



# DIRECT COSTING OF HOSPITALIZATION FOR PRETERM NEONATES IN A TERTIARY MEDICAL CENTER

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## BACKGROUND

Prematurity remains to be the top cause of neonatal mortality here in the Philippines. Preterm is associated with significant costs to health systems and its complications can be a significant burden to the economy.

## OBJECTIVES

This retrospective study determined the adequacy of the PhilHealth coverage among hospitalized preterm infants with primary diagnosis of preterm, respiratory distress syndrome, sepsis in a tertiary medical center

## METHODS

Preterm infants with gestational age between 28 to 36 weeks hospitalized in a Neonatal Intensive Care Unit of a government tertiary hospital in a 12-month period from January to December 2019 admitted with diagnosis of prematurity, sepsis and respiratory distress syndrome, and dependent on PhilHealth during their admission were included in the study. The mean total cost of preterm per admission has been determined. The difference in the total cost of hospitalization and the difference in mean percent contribution of shares/expenses by patient characteristics were obtained.

## RESULTS

Fifty preterm babies were included in the study. Of these, 19 were infants requiring ventilation and intensive care, while 31 required minimal care only. The mean total hospitalization cost for admission of a preterm was Php 216,329.10. Only 5% was contributed by PhilHealth (Php 11,098.97). The average out of pocket expenditure was 36% (Php 76,934.09). The highest intensive care costs of preterm were found to be paid for interventional procedures. Length of stay and ventilation were found statistically significant different in comparison to contribution of expenses by patient's characteristics ( $p=0.002$  and  $p=0.001$  respectively).

## CONCLUSION

This study demonstrated the necessary improvement for the coverage of medical insurance for the preterm infants as to minimize the out of pocket expenditures especially in a developing country like the Philippines. The researcher found statistically significant relation to total hospitalization cost with length of stay, ventilation, presence of RDS and sepsis, cost of floor procedures, pharmacy and supplies expenses during admission.