COMPARISON OF CASE-BASED PAYMENT AND FEE-FOR-SERVICES PAYMENT IN HOSPITAL POLYCLINICS

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The aim of this study is to compare the case-based payment and the fee-for-service payment methods in terms of hospital revenues for policlinics payments to hospitals. This research is a retrospective, cross-sectional, registry-based study. The research was conducted in an A2 group Ministry of Health Turkey hospital operating in İzmir. Study data belong to 2019 year. In the study, the data of 34 policlinics that the hospital serves, excluding the emergency outpatient clinic, were examined. A total of 1,096,135 applications were examined in policlinics, 21 of which belong to the general specialty and 13 to the subspecialty. 60.45% of the patients who applied to the general specialty policlinics and 67.80% of the patients who applied to the subspecialty policlinics were women; the mean ages were 42.62±22.281 and 38.45±23.221, respectively. According to the findings of the study, the ratio of the payment per case to the payment fee-for-service differs according to the type of the policlinics. In eight of the 21 major general specialty polyclinics and in seven of the 13 subspecialty polyclinics, the per-case payment is not enough to cover the transactions included in the per-case payment. Another finding of the study is that, in general, the average payment per patient of the Social Security Institution is higher than the amount of payment per case. The existence of additional billable transactions can explain this situation. We found the income-expense coverage ratio of the hospital to be 93.95% in the general specialty polyclinics and 82.62% in the subspecialty polyclinics, and 92.87% in total. It has been concluded that in the hospital policlinics payments, payments per case create a disadvantage for the hospital compared to payments fee-for-service payment.