

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

In the context of the People's Republic of Bangladesh, there are four levels of hospitals- Central, Divisional/General hospital, District hospital and Thana Health Complex. Consequently the Thana Health Complex is near to the rural people but they prefer to utilize District Hospital and creates over utilization there. Although the Thana Health Complex are underutilized but the Government has to pay the salary of the staffs, drugs cost, administration cost, repair and maintenance cost of medical equipment, vehicles and building in full which is a wastage to the Government.

5.1 Conclusions

The average provider cost including capital cost for cost per patient day in IPD and cost/visit in OPD of District Hospital was lower than Thana Health Complex's both departments. In addition the average length of stay in District Hospital was more than Thana Health Complex and this was may because of more severe cases go to the District Hospital and admitted in the IPD.

The cause of higher unit cost for an OPD visit and cost per patient day at IPD of Thana Health Complex than that of District Hospital because Thana Health Complex incurred higher capital and as well as some recurrent costs like salary cost of personnel for administration i.e., support service, electricity and others, for treating the patient and this was mainly because of under utilization of the Thana Health Complex. In Thana Health Complex in 1997 no diagnostic tests were done for the patients at OPD but in District Hospital some diagnostic tests were done for OPD

patients. Till that in District Hospital cost/OPD visit was lower mainly because of it's maximum utilization and also District Hospital may be more efficient in their services.

Analysis of the results implies two alternative policy implications. First if we want to reduce the average cost in Thana Health Complex we must have to increase the utilization rate; i.e., more patients should be encouraged to seek treatment at Thana Health Complex. Secondly, people should be encouraged to seek more treatment in District Hospital (specially in IPD) and scale down capital in Thana Health Complex.

For OPD, we have to encourage people to seek treatment at the nearby facility that will increase the utilization rate at OPD of Thana Health Complex. Consequently, reduce the crowd at District Hospital in OPD.

In case of recurrent cost of provider for IPD patient cost/patient day at District Hospital was lower than Thana Health Complex this was may because of District Hospital more efficient in disease management. Begum's study measured the satisfaction of the people towards the quality of services of the doctors and their expertise, nurses service, laboratory tests, quality of drugs provided, food services and others at different level of health care. And the peoples are satisfied with District Hospital. But the rural peoples are not satisfied only with one point that is the longer distance of District Hospital. This expression of the people indirectly shows that District Hospital was much more efficient than Thana Health complex as well as Health Center at the union level. She did not measure the efficiency and also unfortunately there is no such study about measurement of hospital service efficiency in Bangladesh. But the main reason for lower cost at District Hospital in both departments were for it's maximum utilization .

Taking into consideration of patients' perspective, non-severe cases (OPD cases) should be encouraged to seek treatment in Thana Health Complex because of

lower cost (22% lower). However, severe cases like IPD cases, District Hospital performed better and should be encouraged to serve by at least two reasons. First, average provider cost is much lower (16% less of IPD compared to 8% less of OPD case). Second, though patient cost was higher for both IPD and OPD cases due to travel and food cost, it was only 7% higher in District Hospital than Thana Health Complex for IPD cases compared to 22% higher for OPD cases. Moreover, if taking into consideration that quality of District Hospital services is higher (discussion of satisfaction section), the quality of District Hospital combined with the slightly higher patient cost should strengthen the reason to support the argument in favour of District Hospital for severe cases.

5.2 Recommendations

According to the perceived satisfaction of the rural people towards District Hospital and Thana Health Complex as well as public expenditure in the rural health complex it is recommended to reduce the excessive pressure to District Hospital and to increase the utilization of Thana Health Complex by rural people and to reduce wastage of public resources, it is also advisable to improve the services like quality of drug, laboratory facility, food quality and service. And also improve/increase efficiency of the service providers specially doctors, nurses and also other related health care staffs and service providers presence in the institutions should be ensured so that the patients can meet them easily. Recently most of the Thana Health Complex have received almost full service providing staffs and equipment i.e., Government diverted a considerable amount of resources for rural health care services and all of the health care service personnel are fully salaried with accommodation facilities for most of them with in the campus. So that rural peoples attitude could be changed towards the nearby health complexes and maximize utilization of scarce resources could be possible with the provision of improved health care services and increased efficiency of the service provider at rural level to maintain the equity to an extent.

There do not exist any effective referral system. Strict and effective referral system should be introduced and followed so that more severe cases could be referred from the rural facility to District Hospital for operation and management.

Alternatively user charge may be introduced primarily up to the district level only to recover the recurrent costs of materials which may reduce the over crowding of patients at district level to some extent and will increase the utilization of rural health care facilities at least for OPD services. This may enhance the prevention of the disease at an early stage and will reduce the wastage of public as well as individual resources for in-patient care.

Unfortunately there was not any concrete nation wide survey about the ability of the people and also willingness of the people to pay for health care services. A nation wide house hold survey should be undertaken to get vital information about the ability and willingness of the people to pay for health care services which will be very helpful for introduction of the user charges at an wider range.

5.3 Limitations

This study was conducted in a purposively selected district. For data collection time and available resources was a limiting factor and for that reason retrospective survey was made and a few estimations were done for data analysis. Because of retrospective survey some variables could not be studied as it should be. Appropriate information could be collected along with a prospective survey at least for 6 months, will enable to get more accurate results from the process of calculation of unit cost for the disease.