

Nordic Casemix Centre - Development initiative

#822 - Further development of NordDRG

2022-03-15 11:36 - Mats Fernström

Status:	Active	Start date:	2022-03-15
Priority:	Major	Due date:	
Assignee:		Spent time:	0.00 h
Initiator:	Sweden	Target Grouper:	Combined
MDC:		Owner / responsible:	Nordic Casemix Centre

Description

Mats Fernström, the National Board of Health and Welfare, Sweden 2022-02-23 (SWE ID C927)

This is a reminder that we still want a development in the direction that we outlined in case [#545](#) but we have created this new case since [#545](#) is closed (see Kristiina's comment 10-8-2021). Our wishes are repeated below in short. There might be further wishes from other countries as well. The matter must be discussed by the Expert group (a smaller working group first?) and eventually decided by the Board, since the changes mean changes in the program code for all groupers, which in turn will cause some costs. With this in mind, it may be a good idea to implement the changes at the same time as ICD-11 is implemented, as the program code in the groupers then must be updated anyhow.

In the grouping rules (table drg_logic) there is a terrible mess with type of care (e.g. primary care), type of contact and type of profession in the fields for diagnoses and procedures. In addition, procedures are specified in the fields for diagnoses (via dgprop). Instead, the rules should have separate fields for administrative parameters like type of care, contact and profession and there should be more fields for procedures so it is possible to construct rules based on more than two procedures without using dgprop. There should also be fields for the patient's functionality or for severity of illness and other factors that can be of interest to include in the grouping logic in the future. Furthermore, we should discuss if there should be a marker on certain rules that tells the grouper that the demands in the dgprop fields are of the type "AnyOf" (now it is always "AllOf"). Then, for example, the 32 rules for DRG Q55N 'Nyfödd, födelsevikt 2500 g eller mer, med annat signifikant problem' (= DRG 390X 'Neonate, birthweight 2500 g or more, with other significant problem') could be replaced by only 2 rules. (However, such a change has a rather limited ability to reduce the total number of rules, I think, so it may be not worth the effort.)

A possibility to have multiple coding for procedures (similar to asterisk-dagger for diagnoses) so that general qualifiers (NCSP codes beginning with Z) are hooked to the right intervention code is important, however. With the present logic, an irrelevant bilateral procedure (e.g. peripheral intravenous catheters) can lead to a DRG for major bilateral interventions (e.g. DRG 471N 'Bilateral or multiple major joint procs of extremities').

The question about if two or more diagnoses with CC property should generate MCC property in case [#818](#) can be added to these development discussions.

When ICD-11 is implemented in NordDRG, we all have to cope with new codes and then, at the same time, it could be appropriate to introduce systematic DRG codes that are common for all countries. It could be similar to the present Swedish codes but with more characters.

History

#4105 - 2022-05-20 17:33 - Kristīne Putniņa

- Description updated

#4145 - 2022-08-30 07:30 - Kristiina Kahur

- Description updated

#4147 - 2022-08-30 07:52 - Kristīne Putniņa

- Attachment 2018_Annex 2 Timetable 2018.xlsx added

#4149 - 2022-08-30 07:53 - Kristīne Putniņa

- Attachment 2019_Annex_2_Forum_Cases_2019_Expert_group_decisions.xlsx added

#4175 - 2022-09-05 14:15 - Kristiina Kahur

- Subject changed from Test to Test_rrrrtt

#4227 - 2022-09-30 20:18 - Kristiina Kahur

- Subject changed from Test_rrrrtt to Further development of NordDRG

#4228 - 2022-09-30 20:18 - Kristiina Kahur

- Priority changed from Minor to Major

#4229 - 2022-09-30 20:20 - Kristiina Kahur

- Description updated

#4230 - 2022-09-30 20:21 - Kristiina Kahur

- Task type changed from Case to Development initiative

- Target year deleted (2023)

#4231 - 2022-09-30 20:21 - Kristiina Kahur

- Author changed from Kristiina Kahur to Mats Fernström

#4232 - 2022-09-30 20:22 - Kristiina Kahur

- Initiator Sweden added

- Initiator deleted (Nordic Casemix Centre)

#4233 - 2022-09-30 20:22 - Kristiina Kahur

- Target Group Combined added

- Target Grouper deleted (Not applicable)

#4234 - 2022-09-30 20:23 - Kristiina Kahur

- Attachment deleted (2019_Annex_2_Forum_Cases_2019_Expert_group_decisions.xlsx)

#4236 - 2022-09-30 20:24 - Kristiina Kahur

Updated by [Kristiina Kahur](#) 7 months ago

Nordic Casemix Center/Kristiina Kahur 23-2-2022

Thank you Mats for addressing these issues. I suggest adding a separate item in EG Spring meeting agenda (at the end of the second day) to discuss and decide how to proceed. I agree that it would be good to create a working group with representatives from all countries interested in being involved in the change process.

The planned changes can be linked to implementation of ICD11. Nevertheless, in order to disperse the workload, we can priorities certain things which are not directly linked to ICD11 and start to work on those in short(er) run.

#4237 - 2022-09-30 20:25 - Kristiina Kahur

- Attachment Mapping_ICD_MDC.xlsx added

- Attachment List of development issues discussed in EG Spring meeting 2022.docx added

2022-03-18 Expert Group

The issues concerning the further development of NordDRG were discussed during the EG meeting. The summary is attached to this ticket.

In addition to existing tickets (#812, #813 and [#818](#)), separate tickets will be created for further issues listed in the summary.

This case remains open for time being.

#4343 - 2023-02-21 17:52 - Mats Fernström

- Attachment Appendix #822 Point 6 & 7.xlsx added

Mats Fernström, the National Board of Health and Welfare, Sweden, 2023-02-21 (SWE ID C927)

In the file "List of development issues discussed in EG Spring meeting 2022.docx" attached to this case (*Development initiative*) under **point 6** (Extra columns in the table drglogic for administrative parameters), and **point 7** (Extra columns in the table drglogic for interventions) Kristiina called for a description of the changes. The attached file Appendix #822 Point 6 & 7.xlsx describes the suggestions, I hope. Extra columns in the table drglogic for administrative parameters (point 6) is rather easy to introduce but if NordDRG is adapted to ICD-11 and ICHI within a few years, both suggestions can wait until that moment as the program code in the groupers then must be updated anyhow.

#4398 - 2023-03-15 18:12 - Kristiina Kahur

2023-03-09 Expert Group

Given that the introduction of ICD11 and ICHI will require changes in NDMS, grouper and def.tables, this change will be done once the actions concerning transision to ICD11 and ICHI will be taken.

Until then, this case remains further active

#4818 - 2025-01-22 15:29 - Kristiina Kahur

- Attachment List of development issues update as of Spring 2025.docx added

Nordic Casemix Center/Kristiina Kahur 22-1-2025

An update of development issues listed in the initial document is attached to this ticket.

There was in total 15 development issues listed in the document:

- One had been implemented already (#812)
- One had been withdrawn earlier
- Six may require the changes in NordDRG tools (NDMS, grouper or def.tables). Given that there will be likely a need to make changes related to transition to ICD-11 anyway, it would make sense to manage all the necessary changes at once. The issues are listed on #813.
- One needs additional attention, primarily by Sweden (#818)
- One will be linked to #877
- Four need to be discussed in EG meeting:
 - extra columns in the table drglogic for the patient's functionality or for severity of illness
 - A column in the table drglogic for duration in hours
 - Improvement of DRG codes according to Swedish approach
 - RTC and ICD columns are redundant in logic table
- One is related to ICD-11
 - Change of MDC according to Chapters of ICD10 or ICD11 (the file 'Mapping_ICD_MDC') is attached to this ticket). I suggest it will be discussed in EG meeting.

This case remains open and will be discussed in EG meeting.

#5137 - 2025-09-04 07:44 - Kristiina Kahur

2025-09-02 Expert group

This case was briefly discussed during EG meeting.

For most of originally described development issues separate tickets have been created - #818, #813, #877 and #812. (the latter has been closed) and they are discussed in respective ticket.

There are issues like follows which have not been discussed separately:

1. Extra columns in the table drglogic for the patient's functionality or for severity of illness
2. A column in the table drglogic for duration in hours
3. Improvement of DRG codes according to Swedish approach
4. RTC and ICD columns are redundant in logic table (will be linked to #813)

Each issue needs a separate discussion. Further developments depends on national needs as well.

The ticket remains further active. Countries are invited to share their thoughts on issues listed above..

Files

List of development issues update as of Spring 2025.docx	30 kB	2025-01-22	Kristiina Kahur
Appendix #822 Point 6 & 7.xlsx	20 kB	2023-02-21	Mats Fernström
List of development issues discussed in EG Spring meeting 2022.docx	30 kB	2022-09-30	Kristiina Kahur
Mapping_ICD_MDC.xlsx	20 kB	2022-09-30	Kristiina Kahur