

Technische Universität Berlin



Use of Evidence in the German Hospital Sector

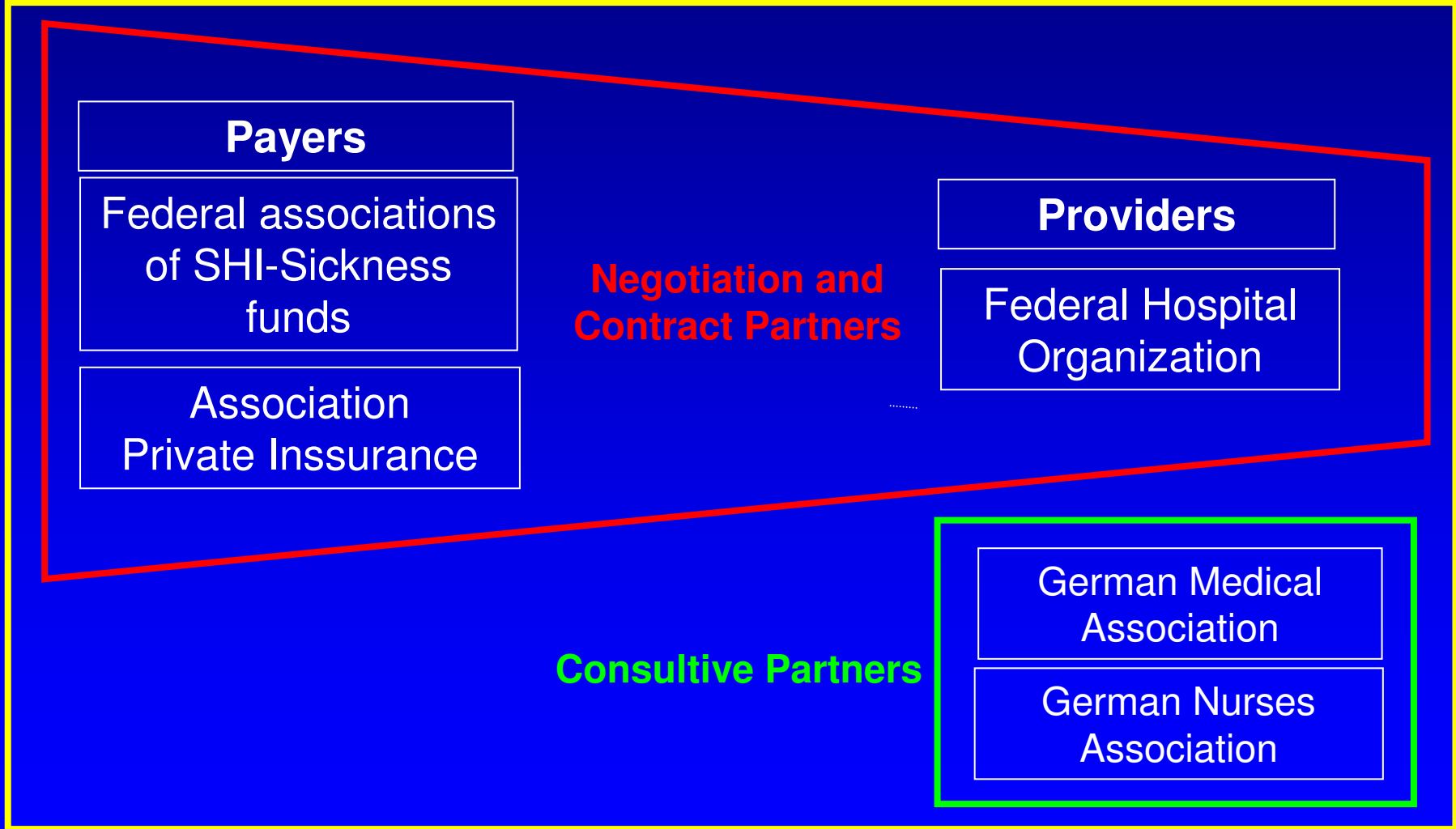
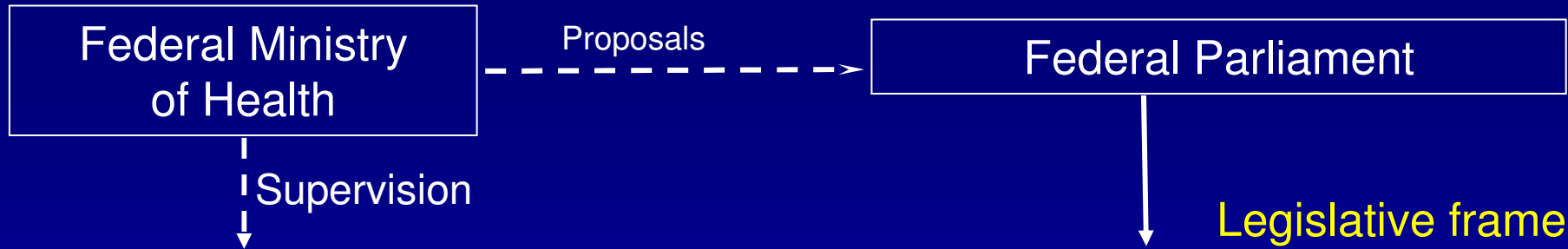
Agreement on minimal procedure volumes

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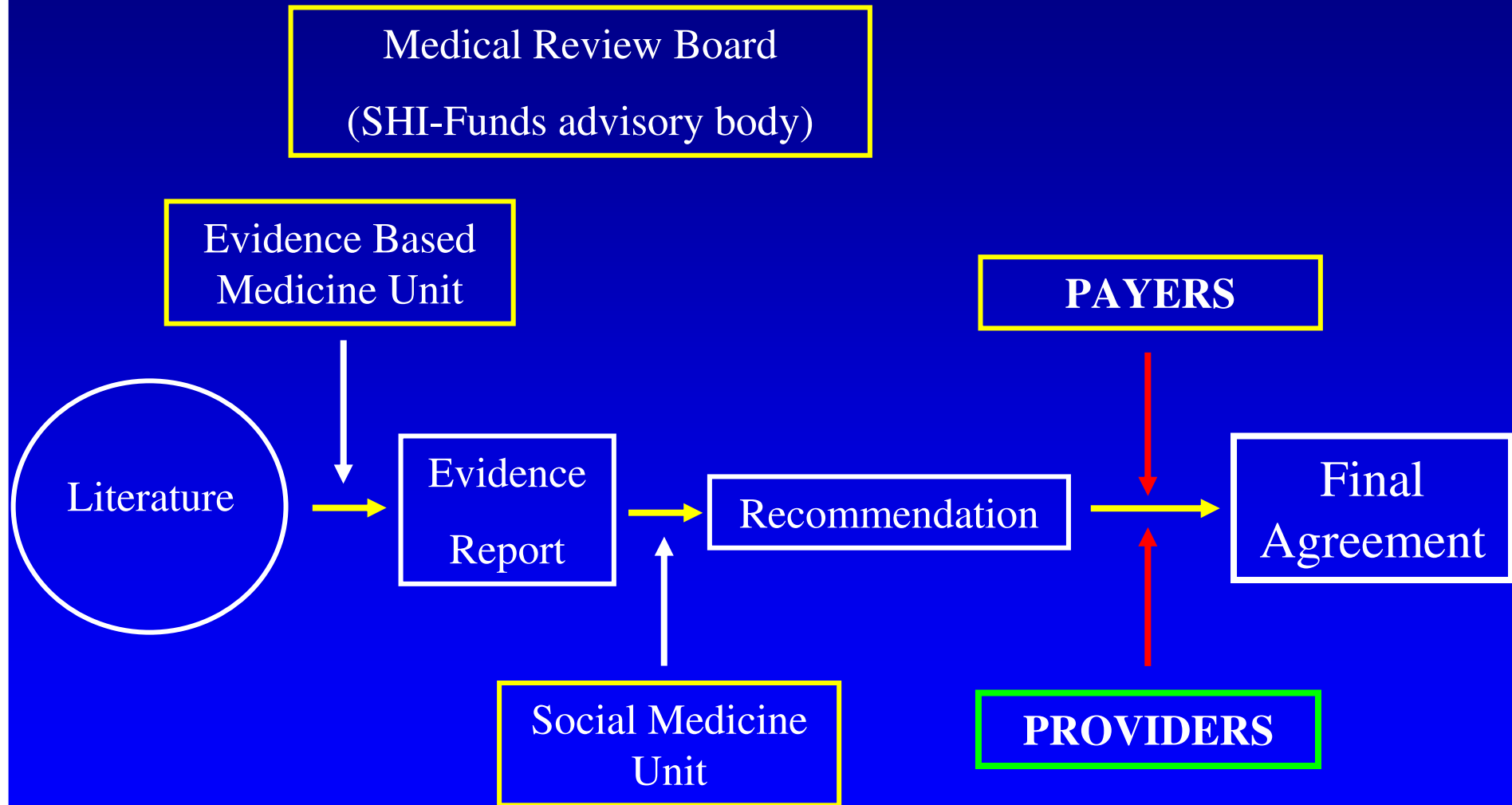
“Case Fees“ Act 2002

- Introduced Diagnosis Related Groups-based reimbursement scheme for the hospital sector
- Committed self-governing bodies to agree on
 - „a catalogue of services whose outcomes depend to an special extent on the procedure volume“
 - „minimal threshold volumes for each service“



Actors in the Negotiations concerning "Minimal Thresholds" 2003

Process



Role of Evidence

Medical Review Board of SHI-Funds

- Advisory body of sickness funds
- Systematic Review of the Literature

Tiesberg et al. (2001)	HTA-Report SMM (Norway)	Several indications/procedures	1997-2000
Halm et al. (2000)	Systematic Review	Several indications/procedures	1966-1999
Shackley et al. (2000)	Systematic Review	Vascular Surgery	1986-1998
Sowden et al. (1997)	Systematic Review	Several indications/procedures	1980-1996

Medical Review Board of SHI-Funds

Evidence Report

Relationship between
volume and outcome

Clear	Pancreas and Oesophageal Cancer Surgery Liver, Kidney, Heart and Bone marrow Transplantation Acute Myocardial Infarction, PTCA, CABG, Aortic Aneurysm, Carotid Endarterectomy
Probable	Liver Cancer Surgery, Knee Surgery, Obstetrics
Inconsistent	Hip Surgery, Trauma Care, Colon Cancer, Lung Cancer, Breast Cancer

But: Minimal volumes not inferable from evidence!

From Evidence to Agreement

Evidence Report

Procedure	Relationship	Vol	Recommendation	Final Agreement	
Pancreas surgery	Clear		10	5	
Oesophagus surg.	Clear	N O T I N F E R A B L E	10	5	
Liver Transplant.	Clear		25	10	
Kidney Transplant.	Clear		40	20	
Heart Transplant.	Clear		9	X	
Bone Marrow Tra.	Clear		20	14	
AMI	Clear		X	X	
PTCA	Clear		150	X	
CABG	Clear		100	X	
Aortic Aneurysm	Clear		X	X	
CEA	Clear		20	X	
Breast Cancer	Inconsistent			150	150 (elsewhere)

Discrepancies

- Non evidence based inference of volumes
 - Forced by the Act, no margin for action
 - Unclear final decision
- Number of conditions considered
 - New evidence ?
 - Impact on the number of providers ?
 - Impact on the economic situation of hospitals

Conclusions

- “Evidence Awareness” in regulation and planning of German health care can be considered as increasing.
- In the context of negotiations it is necessary to make transparent the deliberations made in the process of translation of the evidence into recommendations.