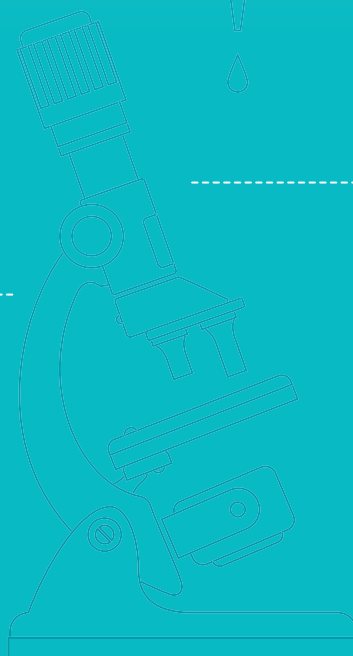
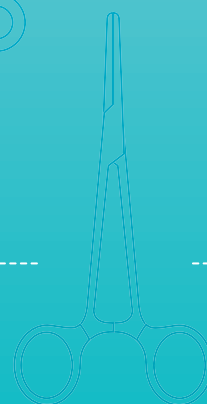
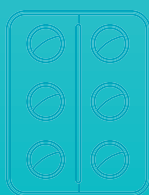
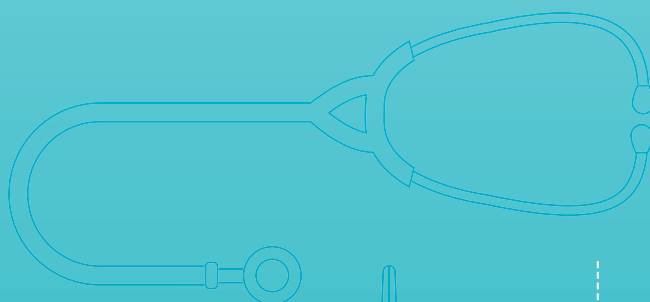
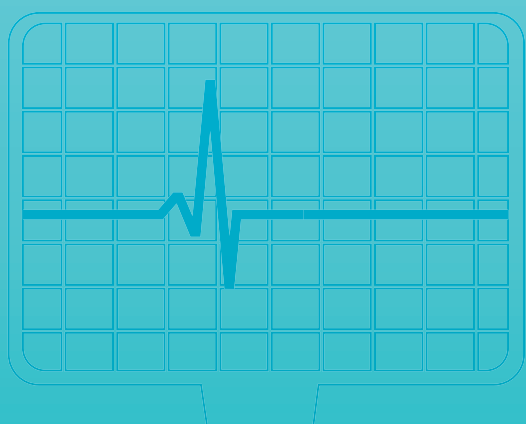
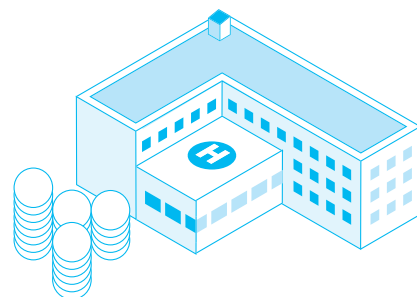


# THE NATIONAL COST STUDIES



**atih**

AGENCE TECHNIQUE  
DE L'INFORMATION  
SUR L'HOSPITALISATION

Led by the Technical Agency for Information on Hospital Care (*Agence technique de l'information sur l'hospitalisation - ATIH*), national cost studies based on a common methodology (*étude nationale de coûts - ENC*) are being conducted on a panel of both public and private health institutions. The goal is to work out the cost of hospital care on a hospital stay or a sequence basis.

Since 2006 these studies have concerned the field of health in medicine, surgery, obstetrics (*médecine, chirurgie, obstétrique - MCO*), and since 2009, the field of post-acute care and rehabilitation (*soins de suite et de réadaptation - SSR*) and home hospitalization (*hospitalisation à domicile - HAD*).

## WHY CONDUCT COST STUDIES?

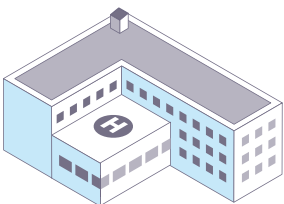
### The information obtained on the care cost studies are used to:

- produce cost repositories i.e. national average costs per homogeneous groups of patients in MCO, medico-economic groups or homogeneous groups in SSR or homogeneous healthcare groups in HAD
- lead the work on medico-economic classification within ATIH
- guide the reflections of national actors on funding models and as a tool for tariff-based construction in MCO.

### For an institution, the interest in joining ENC is to:

- have its own costs for all hospital stays (MCO, SSR) or sequences (HAD) accomplished during the year
- compare its costs with those of the repository
- identify and centralize the entire costs data (medical expenses, payroll, purchasing)
- consolidate its internal management control tools
- unite its teams around a common aim.

## WHAT ARE THE DATA COLLECTED IN INSTITUTIONS ABOUT?



- Information on stays/period based on the program for medicalization of information systems (*Programme de médicalisation des systèmes d'informations - PMSI*).
- The cost accounting elements following a specific methodology.
- An additional collection which will include certain expenses related to each stay or sequence such as:
  - **on all fields of activity:** medical expensive (drugs, medical equipment, consumables...) and the work units consumed by the patient during his/her stay, per medico technical platform
  - **in HAD:** for participants at patient's home care, the minutes spent per participating employee and the amount of money the private participant is required to pay per visit
  - **in SSR:** the time spent by the participants conducting acts of re-education, rehabilitation and the issues of individualized nursing care to the recipient.

## Cost studies calendar

N -1

- Selection of institutions  
Information day on the use of ENC methodology

YEAR N

- Data collection by the institutions

N +1

- Information day on the use of ENC softwares  
Data transmission to ATIH via two specific softwares

N +2

- Production of repository costs

# HOW TO CONTRIBUTE TO THE COST STUDIES?

## Selecting the institutions

The interested institution needs to send its application to ATIH. Depending on its capability to implement the ENC methodology, it either integrates the sample of the participants directly or recommendations and support are offered to the institution in order to apply the following year.

To improve diversity, ATIH also invites institutions to join the sample.

## Contractual arrangement

An agreement is signed between ATIH and the institution, which then commits itself to mobilizing both the human and technical resources (medical and administrative) necessary to conduct the study, and to transmitting quality data. ATIH guarantees confidentiality of the exchanges and provides each institution with a supervisor to monitor the implementation of the study.

## Funding the participation

In return for the resources committed the producing requested data, the institution perceives a compound funding:

- a fixed salary, identical for all institutions
- a variable portion, based on the volume of its activity.

## Yearly campaign funding

MCO

- **Fixed Part** €35,000
- **Variable Part** € 0.45 /RSA weighed\*

*\*Summary of anonymous discharge*

SSR

- **Fixed Part** €35,000
- **Variable Part** € 0.70 /RHA\*

*\*Weekly anonymous summary*

HAD

- **Fixed Part** €35,000
- **Variable Part** € 0.10 /day

In addition, reductions or surcharges are applied depending on data quality and compliance with the schedule.

*For instance for a timely transmission of quality data:*

- A MCO facility executing about 35,000 stays/sessions (i.e.: RSA) will receive a funding of € 70,000
- SSR institution conducting about 10,000 sequences (i.e.: RHA) will receive a funding of € 56,500
- A HAD facility conducting about 20,000 days will receive a funding of € 51,500

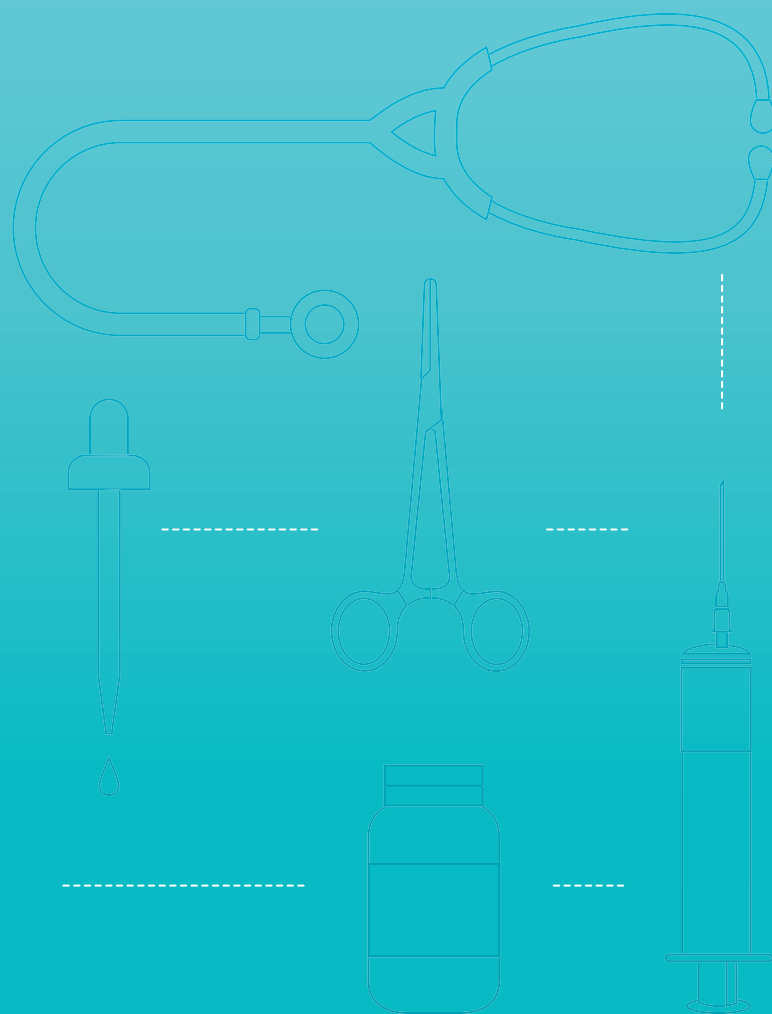
# HOW TO GET THE COST DATA?

At the end of each ENC campaign the costs repositories are uploaded on the website [scansante.fr](http://scansante.fr) of ATIH.

The ENC institutions receive the estimated average cost of each stay or care sequence per cost item.

Data display:

- average cost per stay or a care sequence
- cost breakdown per care sequence.



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