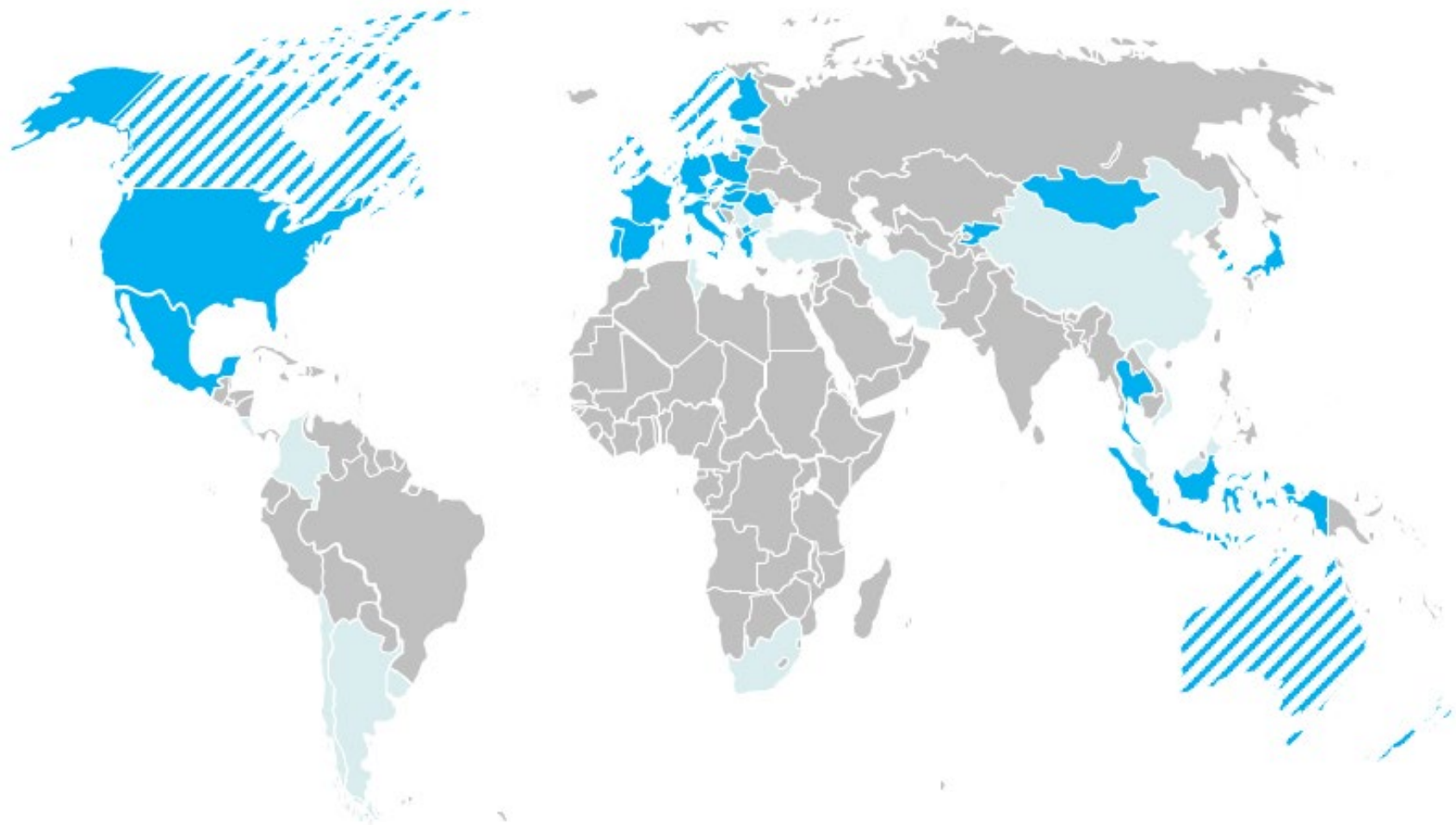


# DRG – an international key to success in Hospital Management?

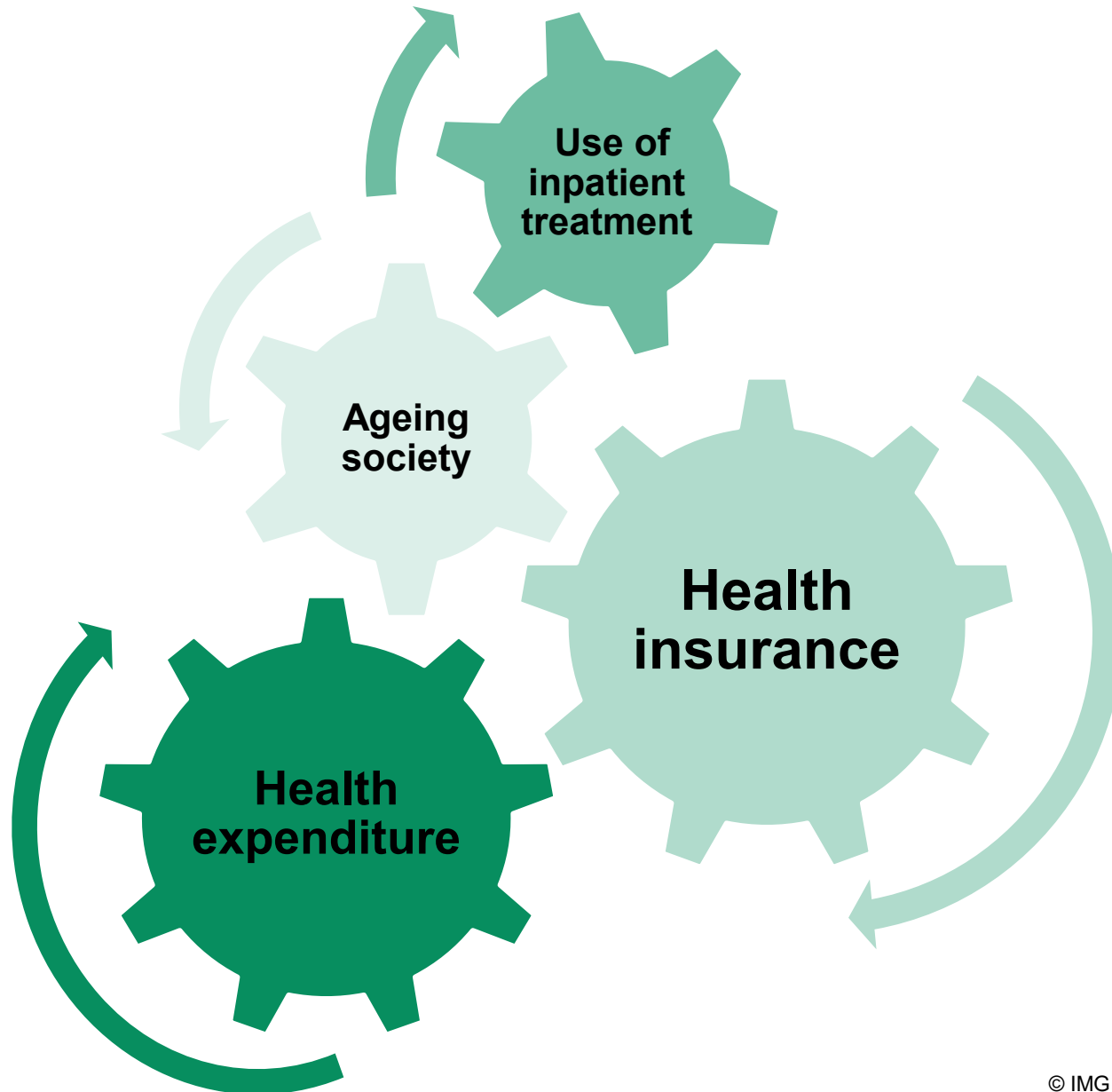


## Sources:

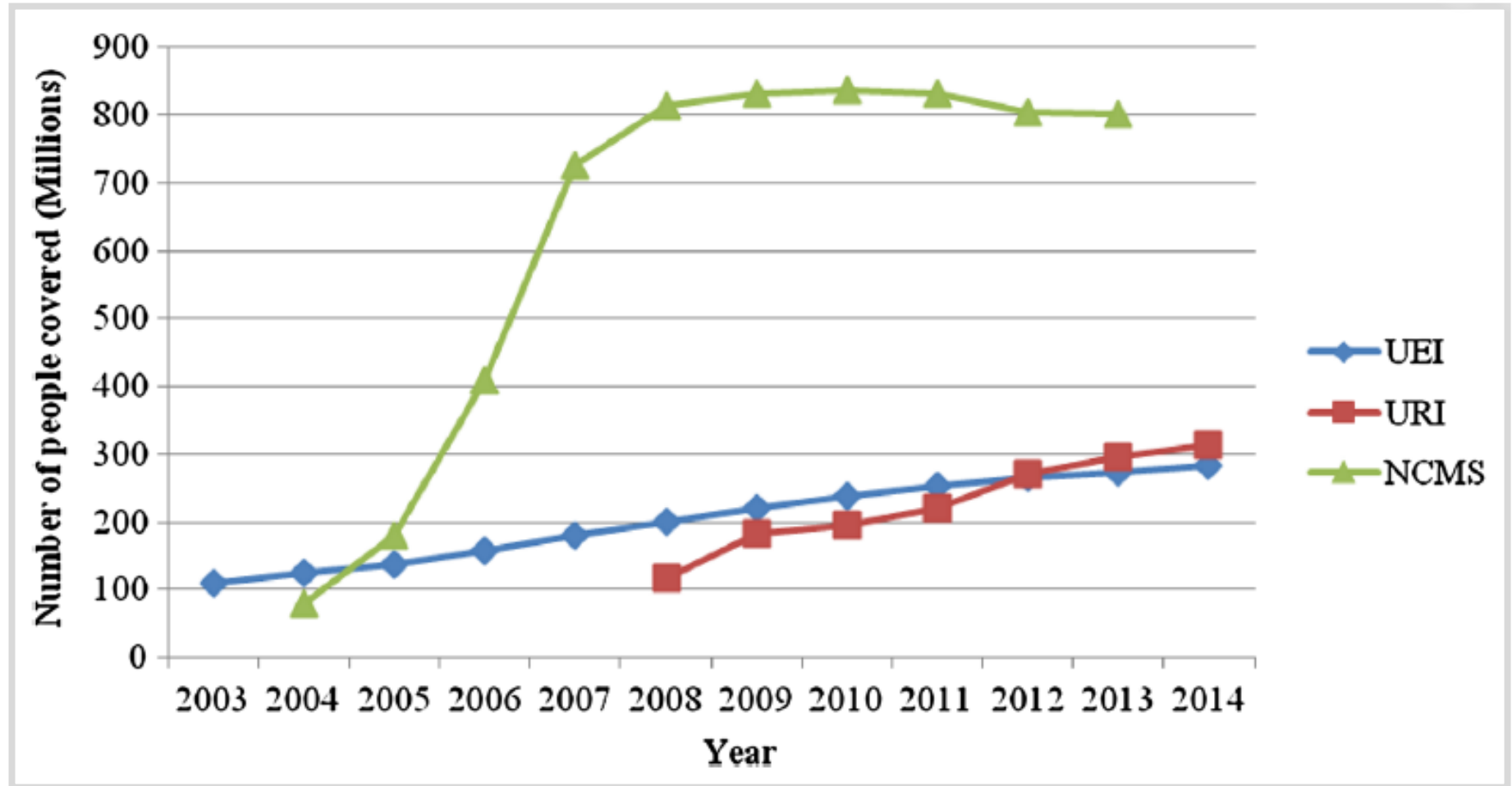
Paris, V., M. Devaux and L. Wei (2010), Health Systems Institutional Characteristics: A Survey of 29 OECD Countries, OECD Health Working Papers, No. 50, OECD Publishing, Paris.  
Mathauer, I and Wittenbecher, F (2013), Hospital payment systems based on diagnosis-related groups: experiences in low- and middle-income countries, Bull World Health Organ, 91:746–756A.  
Mihailovic, N, Kocic, S and Jakovljevic, M (2016), Review of Diagnosis-Related Group-Based Financing of Hospital Care, Health Services Research and Managerial Epidemiology, 3: 1-8.

- Countries piloting or exploring a hospital payment system based on DRGs.
- Countries using a hospital payment system based on DRGs.
- ▨ Countries partly using a hospital payment system based on DRGs (combination with additional payment system).

# Necessity of healthcare management in China



# Population covered by health insurance



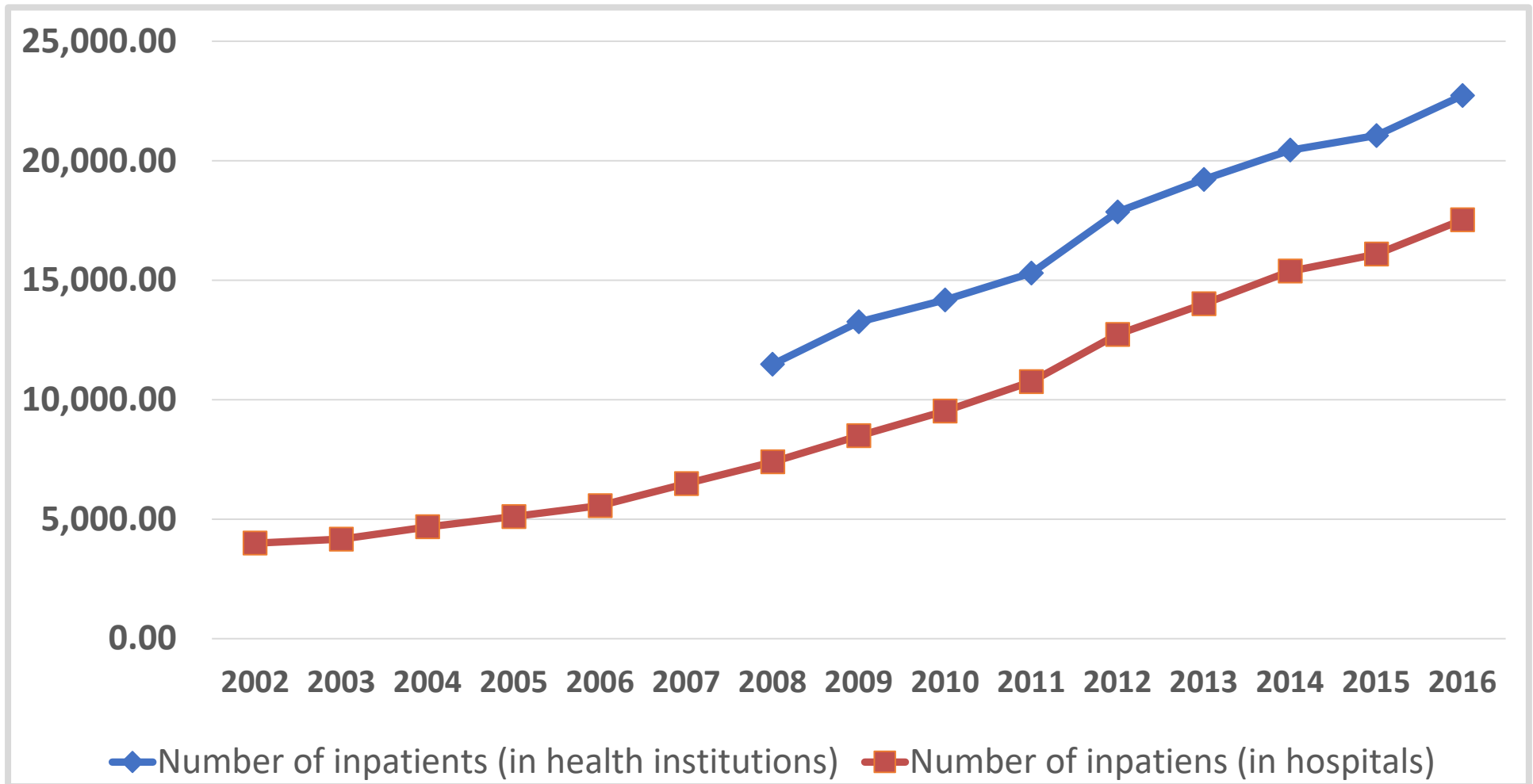
**UEI** = Urban Employee Basic Medical Insurance Scheme

**URI** = Urban Resident Basic Medical Insurance Scheme

**NCMS** = New Cooperative Medical Insurance Scheme

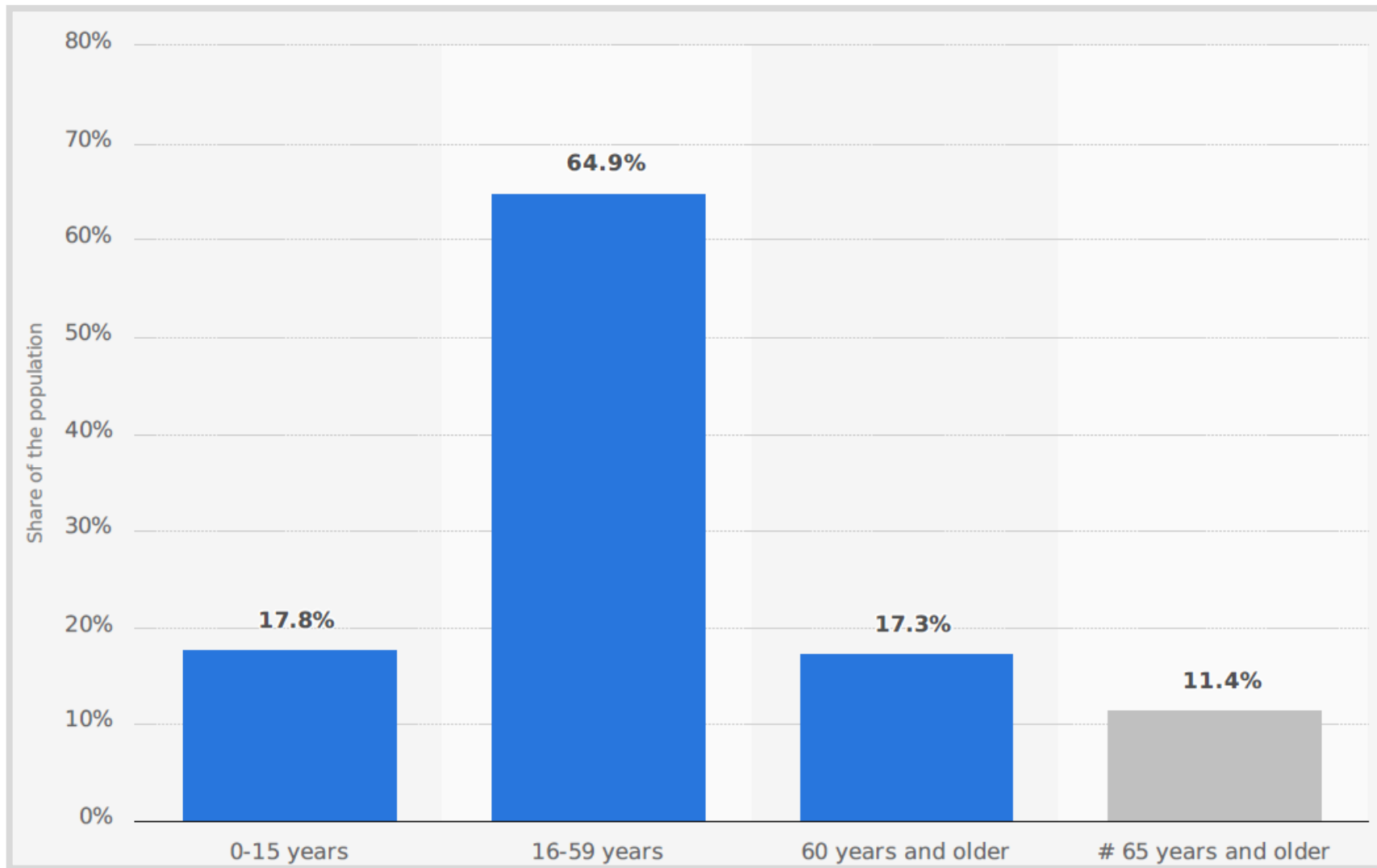
# Hospitalization Services in Health Institutions and Hospitals in China

Use of  
inpatient  
treatment



# Population distribution in China in 2017 by age group

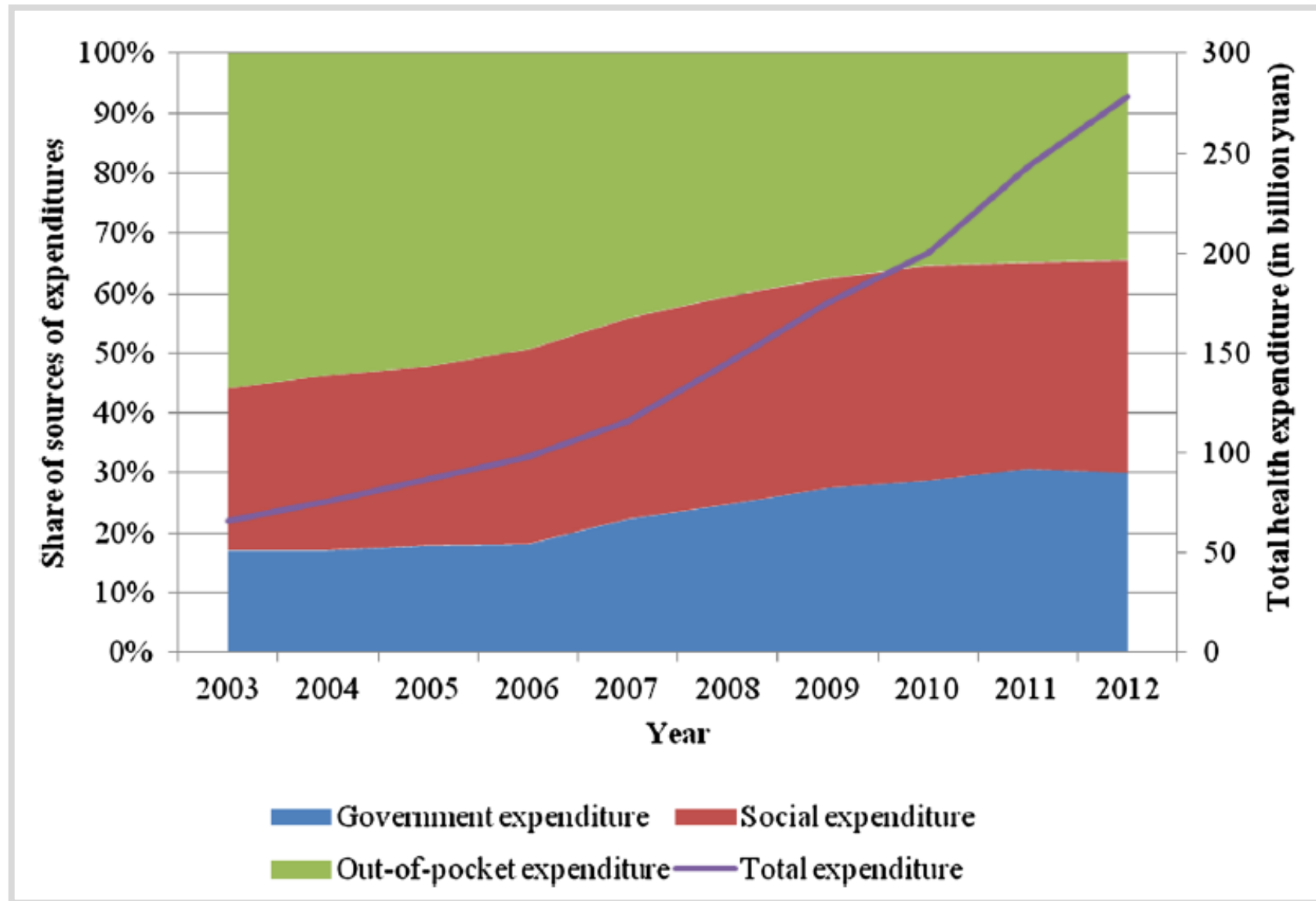
Ageing  
society



Source: National Bureau of Statistics in China (2018)

# Total health expenditure

Health  
expenditure



# DRGs potential in providing healthcare in China

- Improve resource allocation
- Standardization in diagnostics and treatment
- Increase transparency in material and personnel resource use
- Increase Efficiency in medical services and administration
- Enhance quality in medical service provision
- Improve doctor-patient relationships
- Cost management
- Reduce Out-of-Pocket Payments





## Main Questions

- How did the implementation of DRGs proceed since its enactment in 2009?
- Which challenges and opportunities exist?
- How do persons concerned evaluate and value the first experiences?
- How does a DRG-System have to be further developed to meet the particularities in Chinese healthcare?

## → TO PROVIDE IMPLICATIONS FOR DECISION MAKERS IN CHINESE HEALTHCARE

### THEORETICAL ANALYSIS

#### → Systematic Literature Review

- Study of the status quo on implementing DRGs in China
- Evaluation of the realization of reimbursement by DRGs in piloting hospitals
- Derive necessary prerequisites in healthcare for a successful execution

### EMPIRICAL ANALYSIS

#### → Expert Interviews

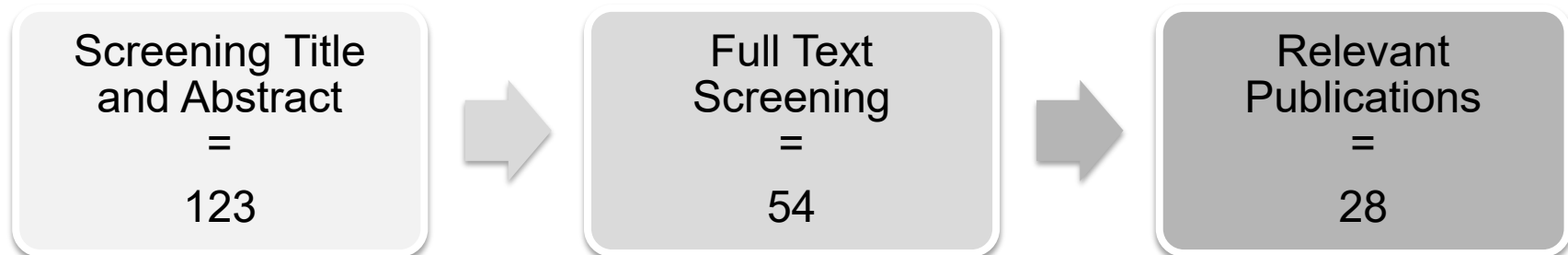
- Review the results gained by the Systematic Literature Review
- Gaining additional information and knowledge by Experts
- Widen or narrow research focus through new perspectives

# Theoretical Analysis: Systematic Literature Review

- Research in 8 international Literature Databases
- Search string built by different search operators regarding “DRG” AND “China”
- Inclusion criteria: all study designs, English and German Literature
- Exclusion criteria: Dissertations, Publications of conferences or Workshops, research settings outside of Mainland China

## → 485 Publications

- Focus: Challenges in the implementation and realization

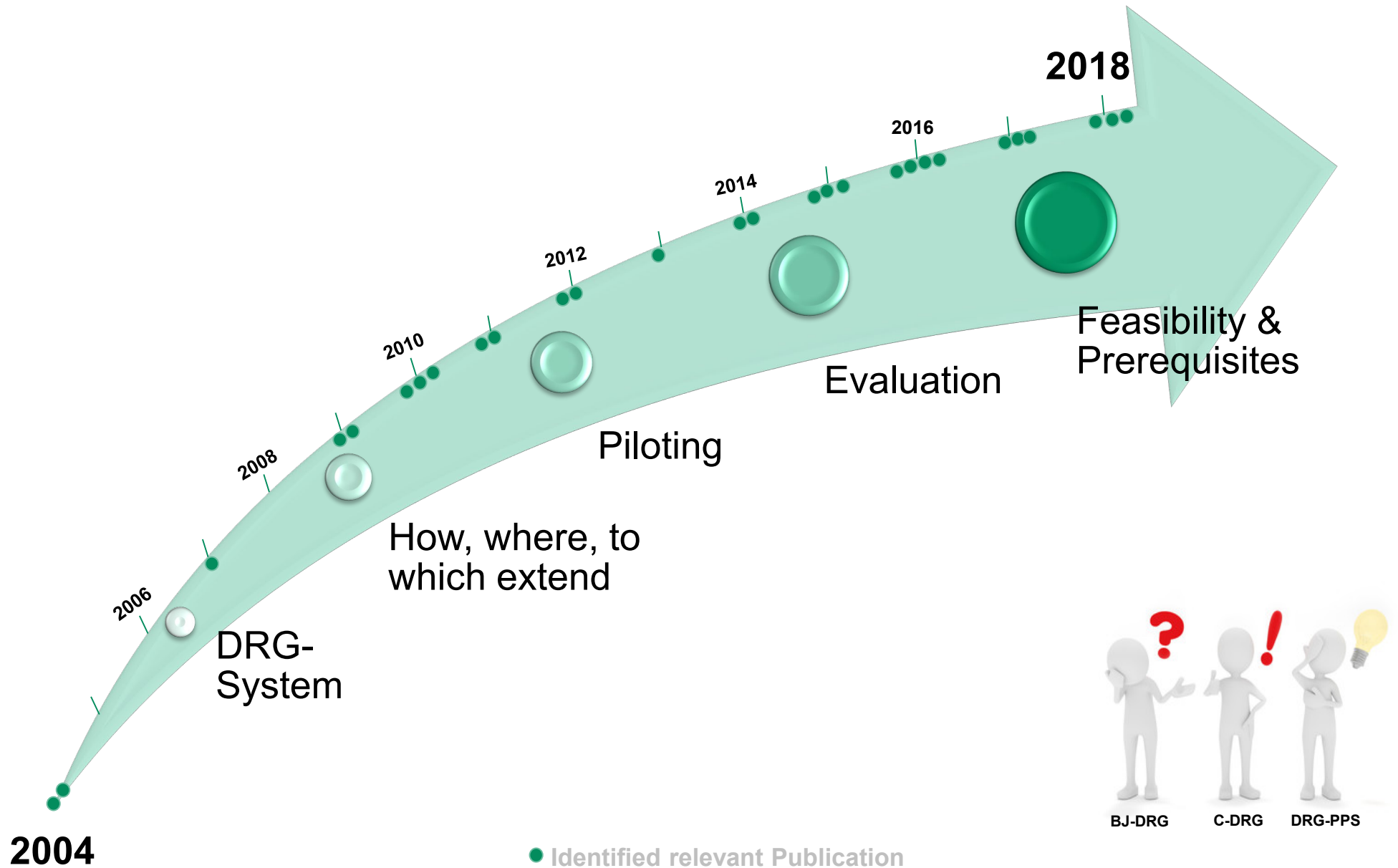


# Theoretical Analysis: Evidence Mapping

Autor	Jahr	Design	Unters. Grundl.	DRG System	Kosten	VWD	WA	med. perf.	K. bez.	Reg.Bez.	KH-Typ	OOPP
Jian et al.	2015	Retrospektive Fall-Kontroll-Studie	247.767 Fälle (14 KHs)	AP-DRG	X	X	X			X		X
			<b>Ziel / Problemstellung:</b> <ul style="list-style-type: none"><li>• Den Einfluss einer KH-Reform hin zu einer Vergütung durch DRGs im Hinblick auf die Reduktion von KH-Kosten und Kosten für Zuzahlungen zu beleuchten</li></ul>							<b>Hauptergebnisse / Schlussfolgerung:</b> <ul style="list-style-type: none"><li>• Vergleich von Kostendaten von 6 Pilotkrankenhäusern mit DRG Abrechnung, mit 8 weiteren KHs aus Peking mit Vergütung nach FFS</li><li>• Kostenreduktion bei Anwendung von DRGs um 6,2 % sowie Senkung der Zuzahlungen um 10,2 %</li><li>• Notwendigkeit der Implementierung eines kontinuierlichen evidenzbasierten Monitoring Systems sowie einer adäquaten Evaluation, vor der Einführung eines DRG-Systems</li></ul>		
Unters. Grundl. = Untersuchungsgrundlage, VWD = Verweildauer, WA = Wiederaufnahmerate, med. perf. = medical performance, K. bez. = Krankheitsbezogen, Reg. Bez. = Regionaler Bezug (sofern nicht Krankheits- oder Krankenhaustyp bezogen), KH-Typ. = KH Typus/Kategorie, OOPP = Out-of-pocket-payments / Zuzahlung, KHs = Krankenhäuser												

→ A systematic approach for reviewing gained evidence, as a form of knowledge synthesis

# Progress in research





## **Experts:**

- Hospital Management
- Representatives in Health Policy
- Scientists in Health Economics / Healthcare Management

## **Interview questions:**

1. Which chances do you see in conjunction with the Implementation of DRGs?
2. Do you as well see risks by the Implementation of a DRG-System?
3. Do you see any impact/consequences of an Implementation of DRGs onto your personal profession?
4. Which prerequisites do you think need to be done for a successful implementation of a DRG-System?
5. Which future prospects do you think, has the now developed DRG-System?



**You are very welcome to join the Workshop „DRG goes China“ on the 4th of December 2018 in Berlin, Germany!**



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# Thank you for your attention

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