



**THE TWELFTH ANNUAL ACADEMIC SESSIONS  
OF THE  
COLLEGE OF COMMUNITY PHYSICIANS  
OF SRI LANKA**

**21<sup>ST</sup>-23<sup>RD</sup> SEPTEMBER 2007**



---

### OP3

#### Estimating the treatment cost of selected diseases in three state sector hospitals

A. Kasturiratne<sup>1</sup>, T. Sugimoto<sup>2</sup>, A. de Silva<sup>3</sup>

1. Lecturer, Dept. of Public Health, Faculty of Medicine, University of Kelaniya

2. Consultant, JICA EBM Study Team

3. Senior Lecturer, Department of Economics, University of Colombo

**Introduction:** Costing disease management is useful for appropriate resource allocation and improving accountability in the health system. Protocol based disease management is helpful in cost analysis, but well developed and accepted protocols to cover the entire disease spectrum are yet being developed in the Sri Lankan context.

**Objective:** To estimate treatment cost of acute severe asthma and Lower Segment Caesarean Section (LSCS) in three state sector hospitals

**Methods:** This descriptive cross sectional study was conducted in Teaching Hospital, Kurunegala (THK), Base Hospital, Kuliyaipitiya (BHK) and Colombo North Teaching Hospital, Ragama (CNTH), from September to December 2006. The study populations were Bed Head Tickets (BHTs) in BHK and THK, and patients in CNTH. All study populations fulfilled the same criteria. A time study was conducted at CNTH using direct observation of clinical management. Results of the step down method, the time study and the data extracted from BHTs were used for estimating direct, para-medical and accommodation costs.

**Results:** The total sample consisted of 240 subjects. The average duration of hospital stay for patients with acute severe asthma was approximately 4 days in THK and BHK, and 7 days in CNTH. The total cost of management ranged from Rs.2520 (THK) to Rs.4933 (CNTH). The cost of a LSCS ranged from Rs.8268 (CNTH) to Rs.9429 (THK). The average duration of hospital stay was 7-8 days. Operation theatre overheads accounted for 20-40% of the total cost. The cost of the time spent by Medical Officers in the theatre was about 10% of the total cost. For both conditions, the cost of accommodation was the largest contributor to the total cost.

**Conclusion:** In the absence of disease management protocols, there is variation in the disease management cost between different levels of hospitals. This may be due to differences in resource availability, utilisation pattern and accepted practices.