DRG Implementation in Cyprus - Transfer of Know-how for Coding, Grouping and Remuneration

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Background

The introduction of a DRG system is a challenge for hospitals in Cyprus, the more so because the structures of the hospitals are very diverse. In the public hospitals, there is little cost consciousness so far. The treatment of patients is mostly paid out of tax money as is the investment and operating cost of hospitals.

Independent of the CY-DRG implementation, in public hospitals coders were trained two years ago and are thus meanwhile experienced in the coding of diagnoses. Usually, cases were coded with a principle diagnosis and sometimes with secondary diagnoses. Procedures have not been coded so far.

In the private hospitals, a collection of diagnoses and procedures has not been performed until now as the patients receive a detailed bill with items of used material and services on discharge.

The Republic of Cyprus has about 800,000 inhabitants. It is estimated that about 130,000-150.000 people per year are hospitalized and must be coded and billed accordingly. The National Health Insurance System Law stipulates that the Health Insurance Organisation (HIO) will enter into contracts for the provision of inpatient healthcare services with both government and private hospital and clinics.

Course of action

Because of the limited time and financial framework an approach was chosen, that made it possible to train nurses, accountants and doctors in all of the 90 hospitals in two stages. In Cyprus some (private) hospitals are no larger than 10 hospital beds. Therefore it was discussed that the Association of Private Hospitals could employ coders for their members. Thus it is considered that in the first step, the training of 30 coders is sufficient. We trained two groups. Both groups – the ones with experience in coding and the ones with no experience in coding - should learn in a relatively short time to code, group and bill patients entirely by DRG criteria as part of the DRG Implementation Project in Cyprus.

Furthermore we chose five pilot hospitals which were actively supported on-site by the CY-DRG Implementation Team during the start-up period.

Modular training approach

The nurses, accountants and doctors were trained in three modules of one week each. Between the modules of theoretical training the participants had the opportunity to do the practical training in their hospitals. Contents of the training were the basic principles of the DRG system, hospital remuneration, the use of the classification systems ICD-ID-CY and CMP-CY (diagnosis and procedure coding in the specific Cypriot version), billing guidelines, the use of the DRG definition manuals, communication skills and how to work in a team to be able to shape and/or influence the processes in their hospitals.

The participants from the private and public hospitals were both highly motivated, even though some participants from the private hospitals had reservations regarding the DRG system at the beginning.

Finally, after three weeks of training all 30 participants passed their exams and are now "Certified Coders". Four months after completion of the trainings there will be a retraining for the two groups. The hospitals and the coders were supervised(?) by us during the initial phase. In addition, online and phone hotline support for the clarification of coding questions was established.

Conclusion

The transfer of know-how consisted of consulting, supervision and training. In the structured training program it was possible to transfer know-how for coding, grouping and remuneration to employees with no experience in DRG coding and billing in a very short time thus enabling them to meet the ambitious time table of CY-DRG implementation.

Continuous monitoring of coding will identify retraining requirements. Lessons learned in this project could be beneficial to projects in other countries which intend to implement a DRG system.