

CHAPTER V



CONCLUSION, RECOMMENDATIONS AND SUGGESTIONS

The Government of Bangladesh the Ministry of Health & Family Welfare (MOHFW) spent 29% of its total expenditure in 1996-97 for hospital services which was the 2nd highest proportion of total MOHFWs expenditures and in the previous year it was 32% of total expenditures and that proportion was the highest of total expenditures (National health accounts November 1998). In the context of Bangladesh especially in public sector there are three level of hospitals. These are National /Divisional level- Medical University Hospital, Post-Graduate Teaching Hospitals and Medical College Hospitals, District level-District Hospitals and Thana level-Thana Health Complexes (Bangladesh Health Bulletin 1996, Published in November 1998). Government is spending a large amount of its health budgets to run these hospitals. The government incurred costs for capital, labor, material. But there were very few studies were conducted for costing of services of public hospitals especially District Hospital and Thana Health Complex and there was no study was conducted regarding the cost and utilization of dental care. It is mentionable that in Bangladesh in public sector hospitals, there is no practice of costing of output is developed and exists, though the government spending a hand sum amount for hospital services.

5.1 Conclusion

It is the 1st study conducted for costing dental care of district hospital and thana health complex, which is regarded as a costly component of hospital services. This study tried to identify the components of cost of dental care provided at district hospital (DH) and thana health complex (THC) in Bangladesh. It also analyzed the cost structure of dental service provided at public hospitals of both settings

This study found that in both the hospitals among the cost components of dental care capital cost playing higher role compared to recurrent cost. Capital cost is 62.53% and

63.63% and recurrent cost is 37.47% and 37.37 % of total cost at DH and THC respectively. In respect to proportion of capital and recurrent components cost structure of DH and THC seems similar. But by looking into details it is found that the proportions of the sub-components of total cost i.e. shared-capital, direct capital, labor, material and other recurrent cost items (electricity, water, telephone, fuel and maintenance) the proportions are not same at two hospitals. This might be due to differences in quantity of services delivered, difference in the amount of resources consumed between DH and THC.

In respect to total cost as well as to its all components the costs were higher at DH than THC. Total cost of DH was 13.6 times higher than THC. This was due to District Hospitals incurred higher capital cost for building, vehicles and recurrent cost for providing more services than that of Thana Health Complex.

But average cost or cost per visit of provider including both capital and recurrent cost of District Hospital was lower than Thana Health Complex. Average cost or cost per visit is 2.91 times higher at THC than that of DH. This was due to higher (3.96 times) utilization of services at DH than that of THC.

In 1998 at DH 7340 patients were treated in comparison to 1852 of THC, with same number of direct manpower and with almost same dental equipment (direct capital item). Though the quantity of materials was different and proportions of different treatments were also different. But from this big difference (3.96 times) it implies that DH might be over utilized and THC might be under utilized. Further that DH might be running with high efficiency but low quality, on the other hand THC might be low efficiency but high quality.

This study tried to explore information about the utilization pattern of dental care in district hospital and thana health complex. It is found that the proportion of patients of different age group was not similar for DH and THC and further it is found that the proportion of utilization of different services/treatment was also not similar for DH and

THC. But women are utilizing more service than the men in both hospitals. The study did not find data about the socio-economic status (SES) of service users from the hospital record. Which is most important factor for explaining the utilization pattern. So for taking any policy decision especially on introduction of cost recovery mechanism the detail data on different factors that affect utilization pattern should be collected and this study is drawing attention on this matter.

Through review of country's position regarding policy, legislation, goal, targets of dental health or dental care services, this study found that the country is far behind the many countries in respect to a very important health problem. So demand for a dental care policy for improvement dental status of the people is highlighted in this study.

By reviewing the dental manpower situation, problems and production in Bangladesh it is found that the country is suffering from scarcity of dental manpower (i.e. Dentist population ratio =1: 127,122 and WHO termed this situation as the rate of dentist per 100,000 equal to zero). On the other hand dental manpower is not being produced according to capacity or target. Dental colleges and institutes did not produce manpower as per their capacity. Besides dentists, there are different types of dental auxiliaries are working in many countries and they have very important and vital role in protecting dental health and improving the dental health status of the population. But the situation in Bangladesh especially regarding dental auxiliaries is very frustrating. Country produces only one type of dental auxiliary i.e. dental technologists and the capacity is also very low in comparison to the lower capacity of producing dentists, The ratio is 130:20 (Dentist: Dental technologist). So it is an important issue that this study wants to draw the attention of the policy makers.

5.2 Recommendations

1. Average cost of dental care is much higher (2.91 times) at THC than DH and services delivered at DH were nearly four times (3.96 times) higher than that of THC. Cost structure of DH is also different form THC. However due to difference in location, resource utilization, service utilization, that difference in cost and

quantity might be occurred. For that a proper resources planing should be done for district hospitals and thana health complex.

2. It is appeared that THC facilities are under utilized and DH facilities might be over utilized. To reduce costs of THC, excess pressure on DH it is recommending to increase utilization of THC facilities. For that rural population might be encouraged to use THC facilities On the other hand it can be considered to use thana level facilities for delivering promotional and preventive dental service with some limited primary curative care.
3. In both public sector hospitals there is no practice/system of costing of output is existing but the government spending a hand sum amount for hospital services. So, for improvement of efficiency and quality of dental care services of District Hospitals and Thana Health Complexes and in other public sector hospitals a detail and comprehensive costing system should be established. Specifically detail unit or average cost of different treatment or services should be calculated.

5.3 Suggestions

This study has some suggestions on policy matters and for further research, which are mentioned bellow.

5.3.1 Policy implications

Dental Care Policy: This country one of those countries in the world where the periodontal conditions of the population are among the worst. But there is no dental care policy and target in Bangladesh and dental care is not a component of essential services package (ESP) of Health & Population Sector Program (HPSP). But the seriousness of the problem implies that government should reconsider the policy and includes it in ESP and also should formulate a dental health policy for the country to improve countries dental health status and to achieve WHO's dental health goals.

Human Resource Problem: This country suffering from shortage of dental manpower and it is one of the crucial problems for dental care in Bangladesh. Shortage of dentist along with serious shortage dental auxiliaries is the root of this problem. Besides that dental institutions' failure to produce manpower as per their capacity is one of the causes of shortage. So government should take necessary measure to improve the situation. Especially the capacity of producing dental auxiliaries should increased and also steps should be taken to produce dental hygienists and other dental auxiliaries for improving community dental health. A detail human resource planning for dental service can be formulated and implemented.

Quality of Services: There is no quality assessment system or process is prevailing in public hospitals, especially in District Hospitals and Thana Health Complexes. A policy decision should be taken to establish quality assessment and improvement process in public hospitals to improve the quality services. It is very much important because the government already taken policy decision to introduce cost recovery mechanism at public hospitals.

5.3.2 Further Research

The following areas are considered to seek further research.:

1. It mentioned earlier that his study was mainly based on past data So it suffered to large extend by the lack of detail data to do the detail costing of dental care services provided at study hospitals. A prospective research should be carried out to do the detail costing of different treatment provided to dental patients at District Hospitals and Thana Health Complexes. Which can be helpful improving efficiency of services.
2. This study was conducted in a District Hospital and also in a Thana Health Complex and it got information about the distribution of users according to sex and age group. . It also found that, the proportion of patients of different age group and proportion of utilization of different service was also not similar for DH and THC. But in that district except the study THC there are four THC so, to get the total picture of the

whole district about utilization as well as cost, further study should be conducted in remaining THCs. It is mentioned earlier that study did not find any information or data about the socio-economic status (SES) of service users from the records of the study hospitals, which is the most important factor for explaining the utilization pattern. For taking any policy decision like introduction of cost recovery mechanism a countrywide detail survey on utilization of service should be conducted.

3. There might be over utilization and under utilization problem of DH and THC respectively. So, a prospective study could be carried out to assess the degree/span of over utilization or under utilization problems of these public hospitals.
4. For formulation of a dental manpower policy and planning, a study can be conducted to find out the demand & need for dental care as well as dental manpower.

5.4 Limitations of the study:

Dental care provided at District Hospital and Thana Health Complex is comprised of different services, which need different quantity & types of materials and also different volume of labor hours. Which can directly effect the average costs and as well as the cost structure. It should be mentioned here that this study was based on past data and suffered from lack of detail data and due to that some variable could not be studied. For that reason it could be not able to calculate the unit cost or cost per visit of different services delivered at study District Hospital and Thana Health Complex, as it should be. On the other hand time for data collection was limited and resources were also limiting factors. Due to lack of detail data some assumptions were made, especially for allocation of shared costs. Further maintainable that, due to non-availability of data on socio-economic status (SES) of service users, quality of service, physical access, severity of diseases and target population, the explanation about utilization pattern is not self sufficient. This study was conducted in a purposively selected district. So the results of this study should, therefore, be interpreted with caution.