Possible benefits and challenges for the implementation of the ICD-10 in the Dutch hospital reimbursement system

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Introduction
In the Netherlands, insurance companies and hospitals have to negotiate about the tariffs, volumes and quality of treatments. Therefore a well-functioning health information system that provides enough information for these negotiations is necessary. One of the main fundaments of hospital reimbursement systems is correct diagnosis and procedure information collected and registered as routine data. For this purpose, most countries do use an international diagnosis classification system, and use each different methods for including procedure information.

The introduction of this international diagnosis classification could be an asset to optimize the Dutch hospital reimbursement system. ICD data is necessary for optimizing the information, such as case mix information, needed for the negotiations in the Netherlands.

As an input for the discussion how to implement ICD data in the Dutch hospital reimbursement system we performed an analysis that compares the hospital reimbursement systems of France, the United Kingdom, the United States, Belgium, the Netherlands and Germany. Not only the administrated data sets differ from country to country, but also the role these data sets have within different hospital reimbursement systems is subject to variances. This presentation presents facts and conclusions applicable to the Netherlands.

Objectives
In this session the following issues will be discussed:
How do the hospital reimbursement systems in France, the United Kingdom, the United States, Belgium and Germany compare to the Dutch system?
What are the main differences within the reimbursement systems?
Which diagnosis classification systems, diagnosis lists or other diagnosis systems are used. And which purpose do they serve?
What are the main benefits for a reimbursement system when using an international classification system for diagnosis information, and which aspects may be considered for the Netherlands?

Methods
We performed an analysis comparing the hospital reimbursement systems of the Netherlands and the neighbouring countries France, Belgium, The United Kingdom, and Germany. We also considered the United States of America. Also relevant stakeholders (governmental parties, physicians, management boards of hospitals, internal advisors at health insurance companies) were consulted in each of the participating countries.

Results
The main result of the analysis is an overview of the different reimbursement systems in the mentioned countries and the different ways diagnosis information is used within these systems. Besides this the analysis leads to an overview how uniform diagnosis information based on an international classification system can be used in a diverse range of healthcare information products. In the Netherlands the locally developed diagnosis data set used for the reimbursement system does not have the properties of a classification. The analysis may be used by Dutch governmental parties when choosing a pathway to implement an international diagnosis classification system within the Dutch hospital reimbursement system.

Conclusions
The hospital reimbursement system of the Netherlands differs from that from other European countries in several aspects. One of the main aspects is the particular market environment in the Netherlands. The
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performed analysis offers insights about these differences and the challenges for the Netherlands.

In this way the analysis can be the start of the discussion on how to incorporate reimbursement based on health outcomes in a healthcare insurance system with a 'market environment', which is the case in the Netherlands. Where does the role of routine data based systems end, and the role of quality registers starts, regarding "pay for outcome" principles? How can routine based high quality ICD-10 data attribute to a good information system?