HEALTH ECONOMICS: COST DIFFERENCE BETWEEN CONSULTATIVE VERSUS INTERVENTIONAL HEALTHCARE SERVICES IN PAKISTAN

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The role of health economics is of paramount importance for an efficient and equitable health care delivery. In developing countries like ours health system challenges are different from developed countries, however health economics tools are essentially the same and are equally applicable to both the developed and poorer countries[1].

Unlike the developed world there is no universal health insurance system in Pakistan and majority of the patients especially in rural areas and smaller cities are paying from their own pocket as cash for the healthcare expenses. This out of pocket payment for healthcare was more marked in the case of Khyber Pakhtunkhwa (KP) province as compared to other provinces in Pakistan[2]. To meet their health care expenses patients are sometimes compelled to sell their belongings or property in case they are unable to borrow money from their near and dear ones. This contributes to abject poverty and social deprivation in the society[3].

The cost of health care services in Pakistan has also escalated tremendously over the last two decades. This is more so in case of the patients catered for in a private facility as compared to those attending the public sector hospital. In addition to the expenditure on diagnostic workup and cost of medications, payment to the attending doctors contributes significantly to the total healthcare cost and the resultant revenues loss to the patients. In our setup patients prefer to be treated in private clinics and hospitals as compared to public sector hospitals due to many reasons, foremost being the fastness of service delivery in private setup, personalized care and the nearly guaranteed availability of the concerned doctor[4].

There is also significant disparity in cost to the patient between cognitive (consultative) care provided mainly by the general physician and psychiatrist and the procedural (interventional) care given by the specialists doing interventions. In Pakistan there is no data showing this aspect of healthcare economics. We did a random survey (unpublished observation) to determine the average cost of healthcare services per unit time to the patient provided by physician, gastroenterologist, general surgeon and ophthalmologist. The representative services were private consultation charges by the internist (physician), charges for upper GI endoscopy by a gastroenterologist, of laparoscopic cholecystectomy by general surgeon and cataract surgery (phacoemulsification) by ophthalmologist. It was found that the amount paid in one hour to a physician providing consultation (cognitive) services were Rs. 5800 ±1200, followed by gastroenterologist i.e. Rs. 12000 ±1800. This was significantly more for general surgeon charging Rs. 35000 ±2400 for laparoscopic cholecystectomies and ophthalmologist i.e. Rs. 34500 ±2300 doing phacoemulsification. Thus gastroenterologist doing upper gastrointestinal endoscopies in our setup charges approximately 2 times more on procedural services as compared to the internist providing consultation service in private setup. This disparity is more pronounced when it comes to payment for the general surgeon and ophthalmologist. The latter two categories of interventionists are charging almost 6 times more for the common procedures analyzed as compared to general physician providing consultation (cognitive) services.

Though no other data is available on this aspect of health economics from Pakistan or Southeast Asia, however multiple studies from other parts of the world

have demonstrated much wider difference in cost between cognitive and procedural care. In a study from the United States, the revenue for physician time spent on two common procedures done in US (colonoscopy and cataract extraction) was 368% and 486%, respectively, of the revenue for a similar amount of physician time spent on cognitive care[5]. This is also reported in studies and surveys carried out in other parts of the world[6,7].

This disparity in income of physician and the interventionist has other dimensions as well. In the United States of America less number of medical graduates are opting for General Medicine or primary care as a specialty thus leading to shortage of primary care physician[8]. In our country similar situation is there and we are seeing more and more postgraduate trainees going for the interventional specialty as a choice of their carrier as compared to General Medicine and other dependant specialties like Pathology and Anaesthesia.

Besides the differences in cost between the two aspects of medical care and the resultant diversion of trainees to interventional specialties there is an additional downside to it as well. In our country the health regulations are almost non-existent or not being enforced properly and there is no standard protocol for healthcare interventions. Each doctors decides for the procedure on his own and the patients being uneducated usually give a blank cheque to the treating doctors for their best possible treatment. Hence there is every chance that these procedures are overdone especially in private setup in view of the monetary gains attached to it resulting in undue financial loss and sometime inadvertent harm to the patient[9].

Health economic reforms though not a panacea of all the evils of health care system but can supplement efforts to achieve greater accountability, transparency and efficient delivery of health care in Pakistan[10]. The recently introduced health insurance scheme by the federal and provincial governments (Prime Minister National Health Program and Sehat Insaf Card Scheme) for the poorer segment of the society is a step in the right direction and is certainly going to lessen the healthcare cost for the targeted population. It would need to be extended to a wider segment of our society with more and more of the essential and life saving procedure inclusion in its domain. Coverage for the ongoing treatment of many chronic diseases like diabetes, heart diseases and hypertension under these schemes is the need of the day. Only then we can achieve the goal of a welfare state.

In summary the cost of interventional health care provided in Pakistan by the specialists like gastroenterologist, general surgeon and ophthalmologist is more as compared to consultation services given by the general physician and psychiatrist. This is leading to rise in healthcare cost, unnecessary medical interventions and possibly tempting more post graduate trainees to opt for interventional/procedural specialties rather than consultative services.

Conflict of interest disclosures: The author is a physician providing consultation services.

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