TITLE: Case-mix as a tool to build confidence between partners of newly formed hospital network – preliminary steps.

Introduction

The Belgian hospitals are obliged according to the law of 28/2/2019 to construct 25 networks of hospitals. The hospital network Elipse will be the second largest of the country. It will be constituted of 8 public and university hospitals - all located in the province of Liege. Individual hospitals and caregivers need to change from a model of competition to one of collaboration and resource sharing.

In the same network of hospitals, we now have physicians renumerated according to different reimbursement models: fee for service in the public hospitals and fixed revenue in the university hospital. The diminishing Length of Stay (LoS) - a consequence of the system of justified beds– means Elipse's hospitals have lost between 15 and 2 % of their beds in the past 5 years. Also, about a third of Belgian hospitals show a deficit. The combination of these factors does not favour the constitution of a hospital network.

To build confidence and collaboration a project has been launched at the Centre Hospitalier Régional (CHR) de la Citadelle, the Service des Informations Médico Économiques (SIME) of the Centre Hospitalier Universitaire (CHU) de Liège and the Spiral interdisciplinary research centre of the University of Liège. We will be using a combination of sociological and casemix tools to increase transparency and confidence between the different stakeholders.

Methods

To measure the case-mix we use APR-DRG v38 (3M™), which is routinely collected by all Belgian hospitals for financing.

However, quality of coding can vary between hospitals and give rise to artefacts in observed differences. To harmonise this, the same ICD-10-CM & ICD10-PCS AHIMA accredited physician pilots since a year the coding teams of two hospitals.

The board of directors and the individual physicians have been receiving detailed information about the casemix in their own hospitals to familiarise them with this tool.

The next step consisted in putting physicians with the same speciality but working in different hospitals together to discuss their case-mix data: documentation issues, LoS, medication and medical diagnostic and treatment options.

Results

A first result of the confidence building approach, the board of directors of the two hospitals with coordinated coding have validated the constitution of an interhospital study groups focused on casemix.

Different treatment options (LoS, medication, examinations, …) are discussed, and confidence and relations are being build. We will discuss some of the observed differences in this article.

Conclusions

Case-mix info has shown its usefulness as objective base to bring people from previously competing hospitals together.

The next steps will need to bring more specialities and hospitals in the interhospital working groups. Further continuation of the project is needed to achieve a performant hospital network where all stakeholders can collaborate in confidence and trust, for the common good of the patient.