

POSUDEK VEDOUCÍHO DIPLOMOVÉ PRÁCE

Jméno studenta/studentky: Bc. Dušan Kučera

Název práce: DRG System in the Czech Republic and its Implications

Jméno vedoucího práce: Paola Bertoli.

	1	2	3	4
Hodnocení tématu samého (bez ohledu na studenta):				
1.1 Nakolik je téma práce aktuální a významné?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Jak náročné je téma na teoretické znalosti?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Jak náročné je téma na praktické zkušenosti či práci v terénu?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Nakolik je dostupnost podkladových materiálů obtížná?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slovní hodnocení (několik vět), zejména:

Bod 1.1: The aim of the thesis is to investigate the impact of DRGs' implementation on the provision of health care in the Czech Republic. Specifically, the focus is on vascular surgeries and on whether, and to what extent, DRGs have changed the treatment selection between SA and MIA procedures. The research question is clear and well-defined and contributes to the ongoing debate on the likely effects of DRGs system that is the most largely employed reimbursement method for health care in developed countries.

Bod 1.4: For the practical part, the author collected an interesting dataset on the performance of SA and MIA procedure for the year 2008, 2009, 2014 and 2015 within a hospital located in the Moravian-Silesian region. This information were also complemented with data on both the related DRGs prices and the prices under the Point System. The author also conducted a series of interviews with the hospital management and other medical experts.

Popř. ostatní:

2. Hodnocení struktury a logické provázanosti práce:

2.1 Nakolik je struktura práce logická a přehledná?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Nakolik využívá autor aktuálních a vhodných pramenů?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 Jak vhodně zvolil autor metody ve vztahu k tématu?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Nakolik dostatečně a funkčně autor vybavil práci zejména nepřevzatými grafy, tabulkami, daty, přílohami apod.?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Jaká je úroveň vzájemné kompatibility mezi prvky základní linie práce: téma – zadání práce – cíl – struktura – závěry?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Slovní hodnocení (několik vět), zejména:

Bod 2.1 and 2.5: Since the beginning of the thesis, it is clear the research questions the author want to answer and the structure of the thesis is quite consistent with it. However, some parts/chapters results to be a bit disconnected with each other and it is not straightforward their

added value with respect to the aim of the investigation. Specifically, the Section 1.1. (i.e., Features of the healthcare system) and Sections 4.1. and 4.2 (i.e., Implementing DRG system in the USA, and The Impact fo the DRG's implementation on the health market in USA, respectively).

Bod. 2.2: The possible effects of DRGs` implementation are presented in Section 5.1 without commenting on which grounds these are built. There is no reference to any of the several studies conducted on the effects of DRGs.

Popř. ostatní:

3. Hodnocení kvality textu práce:

3.1 Jak hluboce a kvalitně autor téma analyzoval?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 Zformuloval autor cíl práce jasně a logicky strukturovaně?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Nakolik autor naplnil vytčený cíl práce a schválené zadání práce, jehož je cíl součástí?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.4 Jak hluboce a kvalitně autor zpracoval teoretickou část práce?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.5 Jak hluboce a kvalitně autor zpracoval praktickou, resp. analytickou část práce?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.6 Nakolik jsou závěry práce logicky strukturované a kvalitní a jakou obsahují míru přidané hodnoty?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Slovní hodnocení (několik vět), zejména:

Bod 3.2: The research questions are clearly stated, but less clear are the hypothesis on the possible effects of DRGs system the author wants to test.

Bod 3.4: The theoretical part is limited to Section 5.1. (i.e., Incentives for different actors in the DRG system) where the author summarizes the main effects that are claimed by the related literature when DRGs are at stake. The main weakness of this part is the fact that no previous studies is cited to support these effects. Moreover, the author should have better elaborated what are the expectations for the analysis developed in Sections 5.3, 5.4 and 5.5. In Section 5.1.3, it seems that the author expect the DRGs to induce more upcoding practices, but what he studies in the following Sections is actually a change in treatment selection.

Bod 3.5: The practical part has been elaborated better than the theoretical one, but, in particular, I have some concerns on the conceptual approach:

- The author kept comparing the DRG and Point remuneration in the different years of the analysis for each procedure separately. However, how much the price of a procedure changed per se before/after 2010 should not be the focus. What matters is how much the difference in the prices of the two procedures changed. For example, at pag. 45 „*MIA was better remunerated in payment scheme by Point than by DRG. Reverse assumption can be made about the SA approach, in 2008-2009 the remuneration by the DRG was higher than by Point and in the years 2014-2015 it changed rapidly and the SA approach was better appraised and the DRG payment overpassed the point based payments*“. Still, when comparing the difference in prices under the point system in 2008-2009 with that under DRGs in 2014-2015, MIA procedures result to always be much better remunerated than the SA ones, then why to switch to more SA?
- We do not know anything about the composition of the patients. What if the composition of patients changed over time and this is the reason why more SA were needed?

Instrukce pro zpracovatele: Autor posudku musí vyplnit slovní hodnocení k vyznačeným bodům, které jsou pro hodnocení práce, zejména u obhajoby, stěžejní, a proto hodnocení musí mít přiměřenou vypovídací schopnost.

Pozn.: způsob klasifikace: 1 = výborně, 2 = velmi dobře, 3 = dobře, 4 = nedostatečně.

- There is no analysis on the number of complications suffered as a consequence of the performance of SA and MIA procedures. This is an important point, because if there are patients suffered fewer complications, one can claim that the change in treatment selection was indeed necessary and done in the best interest of patients. In this respect, the author just presents the complications rates of the different procedures, but the issue is to understand whether there was a change before/after 2010.

Bod 3.6: The conclusions are drawn from the experience of just one private hospital, thus it is not clear how generalizable they are, especially when one looks also at public providers. Moreover, part of the conclusions are based on the opinion of medical experts and not supported by evidence. Specifically, at pag. 62 point D, the author claims that there would be negative consequences also for patients in the form of higher complications, but what the author discussed in the previous Section 5.7.2 is only the fact that SA procedures tends to be associated with a higher complication rate. This does not mean that after the implementation of DRGs there has been an actual increase in complications.

Popř. ostatní:

4. Hodnocení formy a stylu práce:

4.1 Jaká je formální úprava práce?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Jaká je kvalita citací a odkazů? Jsou identifikovatelné zdroje?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Jaká je stylistická úroveň práce, zejména používání správné ekonomické terminologie?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Slovní hodnocení (několik vět), zejména:

Bod 4.2: Citations and references meet the common academic standards and source are easily identifiable.

Bod 4.3: Overall, the thesis is well written in a fair English. The author tends to use too often acronyms that are not always necessary and can make more difficult for the reader to follow the text (e.g., AC for acute care). For example, I could not find the meaning of the acronym ZS at pag. 21.

Popř. ostatní:

5. Celkové hodnocení (Nutno uvést konstatování, jestli práce splňuje z hlediska kvality obsahu, rozsahu a formálních náležitostí požadavky z Metodiky NF, zdali je práce doporučena k obhajobě či nikoli. Může být navržena i na zvláštní ocenění apod.):

I recommend the present thesis for defense as it satisfies all the NF requirements. The research question is interesting and the author well reconstructed the process and prices of DRGs implementation in the Czech Republic. More attention should have been devoted to the theoretical part to better explain the hypotheses the author wanted to test and the mechanisms through which these would have worked. This would have help in better understanding the practical part whose limitations that the author should have pointed out in the discussion of the results.

6. Otázky a připomínky k obhajobě:

Please, comments on the points raised on the conceptual approach applied in the practical part (see, point 3.5).

Instrukce pro zpracovatele: Autor posudku musí vyplnit slovní hodnocení k vyznačeným bodům, které jsou pro hodnocení práce, zejména u obhajoby, stěžejní, a proto hodnocení musí mít přiměřenou vypovídací schopnost.

Pozn.: způsob klasifikace: 1 = výborně, 2 = velmi dobře, 3 = dobře, 4 = nedostatečně.

Is there any other incentive you can think to that could induce doctors to prefer SA over MIA?

Navržená známka: dobře

Datum: ...31/01/2018.....



.....
Podpis vedoucího práce