TITLE: New tariff structure for the remuneration of inpatient rehabilitation in Switzerland

Introduction

The Swiss Health Insurance Act stipulates that inpatient services must be billed via flat rates. The tariff partners (Health ~~insurers~~ insurances and service providers) and the cantons have commissioned SwissDRG AG to develop a tariff structure for inpatient rehabilitation. After several years of work, SwissDRG AG has developed ST Reha, a completely new tariff structure for inpatient rehabilitation that is recognised by all partner organisations of SwissDRG AG. The new tariff structure was approved by the Swiss Federal Council in December 2021 and introduced at national level on 1 January 2022.

Methods

The introductory version ST Reha 1.0 is based on cost and medical service data from Swiss service providers from 2019, although significant work has already been carried out with data from earlier years. It is clear from the legal basis and the specifications of the partner organisations of SwissDRG AG that ST Reha must have a strong relation to the medical services. The diagnosis codes according to the ICD-10 GM and the Swiss surgical classification CHOP – which is a specific adaptation of ICD-9 CM – were therefore used to develop ST Reha. The cost data are determined at case level in accordance with the specifications (REKOLE) of the hospital association (H+). The development could be based on 78% of the available data set, which corresponds to a share of 71% of the total dataset. The system development was carried out with the specially designed development environment RiDE (Rehabilitation integrated development enviroment), which is now used for the development of all tariff structures of SwissDRG AG.

Results

The resulting tariff structure allows for each case to be first assigned to one of the nine basic-RCG (Rehabilitation Cost Group), which is based on the types of rehabilitation established in Switzerland. This allocation takes place primarily via basic service codes, whereby alternative criteria had to be taken into account. Subsequently, the cases are classified into 20 RCGs, which are divided into cost-homogeneous groups on the basis of further characteristics. Within an RCG, remuneration is based on the length of stay at case level, where a RCG is divided into one to three phases, each with a linear remuneration. Remuneration is expressed in the form of a relative cost weight. It should be noted that for the introductory version only one RCG has more than one phase. The quality of the system is measured by the R^2 from a simple regression with total costs as dependent variable and the effective cost weight as the explanatory variable. For ST Reha 1.0 the R^2 is at 0.84.

Conclusions

With ST Reha, it was possible to introduce a simple remuneration mechanism for Switzerland's inpatient rehabilitation sector that adequately reflects the homogeneous services and infrastructure. ST Reha allows each case in the area of application to be grouped first into a basic RCG using basic service codes, then into a final RCG using other characteristics like diagnosis, specific treatment and age.