

May

# 2011

Patient  
Classification  
Systems  
International

# PCSI

## 2011 PCSI Annual Conference

Montreal, Canada  
October 19<sup>th</sup>-21<sup>st</sup>

The Local Organizing Committee of the 27<sup>th</sup> Annual conference is currently working hard to develop a comprehensive scientific program, complemented by social events designed to encourage networking and making new friends.

This is the first time the PCSI Conference has been held in Canada and is being hosted by the Canadian Institute for Health Information. The conference will be in English and many new members from an active Canadian case mix community are expected to attend.

The conference website is up-and-running and provides the latest information regarding key dates, links to submitting abstracts and travel details.

We look forward to seeing you in Montreal!

- Jason Sutherland



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## PCSI Annual International Summer School Evora, Portugal

June 13<sup>th</sup> – 17<sup>th</sup>, 2011

Would you like to learn more about case mix, coding, data quality and hospital funding?

The PCSI Annual International Summer School is now being prepared! Since 1996, PCSI has sponsored the summer school event and the organization maintains its strong commitment to training, education and research for its members.

This year's faculty includes some of the most recognized international experts in case mix systems from around the world. Additional information regarding the program and faculty can be found at:

[http://www.pcsinternational.org/events/case\\_mix/#scm](http://www.pcsinternational.org/events/case_mix/#scm).

During the week-long course, faculty and students have extensive opportunities to interact and discuss local issues in-depth.

This year's edition of the course is being offered in Evora, Portugal, the site of last year's successful school. Held within the ancient city's walls at the Hotel M'Ar de Ar Muralhas, the site provides easy access to all local amenities. Applications are now being accepted.

Further queries regarding the summer school, including funding requests, should be directed to Ceu Mateus at: [ceum@ensp.unl.pt](mailto:ceum@ensp.unl.pt).



## 2011 PCSI Winter School

Dublin, Ireland  
January 24<sup>th</sup> – 28<sup>th</sup>

PCSI expanded its educational offerings with its first ever Winter School. Designed to complement the PCSI Summer School, the inaugural winter school was sold out.

The winter school was hosted by the Economics and Social Research Institute (ESRI) in Dublin, Ireland, in January 2011. Students attended the winter school from Australia, Singapore, and from across Europe.

Expert faculty were drawn from Australia, Canada, Ireland, United States, and the United Kingdom.

Dublin provided a rich environment for the school's educational and social offerings. For more information regarding future initiatives, contact Jeff Hatcher at: [jhatcher@cihi.ca](mailto:jhatcher@cihi.ca)



## PCSI Annual Conference: Website, Abstract Submission

Held in beautiful Montreal, Canada, the 27<sup>th</sup> annual PCSI conference planning is well underway. The official website is:

<http://www.cihiconferences.ca/PCSI2011/>.

Starting October 19th, the three-day conference will draw visitors from around the world to share experiences and learn from one-another. The theme of this year's conference is *'Each Patient Counts'*, drawing on case mix's focus on patient-based funding.

Abstracts can be submitted now! Prepare an abstract, submit it and start planning your trip! Abstracts can be submitted at:

<http://pcs2011.abstractcentral.com/>.

## PCSI Annual Conference: Workshop Proposals

The Local Organizing Committee (LOC) and PCSI are now welcoming proposals from participants to host workshops on the opening day of the 27<sup>th</sup> Annual PCSI Conference. Conference workshops are offered to conference participants as an opportunity to learn about selected topics in an in-depth manner and provide an opportunity for instructors or experts to share their knowledge. There is no fee or cost associated with hosting or attending workshops, they are an educational service provided to PCSI members to further their knowledge.

Applications are expected to identify discussants or experts in the subject area. The learning objectives of the workshops are expected to be well conceived and align with conference topics. The LOC will provide classroom space at the conference venue to host the conference. For the workshops, the language of instruction should be English, consistent with the conference. The LOC and PCSI will advertise the workshops to all conference participants and encourage registration. The LOC can only accommodate 4 workshops at the conference site.

Workshops are generally expected to run for 4 hours (including a break) and cover materials related to the conference theme and appeal to a range of conference participants. Past topics have included: case mix principles, clinical coding, clinical costing, case mix funding models, classification systems for post-acute care, and methods for analyzing case mix data. However, other topics relevant to conference attendees are welcomed.

Proposals for workshops must be submitted to the LOC for evaluation by the executive committee. Please contact [pcs2011.workshops@gmail.com](mailto:pcs2011.workshops@gmail.com) for an application form. The deadline for proposals is August.

## PCSI Annual Conference: BMC Health Services Research

PCSI is once again proud to support the publication of selected abstracts from the PCSI annual conference in BMC Health Services Research. Electronic publication disseminates our members' work and promotes communication.

## Japan: Impact of a catastrophic earthquake on local hospitals and national health care reform efforts

On March 11, 2011 at 2:46p.m., a magnitude 9.0 earthquake hit the northern coast of Honshu, the main island of Japan. The quake triggered destructive tsunami waves which reached higher than 10 meters in some places. The disaster has left 14,435 people dead and another 11,601 still unaccounted for. In the Tohoku coastal area, which was most severely hit by the disaster, at least 118 medical facilities including small clinics received catastrophic damages and lost function, according to the medical association report.

Since the earthquake, health services at clinics have been affected; hospitals have had to deliver traditionally community-based care as small clinics were unable to function. Assistant physicians from all over Japan are now working at central hospitals to help handle the large number of patients.

This earthquake poses a serious problem to the future medical reform in Japan. The Ministry of Health, Welfare and Labor (MHWL) had been preparing for the reform of medical and long-term care fees to be effective in 2012. The medical reform's intention was to cope with an increasing elderly population by moving patients from acute care to the appropriate setting, such as intermediate or long-term care facilities.

However, shortage of funds to facilitate the reform was already an issue before the earthquake. The government has developed plans to redistribute many funding resources for the recovery effort to damaged areas. Since the earthquake, this discussion has stopped and funding reform remains unpredictable.

*Contributed by: Dr. Jiro Okochi, Director at Tatsumanosato Geriatric Facility, Japan*

## England: Casemix Update

The Casemix team in England is facing challenging projects over the next two years as both procedure and diagnosis primary classifications are updated concurrently. The project represents the biggest structural change to the National Health Service since its inception in 1948.

Paula Monteith, Principal Information Design Consultant of the Casemix team based at the NHS Information Centre in England explains, "We have a packed agenda for development within the Casemix team, including: updating the Healthcare Resource Group 4 (HRG4) casemix classification for the Office of Population, Censuses and Surveys; Classification of Surgical Operations and Procedures version 4.6 (OPCS-4.6) for April 2011; and, International Classification of Diseases, Tenth Revision (ICD-10) 4<sup>th</sup> Edition for April 2012." She added,

*"Our job is to ensure that hospital income is targeted to the right place by implementing, maintaining and creating a casemix classification that reflects patient need. We're monitoring international best practice closely to learn from the experience of others. Challenge or not, the next two years certainly won't be dull."*

Responsibility for commissioning of NHS and Specialist Services is planned to be transferred to Clinical Consortia and the newly established NHS Commissioning Board. Simultaneously, the State's role in direct financial management will be reduced, as responsibility for national price setting under the current Department of Health Payment by Results (PbR) transfers to the soon-to-be-renamed Monitor.

Casemix is currently developing a strategic portfolio to cover six key service areas including: those for Children (18 years and under in United Kingdom healthcare), the Community, and Critical and other Specialist Care and Cancer, which will, once finalised, be published on the Casemix website. The Ministerial commitment to expand the mandated scope of the services funded via a national tariff also sees a renewed focus on mental health services.

For more information on case mix in England, below are some useful links:

- <http://www.ic.nhs.uk/services/the-casemix-service>
- <http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Actsandbills/HealthandSocialCareBill2011/index.htm>
- <http://www.monitor-nhsft.gov.uk/>

*Contributed by: Virginia Jordan and Paula Monteith, The NHS Information Center, England*

## Research Corner

**Feature Paper:** *Who's that sleeping in my bed? Potential and actual utilization of public and private in-patient beds in Irish acute public hospitals.*

O'Reilly, J and Wiley, M. *Journal of Health Services Research and Policy*. 2010 October; 15(4): 210-214.

**Review:** In their recent paper, O'Reilly and Wiley explore hospital bed utilization by public and private in-patients within Irish acute public hospitals. The study makes extensive use of data from the Hospital In-Patient Enquiry, held by the Economic and Social Research Institute.

Using discharge and bed data from 54 public hospitals, the results indicate that excess bed utilization by private in-patients was small, but increasing over the period 2000-2004. Thus, some public hospitals appear to have been able to overcome restrictions imposed on private in-patient bed capacity. The authors suggest two potential explanations for this finding: more efficient utilization of public hospital resources or the displacement of public patients by private patients.

This analysis highlights how financial incentives in a mixed public/private system may encourage the preferential treatment of one patient group to the detriment of another. Consequently, ongoing monitoring of bed utilization in Irish public hospitals is required to assess whether private patients are displacing public patients.

To propose future Feature Papers, please email [pcsi.newsletter@gmail.com](mailto:pcsi.newsletter@gmail.com).

## Medicare Update

Changes to the hospital inpatient prospective payment system for acute care hospitals and fiscal year 2011 rates have now been released. Acute hospitals face a decrease in DRG payment rates, including a downward adjustment for documentation and coding.

## DRG AND Quality Improvement

Is there a cost associated with higher quality? Cleverley, W.O. and Cleverley, J.O. *Healthcare Financ Manage*. 2011, 65(1): 96-102. Prospective payment to encourage system wide quality improvement. McNair P, Borovnicar D, Jackson T, Gillett S. *Med Care*. 2009 Mar;47(3):272-8.

## Other Conferences of Interest

The [Portuguese Health Economics Association](#) is hosting its 12th Conference of Health Economics. The conference will be held in Lisbon between the 13th and the 15th of October 2011. Deadline for abstracts submission: 13th June. Selected topics of the conference directly relevant to PCSI members include: equity in financing and delivery of health care, financing and sustainability of health systems, payment systems and cost of illness and budgetary impact. For further information please go to <http://12cnes.apes.pt>

Confirmed speakers at the conference include: Paula Braveman (University of California, San Francisco, USA), Luigi Sicilliani (University of York, UK) and Miguel Gouveia (Universidade Católica Portuguesa, Portugal).

## Contact Us

If you have regional conference dates, case mix developments, or publications you wish to share with the case mix community in the next version of this newsletter, please contact: Jason M. Sutherland at [pcsi.newsletter@gmail.com](mailto:pcsi.newsletter@gmail.com)

