

Private Public Mix Working Model of a Teaching Hospital, Benefits for the Organizations and End users

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ABSTRACT

Aim: To find out the benefits of Private Public Mix Working Model of a Teaching Hospital for the organizations and end users.

Study design: Cross sectional Survey

Methods: The study was conducted at Islamic International Medical College (IIMC) and Pakistan Railway Hospital (PRH) Rawalpindi. Retrospective data was collected on a semi structured, pre tested questionnaire from the records of PRH. The benefits of PPM working model were assessed using variables like training of students, hiring of academic staff, availability and utilization of different services.

Results: 600 undergraduate, 7 postgraduate and 26 nursing students were being trained after implementation of model. Academic staff increased from 17 to 127 doctors. Number of departments increased from 4 to 15 and range of laboratory test increased from 16 to 92. Outpatient and indoor flow of patients increased up to 500% after the intervention. There are evident benefits for both the organizations and end users through this private public mix working model.

Keywords: Private public mix working model, IIMCT, Pakistan railway hospital

INTRODUCTION

Pakistan has an extensive public health care delivery system, but it is unable to provide quality health services to the growing population. The health status of the nation is characterized by a population growth rate of over 2%, infant mortality rate of 90/1000 live births and maternal mortality rate of 450/100,000 live births that is one of the highest in the world while communicable infectious and parasitic diseases are still remain a severe burden¹. Private sector is also providing health care services to 80% of the population with satisfactory progress². Free health care has historically been considered as a basic right in Pakistan. On the other hand government is unable to afford the entire expenditures of health due to financial crisis³. As a matter of fact the role of Governments in the contemporary world has been changed and they are unlikely to have the resources and capacity to fulfill the variety of needs and levels of demand for health services⁴. Planning commission of Pakistan has identified the crisis of health care and suggested for an acute change⁵. In 9th five year plan the Commission has recommended to introduce Private public mix working models gradually⁶.

Private public mix model is an alternative measure to improve the health care delivery system which has been experienced in Indonesia and Cambodia^{7,8}. Private and public groups have their own special strengths and by taking advantages of those synergies can be achieved, leading to better outcomes⁹. World Health Organization has also recommended Private Public mix models as a priority area for research, training & development¹⁰.

Pakistan railway hospital Rawalpindi was facing a financial crisis due to which fixed and running expenditure was a big problem for Pakistan Railways whereas Islamic international medical college trust started its medical college in 1998. The trust was in dire need of a teaching hospital for clinical training of students. Both the organization joined hands and developed a Private Public Mix working model.

MATERIAL & METHODS

This research was a cross sectional descriptive study of private public mix working model of a teaching hospital which was conducted at Islamic International Medical College Trust (IIMCT) and Pakistan Railway hospital Rawalpindi. IIMCT is a nongovernmental, not for profit educational organization. The first institute of this Trust was a medical college which was started in 1998. Pakistan Railway Hospital is a 400 bedded public sector hospital directly managed by Pakistan Railway. It serves a large number of general population along with the employees of Pakistan Railway. Both of these organizations joined hands

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and agreed upon a mutually beneficial document in the form of Private Public Mix Working Model. Through this agreement the hospital is catering the academic needs of medical students at under graduate and post graduate level where as the improvement of clinical and teaching activities provides better health care services to the general population and employees of Pakistan railways.

For this study a semi structured questionnaire was developed, this questionnaire was pre tested and changes were made accordingly. The retrospective data was collected for variables like teaching and training of undergraduate, post graduate and nursing students, hiring and availability of academic staff, availability and utilization of hospital services e.g. diagnostic tests, annual visits of patients in emergency/ OPD, number of Normal deliveries from the previous record. This data was analyzed using SPSS 16 and descriptive statistics were presented comparing the outcome variables before and after the implementation of Private Public Mix Working Model in Pakistan Railway Hospital, Rawalpindi.

RESULTS

The results of this study for both of the organizations and end users are presented in the form of academic benefits, availability, cost, level and utilization of different services. Around 600 undergraduate, 7 postgraduate and 26 nursing students are getting academic training from this hospital where as there was no student before this model (Table 1). There were only 2 specialist doctors and 15 medical officers before this model but the number of academic staff has been increased to 127 after this private public mix working model (Table-2). Number of departments is increased from 4 to 15, range of laboratory test increased from 16 to 92, annual visits of patients in OPD/ emergency, diagnostic tests, surgical procedures and indoor admissions are also increased (Table 3). Situation of user charges for the patients related with Pakistan railway is absolutely free whereas charges for general patients are also very low (Table 4). Expense of railway patients if referred to any other institution is paid by Islamic international medical college trust.

Table: 1 Training of students before and after private public mix working model

Categories of Students	No. of Students	
	Before	After
Undergraduate	Nil	600
Postgraduate	Nil	7
Nursing	Nil	26
Total	Nil	633

Table: 2 Academic staff before and after private public mix working model

Designation	No. of Academic Staff	
	Before	After
Professors	Nil	15
Associate Professors	Nil	7
Assistants Professors	Nil	14
Senior Registrar	Nil	7
Specialists	2	2
Registrar	Nil	9
Medical officer	15	37
House officer	Nil	36
Total	17	127

Table: 3 Availability and utilization of services before and after Private Public Mix Working Model

Services	1998	
	Before PPM Model	After PPM Model
Department	4	15
Availability of diagnostic tests	16	92
Annual visits of patients in emergency/ OPD	65822	114390
Annual laboratory investigations	34339	163416
Annual radiology tests	5910	24214
Annual surgical procedures	693	1925
Annual indoor admissions	3098	5505

Table: 4 Situation of user charges before and after private public mix working model

Cost of services in rupees	1998	2002	
	Railway	Pts of Pak. Railway	General Patients
OPD per visit	Nil	Nil	10
Indoor per day	Nil	Nil	155
Emergency per visit	Nil	Nil	10
Blood C/E	Nil	Nil	100
Urine C/E	Nil	Nil	30
X-Ray Chest	Nil	Nil	100
Normal delivery	Nil	Nil	1000

DISCUSSION

Crisis of health care services in Pakistan is among the most serious national problems. Despite of the availability of wide spread infrastructure, the present system has been failed to cope with this situation¹¹. Internationally accepted concepts of decentralization and autonomy are in practice, but still there is no tangible improvement. Private public mix models are being practiced worldwide as an alternative mechanism for better health care provision. Pakistan is still lacking in this concept. This research was conducted to study the benefits of an existing private public mix model of a teaching hospital for the organizations and end users. World health

Organization recommends private public mix model as priority areas for research¹².

This private public mix working model is a kind of contracting out system as experienced successfully by ministry of Health in Cambodia.¹³ They handed over health infrastructure of various districts to private sector. Private sector was made responsible for any change in human resource but finance was provided mainly by MOH¹⁴. Although this private public mix model is same in infrastructure and induction of new human resource but it differs in the sense that finance provision is the responsibility of private sector.

This study shows that there is a clear evidence of improved academic activities after this private public mix working model. The number of students and academic staff has been increased to 633 and 127 respectively (Table 1 & 2). Table 3 reveals that the availability and utilization of services in different areas is also improved resulting in a direct benefit to end users and indirect benefit to organizations. These services are presented in the form of departments, diagnostic tests, surgical procedures and indoor admissions. The private sector is well known for the quality of its hospitals and enhanced regulatory environment for the improvement of services¹⁴. Another very important area of concern is about the cost of services after this private public mix working¹⁴. This study revealed that the employees of Pakistan Railway are enjoying free health services in this model whereas the cost of general patients is also very low.

CONCLUSIONS

This study showed that Private Public Mix Working Model is very much beneficial for the organizations and end users. Although there are issues related to user charges but in the present model these are properly addressed. This model should be treated as alternative measures to improve the health care services. Government should make necessary

legislative changes and encourage the process of private public mix working models.

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