ment hospitals from charging patients in situations where that total admission cost exceeds the case rate. This public health policy aims to provide financial protection to patients while promoting efficiency in hospitals. There are concerns that tertiary government hospitals might end losing money as they managed mostly complicated cases. To assess this possibility, the cost of admission for pneumonia cases admitted in the internal medicine ward of a tertiary government hospital in the Philippines was estimated. The proportion of pneumonia admissions where costs did not exceed case rates was also determined.

METHODS: A random sample of admissions for two severity levels (low- and high-risk) from January 1 to June 30 2013 was obtained. Costs considered were diagnostic tests, medications, mechanical ventilator use and overhead costs. Due to the lack of billing reports, costs of diagnostics tests and medications were computed via tallies by LOS. chart review. Overhead costs were estimated using WHO-CHOICE 2007 values for the Philippines.

RESULTS: A sample of 112 moderate-risk and 42 high-risk pneumonia cases were included in the study. The mean total costs were US$ 564.55 for moderate-risk and US$ 727.01 for high-risk. 70.3% of moderate-risk cases had a total cost less than the case rate of US$ 333 and 68.2% of high-risk cases had a total cost less than the case rate of US$ 711.11. Considering costs and reimbursements for all admissions, the hospital will lose US$ 25,895.11 due to moderate-risk and US$ 2,121.77 due to high-risk admissions.

CONCLUSIONS: To assess this possibility, the cost of admission for pneumonia cases admitted in the internal medicine ward of a tertiary government hospital in the Philippines was estimated. The proportion of pneumonia admissions where costs did not exceed case rates was determined. This public health policy aims to provide financial protection to patients while promoting efficiency in hospitals. There are concerns that tertiary government hospitals might end losing money as they managed mostly complicated cases. To assess this possibility, the cost of admission for pneumonia cases admitted in the internal medicine ward of a tertiary government hospital in the Philippines was estimated. The proportion of pneumonia admissions where costs did not exceed case rates was also determined.

OBJECTIVES: To assess the impact of a pharmacist-led pneumonia education and immunization program among older PhilHealth members in the Philippines. The intervention was expected to provide financial protection to patients with HRH while being desirable not only because they are costly but also because the cost of care remains higher for at least six months following the hospitalization.

METHODS: This is a prospective cohort study. The study population was older PhilHealth members with at least 65 years of age at the date of hospital admission for severe pneumonia. The participants were enrolled in Medicare Parts A and B and not enrolled in a Medicare Advantage plan. Total costs were calculated (in constant 2012 dollars) for all services utilized by the hospitalized beneficiaries during their current hospital episode. The first month before, after and during the month of hospitalization were studied. Costs of an HF episode were calculated as differences in total reimbursements in the six months preceding and after the month of hospitalization and the six months preceding the event. The incremental analysis allows individuals to serve as their own controls.

RESULTS: There were 66,585 patient episodes of HF hospitalizations. In the six months prior to the month of hospitalization total costs were $14,212 and in the six months after the month of discharge, total costs were $10,000 lower (for all services utilized) during the month of hospitalization was $14,967.

CONCLUSIONS: The cost of care in the six months following a HF hospital discharge was more than $10,000 higher than in those 6 months prior to the hospitalization. Avoiding hospitalizations for patients with HF would be desirable not only because they are costly but also because the cost of care remains higher for at least six months following the hospitalization.

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