

ABSTRACT

Effective use of available resources for provision of health care is a priority for countries like Sri Lanka where the government provides such services free of charge to its population. Patient care services use a major component of the financial allocation, of which the services aimed at those attending Out Patient Departments(OPDs) form an important component. This study was undertaken with the objective of conducting a cost analysis of patient management practices at OPDs of two Provincial Hospitals and to study the effectiveness of an educational intervention aimed at reducing drug costs in patient management.

A descriptive study conducted in two Provincial Hospitals situated in the Western Province of Sri Lanka indicated that the unit cost per patient visit was Rs. 27.00. 58.6% of this cost was contributed to by drugs, and 2.9% by investigations and 38.5% by other recurrent expenditure. Among the drugs, over 80% was contributed to by antibiotics. Diseases of the respiratory system was the most common morbidity group contributing to over 45% of OPD attenders and the unit drug costs in this group was Rs. 18.44, of which antibiotics contributed to 86.2%.

Cost awareness among Medical Officers was poor. Drug advertisements and drug detailmen were their main source of information on drug costs.

An educational intervention based on the findings of the descriptive study and the study conducted among MDOs, was developed and implemented in one hospital identified as the study unit. A study on the morbidity pattern, prescription pattern and unit cost of drugs per patient visit was carried out, 2 months and 4 months after the intervention. In the hospital where there was no intervention, similar data were obtained, 4 months after the collection of baseline information i.e. descriptive study.

A 20% reduction in the unit cost of drugs per patient was seen following the intervention, mainly in the group, diseases of the respiratory system. This was contributed to by a reduction in the costs related to antibiotic use, specially the use of Amoxycillin. The reduction was seen to persist even 4 months after the intervention.

Even a minimal reduction in the unit cost of drugs in managing a patient at OPD could contribute to a considerable saving to the health services, as the total number of patients cared for at OPDs throughout the country was approximately 1974 per 1000 population, annually.

This intervention could be replicated without additional resources in any major hospital, hence development of a system to monitor morbidity and prescription pattern enabling provision of feedback to the MDO could contribute towards more cost effective patient management practices in the higher levels of institutions is of high priority.