



Zavod za zdravstveno
zavarovanje Slovenije
Hilfošičeva cesta 24
1507 Ljubljana



Another step forward in the Slovenian DRG System

Martina Zorko Kodelja
Health Insurance Institute of Slovenia

PCSI, Reykjavik, 28.10.2022



A few facts about Slovenia

- Population: 2,1 million
- GDP: 52,208 billion EUR, 24.770 EUR pc,
- 4,4 billion EUR for healthcare
- healthcare comparable to other EU countries
- Successful:
 - lowest infant mortality
 - cardiovascular diseases
- Concerned about:
 - ageing population
 - insufficient staffing
- Health Insurance Institute of Slovenia (HIIS)
the sole compulsory HI provider
- Co-payment covered by voluntary HI
- HIIS responsible for payment models



DRG system in Slovenia

Public network: 19 public hospitals, 9 private hospitals

314.000 cases of treatment in 2021, app. 350.000 before epidemic

802 mio € (covered by health insurance) = 40 % of total healthcare services costs covered by HHS

In 2004: Australian DRG system (ver. 4.2) adopted; including weights

Until today:

- minimal updates
- only 40 weights recalculated
- upgrade to ver 6.0 in 2013



National Cost Analysis 2017 - 2019

8 hospitals included – sample of cases covered 67 % of all performed cases

data collection methodology agreed - available and recorded data only (no extra collection)

recorded data differed between hospitals - a lot of coordination needed to ensure adequate and equivalent data

2 unexpected obstacles:

- personal data protection – additional anonymisation necessary
- data preparation costs: the preparation in hospitals demanded serious amount of sources (staff)



Results & challenges: Consensus amongst stakeholders?

new weights calculated

key findings about the Australian (old) and Slovenian (new) weights:

- old and new weights do not correlate
- labour : material costs proportion is different in old and new weights
- new weights reflect Slovenian reality

hospitals funding simulation: considerable differences

suggested: gradual implementation of new weights - in 2020 additional financial resources to support implementation acceptability (better payment for underrated hospitals)

new weights were not implemented, partners (hospitals) did not agree with the changes in their financing scheme

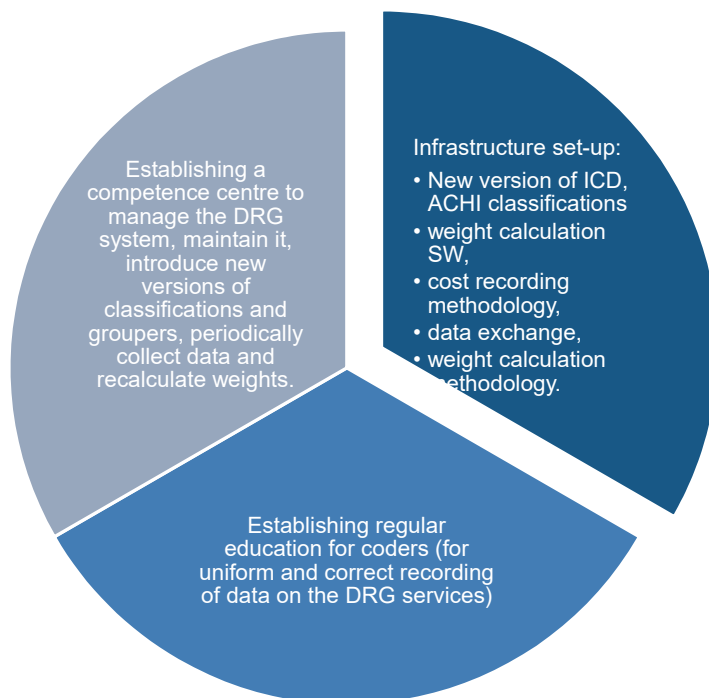
Agreement among partners:

- data recording and collection procedures must be improved
- next cost analysis should be performed in 3 years time

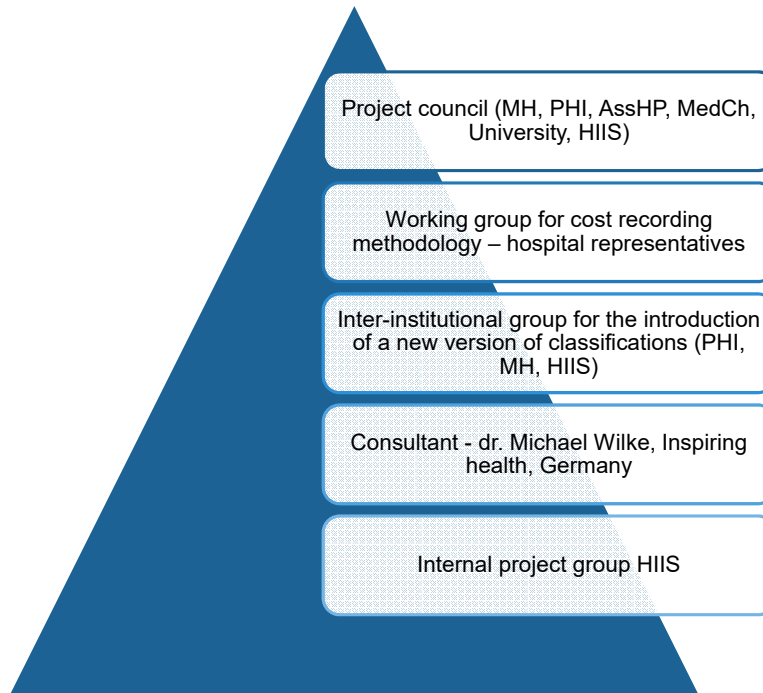
implementation of new weights and classification: political, not just professional support will be needed



DRG Project: To establish a comprehensive management of the DRG system 2020 - 2025



Effective and timely informing and involvement of external stakeholders in the DRG project is crucial.



Promotion strategy

Regular meetings with project council

Presenting the project at all stakeholders:

- Health Council at the Ministry of health
- Committee for Hospitals at AsHP
- SW houses of Slovenian hospitals
- Medical Chamber,
- Faculty of Economics (postgraduate Health Economics programme)

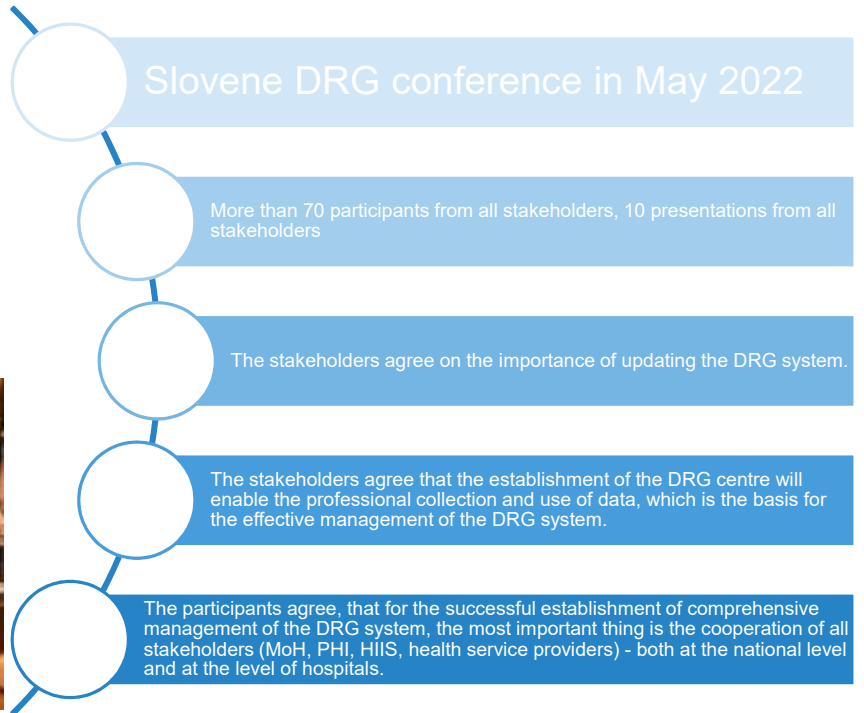
Publish articles

Conferences (national and international)

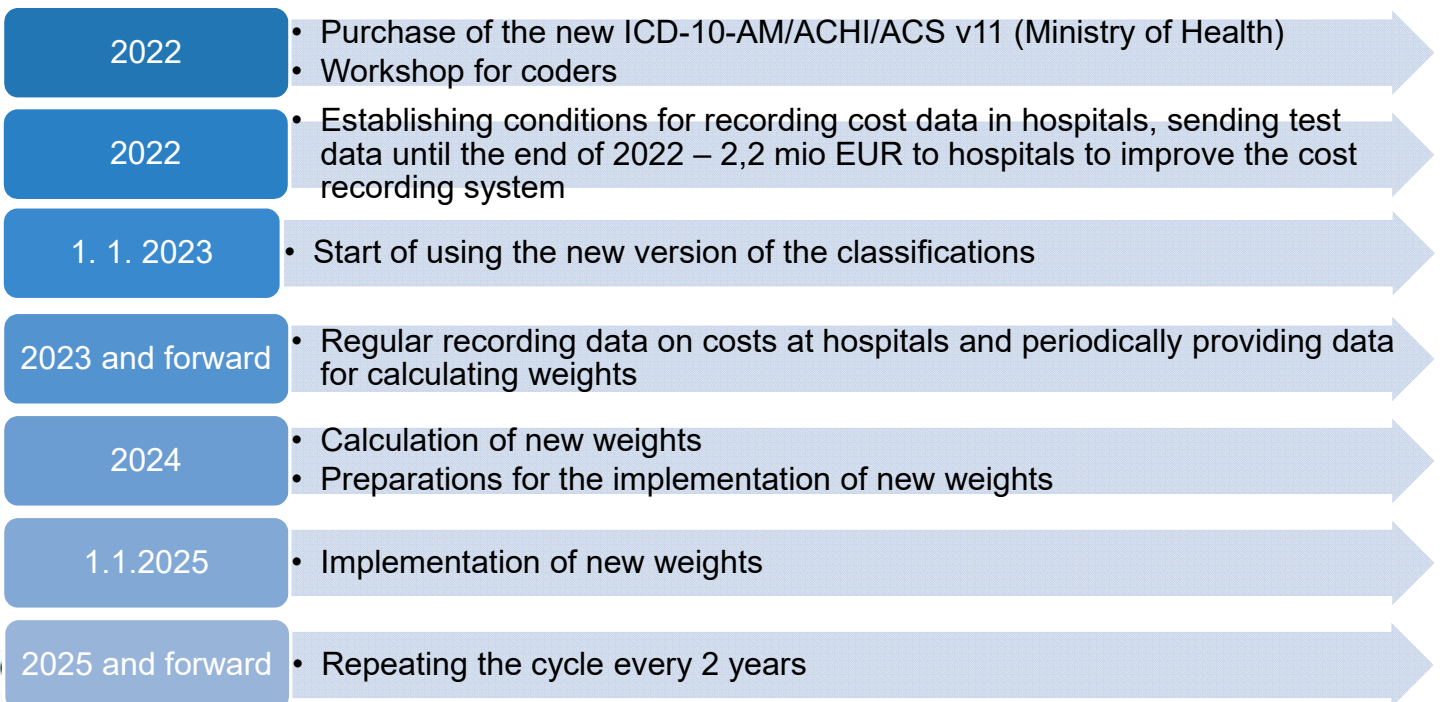
- DSI,
- SDMI,
- Australian ABF conference
- PCSI

PCSI conference in Slovenia in 2024?





Timeline



results define work Council funds
activities provide Slovenia
system ensure calculation
need national DRG cost test hospitals
manual actual centre risk data
time within Project nezzs weights
Health GA Also plan staff
support institutions basis Pilot
Manager partners

