

ABSTRACT

Title of Dissertation : Hospital Charge Policy:
A Case Study in Thailand
Regional Hospitals
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This study aims to investigate relevant factors contributing to inpatient charge of public hospitals in Thailand. Since the country's health care financing has been claimed of health efficiency and equity. Annual increasing of medical expenses of the Civil Servant Medical Benefit Scheme has appeared to be one of the evidences of inefficient financing. In addition, inadequate funding for the poor and underprivileged groups revealed the equity. Recently, the government decided to use a new classification system of patients (Diagnosis-related Group Disease system, DRGs) for budget allocation and retrospective payments. The system has been speculated about its effects on financial management of public hospitals. This study proposed a framework to understand factors influencing hospital pricing and factors affecting inpatient charge which include DRGs relative weight.

The study was a case study of three selected, regional hospitals having the criterion, specified by the researcher. Secondary data available were financial accounts and reports as well as patient-record abstracts of the fiscal year 1999. The sample hospitals were the Buddhachinaraj Hospital, the Chiangrai Hospital and the Hatyai Hospital. The patient-record files were manipulated to have DRGs relative weight and charge items by the Center of Health Equity Monitoring, Naresuan University.

Research methods were both quantitative and qualitative analyses. Descriptive analyses were conducted for the Ministry of Public Health's regulations and criterion of third-party payment. Quantitative analyses were applied to financial records of the hospitals. Multiple regression, followed with path analysis was applied to the selected DRGs, patient-record files. And lastly, multivariate analysis of variance was used to disclose price discrimination of certain charge items of particular DRGs.

The major result of this study was a revised model of inpatient charge, which includes six factors contributing to inpatient charge. They were the criterion of third-party payers, the Ministry of Public Health's regulations regarding public-hospital administration, age of patient, length of stay, the MOPH-subsidized patient, and number of operative procedure. Although DRGs relative weight was not significantly related to inpatient charge, it was significantly affected by severity of illness and inpatient costs.

In order to formulate a Hospital Charge Policy, the researcher further analyzed four domains of health care financing. It included special and high-cost payments of third-party payers, price discrimination of particular charge items, and financial burdens of public hospitals if they were subjected to the implementation of the Universal Coverage of Health Care Policy. They have to reengineer their internal management systems such as financial information system, worker-compensation system, internal audit system of medical records.

To implement the government's new announcement, Universal Coverage of Health Care Policy, this study suggested future researches relevant to factors leading to success or failure of the policy, unit cost analysis of hospital products, and the question of fairness to public hospitals after the re-calibration and price setting of the DRGs system. These future studies should be sponsored by the government's new independent office for national health insurance.