Sri Lanka Health Accounts

Disease-based Accounts 2006 Pilot

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Outline

- Background
- Overview of system
- Objectives
- Methods
- Problems

Sri Lanka Health System

- Parallel public and private sector financing and provision sectors
- Public sector
  - Tax financed free services ~50% of THE
  - Hospital based system (96% inpatient care, 55% outpatient care)
- Private sector
  - Mostly OOP financed with some insurance
  - Mostly outpatient clinic dispensing doctors, with limited hospital provision
- Total TEH 3.6% GDP (~US$ 40)

Sri Lanka SHA Extensions

- Income group
  - 1996/97, 2003/04 (Equitap project)
- Demographic groups
  - 2003/04
- Child health
  - 1990-2003 (WHO pilot)
- Disease specific accounts
  - 2005 (WHO pilot)
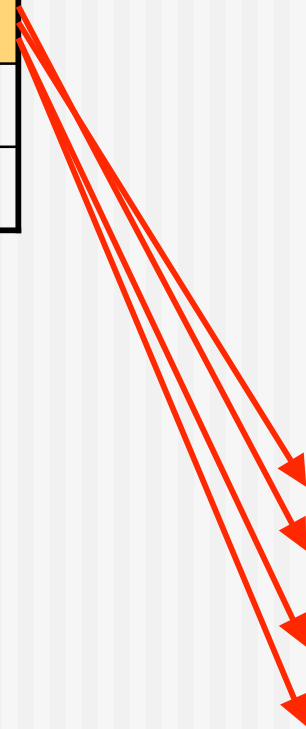
Strategy for SHA extensions
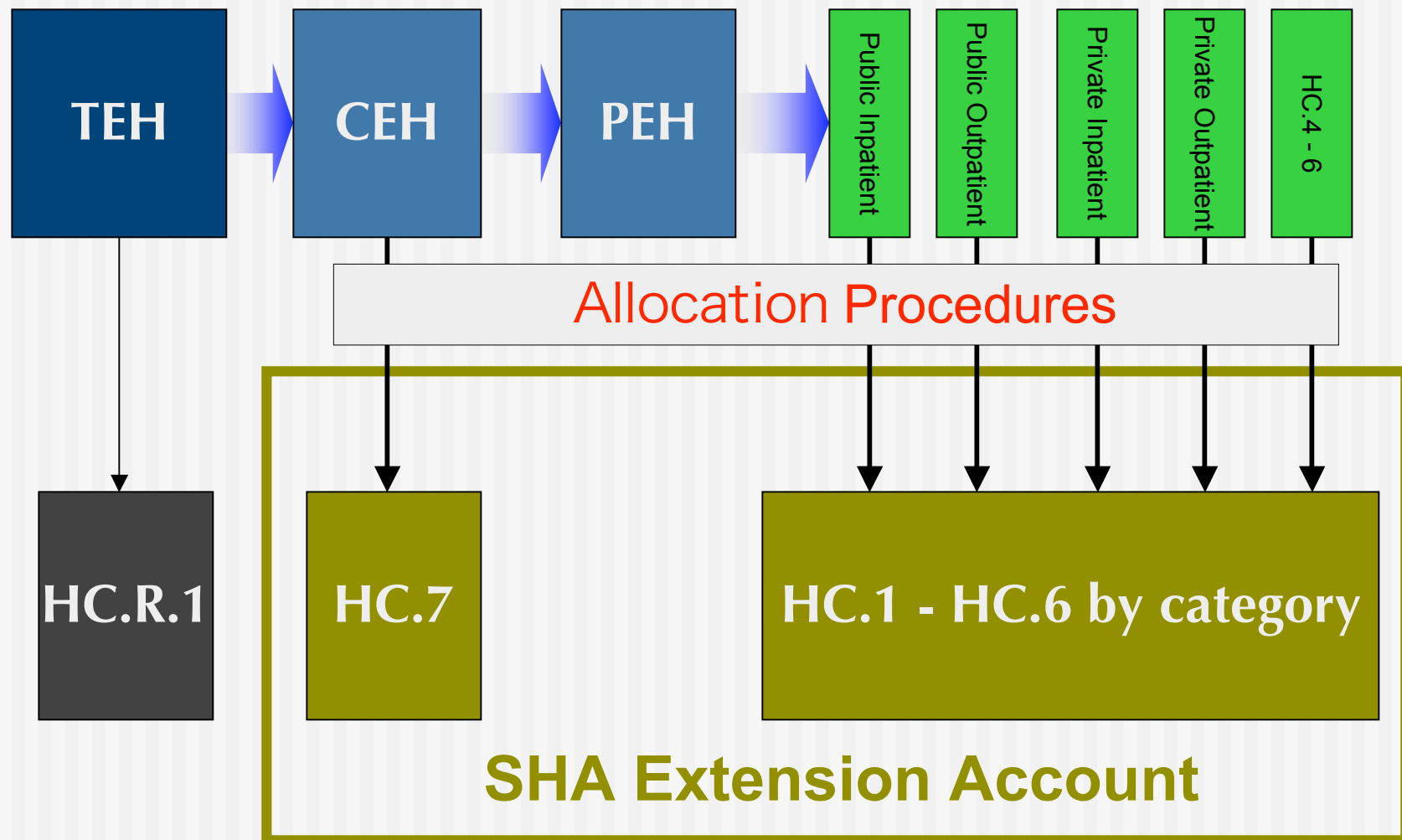
General Database Method

HF	HP	HC	Year	Rs.
1.1	1.1	1.1	2005	100
1.2	1.1	1.2	2005	YYY
1.3	1.1	1.3	2005	ZZZ

Each item disaggregated using allocation rules to target categories

ICD	Rs
202.1	15
202.2	15
202.3	40
202.4	30

General Problems

- Most public and no private expenditures are targeted or recorded by disease category

- Limited disease coding of patient services in public sector, none in private sector

Public sector - Inpatient

- **Hospitals budget funded**
  - Expenditures not recorded by function - depend on cost studies to obtain inpatient share
  - Inpatient admission numbers only reported by ICD category - not all admissions cost the same
  - No data on bed-days by ICD category

Public sector - Inpatient

- Solution
  - Conducting stratified sample survey of patient admission records in 80 facilities
  - Collected data:
    - Hospital type, ICD code, age, sex, length of stay, outcome, quantity of drugs prescribed, whether given surgical procedure
    - ~10,000 records for 2005 in three districts (approx 1% area sample or 0.25% national sample)
  - Combine with national data set of admission numbers by hospital type and ICD code to control for regional differences in disease profile

Public sector - Outpatient

- Hospitals and clinics budget funded
  - Expenditures not recorded by function
  - No routine data on outpatient numbers by ICD
- Solution
  - 1984 survey of outpatient morbidity - 100,000 cases, three districts coded by problem/age/sex
  - Estimate ratios of outpatient to inpatient cases by age-sex for 1984 by broad disease category
  - Apply ratios to 2006 age-sex-ICD data on admissions

Public sector - Preventive

- Some preventive programs easily coded by disease
    - E.g., TB, HIV/AIDS, EPI, etc services
- Other preventive programs not easily coded by disease
    - E.g., MCH programs, NCD campaigns, etc
    - To be coded using guesstimates and expert opinion

Private sector - Inpatient

- No patient statistics reported
- Some limited data on age-sex distribution of private inpatients from small scale hospital surveys, and from household surveys
- Solution
  - Assume that age-sex specific ICD profile of private admissions is similar to public sector
  - Estimate private inpatient profile by ICD by applying public sector profile to private sector age-sex distribution

Private sector - Outpatient

- No patient statistics reported
- Solution
  - 1998 Survey of 3500 private GP clinic patients coded by ICPC Reason for Encounter and drugs prescribed and cross-mapped to ICD-10
  - Assume that patient profile at GP clinics is similar to that at private clinics run by government medical officers
  - Estimate patient fees directly from survey, plus drugs prescribed and purchased from pharmacies

Private sector - Pharmacies

- IMS-Health data available on expenditures by generic drug name in 2005
- Solution
  - Use 1998 Private Clinic Survey to map drugs to ICD-10 codes assuming that relationship is same as observed in clinic patients
  - Extrapolate to drugs in same category
  - Directly allocate infrequently used drugs according to expert review where possible

Thank You