Cost and Spectrum of Intensity of Medical Practice in a Tertiary Care Environment

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The paper discusses briefly the different situations of evaluation in the hospital and the health screening environment. It addresses itself to the evaluation of the process of care delivery rather than the output and considers this endeavour as legitimate in light of the increasing cost.

Experiences in two areas are reported: a) the development in medication in a large hospital is described and the results of a detailed analysis with an information system. Upon the results of these analyses combined actions were taken which lowered the drug consumption by approximately 25 percent for now over a year resulting in savings or better non-overexpenditures of approximately DM Mio. 2.

b) the other type of investigation was an analysis of the requests from the various wards and relating these requests to the service departments and their workload. It could be found that 49.8 percent of all costs accumulated in surgical departments and

19.2 percent in medical departments of an overall cost of DM Mio. 25.5. Relating costs to intensity of care, that is expenditures per day of care, different distributions resulted in regarding the various wards. Examples for individual wards were given.

The paper concluded with the statements, that only comprehensive efforts may result in cost reduction in tertiary care environments, but that information systems may play an important role in this context. The conclusion for general planning of health care delivery was that high costs will occur when a decision is made to provide a certain spectrum of specialized services and that a reduction of cost is only to be obtained by a great effort. Therefore, careful planning is necessary before the provision of cost intensive tertiary care centers. It is suggested that future tasks will have to address themselves to the analysis of need and the development of prediction and simulation models for appropriate planning.