

# PROVIDER PAYMENT AND COST OF TREATMENT FOR COMPLICATED DELIVERY CARE : EVIDENCE FROM CASE STUDIES IN INDONESIA

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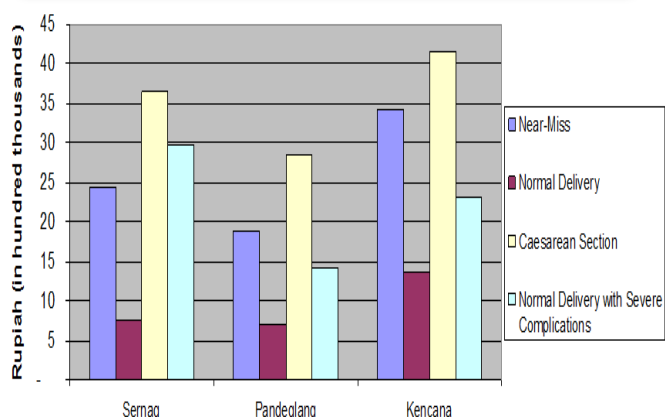
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**Objective:** This study aimed to obtain information on provider payment scheme for complicated delivery care (nearmiss cases) and compared with cost of treatment.

**Methodology:** Crosssectional study was conducted and interview with 372 discharged patients with nearmiss (life threatening) cases in Banten province was done. Information was also captured from hospital records, including charges for consultation fees and other fees, drugs and supplies, and other expenses. Other variables were also collected from hospital documents and a statistical model was developed to learn factors affecting the cost. We combined information with additional data from other districts to obtain information on hospital's perspective, how they accept the scheme for provider payment.

Characteristics	n	mean cost (USD)	Signif
Hospital			0.0000
Serang	194	461	
Pandenglang	146	359	
Kencana	32	647	
Total	372	437	
Type of Inpatient Class			0.0001
Class 3	291	405	
Class 2	52	472	
Class 1	20	628	
Class Utama	4	763	
VIP	5	934	
Total	372	437	
Type of Nearmiss			0.0000
Antepartum Haemorrhage	55	454	
Early Pregnancy Loss	82	557	
Post partum haemorrhage	91	299	
Severe Pre-eclamsia	21	398	
Eclamsia	48	314	
Uterine Rupture	24	689	
Dystocia	8	318	
Complication Obstetric with Sepsis	2	320	
Obstetric	11	349	
Non Obstetric	30	590	
Total	372	437	
Complication			0.0782
<2	51	361	
>=2	124	463	
Total	175	433	
Disfuction			0.0001
<2	183	361	
>=2	54	563	
Total	237	407	

Figure 1. Mean Costs of Obstetric Care at Hospital



**Result:** Subsidy for the poor has been started since 2004 and provider payment scheme has been improving to respond the need of quality services with adequate funding. However, hospital type C (4 specialists only) was not happy with payment under DRG system and it was found that claims for nearmiss cases were below its costs. Medical staffs were unhappy with incentive systems and proposing 'free delivery' for all type of nearmiss cases would add burden for the hospitals. Cost of treatment was ranging from USD 172 to USD 272. Costs of drugs and supply constituted the major proportion (20% - 48%) varies with severity.. Private hospital suggested that payment was too low and they were not interested in joining the scheme for the poor. Statistical analyses showed that severe cases resulted in increasing of cost of treatment. Hospital claimed that the expected cost recovery was still not achieved.

**Conclusion:** Provider payment scheme was not well accepted for severe cases since it was found that nearmiss cases was below the cost. Realistic cost estimates was expected to be assessed and more fair scheme to any type of hospital was expected to undertake.

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