

Advisory Board

The Advisory Board will provide an external review of the quality of the project's processes and deliverables.

Advisory Board members

Dr. Josep Figueras
WHO Regional Office for Europe
Brussels, Belgium

Dr. Bernhard Gibis
Federal Association of SHI Physicians (KBV)
Berlin, Germany

Dr. Manfred Huber
European Centre for Social Welfare Policy
Vienna, Austria

Professor Pere Ibern
Department of Economics
Universitat Pompeu Fabra
Barcelona, Spain

Céu Mateus
Universidade Nova de Lisboa
Lisbon, Portugal

Professor Miriam Wiley
Economic and Social Research Institute
Dublin, Ireland

For further information, please contact the
Coordinating Office

Coordinating Office

Project coordinator

Prof. Dr. med. Reinhard Busse, MPH
Dept. of Health Care Management
Berlin University of Technology

Coordinating team

Dipl.-Ing. Alexander Geissler
Dept. of Health Care Management
Berlin University of Technology

David Scheller-Kreinsen, MPP
Dept. of Health Care Management
Berlin University of Technology

Alexandra Starke (administrative manager)
Dept. of Health Care Management
Berlin University of Technology

Contact

Dept. of Health Care Management
Secr. H80
Berlin University of Technology
Str. des 17. Juni 135
10623 Berlin, Germany
E-mail: alexandra.starke@tu-berlin.de
Phone: +49 30 314 21019
Fax: +49 30 314 28433

Website: www.eurodrg.eu



EuroDRG

Diagnosis-related Groups
in Europe: Towards
Efficiency and Quality

A project funded under the
7th EU Framework Programme



Background

Reimbursement mechanisms are key to the performance of any health system, and the demands placed on them are correspondingly high. They must allocate resources fairly among different providers of care and motivate actors within the system to behave efficiently—all while being easy to implement and minimizing administrative costs.

Prospective payment systems based on diagnosis-related groups (DRGs) are designed to overcome some of the drawbacks of more traditional methods of hospital reimbursement. They seek to remunerate providers fairly for their work while encouraging efficient delivery and discouraging the provision of unnecessary services. As such, they have become the reimbursement mechanism of choice for inpatient care in most European countries.

Nevertheless, experience with various European models over the years has shown that DRG systems present their own unique challenges. Which methods best capture the true costs of treatment? What level of reimbursement is necessary to guarantee high-quality care while keeping costs in line? And which incentives can be built into the system to promote efficient care? These and similar questions have been the subject of ongoing debate among physicians, researchers, health insurers, and the general public. Indeed, DRG-based payment systems throughout Europe still pose considerable technical and policy challenges, and many unresolved issues in their implementation remain.

The great heterogeneity of European DRG systems, which was clearly demonstrated by the HealthBASKET project within the 6th EU Research Framework Programme, compounds these challenges – but also offers unique opportunities for comparisons across countries

and over time. A key conclusion of the HealthBASKET project was that structural variables, such as regulation, market structure, and teaching status, may play an even more important role than treatment patterns in causing cost variations within individual episodes of care. Many European DRG systems may thus be heading in the wrong direction by focusing almost exclusively on refining DRG classifications.

The project

The Europeanization of health services represents one of the biggest challenges facing national health systems in the years to come. Increased patient mobility will place growing pressure on the different, and often incompatible, DRG systems used by the various EU Member States. Any modifications to national DRG systems should thus be made with an eye towards the EU as a whole. Indeed, calls for a Europe-wide system of DRGs are now more salient than ever.

Designed to address precisely these challenges, the EuroDRG project analyses health systems in ten different countries: Austria, Estonia, Finland, France, Germany, the Netherlands, Poland, Spain, Sweden, and the United Kingdom. The first phase of the project focuses on the determinants of hospital costs and DRG-based payments in the inpatient sector. Special emphasis is placed on (1) identifying ways to calculate these payments in an adequate fashion, (2) examining hospital efficiency within and across European countries, and (3) identifying factors that affect the relationship between the costs and quality of inpatient care. The second phase of the project seeks to develop and implement the first Europe-wide hospital benchmarking system as a means of identifying common issues and systemic factors that will be crucial when designing successful policies for the slowly emerging pan-European hospital market.

Project duration

January 2009—December 2011

Consortium members



Department of Health Care Management, Berlin University of Technology, Germany



Centre for Health Economics, University of York, UK



Centre for Patient Classification, National Board of Health and Welfare, Sweden



Ecole des Hautes Etudes en Santé Publique, France



Institute for Health Policy & Management, Erasmus Universitair Medisch Centrum Rotterdam, The Netherlands



Institut Municipal d'Assistència Sanitària, Spain



Institut de recherche et documentation en économie de la santé, France



Department for Medical Statistics, Informatics and Health Economics, Innsbruck Medical University, Austria



National Health Fund, Poland



PRAXIS Center for Policy Studies, Estonia



NATIONAL INSTITUTE FOR HEALTH AND WELFARE

National Institute for Health and Welfare, Finland



European Health Management Association, Ireland