

Challenges in Developing Health Insurance Payment Models Following the Introduction of Outcome Measurement Using ICHOM Sets for Depression & Anxiety and Dementia

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Background

- First implementation of ICHOM sets in Slovenia for dementia, depression & anxiety (2023-2024) at the University Psychiatric Clinic (UPC) in Ljubljana, Slovenia.
- Health Insurance Institute of Slovenia (HIIS) exploring financing model adjustments.
- **Aim: Align with value-based healthcare goals (Porter & Gray).**

Methods

- Review of current payment models for psychiatric care in Slovenia.
- Examination of relevant legislation and documents.
- Analysis of case-based payment system and exceptions.

Results

Current Payment Model:

- Case-based system.
- Defined as completed treatment of patient's health problem that includes all services during hospital stay.
- Exceptions specified in yearly General Agreement and 2024 Regulation.

Proposed Model:

- See Table 1.

Discussion

Benefits of Proposed Model:

- Incentivizes focus on patient outcomes.
- Optimizes resource utilization and aligns with value-based healthcare principles.

Table 1. Proposed payment model.

Feature	Description
Base	Modified case-based payments
Structure	Bundled payment with fixed fee
Innovation	Variable component based on care success
Evaluation	Using ICHOM sets

Future Implications:

1. Value comparison among psychiatric institutions in Slovenia and international comparisons.
2. Linking administrative data to clinical registries.
3. Fostering continuous improvement and shared learning.

Challenges:

- Workforce allocation for data collection and analysis.
- Financing for outcome evaluation and establishing regular provider-payer meetings.

Conclusion

UPC's and HIIS's initiative represents a significant step towards:

- **Patient-centric care.**
- **Efficient resource utilization.**

This pioneering approach in Slovenia aligns with global trends in value-based mental healthcare, potentially serving as a model for other institutions and countries.