





កិច្ចសហប្រតិបត្តិការ

Establishing a routine system







# Objectives

- Decision-making by the Health Care Provider
  - Make-or-buy
  - Efficiencies
- Decision-making of the Government
  - Budgeting and resource allocation
  - Provider payment: NSSF and HEF as well as capitation
  - Design of basic health care package
  - Decentralisation Motivation and Business-Orientation
- Economic assessment







# Methodology

• Step-down micro-costing

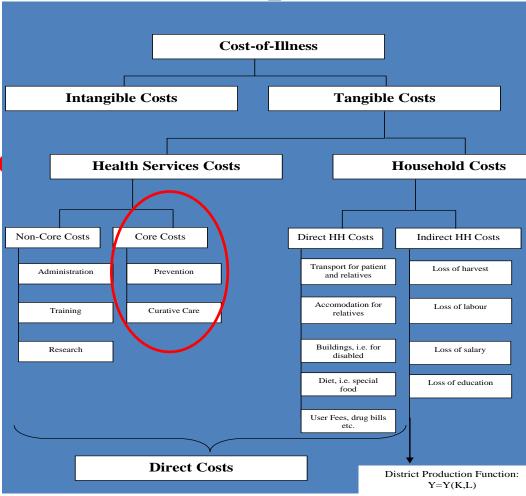






# Perspective and Concept

- Societal Perspective
- Financer Perspective
- Provider Perspective
- Client Perspective









# Degree of precision

- low level precision:
  - health center: cost per contact
  - hospital: cost per outpatient visit, cost per patient, cost per bedday
- intermediate level precision:
  - health center: cost per OPD visit, cost per delivery, cost per preventive contact, cost per TB-treatment
  - hospital: cost per OPD visit, cost per patient and cost per bedday differentiated by departments (e.g. surgical department, general ward, pediatrics...)
- Higher level precision:
  - hospital: cost per OPD visit, cost per patient and cost per bedday differentiated by departments and groups of procedures (e.g. minor and major operations)
- Sophisticated level of precision:
  - hospital: cost per OPD visit, cost per patient and cost per bedday differentiated by diagnosis (e.g. appendectomy)







## Step-Down Methodology

### Cost categories:

- Staff cost: contracted and hired
- Drugs and materials: real cost, not normative
- Capital costs: equipment/building/vehicle inventory
- Other expenditure: as given in health financing reports and hospital accounting reports







## Step-Down Methodology

### Allocating costs to cost centers:

- Allocating staff costs
- Allocating drugs and medical materials
- Allocating laboratory and radiology costs
- Allocating capital costs
- Other costs







## **Experiences and Preliminary Results**

- Step 1: Development of Manuals and Excel-Tools ✓
- Step 2: Sampling ✓

Province	OD	Names of health facilities			
	Kampong Thom	Kampong Thom Provincial Referral Hospital			
Vamana	Kampong Thom	Prey Pras HC, Sala Visai HC, Sambour HC, Sandan HC			
Kampong Thom	Baray Santuk	Baray Santuk Referral Hospital			
		Taing Krasaing HC, Treal HC, Chong Dong HC, Tang Kork HC			
	Stoung	Cham Na Ler HC, Trea HC			
	Kampot	Kampot Provincial Referral Hospital			
	Angkor Chey Angkor Chey Referral Hospital				
Kampat		Dambouk Khpous HC, Trapeang Sala HC, Praphum HC, Tani HC			
Kampot	Kampong Trach	Kampong Trach HC, Tuk Meas HC, Damnak Kantuot HC, Russei Srok Khang Lek			
	Chhouk	Dang Toung HC, Trapeang Reang HC			
Кер	Кер	Kep Referral Hospital			



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# Steps

Step 3: Data collection ✓

- Preparatory Stakeholder Meetings
- National Data Bases
- Health Facility, OD and Province Reports
- On-Site visits

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	6110		ទំនាក់ទំនងសាធារណៈនិងផ្សព្វផ្សាយ	0	0	0	0	
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4			បន្ទុកបុគ្គស។ លាភការនិងប្រាក់បំណាច់បុគ្គលិកក្រខណ្ឌអចិន្ត្រៃយ៉	91,372,200	91,372,200	0	,	







# Steps

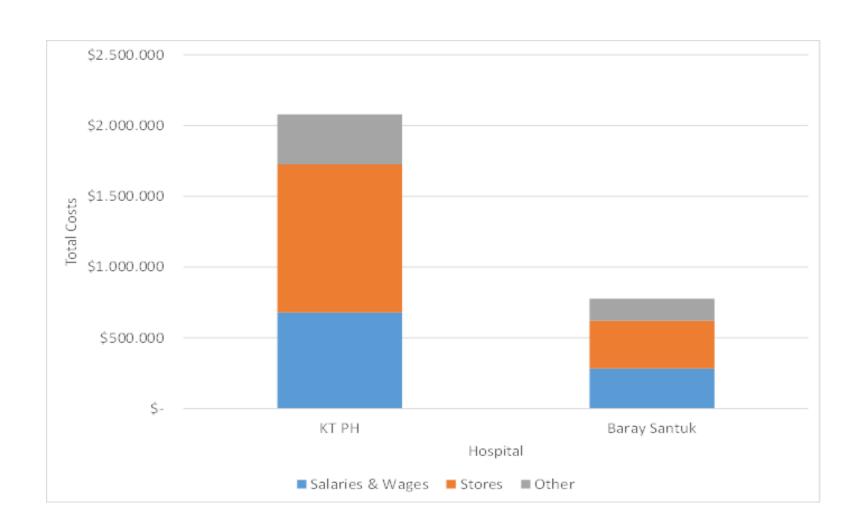
- Step 4: Data Input ✓
  - Cleaning
  - Data Input
- Step 5: Cleaning
  - Kampong Thom: ✓
- Step 6: Analysis
  - Kampong Thom: ✓

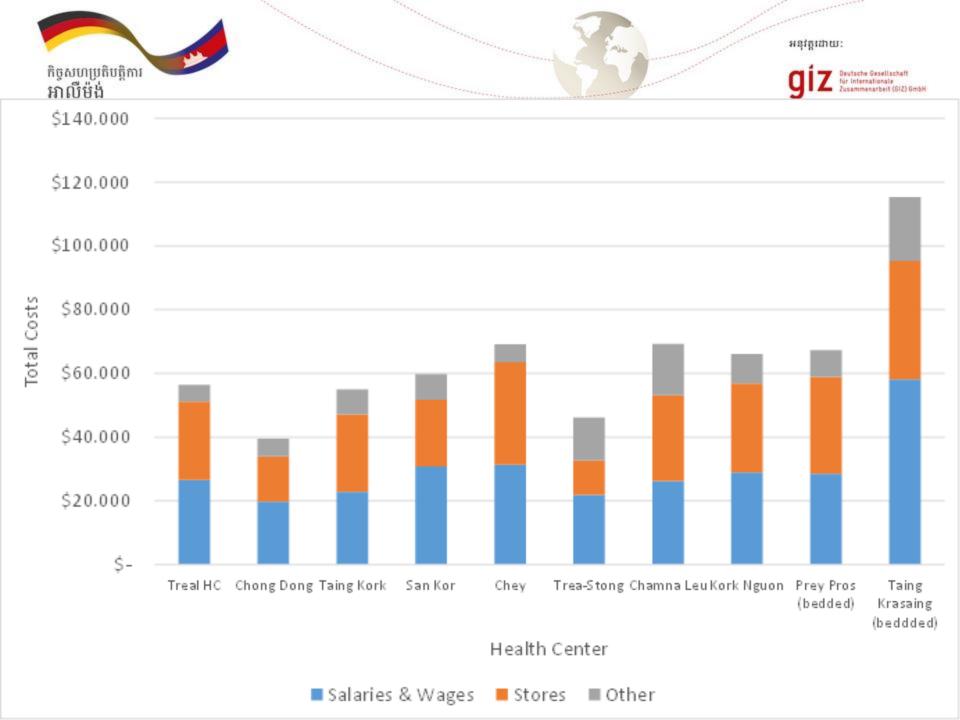


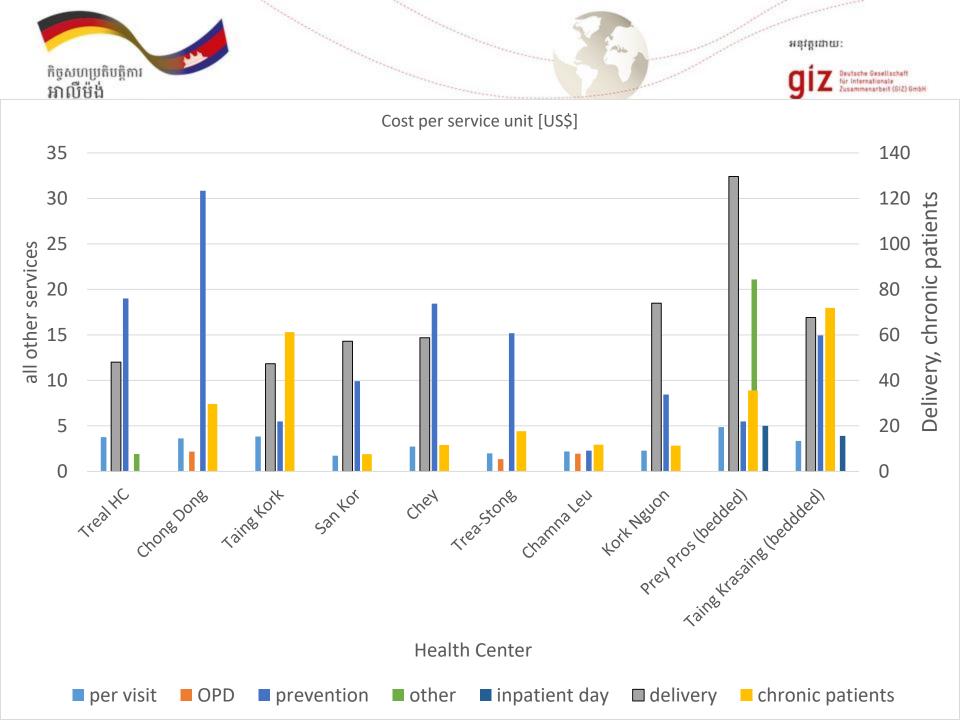




## Results











# កិច្ចសហប្រតិបត្តិការ អាល្លឺម៉ង់ DEUTSCHE ZUSAMMENA PROV. Hospital

\$49.76	per Outpatient department visit / patient
\$178.88	per Inpatient department patient
\$44.97	per Inpatient day
\$39.79	Surgery - per inpatient day
\$32.21	General Medicine - per inpatient day
\$47.03	Paediatrics - per inpatient day
\$60.89	Maternity - per inpatient day
\$46.36	TB - per inpatient day
\$51.54	Other Inpatient - per inpatient day
1.11	cost-equivalent: 1 OPD-visit = x IP days

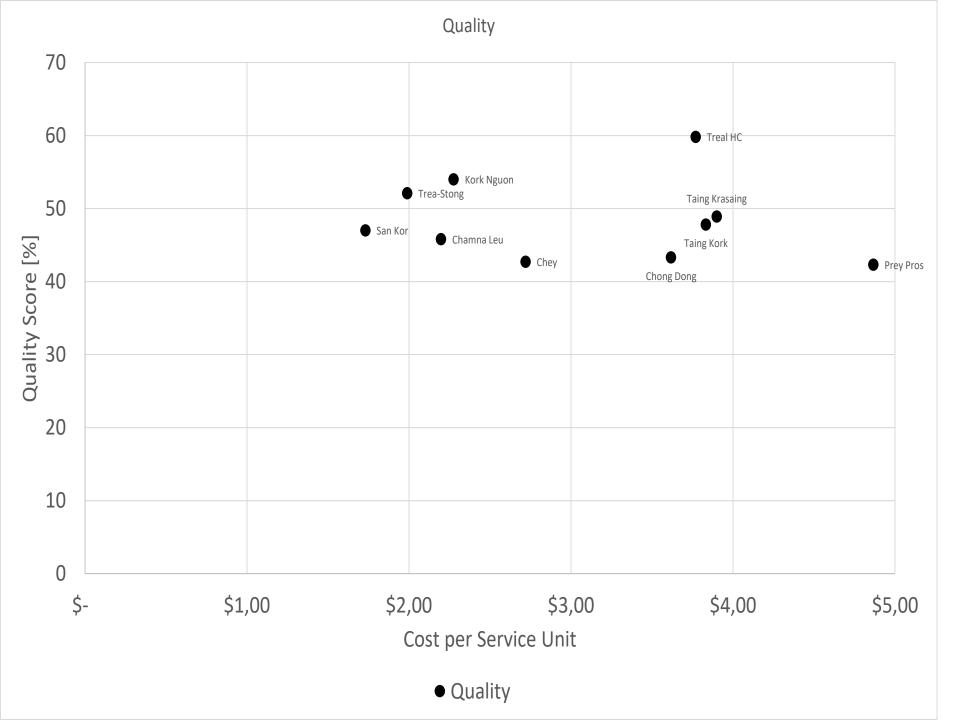






## Results: Treal Health Center

\$3.77	per visit / patient
\$3.11	per OPD services patient contact
\$40.74	per delivery
\$19.00	per prevention patient contact
\$2.29	per other services patient contact







## Lessons learned

- "proof of concept"
  - It is feasible to do costing with the methodology proposed
  - Results are meaningful
- Workload

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- Higher than expected
- Methodology must be simplified to broaden sample
- Quality of data
  - Data collection is cumbersome
  - Quality of data requires strong effort







## Lessons learned

- Methodology
  - Simplify if possible
- Routine system
  - Will take much more time to develop than expected
  - Accounting and documentation must be strengthened
  - Institutional capacity must be strengthened







# Suggestions

#### 1. Strengthen administrative standards in health facilities

- Facilities:
  - Financial accounting
  - Cost accounting
  - Medical statistics and documentation
- National Level: clear national policy
  - National training policy
  - Accounting standards







# Suggestions

### 2. Provision of Costing Data

- Adjust methodology
- Provide methodology to NIPH
- Support NIPH in conducting a series of costing studies







# Suggestions

### 3. Centre of Excellence of Health Economics

### Elements

- Costing, Pricing
- Health Financing
- Quality, Quality of Life
- Health economic evaluation