POTENTIAL COST SAVING FOR LEPROSY PATIENTS

IN SEEKING LOCAL LEPROSY CARE IN NEPAL.

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The major aims of this research is to develop a method for determining the costs incurred by patients and accompanying relatives when the former consume leprosy care at outstations, that is at a service points outside their district of residence. The secondary purpose is to actually determine the costs incurred by patients and accompanying relatives and the saving which could be achieved if they were to consume care at a local clinic.

The principles of decision tree are used to explore the alternative actions of patients in receiving services at various levels of leprosy clinics. The complexity of actions were acknowledged and defined for costing purposes. To develop methods for determining costs a mathematical cost model is formulated. The model is used to estimate cost incurred by patients and relatives attending local and outstation clinics based upon parameters determined for 30 patients at each of the three sampled clinics (Total of 90 patients). The cost studied are then used to estimate the potential cost saving which could be achieved if they were to consume care at local clinics.

The study shows that the costs incurred by patients receiving services at local and outstation clinics are 489 Ru/patient/year and 54/person/visit for patients at local clinics and 3166 Ru/patient/ year and 352 Ru/person/visit at outstation clinics. The cost incurred by relatives accompanying patients to local and outstation clinics are 17.4 Ru/person/visit and 193 Ru/person/visit respectively.

The average total costs in attending outstation clinics are 7.6 times that for attending local clinics. The highest components of costs are travel costs and time costs in seeking care at outstation clinics.

An estimated aggregate figure for the annual cost saving which could be achieved if all leprosy patients in Nepal attended local clinics is $20 * 10^6$ Ru. This cost does not include the opportunity cost, income loss due to late detection and deformity, which is estimated to be $297 * 10^6$ Ru/annum.

The study concluded that more investment in leprosy services for early case detection and treatment may be worth considering to reduce costs to patients and to the community.

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