Cost Analysis In Home Health Services; A Study On The Tekirdağ Province

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Abstract: Health, defined as a complete state of well-being from physical, spiritual and social aspects, is the most basic building block that contains all the variables of life. Home Health Services, which was actively implemented in 2011 within the scope of "Health Transformation Program" are health and care services delivered by health professionals aiming to provide rehabilitation, therapy and psychological treatment to patients at their location of residence. Home Health Service is a nonprofit service that is delivered by the public health facilities which increase in number at an accelerating pace.

This study aims to compare and analyze revenues and costs of Home Health Services Department of Tekirdağ Public Hospital for year 2016. Issues that may effect the sustainability and optimization of the Home Health Services are discussed in detail.

Keywords: Cost Analysis, Cost effectiveness, Health Services Management, Home Health Services, Communiqué of Health Practices, Social State Policy

Introduction

Care support needed by people who are old, patient or in need of care has been carried out informally by people in the family or informal carers where they lived for many years. Due to the changing conditions of life, it is a fact that the necessary care cannot be solved only within the family and social environment.

Widespread public health services and changes in service, ease of technological developments, assimilating the concepts of democracy, human rights and social justice, need to meet the psychological, socio-economic and physiological needs of individuals in need of care change expectations from health and care services and in the organization of care service also imposes responsibility on society as much as the family. In the past, protection and care of individuals in need of care has been the primary objective, whereas today, care policies in countries with high levels of social welfare focus on improving the quality of life and well-being of individuals (Ministry of National Education, 2016).

Home care such as called home hospital, home hospitality, medical home care or wall-free hospital is the medical service provided to the patient at home (Bentur, 2001). When looking at home care services at the international level, each country has a list of services that can be understood and adapted to the needs of the society according to its opportunities and socio-cultural structure, and expanded the scope of home care services as health technologies evolve and expectations change.

Many studies have been carried out in the national and international field about home health services. These studies are generally aimed at identifying the patient portfolio, health care for cancer patients, how home health services are carried out in Europe and the development of home care services in the world. However, there is no study on home health care costs. In this study, the income obtained from the Home Health Services Unit is compared with the expenses of the whole unit labor, such as general administrative expenses, overhead expenses, heating-water-electricity, transportation expenses, medical-simple consumables, depreciation, etc." With Health Implementation Communiqué (SUT) prices, income and expense balance have been tried to be put forward.

1. Home Health Services

Patients with health care needs, as well as negative physiological effects due to long-term hospitalizations, also experience many psychological problems such as loneliness and abandonment from the social life environment. With providing easy access to healthcare services, cost-effective hospital environments, treatment and care-oriented services began to move away, day hospitals or home care institutions and alternative health services at the forefront has come to the fore (Smith et al, 1992).

Home care in social work dictionary is defined as: "People in need of care, elderly people who have chosen to live alone, people with disabilities or infectious diseases, for those who have to live alone, to patients who are dependent on bed at home, such as bathing, housing, health care, nutrition, communication, culture and so on all kinds of individual and social needs are provided by social assistance and social service personnel in the environment that they want to live (Tomanbay, 1999). Dependence on care; old age, disability, chronic illness and with similar reasons the state of individuals' not performing independently of their daily living activities (Kalınkara, 2011).

The decrease in the mortality rate, increase in the average life expectancy and the decrease in the fertility rates brought the problem of rapid aging of the population into the agenda (Camkurt, 2014). Elderly individuals want to live in their own homes as much as possible. This situation is the important factor leading the future health expenditures. To provide cost effective solutions to care and health services for the elderly population, to provide effective and high quality service, to carry out the works for this purpose and to realize the plans in this direction constitute the essence of the social state and resource allocation.

In the Regulation on the Presentation of Home Care Services No. 25751, which entered into force in 2005 home care services are expressed as providing health-care and follow-up services in line with the recommendations of doctors to meet all medical needs of patients, including rehabilitation, physiotherapy, psychological treatment by health teams in the environment where they live (Ministry of Health, 2005). Home Health Services, in the The Directive on the Procedures and Principles of the Implementation of Home Health Services published in 2016 are defined as examination, treatment, medical care, follow-up and rehabilitation services including social and psychological counseling services for individuals in need of home health services as depending on various diseases (Ministry of Health, 2016).

Home health care was initially thought of as a tool to facilitate discharge from the hospital and to provide the necessary care in the transition to daily life after discharge (Helbing et al., 1992). Afterwards, it has been shaped by a wide range of health care and support to patients with chronic diseases, bedridden or cancer patients.

Home health services are services based on home visits carried out for the purpose of determining the individual and the service that is needed and for the purpose of conducting and controlling the planned services for the individual.

In selected diagnosis groups of DRG (Diagnostic Related Groups), it has been accepted that home health care has a significant effect on reducing hospital stay and discharging patients at an earlier stage (Shaughnessy and Kramer, 1990). The importance of home-based health care services is especially important for patients who are bedridden or who are struggling with cancer. The care services to be provided at home is an organization that is carried out in cooperation with many professionals and institutions. In the environment where long-term care patients live, the necessary care services are provided by the Ministry of Family and Social Policies in order to maintain their lives in a peaceful, high-quality and healthy manner, and the home health services are provided through the home health units formed by the Ministry of Health.

The basic philosophy of care services is to carry out the care and health services of the individuals who need care without the burden of their family and social life. Thus, transition from institutional care model to community based care model and home care model has been provided (Danış and Solak, 2014).

Within the scope of Home Health Services; medical and nursing services, physiotherapy, medical equipment and device services, delivery of medicines to the patient and psychological support take place. The goal here is to improve the patient's deteriorating health and reduce hospitalization. The success of home health services is evaluated by evaluating the needs of patients and their families after discharge; it is based on the effective coordination of the care, life and care arrangements with the home care service team (Home Care Association Board of Directors, 2010). Home Social Support Services; It covers all services such as social workers, care support staff, family members and religious staff and other services such as transport, transportation, home and personal care. In this context, day / night care, personal care, food and nutrition, household assistance, reorganization of the house layout, social support and counseling services can be told (Yılmaz et al, 2010).

The advantages and disadvantages of home care services allow patients to maintain their autonomy, freedom and self-esteem and to ensure that they continue to communicate more effectively with the environment in the environment they live in. It is believed that the patient entered the patient role in the hospital and that this role played a role in delaying the recovery. It is more effective and economical than hospital services and reduces inappropriate hospitalizations. Hospital admissions, hospital stay and treatment costs and high hospital infections decrease. On the other hand, this service offered at home is a difficult organization that is open to many external factors and risks and requires close control mechanism. Many problems can arise in ensuring the safety of health personnel. Health personnel are not in the immediate vicinity of the patient. Therefore, complications such as sepsis, thrombosis and vascular occlusion due to improper use of technology in vascular access therapy may occur (Yılmaz et al, 2010).

The main point of home care services is that individuals who receive service are the best alternative to achieve independence and improve their quality of life. When home care is compared with hospital care, being at home is thought to be a positive goal in itself (Karadağ, 2006).

Furthermore, increasing the number of health professionals such as clinicians, physiotherapists, nurses, etc., and health insurance system's supporting home care services play an important role in the spread of home care services (Can and Ünal, 2008).

2. Development of Home Health Services

In our country very new, institutionalized home health services in the world; In USA, in 1909, the Metropolitan Life Insurance Company made public health services to homes under the scope of payment, and in 1935 official home care services were started with state finance (Harris, 1997). The Montefiore Hospital in New York established the first hospital-backed home health care unit in 1947. This service, which was provided free of charge for only elderly, was included everyone with the introduction of the Medicare and Mediaid insurance system (Munchus, 1999). In 1982, the National Home Care Association was established and the majority of home care organizations started to work as partnerships with partners or cooperating with hospitals, thus allowing patients to be discharged from the hospital on time (Chromlak, 1992).

From Oxford University Publications, Caring For America: Home Health Workers in the Shadow of the Welfare State 2012 " prepared by Eileen Boris and Jennifer Kleinis (2012) a study that gives good examples about how home health and care services provided to the needy people devotedly and in need, how they gain life. Evelyn Hawks's help to her sister with growth failure, Panda Perez's help to 93-year-old Hector Bertull and Evelyn Coke's help to, 73-year-old Jamaican immigrant were years of devoted care and they were as if successing the impossible.

In European countries, home care services for elderly, disabled and people needing care were carried out by the family and relatives. After the end of the 19th century organized official initiatives were started to be created (Twigg, 1993). From the 1960s onwards, attempts have been made to reduce the long-term hospitalization of elderly people and children in hospitals, to increase the number of nursing homes and nursing homes for elderly, children and the disabled and to reduce hospitalization in long-term mental hospitals (Wasik, 1990). In many European countries, home health and care services are carried out by local governments, municipalities and programs are being promoted and developed to provide better quality services throughout Europe. In the world, home health and care services are implemented with the positive and negative aspects of the country's health care system policies and according to the needs of the people and continues to change.

Although there is no definitive information about the historical development of home care services in our country, the concept of ve home visit has been legally mentioned for the first time in the General Hygiene Law No. 1593 dated 24.04.1930 (Prime Ministry, 1930). In the early 20th century as it is in many other countries, in Turkey infectious diseases were very common, maternal and child mortality rates were very high. The law has been enacted for the purpose of diagnosis and treatment of infectious diseases at home, home examination and mother-child follow-up (Aydın, 2005).

With Law No. 224 on the Socialization of Health Services published in the Official Newspaper on 12.01.1961 and the Regulation on the Implementation of Services in the Socialized Areas

of Health Services dated 09.09.1964 arrangements have been made for preventive health services, home and outpatient care, midwives have been defined as assistants of public health nurses, coordinated by the public health nurse, home care and mother-child health services, if necessary, the physician to visit the patient at home for consultation and these examinations will be given free of charge (Prime Ministry, 1964).

Although some amendments were made to the legislation in the following period, on March 10, 2005, Regulation on the Presentation of Home Care Services the first legislative regulation containing only home care services was carried out (Ministry of Health, 2016). With the Directive on the Implementation Procedures and Principles of Home Health Services which came into force on 1 February 2010, the facilities operating under the Ministry of Health and authorized to provide these services by establishing a home health care unit within the body, include arrangements on health personnel to work in these areas. The conduct, management and coordination of the service are provided by Health Directorates (Ministry of Health, 2010). In 2011, in line with these principles, an increasing number of day-to-day care services units established within the health facilities started to serve. In the meantime, the scope of service has been expanded in line with the needs.

3. Materials and Methods

Cost analysis performed in Tekirdağ State Hospital in 2016 is a retrospective study with all hospital records of income and expenditure items of Home Health Services Unit. In this unit, which was established in order to prevent rehospitalization and serious costs, the profit-loss balance between the revenue obtained and the expenses made is presented.

The price of Home Health Services is invoiced in accordance with the General Provisions of the Health Implementation Communiqué set out by the Ministry of Finance, with the payment method per service, on the basis of the ANNEX-2 / B and ANNEX-2 / Ç lists. The patient is obliged to provide all medical supplies by the health care provider and may be billed in addition to the costs except unpaid medicine and medical supplies. If prescribed, drugs can be obtained from contracted pharmacies (Prime Ministry, 2013).

4. Findings and Discussion

Home health services based on home visits, was compared with the transfer of the patient to the health facility and on-site service costs. As a result of the social state policy, the effects of the changes in these services, which are provided for non-profit purposes, in order to increase efficiency and profitability, are determined on the income and expense balance.

Cost Comparison of Home Health Services with Patient Transfer For Health Services at the Facility

Home Health Services Costs

In 2016, Tekirdağ State Hospital's home health services income is calculated on the basis of the procedure or intervention to the patient, transfer fees, etc. The total revenue generated from the 1785 visits amounted to 42,689,24 TL and the average income per visit was 24 TL.

Home Health Care health personnel work in this unit completely, except for the physiotherapist and do not take part in another unit or duty in the hospital. Therefore, this distinction has been taken into consideration in the costs per visit when calculating labor expenses.

Table 1. Home Health Care Labor Costs (1785 visits per visit)

HOME HEALTH SERVICES AVERAGE WORKING COST

Personnel Title	Personal number	Monthly Gross Salary Amount (TL)	Annual Gross Salary Amount (TL)	Monthly Gross Additional Payment Amount	Annual Gross Additional Payment Amount	Monthly Gross Salary and Monthly Gross Additional Payment Amount (TL)	Annual Gross Salary and Annual Gross Additional Payment Amount (TL)	Monthly Working Time (dk)	Duration of Operation	Cost Per Patient
Doctors (General Practitioners)	1	3.302,00	39.624,00	3.485,00	41.820,00	6.787,00	81.444,00	10.560,00	45	**45,6**
Nurse	2	2.609,00	62.616,00	1.189,00	28.536,00	3.798,00	91.152,00	10.560,00	45	**51**
Physiotherapist	1	2.891,00	34.692,00	1.206,32	14.475,84	4.097,97	**20.117,00**	**4.320,00**	45	**15,2**
Chauffeur	1	2500,17	30.002,04	836,86	10.042,32	3.337,03	40.044,36	10.560,00	45	**22,4**
GENEL TOPLAM	**5**	**11.302,17**	**166.934,04**	**6.717,18**	**94.874,16**	**18.020,00**	**232.757,36**			**134,2**

Number of Home Health Care Services in 2016: **1785**

Home visits are organized once a week with a physiotherapist. For this reason, the Physiotherapist works in the Home Health Unit for a period of 4320 min and the cost per patient is calculated according to the time worked by Home Health Services per minute. Other personnel were calculated over "total cost and number of patients".

Source: Tekirdag State Hospital HBYS (E.T: 20/04/2018)

As seen, the labor cost incurred for a patient is 134.2 TL. The Physiotherapist works with the Home Health Team once a week and the cost analysis is made based on the working hours.

The total annual expense for the services provided to home health patients is 307.290 TL. Workmanship, personnel meal expenses, medical / simple consumable materials, cleaning supplies, transportation, communication, electricity-heating-water expenses, maintenance repair, depreciation, etc. expenses are included.

Table 2. Total Cost with Cost Factors Affecting Cost

ELEMENTS AFFECTING COST (ANNUAL)	AMOUNT (TL)
Labor Expenses	232.757
Data Preparation Services Expenses	17.424
Cleaning and Security Expenses	15.000
Medical Supplies Expenses	5.102,18
FIRST SUBSTANCE-MATERIAL AND LABOR EXPENSES	270.284
Communication Expenses	544,91
Transportation Expenses	24.164,70
Electricity-Water-Heating Expenses	4.350,00
Staff Food Expenses	2.591,00
Simple Consumables Expenses	688
Maintenance-Repair, Depreciation, etc. Expenses	4.667
TOTAL COST	307.290

Source: Ministry of Health, jtdms.saglik.gov.tr/TDMS/muh/fis.html (E.T: 20/04/2018)

Table 3. General Production Expenses

GENERAL SERVICE EXPENSES IMPROVING COST (ANNUAL)	AMOUNT (TL) Home Health care 1785 From Visits
Electric-Water-heating Expenses	4.350
Expenditures for Preparing Data	17.424
Cleaning and Security Expenses	15.000
Staff Food Expenses	2.591
Simple Sart Material Expenses	688
Maintenance Repair, Depreciation etc. Expenses	4.667
TOTAL COST	44.720
General Production Expenditure Per Patient	25

Source: Ministry of Health, jtdms.saglik.gov.tr/TDMS/muh/fis.html (E.T: 20/04/2018)

The general production cost per visit to home healthcare patients is "25 TL and all overhead expenses are included.

The average cost per patient is 175,87 TL and the return is 24 TL. Expenditure is 633% more than income. In terms of social state policies, there is a serious imbalance between income and expenditure in this service for the welfare of citizens.

Table 4. Cost Per Visit with Factors Affecting Cost

FACTORS AFFECTING COST (PATIENT PERIOD)	AMOUNT (TL) Home Health Care 1785 Patient
Labor Expenses	134,2
Medical Supplies Expenses	2,86
FIRST SUBSTANCE-MATERIAL AND LABOR EXPENSES	137,06
Communication Expenses	0,31
Transportation Expenses	13,5
General Production Expenses	25
TOTAL COST	175,87

Source: Ministry of Health, jtdms.saglik.gov.tr/TDMS/muh/fis.html (E.T: 20/04/2018)

Transfer of Health Services to the Health Facility

Transferring the patient from the home to the hospital, if the service is provided in the hospital, the current expenses continue without any changes. Transport accidents that may occur when the service is considered with the transfer of the patient should be taken into consideration.

1 doctor, 2 nurses, 1 physiotherapist, 1 driver, 1 nurse and 1 driver working at home health unit, for

the mobile team, "1 nurse, 1 doctor, 1 physiotherapist in the facility for health services can continue to serve the service, without increasing the cost of labor with the same staff execution of works can be achieved. However, the number of patients will increase and the cost per patient will decrease.

In 2016, 1785 homes were visited and 7 patients were given average daily health services. When transferring the patient to the hospital, the mobile transfer team brought the patient to the hospital in 30 minutes and the same patient returned to his home in 30 minutes. The transfer time of the patient would be 60 minutes (one hour), and 8 patients would be served 8 hours a day. Thus, the total number of patients will increase from 1785 to 2112 and an additional 327 visits will be organized and the number of visits will increase by 18.3%.

However, picking up a patient from home and leaving it again will double the transportation costs. The overall production costs of a patient will also be reflected in the costs.

Table 5. Total Factors Affecting Cost

FACTORS AFFECTING COST (PATIENT PERIOD)	AMOUNT (TL) Home Health Care 1785 Patient	AMOUNT (TL) Based on Service in Health Facility 2112 Patients
Labor Expenses	134,2	110,3
Medical Supplies Expenses	2,86	2,86
FIRST SUBSTANCE-MATERIAL AND LABOR EXPENSES	137,06	113,16
Communication Expenses	0,31	0,31
Transportation Expenses	13,5	27
General Production Expenses	25	22
TOTAL COST	175,87	162,47

Source: Ministry of Health, jtdms.saglik.gov.tr/TDMS/muh/fis.html (E.T: 20/04/2018)

As shown in the table, the cost of 175.87 TL, per patient decreased by 8% to 162.47 TL due to the increase in the number of patients.

In the comparison between home health services and health services at the facility; the increase in the income balance of 18.7% and the decrease of the costs by 8% and the increase of the income balance of 26.7%. A 26.7% improvement in the service to be provided at the health facility will reduce the rate of damage to 660% to 606.3%. Considering the transportation accident costs in home health services, there is no significant improvement in the income balance of the service to be provided at home or in the facility.

4. Conclusion and Recommendations

Public Health Centers, where the primary health care services are carried out, is a system that carries out service with regional distinction. Therefore, a significant cost difference will occur between these family doctor center, which are physically close to the patient, with carrying out home health services and the service delivery of this unit established in the hospital center in the city center. In addition, the family physician to follow the individual in accordance with the essence of the application, follow-up of the disease process and necessary guidance in terms of patient and institution will provide advantages. As the most advantageous and correct way, Community Health Centers should support the units as financial and personnel, and establish the necessary infrastructure for the implementation of home health services.

Home Health Services, established by the Ministry of Health and administered by the Home Health Services Unit, are paid on the Health Application Communiqué (SUT) prices determined by the Ministry of Finance. This study, to the extent that the Health Implementation Communiqué (SUT) prices, which have not been changed for several years, have encouraged the public or private sector undertakings for the service or the service is attractive; will provide a realistic source of evidence. In addition, the effectiveness of these services given to the patient at home, to increase the efficiency and profitability of the effects of changes on the income balance is trying to show the effect.

When Tekirdağ State Hospital Home Health Services Unit's visits made in 2016 are examined, the diagnosis of the patients is, 26% in the decubitus ulcer, 19% in dementia, 12% in the cerebral infarction sequence, coagulation disorders, parkinson's disease, alzheirmer's disease, respiratory system diseases, cancer and the other 43%. Patients with diagnosis of decubitus ulcer are long-term bed-dependent patients and

usually have comorbidities and other diagnoses. In 2014, palliative care service patients who were put into service with the Directive on the Application Procedures and Principles of Palliative Care Services, which were included in the scope of reimbursement, were started to be registered in 2015 and started to be serviced in the hospitals, have similar characteristics to the patients within the scope of service of home health units. In the directive palliative care identifying and evaluating the pain and other symptoms early in the patients living with problems due to life-threatening diseases, alleviating their pain by providing medical, psychological, social and moral support to the patient and his family, operating to improve the quality of life of patients and their families 4 (Ministry of Health, 2014). The patient portfolio of the palliative care services that serve the purpose of enabling the patients to live as active as possible until the last moment and to make the quality of life is in the Tekirdag State Hospital 48% of the cancer patients and 16% of the heart, circulatory diseases and hypertension,% 36 of them are symptoms such as pain, dyspnea, digestive system, respiratory system diseases and other group. 2016 Tekirdag State Hospital According to the TSİM (Basic Health Statistics Module), the bed occupancy rate for palliative care serivation is 37.5% (Ministry of Health, 2016). In this special unit with a rate of 62.5%, the treatment and rehabilitation services of home health care patients can be provided, taking into account the situation not only in the patient but also in their relatives. Long-term bed dependent patients and their relatives to benefit from the variety of services, to provide social support to benefit from palliative care services, patients should be informed about the guidance and the presence of such a service.

As a result of social state policies, non-profit home health care services' becoming widespread increasing the number of all necessary health care professionals and supporting the wide range of home care services are important.

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