



*PATIENT CLASSIFICATION SYSTEMS INTERNATIONAL*

*PRESENTS*

**THE 2014 INTERNATIONAL  
CASEMIX SUMMER SCHOOL**

**Fort Canning Lodge  
Singapore  
9<sup>th</sup>–13<sup>th</sup> June 2014**

**Introduction**

All over the world, PATIENT CLASSIFICATION SYSTEMS are used for financing, clinical management, planning, evaluation, quality control and epidemiology in hospitals and in other health care delivery systems. In a growing number of countries reforms of the health care system have used PATIENT CLASSIFICATION SYSTEMS/CASE MIX tools to support the change to patient-centered and performance orientation. In others, governments are stimulated by the financial crisis and the perspective of the hopefully healthy ageing population to restructure their health care system. Countries are desperately look for tools and systems, which can help them achieve the best health outcomes possible within the scarce resources available. Many health care institutions, both providers and insurers alike are involved in the development and introduction of casemix tools in their organisations. The Patient Classification Systems International (PCSI) association has a longstanding tradition to provide a platform to researchers, policy makers, care providers, health insurers, patient organisations, management consultants and IT developers. One of the services provided is the PCSI Casemix Schools to train and educate both newcomers to the field of Casemix (Summer School) as for those with more experience in the field (Winter School).

This year the Summer School will be organised in Singapore, which adds a special dimension to the thrill of the Casemix Class of international students who will gather from all over the world to learn and train with our faculty of world class casemix experts. The 2014 INTERNATIONAL CASEMIX SUMMER SCHOOL will provide a mix of introductory case mix methodology information along with more advanced concepts all within the context of interactive working sessions, exercises, and opportunities to learn from the experts and students alike during classroom time as well as during various social events. During the school, students will work in groups to share experiences from their own backgrounds and countries and will be asked to elaborate on specific case studies and present back to the larger group.

**Day One:** The basics of case-mix including the background, history, clinical dimensions, and definitions will be presented. This material will provide insight to students on what DRG-based case-mix systems are and the basic concepts required to use these tools to develop financing/payment mechanisms. In addition, the link and contribution of casemix to health economics will be presented. Finally, implementation experiences from several countries will be showcased to give students practical knowledge and guidance on casemix implementation specifics. The **clinical meaning** will be elaborated in terms of the care process from diagnosis and interventions to the coding of diagnosis and procedures. Data quality issue will also be highlighted with active participation of the students around coding examples.

**Day Two:** During the second day, students will report back on their work from day one and focus in on **Grouping and Costing theory, the building blocks of a Case Mix System, and uses of casemix for funding**. We will also discuss the use of statistics on aggregated data for activity reporting.

**Day Three:** On day three, students will focus on critical **Implementation Issues** of using casemix tools in different **acute care** settings. The afternoon will offer a special program to the students so they can experience Singapore. We will also host a dinner this evening for students and faculty.

**Day Four:** On day four, the focus of discussion will be on using **Casemix for Health System Management**. Our experts will address the concept of continuity of care, casemix applications for long-term care, outcome management and utilisation review, and much more. Special attention will also be given on how and what DRGs are being used in Singapore.

**Day Five:** Day five, the last day of the Summer School, will provide a framework and vision for thinking about the future of health care and the role of casemix. To round up the entire week of the school, there will be an intensive workshop addressing active problems with casemix related issues in the countries the students represent. Throughout the week students will be asked to engage in exercises that relate to the question, of “How to build and implement a casemix system” and will be asked to share and discuss their ideas with the larger group. This will be the final step in the process of the learning experience of the 2014 Summer School!

One of the fundamentals of the PCSI approach is an **active participation**, which will start with the welcome to Singapore reception on Sunday June 8th, the breaks, the lunches and the dinners, the half-day team event on Wednesday, June 11 and the joint School Dinner that evening.

This year the school will intertwine the theory and practice of casemix systems, not only from the part of the faculty, but also by active participation by the students through study and discussion groups. This will facilitate a greater understanding of casemix concepts and the deepening of specific issues from the perspective of the students interests and preferences. Within the structure of the program as much flexibility is given to reach the objective: a better understanding and knowledge about the Casemix methodology and experience.

The faculty of the School includes some of the most recognised experts on the field in the world. The program builds on the experience of many years of summer schools and executive programs in USA, Australia, Spain, UK, Italy and the previous series of PCSI Case-mix Summer Schools in Italy, Avignon (France), Evora (Portugal) and Tallinn (Estonia).

The School is organised by PCSI, a scientific society which offers a forum for networking and discussing achievements and developments in case-mix evaluation. In the previous years, people who have attended came from all continents from over 50 different Countries. One of the strengths of the School is the opportunities it provides for networking with others involved in the implementation of case-mix systems and creates links with the annual working conference of PCSI which was held in Helsinki, Finland in 2013 and will be in Qatar 2014.

*Come and join us in Singapore on June 9th for start of a very special week !  
Register via the special form soon to be posted on the website [www.pcsinternational.org/](http://www.pcsinternational.org/)*

## School Faculty

**Terri Jackson** is Associate Professor in the Faculty of Medicine at the University of Alberta, and Adjunct Associate Professor at the University of Queensland, Australia. Her major research interests in health economics focus on issues of technical efficiency in the provision of hospital-based care and in funding systems which make use of case-mix adjustment. She is currently undertaking studies of the costs and outcomes of adverse events in hospital care in both Australia and Canada.

**Kristiina Kahur** is working as a consultant dealing with evaluation, development, and maintenance of NordDRG system in Estonia and Finland.

Kristiina has experience of working in casemix related issues including the implementation, maintenance and development the NordDRG system in Estonia. She is member of the Nordic Casemix Center’s expert network and Executive Committee of PSCI. She lectures health economics and management to undergraduate students at the Department of Public Health in University of Tartu (Estonia).

**Jugna Shah** is CEO of a research and consulting firm dedicated to the evaluation, development, and implementation of case mix payment systems for inpatient (DRGs) and for outpatient (APCs/APGs) both in the United States and throughout the world since 1996 . She has a Masters in Public Health Policy and Administration. She is used to provide training sessions on topics such as the basics of coding, collecting and analyzing data, grouping, creating relative weights, simulating budgets and payments She has a specific interest in designing country specific implementation plans that take culture, politics, economics, and infrastructure into consideration. Recently she has been involved in implementation of Casemix Systems in Eastern Europe, Turkey and Moldova. Jugna Shah is also the Secretary of PCS International.

**Jacob Hofdijk** is a Dutch health economist. He started his career in healthcare in 1974 with HISCOM to develop integrated hospital information systems. In 1979 he became projectleader of the Dutch DRG test project, which proved the ability to implement the DRG system within the Dutch health care system. It took however until 1994 before the Casemix approach was actively adopted in the Netherlands. Jacob has been involved in different roles in the development and implementation of the DBC system, which is the only Casemix tool which deals with health problem of the patient. He has been actively involved in the application of the DBC concept for chronic care both for the major diseases as for rare diseases. He is adviser to the ministry of health since 2003. He is partner in Casemix, a information based consultancy firm, one of the founders and emeritus secretary of PCSI and Vice President IMIA of EFMI.

### **Jiro Okochi**

Born in Chiba, Japan, Dr. Jiro Okochi is currently a director of Tatsumanosato Geriatric Health Services Facilities in Osaka, Japan. He received M.D. from Tsukuba Medical School in 1990 and obtained PhD in Medicine from University of Occupational and Environmental Health (UOEH) in 2004. He was an associate at UOEH from 2001 to 2005 and was an associate professor at Kyushu University from 2005 to 2006. He is also a board approved Neurologist and internal Medicine since 1995 and have worked as a clinician at Tsukuba University Hospital, Tokyo Metropolitan General Hospital and Kyushu University Hospital. He joined Ministry of Health to develop a case-mix classification for the long-term nursing care insurance in Japan from 2000-2001.

His main interest is in geriatric health care and has been working intensely on developing and improving elderly care system with a multi-disciplinary team. He has been conducting a large scale longitudinal cohort study on functional deterioration in elderly in two Japanese municipalities since 1996. He has also developed ICF illustration library [www.icfillustration.com](http://www.icfillustration.com) and ICF based case-management system at Japanese Association of Geriatric Health Facilities as a research director of case-management system. He has been a PCSI EC member since 2006. He is also a WHO Family of International Classification member since 2010.

**Karl P Pfeiffer** is Univ.-Prof for Biostatistics, Informatics, Health Economics and Documentation at the Innsbruck medical university Austria. He is chairman of the Austrian e-Health initiative and project manager of the Austrian hospital financing system. He is leading researches on biostatistics, classification and non parametric statistical methods. He is Co-editor of *Methods of Information in Medicine*, *Biometrical Journal*, *eHealthCOM*.

**Jean Marie Rodrigues** is Professor of Public Health and Medical Informatics in Saint Etienne Medical School France. He has worked extensively on the health information system and specifically on Case mix and medical terminology in France and in several European and non European Countries .

He was during five years (1982-1986) DRG project director in the French Department Of Health (DOH) and later on (1988-1994) strategic adviser for the healthcare national Smart Card project. He is presently head of the medical informatics department of Saint Etienne University Hospital in charge of DRGs, ICD 10 and procedures management. He has been involved in several European projects on Case mix, Health services research and the EU GALEN Clinical terminology programs. He is presently the editor in charge of maintaining 3 European (CEN) and international (ISO) standards including one on surgical procedures coding systems. He is presently involved in several EU projects on semantic interoperability (Semantichalthnet and Salus following the roadmap SemanticHEALTH). He is advisor to the WHO Department of terminology since 2004 and involved in the Health Informatics and Modelling Topic Advisory Group (HIM TAG) of ICD 11 revision as well as in the Joint Advisory Group (JAG) for the harmonisation between WHO Classifications and SNOMED CT IHTSDO terminologies.

He is Emeritus President of PCS International.

**Olaf Steinum**, Director of the PCSI Casemix Summer School since 2012, is a trained physician, specialist in Infectious Diseases and Internal Medicine, and has worked as a senior clinician at the Department of Infectious Diseases, Uddevalla Hospital, Sweden for 20 years till his retirement in 2009. He has been active in the development of case-mix and classifications in Scandinavia since mid-90s. He has created the curriculum and given education for Clinical Coders in Sweden and Norway since 2000, and also participated in several clinical coding auditing projects. From 2002 he is Advisor to the Swedish Board of Health and Welfare on coding and classification matters and from 2004 Nordic consultant and delegate to the WHO-FIC network. He has given presentations on diagnosis coding quality issues in Eastern Europe, France, Malaysia and Australia as well as the Nordic Countries. At present he is a member of the WHO-FIC Update and Revision Committee. He has been a member of the PCSI network since 1994 and was member of the Executive Committee 2004 – 2012 and from 2013 onwards