TITLE: Challenges of the calculate a tariffs of services in the polish health care system based on the respiratory diseases

Introduction:
Since 2015, respiratory diseases have become the third (after cardiovascular diseases (CHUK) and neoplastic diseases) group of causes of all deaths in Poland. Their share is currently at the level of 7%. The total amount of expenses for benefits from section D: Respiratory diseases is 6.0% of the value and 5.9% of the number of all JGP services, which is one of the objective criteria for including a given group in the Tariff Plan, which include: financial significance for health care system, social costs and significance from the point of view of the priorities of the health policy of the state.The main purpose of the project was to estimate national tariffs and the financial impact of care of patient with lung disease and varying the valuation according to the patient's condition.

Methods: As part of the analyzes, it is planned to use cost calculation based on financial and accounting data as well as clinical and cost data of individual hospitalizations. The next stage will be to differentiate the patient's condition based on the British system (and other systems). In the event of difficulties in obtaining information, it is planned to base the analysis on the reference course of the service prepared in cooperation with clinical experts to estimate the variable costs. During the Agency's work on the areas of services included in the pricing plan, an analysis will be made of the possibility of providing the above-mentioned services in an outpatient and inpatient mode, in order to optimize treatment and synchronize the valuation of outpatient and inpatient services. In addition, an analysis of internal medicine groups will be performed in order to distinguish the most underestimated groups.

Results: The final result of the work will be a valuation based on the actual costs incurred by hospitals and the creation of a catalog of base groups in section D, taking into account the variables related to the patient's severity, e.g. comorbidities, which will allow for an analysis of the possible implementation of a payment depending on the resources used and correlated with the patient's condition.

Conclusions: Adjusting the valuation of tariffed benefits to the real costs incurred by service providers will allow to ensure a better standard of providing benefits by adjusting the amount of reimbursement. The introduction of a new method of settling benefits based on the patient's clinical condition should result in a more rational management of funds in the hospitals.

CURRENT CATEGORY: Analysis of casemix data

PRESENTATION TYPE: Poster