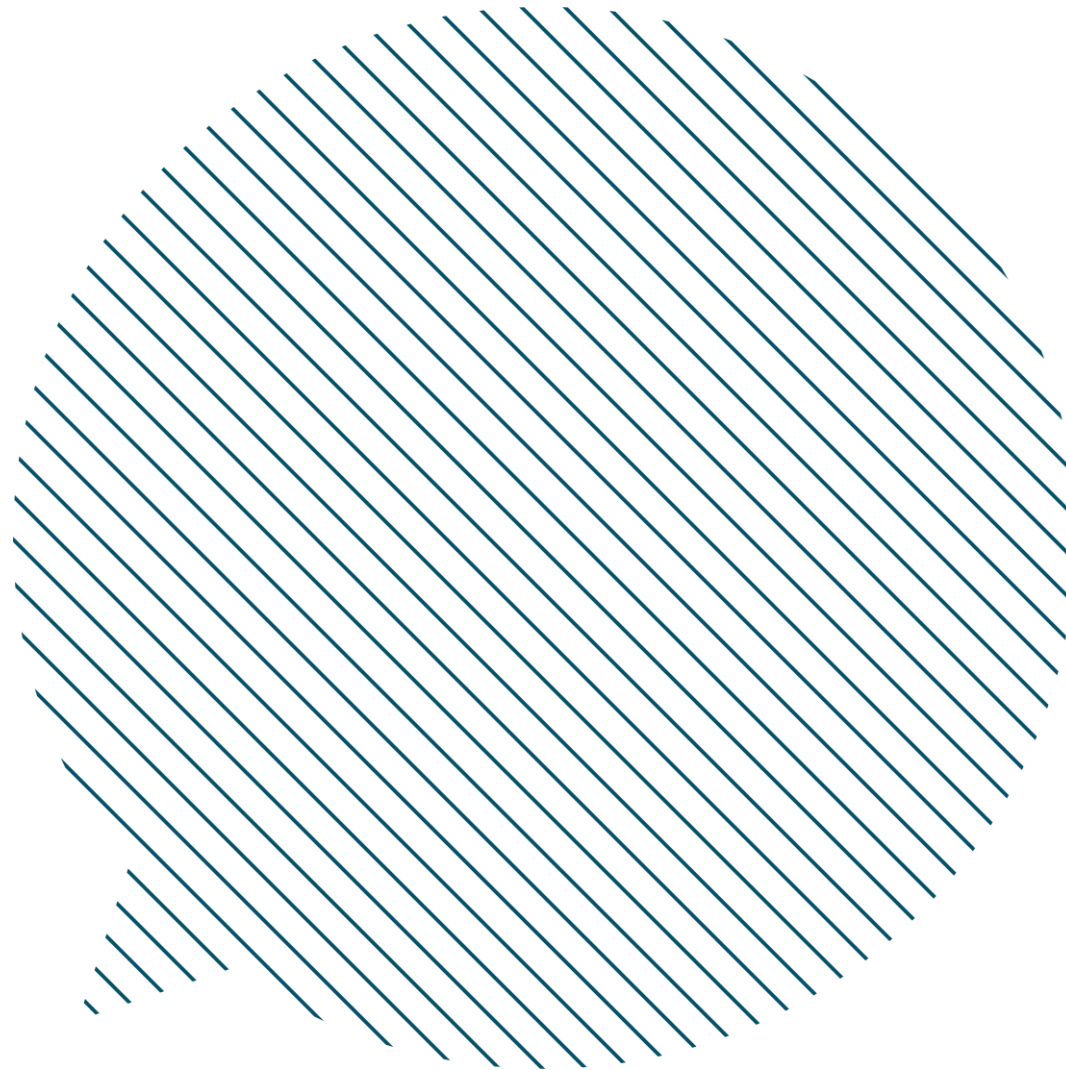


Collaboration activities and digital health care – Challenges for cost analysis

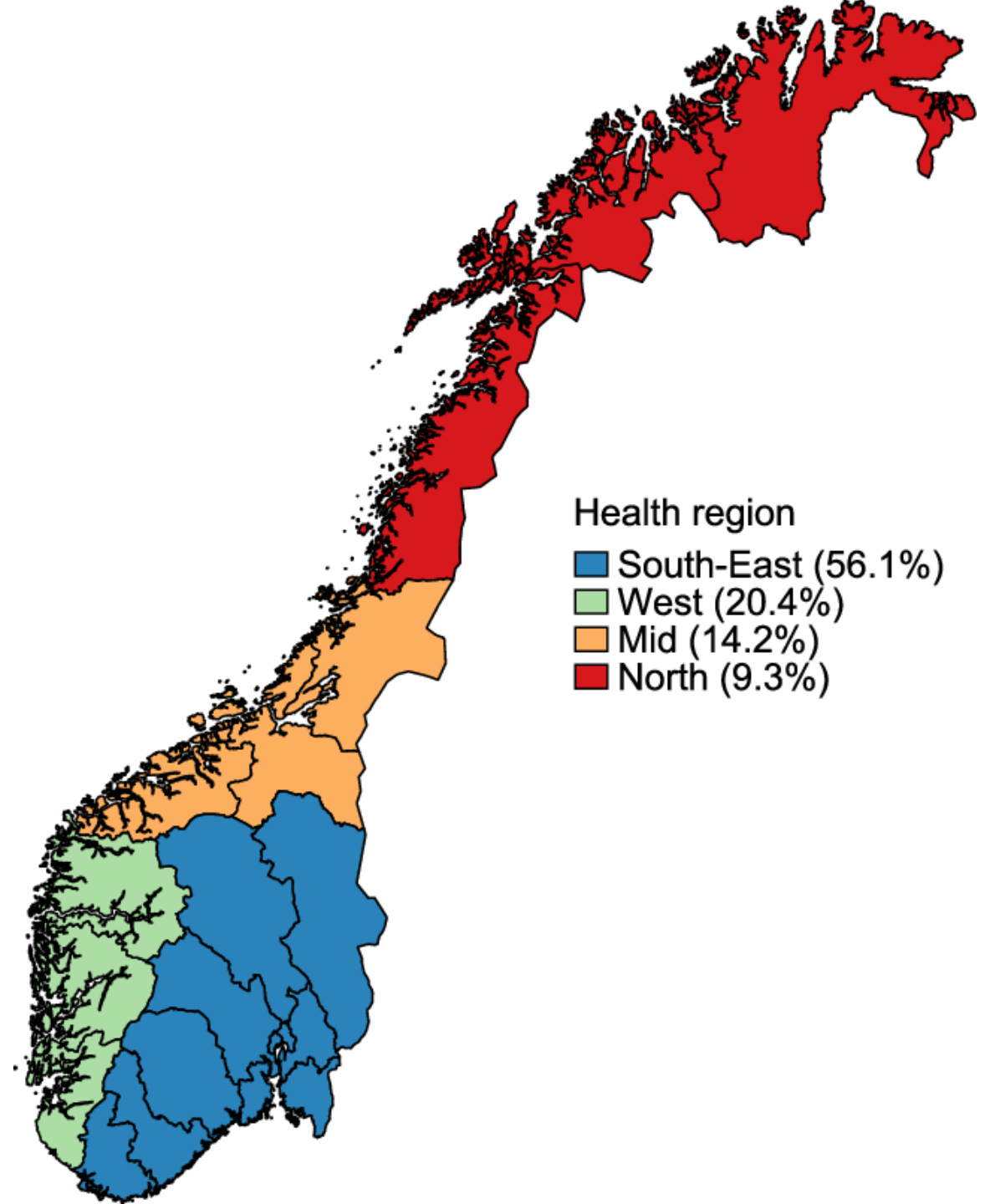
PCSI Reykjavik 28.Sept 2022

Ann Lisbeth Sandvik and Jostein Bandlien



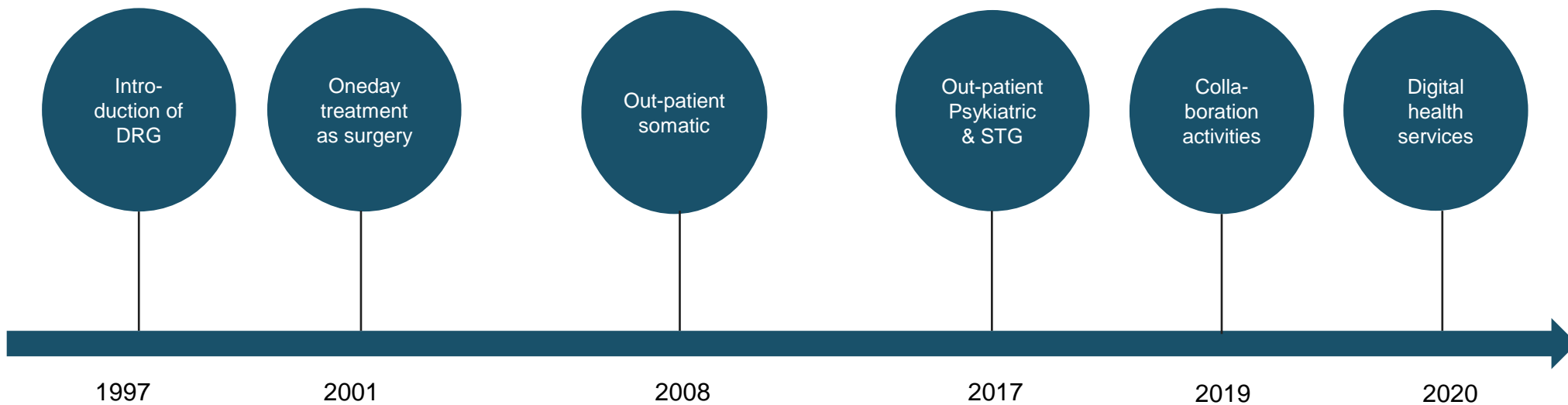
Health Care system in Norway

- Global coverage system
- Mainly publicly funded
- Two main authority levels with different funding systems
 - Municipalities (356) which are responsible for the primary care and are mainly block granted
 - Regional health authorities (4) which are responsible for the specialist health care (hospitals). They are partly financed by block grant and partly by activity-based funding by DRG



Development of the DRG-system – challenges for cost calculation

Timeline



STG – Special treatment groups

Cost calculation model

- The model has been developed to finance hospital treatments by DRG
- The cost weight are annually updated
- National weights



Datasources

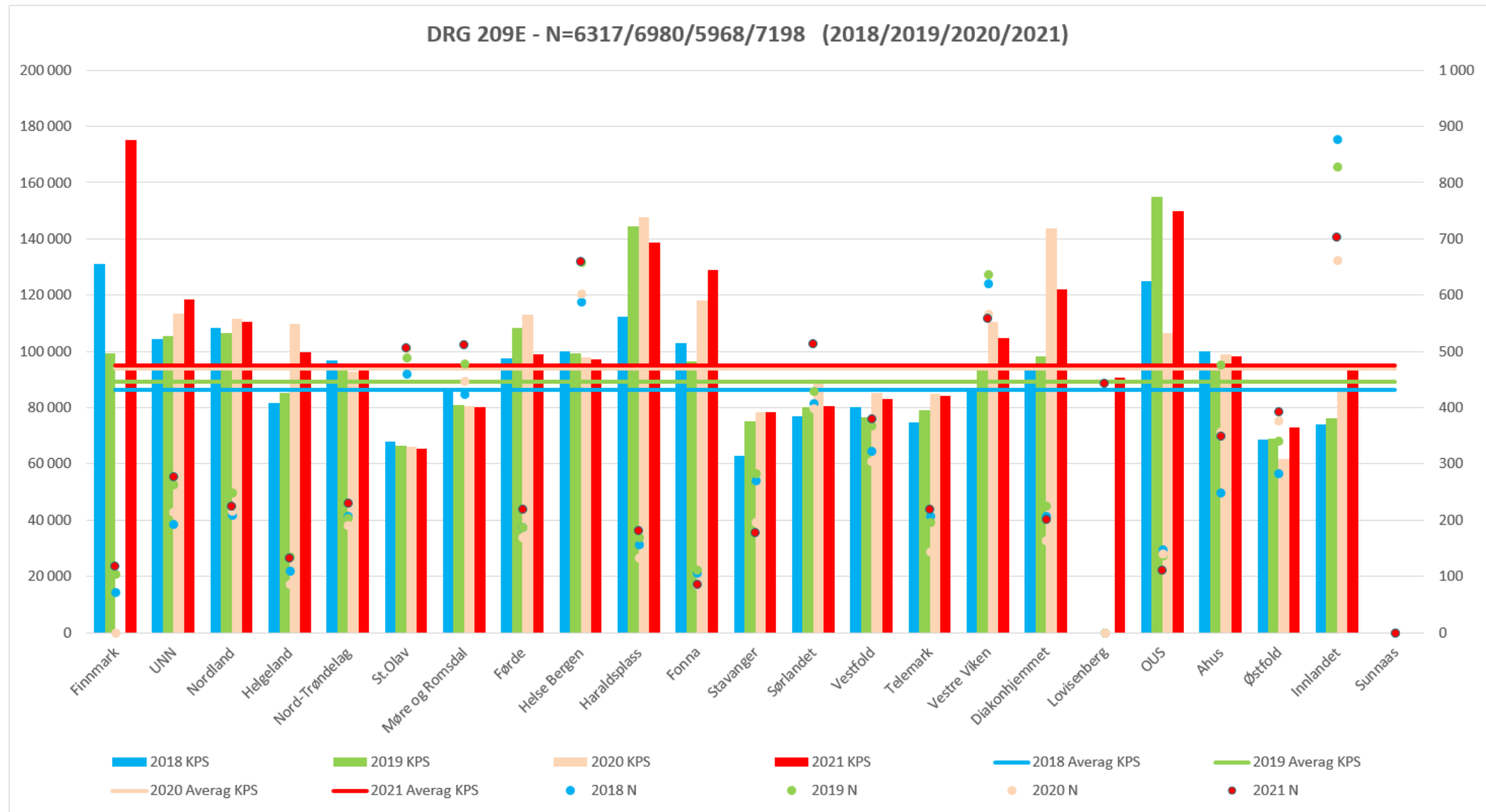
- The National Patient Register (NPR)* which contains all information about patient treatment in hospitals;
 - a) administrative data such as place and time of treatment and information on referrals to treatment and waiting time
 - b) demographic information such as each patient's sex, year of birth and residency at the municipality level
 - c) coded medical information such as diagnoses and surgical, medical and radiological procedure
 - d) reimbursement information
- A separated register gives us information about the patient's consumption of drugs given at home and the cost of these drugs
- Cost per patient data reported from our hospital (DRG-level)

*The Norwegian Patient Registry and the Norwegian Registry for Primary Health Care



Quality in data

DRG: 209E - Hip replacement



Now - Shifting focus for the reimbursement-system

- Sustainability
- Collaborative activities
- Digital services
- Treatment at home

- Why this shift in focus?
- Demographic changes
 - Increased life expectancy
 - New treatment methods help more people
 - More elderly people
- Shortage of health personnel/health skills
- Need to reduce growth in health expenditure

Shift in focus – challenges in cost calculation



- New activities – New grouping system – STG
- Different categories – different solutions:
 - Drugs at home
 - Dialysis at home
 - Online treatment; digital treatment programs
 - Other digital treatments, i.a video, telephone, medical monitoring (PM)
 - Collaboration with the healthservices in the municipalities; i.a different kind of teams
- For cost calculation we have to change modus:
 - From historical data to normative approach

Experiences from the last years of development in our reimbursement-model

- All development requires access to good data
- The definitions must be consistent
- Collaboration activities require a common understanding of what the service contains
- There must be agreement on which cost elements are to be included, and who are paying for them
- New services into the financing model involve a higher risk
- National guidelines must be updated

Thanks – Any Questions?