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# Physiotherapy as one column of an integrative and interdisciplinary medical approach—Impact of the introduction of diagnosis related groups in Germany



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## KEYWORDS

Physiotherapy;  
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therapeutic  
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DRG;  
Case tariff fee;  
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Effects

## Summary

**Objectives:** To investigate the introduction of case tariff fee remuneration – as required by the current system – and its influence on patient satisfaction with the provision of physiotherapeutic treatment in an acute hospital aligned on a holistic, interdisciplinary therapeutic approach.

**Design and setting:** Randomised controlled study with a total of 4598 patients were interviewed. No case tariff fee system was used during the years 2004 to 2006. The data were compared with the results of interviews that took place during 2007 and 2008 (use of DRGs). The results of this study are based on the largest survey performed to date of patient satisfaction with physiotherapeutic treatment in acute care focusing on a holistic interdisciplinary approach. In-patients being treated under DRG conditions were compared with a control group for whom the DRG system had not been applied.

**Outcome measures:** The target parameter of the study, which took more than five years, was the determination of patient satisfaction with the physiotherapeutic interventions.

**Results:** There were no significant differences between the two groups in respect of satisfaction with the physiotherapeutic treatments received. Regarding the outcome parameter encouragement to take more exercise, a significant change could be demonstrated under DRG conditions.

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*Conclusions:* Physiotherapeutic interventions play an important role in the provision of interdisciplinary care. In particular, the holistic perception of the patient, the interdisciplinary approach to complex diseases, and the requirements of the DRG system on the care provider can exert a positive influence on outcome quality.

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## Introduction

The use of the methods of physiotherapy, and their mechanisms of action, has been the subject of numerous scientific studies.<sup>1–4</sup>

In this context, physiotherapeutic measures play an especially prominent role not only against diseases and disorders of the musculoskeletal system and connective tissue,<sup>5</sup> against multiple pain conditions<sup>6–8</sup> and against cardiac and vascular diseases,<sup>9</sup> but also in the prevention of post-operative complications<sup>10,11</sup> and neurological diseases.<sup>12,13</sup>

Therapy concepts for multi-morbid patients aim at interdisciplinary diagnosis and therapy oriented more strongly on the patient. Particular multimodal treatment programs with a focus on integrative complementary medicine play a special role.<sup>14</sup>

In doing this, not only is the main disease treated, but accompanying diseases are also included in the therapeutic procedure. In order to map different therapeutic and diagnostic measures in different, indication-related treatment structures, specific complex codes were created in Germany in collaboration with the medical professional associations and the DIMDI (German Institute for Medical Documentation and Information). These complex treatments are based on the inpatient hospital structure and make it possible not only to map specialisation, but also to take into account and assure the structure and process quality in the stationary setting.<sup>15,16</sup>

These complex treatments are published in the operations and procedures catalogue (OPS) and can be provided by specialised hospitals in Germany.

On the basis of evidence based proof of efficacy, physiotherapy/physical therapy was included as a structural quality criterion in this operations and procedures catalogue (OPS) for the provision of inpatient care (Fig. 1). The large number of complex treatments with Physiotherapy/physical therapy shows their importance.

The DIMDI issues classifications for coding diagnoses and operations, and maintains further medical designation systems. Other key aspects are the maintenance of information systems for drugs and medical products, and the evaluation of health-relevant procedures (Health Technology Assessment, HTA).

The German diagnosis related groups system (G-DRG system) was based on the Australian Refined DRG system (AR-DRG system).

DRGs define an economic medical classification system with which services provided to patients are classified in case groups according to the admission diagnosis for the individual case being treated and the types of therapy performed.

The G-DRG system is intended to be a learning system relying on quantitative data supplied to the Institute for the Hospital Remuneration System (InEK) by the ~230

reporting hospitals throughout the year. Hospitals make their costs data available annually and participate in a procedure leading to proposals for further development of the system.

Under DRG conditions, the treatment process is pre-structured by mandatory requirements. Deviation from the requirements for the procedure of providing treatment can lead to loss of entitlement to reimbursement for the services provided. As a result of an increased intensity of the therapy provided, precise observance of the requirements can lead to intensive or even excessive demands on the therapeutic personnel. It becomes necessary to monitor the performance of the medical treatments prescribed during the period of hospitalisation, in particular regarding whether the requirements of the procedures catalogue are fulfilled (for an overview of the procedures, see Fig. 1). Corrective interventions are possible only while the patient is in an inpatient setting.

The introduction of case tariff fees has strongly increased the *transparency* of the type and quantity of treatment provided by the hospitals, and of the costs structures.<sup>17</sup>

## Objective

The aim is to analyse the impact of this reimbursement system in Germany, nationwide, over a longer period of time. This is also important in view of the introduction of the G-DRG system in other European and, also, non-European countries.

German legislators have commissioned a research project to observe the impact of the introduction of the case tariff fees in the hospital (Section 17b Abs. 8 Krankenhausgesetz). This also focusses on possible changes in the structures of treatment provided. Although of considerable importance, the effects of the DRG system on quality indicators referring to the provision of physiotherapeutic treatment have yet to be studied. To this end, patients are interviewed who received acute care within an interdisciplinary therapy.

## Methods

Patients in an acute hospital aligned on a holistic, interdisciplinary therapeutic approach (Fig. 1 particular: naturopathic and anthroposophic complex medical treatment, multimodal pain therapy, rheumatological complex multimodal treatment) were interviewed over a period of five years. Diseases of the patients affecting:

- musculoskeletal system and connective tissue
- circulatory system
- nervous system
- respiratory organs
- mental disorders.

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