

ABSTRACT

This study seeks to estimate the cost of providing rehabilitation services through the Provincial Rehabilitation Centre (PRC), in Digana in the Central Province. The function of a PRC is to provide long term rehabilitative care for people with disabilities. Currently around 10% of the total world's population, roughly 650 million people, live with a disability. Specialized rehabilitative care is a critical need in Sri Lanka at present because the disabled population of Sri Lanka was estimated to be 274,744 (1.5%) in the 2001 census. The recent trend in Sri Lanka has been that the proportion of disabled persons is increasing rapidly due to demographic and epidemiological transition and the war, and care for them is likely to become a major burden on the health care delivery system in the future. The Ministry of Health having understood this problem planned to establish one PRC in each province, but currently only four are operational. Estimating the cost of setting up and running such a Provincial Centre is important, both in determining the feasibility of setting up services more widely, and in arguing for its importance as a regular healthcare activity.

Given that Digana PRC is a well functioning centre, it can be considered a standard PRC in the context of Sri Lanka. It is therefore used as the location for estimating the cost of providing rehabilitative care through a PRC. The general objective of this study is to estimate the cost of services provided by the PRC in Digana. The specific objectives addressed are the estimation of overhead, intermediate, direct and indirect costs incurred by the cost centers of the selected PRC and the estimation of per patient costs for these cost centers.

As Sri Lanka is a developing country with limited resources, health managers have to look for the most cost-effective manner of establishing such centers. Gaining an understanding of the cost of running the institution at Digana would allow for evaluating the feasibility of replicating this model in other provinces and for evaluating this alternative against other options for the provision of rehabilitative care in the future. Currently the disabled seek care mainly from tertiary healthcare facilities and the creation of specialized units would improve the services to the disabled as well as ease congestion in tertiary care settings.

A descriptive cross sectional study was undertaken. Secondary data on running costs were collated, which allowed for calculating operational costs relatively accurately. Data were collected using check lists. Direct allocation method was adopted as the methodology. The direct allocation method involves allocating all the costs directly and indirectly associated with a particular activity. It requires the identification of activities and measurement of the costs incurred in providing a particular intervention or in treating a particular type of patient.

Total direct cost of the three inpatient centers was 1,084,467, total indirect cost for these cost centers was 410,047 and the total cost was 1,504,514. Number of patient days in all three cost centers was 1462.

Average ward cost of a patient day for basic inpatient care which includes hotel charges, staff time and medical care costs but excludes capital cost (land cost, building cost and equipment cost) was Rs 1,029. Marked differences in unit cost exist between final cost centers. The highest cost for inpatient care, Rs.1, 234, was reported from cost center 1, for male Spinal injury patients. The lowest per patient cost for inpatient care was reported

from cost center 2, Rs 916 (male ward for patients who had suffered cerebral vascular accidents). A visit to the Rehabilitation clinic cost Rs 441.

The annual operational cost for Digana PRC in 2010 was Rs. 26,713,824. Recurrent expenditure in the Central Province in 2008 was Rs. 2,891,000,000. Projected recurrent expenditure of Central Province in 2010 was Rs. 3,469,200,000. The operational expenditure on Digana PRC as a percentage of recurrent expenditure was 0.77%. As this value is comparatively small, these findings can be used to argue that the proposed policy of establishing a PRC in each province should be implemented. The cost of the PRC clearly shows that this would be feasible and affordable.

Further research on the aspect of operational costs for rehabilitative care and utilization of such services would be useful for restructuring rehabilitative services to face the future challenges of economic resource constraints and demographic and epidemiological transition.