



Kerman University of Medical Sciences
School of Management and Medical Information
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Title:

**Identifying the impact of hospital services regionalization policy's
consequences on treatment costs and the requirements for its implementation
in Iran**

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Abstract

Introduction: The costs of the health system in different countries have been increasing and this increasing trend has caused different countries to consider using policies to achieve the main goals of the health system. Regionalization of health services is one of the policies can control the cost and increase the quality of health services with a special arrangement of health care providers. The aim of this study was to review the evidence and experiences related to the cost outcomes of implementing a health services regionalization policy and to identify the prerequisites and requirements that lead to the successful implementation of health services regionalization.

Method: The present study is a combined study that has been done in two phases of systematic review and qualitative study. In the qualitative phase, 21 policy makers and managers of the health sector were interviewed and after coding, they were analyzed by content analysis method. In the systematic review phase, all articles that were searched using the keywords Regionalization, Cost, Hospital in Web of Science, Ebsco, Embase, Scopus and PubMed databases without time limit were included in the study. To select studies, titles, abstracts, the full text of the studies whose abstracts met the criteria for inclusion of studies in our system were reviewed, and out of 295 initial results, 177 abstracts were screened and 43 full texts were obtained, depending on the type and nature of the consequences. Costs extracted from the studies were used by Meta- synthesis to analyze and aggregate the results of the systematic review.

Results: The main concepts obtained from the qualitative phase of the study include: definition of regionalization, regionalization planners, service regionalization strategies, regionalization opportunities and regionalization constraints. In the

systematic review phase, by reviewing 43 main articles, the cost outcomes as the main theme of the study and the changes and reasons for changes in the costs as the sub-themes of the study were obtained. In these studies, 34 articles focused on reducing treatment costs in regionalized centers. However, 6 articles stated that the costs of medical services in these centers are higher, and finally 3 articles reported that the costs of medical services in the regionalized centers and other centers did not change. In addition, patient safety and mortality outcomes, length of stay, infection rate, waiting time, and insurance status were reported as secondary outcomes of the intervention. The overall result of the study is expressed in the form of a conceptual model of the compounds.

Conclusion: Evidence suggests that in most cases, implementing a hospital services regionalization policy reduces treatment costs. However, it is necessary for the policy makers of the Iranian health system to make the suitable provisions when implementing this policy to prevent the reduction of access of different groups to services.