

Low variable cost
implication for urological practise

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Low variable cost – general principles

- Global prospective reimbursement (GPR) :
 - Phase 1 : Medical prestations :
 - 10.12 % medical prestation budget
 - Phase 2 to 5
 - Global hospital budget (BFM), drugs, implants, carens period, ...
 - **Final goal: Prospective bundled payment**
 - Lump sum for diagnosis and therapy of a specific medical condition in a specific care period
 - 57 patient groups
 - Low variability in cost
 - Patient level
 - 34 ORG
 - SOI 1 and 2
 - Hospital admission
 - In-patient admission - classic and day care
 - Ambulatory care (excluded)
 - Only in hospital period (no carens period before or after)
 - 8.32 % of hospitalisation volume

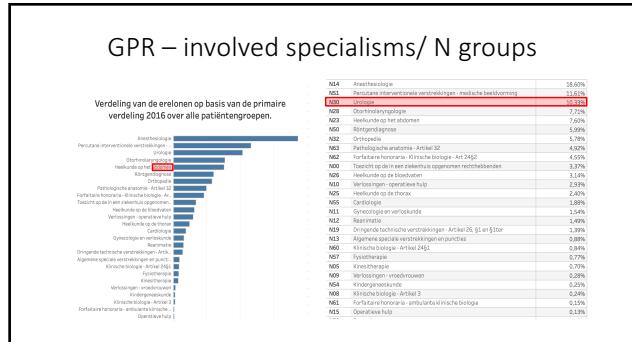
GPR groups Urology

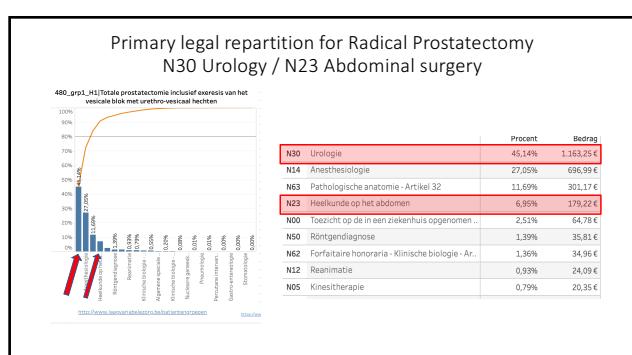
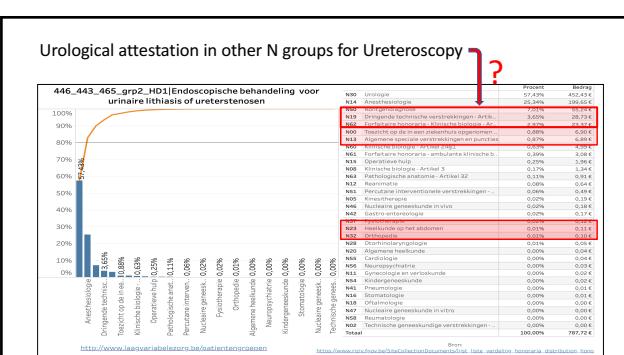
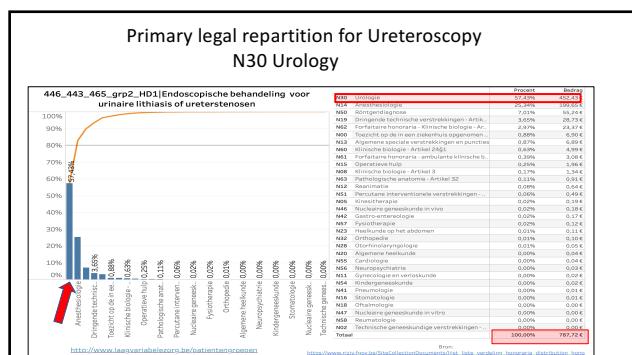
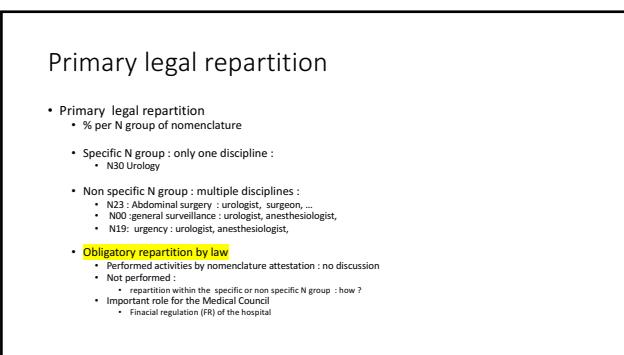
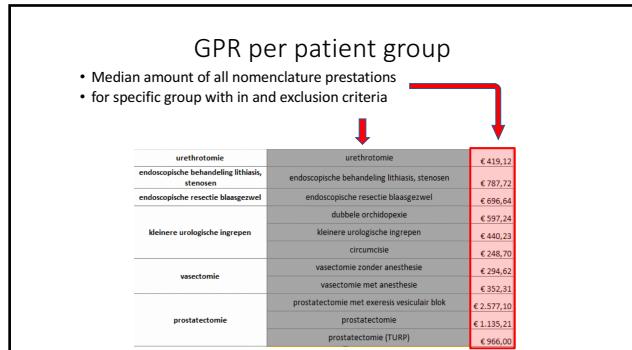
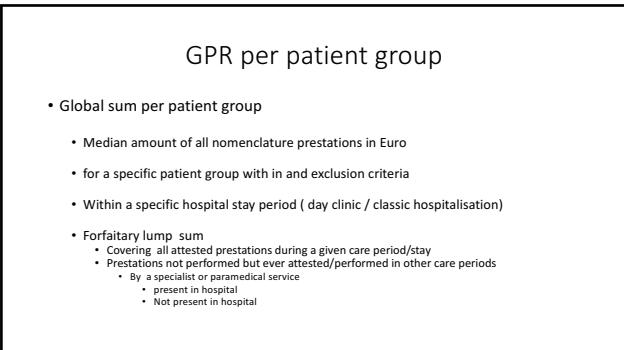
urethrotomie	urethrotomie	446_468	grp1	HDI
endoscopische behandeling lithiasis, stenosen	endoscopische behandeling lithiasis, stenosen	446_443_465	grp2	HDI
endoscopische resectie blaasgewel	endoscopische resectie blaasgewel	446	grp3	HDI
Minder urologische ingrepen	dubbele ureterotomie kleinere urologische ingrepen	483	grp3	HDI
	circumcisie	501_481_484	grp1	HDI
vectenotomie	vesicostomie onder anesthesie vesicostomie met enkele vesiculaer blok	501_480	grp2	HDI
	prostatectomie	480	grp1	HDI
prostatectomie	prostatectomie prostatectomie (TURP)	482	grp1	H12

Low variable cost - inclusion and exclusion criteria

- Inclusion criteria
 - Obligatory presence of :
 - Specific nomenclature
 - Specific ICD 10 / DRG
 - Obligatory absence of
 - Specific nomenclature
 - Specific ICD 10 / DRG
 - Exclusion criteria
 - By law :
 - F.e : certain forfaits, consults, ...
 - SOI categories : fe S2 for specific groups, S3-4 for all groups
 - Ambulatory care , Emergency care admission period

Prioriteit omzet		APR-DRG	SO1	(dag) hospitalisatie	Groep	Omschrijving	Noodzakelijke nomenclatuur	Exclusieve nomenclatuur
1		480	1	H	grp1	totale prostatectomie inclusief exeresis van het vesicale blok met ureter-vesical hechten	261790-261800 260632-260645	
2	446, 443, 445	1	H-D		grp2	endoscopische behandeling voor urinaire lithiasis of ureterstenosen	262373-262382	260956-260960 261391-261402
5	482	1-2	H	grp1	endoscopische resectie van de prostaat		261553-261564	
4	501	1	H-D	grp3	vasectomie met anesthesie	260794-260800	200934-200945 260805-260815	
5	501, 481, 484	1	H-D	grp1	enkeleklidige orchidopexie	260913-260945	200794-200805 260805-260815	
6	483	1	H-D	grp2	resectie of omkering van de tunica vaginalisablasi van epididymistestis hekeling ingreep voor een zaadligantyste	260973-260988 260735-260746 261214-261225	260921-260930 241857-241863 241854-241905	
7	446	1	H	grp3	endoscopische resectie voor een blaastumor		261391-261402	260956-260960 262371-262382
8	446, 468	1	H-D	grp1	interne of externe urethrotomie		260956-260960	262371-262382 261391-261402
9	501	1	H-D	grp2	vasectomie zonder anesthesie		260794-260805	201110-201121
10	483	1	H-D	grp1	dubbele orchidopexie		260912-260923	260975-260980 260975-260980 260735-260746 261214-261225 260912-260923 260975-260980 261214-261225 241857-241863 241854-241905
11	480	1	H	grp2	prostatectomie (via retroperitoneale weg)		260632-260645	261796-261800





Supplements within low variable cost

- Financial regulations (FR) of the hospital
 - % as determined by existing FR fe 150 %
- Only the real performed and attested prestations
- Calculable basis
 - 2019 : 115 % / 2020 : 100 %
- Exceedance
 - Reduction to the calculable basis
 - Fe GGD amount 4000 Euro / Total attested real prestations : 1500 Euro
 - Reduction for all categories to 1150 Euro by rule of three ?
 - Supplement reduced by overuse of other prestations
 - Method : decision of the medical Council
 - rule of three ?
 - Other mechanism

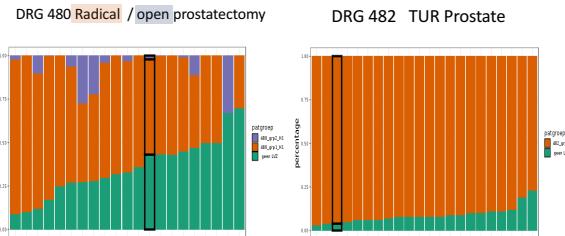
Rest Volume within low variable cost

- Prestations
 - not performed by any medical doctor in house
 - Not attributable to any medical or paramedical actor in house
 - Actor of specific or non specific N group : not in house
 - Varia
- Decision of the Medical Council
 - Solidarity fund
 - Repartition between actors
 - ...

Impact on urological practise

- Variables
 - Hospital level
 - Patient Uro Pathology Case mix
 - SOI Case mix
 - Hospital Financial regulation
 - Medical council regulation
 - Subsidy
 - Non-urological Practice
 - Adherence to guidelines
 - Under or overuse
 - Urological Service level
 - Full association ?
 - Residency training
 - Urological Practice
 - Adherence to guidelines
 - Under or overuse
 - ...

Urological case mix per hospital



605 beds
n operations : 25.000

Service of urology
6 staff members
3 residents
n operations : 3.500

MARIA MIDDELARES
GezondheidsZorg met een Ziel

Facturatie 2019



GPS Urology – whole group

Financial impact Urologist

Financial impact Urologist
Low variable care prestations

- Difference real nomenclature attestation (non LVC) and LVC reimbursement
 - 6700 Euro loss
 - LAD / Urgent prestations / Operative assistance
 - If Medical Council agrees repartition on prestations not performed but in GPS group
 - Recuperation rest prestations in all GPS groups
 - + 1500 Euro gain
 - Supplements
 - Limited and ad hoc
 - Cave overuse/overconsumption by other disciplines !!!
 - Summary
 - Loss compared to non LVC activity : 5200 Euro - 2,5 %
 - % LVC surgery hospital stays : 11 %
 - % bruto LVC uro vs total hospital uro bruto turn over : without supplements : 18 %
 - Net loss on total hospital bruto turn over : <0,03 %

Low variable care Challenges for the future

- Downward evolution the GPS amounts

	per giaoai prospectus pedrag		
	Sleutel	2019	2020
	Totalen	8.514,89	8.407,62
endoscopische behandeling littrus, stenosen	446 443 405	446,443,465gp2H01	787,72
uretrectomie	446-410	446,468gp1H01	419,12
endoscopische resectie blaasgewel	446	448gp2H01	696,64
prostatectomie met enevius verschillende	480	480gp2H01	2.577,19
prostatectomie			1.135,21
prostatectomie TURP			482gp1H01
dubbele orchidopepose	483	483gp1H01	597,24
Meerse urologische ingrepen	484	484gp2H01	448,23
circuncisie	501 481 484	501,481,484gp1H01	248,79
waarmoeite zonder aanzwelling	501	501gp2H01	294,62
waarmoeite met aanzwelling	501	501gp3H01	352,31

Low variable care
Challenges for the future

- Downward evolution the GPS amounts
 - 'The king can'
 - Adapt and broaden the system
 - Extension by other groups
 - Introduce the 'carens' period pre and post
 - ...
 - Future steps toward total prospective 'bundled payment'
 - Solutions
 - Critical Reflection within the GPS groups
 - Value Based Health care