

# BACKGROUND TO THE 2003-2005 RESEARCH PROGRAMME ON DRGS IN SWITZERLAND

Swiss interest in DRGs dates back to the 1980s and came about through contact with Robert Fetter's team<sup>1</sup> at Yale. The decision by the American government to introduce the DRG-based Prospective Payment System for Medicare in 1983 prompted Switzerland to give more serious consideration to this classification system. A research team from the University of Lausanne<sup>2</sup> began work in 1984 and published its findings in 1987. The conclusions from the first phase of the project revealed that it was imperative for Switzerland to introduce mandatory coding of diagnoses and procedures for hospitalised patients. This has now been the case since 1998 and DRGs have proven to be a perfectly suitable tool for hospital funding. In the ten years following this first publication, a great deal of research has been carried out by various hospitals and research institutes, in particular by the University of Lausanne and the University Hospital of the canton of Vaud (CHUV).

With the 1997 decision to generalise the codification of diagnoses and procedures, a new threshold was crossed. First and foremost, it concerned the choice of APDRGs as a classification system for Switzerland. This was followed by the setting up of a bank of medico-economic data per patient by a group of volunteer hospitals, and finally the definition of DRG-adjusted funding rules<sup>3</sup>. In 2002, some hospitals began to bill in DRG<sup>4</sup> and by 2006 it will be used in more than 90 hospitals.

The next significant step is under way with the implementation of the SwissDRG project<sup>5</sup> as of 2004. It aims to equip Switzerland with a new, updated classification system that takes better account of patient severity. The article of the Swiss DRG will examine this in more detail.

Since then, those in charge at the IEMS, who are involved in the project, felt that they should accompany this project with a research programme that could contribute directly or indirectly to the selection of a new classification system, its adaptation to Swiss specificities and a generalisation of the DRG-based funding system in Switzerland. The present anthology of articles summarises almost three years of research in Lausanne, work which has helped to steer thinking and decision-making with the SwissDRG project. This research programme consolidates IEMS research expertise with regard to DRGs and systems to fund health care. For this reason, the IEMS will continue to be very active in this research area in the years to come and will consolidate its status as the leading DRG research centre in Switzerland.

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<sup>1</sup> Fetter et al.: Casemix Definition by DRG, Medical Care 1980.

<sup>2</sup> Paccaud F, Schenker L.: "DRG, Perspectives d'utilisation", Masson/Lacassagne, 1989.

<sup>3</sup> Schenker L.: Le financement des hôpitaux suisses par APDRG en 2002, [www.isesuisse.ch](http://www.isesuisse.ch).

<sup>4</sup> [www.apdrgsuisse.ch](http://www.apdrgsuisse.ch).

<sup>5</sup> [www.swissdrgrg.org](http://www.swissdrgrg.org).