

TARPSY

An introduction to the national tariff structure for psychiatric hospitalization

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1

Agenda

- **What is TARPSY?**
- **Legal basis, review**
- **SwissDRG Inc and its stakeholders**
- **Development of the tariff structure**
- **Summary**
- **Outlook**



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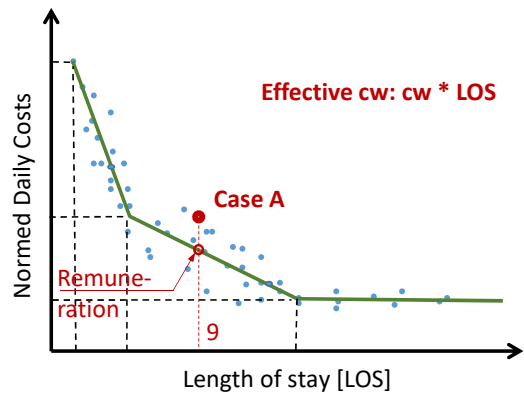
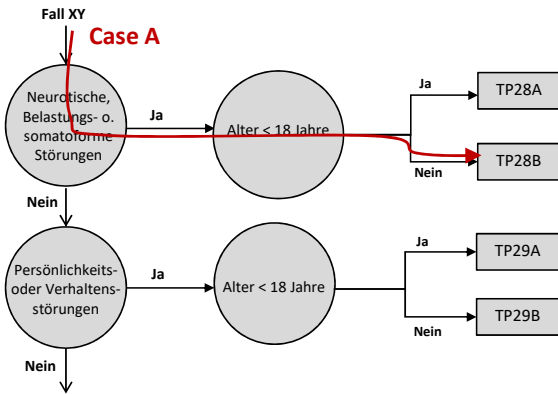
2

2. What is TARPSY?

- TARPSY is the national tariff structure for inpatient psychiatric hospitalization
- Hospitals mandated by the state/cantons are required to **bill according to** TARPSY

TARPSY is comprised of Psychiatric Cost Groups (PCG) that are based on patient data such as diagnoses, medical services and age

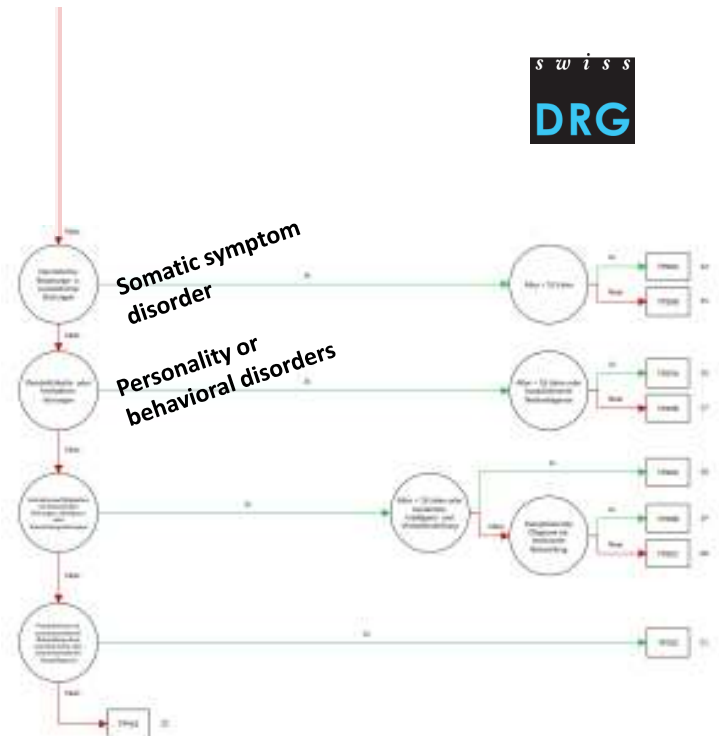
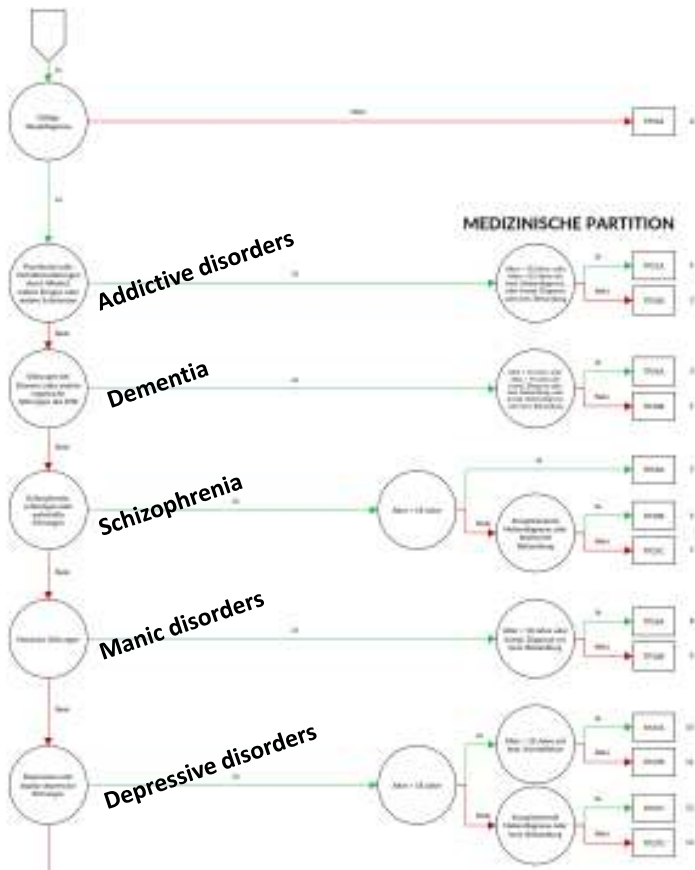
For each PCG dimensionless daily cost weights (cw) are determined



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3



4

1 Legal basis

Revision of the Health Care Insurance Act (KVG) in 2007:

- *Flat rates for all inpatient treatments*
- *Service-related*
- *Uniform throughout Switzerland*
- Tariff partners and cantons mandate an organisation → SwissDRG Inc.

Acute care: January 1st 2012 implementation of SwissDRG 1.0

Psychiatry: January 1st 2018 implementation of TARPSY 1.0

Rehabilitation: January 1st 2022 implementation of ST Reha 1.0

- TARPSY 4.0 was implemented on January 1st 2022 and is currently in use

2. SwissDRG Inc and its Stakeholders

- SwissDRG Inc is a non-profit public limited company
- Shareholders: Confederation of cantons, Association of Swiss Hospitals, Swiss Health insurance providers, Swiss Medical Association

Tariff: tariff structure & tariff negotiation

1. Tariff structure:

Assigns a cost weight (cw) and under certain conditions an additional remuneration (ar) to each case

2. Tariff negotiation:

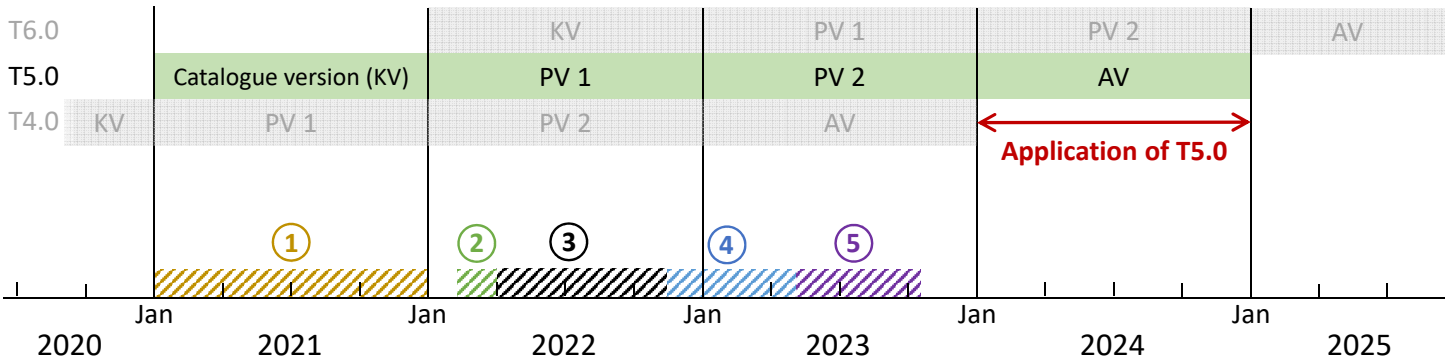
Hospitals and social insurances negotiate a baserate (br) which has to be approved by the cantons.

$$\text{Remuneration} = (\text{cw} * \text{los}) * \text{br} + \text{ar}$$

- SwissDRG Inc. responsible only for the tariff structure

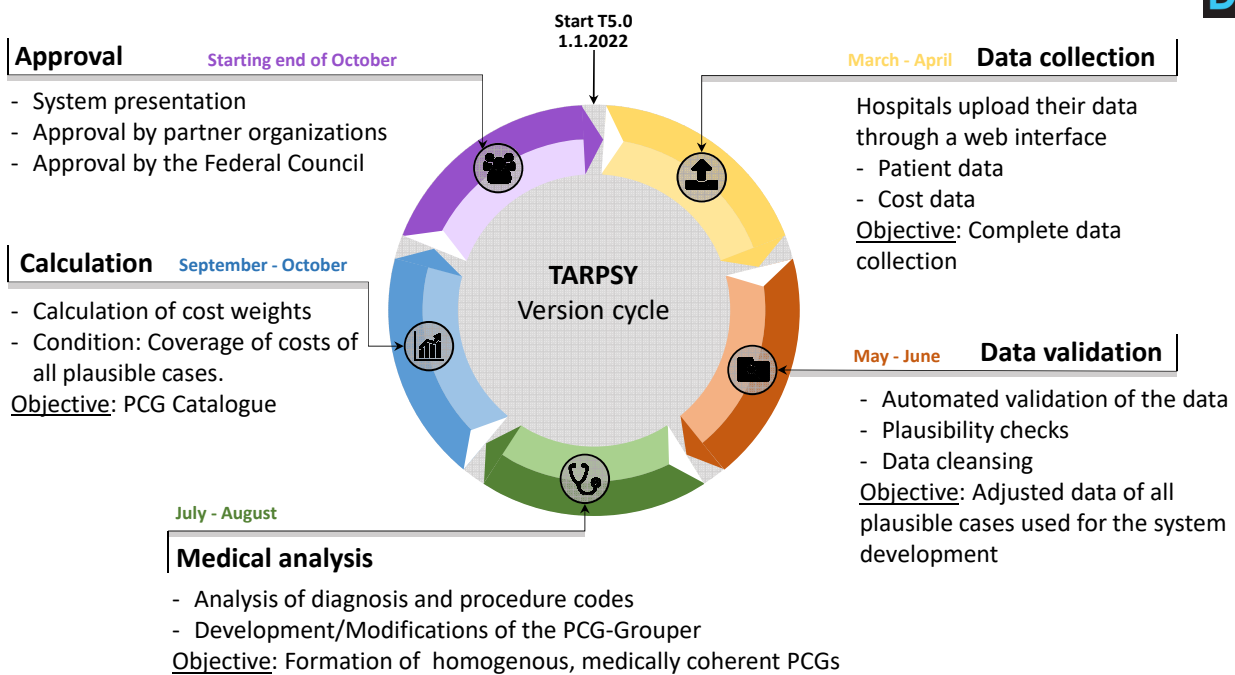
3. Development of the tariff structure

Timeline example for T5.0



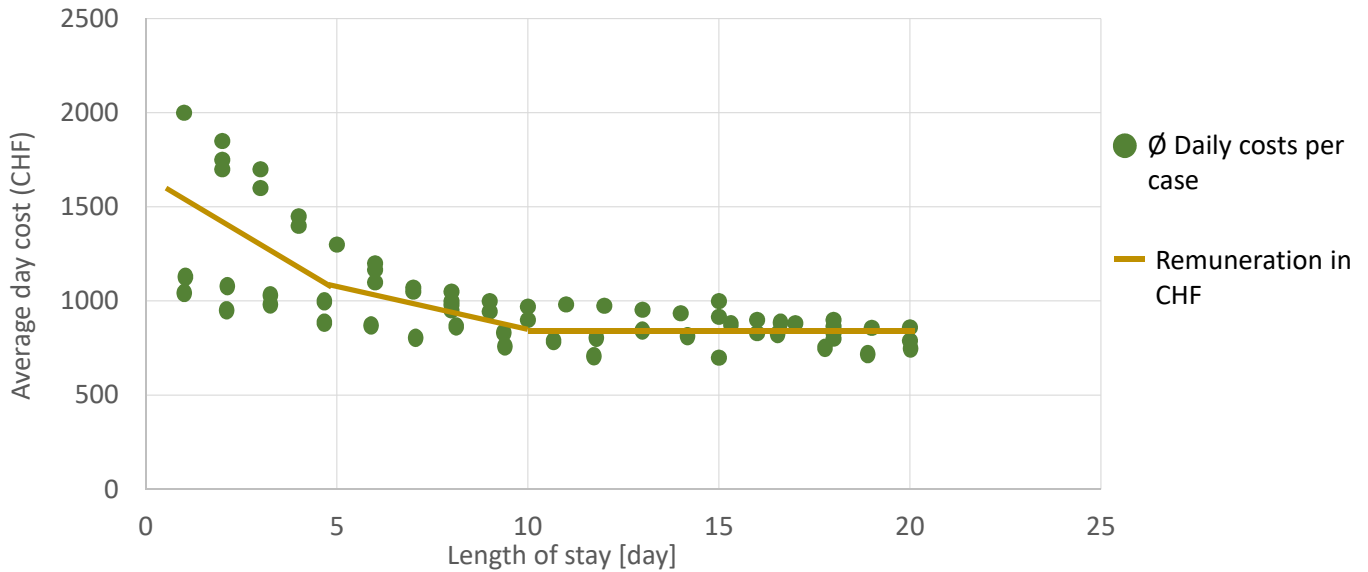
- ① Data collection
- ② Data delivery
- ③ System development T5.0
- ④ Approval by the board of directors
- ⑤ Approval by the federal government

3. Development of the tariff structure



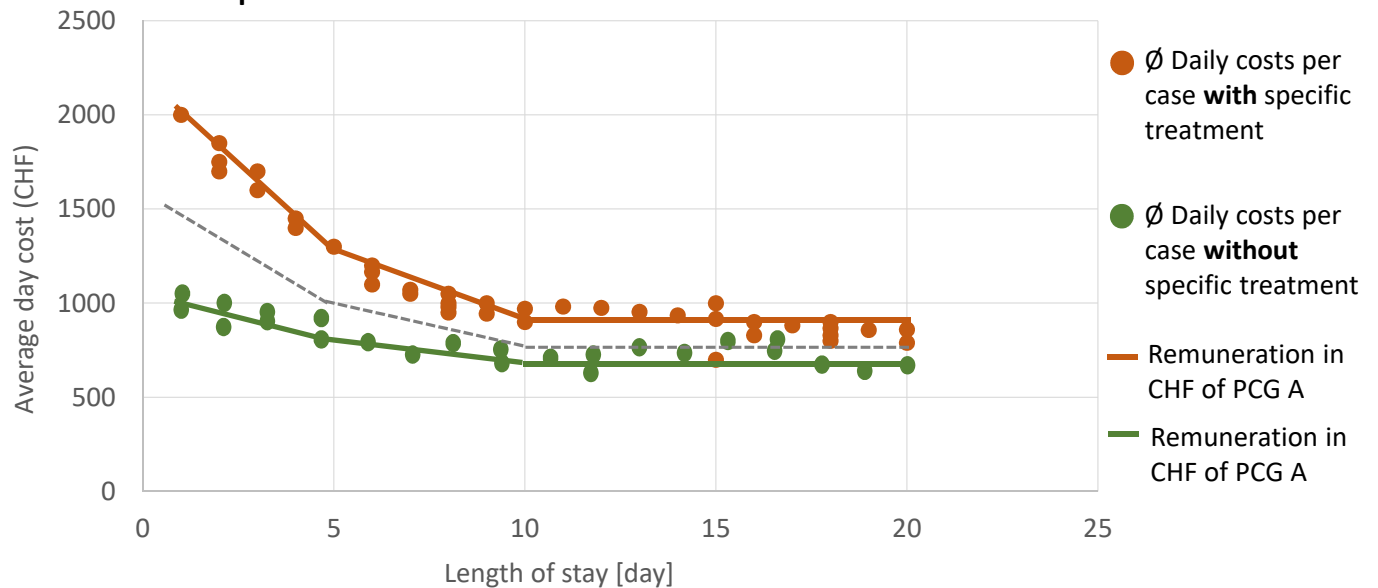
3. Development of the tariff structure

Theoretical example – PCG B



3. Development of the tariff structure

Theoretical example – PCG B



4. Summary

Main features of TARPSY:

- Treatment-oriented daily flat rates
- Nationally uniform
- Cost covering
- Recognized and accepted
- Data based, independent
- Learning system (continual development)
- Balanced between medical and economic aspects (minimizing false incentives)

Crucial developments:

- 2018: introductory version T1.0 for adult psychiatry
- 2019: addition of child and adolescent psychiatry in version T2.0
- 2020: addition of forensic psychiatry
- Starting in version T3.0:
 - Psychiatry specific procedures in the grouper
 - Psychiatry specific additional payments

	2016	2017	2018	2019	2020
Number of hospital deliveries	52	52	60	62	66
Delivered cases	62'432	64'092	67'679	70'974	71'944
Plausible cases	44'851	49'044	52'595	53'291	62'272
Share of plausible cases	72 %	77 %	78 %	75 %	87 %

5. Outlook

Current developments that are in progress or upcoming:

- Introduction of a measure for the clinical severity of cases (similar measure is already in use for acute care)
- Development of new treatment codes: increases accuracy of coding and data quality
- Improvement and sophistication of data cleansing: increases data quality
- Further development of online plausibility checks.

Observations from other countries and possible future directions:

- Application of TARPSY for intermediate and outpatient services (e.g. Germany)
- Additional PCG for cases with high complexity and/or clinical severity (Germany)
- Further differentiation of PCGs into different phases (Australia)
- Flat rate per case (Austria)

Thank you for your attention

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