



Coding and reimbursement of health promotion services in hospitals

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Handling HP and DRGs

Danish Network of HPH

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- Nina Schmidt Petersen

Danish Institute of Health Services Research

- Anders Rud Svenning

Clinical Unit of Health Promotion

- Vibeke Thygesen and Hanne Tønnesen





Background

HP services are nearly invisible in:

- Budgets and Balances
- Registration of procedures and diagnoses
- Databases of outcome

Documentation is seldom possible

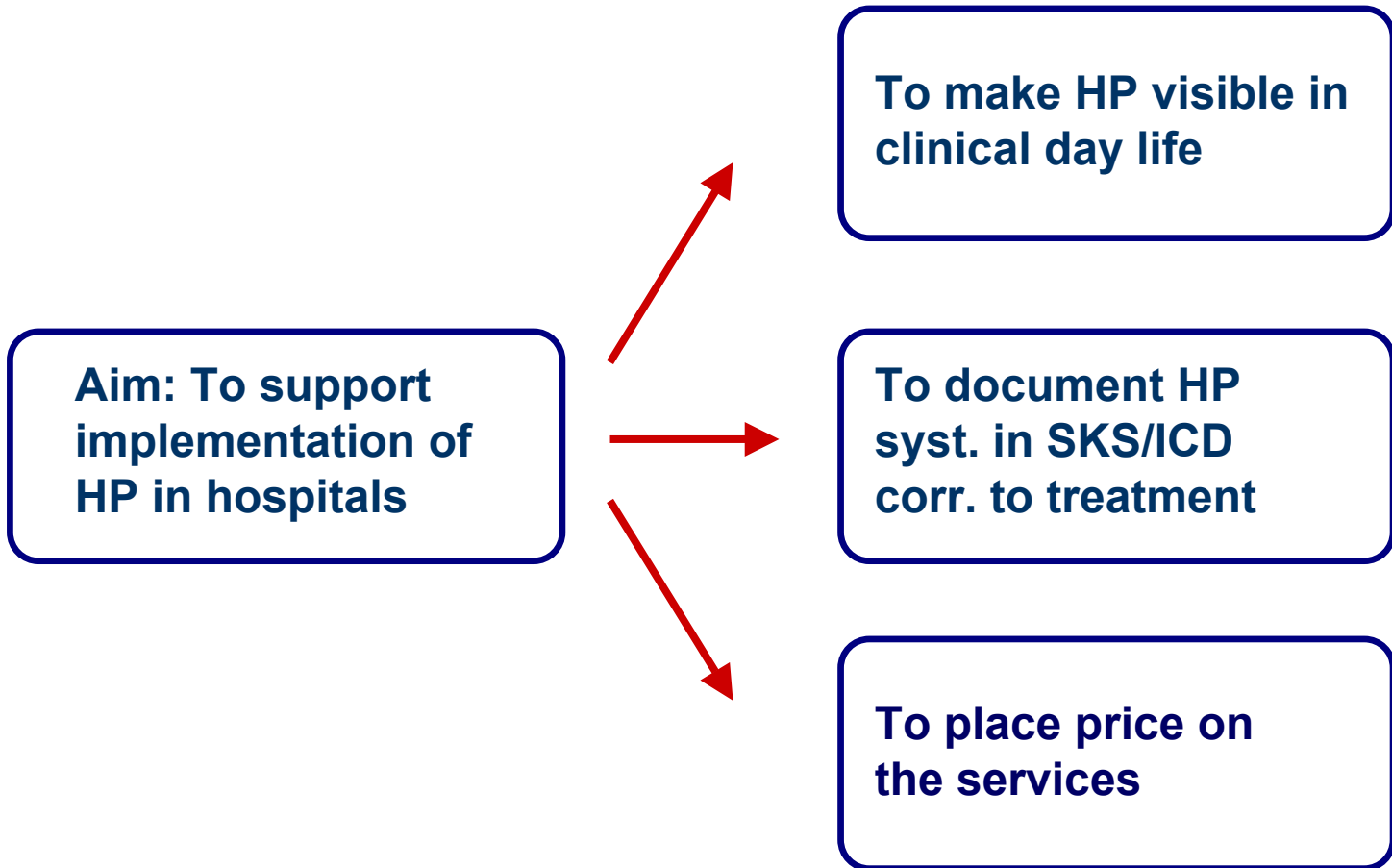
- Few / non-systematic codes in SKS/ICD & DRG

Priority of resources is difficult

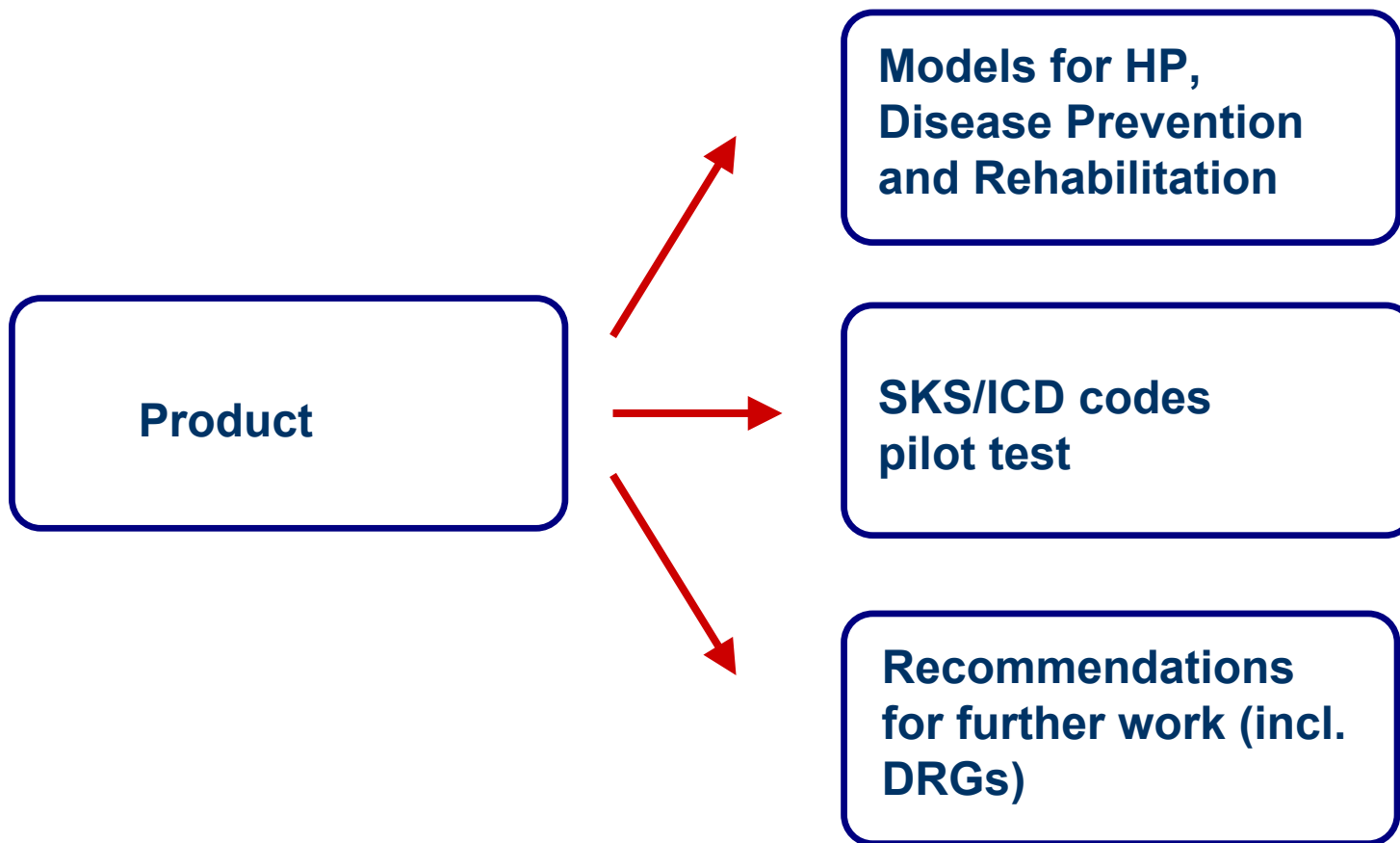




Purpose

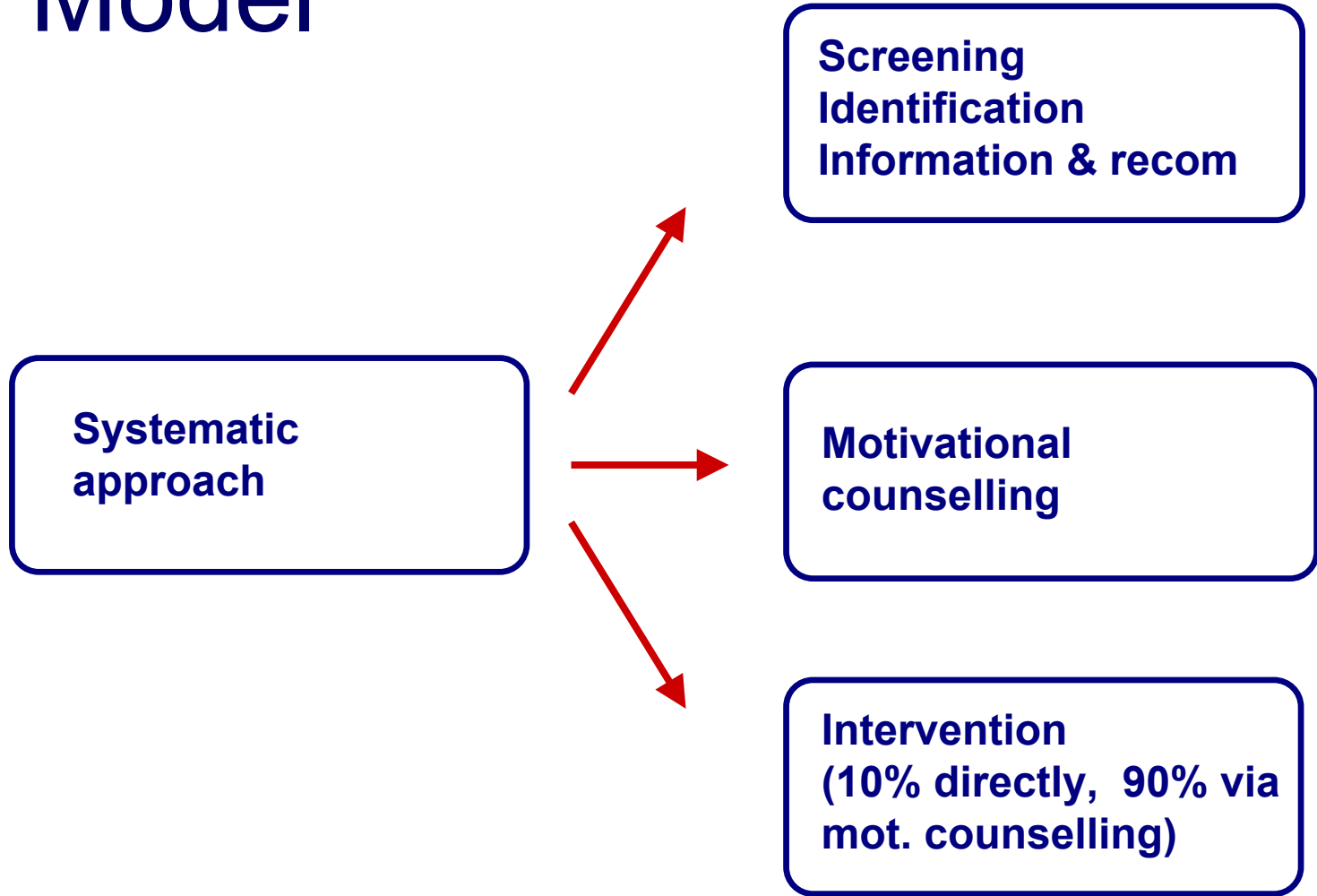


Expected outcome



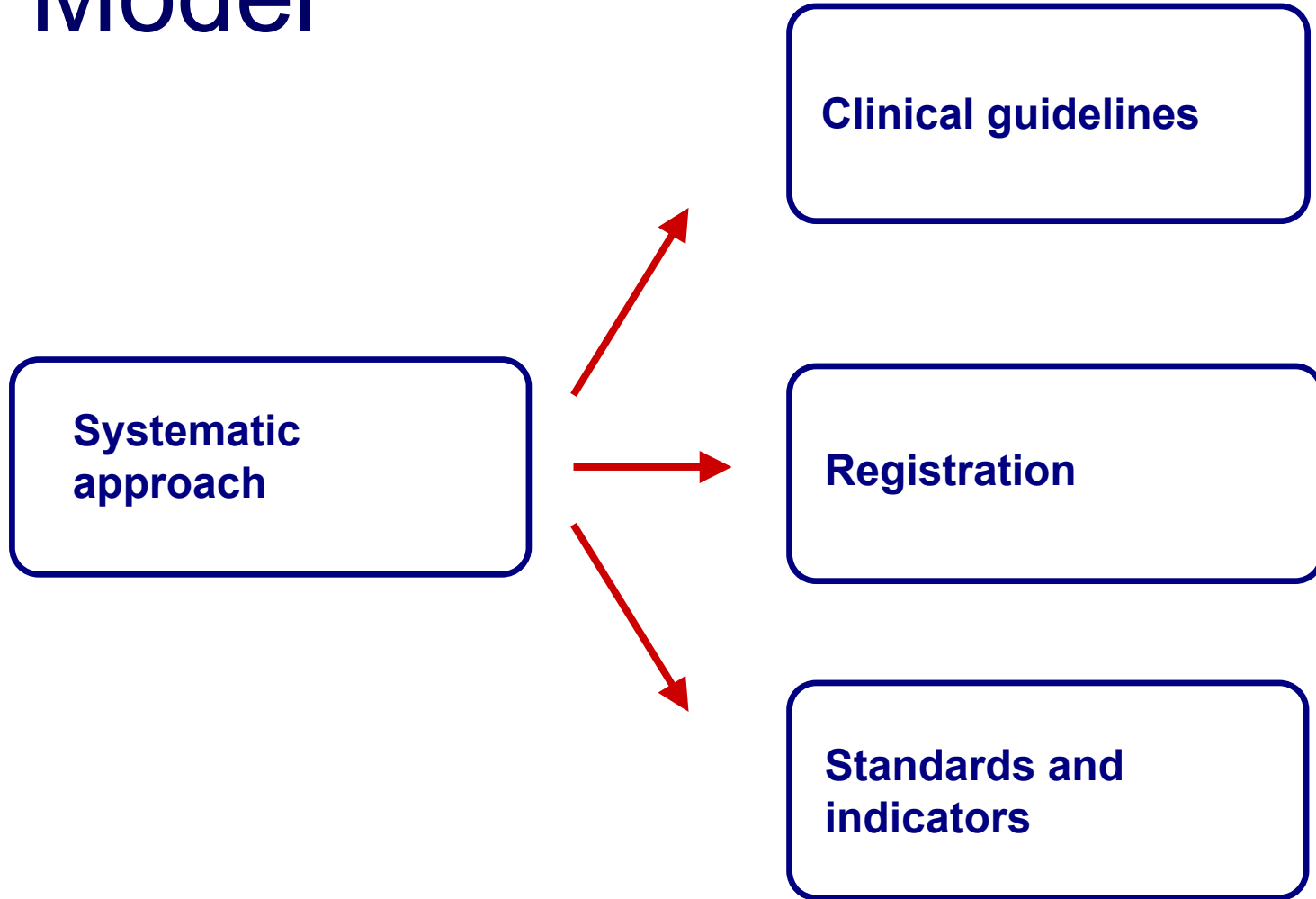


Model





Model





Model: Common elements

Motivation

- Diet and nutrition
- Tobacco
- Alcohol
- Physical activity
- Psychosocial support

Intervention

- Diet and nutrition
- Tobacco
- Alcohol
- Physical activity
- Psychosocial support
- Medical optimisation
- Patient education



Consensus

No clinical tradition for coding HP

Current code system is insufficient regarding HP

Systematic approach to HP required

- Separated registration in SKS/ICD and in DRG
- Registration independent of in- or out-patient status

Codes for procedures instead of diagnoses

Visible and simple codes (> 45.000 other codes)

Necessary to distinguish between

- Motivational counselling and concrete intervention





Model: Chapter F in SKS/ICD

Motivational counselling

Tobacco	FM 01
Alcohol	FM 02
Diet and nutrition	FM 03
Physical activity	FM 04
Psychosocial support	FM 05
Other	FM 06

Integrated counselling	FM 09
(more elements at the same time)	



Model: Chapter F in SKS/ICD

Intervention / Rehabilitation

Tobacco FI 01

Alcohol FI 02

Diet and nutrition FI 03

Physical activity FI 04

Psychosocial FI 05

Medical optimisation FI 06

Patient education FI 07

Others FI 08

Integrated rehab. FR 09





Strengths

- Facilitating implementation of HP
- Connecting to all other SKS/ICD codes and DRG-system
- Monitoring HP services in hospital
 - Alone or together with selected diagnoses
- Indicators for HP services, thus linking to the WHO standards for HP in hospitals
- Pilot test at six hospitals showed that the codes could be used (117/120 cases)
- Simple model respecting the systematic approach





Limitations

- Time-consuming registration
- Introduction of new traditions
- Difficulties in pricing all HP services
- "Over-coding"
- Controlling delivery of services instead of quality of care achieved





Next national step

- ✓ National pilot test
- Adjustment (incl. minimum criteria)
- Report
- Placing DRG code and price
- Cont. evaluation in the common DRG-program



International step

International working group should consider development of an international strategy

1st workshop April 2004: no technical problems

- Classification in national coding systems or ICD
- Measurement of the costs
- Implementation in the national payment systems

Possible elements

Finalise the DK-project and decide a focus (chr. dis.)

Contact to Network coordinators / hospitals

- Describe existing coding systems in Network
- Decide how to pilot/implement in different systems
- Change information and find a common solution or find national solutions to tell the same story
- Ask for the necessary codes in the diagnosis/procedure coding system

Discuss the possibilities to make international initiatives

- Make policy recommendations based upon registrations

Implementation and follow-up