COST OF TREATMENT FOR PATIENTS WITH HIV AIDS IN A HOSPITAL IN EAST JAVA PROVINCE, INDONESIA

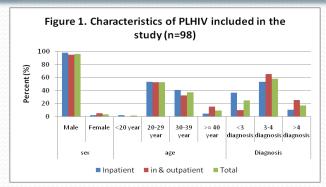
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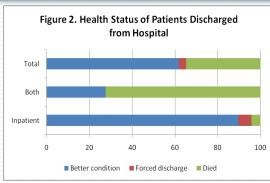
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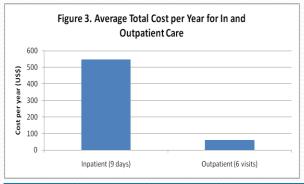
OBJECTIVE: To obtain information on the cost of treatment (outpatient and inpatient care), including laboratory, drugs, medical supplies, consultation, X-ray, and room.

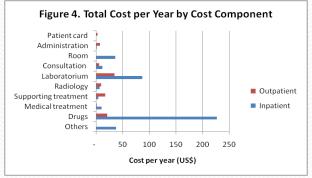
METHODS: This study used retrospective approach by tracing medical records of inpatient PLHIV IDUs in a public hospital in East Java from July 2007 to August 2008. The case was first collected from the unit of HIV/AIDS to get a medical record number, then to medical records unit to get the history of the disease, to the finance unit for identifying medical expenses and to the pharmacy to get the unit cost of drugs. Samples were 89 IDUs with HIV AIDS, of which 49 received only inpatient care.

RESULTS: Increasing number of IDU and HIVAIDS cases in Indonesia (one province with high cases is East Java) has led policy-makers to provide subsidy for people living with HIVAIDS (PLHIV). Little is known about the cost of treatment in hospital. It is important for both payer and hospital to identify the best payment scheme to provide services for PLHIV. This study revealed that most of the PLHIV were men, at productive age, and from urban areas. Approximately 75% of them had three or more diagnosis (opportunistic infections) (Fig.1). The top three cases were Lung diseases, Gastro Enteritis and Candidiasis. Around 62% of them were discharged with better condition, but 35% died (Fig.2). Average length of stay was 9 days, and some of them were hospitalized more than one month. Average cost for inpatient care was USD 547 per day and outpatient care was USD 61 for six visit (Fig.3). Drugs, laboratory, medical & supporting treatment, drugs and room costs had the highest proportion (Fig.4). This situation was hard for the poor while hospital felt that the total costs were not sufficiently covered by the government financing scheme for the poor.









CONCLUSIONS: Cost of medical treatment for PLHIV is high and in the future might become serious burden for both the payer and provider. Therefore, government subsidy to provider should also consider the cost of the treatment.