



# Das WHO Modell zur Vergütung von Leistungen im Rahmen der DRG

Le modèle de l'OMS pour rétribuer les prestations dans  
le cadre des DRG

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# WHO CC at Bispebjerg University Hospital

- Research to create new evidence
  - HP in hospitals should be E-B in the same way as other clinical interventions and services
  - Best E-B Practice is the integration of clinical expertise, evidence, and patient preferences
  - HP in hospitals is a new field of research to be developed on the E-B platform
- International Smoking cessation database for documentation and follow-up in all sectors
- The international HPH secretariat
  - Communication, Technical support, Administration

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# Best Evidence-Based HP

Include three parts

## E-B intervention

Systematic and reproducible studies of effect as basis for clinical practice

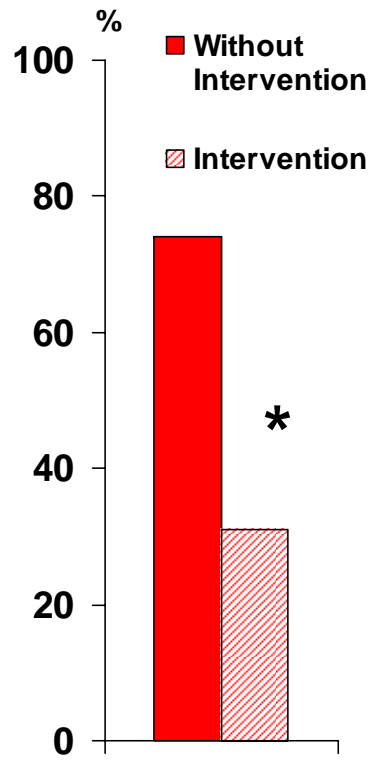
CRT before new treatment (incl. HP)



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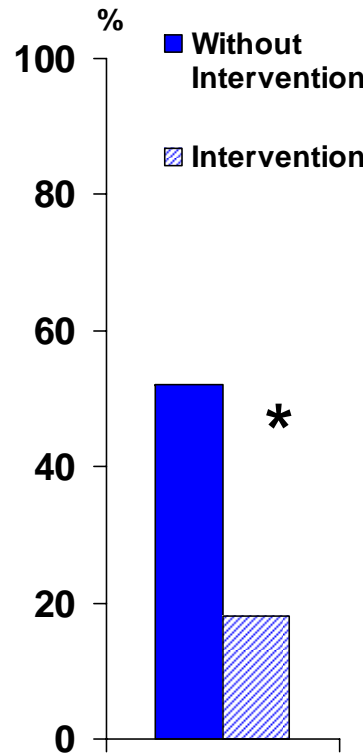
# HP activities is needed- even in surgery

**Alcohol cessation int.**  
Colorectal Resection



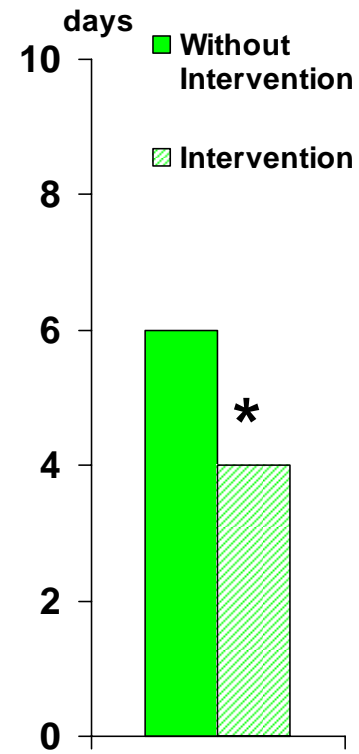
**Postop complications**  
(*BMJ 1999*)

**Smoking cessation int.**  
Hip/Knee Replacement



**Postop complications**  
(*Lancet 2002*)

**Physical exercise int.**  
Spine Surgery



**Postop recovery**  
(*Submitted 2007*)



# If all Danish smokers undergoing surgery were offered smoking cessation intervention programs

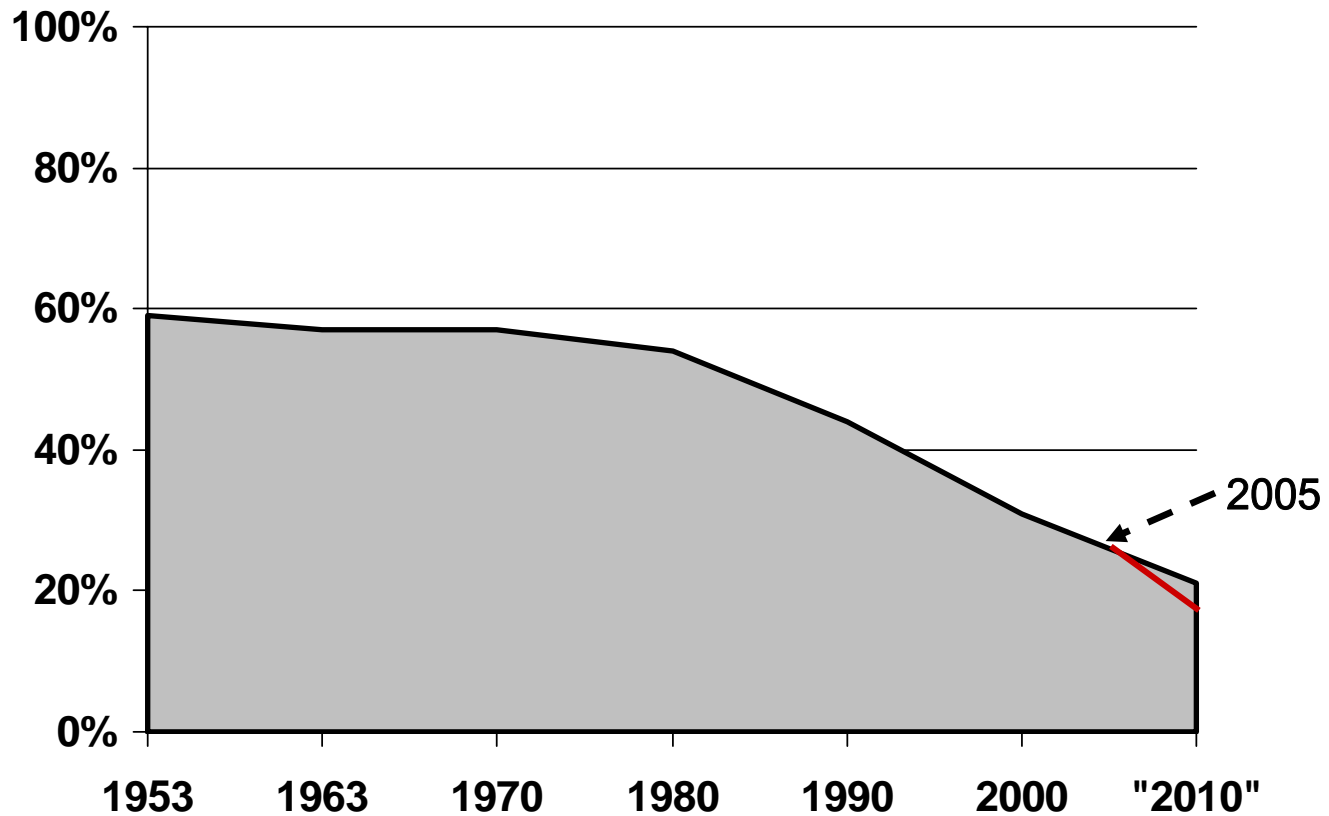
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... the annual smoking reduction would double up in the DK population



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HP activities are important issues to improve the outcome in today's hospitals and health services

How to document and get reimbursed ?

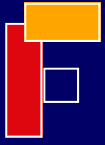
# Task Force 2004-7

International HPH Network under WHO



- Review 2005 ([www.who-cc.dk](http://www.who-cc.dk))
  - **No technical** barriers for integrating HP Activities in the reimbursement systems in Europe, Canada and USA
- Danish survey 2004
  - 10% of the ongoing HP activities were registered in PAS, budget and balances
- ICD, SNOMED, DRG
  - Non-systematic registration of clinical relevant diagnoses and HP activities

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# Project Group

- **Clinical specialists, who tested the codes in their clinical departments and**
- Hanne Tønnesen (WHO-CC DK)
- ME Christensen (WHO-CC DK)
- Oliver Gröne (WHO Office Barcelona)
- Susan Himel (HPH Network, Canada)
- Lagglo Suurg (HPH Network, Estonia)
- Fabrizio Simonelli (HPH Network, Italy)
- Ann O'Riordan (HPH Network, Ireland)
- Peder Vibe (HPH Network, Sweden)
- Denise Morris (HPH Network, United Kingdom)
- PE Hansen (National Board of Health DK)

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# Participants

- 19 departments/hospitals

Canada	3
Estonia	3
Ireland	5
Italy	3
Sweden	3
<u>United Kingdom</u>	<u>2</u>
<u>Total</u>	<u>19</u>



# Development

A model of 15 standardised registration codes for HP procedures was described to cover the clinical HP activities

- Motivational counselling
- Intervention, after-treatment, rehabilitation



# 7 codes for motivational counselling / health coaching

- Tobacco **XX01**
- Alcohol **XX02**
- Nutrition **XX03**
- Physical activity **XX04**
- Psycho-social relation **XX05**
- Other risk factors **XX06**
  
- Integrated counselling  
(consisting of several factors) **XX07**



# 8 codes for intervention, rehabilitation, after-treatment

- Tobacco cessation **YY01**
- Alcohol intervention **YY02**
- Nutrition **YY03**
- Physical activity **YY04**
- Psycho-social support **YY05**
- Medical optimisation **YY06**
- Patient education **YY07**
  
- Integrated rehabilitation  
(consisting of several elements) **YY08**



# Clinical validation

Evaluation of the use of the codes in  
clinical day life for

- Usefulness
- Applicability
- Sufficiency



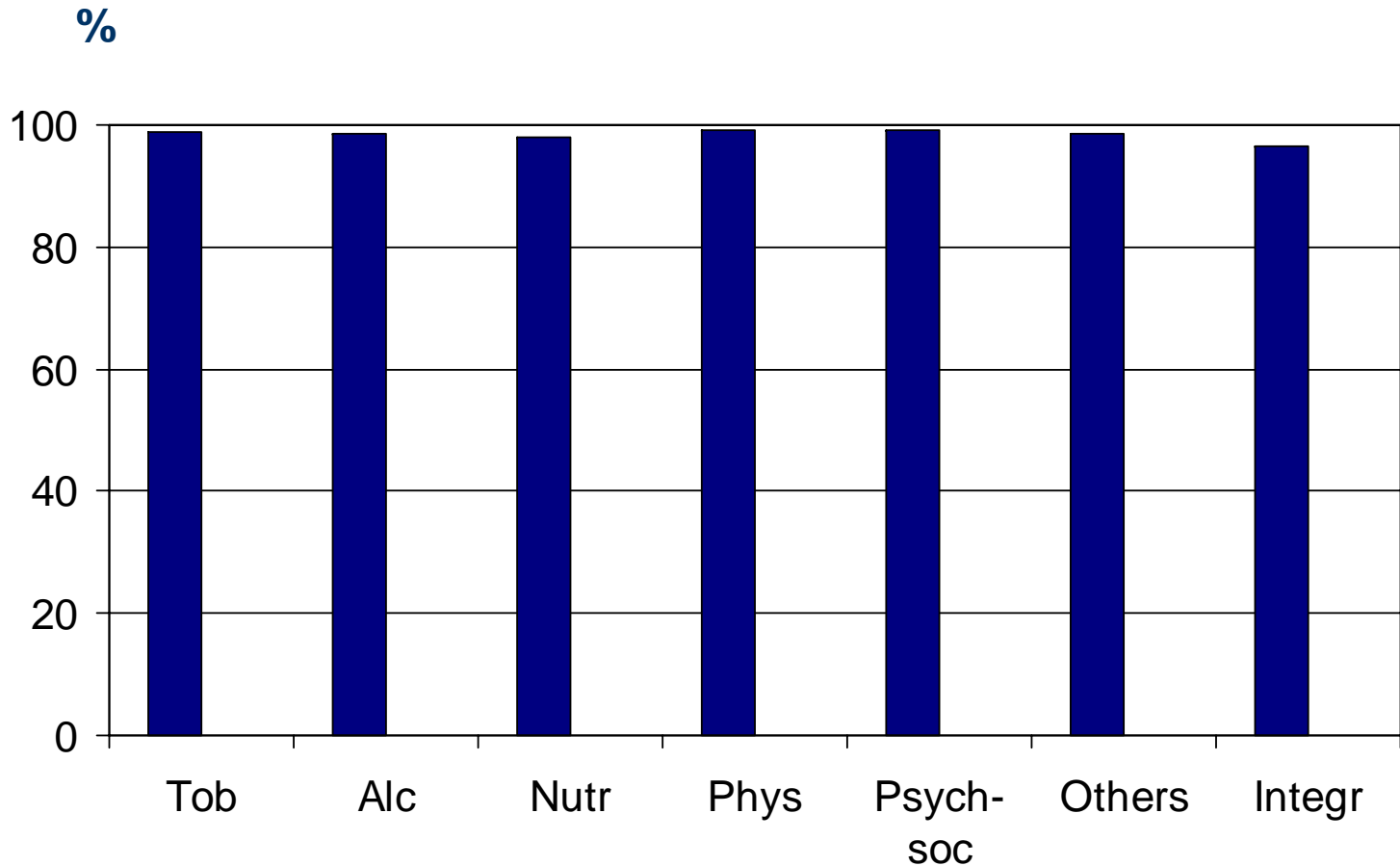
# Methods

- Pilot-implementation (to get familiar with the registration of HP activities using)
  - a) 20 different and local consecutive medical records (20 x 19 dept = 380 different records)
  - b) 14 international standardised medical records
- Evaluation
  - c) Questionnaire about usefulness, applicability and sufficiency



# a) Local consecutive records

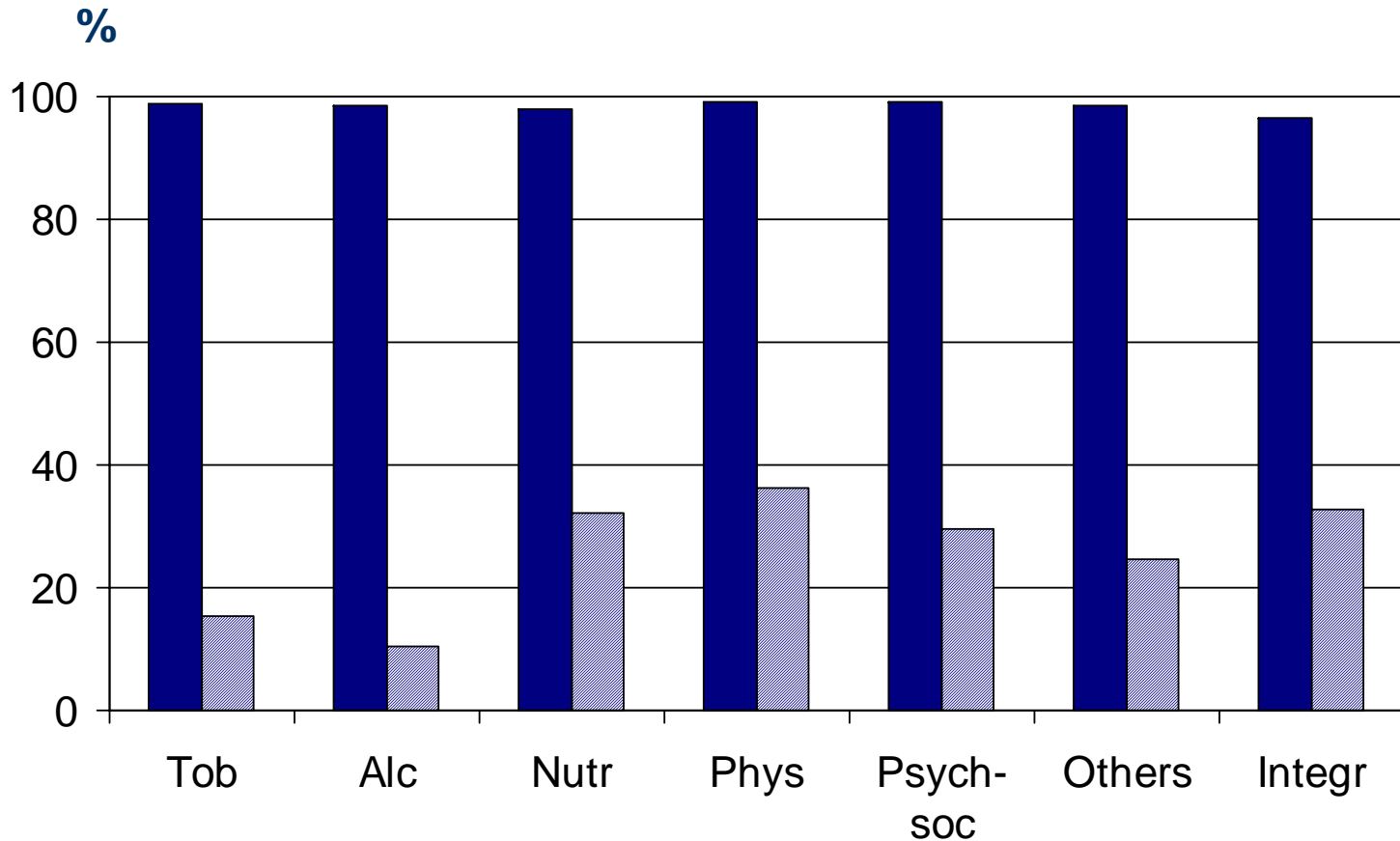
## Mot Counselling: Response 97-100%

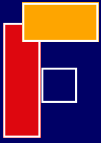




# a) Local consecutive records

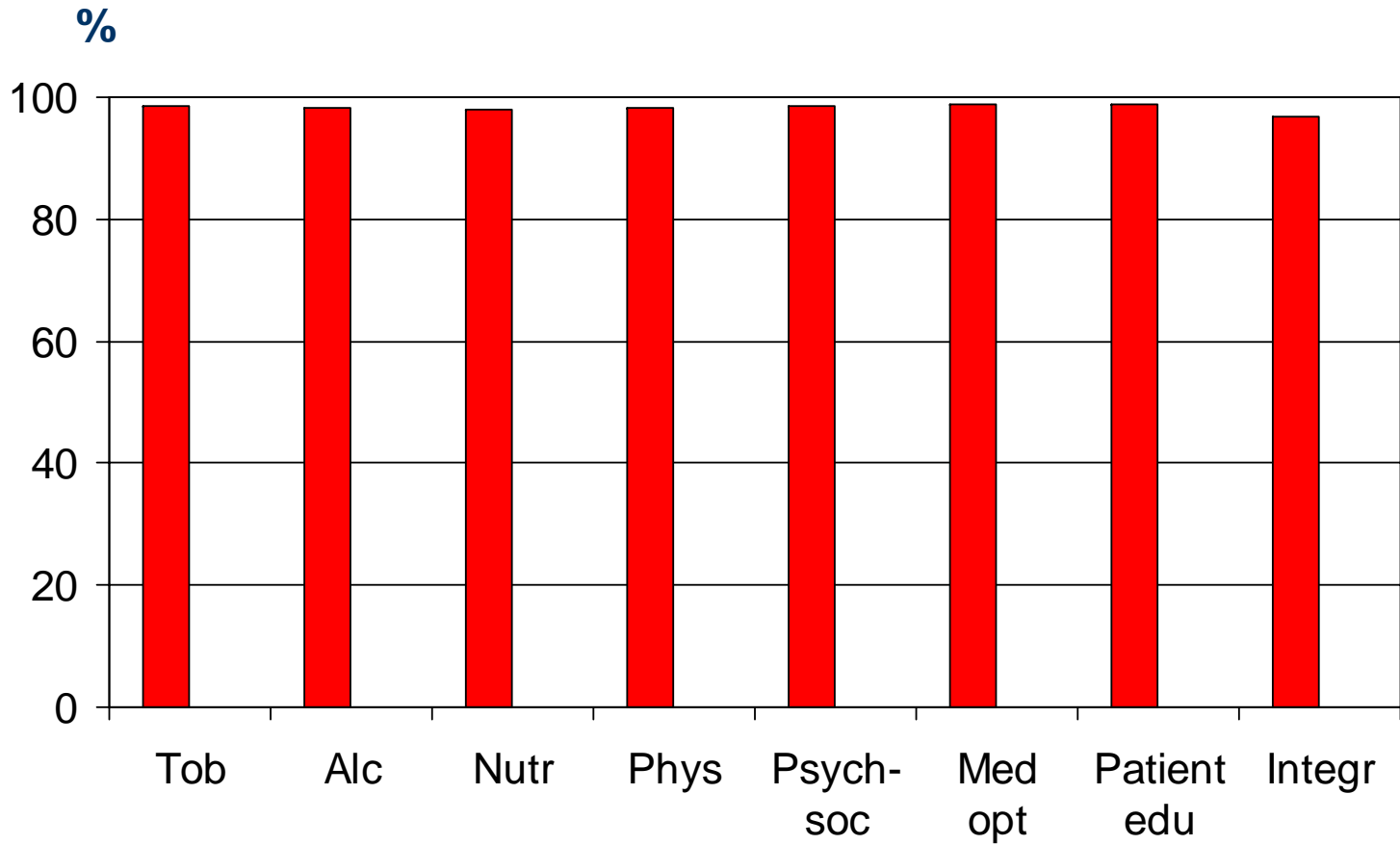
## Mot Counselling: Response 97-100%

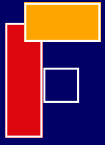




# a) Local consecutive records

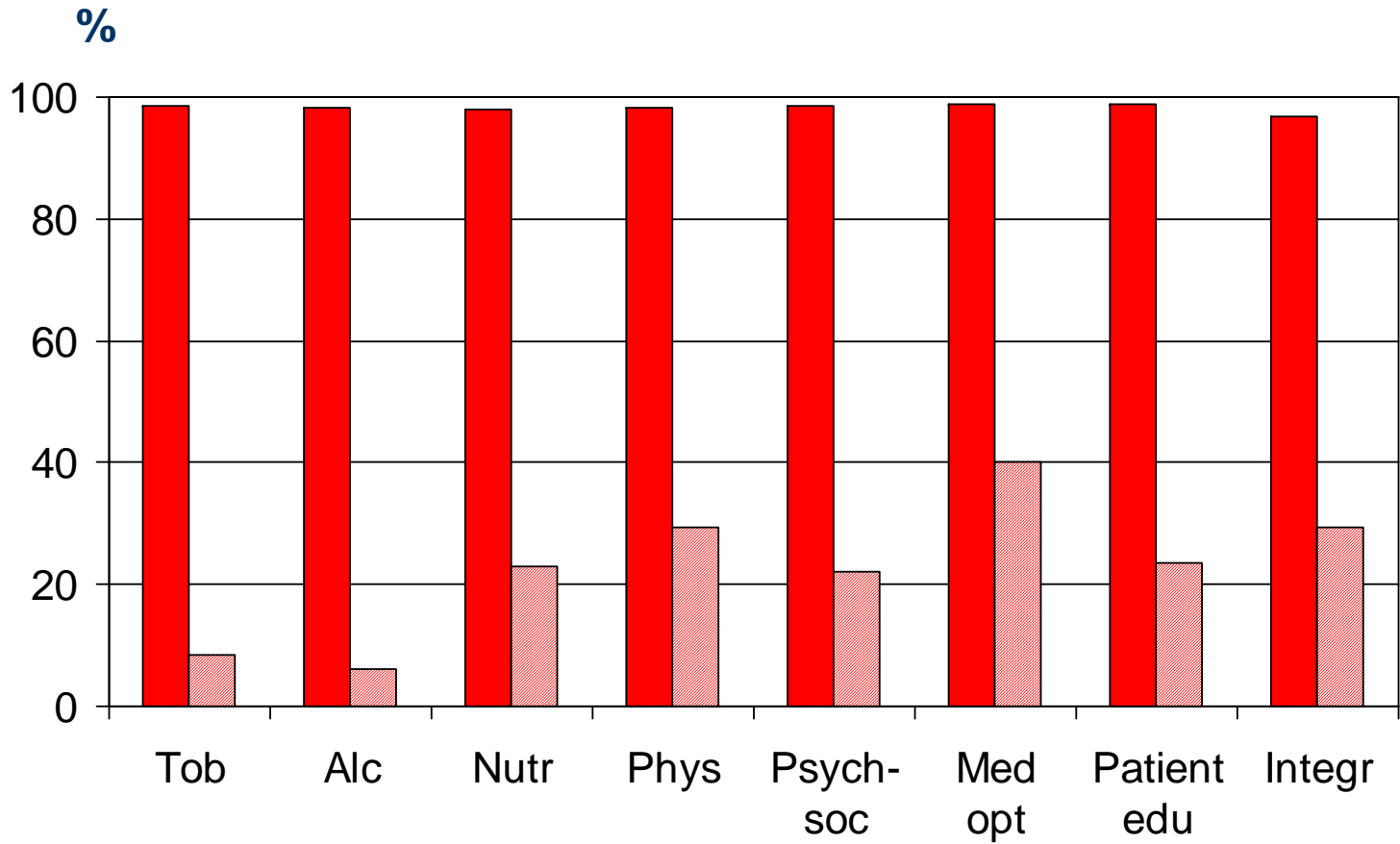
Interventions: Response 97-100%





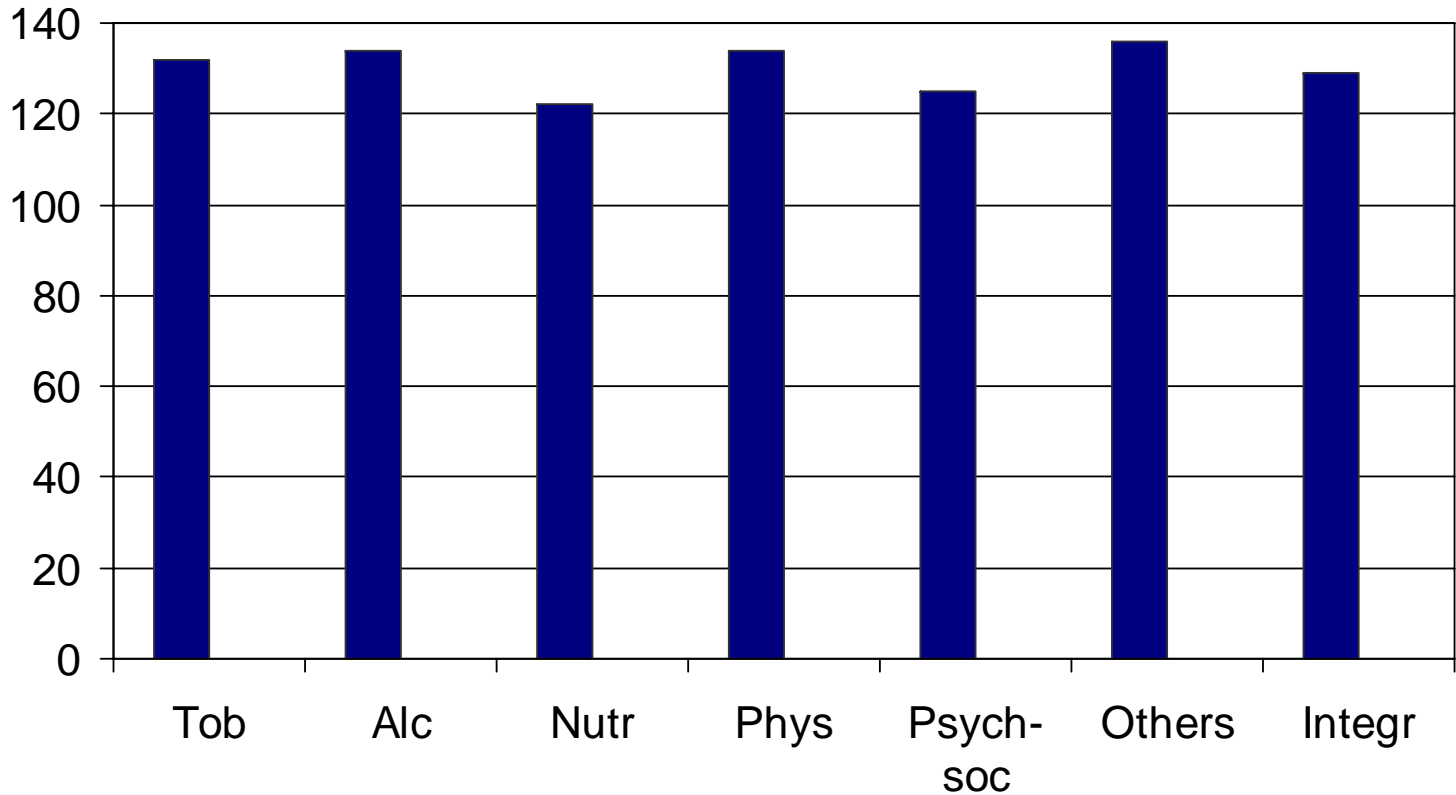
# a) Local consecutive records

## Interventions: Response 97-100%

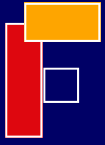


# b) 14 International records

Mot Counselling: Response 85%

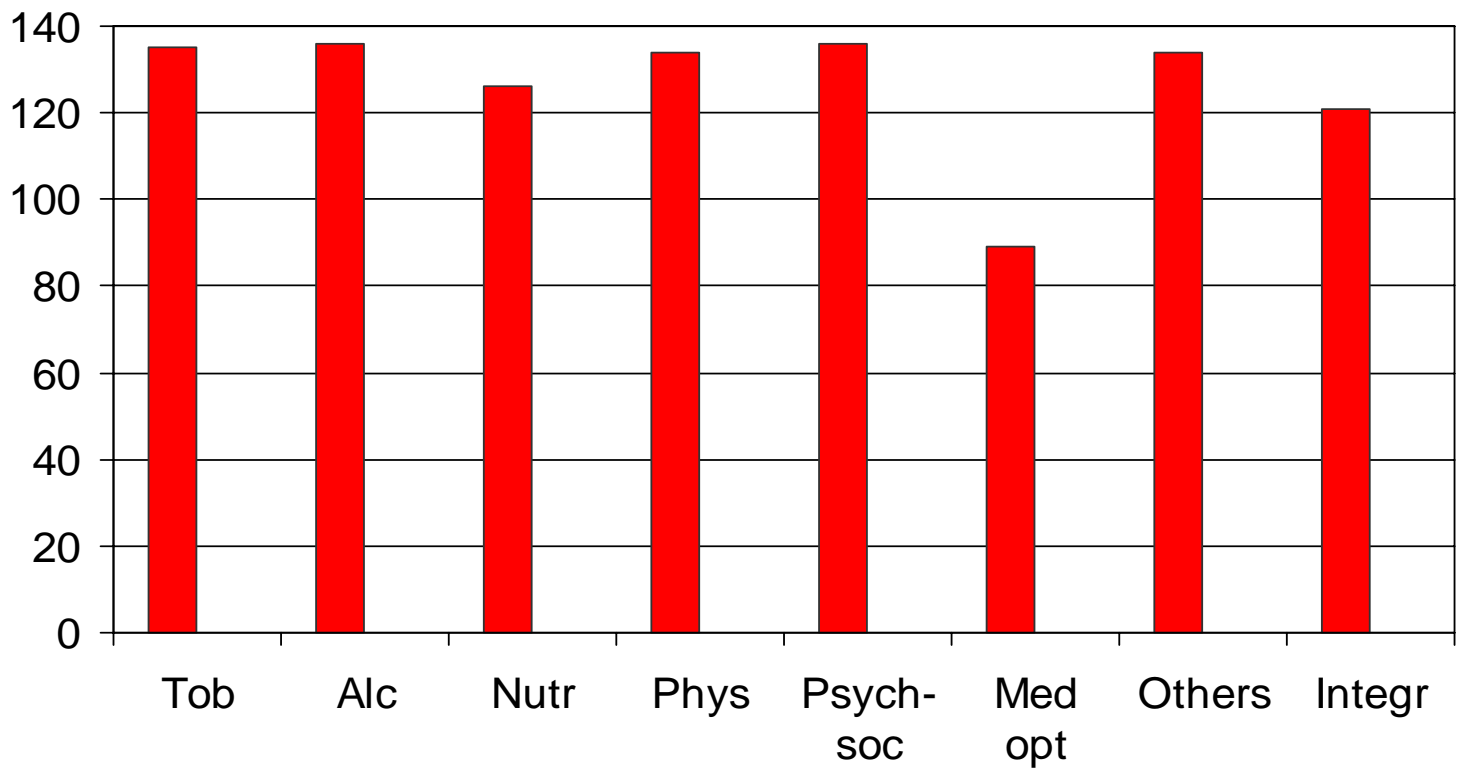


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# b) 14 International records

Intervention: Response 85%



# Inter-observer variation

(coding the same 14 international records)



## Motivational counselling

- Agreement 122-136 of 136 possible answers

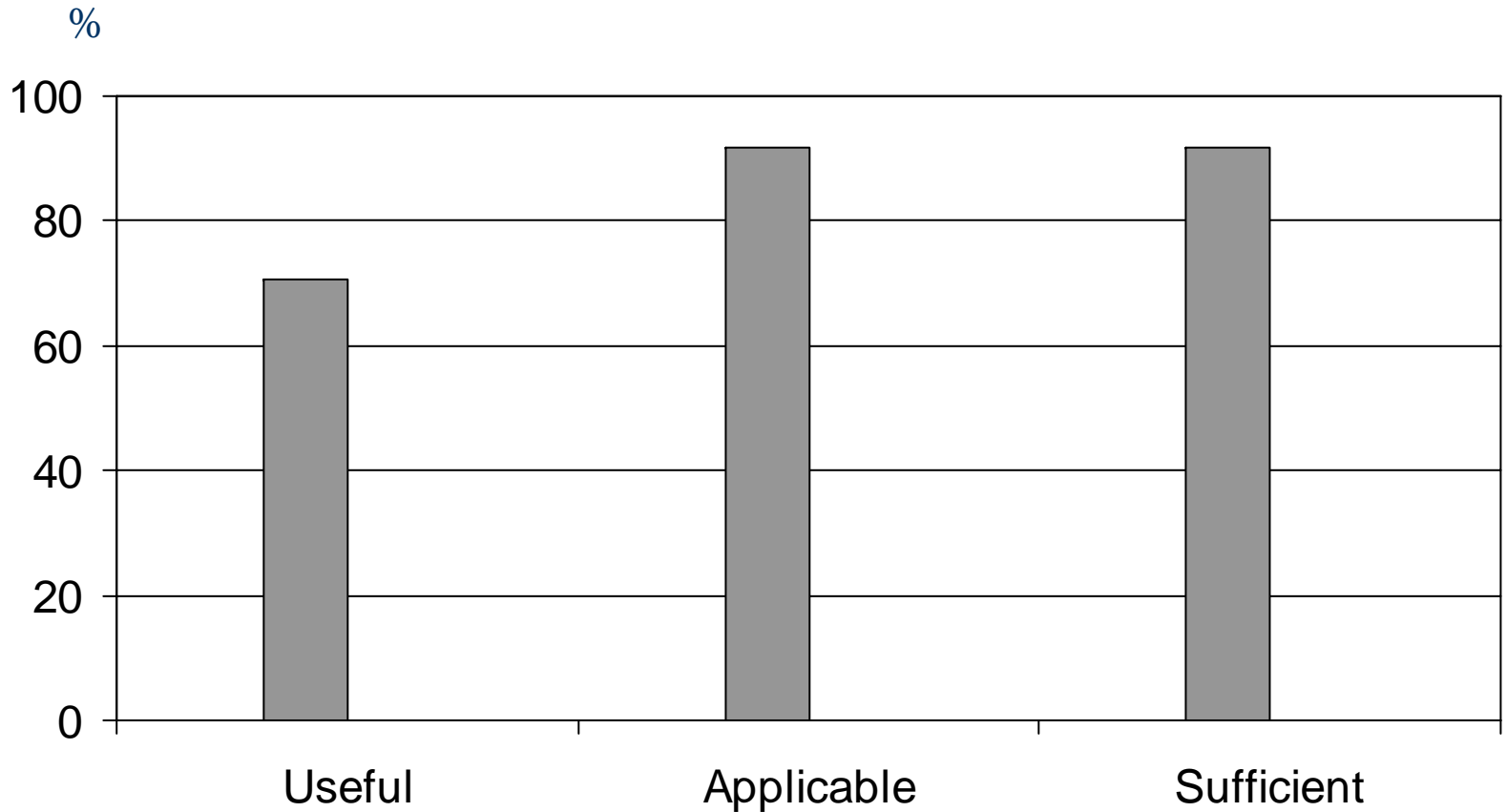
## **Intervention, after-treatment and rehabilitation**

- **Agreement 89-136 of 136 possible answers**

Agreement was defined as more than half of the answer were similar  $\geq 50\%$  answers are similar

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# c) Questionnaire Response 84%



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# Conclusion

- High response rate
- High agreement
- The codes are useful, applicable and sufficient

**Systematic registration of HP activities is relevant in clinical day life**

# Next steps



- Place prices on HP activities by ABC analyses
  - DK experiences:
    - Nearly all HP activities are performed in out-patients
    - Similar cost for all motivational counselling
    - Similar costs for integrated rehabilitation programs
- New international project
  - simple identification and documentation of 5 risk factors to support the clinical decision process
    - Inactivity, smoking, malnutrition, overweight, alcohol abuse

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Thank you very much  
for your attention

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