



CHAPTER 5

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Limitations of the Study

This study was conducted in purposively selected district that is under donation of German Health Project. Due to limitation of time for data collection and the last year records of the district was collected some assumption was made for data analysis. The appropriate information that should be directly collected from the hospital is prospective data for 3 or 6 months so that the result will be more reliable.

5.2 Discussion and Conclusion

In order to run as a non-profit hospital, Nakloeung district hospital has to generate enough revenues to replace the capital when the life of asset are over. Without any supplementary incentive to the personnel the cost per OPD visit was 2188 riels when the volume of activities is unchanged. After the volume of activities increased 20% the cost per visit decreased to 2,134 riels. On the contrary it increased up to 2,326 riels after the personnel of the district hospital were given incentive. Even the personnel of the district hospital were given incentive, however, when demand increased 20% it turned down to 2,272 riels. Therefore, sensitivity analysis were done by changing labor cost and the number of visits did not show much the variation of cost per visit from one scenario to other scenarios.

For in-patient department, without any supplementary incentive to the personnel the cost per patient day was 11,289 riels when the volume of activities is unchanged. After the volume of activities increased 20% it was lower to 10,562 riels. On the other hand it rose up to 13,255 riels if the committee of Nakloeung district hospital decided to give incentive to the personnel. In spite of giving incentive to the personnel it become down to 12,528 riels when the number of patient increased 20%. Therefore sensitivity analysis were done for in-patient unit cost estimation by changing labor cost and number of patient day showed some variation of cost per patient day was higher than others variation, specifically when the personnel were given incentive.

For outpatient department as presented in the first paragraph of this chapter we conclude that unit cost of any scenario above can be recovered. The latest survey on health care demand conducted in 1996 by National Institute of Public Health and under-supported by Ministry of Health, WHO, GTZ and two foreign experts, confirmed that from consumer perspective a household headed by a farmer can afford to pay similarly with a household headed by a non-farmer about 2,000 riels for one visit on the average.

For hospitalization as described in the second paragraph of this chapter we can not conclude which cost per patient day of any scenario can be introduced to the district. The same health care demand survey in 1996 confirmed that a household headed by a farmer on the average can afford to pay only 9,000 riels. Whereas a household headed by a non-farmer can pay up to 13,000 riels. So in this case we would like to let the committee of the district hospital take this result into consideration how much to charge for patient day. Because we believed that only the committee of the hospital knows deeply about the ability to pay and behaviour of its population coverage.

5.3 Recommendations

As discussed and concluded in section 5.2 that for outpatient department Nakloeung district hospital can establish the charge of one visit around 2000 riels. However, for hospitalization we recommend that Nakloeung district hospital should begin one year first to charge the cost per patient day without any given incentive to the personnel, 11,289 riels.

For one year running hospital should keep track all document related to cost analysis in order to reallocate and reanalysis for further improvement of efficiency equity and sustainability.

Health Care Demand survey also informed that 29.4% of sick persons utilized private practitioner and 39% bought medicine from the drug store. So to attract the people using public district hospital the discipline of the staff and quality of care should be taken into consideration.

We suggest that the methodology of this study can be used to analyze the costs of others health center, district or national hospital, either in rural or urban

areas, where already proceeded the fee system. Because of getting more fundamental information and clear idea about the cost can help Ministry of Health to make decision and setting the standard of charge to implement in whole nationwide as fair and effective. Financial contribution from the people is a major source that is viable and constant.

Further study should be reanalyzed the unit cost for each ward of the district hospital in order to know which ward charge more than others ward. Then the committee can find out it causes that lead to assess the use of personnel in delivery health care and the efficiency of putting supplies and inputs to work as well.