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Admission and discharge management of dementia patients in Swiss psychiatric hospitals

## Introduction

Dementia is the seventh leading cause of death globally. Besides age, mental illness is known as an important risk factor of dementia and therefore respective patients are often treated in psychiatric hospitals. In order to allow for a management of the treatment pathway and to gain insights on relevant cost structures, knowledge about the care situation before and after the hospital stay is important.

In 2018, the DRG-based tariff structure for psychiatric hospitals (TARPSY) was implemented in Switzerland. The tariff implementation supports improvement of documentation and data quality. It can make an important contribution to the understanding of the care situation of patients as specific variables (e.g., admission type, referring institution, decision for discharge) need to be recorded by the hospitals and are audited by the insurance companies.

In this paper, we first provide insights on the care situation of dementia patients before and after hospitals stay. Then, we investigate if admission and discharge variables explain differences in costs. If so, they could be considered for the further development of the tariff structure and management of patient pathways. With our research, we aim to contribute to the health policy discussion on management of dementia patients and facilitate the further development of the tariff structure for this patient group.

## Dataset / Methods

This analysis is based on data at the case level from the Swiss Federal Statistical Of-ice, including diagnoses, procedures, detailed cost information, and other patient characteristics. For our analysis, we select the psychiatric cases with main ICD-10-GM diagnosis F00, F02, F03, and G30, G31.

Our final sample comprises 7,090 cases of dementia from 2017 to 2019. To explore the relationship between the admission and discharge variables and the case costs (or different types of costs on the patient level), we apply an OLS regression.

## Expected results

Based on the current and available literature our hypotheses are:

- There are differences in the care situation of dementia patients before and after their psychiatric hospital stays at the cantonal level (i.e., at the regional level).
- There are differences in the care situation at the hospital typology level (e.g., differences between university hospitals, regional hospitals, etc.).
- For severe cases of dementia, we expect more referrals by physicians or referrals from acute hospitals.
- We expect cost differences between patients admitted and discharged in different ways.

We will analyze the hypotheses with the outlined data and methods.

## Conclusions

The quality of the data on psychiatric patients is beginning to improve thanks to the new TARPSY tariff structure introduced in 2018. Thus, we get better information about the care situation of dementia patients before and after their stays in inpatient psychiatric hospitals. This information can be used to optimize the inpatient and outpatient care of dementia patients. Further, a better knowledge about the interrelation between inpatient and outpatient care can help further improving the tariff system.

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## Paper award

Innovation Prize