ESTIMATION AND PREDICTION OF HOSPITALIZATION AND MEDICAL CARE COSTS

1. INTRODUCTION

1.1 Overview

Estimation and prediction of hospitalization and medical care costs. Medical costs are one of the most common recurring expenses in a person's life. Based on different research studies, BMI, ageing, smoking, and other factors are all related to greater personal medical care costs.

The main goal of medical care cost is prevention of premature death and disability, maintenance and enhancement of quality of life, personal growth and development and a good death

1.2 Purpose

Medical care has several important functions other than restoring or maintaining health. These other functions are assessment and certification of health status, prognostication, segregation of the ill to limit communication of illness, and helping to cope with the problems of illness--the caring function.

- Covers medical-related expenses.
- Ensures access to preventive care.
- Funds dental treatment.
- Gives add-on coverage for critical illnesses.
- Offers a cashless claim benefit.
- Ensures funding for alternative treatment.
- Provides for domiciliary treatment.

2. LITERATURE SURVEY

2.1 Existing problem

EXISTING PROBLEMS IN MEDICAL CARE COSTS

- Preventable Medical Errors.
- Poor Amenable Mortality Rates.

- Lack of Transparency.
- Difficulty Finding a Good Doctor.
- High Costs of Care.
- A Lack of Insurance Coverage.

2.2 Proposed solution

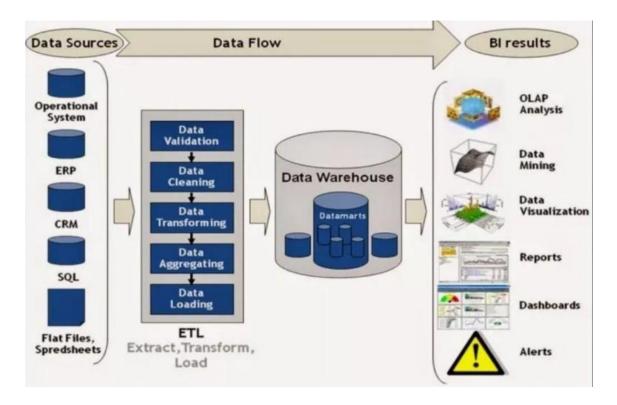
PROPOSE SOLUTION FOR MEDICAL CARE COSTS

- Expand Insurance to Cover Health Care Costs.
- Extend Telehealth Services.
- Invest in Mobile Clinics.
- Educate the Public About Multiple Health Care Sites.
- Improve Cultural Responsiveness.

3. THEORITICAL ANALYSIS

3.1 BLOCK DIADRAM

Cost-benefit analysis is the examination of a decision in terms of its consequences or costs and benefits. The shadow price of a good measures the net impact on social welfare of a unit increase in the supply of that good by the public sector. The theory of cost-benefit analysis is widely used.



3.2 HARDWARE / SOFTWARE DESIGNING

HARDWARE REQUIREMENTS:

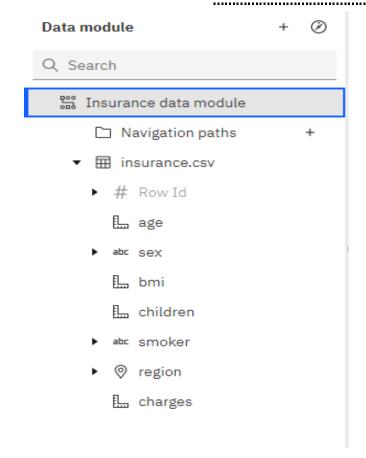
- Computer case (or computer tower)
- Motherboard.
- Central processing unit (CPU)
- Power supply unit (PSU)
- Memory or RAM
- Laptop

SOFTWARE REGURIMENTS

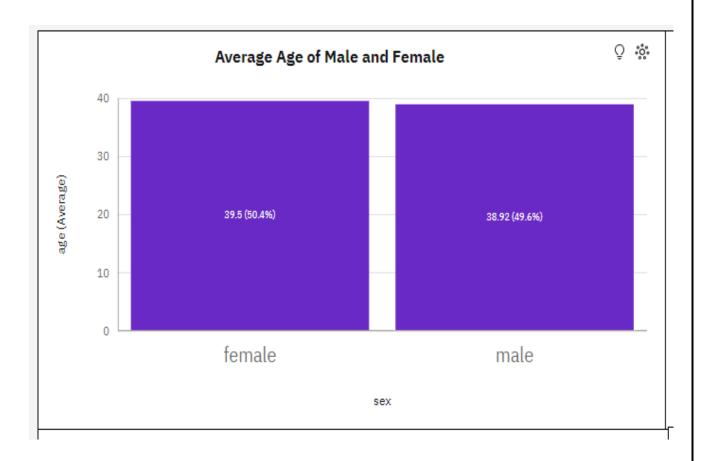
- Anaconda Navigator
- Python,Spider
- IBM Cognos
- MS Word

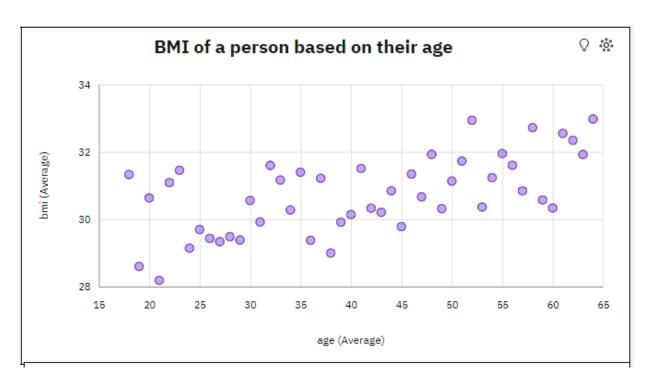
4 RESULT

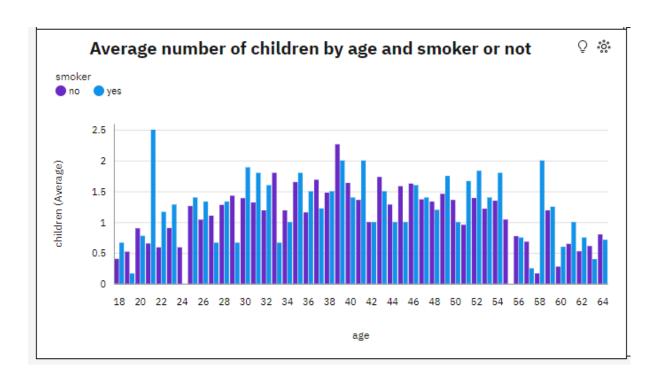
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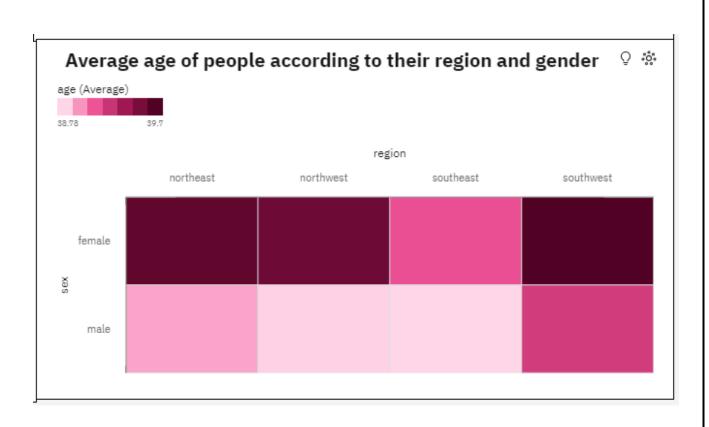


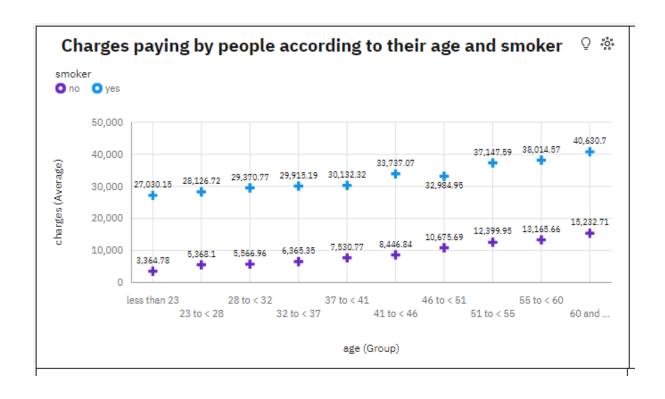
DASHBOARD

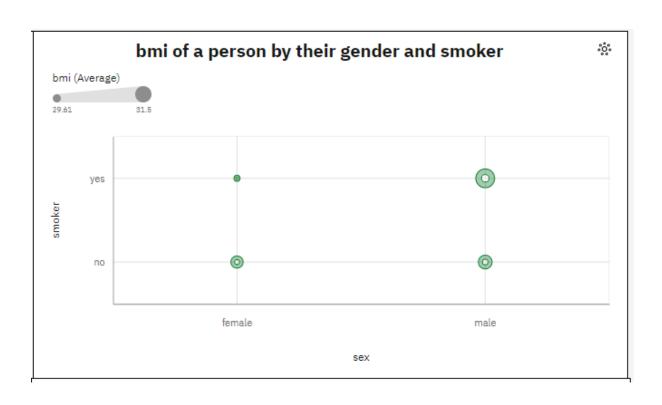


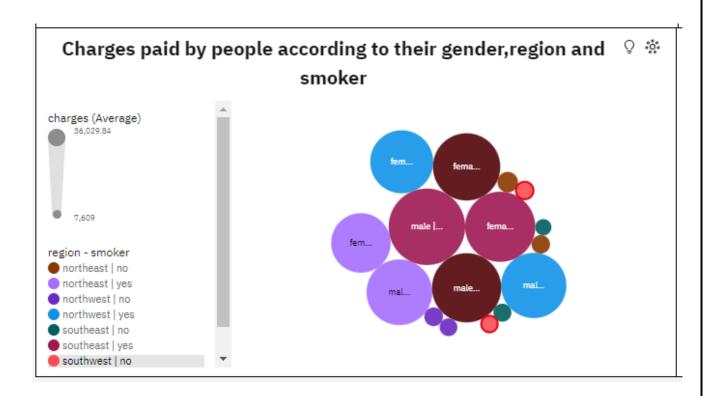


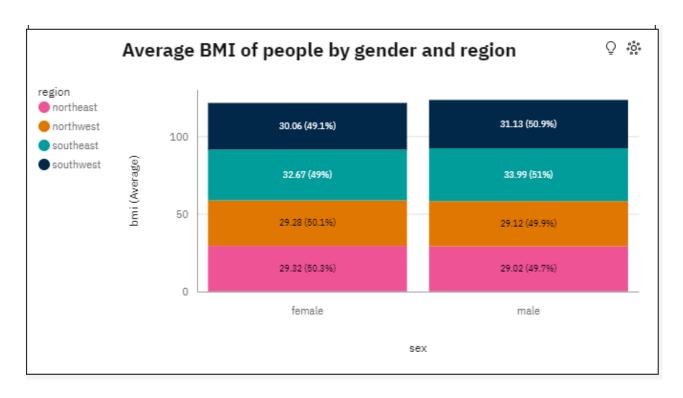


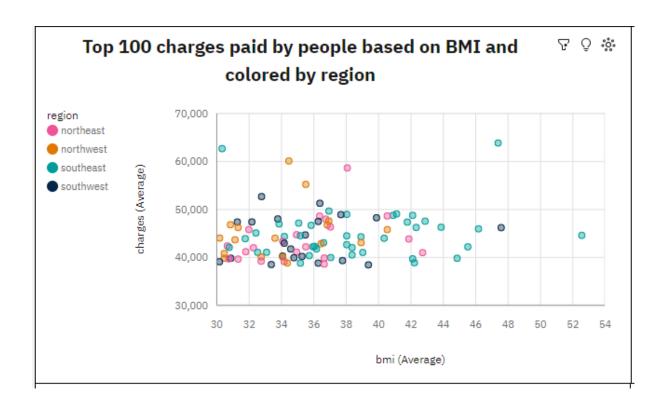


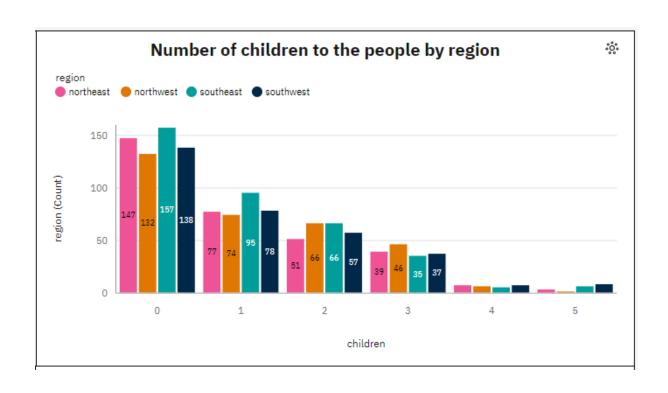


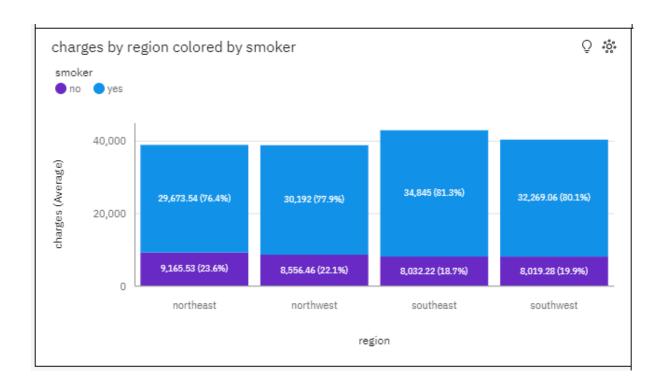


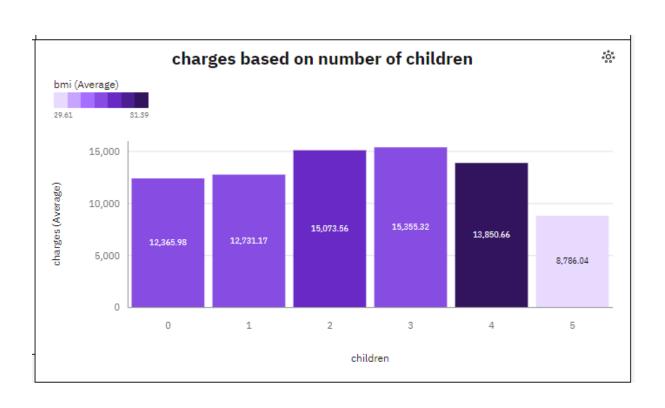








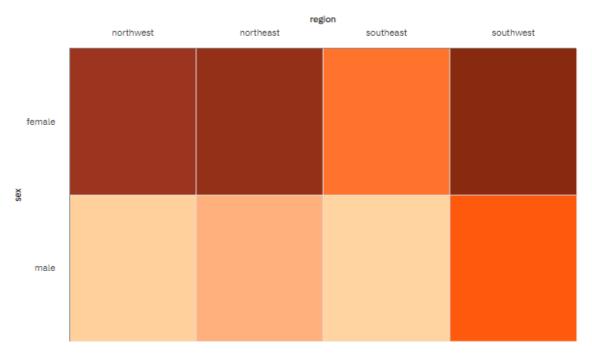


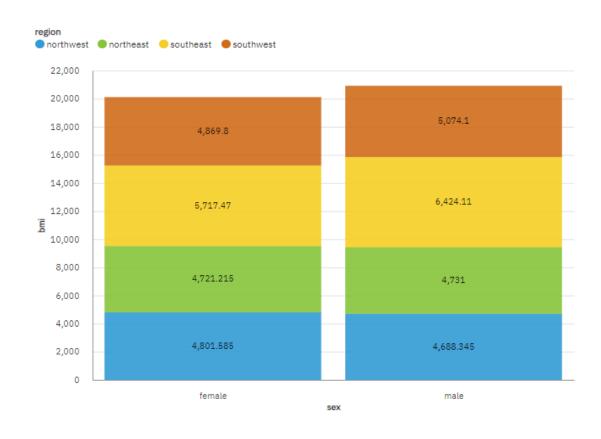


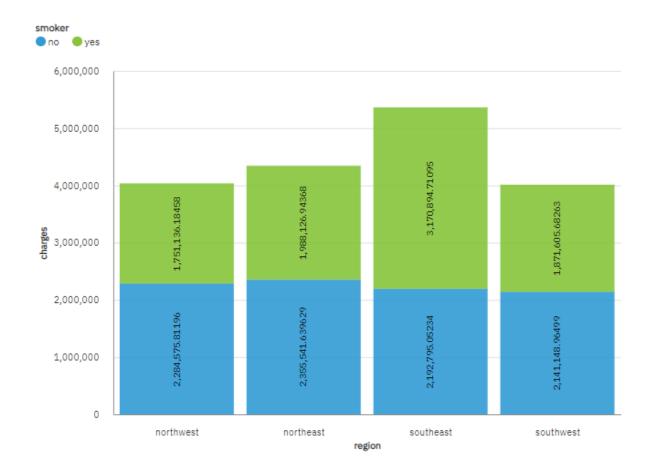
REPORT

The number of females in northwest is higher than every other

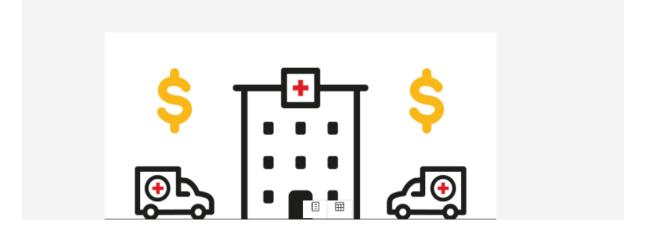




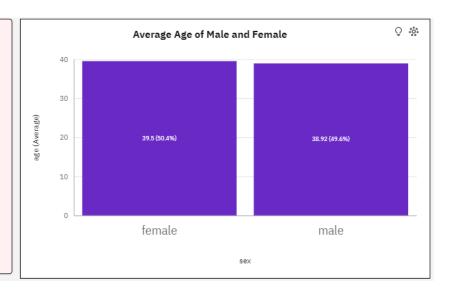




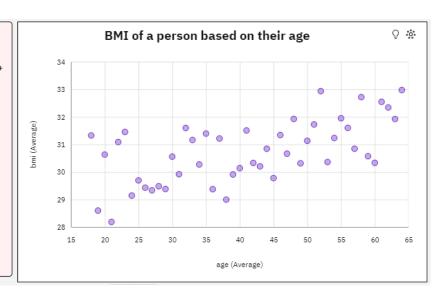
STORY



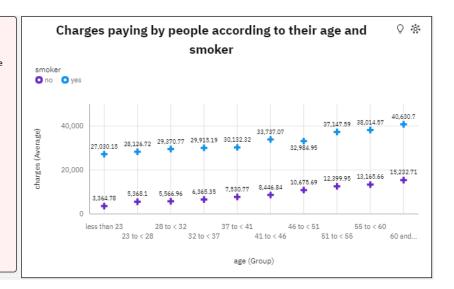
- The average values of age range from 38.92, occurring when sex is male, to 39.5, when sex is female.
- male is the most frequently occurring category of sex with a count of 676 items with age values (50.5 % of the total).
- · sex female has the highest Average age but is ranked #2 in Total charges.
- sex male has the highest Total charges but is ranked #2 in Average



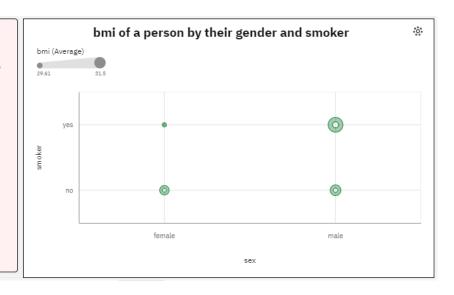
- The total number of results for age, across all ages, is almost 1500.
- bmi and age have a weak positive linear association, being bmi = 28.8 + 0.04743 * age
 • The average of bmi is 30.66.



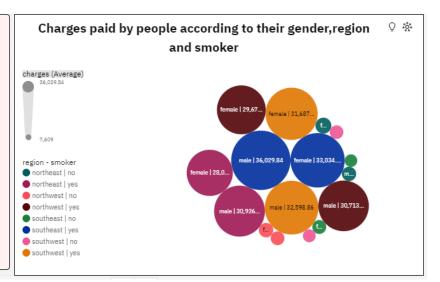
- charges is unusually high when the combination of age (Group) and smoker is 60 and above and yes.
- The average values of charges range from almost 3500 to nearly 41 thousand.
- smoker moderately affects charges (62%).



- The total number of results for smoker, across all sexes, is almost 1500.
- The total number of results for bmi, across all sexes, is almost 1500.

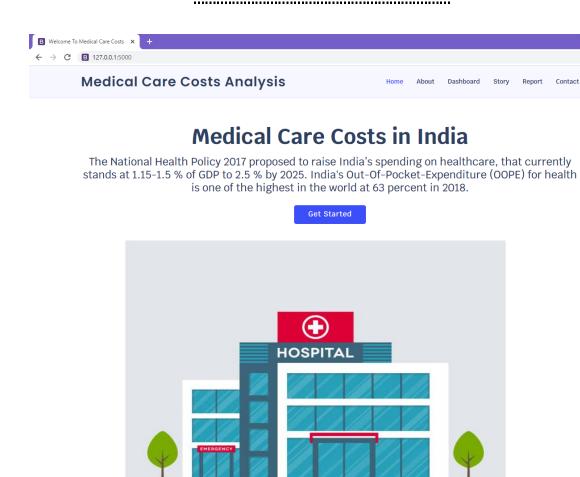


- northwest|yes is the most frequently occurring category of region - smoker with a count of 364 items with charges values (27.2 % of the total).
- The average values of charges range from over 7500 to over 36 thousand.
- region smoker moderately affects charges (63%).



Smoking is not only injuries to health but also for wealth

WEB INTEGRATION



Medical Care Costs Analysis

Dashboard Story Report

Medical Care Costs

Health systems are organizations established to meet the health needs of targeted populations. According to the World Health Organization (WHO), a wellfunctioning healthcare system requires a financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well-maintained health facilities to deliver quality medicines and technologies.

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1.Primary care

Primary care refers to the work of health professionals who act as a first point of consultation for all patients within the health care system.



3.Tertiary care

Tertiary care is specialized consultative health care, usually for inpatients and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment,



2.Secondary care

Secondary care includes acute care: necessary treatment for a short period of time for a brief but serious illness, injury, or other health condition.



4.Quaternary care

The term quaternary care is sometimes used as an extension of tertiary care in reference to advanced levels of medicine which are highly specialized and not widely accessed.

Medical Care Costs Analysis Home About Dashboard Story Report Contact **Dashboard** 0 <u>~</u> 7 Tab 1 Tab 2 Tab 3 Q 🔅 BMI of a person based on their age Average Age of Male and Female 40 30 32 20 39.5 (50.4%) 38.92 (49.6%) 28 female male 15 20 Average number of children by age and smoker or 🔉 🌣 Average age of people according to their region $\ \ \circlearrowleft \ \ \Leftrightarrow$ and gender northwest southeast northeast





Medical Care Costs Analysis

Dashboard Story Report Contact

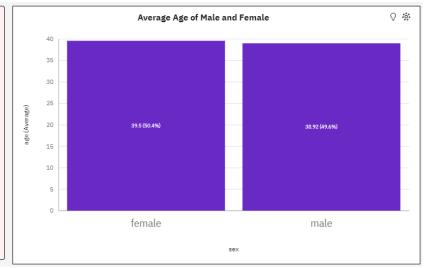
Story



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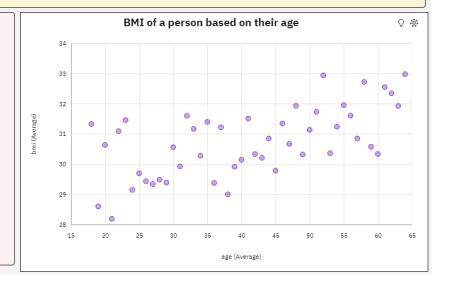
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Medical Care Costs Story

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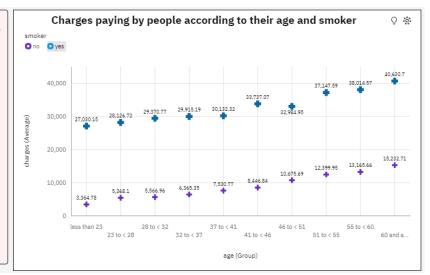




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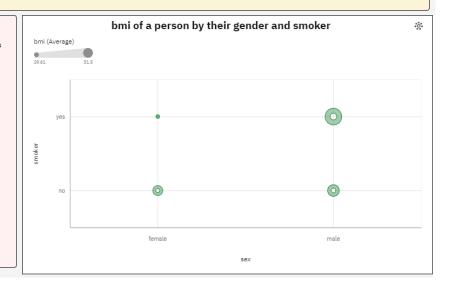
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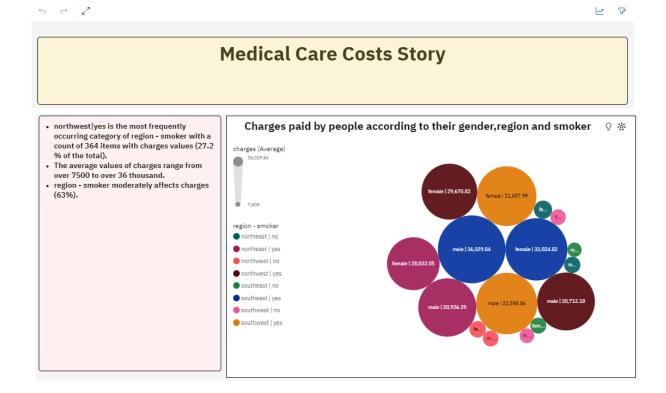


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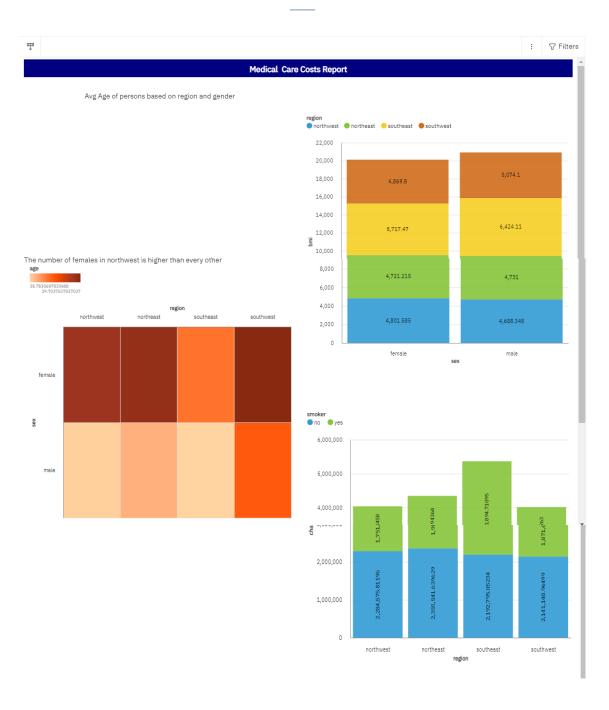


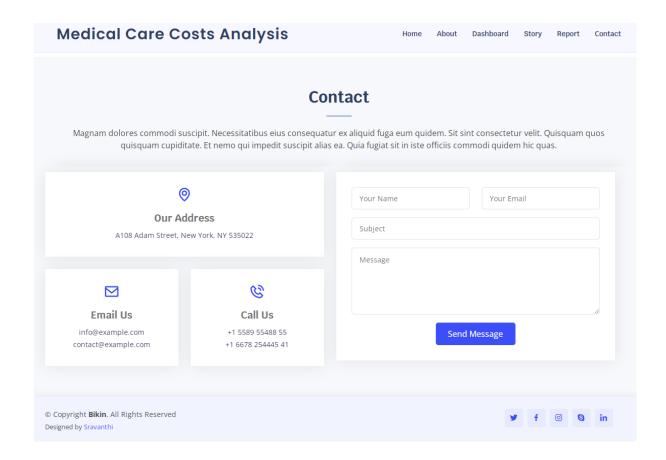
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Medical Care Costs Analysis

Home About Dashboard Story Report Contact

Report





5. ADVANTAGES & DISADVANTAGES

ADVANTAGES

- Increased Access to Health Services.
- Improved Quality of Care.
- Focus on Prevention.
- Early Management of Health Conditions.
- Characteristics of Primary Care Delivery.
- Reduced Need for Specialist Care.

DISTAVANTAGES

- Inadequate Outlay for Health.
- Social Inequality.
- Shortage of Medical Personnel.
- Medical Research.
- Expensive Health Service.

6. APPLICATIONS

- To measure the economic burden of illness to society.
- Improve patient engagement.
- Enhancing medical environments with lot implementation.
- Enhance data management.
- Improve prescription alerts.
- Immediate access to care-anytime, anywhere.
- minimize risks of misdiagnosis.

7. CONCLUSION

Health is a basic human right, and improvements in healthcare should be a goal of every country. Successfully improving the efficiency and quality with which care is delivered is an enormous challenge, one that will require substantial investment in research, new information systems, performance incentives, and education, with the hope of transforming how health care is delivered by thousands and thousands of providers dispersed across our largely disaggregated health care system. Health care costs plays an important role in every human life.

8. FUTURE SCOPE

- Technological developments.
- Shifting demographics.
- Changing healthcare regulations.
- Advances in digital healthcare technologies, such as artificial intelligence, VR/AR,
 3D-printing, robotics or nanotechnology.
- Improve processes, facilitate data-driven decisions, and enhance interactions with healthcare professionals.