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ATTEMPTS TO REDUCE CLINICAL PATHOLOGY
COSTS IN HOSPITALS

by

Professor J. C. Sournia
Conseil d'Etat, Paris, France

It is impossible to discuss the control of health costs without bringing in the way the money involved has been used. What is needed is to set up a system that will evaluate health care from the medical and economic standpoints and lead to delivery of the best and most effective care for the least outlay.

The Ministry of Health, therefore, recently instructed the chairmen of hospital medical advisory committees to establish evaluation committees to review hospital activities or increase their number.

This is the background against which reduction in the number of requests for para-clinical tests, including clinical analyses, must be viewed.

1.(a) The first task at hospital level is to pinpoint the person responsible for ordering the tests: is it a junior medical officer (intern), the ward sister or the physician responsible for the patient's care and treatment? Another need is to know whether the requests are made as a routine measure or are guided by the individual patient's condition or the symptoms he shows on admission. The evaluation committee also needs to find out whether use is made of any documentation that may have come with the patient. Such documents often give the results of tests made elsewhere before admission to hospital and there is no reason to doubt their quality at the outset. Heads of clinical departments too often ignore these documents as a matter of course and have the same tests redone by the hospital laboratory.

1.(b) In the case of each hospital laboratory, the evaluation committee must inquire into equipment performance, what the demand from clinical departments is for the services supplied and how work is organized in order to ensure that such equipment is used in the most cost-effective way both in routine and emergency work.

For the last ten years, in fact, it has been, and still remains, the trend for biologists to get their hospitals to buy automated, rapid, multi-test analysers with little flexibility of operation, particularly for biochemical and haematological tests. Such equipment is in use for only a few hours a day and requires a large input of specimens. To justify its purchase, some biologists are inclined to encourage clinical departments to make a routine practice of ordering batteries of tests, for example, on preprinted forms that list all the tests the analyser can perform.

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Lastly, the evaluation committee should require the biologist to specify the various equipment options available in order to encourage him to choose more flexible apparatus that is subject to fewer restrictions and constraints in use and has the lowest feasible reagent consumption.

1.(c) The evaluation committee and biologists, working together in this way, should arrive at a clear idea of the medical utility of each test. It too often happens, particularly in biochemical analysis, that the apparatus is programmed to carry out batteries of tests which may have no obvious clinical significance. Tests made as a matter of routine, or that duplicate others that are more relevant, should thus be ruled out as a matter of course.

2. Apart from the evaluation committees, which will gradually be introduced to review clinical analysis in hospitals, it should be recalled that France has had a legal procedure in force since 1972 for dealing with large items of equipment, under the provisions of which the acquisition of medical laboratory equipment whose operating costs are considered to be high is subject, in the case of regional hospitals, to ministerial approval or, in the case of other hospitals, to prefectural approval. The kind of equipment involved is apparatus capable of carrying out 250 tests an hour or over five tests at once.

Some hospitals, particularly regional ones, have as a result already been refused permission to purchase equipment considered to be too expensive or too sophisticated and unsuited to the needs of the clinical departments. In other cases, biologists have been persuaded, on the same grounds, not to apply for such equipment but to request the purchase of apparatus more suited to the size of the hospital concerned.

3. Lastly, the new policy of the Ministry of Health to keep increases in hospital budgets within limits compatible with the growth of gross domestic product should lead hospital directors and heads of hospital departments (whether physicians or biologists) to improve the cost-effectiveness of the clinical tests required to establish diagnoses and initiate treatment.

Thus a continuing process of reflection and information exchange, both between hospital laboratories and the clinical departments using their services as well as between hospital directors and biologists on the one hand and the ministerial or prefectural authorities on the other, should mean that qualitative assessment of the laboratories' contribution to clinical results will eventually lead to the containment and reduction of clinical biology costs in hospitals.

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