



STRENGTHENING EMERGENCY CARE THROUGH THE PROVISION OF AMBULANCE IN PUBLIC HEALTH FACILITIES: ECONOMIC ISSUES AND POLICY IMPLEMENTATION GUIDELINES

Ву

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Strengthening emergency care through the provision of ambulance in public health facilities: economic issues and policy implementation guidelines

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Abstract

Provision of ambulance services in remote areas is an important policy intervention to strengthen the referral system and improve the quality of emergency care. The financial requirements resulting out of capital costs and operating expenses are huge. Given the financial constraints facing the State Governments in India, the departments of health need to explore alternative options. In this paper we discuss the options of leasing or hiring of vehicles. We also examine that if the facility has to self-sustain, what should be user-fees charges from the users of these facilities. However, we discuss policy implementation issues of protecting poor from high burdens and suggest an overall cap on total charges and exempting indigent patients. The role of local governments such as panchayats in creating contingency fund to meet the needs of the poor and developing appropriate exemption policy is considered inevitable to sustain these facilities.

Strengthening emergency care through the provision of ambulance in public health facilities: economic issues and policy implementation guidelines

1. Introduction

Given the distances across the referral facilities and non-availability of timely transportation facilities in rural areas, the ambulance facility plays critical role in reducing the mortality rates of patients needing emergency care. In many parts of the country, particularly in remote areas, the transportation facilities are quite uncertain and generally not available. The private providers and non-governmental organisations are meeting the growing demand for ambulance services. Private ambulance services have grown but charge exorbitant amounts in carrying patients from one facility to another facility For example, one private ambulance in Diamond Harbour, West Bengal charges Rs. 1200 to carry patient from Gadhmathura to Diamond Harbour for a distance of less than 100 kms. This puts significant financial burden on patients who need emergency care. Access to health care may be hampered because of patient's inability to pay such high amounts for ambulance services. At many places, the patients have no option of private services and they have to rely on public transport system or other means such as bullock-carts and cycle rikshaws.

The arrangement of ambulance for transporting critical patients has become important component in strengthening the referral system and improving the quality in public health care system. The intervention of departments of health in States is, therefore, considered important in providing ambulance services. Given the resource constraints, many governments are not in position to make this facility available in all public health facilities. Policy makers, therefore, need to evolve a policy of developing private public partnerships in these areas. There are three policy issues associated with the provision of ambulance services. These are:

- Whether the department of health should own or hire a vehicle on rental basis to provide ambulance services.
- In case the ambulance services are hired, what should be the reasonable hire charge per month for making ambulance service available?

• In either case, what should be user fees policy for ambulance services, i.e., how much should be charged from patients for the use of ambulance facility?

The policy of the government should be one that puts least burden on patients and ensures that ambulance facilities are available when needed. The following paragraphs discuss these issues.

2. Ownership of Ambulance

So far the policy of most of State Governments has been to own the vehicle and provide the services to patients free of cost. The health facilities face number of difficulties in providing the ambulance services to patients according to laid down policy of the government. Some of these difficulties as experienced are as follows:

2.1. Maintenance

The ambulances at various facilities are not in working condition because of lack of funds to carry out necessary repairs and maintenance of the vehicle. The hospital superintendents also experience long delay in getting sufficient funds for such maintenance. As a result, vehicles are not in use for long period of time and patients do not get ambulance facility when needed.

2.2. Fuel availability

The other difficulty faced by the health facilities in keeping the ambulance facility in running condition is the fixed quota of fuel provided to each facility. Each facility having ambulance facility is allowed a budget allocations for a fixed quantity of fuel to operate ambulance services. When this budget gets over, the facility often stops providing ambulance service to its patients. At many places, the facility has started charging patients by requesting them to take care of fuel cost and is therefore in position to provide ambulance service. However, this facility works just on an ad-hoc basis and there is no formal policy towards this.

2.3. Availability of personnel

The ambulance service is supposed to be available for all 24 hours. It is generally observed that given the work culture and number of holidays an employee can avail, the

number of persons manning the ambulance are always felt inadequate. As a result of this there is always a problem in finding the personnel to run the ambulance services.

2.4. Present use of ambulance facilities

The use of existing ambulance facilities is not efficient in most facilities. It is noticed that at many places, the health facility staff uses the ambulance either for their official work or ensuring the availability of staff or various inputs to run the health facilities. For example, it was observed that in places where the doctors are allowed private practice ambulance is most often used to get the doctors form their private chambers in case of emergency in hospital. The need for ambulance is also felt because of manning of health facilities is considered a major problem by administration. Many facilities are not manned most of the time and therefore the need for ambulance facilities is high. To overcome this problems in case of emergency, at district level many hospital superintendents have no other way but to send the ambulance to request the doctor to attend the patient at the health facility. This practice also affects the ambulance services because of limited budget for fuel.

3. Evaluating other options

Most of these problems arise because of the ownership of the vehicle is vested with the health departments. It is important to de-link the ownership of vehicles and responsibility of manning and maintaining the vehicle from its use. It is suggested that by doing so one can ensure efficient use of resources. The separation of ownership and use is possible through the system of hiring the vehicle on lease basis. Lease is basically a contract between a Lessor, the owner of the asset, and a Lessee, the user of the asset. Under the lease contract, the owner of the asset gives the right to use the asset to other party, and in return the user agrees to pay lease rentals to the owner. The leasing is one of the important financial services provided by many financial services companies in India. This service has assumed considerable importance among corporate bodies and has grown considerably over the period. The leasing companies offer several types of leasing services. The type of lease that would be appropriate for hiring the ambulance in case of health departments is Operating Lease. Operating lease is a short-term (generally 3 to 5 years) and is cancellable lease agreement. In this type of lease the owner (or leasing company) is generally responsible for maintenance and insurance and may also agree to

provide other services such as manning the vehicle. A single operating lease may not fully amortise the original cost of the vehicle since the vehicle may still have useful life after expirey of the lease period. In addition the leasing company gets the advantage of depreciation tax shield (i.e., depreciation is tax deductible expense and being owner of the vehicle, the company will be able to save tax because of getting this benefit). This also gets reflected in lease rentals.

We provide a comparison of following two alternatives:

- Own a vehicle and provide ambulance services
- Lease a vehicle and provide ambulance services

We also discuss the user fees implications under both these options. In case the health department decides to own or hire a vehicle the financial implications of the two alternatives would be as follows (see Appendix 1 for tabulated comparison):

Cost of vehicle: Department of health has to ensure that sufficient amount of funds are made available to purchase a vehicle. Cash-outflow on account of purchase of vehicle can be avoided in case of lease or hire and this is equivalent to saving cash outflows at the outset.

Salary of drivers and helpers: The expected salary of two drivers and two helpers is estimated to be about Rs. 1.50 lakhs per annum. Under operating lease contract, the department of health and health facilities will have no responsibility of manning and maintaining the vehicle (we are assuming that lessor or owner of vehicle has the responsibility of manning the ambulance and also takes responsibility of its maintenance). The rental amount payable per month should include reasonable charges for all these expenses. Please see next section for the calculation of these charges and monthly rental amount payable to the agency providing ambulance facility.

Maintenance expenses: The maintenance expenses are estimated to be about Rs. 40,000 per annum and expect to increase over the period. Because of the distance problem it is

not possible to have centralised maintenance system and there would be real problem in ensuring proper control of maintenance expenses.

Insurance expenses: Insurance expenses have to be borne by the department in case vehicle is purchased and is estimated to be about 1.33% of cost of equipment per annum.

Fuel (POL) expenses: As per actual. But because of poor maintenance the fuel charges are likely to go up over the period. As per actual, but based on optimum level of efficiency.

Opportunity cost of funds: The funds are scarce in government system and by investing money in vehicles government loses opportunity to make alternative best use of the funds. In case of lease or hiring of vehicle, it will be part of rental payment to the agency providing ambulance service.

Availability of services when needed: In case the government owns the facility, this can not be ensured because of the problems discussed above. Operating leases or hiring of vehicles on contract basis are cancellable and services can be ensured through contracting out mechanisms. This would be more effective provided local panchayat and local governing body takes active interest in ensuring services are available when needed.

The following analysis suggests why alternative of hiring of vehicle is more attractive from the financial and operational viewpoint.

3.1. Who should provide lease facility?

The lease facility can be provided by any of the two following entities:

- Organised financial services company in formal sector and having tax paying status
- Self-employed person (SEP) owning vehicle under IRDP scheme and providing ambulance services on rental basis to health facility

It is important to compare the two because of tax implications. For a leasing company under organised sector all its expenses are tax deductible. At the same the company has to pay tax on rentals which they receive from user. The leasing company would also get a

benefit of depreciation tax shield, because depreciation is tax deductible expenses for leasing company.

On the other hand, self-employed person (SEP) who obtains loan under IRDP scheme may have no tax liability. SEP's cost of funds would be less than the leasing company's cost of capital. Also, SEP will have fewer overheads. We present the calculations of rentals under both the options.

3.2. Computation of reasonable hire charges (or lease rentals)

It is very important to understand that Lessor providing vehicle on rental basis is operating on profit basis and expects a reasonable return on his borrowed and his own capital. The reasonable returns have been taken into account in calculations. The operating expenses are likely to be higher on difficult routes. Therefore, maintenance and personnel expenses have been worked under three different scenarios based on the difficulty in reaching those areas because of road conditions and other facilities. These may be described as normal, difficult and very difficult situations.

The owner of the vehicle will bear insurance and sales tax expenses and these have also been taken into account in calculations. Various assumptions made in computing the lease rentals are presented in Table 1.

We have considered the following factors while calculating the reasonable rentals that should be paid to the owner of vehicle:

- Present value of all cash inflows accruing to the owner
- Present value of all cash outflows (maintenance, personnel, insurance, sales tax)
- Inflation factor (5% per annum) has been taken into account in personnel costs while working out present values.
- Depreciation tax shield (depreciation per se has been ignored because it does not result into cash outflows at any stage)
- Present value of un-amortised value of the vehicle

	Table 1		
Assumptions made in computi	ng reasonable		
Particulars		Leasing Company	SEP under IRDP Scheme
Cost of vehicle		Rs. 3,50,000	Rs. 3,50,000
Lease period (for which the asset is		5 years	5 years
taken on lease)			- , , , , ,
Depreciation rate		25%	Not relevant
Un-amortised value (or residual			
value) at the end of the lease period		40%	40%
Operating Expenses of Vehicle			
Maintenance cost per month under	Normal	0.25%	0.25%
three scenarios (as percent of cost	Difficult	0.50%	0.50%
of vehicle)	Very difficult	0.75%	0.75%
Petrol, oil, lubricants (POL) cost		Rs. 1.50	Rs. 1.50
(per km.)			
Personnel expenses under three	Normal	Rs. 3000	Rs. 3000
different scenarios (driver and	Difficult	Rs. 3500	Rs. 3500
helpers salary, per month)	Very difficult	Rs. 4000	Rs. 4000
Management fee of vendor for		1.00%	0%
providing hire service (one time	ł]	
cost in the beginning of the			J
contract)			
Insurance expenses per annum of		0.13%	0.13%
vehicle (as percent of cost of			
vehicle)			
Sales tax (leasing company will be			
required to pay sales tax on lease	ĺ	4.00%	Not applicable
rentals received from the health			
facility)			
Inflation factor (per annum)		5.00%	5.00%
Number of working days		25 days	25 days
Minimum expected kms. to operate	٠.	260 kms.	260 kms.
per day			
Financial Cost of Owner			
Cost of borrowing		16%	12%
Cost of his own funds (expected			
return on his own funds)		20%	12%
Debt/equity ratio		4 times	4 times
Tax rate		35%	0%
Opportunity cost of funds of Owner		12.23%	12%
(after-tax)			
Per month cost of funds		0.97%	0.95%

Tables 2 and 3 provide computation of monthly rentals for hiring a vehicle on lease basis from two different sources¹. It is very clear from the above analysis that it is advantageous from the point of health facility to hire the vehicle from SEP under IRDP scheme. Rentals that will be charged by the leasing company are higher to the extent of 12 to 15 per cent.

Table 2 Computation of reasonable rentals under three scenarios in case				
vehicle is hired from leasing company				
Present values of (after-tax	Normal	Difficult	Very difficult	
Cost (out-flow)	-350000	-350000	-350000	
Management fees (in-flow)	2275	2275	2275	
Maintenance expenses (out-flow)	-51516	-77275	-103033	
Insurance expenses (out-flow)	-1082	-1082	-1082	
Personnel expenses (out-flow)	-98647	-115088	-131529	
Sales tax (out-flow)	-9038	-10165	-11291	
Depreciation tax shield (in-flow)	82061	82061	82061	
Salvage value (in-flow)	78315	78315	78315	
Total cash out-flows to owner	-347634	-390959	-434285	
Rental Calculation				
Rentals per month (POL	Rs. 11,809	Rs. 13,281	Rs. 14,753	
charges based on actual kms.	plus POL	plus POL	plus POL	
and standard rate of Rs. 1.50 per km.)	charges	charges	charges	

	Table 3			
Computation of reasonable rentals under three scenarios in case				
vehicle is hired from SEP under IRDP scheme				
Present values of	Normal	Difficult	Very difficult	
Cost (out-flow)	-350000	-350000	-350000	
Maintenance expenses (out-flow)	-39889	-79779	-119668	
Insurance expenses (out-flow)	-1678	-1678	-1678	
Personnel expenses (out-flow)	-152809	-178277	-203745	
Salvage value (in-flow)	79440	79440	79440	
Total cash out-flows to owner	-464937	-530294	-595652	
Rental Calculation				
Rentals per month (POL	Rs. 10,200	Rs. 11,632	Rs. 13,066	
charges based on actual kms.	plus POL	plus POL	plus POL	
and standard rate of Rs. 1.50	charges	charges	charges	
per km.)				

¹ The working of the financial analysis in Excel or Lotus 123 can be obtained from the author on request. The user can change the assumptions and work out the details of user fees and other financial implications based on the actual data.

Table 4 Fixed Component of Rental Calculations based on Cost of Vehicle under IRDP scheme			
Cost of vehicle (in rupees)	Difficulty Scenarios		
	Normal	Difficult	Very Difficult
300000	9221	10529	11,838
325000	9710	11081	12452
350000	10199	11632	13066
375000	10688	12184	13680
400000	11177	12735	14294
450000	12155	13839	15522

The monthly rental has two components: first, fixed component for recovery of all fixed operating costs and second, variable component for POL. The later component is based on number of kms. travelled. The fixed component of monthly rentals will vary with respect to cost of vehicle. Table 4 presents the calculation of fixed component under various assumptions of cost of vehicle.

Hire charges or rentals in the above table have been worked using the principles of time value of money involving annuity and capital recovery factor. In other words, we have found out the monthly annuity whose present value equals (discounted using monthly-required rate of return of owner) the total cash outflow for the lease period of five years.

The lease rental calculations also indicate that the total annual lease rentals are less than the per annum salary of drivers and helpers in case the vehicle is owned and managed by the department of health. It is, therefore, in the benefit of general population to lease the ambulance services. Under lease system through contracting health facility can also ensure that services are available when needed.

3.3. User fees charges for ambulance services

In case the rentals are paid according to calculations shown above, how much should be charged from the patients. Table 5 shows the calculation of user fee that should be charged on per km. basis. It also provides calculation on the maximum amount that

should be charged from a patient. Per km. rate has been worked out on the basis of assumption that vehicle operates for 25 days and runs about 260 kms. per day.

Given the distances at various places, the user charges for ambulance should not discourage poor patients to use the facility. Therefore, we suggest that there should be cap on maximum amount a health facility should charge from a patient. For the referrals up-to sub-divisional hospital or district level hospitals, the patient should not be charged more than Rs. 123 to Rs. 140 given the location of the facility. In case the referral is made to tertiary hospital, the charges should not exceed Rs. 614 to Rs. 702 given the location of the facility.

The user fees for ambulance will also vary with respect to the cost of vehicle. Table 6 provides user charges calculation under various scenarios of cost of vehicle.

The calculation provided above do not take into account the administrative costs of the health facility incurred in managing this arrangement. The facilities should keep proper accounts for ambulance services and collection of user charges. Given the sensitivities and difficulties, the owner will not be in position to take responsibility of collecting the user charges. Proper records should be maintained in case ambulance is used for purposes other than carrying patients like oxygen cylinders and doctors on call etc.

Table 5			
Computation of User Fees for Availing Ambulance Services			
	Normal	Difficult	Very Difficult
User fee charges per km.			
Operating costs per km. (based on 260 kms			
per day for 25 days)	Rs.1.57	Rs .1.79	Rs.2.01
Fuel (POL) cost per km.	Rs. 1.50	Rs. 1.50	Rs. 1.50
User fee per km.	Rs. 3.07	Rs. 3.29	Rs. 3.51
Maximum cap on user fees charges			
Maximum limit for referral to SD			
Hospital/District Hospital (assuming	Rs. 123	Rs. 132	Rs . 140
maximum 40 kms.)			
Maximum limit for referral to tertiary	Rs. 614	Rs. 658	Rs. 702
hospital (assuming maximum 200 kms.)			

Table 6 User charges (Rs. per km.) calculation based on Cost of Vehicle			
Cost of vehicle (in rupees)	Difficulty Scenarios		
	Normal	Difficult	Very Difficult
300000	2.92	3.12	3.32
325000	2.99	3.21	3.42
350000	3.07	3.29	3.51
375000	3.14	3.37	3.61
400000	3.22	3.46	3.71
450000	3.37	3.63	3,89

The comparison of the rates with the private ambulance charges suggests that the rates under the proposed scheme are substantially less. In case of poor patients who can not afford to pay user charges, panchayat or local authorities should create a contingency fund for ambulance. This fund should be used to pay for the ambulance charges of such patients. No exemption should be granted to any patient for using ambulance free of cost under the existing system of exemption policy. It is ell documented that, the existing exemption polices do not distinguish between poor and non-poor. Till such time a proper exemption policy is implemented, mechanisms should be developed to ensure that poor do not suffer. In principal, all patients should pay for using ambulance facility. The hospital superintendent and the attending doctor where applicable should jointly have the authority to waive user charges if referral is deemed as a life saving measure and the indigent patient is unable to pay the necessary charges.

Appendix 1 Comparison of two alternatives of providing ambulance services			
Factors to be considered	Owning of vehicle	Leasing of vehicle	
Cost of vehicle	DoHFW has to ensure sufficient amount of funds are made available to purchase a vehicle	Cash-outflow on account of purchase of vehicle can be avoided and this is equivalent to cash saving	
Salary of drivers and helpers	The expected salary of two drivers and two helpers is estimated to be about Rs. 1.50 lakhs per annum.	Under operating lease contract, the DHFW and health facilities will have no responsibility of manning and maintaining the vehicle. The rental amount payable per month should include reasonable charges for all these expenses. Please see next section for the calculation of these charges and monthly rental amount payable to the agency providing ambulance facility.	
Maintenance expenses	The maintenance expenses are estimated to be about Rs. 40,000 per annum and expects to increase over the period. Because of the distance problem it is not possible to have centralised maintenance system and there is real problem in ensuring proper control of maintenance expenses.		
Insurance expenses	Insurance expenses have to be borne by the DoHFW and estimated to be about 1.33% of cost of equipment per annum.		
Fuel (POL) expenses	As per actual. But because of poor maintenance the fuel charges are likely to go up over the period.	As per actual, but based on optimum level of efficiency.	
Opportunity cost of funds	The funds are scarce in government system and by investing money in vehicles government loses opportunity to make alternative best use of the funds.	Will be part of rentals payment to the agency providing ambulance service.	
Availability of services when needed	Can not be ensured because of the problems discussed above.	Operating leases are cancellable and services can be ensured through contracting mechanisms and provided local panchayat and local governing body takes active interest in ensuring services are available when needed.	

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