‘Village track’. Many countries face growing health and social care problems. The Caring Village is a symbol of the focus on the person centred approach to health and social care. In the new definition of Machteld Huber, health is: “the dynamic ability of people to adapt and manage their own well-being”. This requires a shift for policy makers from illness to disease prevention and for care providers to coordinate care and cure across the traditional institutional barriers. The Village approach tries to provide key requirements to shift for both health and social care the focus to add value to the health of the person. We will also discuss how innovations in integrated care can be implemented supported by the Blue Line approach as a symbol of proactive connectivity to achieve health and life goals.

I do hope this conference with its different contributions will give you an insight into new concepts and encourage us all to realize sustainable health and social care systems for the next generation.

As a conference chair of PCSI 2015, I know that the success of the conference depends ultimately on a positive evaluation of your visit, but also on the many people who have worked with us in planning and organizing both the programme and social events. In particular, we thank Dana Burduja, the PCSI President, Brian McCarthy and the other members of the PCSI Executive committee for their wise advice and brilliant suggestions on organizing the programme; and Janette Green, the scientific programme chair and the Scientific Committee for their thorough and timely reviewing of the submitted papers, and creating an interesting programme. And we thank the many supporting organisations who helped to market the conference and last but not least our sponsors who have helped us to keep down the costs of PCSI 2015 for you. Recognition goes also to Nienke Bults and Sanne van Logten and the other Local Organizing Committee members, to Joost Zuurbier treasurer of the Village Foundation and to Irene Koomans and her team at MCI who have all worked extremely hard on the many details of organising this conference.

I hope you all will enjoy the specific PCSI Conference spirit and find your stay in The Netherlands both valuable and enjoyable. Have some great days!

Jacob Hofdijk
Conference Chair of PCSI 2015
Founder of the Village Foundation, Partner of Casemix, Emeritus member of the Executive Committee
HOSTS

PATIENT CLASSIFICATION SYSTEMS INTERNATIONAL

Patient Classification Systems Europe (PCSE) was founded in Lisbon in 1987. The organization brought about a network of researchers and users of the case mix concept from health administrations, government agencies and academia. Focused initially on diagnosis-related groups, the organization’s goals have expanded to include a broader interest in ways of clustering and grouping clinical and administrative data for healthcare management and financing. As such, PCSE stimulated the use and refinement of the science of grouping patients within different levels of the health system.

Expansion of the organization throughout the world brought a name change to Patient Classification Systems International. PCSI is the only worldwide organization addressing case mix issues. In the last few years, the annual international conference has brought together a growing number of active participants from all over the world. Originally a group of six idealists from Western Europe and the United States, the organization has now grown to hundreds of members from five continents. The organization hosts one annual conference and offers educational opportunities through its summer and winter school programs.

pcsinternational.org

CASEMIX – CQT ZORG EN GEZONDHEID

CQT Zorg en Gezondheid (CQT) is the expertise partner for health and social care. The CQT team helps partners to contribute to a healthy society by developing sustainable health and social care solutions. CQT figures at the vanguard of new developments to achieve these goals. The organization provides multidisciplinary services to support organizations in implementing the many new advances in the healthcare system. Featuring a unique mix of consultancy and supporting IT systems, CQT is the partner for healthcare organizations to implement and maintain their case mix management systems. CQT offers the sector reliable guidance toward the next generation of personalized health and social care systems.

www.casemix.nl

VILLAGE FOUNDATION

At the PCSI conference a special track will be dedicated to the issues of the personalized care pivotal in the integration of health and social care systems. The ESF-funded study The Challenges of Developing Social Care Informatics as an Essential Part of Holistic Health Care led to an initiative to elaborate a strategy to achieve the objectives of the Keele Declaration: a holistic citizen-centric vision for information and communication technologies to support personal health. Supported by EFMI and IMIA, a series of workshops has been organized with the title Caring Village of the Future. The Village Foundation will organize a special Caring Village track during the PCSI conference to contribute toward solving this global problem of providing harmonized health and social care services that meet extended individual needs, taking into account variations in needs, preferences, abilities and support.
Hosts & Partners

NIEUWEZORG
Platform NieuweZorg is a Dutch forum that provides the opportunity to share current information, opinions and facts about healthcare and healthcare development with stakeholders from both the pharmacy and healthcare sector. These networking meetings take place at least four times a year at various locations in the country. Want to know more about their expertise? Have a look at the various videos on their Masterclass NieuweZorg 3.0 (only in Dutch).

www.platformnieuwezorg.nl

SPONSORS

3M
3M is a diversified technology company serving customers and communities with innovative products and services. Each of our six businesses has earned leading global market positions.

www.3m.com

HEALTHCOST
Healthcost was formed in 2005 and provides worldwide consultancy in healthcare costing. We utilise an agile SQL based costing engine called UserCost, which is owned by our business partners Visasys Pty. Healthcost holds the franchise for UserCost distribution and implementation in Europe and the Middle East.

www.healthcost.co.uk

MUNICIPALITY OF THE HAGUE
The Hague is the international city of peace and justice and the third largest city in the Netherlands. It is also the official seat of the Crown and government, home to hundreds of international organisations and multinationals and one of the world’s top three UN cities.

www.denhaag.com

GS1
GS1 Netherlands is a neutral, not-for-profit organization dedicated to the design and implementation of standards and solutions to improve the efficiency and visibility in supply chains. We develop international standards to identify, capture and share data. GS1 Netherlands is part of a global GS1 organization with local Member Organizations in 108 countries.

In healthcare we successfully develop and implement global standards to enhance patient safety and supply chain efficiencies.

www.gs1.org
Portavita
Portavita is an international leading eHealth supplier of Integrated Care Systems (ICS), based in Amsterdam, The Netherlands. Portavita’s innovative “Software as a Service” platform supports the multidisciplinary and multi organisation treatment of over 500,000 patients worldwide. Our platform supports regional cooperation. Over 9,000 medical professionals and 70,000 participating self-management patients use this online solution on a daily basis.

Input of leading medical professionals and their patients is the basis for the current modules of the system: Anticoagulation, Asthma/COPD, Cardiovascular Risk Management, Diabetes and Elderly Care. Patient participation through active self-management is an important part of these modules.

Individualization of care in an aging society demands coordinated support for the multidisciplinary teams treating individuals with one or more comorbidities.

Big Medical Data Intelligence Solutions are an integrated part of the Portavita portfolio and ensure high quality management reporting, analysis and research functionality.

Portavita is a strong believer in international standards and active member of ISO/NEN, IHE, HL7 and supporter of CIMI and Snomed CT.

nl.portavita.com

SUPPORTING ASSOCIATIONS

EFMI
The PCSI Conference will be supported by the EFMI Working Group on Casemix, Resources Management and Outcomes of Care, which is affiliated with all groups within the European Federation of Medical Informatics involved in the link between informatics and health management. As hosts of the Caring Village of the Future concept, EFMI and the Conference will actively support the Village Track.

www.efmi.org

COCIR
COCIR is the European Trade Association representing the medical imaging, health ICT and electromedical industries. Founded in 1959, COCIR is a non-profit association headquartered in Brussels (Belgium) with a China Desk based in Beijing since 2007. COCIR is unique as it brings together the healthcare, IT and telecommunications industries.

www.cocir.org

DUTCH HOSPITAL ASSOCIATION (NVZ)
Since its establishment on December 12, 1991, the Dutch Hospital Association (NVZ) has grown to be an influential lobbyist in the healthcare sector. The association ensures that the Dutch hospital sector is a strong sector.

en.nvz-ziekenhuizen.nl
SUPPORTING PUBLICATION

INTERNATIONAL JOURNAL OF HEALTHCARE MANAGEMENT

The International Journal of Healthcare Management (IJHM), now part of the Taylor and Francis Group, is a leading international scientific journal dedicated to the global promotion of knowledge related to healthcare management, serving international health systems development while focussing on the needs of healthcare managers all over the world. Patient Classification Systems, being a key development to improve global healthcare standards, is a priority theme for Future publications at IJHM and we are proud to join PCSI in this knowledge generating initiative.

SUPPORTING ORGANISATIONS

EUROPEAN CONNECTED HEALTH ALLIANCE

The European Connected Health Alliance is the trusted connector in healthcare; we bring people, organisations, needs and solutions together. We’re a not-for-profit/Community Interest Company registered in Northern Ireland. We exist to facilitate multi-stakeholder connections, to create and strengthen partnerships committed to driving sustainable change in the quality and efficiency of health and social care.

www.echalliance.com

VALUE-BASED HEALTH CARE CENTER EUROPE

Value-Based Health Care Center Europe aims to enable medical and academic professionals, patient organizations, educators, healthcare managers, government officials, health insurers, and industrial innovators to launch (international) discussions on Value-Based Health Care by providing a platform through which visitors and members will learn about the Value-Based Health Care (VBHC) concepts and how to implement these concepts in their organization.

www.vbhc.nl

SUPPORTED BY

DUTCH MINISTRY OF HEALTH, WELFARE AND SPORT

The Netherlands healthy and well. This is the motto of the Ministry of Health, Welfare and Sport (VWS). The ambition of the Ministry of VWS is to keep everyone healthy as long as possible and to restore the sick to health as quickly as possible. The ministry also seeks to support people with a physical or mental limitation and promote social participation.

www.government.nl/ministries/ministry-of-health-welfare-and-sport
After many discussions about the value of a collaborative association, including meetings in Paris in 1984 and Dublin in 1986, Patient Classifications Systems Europe (PCSE) was initially founded in 1987 in Lisbon. The organisation created a network of researchers and users of the case mix concept from health administration, government agencies, and academia. From an initial focus on Diagnosis Related Group (DRGs), the association’s goals have expanded to include a broader interest in clustering and grouping techniques of clinical and administrative data for health care management and financing. The association has stimulated the use and refinement of the science of “grouping patients” within different levels of the health system.

Expansion of the organisation throughout the world brought a name change from PCSE to Patient Classification Systems International (PCSI). It is the only worldwide organisation addressing case mix issues. In recent years the annual international conference has brought together a growing number of active participants from all over the world. From a group of six “idealists” from Western Europe and the United States, the organisation has now grown to hundreds of members from 5 continents. The organisation puts on one annual conference and offers educational opportunities through our summer and winter School programs.

### Executive Committee

- **Dr. Dana Burduja**  
  Senior Health Specialist, European Investment Bank, Luxembourg  
  PCSI President

- **Ms. Jugna Shah**  
  President, Nimitt Consulting Inc, USA  
  PCSI Vice President

- **Ms. Paula Monteith**  
  Head of Design, National Casemix Office, UK  
  PCSI Treasurer

- **Mr. Brian McCarthy**  
  IT Manager, Healthcare Pricing Office, Ireland  
  PCSI Secretary

- **Prof. Syed Aljunid**  
  Professor of Health Economics and Head of ITCC-UKM, Malaysia

- **Prof. Janette Green**  
  Associate Professor, Australian Health Services Research, Institute, University of Wollongong, Australia

- **Mr. Jacob Hofdijk**  
  Partner, Casemix, The Netherlands  
  Emeritus Secretary of PCSI

- **Dr. Kristiina Kahur**  
  Senior Consultant, FCG Consulting Ltd, Finland

- **Ms. Deniza Mazevska**  
  Associate Director, Health Policy Analysis, Australia

- **Dr. Jiro Okochi**  
  Director of Tatsumanosato Geriatric Health Services, Osaka, Japan

- **Mr. Husein Reka**  
  Health Financing and Insurance Manager, Supreme Council of Health, Qatar

- **Prof. Jean-Marie Rodrigues**  
  Professor of Public Health and Medical Informatics, France  
  Emeritus President of PCSI

- **Dr. Olaf Steinum**  
  Director - Diaqualos AB, Sweden  
  Expert Advisor - Nordic WHO FIC Collaborating Centre

- **Mr. Martti Virtanen**  
  Head of the Nordic Casemix Centre, Helsinki, Finland
Conference Organisation

Scientific Committee

Prof. Janette Green (Co-Chair)
Associate Professor, Australian Health Services Research Institute, University of Wollongong, Australia

Ms. Deniza Mazevska (Co-Chair)
Director, Health Policy Analysis, Australia

Prof. Syed Aljunid
Professor of Health Economics and Head of ITCC-UKM, Malaysia

Dr Dana Burduja
Senior Health Specialist, European Investment Bank, Luxembourg

PCSI President

Ms. Petra Ebben-De Jong
Partner/Senior Consultant, Q-Consult, The Netherlands

Mr. Jeff Hatcher
Senior Consultant, Canadian Institute for Health Information, Canada

Mr. Jacob Hofdijk
Partner, Casemix, The Netherlands

Emeritus Secretary of PCSI

Prof. Terri Jackson
Associate Professor, University of Melbourne, Australia

Dr Kristiina Kahur
Senior Consultant, FCG Consulting Ltd, Finland

Dr Ric Marshall
Adjunct Professor, University of Sydney, Australia

Dr Ceu Mateus
Research Fellow, Faculty of Health and Medicine, Lancaster University, UK

Mr. Brian McCarthy
IT Manager, Healthcare Pricing Office, Ireland

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Expert Advisor - Nordic WHO FIC Collaborating Centre

Mr. Steve Sutch
Bloomberg School of Public Health, Johns Hopkins University, USA

Prof Jason Sutherland
Associate Professor, Centre for Health Services and Policy Research, University of British Columbia, Canada

Agency for Healthcare Research and Quality, USA

Dr Michael Wilke
Managing Partner, Dr Wilke GmbH, Germany

Mr. Douglas Yeo
Director, Methodologies and Specialised Care, Canadian Institute for Health Information, Canada

Mr. Joost Zuurbier
Partner CQT, The Netherlands
Local Organising Committee

Mr. Jacob Hofdijk (Chair)
Chair Village Foundation, Partner, CQT, The Netherlands
Emeritus Secretary of PCSI

Nienke Bults (Co-Chair)
Secretary Village Foundation, Business Consultant, Casemix, The Netherlands

Sanne van Logten
Business Consultant, Casemix, The Netherlands

Joost Zuurbier
Financial Director Village Foundation, Partner CQT, The Netherlands

Edwin van Maaraseven
Policy Officer at the Ministry of Health (WVS), The Netherlands

Pieter van Bemmel
Policy Officer at the Ministry of Health (WVS), The Netherlands

Fenna Heyning
Director of the Samenwerkende Topklinische opleidingsZiekenhuizen (STZ), The Netherlands

Dr. Dana Burduja
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Member PCSI Executive Committee

Organisers

LOCAL ORGANISING COMMITTEE
Village Foundation
Oudlaan 4
3515 GA Utrecht
The Netherlands

CONFERENCE LOGISTICS
MCI Amsterdam
Jan van Goyenkade 11
1075 HP Amsterdam
The Netherlands
Tel.: +31 20 679 3411
Email: info@pcsi2015.org
Key Information

Conference information

VENUE
The Grand Hotel Amrâth Kurhaus Scheveningen The Hague will be the venue for the PCSI 2015 Conference: a grand hotel experience in a historic ambiance working on the future of health care.
Address: Gevers Deynootplein 30, 2586 CK Den Haag, The Netherlands

REGISTRATION HOURS
The registration area in the Kurhaus will be open during the following hours:
Wednesday October 14 08.00 AM – 6.00 PM
Thursday October 15 08.00 AM – 6.00 PM
Friday October 16 08.00 AM – 6.00 PM
Saturday October 17 08.00 AM – 2.00 PM

BADGES
All delegates will receive a personal badge upon registration. You are kindly requested to wear this badge when attending any scientific or conference related event. Only delegates who are wearing their name badge will be admitted to the meeting rooms and the poster presentation area.
The charge of a replacement badge is €25,-

CERTIFICATES OF ATTENDANCE
Certificates of attendance will be available in the Registration Area as of Thursday, October 15 (from 1.00 PM) until Saturday, October 17 (until 2.00 PM).

INTERNET
Free WiFi is available in all areas, use the password Kurhaus1 to log on.

SOCIAL MEDIA
We want to make sure that you have the opportunity to connect with us at the 31st PCSI Conference, but more importantly, with each other. Whether it is to share stories with fellow health and social care professionals, or talk about your experiences at the PCSI Conference.
Create your own messages during the event to ensure that your community of followers are up-to-date with your whereabouts. We will be projecting news and updates that use the hashtag #PCSI15.
Interact with the 31st PCSI Conference on Social Media:
On LinkedIn via the group PCSI Conference 2015
On Twitter with the hashtag #PCSI15 and follow the account @PCSI15

LUNCH & REFRESHMENTS
Lunch and refreshments are included in the registration fee from Wednesday October 14 to Saturday October 17. All breaks and lunches will be provided in the Kurzaal (also the Registration Area). You can choose your own lunch items.
**Scientific information**

**ABSTRACTS**
You can find all the abstracts presented during the conference, including the complete abstract book, via http://goo.gl/gxE1Oa. Or visit the site directly via the below QR-code.

**BEST PAPER**
A prize is given to the delegate/presenter of the best paper as judged by the scientific committee of the conference. Each paper is reviewed by a selection of the committee members and evaluated under the areas of “Innovation”, “Impact on local country or internationally”, “Strength of methods” and “Valid data/evidence to support the conclusions”. The delegate with the highest marks is presented with the prize. Note that authors may opt to not take part in this competition by choosing so as part of the abstract submission. Where an author takes part in the competition, they must submit the full paper in advance of the conference and will be notified of the submission date.

**BEST POSTER**
A prize is given to the presenter of the best poster as judged by the subset scientific committee of the conference. Each poster is reviewed by a selection of the committee members and the author is asked to give a short 5 minute presentation on the poster. The winner of the prize is determined based on the poster’s content and the presentation by the author during the conference.

**CASEMIX INNOVATION PRIZE**
Innovation in casemix is highly prized by the PCSI and a special prize is given to the paper judged to be the most innovative in the conference. Each paper is reviewed by three members of the Scientific Committee. To be considered for the Innovation prize, the delegate must submit a paper by the agreed submission date. The Casemix Innovation prize is supported by Casemix BV and Jacob Hofdijk, emeritus secretary of PCSI.

The Best Paper, Best Poster and Casemix Innovation Prize are handed out during the Conference Dinner on Friday, October 16.
## 31st PCSI Conference Programme

### THURSDAY

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<td>Registration</td>
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<td>9.30-10.30 AM</td>
<td>Keynote Speakers</td>
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<td></td>
<td><strong>Room: Koos Speenhof 2</strong></td>
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<td><strong>Workshop 1</strong></td>
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<td>Clinical Coding: Approaches, Observations and Audit</td>
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<td>A smooth introduction to case mix for newcomers</td>
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<td><strong>Room: Goldbeck</strong></td>
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<td><strong>Workshop 3</strong></td>
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<td>Business Analytics for Creating Insight in Healthcare</td>
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<td><strong>NSW Ministry of Health [Australia]</strong></td>
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<td>10.30-11.00 AM</td>
<td>Coffee Break</td>
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<td><strong>Room: Jacob Prank</strong></td>
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<td>Chair: Terri Jackson, University of Melbourne, Australia</td>
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<td><strong>Room: Koos Speenhof 1</strong></td>
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<td>Chair: Douglas Yeo, Canadian Institute of Health Information, Canada</td>
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<td>Chair: Husein Reka, Supreme Council of Health, Qatar</td>
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<td>11.00 AM - 12.00 PM</td>
<td>Casemix funding/ payment systems and methods 1</td>
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<td>The development and implementation of a national Activity Based Funding System in Australia</td>
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<td>- 4 year progress report</td>
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<td><strong>Room: Koos Speenhof 2</strong></td>
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<td><strong>Workshop 4</strong></td>
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<td>Patient Costing - Everything you need to know!</td>
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<td><strong>Room: Koos Speenhof 1</strong></td>
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<td><strong>Workshop 5</strong></td>
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<td>Improving Population Health Management through Risk Adjustment</td>
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<td><strong>Workshop 6</strong></td>
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<td>Using Data in Hospital Quality Improvement, Ramsay Health, Western Australia and University</td>
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<td>of Melbourne, Australia</td>
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<td>12.30-1.30 PM</td>
<td>Lunch</td>
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<td>1.30-2.30 PM</td>
<td>CAS: Population- and casemix classification</td>
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<td>Costing healthcare activities and casemix applications 1</td>
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<td>Improvement of cost allocation in gastroenterology by introduction of a novel service catalogue</td>
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<td>covering the complete spectrum of endoscopic procedures</td>
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<td><strong>Room: Koos Speenhof 2</strong></td>
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<td><strong>Workshop 7</strong></td>
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<td>Moving towards ICD-10 in Belgium at the expense of ICD-9 coded data?</td>
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<td><strong>Workshop 8</strong></td>
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<td>Possible benefits and challenges for the implementation of the ICD-10 in the Dutch hospital</td>
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<td><strong>Workshop 10</strong></td>
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<td>Coding, terminology and clinical classifications 1</td>
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<td>Moving towards ICD-10 in Belgium at the expense of ICD-9 coded data?</td>
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<td>2.30-3.30 PM</td>
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<td>CAS: Population- and casemix classification</td>
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<td>Improvement of cost allocation in gastroenterology by introduction of a novel service catalogue</td>
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<td>Possible benefits and challenges for the implementation of the ICD-10 in the Dutch hospital</td>
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<td>CAS: Population- and casemix classification</td>
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<td>6.00 PM</td>
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### WEDNESDAY

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<td>8.00-9.00 AM</td>
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<td>9.00 AM -</td>
<td><strong>Room: Koos Speenhof 2</strong></td>
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<tr>
<td>12.00 PM</td>
<td><strong>Workshop 1</strong></td>
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<td></td>
<td>Clinical Coding: Approaches, Observations and Audit</td>
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<td>A smooth introduction to case mix for newcomers</td>
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<td><strong>Workshop 3</strong></td>
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<td>Business Analytics for Creating Insight in Healthcare</td>
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<td><strong>NSW Ministry of Health [Australia]</strong></td>
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<td>12.00 - 1.00 PM</td>
<td>Lunch</td>
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<td>1.00-4.00 PM</td>
<td><strong>Room: Koos Speenhof 2</strong></td>
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<td><strong>Workshop 4</strong></td>
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<td>Patient Costing - Everything you need to know!</td>
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<td>Improving Population Health Management through Risk Adjustment</td>
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<td><strong>Workshop 6</strong></td>
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<td>Using Data in Hospital Quality Improvement, Ramsay Health, Western Australia and University</td>
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<td>6.00 PM</td>
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### THURSDAY (CONT.)

**1.30-2.30 PM**
**Keynote Speaker**

Tevfik Bedirhan Ustun, Coordinator Classifications, Terminologies and Standards at the World Health Organization

*Topic of presentation: ICD developments*

*Chair: Jean-Marie Rodrigues, University Jean Monnet of Saint Etienne, France*

**2.30-3.00 PM**
**Coffee Break**

**Poster Sessions & Meet the Sponsors**

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<thead>
<tr>
<th>Room: Jacob Pronk</th>
<th>Chair: Deniza Mazevska, Health Policy Analysis, Australia</th>
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<tbody>
<tr>
<td>3.00-5.00 PM</td>
<td>Casemix classification systems and applications for all health care types 1</td>
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<td>Implementing the Episode Clinical Complexity Model into the Australian Refined Diagnosis Related Groups classification for Version 8.0</td>
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<td></td>
<td>Vera Dimitriouloou, University of Sydney, Australia</td>
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<td></td>
<td>A New System to Classify Rehabilitation Facilities Outpatients for Financing Purposes</td>
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<td>Claudia Borges, Administração Central do Sistema de Saúde, IP (Health System Central Administration), Portugal</td>
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<td>The Evolution of an Inpatient Grouping Methodology – CMG+, Doing More with Less</td>
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<td>Craig Homan, Canadian Institute for Health Information, Canada</td>
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<td>Separation of systematic differences in casemix for better predictability of DRG classification in emergency hospitals</td>
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<td>Michael Hogberg, Stockholm County Council, Sweden</td>
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<td>Development of Thai Ambulatory Casemix for Continuous Care Version 0.1</td>
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<td>Nilawan Upakdee, Naresuan University, Thailand</td>
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<td>Better understanding Penalties on Inpatient Readmissions: the role of Clinically Based Parameters</td>
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<td>André Orban, AZ Alma, Belgium</td>
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<td>Chair: Olaf Steinum, DiaQualos AB, Sweden</td>
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<td>Coding, terminology and clinical classifications 2</td>
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<td>Harmonization between ICD-11 and SNOMED CT</td>
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<td>Jean Marie Rodrigues, LIMICS UJM, France</td>
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<td>Belgium: from ICD-9-CM to ICD-10-CM/PCS - how a hospital prepares</td>
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<td>Peter Heirman, CHR de la Citadelle, Belgium</td>
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<td>First national baseline clinical coding audit in Qatar – results and insights</td>
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<td>Husein Reka, Supreme Council of Health, Qatar</td>
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<td>Moderator: Jean Marie Rodrigues, University Jean Monnet of Saint Etienne, France</td>
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<td>Panel Discussion on ICD Developments</td>
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<td>Bedirhan Ustun (keynote speaker, Turkey)</td>
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<td>Sandra Gomez [FHF, France]</td>
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<td>Marc Berlinguet [3M HIS Inc, United States]</td>
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<td>Syed Aijunid (National University of Malaysia, Malaysia)</td>
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<td>Pleun Rijkers [Dutch Hospital Data group, Netherlands]</td>
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<td>Hans van Bellegem (independent consultant Dutch, Belgium and Luxembourg hospitals)</td>
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<td>Chair: Janette Green, University of Wollongong, Australia</td>
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<td>General Case Mix 1</td>
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<td>Malaysian Diagnosis Related Group (M1-DRG): Development of Cost And Service Weights For Radiological Procedures At Universiti Kebangsaan Malaysia Medical Centre (UKMMC)</td>
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<td>Syed Aijunid, National University of Malaysia, Malaysia</td>
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<td>‘Mind The Gap’ – Assisting hospitals challenged by the introduction of Activity Based Funding</td>
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<td>Mark O’Connor, Healthcare Pricing Office, Ireland</td>
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<td>Lost in AR DRG Translation – the story from Croatia</td>
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<td>Karolina Kalan, Karol Consulting, Croatia</td>
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<td>Optimizing clinical treatment using DRG routine data – the PCT study</td>
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<td>Michael Wilke, Dr. Wilke GmbH, Germany</td>
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<td>Knowledge and Perceptions on Casemix System Among Information Technology Staff of Hospitals in Malaysia and Indonesia</td>
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<td>Syed Aijunid, National University of Malaysia, Malaysia</td>
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**4.00-5.00 PM**
**Caring Village Track**

**Introduction to the theme**

**Introduction to the Caring Village concept**

**Jacob Hofdijk, Partner in Casemix, The Netherlands**

Identifying research dimensions of the implementation of innovations for chronic diseases [IMPLEMENT programme]

**Mark Bloemendaal, Founder and CEO Implementation IQ, The Netherlands**

The change towards a Sustainable Health Care System by investing in health from Vision to Action

**Thomas Plochg, Director at The Netherlands Public Health Federation, The Netherlands**

Unlocking the social capital

**Coen van de Steeg, Co-founder WeHelpen, The Netherlands**

Integrating eHealth in health care, and how persuasive designs can contribute to engage and motivate persons to use eHealth

**Lisette van Gemert-Pijnen, Associate Professor at the University of Twente, The Netherlands**

**5.00-6.00 PM**
**Poster Cocktail**

Join the presenters of posters as they outline their work

**6.00 PM**
**Excursion: City Tour & Dinner The Hague (optional)**
### FRIDAY

<table>
<thead>
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<th>Time</th>
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<tr>
<td>08.00-09.00 AM</td>
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| 09.00-10.00 AM| **Keynote Speaker**  
Machteld A.S. Huber MD PhD, MD and senior researcher at the Louis Bolk Institute  
Topic of presentation: A new dynamic concept of health  
Chair: Jugna Shah, Nimitt Consulting Inc, United States of America |
| 10.00-10.30 AM| PCSI General Assembly Part 1 and Presentation of Candidates for Election |
| 10.30-11.00 AM| Coffee Break  
**Poster Sessions & Meet the Sponsors** |
| 11.00 AM-12.00 PM| **Room: Jacob Pronk**  
Chair: Joost Zuurbier, CQT, The Netherlands  
**Costing health care activities and casemix applications 2**  
Assuring the accessibility of health care in the Netherlands: combining subsidies and DBC’s  
Harm Lieverdink, National Healthcare Authority, the Netherlands  
A method for comparing coding practice between different hospitals in Norway  
Eivind Dalgard & Olav Lenvik, Akershus University hospital, Norway  
Costing the patient not the classification [UK, Australia, Middle East]  
Gavin Mowling, Healthcost Ltd, United Kingdom |
| 11.00 AM-12.00 PM| **Room: Koos Speenhof 1**  
Chair: Martti Virtanen, Nordic Casemix Centre, Helsinki, Finland  
**Integrated care models, including across health and social care 1**  
Payment systems to incentivize integrated care for patients with a hip fracture in an acute setting  
Jim Pearse, Health Policy Analysis, Australia  
Use of the Casemix System Outcome in Restructuring the Teaching Hospital Administration to Improve Efficiency and Quality for Sustainable Health Care  
Rosminah Mohamed, University Sains Malaysia, Malaysia  
Payment Development for Thai Traditional Medicine Inpatient Casemix, TTMIC  
Orathai Khiacharoen, Phitsanulok provincial health office, Thailand |
| 11.00 AM-12.00 PM| **Room: Goldbeck**  
Chair: Stephen Sutch, Johns Hopkins University, United States of America  
**Population Grouping: The Canadian Experience**  
Presented by Douglas Yeo, Holly Homan, Craig Homan, and Victoria Zhu, CIHI, Canada  
The Journey so Far in Developing a Canadian Population Grouping Methodology  
Health Condition Categories for a Canadian Population Grouping Methodology  
Cost Weights for a Canadian Population Grouping Methodology  
A Mutually Exclusive Classification for a Canadian Population Grouping Methodology |
| 11.00 AM-12.00 PM| **Room: Koos Speenhof 2**  
Chair: Claudia Pagliari, The University of Edinburgh, Scotland  
**Caring Village Track**  
The architecture of the personal health record as central platform for all relevant health information of a patient  
Vincent van Pelt, Senior Advisor at NICTIZ, The Netherlands  
Semantic interoperability: a key requirement for information shared by systems  
Dipak Kalra, President at EUROREC, Belgium  
Empathy: The first step to improving health outcomes is empathy-based system design for perinatal care  
Claudia Pagliari, Program Director at The University of Edinburgh, Scotland |
| 12.00-1.00 PM| Lunch |
| 01.00-02.00 PM| **Keynote speaker**  
Dr Mary Baker MBE, Immediate Past President of the European Brain Council  
Topic of presentation: The Societal Challenges to the health care system of Europe  
Chair: Jacob Hofdijk, Casemix, The Netherlands |
| 02.00-02.30 PM| Coffee Break  
**Poster Sessions & Meet the Sponsors** |
### Room: Jacob Pronk
Chair: Paula Monteith, National Casexim Office, United Kingdom

**Casemix funding/ payment systems and methods 2**
- Implementing Activity Based Funding in Ireland
  - Brian Donovan, Healthcare Pricing Office, Ireland
  - The U.S. Medicare Program’s Quest to Obtain Value for Money
  - Spent: Tying Case-Mix Payments to Performance, Quality, and Efficiency
  - Jugna Shah, Nimitt Consulting Inc., United States of America
  - Hospital contracting and casemix linkage: early impact in a middle-income country
  - Jade Khalife, Ministry of Public Health, Lebanon

- Deriving quality of care indicators from routine data & embed quality in financing, a way towards sustainable health in Belgium
  - Chantal Licoppe, JMC, Belgium

- Rehabilitation service development for sub-acute and non-acute patients in Thailand
  - Orathai Khiaocharoen, Phitsanulok provincial health office, Thailand

- Enhancing end of life management
  - Sharon Naidoo, Discovery, South Africa

### Room: Koos Speenhof 1
Chair: Syed Aljunid, National University of Malaysia, Malaysia

**Integrated care models, including across health and social care 2**
- First steps towards subpopulation funding for integrated care
  - Jacob Hofdijk, CQT, The Netherlands

- Growing towards an integrated perinatal healthcare system
  - Marnix van den Berg, CQT, The Netherlands

- A Comparative Analysis of Proxy Measures for Coordination of Care within a South African Insured Population
  - Jessica Nurick, Medscheme, South Africa

### Room: Koos Speenhof 2
Chair: Jiro Okochi, Tatsumanosato Geriatric Health Facility, Japan

**Casemix classification systems and applications for all health care types 2**
- Development of AN-SNAP V4 to Classify Subacute and Non-acute care
  - Janette Green, University of Wollongong, Australia

- Development of DRG logic for Multiple Significant Trauma patients in cooperation with Nordic countries
  - Kristiina Kahur, FCG Consulting Ltd, Finland

- Developing a mental health classification system in Australia
  - James Downie, Independent Hospital Pricing Authority, Australia

- The French medico-administrative database for psychiatric care: the RIM-P
  - Anis Ellini, ATIH Agence technique de l’information sur l’hospitalisation, France

- From understanding to decision making - experience from BIH
  - Karolina Kalian, Karol Consulting, Croatia

- Is it possible to replace ICD 9 CM Vol 3 by International Classification of Health Interventions (ICHI) in Casemix groupers?: a test with UNU-CBG grouper
  - Jean Marie Rodrigues, University Jean Monnet of Saint Etienne, France

### Room: Goldbeck
Chair: Lisette van Gemert-Pijnen, University of Twente, The Netherlands & Jacob Hofdijk, Casexim, The Netherlands

**Caring Village Track**

**Blue Line Framework for implementing person-centered care: Design session on Chronic and Perinatal care**
- The creation of a person-centred delivery system by care providers
  - Durk Berks, Gynecologist at West Friesgasthuis Hoorn, The Netherlands

- Synergetics: The Health Community Ecosystem approach
  - Luk Vervenne, CEO and founder at Synergetics BV, The Netherlands

- ‘Work with the Grain’
  - Thomas Plochg, Director at The Netherlands Public Health Federation, The Netherlands

- Contracting person centred care on trust and quality
  - Peter Dohmen, Policy advisor at Zilveren Kruis Achmea, The Netherlands

**The ‘Zorg Dichtbij’ concept for sustainable care and cure**
- Marije Talstra, Senior Advisor at Fluent, The Netherlands

**Blue Line Design Challenge**
- Lisette van Gemert-Pijnen, Associate Professor and Olga Kulyk, Assistant Professor at University of Twente, The Netherlands

### 3.30-4.30 PM

**Integrated care models, including across health and social care 2**
- First steps towards subpopulation funding for integrated care
  - Jacob Hofdijk, CQT, The Netherlands

- Growing towards an integrated perinatal healthcare system
  - Marnix van den Berg, CQT, The Netherlands

- A Comparative Analysis of Proxy Measures for Coordination of Care within a South African Insured Population
  - Jessica Nurick, Medscheme, South Africa

### 4.30-5.30 PM

PCSI General Assembly Part 2

### 6.30 PM

Conference Dinner (optional)
- Announcement of new members to the PCSI Executive Committee
- Best Paper, Best Poster and Casemix Innovation Prize Ceremony
- Caring Village: Blue Line Declaration
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<tr>
<td>9.00-10.00 AM</td>
<td><strong>Room: Koos Speenhof 2</strong>&lt;br&gt;The International Casemix Panel&lt;br&gt;Kevin Ratcliffe, DHHS Tasmania, Australia • Supasit Pannarunothai Naresuan University, Thailand • Douglas Yeo Canadian Institute of Health Information, Canada • James Ravindran Quality Reimbursement Services, United States of America • Joost Warners, NZa, The Netherlands • Annemette Anker Nielsen, Statens Serum Institut, Denmark&lt;br&gt;Moderators: Jacob Hofdijk, Casemix, The Netherlands and Jugna Shah Nimitt Consulting Inc., United States of America&lt;br&gt;Initiator: Thomas Schongalla Quality Reimbursement Services, United States of America</td>
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<td>10.00-11.00 AM</td>
<td><strong>Keynote speaker</strong>&lt;br&gt;Chiel Bos, Founder of the eHealth Academy and Chair of the Steering Committee of the Dutch Ministry of Health, Welfare and Sport on waste in healthcare&lt;br&gt;Topic of presentation: Waste in healthcare in relation to expensive drugs&lt;br&gt;Chair: Stephen Sutch, Johns Hopkins University, United States of America</td>
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<tr>
<td>11.00-11.30 AM</td>
<td>Coffee Break&lt;br&gt;Poster Sessions &amp; Meet the Sponsors</td>
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<tr>
<td>11.30 AM-12.30 PM</td>
<td><strong>Room: Jacob Pronk</strong>&lt;br&gt;Chair: Michael Wilke, Dr Wilke GmbH, Germany&lt;br&gt;<strong>Room: Koos Speenhof 1</strong>&lt;br&gt;Moderators: Dana Burduja, European Investment Bank, Luxembourg and Jacob Hofdijk, Casemix, The Netherlands&lt;br&gt;<strong>Room: Goldbeck</strong>&lt;br&gt;Chair: Deniza Mazevska, Health Policy Analysis, Australia&lt;br&gt;<strong>Room: Koos Speenhof 2</strong>&lt;br&gt;Chair: Brian McCarthy, Healthcare Pricing Office, Ireland</td>
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<td>12.30-1.00 PM</td>
<td><strong>Official closing of the Conference &amp; introduction of the PCSI 2016 Conference</strong>&lt;br&gt;Chair: Dana Burduja, European Investment Bank, Luxembourg</td>
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<td>1.00-1.30 PM</td>
<td>Lunch</td>
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<td>2.00 PM</td>
<td>Excursion: Royal Delft Experience [optional]</td>
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Programme

Pre-Conference Workshops

WEDNESDAY OCTOBER 14, 9.00 AM – 12.00 PM

WORKSHOP 1: Clinical Coding: Approaches, Observations and Audit

Room: Koos Speenhof 2

Presenter:
Kevin Ratcliffe, Department of Health and Human Services, Tasmanian State Service

Overview:
The workshop will cover:

- the history of coding and coding audit;
- the importance of coding and necessity of standards to reliably report on provision of healthcare, and ensure the availability data for analysis and research into patient care;
- some different approaches to coding audit and outcomes from these different approaches.

In order to evaluate patient care and make evidence based choices in managing that care, we must have reliable data that adequately describe the reality of patient conditions, interventions, and events associated with each episode. Very often information about cost and length of stay, rates of infection and so on are considered, however the quality of coded information is critical to all these issues and sometimes seems under-evaluated.

There are several ways to examine the validity of coded data. These often include random audits or reviews of codes assigned against the original medical record. These audits are expensive and require expert coders to re-abstract data, and then to compare ICD code capture and DRG assignment against the original coded information.

Participants:
Relevant to most of the case mix community as coding underpins so much of the subsequent costing, classification and funding activity.

WEDNESDAY OCTOBER 14, 9.00 AM – 12.00 PM

WORKSHOP 2: A Smooth Introduction to Case Mix for Newcomers

Room: Koos Speenhof 1

Presenters:
Jean Marie Rodrigues, University Jean Monnet of Saint Etienne, Saint Etienne, France
Dana Burduja, PCSI President

Overview:
The workshop aims to give to newcomers a basic knowledge of case mix and to inform them how to go further to international case mix. The following topics will be covered:

- Introduction and basic principles: DRGs and case mix (Jean Marie Rodrigues)
- Implementing case mix systems in different countries (Dana Burduja)
- Case mix and quality (Jean Marie Rodrigues)
- Discussion
- The schools of the PCSI (Dana Burduja)

Participants:
Anyone new to case mix, from coders to decision makers

WEDNESDAY OCTOBER 14, 9.00 AM – 12.00 PM

WORKSHOP 3: Business Analytics for Creating Insight in Healthcare

Room: Goldbeck

Presenter:
Alfa D’Amato, NSW Ministry of Health, Australia

Overview:
The workshop will cover the development and implementation of a number of Activity Based Management tools implemented in NSW, Australia. These tools include the Activity Based Management (ABM) Portal – used for benchmarking and identifying clinical variation; the ABM Monthly Monitor Tool – used to analyse the relationship between activity and financial results; the Reasonableness and Quality (RQ) Tool – used to monitor and score the quality of the costing data.

The ‘Business Analytics for Creating Insight in Healthcare’ workshop will focus on NSW Health experience in the development and implementation of Activity Based Management tools. ABM in NSW has been implemented to provide patient-focused insight to decision-makers in health care. The workshop will cover the functionality of these applications as well as providing an overview of the data flow and governance. The workshop will touch on the use of big data in NSW and the process whereby different tools are used to extract the full value from data.

Participants:
Decision makers, IT and case-mix officers, executives, decision support units, performance unit managers, finance officers.
WEDNESDAY OCTOBER 14, 1.00 – 4.00 PM

WORKSHOP 4: Patient Costing – Everything you need to know

Room: Koos Speenhof 2

Presenter:
Nigel Michell, Powerhealth Solutions

Overview:
Participants will take an active role in defining and running the GL and Patient Costing methodologies to be used in a worked example. Feedback from this process will be used to set-up and run the Patient Costing application. Question and answer questions will be used to ensure that participants have a good understanding of each step of the process. Handouts will be provided and the workshop will assume that participants have an awareness of Patient Costing principles but little understanding of them.

Participants:
The workshop will be relevant to PCSI attendees from all disciplines including clinicians, administrators, clinical coders and informatics professionals, as it will provide an overview of Patient Costing principles using worked examples and attendee participation.

The aim of this workshop is to provide insight into the methods and applications of risk adjustment in population health, and share experiences between the participants of the considerations, issues and challenges around the world. Applicable results will be presented demonstrating examples from several countries, including Canada, the US, Spain, Sweden Italy and the UK.

Participants:
Expected audience would be: policy makers, analysts, public health and other professionals concerned with whole population health and integrated care.

WEDNESDAY OCTOBER 14, 1.00 – 4.00 PM

WORKSHOP 5: Improving Population Health Management through Risk Adjustment

Room: Koos Speenhof 1

Presenters:
Stephen Sutch, Bloomberg School of Public Health, Johns Hopkins University
Alan Thompson, ACG International, Johns Hopkins HealthCare Solutions

Overview:
The workshop is an introduction to risk adjustment applying population health casemix classification, with concurrent and prospective predictive models. The participants will experience first-hand how to apply risk adjustment and case-mix methods to financial, managerial and clinical management decisions.

As has been demonstrated in both public and private healthcare systems around the globe, risk adjustment contributes to improved clinical management of populations. It is used, for example, to estimate future resource use, establish equitable budgeting and to identify individuals most likely to require additional resources or specific types of care.

Internationally, the most common method for identifying adverse events is voluntary reporting by frontline staff, although more recently, patient-reported adverse outcomes, and use of routinely coded data have been advocated. This workshop provides an overview of international systems of classification for adverse outcomes of hospital inpatient care, with an emphasis on the Australian Classification of Hospital-Acquired Diagnoses (CHADx). The factors and approaches that enable productive monitoring of harm – that is, monitoring which supports on-going improvement activity, will be explored.

Participants:
Expected audience would be: policy makers, analysts, public health and other professionals concerned with safety and quality of hospital care.
Programme

Keynote speakers

JOOST WARNERS, Unit Manager Intake & Development of DBC’s at the Dutch Healthcare Authority (NZa)

Joost Warners studied Applied Mathematics at Delft University of Technology and received a PhD at Eindhoven University of Technology in 1999.

After working in the ICT and energy sector, in 2007 he became programme leader at the Dutch casemix office (DBC-Onderhoud) of the development of the improved Dutch DBC system (then known as “DOT”). This was successfully implemented in 2012. During his employment at the DBC-Onderhoud he also carried responsibility for the development of the DBC system for mental health care, operational since 2008, and for several extensions of the DOT system. From 2012 onwards he has been involved in developments to make better use of available DBC data, as manager of the department of Research and Development. In 2015 DBC-Onderhoud merged with the Dutch Healthcare Authority (NZa). Currently, Joost manages the unit Intake & Development of DBCs.

COEN VAN DE STEEG, Co-founder WeHelpen

Coen van de Steeg has initiated the platform WeHelpen, which has led to a nationwide movement to stimulate and increase mutual support systems in the community at the local level.

He is active in the online world since 1996 and worked for numerous clients in sectors including government, housing and healthcare. He stood at the base of several innovative products and concepts that have been decisive for the change and development of industries. After a car accident in 2008, Coen has rehabilitated two years as a result of brain injury. Social media and mobile phone in this period were tools that got Coen a new perspective on life. Via Twitter he met Maaike Schnabel and together they founded The Caretakers in 2010. They made 20 healthcare innovations, based on personal needs and insights during their experience as a patient.

The Caretakers won several awards and nominations and stood on numerous stages to make their new sound in health & social care heard. One of the ideas was a marketplace for help, care and neighbourhood. This led to a unique partnership with several organisations, including Achmea, CZ, PGGM and Rabobank, from which a national cooperative was founded: WeHelpen.

Coen van de Steeg won the 2013 Come Together event (www.come-together.nu) and became one of the speakers at TEDxBinnenhof 2014.

In his presentation Coen tells his personal story and shows how adversity in life can lead to a new perspective, social innovation and sustainable business models.
BAS BLOEM, Medical Director Parkinson Center Nijmegen

Professor Bas Bloem is a consultant neurologist at the Department of Neurology, Radboud University Medical Center, The Netherlands. He received his M.D. degree (with honours) at Leiden University Medical Centre in 1993. In 1994, he obtained his PhD degree in Leiden, based on a thesis entitled “Postural reflexes in Parkinson’s disease”. He was trained as a neurologist between 1994 and 2000, also at Leiden University Medical Centre. He received additional training as a movement disorders specialist during fellowships at ‘The Parkinson’s Institute’, Sunnyvale, California (with Dr. J.W. Langston), and at the Institute of Neurology, Queen Square, London (with Prof. N.P. Quinn and Prof. J.C. Rothwell). In 2002, he founded and became Medical Director of the Parkinson Centre Nijmegen (ParC), which was recognised from 2005 onwards as centre of excellence for Parkinson’s disease. Together with Dr. Marten Munneke, he also developed ParkinsonNet, an innovative healthcare concept that now consists of 64 professional networks for Parkinson patients covering all of the Netherlands (www.parkinsonnet.nl). Because of the evidence-based quality improvement and significant cost reduction, ParkinsonNet has received multiple awards, including the prize ‘Best Pearl for Healthcare Innovation’ in 2011. In September 2008, he was appointed as Professor of Neurology, with movement disorders as special area of interest. He is currently Past-President of the International Society for Gait and Postural Research, and is on the editorial board for several national and international journals. He is currently also member of the International Executive Committee of the Movement Disorder Society. In 2009, he joined the board of ZonMw (The Netherlands Organisation for Health Research and Development). In 2011, he was elected as the National Healthcare Hero by the Dutch Ministry of Health. In 2012, he was elected Citizen of the Year for the city of Nijmegen. He has two main research interests: cerebral compensatory mechanisms, especially in the field of gait & balance; and healthcare innovation, aiming to develop and scientifically evaluate patient-centred collaborative care. Prof. Bloem has published over 450 publications, including more than 380 peer-reviewed international papers.

TEVFIK BEDIRHAN ÜSTÜN, Coordinator Classifications, Terminologies and Standards at the World Health Organisation

Dr. Üstün has worked in the World Health Organisation since 1990 first in Mental Health, then in Evidence Cluster as an international health officer and formed multiple international networks on Classification and Assessment of Health and Disability; Mental Health Epidemiology, and Primary Care applications of classification and training programmes. Currently he is responsible for the WHO’s Family of International Classifications (ICD, ICF and other health classifications); and development of standardised health terminologies. He is leading the ICD Revision for its new edition and linking the WHO Classifications to IHTSDO’s SNOMED-CT.

Dr Üstün is the author and co-author of more than 200 articles and eight books. He has been awarded by the Turkish Scientific and Research Council; Japanese Government: “Mon Busho Scholarship”; American Psychiatric Association: “Distinguished Fellow Award”, British Royal College of Psychiatrists: “Honorary Fellowship”.


**MACHTELD A.S. HUBER MD PHD, MD** and senior researcher at the Louis Bolk Institute

Machteld Huber is originally general practitioner and experiencing disease herself she became a researcher. She developed a new, dynamic concept of health that she developed into the concept ‘Positive health’. Recently she was awarded a PhD based on her work.

As of 1986, Machteld Huber is researcher Food Quality & Health at the Louis Bolk Institute. Since 2011, she is member of the Scientific Council for Integral Sustainable Agriculture and Nutrition and she is co-founder of the International Research Network for Food Quality & Health. The Louis Bolk Institute is an independent international knowledge institute to advance truly sustainable agriculture, nutrition and health. They work for a wide variety of Dutch and European clients and funding agencies including the Ministry of Economic Affairs, provincial governments, nature preserving organisations, health funds, ZonMw and corporations.

**DR MARY BAKER, MBE, BA, HON DSC, Immediate Past President of the European Brain Council**

Dr Mary Baker, MBE, is Immediate Past President of the European Brain Council and President of their ‘Year of the Brain’ project. Mary is Past President of the European Federation of Neurological Associations, Consultant to the World Health Organisation (WHO), Chair of the Working Group on Parkinson’s Disease, a member of the Strategic Advisory Board of the Human Brain Project, and a member of the Commission’s CONNECT Advisory Forum. Academic appointments include Associate Membership of the Health Services Research Unit, University of Oxford and Visiting Fellow within the London School of Economics (LSE) Health Centre.

An Honorary Doctorate from the University of Surrey was conferred upon Mary in 2003 and an Honorary Doctor of Science degree was awarded by Aston University in July 2013. In 2009 she received the prestigious British Neuroscience Association Award for Outstanding Contribution to British Neuroscience and for Public Service. In 2014, Mary received the Dana/EDAB Lifetime Achievement Award for Outreach on Behalf of Brain Research.

Mary graduated from the University of Leeds with a BA Hons in Sociology and Political Theory.

**CHIEL BOS, Founder of the eHealth Academy and Chair of the Steering Committee of the Dutch Ministry of Health, Welfare and Sport on waste in healthcare**

Chiel Bos, Founder of the eHealth Academy and Chair of the Steering Committee of the Dutch Ministry of Health, Welfare and Sport on waste in healthcare, has been a leader of innovation in healthcare for many years. In his previous position as director at Zorgverzekeraars Nederland (Health Insurers Netherlands) his focus was not only on insurance and financing projects, but also on quality and innovation. In that position, for many years he advocated to use modern ways of communication in healthcare.

Besides teaching eHealth he is active in many fields in healthcare. He is for instance Deputy Chair of the Management Council quality of care, Co-initiator with the Council for Public Health of Health 2.0 and Chair of the College for Perinatal care. Chiel Bos also has various administrative functions in cancer care in the Netherlands, including being a member of the board of advisors at VUmc Cancer Center Amsterdam.

Chiel Bos is actively involved in innovative ways to improve the quality of healthcare by sustainable solutions. Within the national initiative to track down ‘waste’ in healthcare, he chairs the programme to prevent spillage of ‘Drugs and Devices’ www.verspillingindezorg.nl.

He will present how the goal ‘100% Health’ is successfully adopted by care providers motivated to signal spillage in care processes and come with smart solutions. He will also introduce the concept of integrated perinatal care, which develops as a unique example of collaborative care across the traditional silo’s driven by shared responsibility for ‘a good start’ www.goedgeboren.nl.
Panel Discussions

THURSDAY OCTOBER 15, 4.00 - 5.00 PM

ICD-developments
Room: Koos Speenhof 1

The idea of the panel is to discuss which tools must be recommended to document Diagnosis in the Electronic Health Record in relation with the re-use for DRG/Case mix or for quality, epidemiology registries and the like. As in all the countries implementing Case mix systems like DRG The Dutch have decided that the clinicians need to report in ICD10 as part of the DBC dataset, so in addition to the DBC diagnosis codes. The ICD-11 project has made the choice to use a combination between a clinical terminology SNOMED CT and a classification named “Linearizations through a common ontology”. The issues to discuss is how to keep the richness of detailed information on diseases produced at the point of care for different use cases which include a need of comparability between professionals, health care institutions and countries.

Moderator: Jean Marie Rodrigues (University Jean Monnet of Saint Etienne, France)

Panel:
Bedirhan Ustun (keynote speaker, Turkey)
Sandra Gomez (FHF, France)
Olaf Steinum (DiaQualos AB, Sweden)
Marc Berlinguet (3M HIS Inc, United States)
Syed Aljunid (National University of Malaysia, Malaysia)
Pleun Rijkers (Dutch Hospital Data group, Netherlands)
Hans van Belleghem (independent consultant Dutch, Belgium and Luxembourg hospitals)

SATURDAY OCTOBER 17, 9.00 - 10.00 AM

The International Casemix Panel
Room: Koos Speenhof 1

The tradition of presenting the International Casemix developments will be reactivated during the 31th PCSI Conference. This time we have asked the panelists from countries across the globe to share information on:
- the current health care system and the way it is financed and what role is played by Casemix Systems.
- the Major events in your country’s health care policy
- the way health care costs of the people are covered?
- the role of Casemix systems and its maintenance process to keep up with innovations
- the major challenges for the funding of health care
- the major issues with Casemix in your country?
- the actions you recommend for the next 5 years to make the system sustainable

Moderators: Jacob Hofdijk (Casemix, The Netherlands) and Jugna Shah (Nimitt Consulting Inc., United States of America)

Panel:
Kevin Ratcliffe (DHHS, Australia)
Supasit Pannarunothai (Naresuan University, Thailand)
Douglas Yeo (Canadian Institute of Health Information, Canada)
James Ravindran (Quality Reimbursement Services, United States)
Joost Warners, NZa, the Netherlands
Annemette Anker Nielsen, Statens Serum Institut, Denmark
Initiator: Thomas Schongalla (Quality Reimbursement Services, United States)

SATURDAY OCTOBER 17, 11.30 AM– 12.30 PM

Casemix, Drugs and Devices
Room: Koos Speenhof 1

At the panel we want to address three aspects of the issue. We will start with the issue of profiling drugs and devices with Casemix systems. Erik Zwarter (Erasmus MC Rotterdam) will introduce the use of the GS1 system for tracking and tracing drugs and devices at the patient level. The title of his presentation: Can I scan your loyalty card, the registration of medical devices and medication. His contribution is to address the issue of profiling the real costs of drugs and devices by Casemix Group.

Prof Frank van de Hoogen (St Maartenskliniek Nijmegen) will introduce the DRESS study, which shows that a reduction strategy for patients with rheumatoid arthritis (RA) and a stable low disease activity has positive results both for the outcome of the treatment, but also for the costs. It will be presented as a clinical strategy to improve outcomes and reduce costs.

Michael Hunt (CIHI Canada) will express a growing concern about the rising costs of drugs and devices within Casemix Groups, which are not accounted for by the cost profile of these care products, so the danger arises that the costs of treatment are not covered by the income of the hospital. With the growing costs of expensive drugs measures need to be taken to control these costs. The discussion will be on a strategy to keep the costs of these drugs in control.

Moderator:
Dana Burduja (European Investment Bank, Luxembourg) and Jacob Hofdijk (Casemix, The Netherlands)

Panel:
Erik Zwarter (Erasmus MC Rotterdam, The Netherlands)
Frank van de Hoogen (St Maartenskliniek Nijmegen, The Netherlands)
Michael Hunt (CIHI, Canada)
Caring Village Track

Introduction
The Caring Village of the Future was initiated by the ESF study: “Harmonising Health and Social Care Delivery and Informatics Support to Ensure Holistic Care.”

The study stressed the fundamental importance of providing harmonised health and social care services, which meet the extended needs of the individual, taking into account diversity in need, preferences, ability and support. These services should be focused on the individual citizen as the beneficiary, including the pattern of delivery they find most effective. EFMI took the initiative to elaborate on the issues raised and a number of international workshops created the concept of The Caring Village of the future. The village symbolises the focus, which should be on the health of the villagers and requires harmonisation of human-centred health & social care services, meeting individual requirements. This requires a paradigm shift from an institution-centred to a person-centred approach. To stress the importance of envisioned harmonisation, system interoperability and human-centricity need to be at the core. As such, the symbol of the Blue Line has been introduced. Health & social care systems should be Blue Line Compliant.

The Blue Line concept, bridging formal and informal care.

As the healthcare system is changing its focus from systems and institutions towards the patient and its wellbeing, we have to prepare for new ways to bridge formal and informal care. Cure and care are becoming an integral part of wellbeing at home. Wellbeing for patients and citizens requires harmonisation of human-centred health & social care services, meeting individual requirements. This requires a paradigm shift from an institution-centred to a person-centred approach. To stress the importance of envisioned harmonisation, system interoperability and human-centricity need to be at the core. As such, the symbol of the Blue Line has been introduced. Health & social care systems should be Blue Line Compliant.

Healthcare systems that support care recipients, need to fully take the human factor into account: they need to be designed with empathy. This requires the social interoperability of systems. The key here, is to start from the health needs, priorities and values of the care recipient, all while matching their needs profile to the most appropriate care.

Such focus requires a delicate balance between the ability of a person to adapt and to self-manage, in the face of social, mental and physical challenges of life, as described in the positive health definition of Machteld Huber. In defining the individual care plan of the patient these personal choices should be balanced with the treatment goals. These will be based on professional accepted care and cure programs with different grades of evidence. The model distinguishes the social interoperability, values, priorities and preferences of persons balanced with adequate health and social care services.

For health & social care, it requires a paradigm shift to take into account both system interoperability requirements and a person-centred approach in the organisation of care, cure and wellness. Such balance is symbolised by the concept of the Blue Line compliancy.

THURSDAY OCTOBER 15, 3.00 - 5.00 PM

Introduction to the theme
Room: Koos Speenhof 2

Chair: Claudia Pagliari, The University of Edinburgh, Scotland

Many countries currently are facing challenges when piloting integrated health and social care policies. Without rational policies and policy implementation strategies, underpinned by strong theory and evidence of what works, the objective of integrated, person-centred care will be hard to achieve or measure. Understanding that from a policy maker perspective is important.

The Introduction to the Village Concept will be based on two domains: Chronic Care and Perinatal Care. Both represent person-centred innovations focused on the organisation of care based on evidence based treatment standards. Additional person-centred innovations focused on the organisation of care based on evidence based treatment standards. Additional steps are needed in order for these uses cases to be more widely implemented. The Blue Line will be introduced, as well as its three levels: The Interoperable Systems, the Person-dimension linking the perspective of the patient to the person-centred care delivery system, and the societal incentive framework by Jacob Hofdijk, Partner in Casemix, The Netherlands.

The IMPLEMENT Programme has surveyed the issues that many European countries have encountered while implementing integrated care innovations for chronic care. The results of this study will be presented, based on their report “Better implementation of improvements in Chronic Care” by Mark Bloemendaal, Founder and CEO Implementation IQ, The Netherlands.

18 Priority research areas have been identified to better implement effective interventions. Recently a link has been made with the Blue Line approach, acting as a coherent strategic implementation framework for integrated health & social care.
innovations. The presentation will introduce the range of issues to be dealt with while implementing person-centred care innovations.

The health issues of the a 21st century population requires a fundamental shift in health system design, in order to achieve any sustainable health and social care. Thomas Plochg, Director at The Netherlands Public Health Federation, The Netherlands, will introduce his theory to facilitate complexity by investing in the quality of relations. He will elaborate on the New Approach and give illustrations of recent innovations. Finally he will present a Public Health strategy, which allows going from vision to action and from small to large-scale implementations. His presentation in fact is a cornerstone of the concept of the Caring Village, which supports the quality of the persons and dealing with complexity.

As the focus is on the social dimension we add a special introduction to a platform, which facilitates informal care, neighbour support on an innovative way. The ‘WeHelpen’ cooperation provides a platform to connect people to each other and challenges people to stay active in society. Coen van de Steeg, Co-founder WeHelpen, The Netherlands, will introduce the WeHelpen, an involved, empathic and trustworthy approach providing confidence to people. It stimulates and supports people, to help each other according to their qualities. The WeHelpen platform contributes to a society where helping each other becomes natural again, helping to create a real Caring Village.

Lisette van Gemert-Pijnen, Associate Professor at the University of Twente, The Netherlands, will introduce a persuasive health care technology, which does focus on synergy by connections. As a key component of the innovations in health & social care, eHealth is not only a technical development, but also a state-of-mind, a way of thinking, an attitude, and a commitment for networked, global thinking, which is to improve health care locally, regionally, and worldwide by using information and communication technology. As such person-centred eHealth applications are designed to apply technology in order to motivate and communicate with the users. Only then will solutions be accepted and used in a sustainable way.

Lisette will focus on the socio-technological design methodology with a special focus on empathy, which will enhance the familiarity of persons with technology. The contribution to the Village is insight in how to stimulate patients to improve their self-management capabilities.

FRIDAY OCTOBER 16, 11.00 AM - 12.00 PM
The Blue Line Concept
Room: Koos Speenhof 2
Chair: Claudia Pagliari, The University of Edinburgh, Scotland
How we can shift from system to citizen health: introducing the three key components of the Blue Line Principle. Interoperable Systems or adopting a patient centric-perspective: linking co-ordinated health care record with the personal healthcare record. Health and social care can only be integrated functionally if IT systems of the care providers and patients are interoperable. In two presentations two dimensions of the interoperability requirements will be presented.

Vincent van Pelt, Senior Advisorat NICTIZ, The Netherlands will introduce the architecture of the personal health record as central platform for all relevant health information of a patient.

Dipak Kalra, President at EUROREC, Belgium will introduce semantic interoperability a key requirement for information shared by systems can be understood by systems and their users.

Claudia Pagliari, Program Director at The University of Edinburgh, Scotland will introduce Empathy: The first step to improving health outcomes is empathy-based system design for perinatal care.

FRIDAY OCTOBER 16, 2.30 AM - 3.30 PM
Blue Line Framework for implementing person-centered care: Design session on Chronic and Perinatal care
Room: Koos Speenhof 2
Chairs: Lisette van Gemert-Pijnen, University of Twente, The Netherlands & Jacob Hofdijk, Casemix, The Netherlands
Transforming towards a person centred delivery system requires a process of change of health care providers in creating an organisation dedicated to provide individualised care focused on a balance between life and treatment goals. Key in the process is the introduction of an individual care plan, which can be co-managed by the patient.

Durk Berks, Gynecologist at West Friesgasthuis Hoorn, The Netherlands:
The creation of a person-centred delivery system by care providers: introduction on the “Trip to change to a patient oriented lean organisation”. He will illustrate how to deal with the interests of all stakeholders involved using the Implementation Analyzer tooling.

Luk Vervenne, CEO and founder at Synergetics BV, The Netherlands:
Synergetics: The Health Community Ecosystem approach: integrating all stakeholders in a health & social care network by separating data from services. First experiences from the Eindhoven region.
Societal Incentive Framework: Key in the approach of the Caring Village is to shift from systems to people. It requires the IT of health and social care systems to be interoperable and a shift to person centred care both in approach of the patient as in the organisation of the health care delivery system. These changes can be promoted by the creation of a "societal incentive framework" which should be created by the ministry, funding agencies and relevant stakeholders. To incentivise the adoption of the interoperable systems and the person centred approach and organisation of integrated care the Blue Line approach identifies the societal incentive framework. The framework should help to take away the hurdles to introduce person centred innovations from the existing health and social care systems. In three presentations different dimensions will be introduced.

Thomas Plochg, Director at The Netherlands Public Health Federation, The Netherlands: 
'Work with the grain': nurturing the Caring Village from within the health professions.
The cornerstone of healthcare systems are the professions, since they are the key producers of health care. Their ability and willingness to reboot their expertise on the future burden of disease is critical for the Caring Village, which is a huge endeavour. The professions are notorious for their ability to block change. However, drawing on the rich sociology of professions, a fertile change strategy can be employed. Instead of enforcing professions to change, policy makers could better nurture professional self-regulation leading towards the annexing of the Caring Village agenda. Such a strategy is followed by the NPHF Federation for Health; one concrete example will be highlighted.

Peter Dohmen, Policy advisor at Zilveren Kruis Achmea, The Netherlands: 
Contracting person centred care on trust and quality. The ZilverenKruis insurance company has initiated four pilots for Cataract, Breast Cancer, Addiction and Perinatal care. The providers were asked to define quality, and the level of their performance and their commitments. It has created trust and a new level of accountability and transparency. It will be presented as part of the framework to incentivise change of health care services by new funding models.

Marije Talstra, Senior Advisor at Fluent, The Netherlands: 
The 'Zorg Dichtbij' concept for sustainable care and cure. What are the key factors essential for realising this innovation? What can we learn from pioneers?

Lisette van Gemert-Pijnen, Associate Professor and Olga Kulyk, Assistant Professor at University of Twente, The Netherlands: 
Blue Line Design Challenge. How to achieve goals with integrated care: its implementation dimensions and the outlines of the Blue Line Framework. You will brainstorm in teams on creating a new innovation to solve societal health & social care challenge. Based on the Personas of both Chronic Care – and Perinatal care, you will be given a practical case, applying holistic person-centred eHealth design approach and persuasive design. At the end of the workshop the best teams will pitch their idea. Your innovation idea will be evaluated based on the Blue Line requirements, such as connectivity, person-centred care and care organization. The best idea will be awarded with the Blue Line Challenge prize.

Conclusion of the Caring Village Track
• Final discussion and assessment of the Blue Line approach linking the 5 dimensions as cornerstone for the Caring Village of the Future.
• Formulate the Blue Line declaration to be presented to the Conference at the Dinner.
• With the presenters of the Caring Village a scientific paper will be produced to present the approach and define next steps in the process of achieving the objectives of the Caring Village Approach and the definition of the Blue Line Compliancy.
• Improving coding for DRG assignment in a Brazilian tertiary care hospital
  **André Osmo**, Hospital Sírio Libanês, Brazil

• Using Completion of Documentation in Medical Record as a Patient Safety Strategy
  **Saeed Al Qahtani**, King Abdullah Medical Complex, Saudi Arabia

• Regulatory constraints of national tariffs setting process in Poland
  **Urszula Ceglowska**, Agency for HTA and Tariff System, Poland

• Review of mental health financing arrangements in EU
  **Agnieszka Glab**, Agency for HTA and Tariff System, Poland

• Estimating cost per patient using a top down approach: inpatient services adjustment
  **Gloria Gonzalves**, Altran Portugal, Portugal

• Reduction of variance and non-compliance for sustainable health care: The use of financial data
  **Anne Krajnc**, CQT Zorg en Gezondheid, The Netherlands

• Difference between inpatient DRG payment and estimated costs in Portuguese NHS Hospitals
  **Bruno Moita**, Centro Hospitalar do Algarve, Portugal

• Evaluation of cost and length of stay’s homogeneity per APR-DRG, for oncological inpatient stays in 11 Belgian hospitals
  **Magali Pirson**, Ecole de Santé Publique (ULB) - Bureau 2118, Belgium

• Effective Tool in Polio Management “Mahboob Power Evaluation and Therapeutic (MPET) Chart” Original Research Article by Mahboob ur Rahman
  **Mahboob ur Rahman**, habib Physiotherapy complex, Pakistan

• “Diagnosis Related Groups”, traffic accidents and hospital costs. Clinical features and costs of 741 patients hospitalised by traffic accidents in the triennium 2012-2014, in “La Asistencial Médica Departmental de Maldonado, Uruguay
  **Alberto Scasso**, Asistencial Médica de Maldonado, Uruguay

• Development of Comorbidity Complication Procedure Matrix (CCPM): A revision proposal for a Japanese case-mix classification system that more closely reflects severity
  **Sayuri Shimizu**, Institute for Health Economics and Policy, Japan

• Mental Healthcare financing in Poland – challenges for the future
  **Marta Slomka**, Agency for HTA and Tariff System, Mossakowski Medical Research Centre PAS, Poland

• Implementation of the Diagnosis-Related Groups in Poland
  **Agnieszka Wlodarczyk**, Agency for HTA and Tariff System, Poland

• Impact Of Coding Errors In Assignment Of Malaysian-DRG (MY-DRG) In University Kebangsaan Malaysia Medical Centre.
  **Siti Zafirah**, National University of Malaysia, United Nations University, Malaysia
Social Events

Welcome Reception
WEDNESDAY 14 OCTOBER
Kick off your PCSI Conference 2015 experience at the Welcome Reception in the Grand Hotel Amrâth Kurhaus. Join us for drinks and a small bite to eat: a special opportunity to connect with your peers and meet speakers and sponsors prior to the start of the conference.
Included in conference fee for all delegates of the PCSI 2015 Conference.

EXCURSION
City Tour & Dinner The Hague
THURSDAY 15 OCTOBER

Den Haag, officially known as ’s-Gravenhage (‘the Count’s Hedge’) and also known as The Hague, is the Dutch seat of government and home to the royal family. With a population just over 500,000 inhabitants, it is the third largest city of the Netherlands, after Amsterdam and Rotterdam. The Hague is one of the most extraordinary cities in Holland. Not just because it is our government city, but also because of its many monuments, historic districts and its location near the beautiful North Sea coastline.

During a walking tour you’ll discover The Hague and also visit the Mauritshuis, home to the very best of Dutch Golden Age painting.

The compact, yet world-renowned collection of the Mauritshuis, is situated in the heart of The Hague. Masterpieces such as Vermeer’s Girl with a Pearl Earring, The Anatomy Lesson of Dr. Nicolaes Tulp by Rembrandt, The Goldfinch by Fabritius and The Bull by Potter are on permanent display in the intimate rooms of this 17th-century building, with its silken wall covering, sparkling chandeliers and monumental painted ceilings.

After the walking tour and visit to the Mauritshuis, we finish this excursion in style with a dinner at BIT. Situated next to the seat of the government at Binnenhof in the heart of The Hague in a charming building dating back to the 17th-century BIT Grill & Café can be found. At BIT the experience of two entrepreneurs was combined into a concept mainly based on premium Irish Beef. Accompanied by a grand selection of fish and vegetarian dishes BIT assures an impeccable quality.

Optional for delegates PCSI 2015 Conference: €125,-

Price includes: transfer from conference venue to The Hague city centre, walking tour with English speaking guide, entrance Mauritshuis, 3-course menu including drinks, transfer back to hotels.

Conference Dinner
FRIDAY 16 OCTOBER
The Conference Dinner will take place at Restaurant Gember, located in the Gemeentemuseum Den Haag. The Gemeentemuseum Den Haag is a stunning Art Deco building from 1935 designed by architect H.P. Berlage, known as the Dutch Frank Lloyd Wright. For modern design buffs, this is also the place to be.

The restaurant is furnished with pieces by designer Richard Hutten, an eye-catching reading table by Job Smeets and lighting installations by Babak Afrassiabi and Ralph van Meygaarden.

Optional for delegates PCSI 2015 Conference: €80,-

Price includes: transfer from conference venue to Restaurant Gember, 3-course menu including drinks, transfer back to hotels.

EXCURSION
Royal Delft Experience
SATURDAY 17 OCTOBER

Founded in the 17th-century the Royal Porceleyne Fles is the only remaining earthenware factory in Delft. In the Royal Dutch Delftware factory the delftware is still entirely hand-painted according the century old traditions.

The Royal Delft Experience entails of a journey through the history of Blue Delft and Royal Delft and all the processes around the production. Not only will you get an insight in how the painters work but you will also see the dining room of Vermeer and the Dutch Royal family. Lastly you will visit the factory itself and you will be indulged in a comprehensive collection of Dutch earthenware.

Optional for delegates PCSI 2015 Conference: €55,-

Price includes: transfer from conference venue to Delft, English speaking guide, entrance Royal Porceleyne Fles, transfer back to hotels.
The conference takes place in the north wing of the Kurhaus, at the ground floor. All areas are wheelchair accessible.
**THURSDAY**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8.00-9.00 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>9.00-12.00 PM</td>
<td>Room: Koos Speenhof 2 Workshop 1: Clinical Coding: Approaches, Observations and Audit</td>
</tr>
<tr>
<td>9.00-9.30 AM</td>
<td>Room: Koos Speenhof 1 Workshop 2: A smooth introduction to case mix for newcomers</td>
</tr>
<tr>
<td>9.00-12.00 PM</td>
<td>Room: Koos Speenhof 1 Workshop 3: Business Analytics for Creating Insight in Healthcare</td>
</tr>
<tr>
<td>12.00-1.00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>1.00-4.00 PM</td>
<td>Room: Koos Speenhof 2 Workshop 4: Patient Costing - Everything you need to know</td>
</tr>
<tr>
<td>9.00-12.00 PM</td>
<td>Room: Koos Speenhof 1 Workshop 5: Improving Population Health Management through Risk Adjustment</td>
</tr>
<tr>
<td>9.00-11.00 AM</td>
<td>Room: Goldbeck Workshop 6: Using Data in Hospital Quality Improvement,</td>
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<tr>
<td>6.00 PM</td>
<td>Welcome Reception at Conference Venue</td>
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**WEDNESDAY**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8.00-9.00 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>9.00-9.30 AM</td>
<td>Conference Opening and Welcome - Jacob Hofdijk, Chair Local Organising Committee and Dana Burduja, President PCSI</td>
</tr>
<tr>
<td>9.30-10.30 AM</td>
<td>Keynote Speakers - Joost Warners, Unit Manager Intake &amp; Development of DBC's at the Dutch Healthcare Authority (NZa) - Coen van de Steeg, Co-founder WeHelpen</td>
</tr>
<tr>
<td>11.00 AM-12.30 PM</td>
<td>Room: Jacob Pronk Casemix funding/ payment systems and methods 1 Room: Koos Speenhof 1 Population-based classification systems and applications Room: Goldbeck Costing health care activities and casemix applications 1 Room: Koos Speenhof 2 Coding, terminology and clinical classifications 1</td>
</tr>
<tr>
<td>12.30-1.30 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>1.30-3.00 PM</td>
<td>Keynote Speaker - Tevfik Bedirha Ustun, Coordinator Classifications, Terminologies and Standards at the World Health Organization</td>
</tr>
<tr>
<td>3.00-5.00 PM</td>
<td>Room: Jacob Pronk CASemix classification systems and applications for all health care types 1 Room: Koos Speenhof 1 Coding, terminology and clinical classifications 2 Room: Goldbeck General Casemix 1 Room: Koos Speenhof 2 Caring Village Track</td>
</tr>
<tr>
<td>4.00-5.00 PM</td>
<td>Room: Jacob Pronk Panel Discussion on ICD Developments</td>
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<tr>
<td>5.00-6.00 PM</td>
<td>Poster Cocktail - Join the presenters of posters as they outline their work</td>
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<tr>
<td>6.00 PM</td>
<td>Excursion: City Tour &amp; Dinner The Hague (optional)</td>
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**FRIDAY**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8.00-9.00 AM</td>
<td>Registration</td>
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<tr>
<td>9.00-10.30 AM</td>
<td>Keynote Speaker - Machteld A.S. Huber MD PhD, MD and senior researcher at the Louis Bolk Institute PCSI General Assembly Part 1 and Presentation of Candidates for Election</td>
</tr>
<tr>
<td>10.30-11.30 AM</td>
<td>Coffee Break - Poster Sessions &amp; Meet the Sponsors</td>
</tr>
<tr>
<td>11.00 AM-12.00 PM</td>
<td>Room: Jacob Pronk Costing health care activities and casemix applications 2 Room: Koos Speenhof 1 Integrated care models, including across health and social care 1 Room: Goldbeck Population Grouping: The Canadian Experience Room: Koos Speenhof 2 Caring Village Track The Blue Line Concept</td>
</tr>
<tr>
<td>12.00-1.00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>1.00-2.00 PM</td>
<td>Keynote Speaker - Dr Mary Baker MBE, Immediate Past President of the European Brain Council</td>
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<tr>
<td>2.00-3.00 PM</td>
<td>Coffee Break - Poster Sessions &amp; Meet the Sponsors</td>
</tr>
<tr>
<td>2.30-4.30 PM</td>
<td>Room: Jacob Pronk Casemix funding/ payment systems and methods 2 Room: Koos Speenhof 1 Integrated care models, including across health and social care 2 Room: Goldbeck Case mix classification systems and applications for all health care types 2 Room: Koos Speenhof 2 Caring Village Track Blue Line Framework for implementing person-centered care: Design session on Chronic and Perinatal care</td>
</tr>
<tr>
<td>3.30-4.30 PM</td>
<td>Room: Koos Speenhof 1 Panel Discussion on Casemix, Drugs and Devices</td>
</tr>
<tr>
<td>4.30-5.30 PM</td>
<td>PCSI General Assembly Part 2</td>
</tr>
<tr>
<td>6.30 PM</td>
<td>Conference Dinner (optional) Announcement of new members to the PCSI Executive Committee - Best Paper, Best Poster and Casemix Innovation Prize Ceremony - Caring Village: Blue Line Declaration</td>
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**SATURDAY**

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>8.00-9.00 AM</td>
<td>Registration</td>
</tr>
<tr>
<td>9.00-10.00 AM</td>
<td>Room: Koos Speenhof 2 The International Casemix Panel</td>
</tr>
<tr>
<td>10.00-11.00 AM</td>
<td>Keynote Speaker - Chiel Bos, Founder of the eHealth Academy and Chair of the Steering Committee of the Dutch Ministry of Health, Welfare and Sport on waste in healthcare</td>
</tr>
<tr>
<td>11.00-12.30 AM</td>
<td>Coffee Break - Poster Sessions &amp; Meet the Sponsors</td>
</tr>
<tr>
<td>11.30 AM-12.30 PM</td>
<td>Room: Jacob Pronk General Casemix 2 Room: Koos Speenhof 1 Panel Discussion on Casemix, Drugs and Devices Room: Goldbeck Health services planning using casemix Room: Koos Speenhof 2 Benchmarking and comparisons</td>
</tr>
<tr>
<td>12.30-1.00 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>1.00-1.30 PM</td>
<td>Excursion: Royal Delft Experience (optional)</td>
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