

Abstract

Background: Specialized and sub-specialized clinics have been established to improve people's access to outpatient services and to reduce costs. The effective factors in the appropriate use of the services, optimal spending of resources and the preventing of unnecessary visits of specialty clinics is informing people of the actual costs of the health system and their individual responsibility for health. The aim of this study was to investigate the relationship between patients' consciousness of the actual cost of visits at specialized and sub-specialized clinics with their individual responsibility for health and to explore the provision and utilizing services at specialty clinics affiliated with Kerman University of Medical Sciences.

Method: The present study is a concurrent mixed method design, which was conducted in 2019. In the quantitative section, a researcher-made questionnaire was designed and the content validity of the questionnaire was confirmed by calculating content validity ratio of 0.78 and content validity index of 0.79. The reliability was confirmed with Cronbach's alpha of 0.72. The study population was all patients who referred to specialized and sub-specialized clinics in Kerman, of which a sample of 400 were selected by simple stratified and random sampling approach. In the qualitative section, sampling was done by purposive and snowball method. 16 semi-structured interviews were conducted with physicians, managers and health officials to understand how services are provided and utilized at specialized clinics. Quantitative data analysis was performed using descriptive and analytical statistics in Stata software version 13. Qualitative data were manually coded and analyzed by conventional content analysis.

Results: The results of the research in the quantitative section showed that only 10% of the sample were conscious of the actual costs of the visit. The level of individual responsibility for health was

relatively good. There was no significant relationship between consciousness of the actual cost of the visit and individual responsibility for health ($P\text{-value}<0/005$). The variables of gender, monthly income, supplementary insurance were significantly associated with consciousness of costs ($P\text{-value}<0/01$). Also, a significant relationship was observed between the variables of age, employment status, marital status, education level, monthly income, type of insurance, supplementary insurance and place of residence with individual responsibility for health and its dimensions ($P\text{-value}<0/01$). In the qualitative section, how to provide services in specialized clinics in three main categories of benefits, weaknesses and solutions for optimization of specialized and sub-specialized clinics and 12 sub-categories were explained. Some of its advantages include increasing public access and providing full-time use of physicians, its most important weaknesses include improper use of services and increasing health system costs, lack of infrastructure and quality threats, and a number of optimization strategies including system deployment. Referral and family doctor and rationalization of tariffs.

Conclusion: Most people referred to specialized clinics are not conscious of the costs and lots of the resources in the health system may not be well-used due to the lack of consciousness of their true value. Informing people about the costs of the health system and strengthening their individual responsibility for health can lead to better utilization of health system resources. In general, the policy of specialized and sub-specialized clinics is a good policy and for more effectiveness, this policy should be regularly reviewed and revised. Also, strengthening the referral chain and family physician program, rationalizing tariffs and improving the quality of services can improve effectiveness of these clinics.

Keywords: Cost Consciousness, Real cost, treatment, Individual responsibility for health, Visit.



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