

Nordic Casemix Centre - Case #521

Islet cell transplantation

2017-01-27 17:15 - Kristin Dahlen

Status:	Accepted	Start date:	2017-01-27
Priority:	Normal	Spent time:	0.00 hour
Assignee:	Kristin Dahlen		
Category:			
Target version:	Target version 2018		
Initiator:	Norway	Target year:	2018
MDC:	MDC10	Owner / responsible:	
Target Grouper:	SWE	Old forum status:	

Description

National ID: HD-159

Initiated: 2017-01-23

Initiator: The Norwegian Directorate of Health

Problem

Islet cell transplantations on patients with diabetes are grouped to DRG 292 Operasjoner ved sykdommer i HDG 10 ITAD m/bk or 293 Op ed sykdommer i HDG 10 ITAD u/bk. These islet cell transplantations do have a much higher cost than the average in these DRGs.

Analysis

The Norwegian Directorate of Health – 2017-01-23

By 2.tertial 2016 there are 3 cases with the procedurecode JLE20 allogen øyecelletransplantasjon. None where reported with procedurecode JLE30 xenogen øyecelletransplantasjon.

lislet cell transplantation.jpg!

According to figures from Oslo university hospital an average cost for this treatment is about 336 000 NOK (33 cases from 2010 to 2015). Half of the costs are related to cell isolation prior to the operation.

Suggestion

The Norwegian Directorate of Health – 2017-01-23

As islet transplant is a beta cell supportive treatment like a pancreas transplantation, it would be appropriate that this procedure is grouped into more a more logical, existing DRG. This can be either DRG 191A Transplantation of pancreas w/wo a kidney transplant, or DRG 191B Operations on pancreas/ liver. The procedurecodes JLE20 and JLE30 is already connected to DRG 191B for cases in MDC7. We suggest that the islet transplants group to this DRG also for cases with diabetes.

History

#1 - 2017-02-10 13:50 - Kristiina Kahur

Finnish National DRG-Centre 2017-2-10

No use of codes JLE20/JLE30 in Finland in 2015 and 2014.

In Finland, the cost of DRG 191B in 2014 was 22 454 EUR (# of cases 113), in 2015 22 422 EUR (# of cases 146).

Both proc codes have the property 07S01 Pancreas, liver or splancnic shunt procedure, and if the main diagnosis is from MDC 7, the case should group to DRG 191B or 192 (and also 192O).

What would be the technical change? Removing the property 10S08 Other endocrine, nutritional or metabolic system OR procedure from codes JLE20

and JLE30? In addition, removing the main diagnosis from MDC7 requirement from DRG 191B?

Although we do not have data to support the change due to the non-usages of codes JLE20/30, this change seems reasonable.

#2 - 2017-03-06 13:25 - Martti Virtanen

2017-03-06 Martti Virtanen

There is a DRG for pancreas transplantation. What is the resource use of that DRG? Could Islet cell transplantation be combined with pancreas transplantation?

#3 - 2017-03-06 15:46 - Kristiina Kahur

Finnish National DRG-centre 2017-3-6

According to Finnish data - DRG 191A Transplantation of pancreas with or without renal transplantation, cost 15 145 EUR, minimum 45 193 EUR, maximum 70 351 EUR, # of cases 14 (in 2015).

#4 - 2017-03-07 13:41 - Veronika Stemme

Veronika Stemme, Sweden:

There are only few cases also in Sweden; in 2015 13 cases with JLE20 and no cases with JLE30. In 2015 the mean cost for JLE20 was 224859 SEK. The mean costs for the DRG:s where we find JLE20 were: 203807 SEK for DRG G05C (Pancreatic- liver and shunt operations, complicated), 100834 SEK for DRG L39C (Other endocrine, nutritional or metabolic disease o. r. procedure, complicated) and 87062 SEK for DRG L39E (Other endocrine, nutritional or metabolic disease o. r. procedure without cc). Thus the procedure JLE20 fits best in DRG G05C (NDMS-DRG 192C) and we support the Norwegian suggestion of change.

#5 - 2017-04-12 14:38 - Ralph Dahlgren

- File TC #521 C705 .xlsx added

- Target Grouper SWE added

2017-04-12. Sweden has done technical Changes to case #521. These will work for us at least.Can maybe be used by other?

#6 - 2017-04-20 13:43 - Martti Virtanen

2017-03-13 Expert group

The proposal was accepted as proposed by Sweden.

#7 - 2017-04-21 10:59 - Martti Virtanen

- File Technical changes case #521.xlsx added

2017-04-20 Martti Virtanen

Since Sweden is using the CC group for DRG 192 that does not exist in the other versions of NordDRG, that model cannot be used.

The attached technical changes list the related rules, dx's and interventions.

It would have been possible to use an existing procedure property, but to add a new makes the matter more clear.

The demand for diabetes as principal dx (Dgcat 10M01) is also acceptable, although probably not really changing the assignment.

The property 10S08 becomes obsolete since the new rules precede the rules using that property. However, this will not affect the DRG assignment and

allows usage of older logic versions and therefore I don't think it should be removed from these codes.

A question to Sweden: It is understandable that islet cell transfers are assigned to CC-leven group because of the nature of the intervention. But if there is a MCC-level complicating dx, shouldn't such case be assigned to MCC group?

#8 - 2017-04-27 17:52 - Ralph Dahlgren

2017-04-27.

In the Swedish cost data there are very few cases concerning this and cost wise they fit best in DRG 05C.

The Swedish cost data are as below for the DRG 05C (NDMS-DRG 192C) and the other DRG on 05?:

DRG	N	mean
"G05A Pankreas-, lever- & shuntop M"	420	333 759
"G05C Pankreas-, lever- & shuntop K"	535	203 807
"G05E Pankreas-, lever- & shuntop U"	505	179 540

In 2015 the mean cost for 13 cases with JLE20 was 224 859 SEK, we did not have any cost data for JLE30 at all.

So out of that perspective we do not want these cases to be grouped to any other DRG.

We appreciate the question but we have thought it over again and are firm in how the cases should be grouped.

#9 - 2017-12-14 15:44 - Anja Fagervold

We implement the solution proposed by Sweden. Thus all islet cell transplantations on patients with diabetes are grouped to DRG 191B in the Norwegian version.

#10 - 2017-12-14 18:07 - Martti Virtanen

- *File Technical changes case #521-2.xlsx added*

2017-12-14 Martti Virtanen

The change for Norway needs some adjustment. The solution is based on linkage of 191B in Sweden to G05C 'Pankreas-, lever- & shuntop K' and in Norway to 191B. This diminishes the need for extra rows.

See Technical changes new version for details.

#11 - 2018-01-09 14:47 - Martti Virtanen

- *Status changed from Active to Further active*

2017-01-09

I retained this as further active to demonstrate the way to deal with the different versions with drglogic and drgnames.

#12 - 2018-12-03 13:10 - Martti Virtanen

- *Status changed from Further active to Accepted*

2018-03-13 Expert group

Expert group confirmed the changes.

The case is closed.

Files

Islet cell transplantation.JPG	54.5 KB	2017-01-27	Kristin Dahlen
TC #521 C705 .xlsx	21.6 KB	2017-04-12	Ralph Dahlgren
Technical changes case #521.xlsx	46.7 KB	2017-04-21	Martti Virtanen
Technical changes case #521-2.xlsx	36.5 KB	2017-12-14	Martti Virtanen