ASSESSMENT OF MAGNETIC RESONANCE

IMAGING: UTILIZATION AND FINANCIAL ASPECTS

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This thesis aims to study the situation, utilization and financial aspects of Magnetic Resonance Imaging (MRI) technology in Thailand in order to assess the two most important economics appraisal, efficiency and equity in use the MRI service. Thus it is important to understand the situation, diffusion and utilization of this technology. Because we have bought a high cost but it gave limited benefit on the clinical use of MRI.

In 1998, there are 27 MRIs installed the whole country. (0.45 unit per milion population), of which 18 (68%) are in Bangkok, 9 (32%) are in outside Bangkok. Of the total 27 MRIs, 9 MRIs (33%) were owned by public and 18(67%) by private sector. So, There is an inequity of diffusion of MRI and inequity in accessibility to health care service like MRI. The inappropriated diffusion of MRI causes immigration patients from outside Bangkok to use services in Bangkok.

Two MRI units were purposely selected as a case study, classified by public and private. This study aims to collect (a) financial data from MRI's installed to estimate cost of production, cost recovery and break-even output, (b) utilization pattern eg. main application, (c) factors affecting utilization eg. age-sex, resident, payment status(insurance corporate), and monthly income.

The study shows that the major application on clinical use of MRI in both hospitals is on the brain and spine. The financial data of both hospitals show that the cost are more than revenue or the other word, it still less efficiency. They are operating at the level lower than the break-even output.

Moreover, most of cases, 45 % paid from their own pocket 7 % were civil servant who can be fully reimbursed from the Ministry of Finance, 25 % were low income card holders, 18 % were deducted using sliding scale up on the social insurance scheme.

In conclusion the poor and the low income could not access as equal MRI service as the civil servant and the rich people. This clearly reflects unequal treatment for equal needs. Finally, an important implication is that there should be closer collaboration between the public and private sectors.

ภาควิชา ECONOMICS	ลายมือชื่อนิสิต
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ABBREVIATIONS

A.A	Acute Abdomen	KI	Kidney
AB	Abdomen	KUB	K.U.B
AC	Acromioclavicular	L	Leg
AD	Adrenal gland	LA	Larynx
AN	Ankle	LB	Long Bone
ANG	Angiocardiography	LI	Liver
AOR	Aortography	LS	L-Spine
AR	Arm	LSS	L-S Spine
ART	Arthrography		Lymphangiography
В	Brain (tumours.		Mamography
	multiple sclerosis,		Mandible
	epilepsy, and stroke)	ML	Myelography
BA	Brachial arteriography	NA	Nasopharynx
BAS	Barium swallow	NB	Nasal Bone
BE	Barium enema	NE	Neck
BL	Bladder	OC	Oral Cholecyst
BR	Breast	OR	Orbit
BRO		PA	Pancrease
C	Chest, ribs	PAR	Parotid gland
CA	Carotid Angiography	PAT	Patella
CC	Cardiac Cath	PE	Pelvis
CHO		PS	Paranasal Sinuses
CI.	Clavicle	RE	Renal Angiogram
CO	Coccyx	RP	Retrodrade pyelography
COM	•	SA	Sacrum
CS	C-Spine	SAI	Sailography
CX	Cystography	SB	Small Bowel
	Cystourethrography	SC	Scupula
DAC	Dacryography	SH	Shoulder
EL	Elbow	SJ	Sacroliac joint
ESO	Esophagus	SK	Skull
F	Foot	SPC	Spinal cord
FA	Fermoral arteriography	SPL	Spleen
FE	Femure	SPN	Splenoportography
FIS	Fistulograph	ST	Sternum
FOR	-	STJ	
GB	Gall Bladder	T	Teeth
Н	Hand	TES	Testis
HEA	Head		Thorax
HEP	Hepatobiliary		Thyroid
HJ	Hip joint	TL	T-L Spine
HT	Heart	TS	T-Spine
HU	Humerus	UGI	Upper G.I.
HYS	Hysterography	UR	Urethrogram
IAC	Internal Acoustic Canal	UTE	Uterosalpingography
IVC	I.V.C.	VNO	Venogram
IVP	I.V.P.	WR	Wrist
K	Knee	ZA	Zygomatic Arches
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