ANNUAL HEALTH INSURANCE TREATMENT COST OF NON-INSULIN-DEPENDENT DIABETES WITH COMA BASED ON ROUTINELY COLLECTED FINANCING DATA

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OBJECTIVES

Diabetes and its acute complications, such as hyperosmolar hyperglycaemic syndrome could represent a considerable burden for the health insurance system. Our aim was to determine the annual health insurance treatment cost of type 2 diabetes with coma in Hungary.

METHODS

Data were derived from the financial database of the Hungarian National Health Insurance Fund Administration (NHIFA), for the year 2018. Data analysed included annual health insurance costs, patient numbers and cost distribution calculated for age groups and sex. The following cost categories were included into the study: general practice care, home care, in- and outpatient care, medical imaging, laboratory diagnostics, pharmaceuticals and medical aids. Patients with non-insulin-dependent diabetes with coma were identified with the following code of the International Classification of Diseases 10th revision: E1100.

RESULTS

In 2018, the NHIFA spent 601.38 million Hungarian Forints (HUF) on the treatment of patients with diabetes with coma [2.23 million American Dollars (USD), or 1.89 million Euros (EUR)]. 50.4% of costs was spent on the treatment of male, 49.6% on female patients. The highest patient numbers were in general practice care: 9,603 men (47.1%), 10,800 women (52.9%) in total 20,403 patients. Pharmaceuticals (82.7% of total health insurance costs in men, 78.5% in women), general practice care (12.2% in men, 14.4% in women) and medical aids (2.4% in men, 3.0% in women) were the main cost drivers, while all other forms of medical care amounted to 2.7% in men and 4.1% in women. Annual health care treatment cost per patient was 45,339 HUF (168 USD/142 EUR) in men and 42,050 HUF (156 USD/132 EUR) in women.

CONCLUSIONS

Pharmaceuticals were the major cost drivers. Major cost drivers showed no significant difference between men and women. Average annual health insurance costs per patient was 7.82% higher in men.

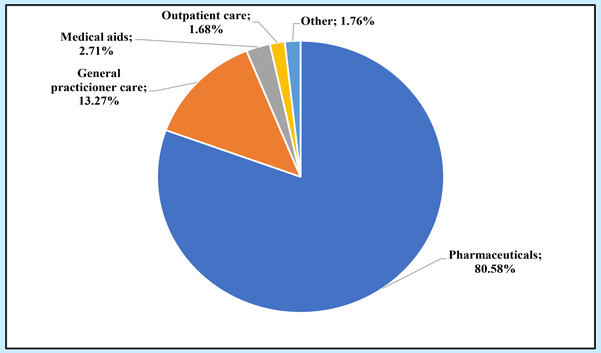


Figure 1
Distribution of NHIFA expenditure types in Hungary, 2018 (in USD)

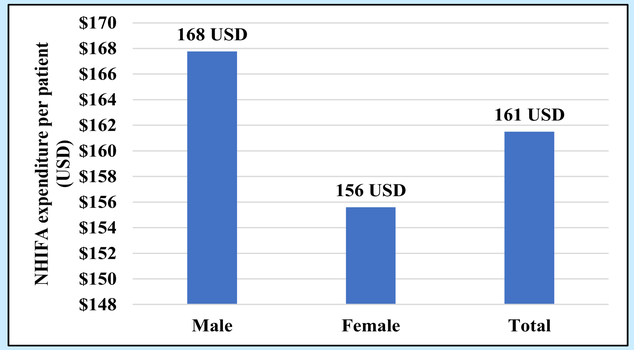


Figure 2
Amount of NIHFA expenditure per patient in Hungary, 2018 (in USD)

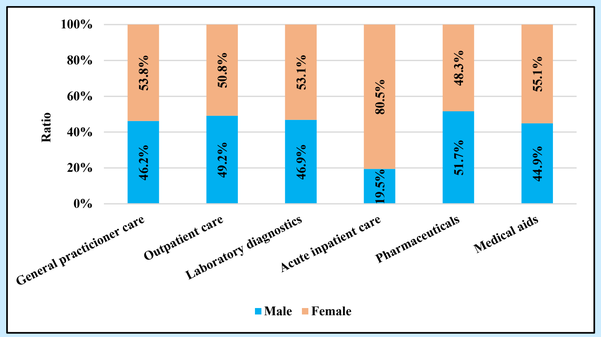


Figure 3
Male to female ratio in the six major health care types in Hungary, 2018

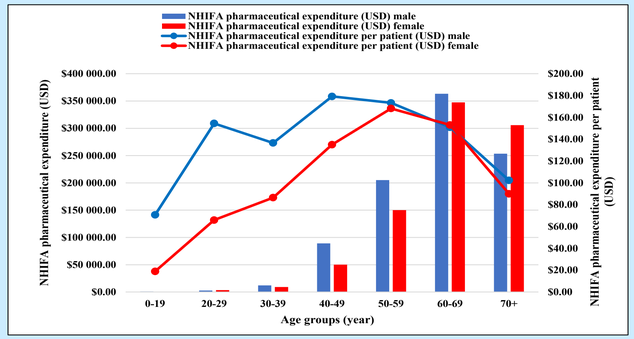


Figure 4
Differences in total and per patient pharmaceutical expenditure among different age groups in Hungary, 2018 (in USD)

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