IFHIMA, DVMD, Clinical Documentation and Coding in Germany

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Introduction

Universitätsklinikum Erlangen

- Academic Hospital
- Founded 1815, situated in Bavaria
- Part of the European Metropolitan Region Nuremberg
- 42 departments, 7 institutes, 25 multidisciplinary
- 1,368 beds
- Approx. 63,000 inpatients & 475,000 outpatients per year
- Quality Management Certification according DIN EN ISO 9001:2015
IFHIMA, DVMD, clinical documentation and coding in Germany

Outline

I. German Health Care System – Basic principles

II. Clinical Documentation and Coding in Germany using the University Hospital of Erlangen-Nuremberg as example

III. DVMD

IV. IFHIMA – International Federation of Health Information Management Associations
The German Health Care System

Basic principles

- Ministry of Health sets general rules, details regulated by self-governing bodies (they define prices, standards, benefits etc.)

- Decentralized system with private practice physicians providing ambulatory care

- Independent, mostly non-profit hospitals providing the majority of inpatient care

- Strict separation of the sectors
The German Health Care System
Basic principles

- Health insurance is mandatory for the whole population in Germany
- Approx. 90% of the population are covered by one of currently around 130 public non-profit “sickness funds” at common rates for all members
- 10% are privately insured
Statutory Health Insurance Funds

88 Company health insurance funds
Employees > 1,000
Financing of the Statutory Health Insurance

Tax money

Federal subsidy

National uniform premium rate

Basic lump sum per insured patient + morbidity-oriented risk structure compensation

Premium payer (employer & employee)

Add on fees if necessary

Statutory health insurance

National Health Fund

Hospitals
Association of Statutory Health Insurance Physicians
Pharmacies etc.
Germany: Health expenditures

- **Hospital Care**: 32%
- **Ambulatory Care**: 18%
- **Pharmaceutical drugs**: 17%
- **Sickness benefit**: 5%
- **Dental care**: 5%
- **Administrative costs**: 5%
- **Other expenses**: 4%
- **Medical aids**: 4%
- **Travel expenses**: 2%
- **Domestic nursing care**: 2%
- **Dental prosthesis**: 1%
- **Preventive and rehabilitation measures**: 1%
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Regulations of the federal medical association (Bundesärztekammer)

§10

(1) Medical records keeping: memory aid and as proof of the measures taken

(2) Patients have the right to inspect and copy the documents

(3) Legal obligation to preserve medical records: 10 years

(4) The documents/records must be stored secure; transmitted only with written consent of the patient

(5) Special data protection and privacy measures for patient records

EU-Regulation: DSGVO – GDPR (General Data Protection Regulation)
DIMDI
German Institute of Medical Documentation and Information

- Is a subordinate authority of the Federal Ministry of Health

- Core tasks of DIMDI:
  - Publication of official classifications for the German speaking countries:
    - ICD-10-WHO for encoding of causes of death
    - ICD-10-GM (German Modification)
    - ICD-O-3
    - ICF
    - OPS for surgical and other procedures
  - Maintenance of medical terminologies
  - Drug Information System
  - Medical Devices Information System
  - Information System for Health Cara Data (data transparency)
  - Information System on Health Technology Assessment (HTA)
  - Supplementary databases for public research
Coding in Germany

- 2000: Health Care Reform
- 2003: Health Care Modernization Act:
  - Methodical Coding of medical documentation
  - Basis for reimbursement of inpatients
  - Introduction of the G-DRG-System
    German Diagnosis Related Groups
  - „Institut für Entgeltsysteme (InEK)“
    Institute for the Hospital Remuneration System GmbH
  - Shareholders of InEK:
    self-governing partners of the German health care
    - German Hospital Federation
    - National Association of Statutory Health Insurance Funds
    - Private Health Insurance Association
Brief History of DRG Implementation in Germany

- Until 2003:
  Reimbursement of hospital treatment was based on fixed daily rates

- Since 2004:
  Reimbursement for hospital treatment has been based on fee per case based according to Diagnosis-Related Groups (DRG).
German DRG-System

- German-DRG (G-DRG); adapted from the Australian DRG-System (AR-DRG)

- DRG catalogue:
  2017: 1,255 DRG and 191 additional charges
  (2016: 1,220 DRG and 179 additional charges)

- DRG cost calculation
  Currently 242 calculation hospitals including 10 university hospitals
From medical documentation to DRG
- University Hospital Erlangen-Nuremberg

1. Patient’s admission
   - Registration of patient’s master data

2. On the ward
   - Recording of admission diagnosis by the ward physician

3. In the operation theatre
   - The operation diagnosis is confirmed and recorded by the surgeon

4. On the ward
   - Recording of discharge diagnosis, main- and secondary diagnoses by the physician

5. DRG Controlling & Grouping
   - Check of completeness, consistency, plausibility and correctness generation of DRG
DRG workflow Germany

- Main Diagnosis (e.g. H25.1 Cataracta senilis)
- Secondary Diagnosis (e.g. E11.30 Diabetes mellitus)
- Surgical Procedure (e.g. 5-144.5A Cataract extraction)

ICD 10 GM → ICD 10 GM → OPS Version 2018 → Grouper → DRG C08B
DRG workflow Germany

**DRG C08B**

- **Cost weight**: e.g. 0.532
- **Baserate**: e.g. 3.350 €

\[ 0.532 \times 3.350 = 1.831 \] €

1 DRG per inpatient stay

Baserate 2018:
~3.350 €
~82.425 CZK
General and special coding guidelines

- **Main-Diagnosis**
  = reason for the hospital admission

- You must flag one diagnosis as the main diagnosis

- The main diagnosis must never be a “Z”-Diagnosis (condition after)

- **Secondary diagnosis**
  a disease that either occurs at the same time at the primary diagnosis or develops during hospitalization. Any of the following factors are required:
  - therapeutic actions
  - diagnostic measures
  - increases care / nursing
Number of hospitals in Germany (2000-2017)
Average length of stay in German hospitals (1992-2017)
Number of cases treated in German hospitals (1998-2017)

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Quelle: Statistisches Bundesamt
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Der Fachverband für Dokumentation und Informationsmanagement in der Medizin

• German HIM association

• Founded 1972, about 1,000 members

• Common Association Journal “mdi” together with Medical Informatics Association (BVMI)
Health Information Management in Germany

- 2-year full time education
- 3-year full time education
- Bachelor-Degree
- Master-Degree
- Certificate “Medical Documentation”

Certificate from GMDS & DVMD
Equivalent knowledge
(e.g. for career changers)
Health Information Management in Germany

- 40% are employed in hospitals or university research institutes
- 40% are employed in pharmaceutical companies
- 10% in cancer registries or comprehensive cancer centers
- 5% work in the public health sector
- 5% are self employed (free lancer)
Empfehlungen für den Einsatz von Dokumentaren im DRG-Umfeld

Durch die Einführung eines weitgehend pauschalierten Abrechnungssystems für die stationäre Akutversorgung auf Basis von Diagnosegruppen wird der klinischen Dokumentation eine erhöhte Bedeutung als bisher zukommen. Eine möglichst vollständige Erhebung von Krankheits- und Leistungsdaten der behandelten Patienten stellt an die an Behandlung und Pflege beteiligten Berufsgruppen die Förderung einer lückenlosen und detaillierteren Dokumentation.

Recommendations in the use of Health Information Manager/Medical Documentalists in the field of DRG coding
Classifications and Health statistics

DVMD Spring Symposium
March, 2nd 2018,
Duisburg, Germany
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IFHIMA is the global organization for Health Information Management - established in 1968

It is a forum for exchange of Information on Health Information among the member nations

As an umbrella organization IFHIMA acts as “the global voice” of national HIM associations and individual members worldwide

www.ifhima.org
IHIMA RELATIONSHIP

World Health Organization

International Medical Informatics Association

European Federation for Medical Informatics
To support the development, use and dissemination of WHO classifications such as ICD, ICF etc. around the world

To provide best practices in Health Information Management

To elaborate international standards in Health Information Management

To support developing countries building up formalized training and education programs

To raise the profile of Health Information Management Professionals globally
23 Member Nations:

**Americas**
- Barbados
- Canada
- USA
- Jamaica

**Europe**
- Germany
- Israel
- Italy
- Spain
- The Netherlands
- United Kingdom

**Eastern Mediterranean**
- Saudi Arabia

**Africa**
- Kenya
- Nigeria
- Ghana
- Botswana
- Tanzania

**South East Asia**
- Indonesia
- India

**Western Pacific**
- Australia
- China
- Japan
- Korea
- The Philippines

www.ifhima.org
IFHIMA Board 2016-2019

International Federation of Health Information Management Associations
Global Health Workforce Council (GHWC)

13 appointed members from 11 different nations

Global academic curricula standard to guide educational programming and workforce training

www.ahima.org (Global)

www.ifhima.org (Resources and education)
Open-source resource to facilitate the development of academic programs and workforce training for:

- Health Information Manager (HIM)
- Health informatics (HI)
- Health Information and Communication Technologies (HIT)
Key activities 2017 - 2017

- **New website** www.ifhima.org
- **Learning Modules**
- **Whitepapers**
- **Global News**
Coding-Training in Health Information Management Education - A Status Report of IFHIMA member nations

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¹IFHIMA; ²WHO

Oman
(aspired IFHIMA member)
HIM education programs exist bachelor curriculum include ICD 10 training Medical Record Supervisors, Medical Record Technicians are doing coding job.

Japan
Formal HIM education program, including ICD-10 training Health Information Administrator

The Philippines
No formal HIM education up to now ICD-10 is used in the clinical coding for all Hospitals Department of Health conducts ICD-10 Trainers are trained in Australia
EMPOWERING HIM PROFESSIONALS THROUGH A GLOBAL VOICE