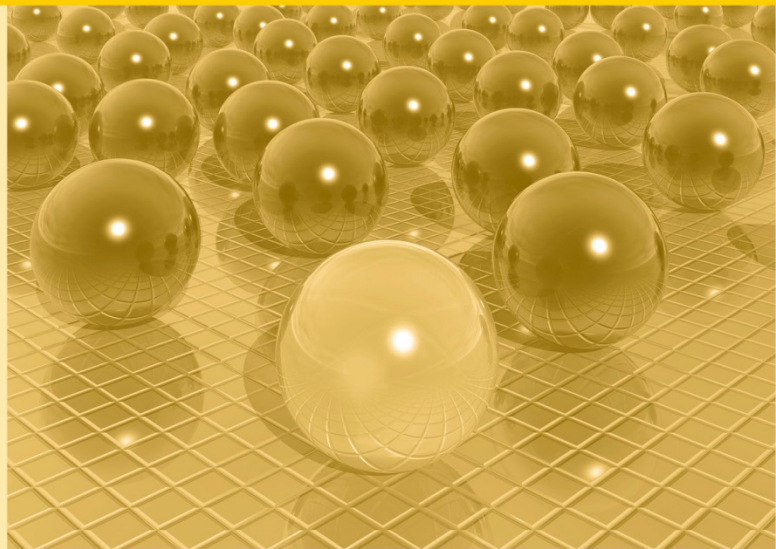


Metadata report



Part I: General and methodological information on the PEPP Statistic

Version 1

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Metadata Report

Part I: General and methodological information on the PEPP Statistic
(EVAS number 23141)

Version 1

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1. General information

The PEPP statistic includes information on all fully inpatient hospital cases that are billed according to the fixed rate payment system for psychiatry and psychosomatics (pauschalierendes Entgeltsystem Psychiatrie und Psychosomatik – PEPP).

1.1 Objective/purpose of the statistics

The PEPP statistic complements and extends the informational range of the customary official hospital data with nuanced results on the stationary care in psychiatric and psychosomatic hospitals.

1.2 Legal basis (links)

Federal Statistics Act of 22 January 1987 (BGBl. I p. 462, 565), last amended by Article 1 of the Act of 20 October 2016.

https://www.gesetze-im-internet.de/bstatg_1987/BStatG.pdf

Law on the fees for full and partial inpatient hospital services (Krankenhausentgeltgesetz - KHEntgG) of 23 April 2002, § 21.

<https://www.gesetze-im-internet.de/khentgg/KHEntgG.pdf>

Act on the Economic Security of Hospitals and the Regulation of Hospital Nursing Rates (Krankenhausfinanzierungsgesetz - KHG) of 10 April 1991, § 28.

<https://www.gesetze-im-internet.de/khg/KHG.pdf>

1.3 Type of survey

The present survey is a secondary statistic.

1.4 Statistical unit/respondents/survey population

The survey units are hospitals and hospital cases. The survey population includes all psychiatric and psychosomatic institutions that charge according to §17d (1) Hospital Financing Act (Krankenhausfinanzierungsgesetz – KHG) following the fixed rate payment system for psychiatry and psychosomatics (PEPP) as well as all patients treated as inpatients (hospital cases). Starting 01 January 2018, all hospitals are obligated to apply the new PEPP system. The following are also included:

- all specialised hospitals

- autonomous, specialised departments of somatic hospitals for the specialist departments psychiatry and psychosomatics, children- and youth psychiatry and psychotherapy as well as psychosomatic medicine and psychotherapy.

1.5 Reporting scope/report channel

The hospitals transmit their hospital-related structural data and case-related efficiencies data to the Institute for the Hospital Remuneration System (InEK) on a machine-readable data carrier by 31 March each year for the preceding calendar year. The data transmission from the InEK to the Federal Statistical Office takes place annually until July 1.

1.6 Reporting period

The reporting period covers the period from 1 January up to and including 31 December of the given calendar year. Recorded are the treatment cases that were dismissed within this period.

1.7 Periodicity

Starting with the reporting year 2018, the PEPP data are available annually.

1.8 Regional level

Results can be generated on hospital level and on hospital case level up to the level of the federal states.

2. Method

2.1 Survey method

It is a secondary statistic carried out centrally by the Federal Statistical Office. The official statistics themselves do not collect any data, but the data collected by the hospitals are transmitted to the Federal Statistical Office via the Institute for the Remuneration System in Hospitals (InEK).

2.2 Survey content

In addition to sociodemographic characteristics of the patients, such as age, gender or regional reference, especially the types of diseases are surveyed by main and secondary diagnoses, operations and procedures, length of stay and visited specialist departments as well as the fixed rate charges for psychiatry and psychosomatics. In addition, regional information is available for the hospitals.

2.3 Sampling frame

The selection basis for the PEPP statistics are all psychiatric and psychosomatic institutions that bill according to the fixed rate payment system for psychiatry and psychosomatics (PEPP).

2.4 Sampling method

No sample was drawn as the survey is a complete enumeration.

2.5 Preparation process

The data transmitted by the InEK are subjected to further technical processing in order to be able to process and analyse them with corresponding statistical analysis programs. Imputations, weightings, calibrations or other procedures of this kind are not used.

2.6 Projections

The survey is a complete enumeration, therefore no projection was made.

2.7 Methodology changes

There were no relevant methodology changes for this statistic.

2.8 Classifications

The main and secondary diagnoses of the patients are classified according to the international statistical classification of diseases and related health problems in the German modification of the version valid for the respective survey year (ICD-10-GM):

<https://www.dimdi.de/dynamic/de/klassifikationen/icd/icd-10-gm/>

The operations and procedures performed on the patients are classified according to the official Operation and Procedure Code (OPS) in the version valid for the respective reporting year:

<https://www.dimdi.de/dynamic/de/klassifikationen/ops/>

The annual catalogue for PEPP charges is used for the fixed rate payment system for psychiatry and psychosomatics:

https://www.g-drg.de/PEPP-Entgeltsystem_2020/PEPP-Entgeltkatalog

2.9 Functional and spatial comparability

With regard to diagnoses and procedures, comparability within Germany is ensured based on the official classifications described in chapter 2.8. and is subject exclusively to changes in the classification catalogues between the reporting years. Internationally, comparability on this basis is also fundamentally ensured. However, it is limited by the different national accounting systems for hospital treatment.

3. Quality

In general, the PEPP statistic can be expected to be of high data quality.

In theory, an under-recording of hospitals and treated patients could emerge if data deliveries of individual hospitals are not transmitted on time or only incompletely. Due to the nature of the data as billing data of the hospitals it can, however, be assumed that the data collection is mostly complete.

Furthermore, extensive quality assurance measures are carried out both by the Institute for the Hospital Remuneration System (InEK) and by the Federal Statistical Office. Complex data verification procedures are used to check the plausibility and conformity of the information. The procedures are systematically run through in several stages and are subject to regular adaptation and further development. It is, for example, checked which diagnosis codes can or may occur in which gender and / or age groups. It should be noted that the keys are assigned in the hospital and errors could already occur there. However, since the diagnosis and procedure specifications are relevant to hospital charges, it can be assumed that the quality of the information is very high.

4. Central Publications

Pauschalierende Entgelte für Psychiatrie und Psychosomatik (PEPP) nach Strukturkategorie mit den 3 häufigsten PEPPs.

[Fixed rate payment system for psychiatry and psychosomatics (PEPP) by structure categories using the 3 most frequent PEPPs.]

<https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Krankenhaeuser/Tabellen/pauschalierendes-entgeltssystem-psychiatrie-psycho-somatik.html?nn=210520>

Three more tables on PEPP data can be found on the website of the Federal Health Monitoring of the Federation (www.gbe-bund.de).

5. RDC Supply

The PEPP statistic is available via the on-site ways of data access (remote execution and safe centre) starting with the reporting year 2018. Further information on the available RDC products can be found at:

<https://www.forschungsdatenzentrum.de/en/health/pepp>

