STATE HEALTH SOCIETY, BIHAR

A comparative study on OOP expenditure and burden on house hold in cardiac treatment

INTRODUCTION:-

The capacity to buy healthcare from the market most often get healthcare without having to pay for it directly because they are either covered by social insurance or buy private insurance. In contrast, a large majority of the population, who suffers a hand-to-mouth existence, is forced to make direct payments, often with a heavy burden of debt, to access healthcare from the market because public provision is grossly inadequate or non-existent through direct cost and indirect. Thus, the absence of adequate public health investment not only results in poor health outcomes but it also leads to increase of poverty. Only in countries like India and some other developing countries, health financing still rely mostly on out-of-pocket payments, where universal access to healthcare is intangible.. despite improvements in access to health care, inequalities are related to socioeconomic status, geography and gender, and are compounded by high out-of-pocket

Out of pocket expenditure in health is a main component of the house hold expenditure of health services .India ranks third in the World Health Organization's latest list of "countries with highest out of pocket (OOP) expenditure on health" in the south-east Asia region.

OBJECTIVE :-

To assess the out of pocket expenditure on house hold in cardiac treatment.

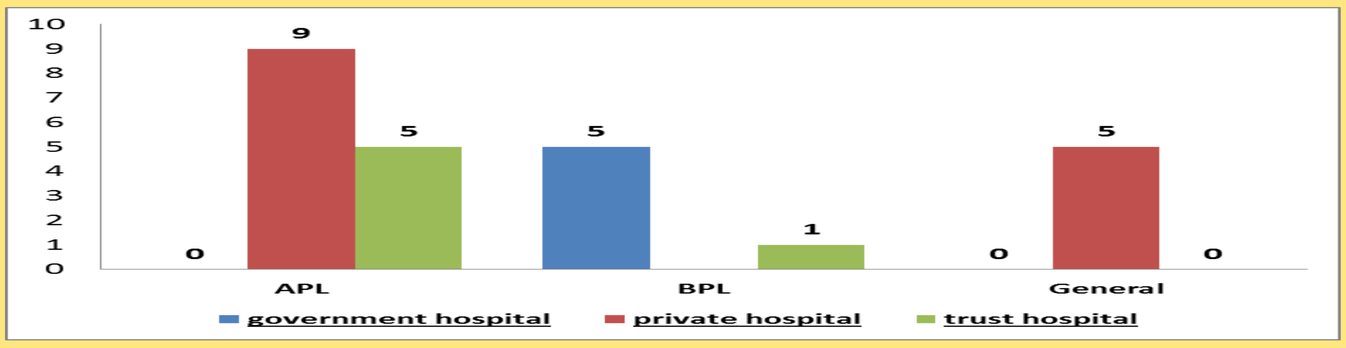
To analyze the economic transition during the cardiac treatment .

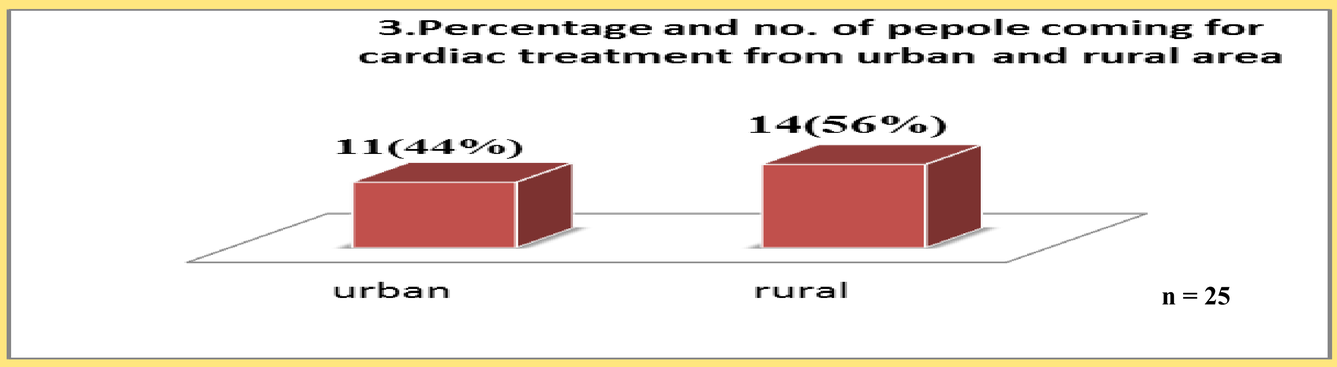
Methodology :

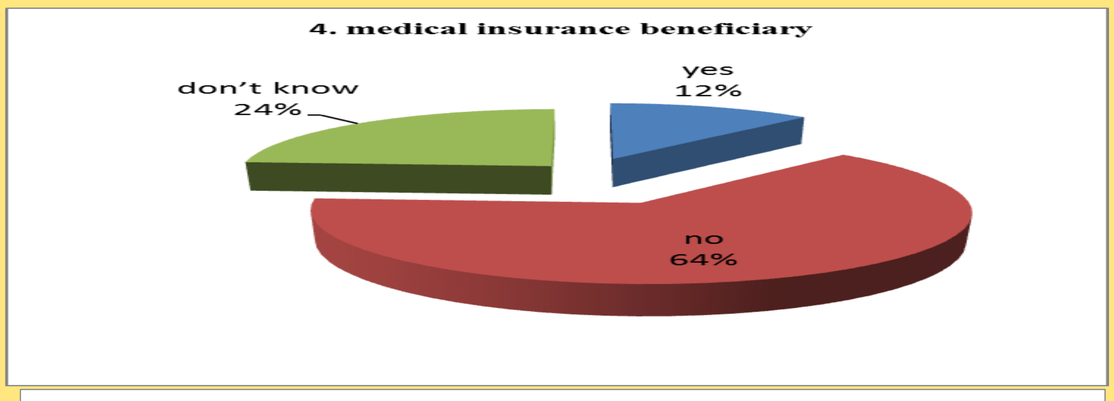
Study type - Descriptive Research
Study Area - Five tertiary cardiac hospitals .
Sampling Design - simple random sampling.
Sample Size - 25 cardiac patient of all age group.
Data Collection technique - Face to face Interview
Tool - Semi structured Questionnaire

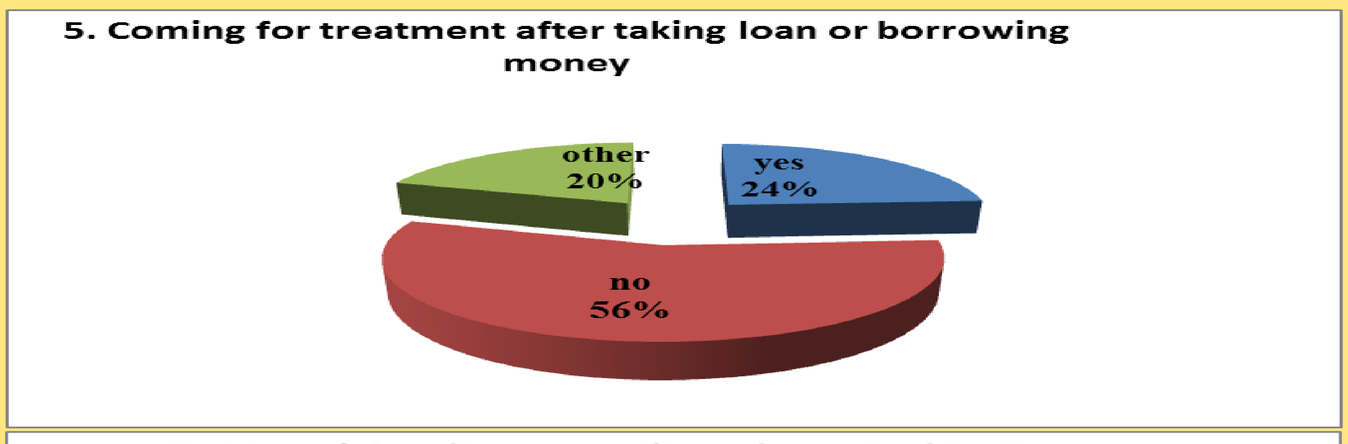
Results:-

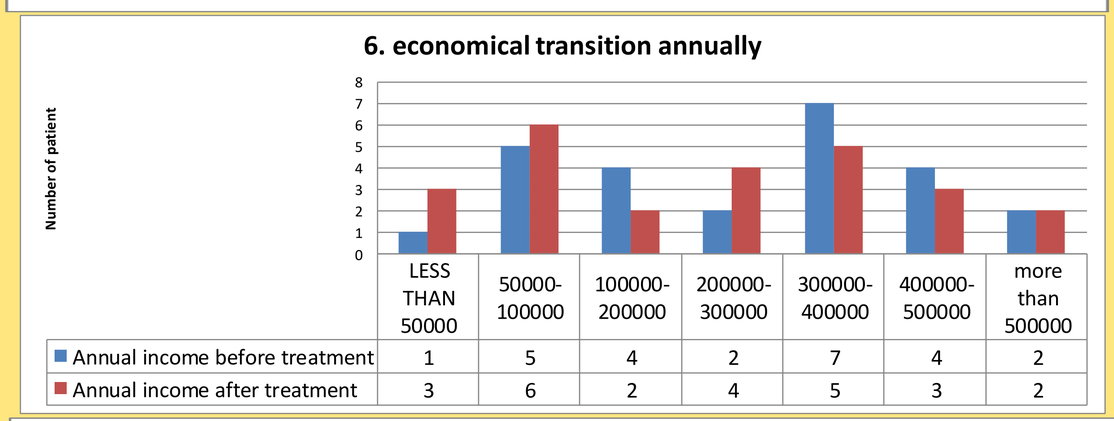
1.categories wise treatment as per income level



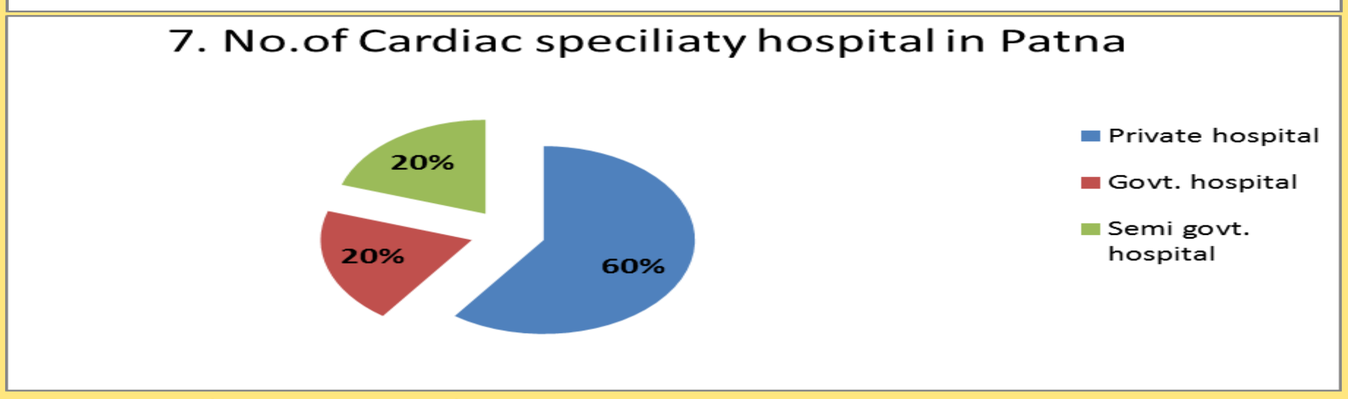


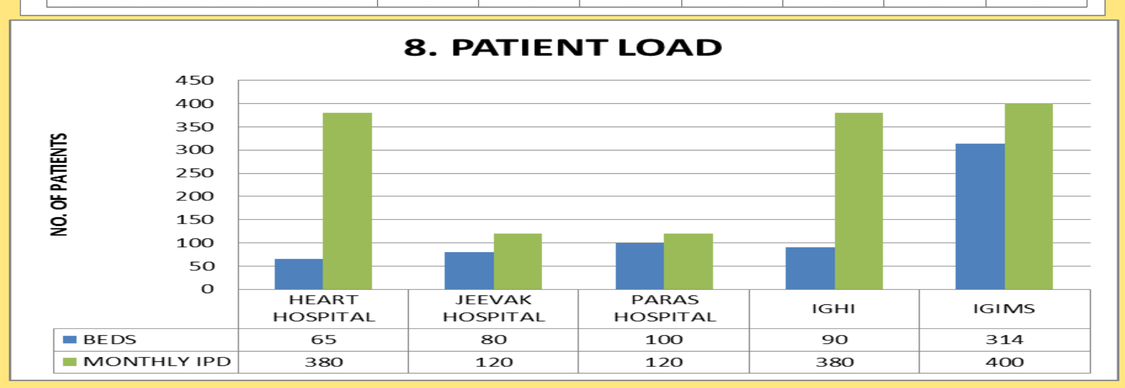






	LESS THAN 50000	50000-100000	100000-200000	200000-300000	300000-400000	400000-500000	more than 500000
Annual income before treatment	1	5	4	2	7	4	2
Annual income after treatment	3	6	2	4	5	3	2





	HEART HOSPITAL	JEEVAK HOSPITAL	PARAS HOSPITAL	IGHI	IGIMS
BEDS	65	80	100	90	314
MONTHLY IPD	380	120	120	380	400

Observation and learning:-

Huge population of cardiac patients in government hospitals.
Average cost of cardiac treatment in all five hospitals is 70,000.
Average cost of treatment in government hospital (indirect cost) is 18000.
Lack of medical insurance system or awareness about insurance is very low.
Preventive health care should be given more importance .
Cardiac treatment requires high household expenses which leads to economic transition.

Suggestions:-

Government should try to implement medical insurance policy with PPP model and tie up with private hospitals.

Even government should make all district hospitals fully functional their cardiac department in terms of medical equipment's availability through PPP .

The primary cardiac health checkup for screening of cardiac problem; this will minimize the patient load in hospitals.

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