

Effects of the introduction of HybridDRGs in Germany analysing real-world data

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## Introduction

In 2025, the German Diagnosis Related Group (DRG) system underwent significant changes with the introduction of Hybrid-DRGs, which shifted several inpatient procedures to the outpatient sector. This study aims to evaluate the economic effects of these changes in the field of gastroenterology, using real-world data from 2023. Specifically, it focuses on procedures like endoscopic biopsy, endosonography, and endoscopic retrograde cholangiopancreatography (ERCP), which were moved to Hybrid-DRGs. Two Hybrid-DRGs were introduced within the base DRG H41: H41N (from H41D) with a reimbursement of €1,641.24, and H41M (from H41F) with €1,380.29.

## Methods

Data from the German Society of Gastroenterology's (DGVS) DRG project were analyzed, covering 39 hospitals. Using a transition grouper, the data from 2023 were projected into the 2025 reimbursement structure [1].

## Results

The results show that of the 4,515 day cases in H41, 1,863 cases (41%) remain within the existing inpatient DRGs, while 2,652 cases (59%) are moved to Hybrid-DRGs. Among these, 592 cases (19%) shift from H41D to H41N, and 2,058 cases (46%) transition from H41E to H41M. A comparison of the 2024 and 2025 reimbursement rates shows a 7.3% reduction in reimbursement for these transferred cases.

Before the legislation changes, the DGVS approached the German Institute for Hospital Remuneration (InEK) with recommendations based on their data analysis [2]. One major request was to exclude cases involving self-expanding stents and related additional charges from the Hybrid-DRGs, which were adopted. However, a suggestion to continue offering ERCP with papillotomy as an inpatient procedure due to higher complication rates was not accepted.

## Discussion/Conclusions

In conclusion, the introduction of Hybrid-DRGs in gastroenterology is expected to result in a 7.3% reduction in reimbursement for cases that shift from traditional inpatient DRGs to Hybrid-DRGs in 2025. Despite this, the redistribution and upgrading of standard DRGs will lead to a total increase of 5.6% in the reimbursement for gastroenterology in 2025. This increase compensates for the reduction caused by the Hybrid-DRG shift. Without the real-world data from the DGVS's DRG project, this analysis of the economic impact could not have been conducted. The study highlights the importance of data-driven approaches in assessing healthcare policy changes, especially when transitioning from inpatient to outpatient models.

## References

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