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Patient's Satisfaction and Out of The Pocket Expenditure for an Outpatient Department Visit in a Government Tertiary Health Centre in Hyderabad

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ABSTRACT

Background: Satisfaction is an important element in the evaluation of services rendered by a hospital. The out-patient department of a hospital is for patients who do not require hospitalization but have come for their health needs, either for treatment or for diagnosis.

Aim and Objectives: To know out of the pocket expenditure, amount of time taken and difficulties faced for an Out Patient Department consultation of patients in a government Tertiary Health Care Centre. It also aimed to assess the satisfaction levels of patients with the services available in a government Tertiary Health Care Centre.

Methods: A Single stage, cross sectional epidemiological exit survey was conducted in June 2018 from OPD patients of Gandhi Medical College and Hospital, Hyderabad, Telangana, India. Through pre-structured. 740 patients were enrolled using random sampling from 1480 patients visiting major OPDs. From each of the departments, a single random of the 5% of the per day visit was selected per each day, amounting up to a total of 50% of the per day major OPD patient visits. The data obtained were analysed using SPSS version 20.0.

Results: Females comprise about 34 percent whereas males comprise of 66 percent of the total subjects visiting the tertiary health care centre for an OPD visit. Twenty three percent patients completed their OPD visit within 1 hour and 44 percent within 2 hours, 25 percent patients within 3 hours and 8 percent patients completed their OPD visit within 4 hours. 159 people travel a distance 0-5 Kms, 234 people travel a distance of 6-10Kms, 213 people travel a distance of 11-15 Kms and 134 people travel more than 16Kms an OPD visit in a tertiary health care center. 67 percent of the patients visiting the hospital for an OPD visit, investigations were available and 33 percent of the patients visiting the hospital for an OPD visit, investigations were not available. 49% people got prescribed drugs from hospital pharmacy, 51% people did not get the prescribed drugs from hospital pharmacy. 81.6% of the people coming for OPD visits are white ration card holders and 18.4%(128) are pink ration card holders. Out of 740 people coming for OPD visits 41%(305) are very satisfied,47%(350) are satisfied,8%(57) are adequately satisfied,3%(23) are unsatisfied and 1%(7) are very unsatisfied with doctors. The average money spent on travel for an OPD visit in a tertiary health care centre is Rs. 147.84/-. The average money spent on investigations not available in the tertiary health care centre is Rs. 698.88/-. The average money spent on drugs not available in the pharmacy of tertiary health care centre is Rs. 339.09/-.

Conclusion: Patient satisfaction was significantly associated with socio-economic status, repeat visits, and waiting time between arrival and consultation. Measures to reduce out of pocket expenditure and waiting time may increase satisfaction levels in patients.

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Keywords: Health Care Services, Outpatient Department, Patient Satisfaction

Introduction

Over decades of independence, India has made swift developments in various sectors. Despite the financial growth in India, capital has not been distributed likewise between the rich and the poor [1]. Also, its performance in social sectors and particularly the healthcare sector has not been too rosy. Increased use of technology in diagnostics and conduct of sicknesses, together with the escalating information and outlooks of the population regarding salutary measures, has led to a growth in the budget of treatment [2]. This upsurge in health care cost consecutively led to disproportion in admittance to health care services. Being the State's responsibility the healthcare has conventionally been influenced by individual State's economic apportionment. Accordingly inter-state gap in handiness and utilization of health services and health manpower are noticeably striking. Amongst those who determined not to pursue medical care for an ailment, closely 28% rural households mentioned economic limitations as

the restraining factor [3]. High out-of-pocket expenditure is now an established feature of the Indian health financing system, and there is plenty substantiation to show that this system remains to put pressure on individuals and households [4,5]. Successive National Sample Survey (NSS) data shows a solid surge in the segment of out-of-pocket expenditure in total consumption expenditure of households [6]. Out-of-pocket expenditure on hospitalization has been singled out as the most significant reason for impoverishment and, thus, India has seen the unveiling of a few schemes that cover hospitalization expenses of sections of people, both by the Union and the sub-national governments.

In India, only 5% of the GDP is expended on health [7]. and 80% of this is in the form of out of pocket expenditure. In light of this great share of out of pocket expenditure on health care, the Government of India has commissioned a task force, to develop an outline for universal health coverage, as a part of the 12th five year plan [8]. This high level expert group (HLEG) on universal health coverage recommends a "National health package" that consists of a list of health amenities that will be made available free of cost to all [9].

Some significant discoveries do surface from a review of the literature. For example, using the 60th health round of the NSS, researchers find that outpatient care is more impoverishing than inpatient care in urban and rural areas alike [2]. Another study shows that out-of-pocket expenditure on outpatient visits are generally met through own earnings and savings hovering the issue of ability-to-pay as a element of health-seeking comportment for out patients department [10]. Added study [11]. showed that 3.5 percent of the population fell below the poverty line on interpretation of out-of-pocket expenditure, but this fell to 0.5 percent if out-of-pocket expenditure payments on outpatient care are excluded, with allegations about the need for all-inclusive coverage schemes that must include drugs or outpatient care in general.

Certain disease-specific studies also endorse that the type of Out Patient Department visits—whether at private or public services—is an important basis of economic load of treatment on households [12,13]. Also, purchase of drugs and expenses on diagnostics play a key role in high out-of-pocket expenditure and often result from Out patients department visits [6].

WHO defined Out of the pocket expenditure as payments made to or direct payments made by individuals to health care providers at the time of service. This includes any prepayment for health services ex: insurance premiums, reimbursements; Expenses borne by individuals for medical care that are not reimbursed by insurance. Out of pocket costs include deductables, co- insurance and co payments for covered services that aren't covered. Example: OOPs, user fees, catastrophic expenditure.

The Hospitalist.org defines patient's satisfaction as, highly desirable outcome of clinical care in the hospital and may even be an element of healthcare itself. A patient's expression of satisfaction or dissatisfaction is a judgment on the quality of hospital care in all of its aspects.

In light of these presented indications, the present study should be seen as an endeavor to develop the knowledge base around the determinants of expenditure on OPD services by households. In this moment, it is vital to contemplate whether establishment of free services will reduce out of pocket expenditure or not. To answer this question, we need to look at the out of pocket expenditure in provinces with extra public health amenities, which are providing facilities free of cost. One such region is the capital of Telangana, Hyderabad. There are two general hospitals and multiple medical colleges in the province including the Gandhi hospital and medical college. The services, both OPD and IPD facilitated are totally free of cost. Hence, we decided to study patients' satisfaction and out of pocket expenditure among the households for an out patient's department visit in a government Tertiary Health Care Centre in Hyderabad.

Aims And Objectives

- To know out of the pocket expenditure of patients visiting for an Out Patient Department visit in a government Tertiary Health Care Centre
- To know the amount of time taken for an Out Patient Department consultation
- To know the difficulties faced by patient during an Out Patient Department consultation
- To know whether the patient is satisfied with the services available in a government Tertiary Health Care Centre

Methodology

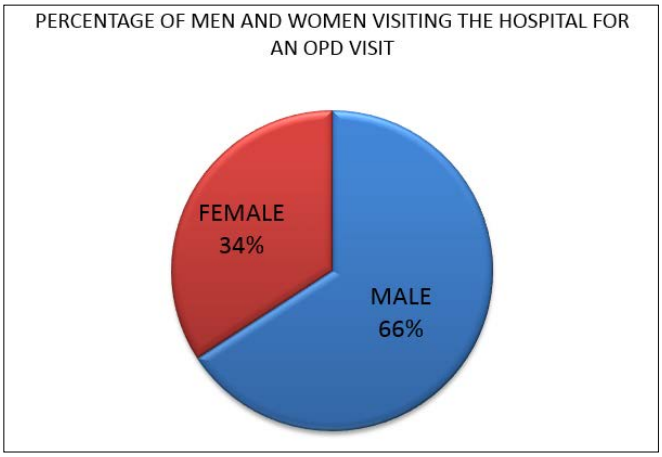
Study Design- Single stage, cross sectional epidemiological exit survey.
Study Period- Duration of 10 days in the month of June, 2018.
Study Area-Tertiary health care center- Gandhi Medical College and Hospital, Hyderabad, Telangana, India.
Sample Size- 740 patients were enrolled using random sampling from 1480 patients visiting major OPDs. From each of the departments, a single random of the 5% of the per day visit was selected per each day, amounting up to a total of 50% of the per day major OPD patient visits.
Inclusion Criteria- Being an exit survey, patients who have finished their OPD visit are selected for the survey.

Exclusion Criteria

1. Patients who haven't consulted doctor.
2. Patients who are to be admitted in the In-Patient Department.

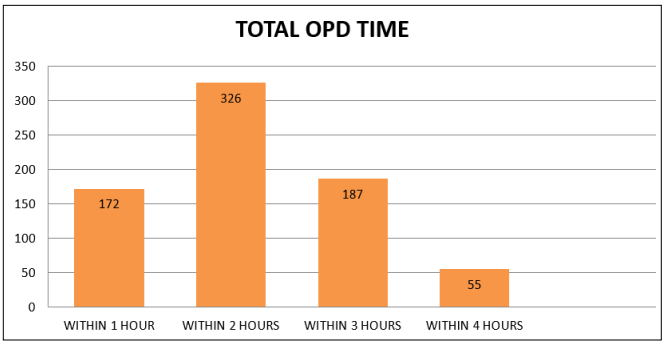
Study Tools- A self-administered questionnaire about expenditures on drugs, investigations, travel and others, was given to the patients.
Data Analysis-Data is entered into Microsoft excel and statistically analyzed using SPSS version 20.0 (IBM, USA). p value <0.05 was considered as statistically significant.

Results



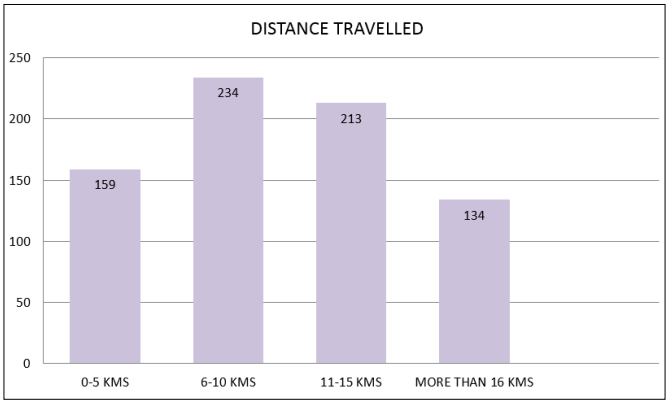
Among the total number of patients visiting the hospital for an OPD visit, females comprise about 34 percent while males comprise of 66 percent

Citation: D Sridhar, Saumya G, Shubham G, Sadiya, Nethra and Sai Priya (2022) Patient's Satisfaction and Out of The Pocket Expenditure for an Outpatient Department Visit in a Government Tertiary Health Centre in Hyderabad. Journal of Physical Medicine Rehabilitation Studies & Reports. SRC/JPMRS/181.
DOI: doi.org/10.47363/JPMRS/2022(4)163

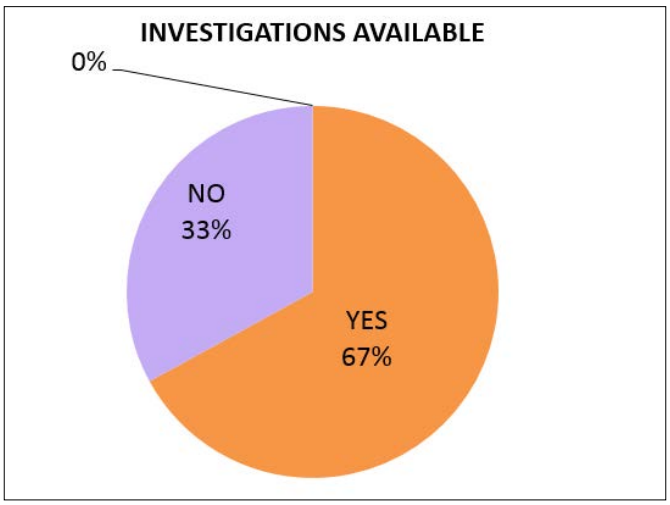


Above are the responses of the patients for the total OPD time taken by them in their OPD visit

- **172 (23 percent)** patients completed their OPD visit **within 1 hour.**
- **326 (44 percent)** patients completed their OPD visit **within 2 hours**.
- **187 (25 percent)** patients completed their OPD visit **within 3 hours**.
- **55 (8 percent)** patients completed their OPD visit **within 4 hours**.

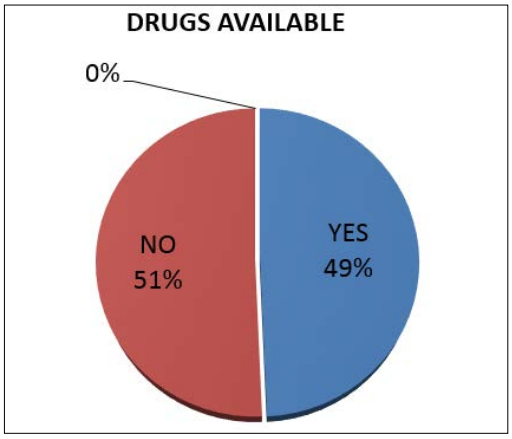


Out of 740 people coming for OPD visits, **159** people travel a distance 0-5 KMS, **234** people travel a distance of 6-10KMS, **213** people travel a distance of 11-15 KMS and **134** people travel more than 16 KMS.

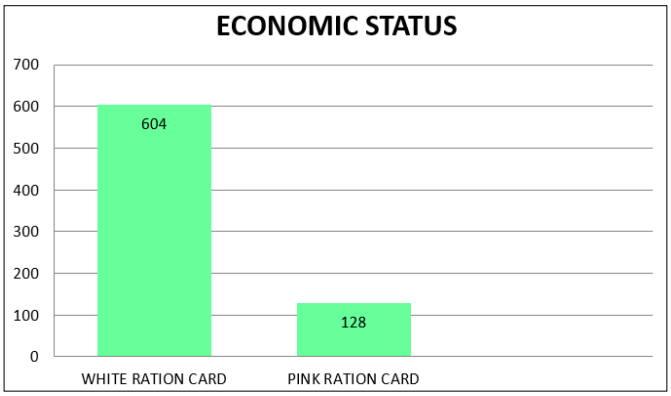


Above are the responses of the patients for the availability of investigations tabulated in a pie chart.

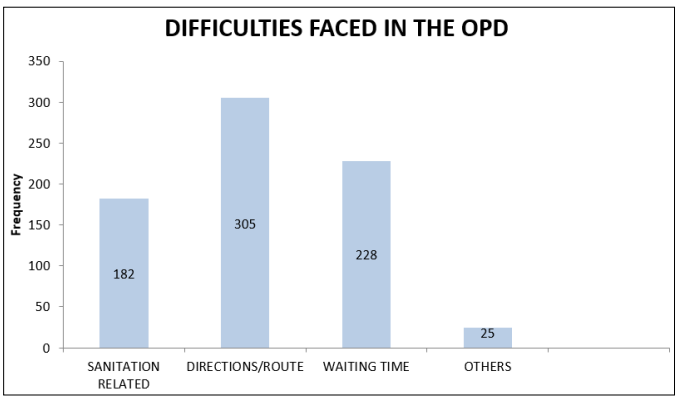
- **67 percent** of the patients visiting the hospital for an OPD visit, investigations were **available**.
- **33 percent** of the patients visiting the hospital for an OPD visit, investigations were not **available**.



In this study, out of 740 people coming for OPD visits, **49% (363)** people got prescribed drugs from hospital pharmacy, **51% (377)** people did not get the prescribed drugs from hospital pharmacy.



81.6% (604) of the people coming for OPD visits are white ration card holders and **18.4% (128)** are pink ration card holders.



Out of 740 people visiting the hospital,**24.59% (182)** people faced sanitation related problems,**41.22% (305)** faced problems related to directions,**30.81% (228)** of them faced problems regarding waiting time for registration and **3.38% (25)** of them faced other problems.

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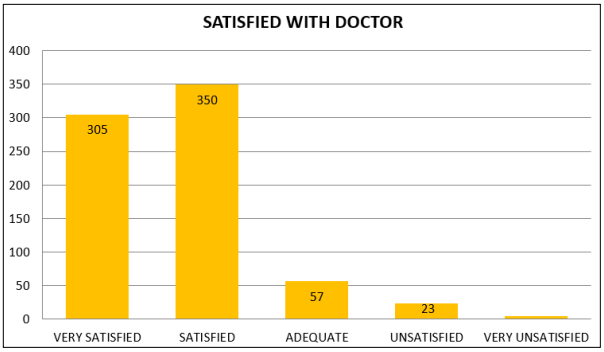
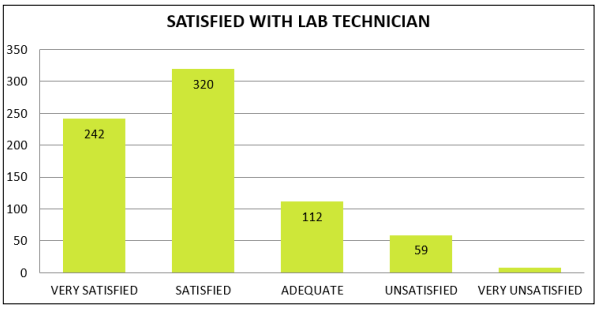
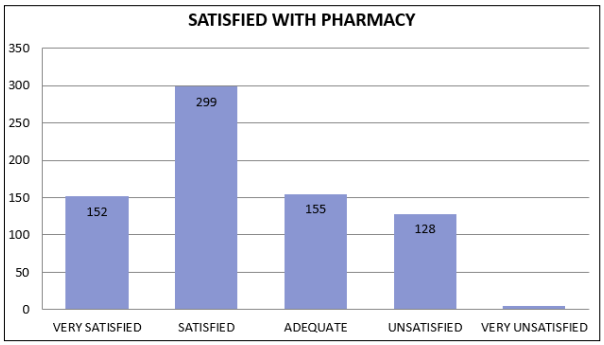


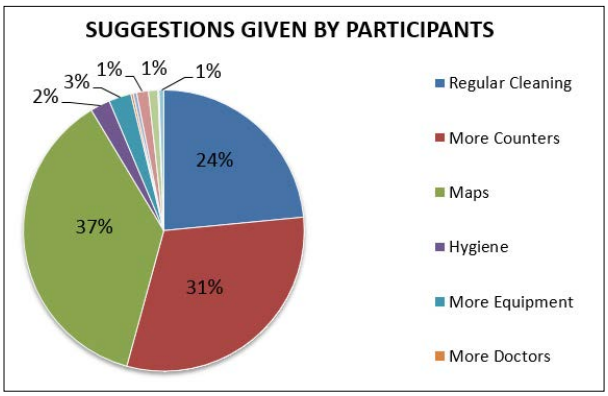
Out of 740 people coming for OPD visits **41% (305)** are very satisfied,**47% (350)** are satisfied, **8% (57)** are adequately satisfied, **3% (23)** are unsatisfied and **1% (7)** are very unsatisfied with doctor.



Out of 740 people coming for OPD visits, **33% (242)** are very satisfied, **43% (320)** are satisfied, **15% (112)** are adequately satisfied,**8% (59)** are unsatisfied and 1% (7) are very unsatisfied with lab technician.



Out of 740 people coming for OPD visits, **20.5% (152)** are very satisfied, **40% (299)** are satisfied, **21% (155)** are adequately satisfied, **17.5% (128)** are unsatisfied, **1% (5)** are very unsatisfied with pharmacy.



Out of 740 people coming for OPD visits, a vast majority of **37%** suggested maps for navigation,**31%** suggested more counters, **24%** suggested regular cleaning,**3%** suggested the need of more equipments,**2%** suggested maintenance of good hygiene, **1%** each for increased and improved doctors' facility and quality, availability of more efficient personnel.

Relationship between Waiting Time and Acute and Chronic Diseases

DISEASE	WAITING TIME GREATER THAN 2 HOURS	WAITING TIME LESS THAN 2 HOURS	TOTAL
ACUTE	136(29.6%)	322(70.4%)	458(100%)
CHRONIC	108(38.2%)	174(61.8%)	282(100%)
TOTAL	244(32.9%)	496(67.1%)	740(100%)

Yates Corrected Chi Square Value: 5.84 p value<0.05

Interpretation: Among 458 subjects who are facing acute diseases, 29.6% had a waiting time greater than 2hours and among 282 subjects who are facing with chronic diseases, 38.2% had a waiting time greater than 2 hours. The difference of 8.6% is found to be significant.

Relationship between Drugs and Acute and Chronic Diseases

DISEASE	SUBJECTS SPENDING MONEY ON DRUGS NOT AVAILABLE IN THE PHARMACY	DRUGS AVAILABLE IN THE PHARMACY	TOTAL
ACUTE	220(48.1%)	238(51.9%)	458(100%)
CHRONIC	157(55.6%)	125(44.3%)	282(100%)
TOTAL	377(50.95%)	363(49.05%)	740(100%)

Yates Corrected Chi Square Value: 4.07 p value <0.05

Interpretation: Among 458 subjects who are facing with acute diseases, 48.03% spent money on the drugs which were not available in the pharmacy of the tertiary health care center and among 282 subjects facing with chronic diseases, 55.6% spent money on the drugs not available in the pharmacy of the tertiary health care center. The difference of 7.57% is found to be significant.

Relationship between Investigations and General and Female OPD

DISEASE	SUBJECTS SPENDING MONEY ON INVESTIGATIONS NOT AVAILABLE	INVESTIGATIONS AVAILABLE	TOTAL
ACUTE	220(48.1%)	238(51.9%)	458(100%)
CHRONIC	157(55.6%)	125(44.3%)	282(100%)
TOTAL	377(50.95%)	363(49.05%)	740(100%)

Yates Corrected Chi Square Value: 4.42 p value <0.05

Interpretation: Among 489 subjects who visited General OPD, 30.2% spent money on the investigations which were not available in the tertiary health care center and among 251 subjects who visited the Female OPD, 38.2% spent money on the investigations not available in the tertiary health care center. The difference of 8% is found to be significant.

Average Money Spent

Reason	AVERAGE MONEY SPENT
SPENT ON TRAVEL	Rs. 147.84/-
SPENT ON INVESTIGATIONS NOT AVAILABLE IN THE TERITIARY HEALTH CARE CENTRE	Rs. 698.88/-
SPENT ON DRUGS NOT AVAILABLE IN THE PHARMACY OF TERTIARY HEALTH CARE CENTRE	Rs.339.09/-
DAILY LOSS OF WAGES	Rs. 393.81/-

The average money spent on travel for an OPD visit in a tertiary health care center is Rs. 147.84/-. The average money spent on investigations not available in the tertiary health care center is Rs. 698.88/-. The average money spent on drugs not available in the pharmacy of tertiary health care center is Rs. 339.09/-. The average daily loss of wages of a subject visiting a tertiary health care center for an OPD visit is Rs. 393.81/-.

Discussion

In our survey it is found out that around one third of the patients couldn't get the investigations done in the hospital and approximately fifty percent of patients reported unavailability of the drugs. This had a major impact on out-of-pocket expenditure of the patient. The average expenditure on the investigation was Rs.698 and on drugs was found out to be Rs. 339, thus by providing these services in hospital the out of the pocket expenditure can be decreased. Regarding the time taken for the OPD visit 33 percent of patients had to wait for consultation for more than 2 hours.

Regarding the difficulties faced by the patient during the consultation, 40 percent of the people faced difficulty with directions, 30 percent for waiting time and 24.5 percent had sanitation related problems. Since most of the people faced difficulties with directions, a map should be provided for the understanding of a common man.

Approximately 90 percent of the patients were satisfied with the consultation with the doctor, thus implying the quality of doctors in Gandhi Medical Hospital, a tertiary health care center in Hyderabad. Many patients reported satisfaction with the pharmacy (40%) and lab technician (25%), thus these needs to be improved by providing better supply of wide range of drugs and improving investigation infrastructure will increase the satisfaction of most people.

Shahrawat and Rao conducted a study on out-of-pocket payments and India's poor titled "A study on insured yet vulnerable: out-of-pocket payments and India's poor" [14]. According to this study drugs constitute the main share (72%) of total OOP payments whereas in our study we found that investigations constitute the main share (67.3%) of total OOP payments.

Garg and Karan conducted a study on reducing out of pocket expenditures to reduce poverty with title "A study on reducing out-of-pocket expenditures to reduce poverty: a disaggregated analysis at rural-urban and state level in India" [15]. It shows that OOP expenditure is about 5% of total household expenditure (ranging from about 2% in Assam to almost 7% in Kerala) while according to our study OOP expenditure amount to 9.97% of total household expenditure.

Archana et al conducted a study on out-of-pocket expenditure among the households of a rural area in Puducherry, South India entitled A study on out-of-pocket expenditure among the households of a rural area in Puducherry, South India. According to the study, 51.3% were men and 48.7% were women whereas in our study it was found that 63% were men and 37% were women [16]. It also showed that 66.2% were for acute illness and 29.4% were for follow up of chronic diseases and 4.3% for hospitalization with compared to our study showing 61.8% for acute illness and 38.2% for follow up of chronic illness.

Our study is first of a kind study, to do research about the topic of out of the pocket expenditure, based in a hospital than any other previous studies which are based on a particular geographic area. Our study particularly specifies the various criteria where they specifically feel the burden on their pockets. It also takes suggestions for the obstacles faced by them and gives them a ray of hope for the changes they wish to see.

Limitations of the Study

- The questionnaire was filled on the basis of the recall memory of the subject so the responses were subjected to recall bias.
- Only the major OPD departments were taken into the study, the remaining minor departments were not taken into consideration, thereby not giving an overall view about the problems and the situations.

Summary

- Females comprise about 34 percent whereas males comprise of 66 percent of the total subjects visiting the tertiary health care center for an OPD visit.
- The total OPD time taken by them in their OPD visit:
- 172 (23 percent) patients completed their OPD visit within 1 hour.
- 326 (44 percent) patients completed their OPD visit within 2 hours.
- 187 (25 percent) patients completed their OPD visit within 3 hours.
- 55 (8 percent) patients completed their OPD visit within 4 hours.
- 159 people travel a distance 0-5 Kms, 234 people travel a distance of 6-10Kms, 213 people travel a distance of 11-15 Kms and 134 people travel more than 16Kms an OPD visit in a tertiary health care center.
- 67 percent of the patients visiting the hospital for an OPD visit, investigations were available and 33 percent of the patients visiting the hospital for an OPD visit, investigations were not available.
- 49 % (363) people got prescribed drugs from hospital pharmacy; 51% (377) people did not get the prescribed drugs from hospital pharmacy.
- 81.6% (604) of the people coming for OPD visits are white ration card holders and 18.4% (128) are pink ration card holders
- Out of 740 people coming for OPD visits, 33% (242) are very satisfied, 43% (320) are satisfied, 15% (112) are adequately satisfied, 8% (59) are unsatisfied and 1% (7) are very unsatisfied with lab technician.
- Out of 740 people coming for OPD visits 41% (305) are very satisfied,47% (350) are satisfied,8% (57) are adequately satisfied,3% (23) are unsatisfied and 1% (7) are very unsatisfied with doctors.
- Out of 740 people coming for OPD visits, 20.5% (152) are very satisfied, 40% (299) are satisfied, 21% (155) are adequately satisfied, 17.5% (128) are unsatisfied, 1% (5) are

very unsatisfied with pharmacy.

- The average money spent on travel for an OPD visit in a tertiary health care center is Rs. 147.84/-.
- The average money spent on investigations not available in the tertiary health care center is Rs. 698.88/-.
- The average money spent on drugs not available in the pharmacy of tertiary health care center is Rs. 339.09/-.
- The average daily loss of wages of a subject visiting a tertiary health care center for an OPD visit is Rs. 393.81/-.

- In the subject's point of view, they suggested:

❖ 37% suggested maps for navigation,
❖ 31% suggested more counters,
❖ 24% suggested regular cleaning,
❖ 3% suggested the need of more equipment's
❖ 2% suggested maintenance of good hygiene,
❖ 1% each for increased and improved doctors' facility and quality, availability of more efficient

Conclusion: Patient satisfaction was significantly associated with socio-economic status, repeat visits, and waiting time between arrival and consultation. Measures to reduce out of pocket expenditure and waiting time may increase satisfaction levels in patients. Further research into the health systems is needed to improve patient satisfaction

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