

# Package Pricing at Mission Hospital

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# Package Pricing at Mission Hospital

**Package Pricing:** A patient is provided a tailored quote on treatment cost at the time of admission for a group of related services, based on the expected costs for a clinically defined episode of care

## **Why Package Pricing at Mission Hospital?**

Increase customer confidence and make pricing policies more transparent

Dr. Satyajit Bose at Mission Hospital was at a crossroad to:

- Decide whether to use package pricing or traditional pricing
- Design a strategy as an accurate approach to predict the package price at time of admission
- How to use package pricing as a competitive strategy

# Conceptual Model

## Medical Data

Key complaint  
codes

Past medical  
history code

Implant (Y/N)

## Personal Data

Age

Gender

BMI

Marital Status

## Stay at hospital

Total Length Of  
Stay

Length of stay-ICU

Length of stay-Ward

Mode Of Arrival

State at Arrival

Type Of Admission

## Symptoms

HR Pulse

BP -high

BP-low

RR

HB

Urea

Creatinine

## The five assumptions of regression analysis

- **Linear relationship:** There exists a linear relationship between the independent and dependent variable
- **No or little multicollinearity:** more than two explanatory variables should not be highly linearly related
- **No autocorrelation:** no correlation between residuals
- **Normality:** The residuals of the model are normally distributed
- **Homoscedasticity:** The residuals have constant variance at every level of independent variable

# Data Preparation

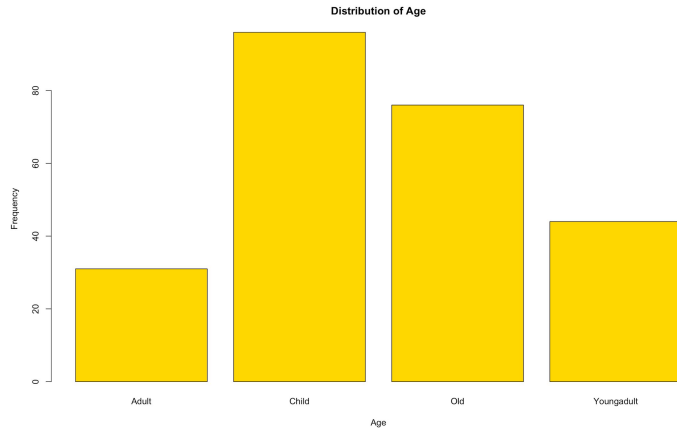
## Age Categories (per case study appendix)

age <10: Child

age 11-25: Young Adult

age 26-50: Adult

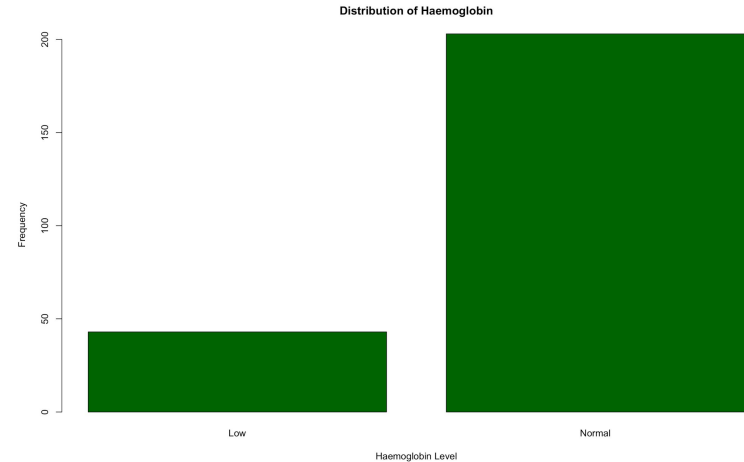
age >50: Old



## Haemoglobin (per subject matter knowledge)

"normal": Female 12 to 15.5 and Men 13 to 17.5

Any value outside these limits will be "abnormal"

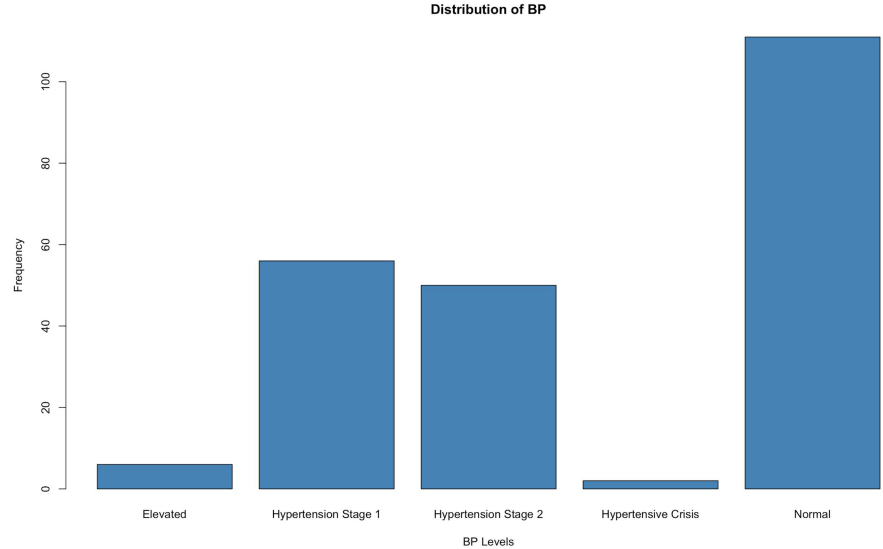


# Derived Variables

## BP Ranges (per subject matter knowledge)

| Blood Pressure Category                       | Systolic<br>mm Hg (upper #) |        | Diastolic<br>mm Hg (lower #) |
|---|-----------------------------|--------|------------------------------|
| Normal  | less than 120               | and    | less than 80                 |
| Elevated                                      | 120-129                     | and    | less than 80                 |
| High Blood Pressure<br>(Hypertension) Stage 1 | 130-139                     | or     | 80-89                        |
| High Blood Pressure<br>(Hypertension) Stage 2 | 140 or higher               | or     | 90 or higher                 |
| Hypertensive Crisis<br>(Seek Emergency Care)  | higher than 180             | and/or | higher than 120              |

Source: American Heart Association



## Urea Categories (Per subject matter knowledge)

Female: 6 to 21 mg/dl: Normal

Male: Urea 7 to 20 mg/dl: Normal

Urea > 20 mg/dl: Abnormal

# Data Preparation

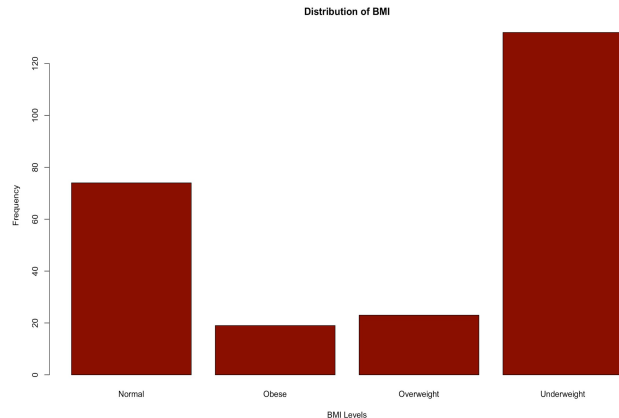
## BMI Categories (Per subject matter knowledge)

BMI < 18.5: Underweight

BMI < 25: Normal

BMI 25 - 30: Overweight

BMI > 30: Obese



## Creatinine Categories (Per subject matter knowledge)

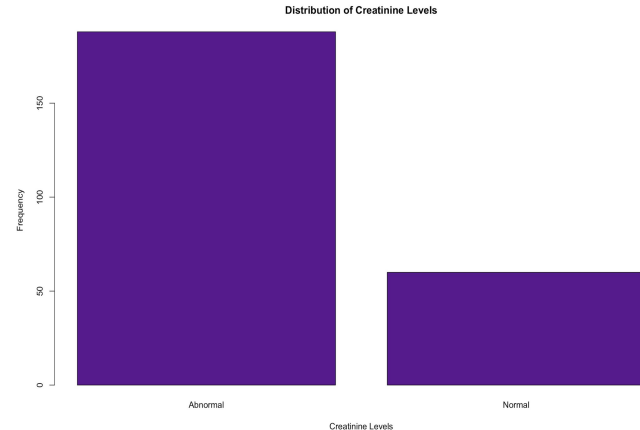
Age < 3 & creatinine: 0.3-0.7 Normal

Age: 3-18 & creatinine: 0.5-1.0 Normal

Age > 18 & Female & creatinine: 0.6 - 1.1 Normal

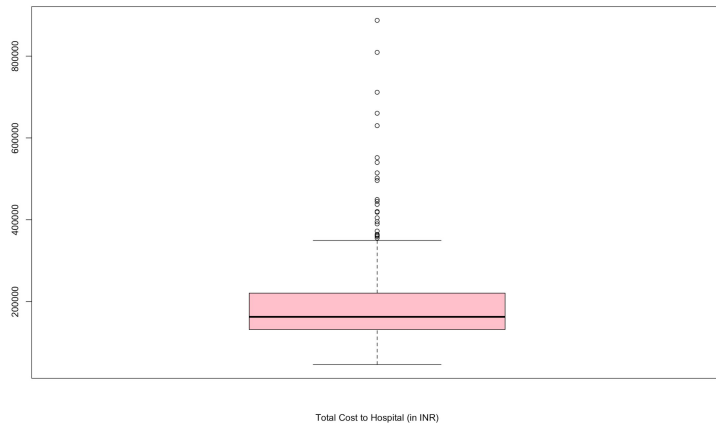
Age > 18 & Male & creatinine: 0.9 - 1.3 Normal

Else: Abnormal

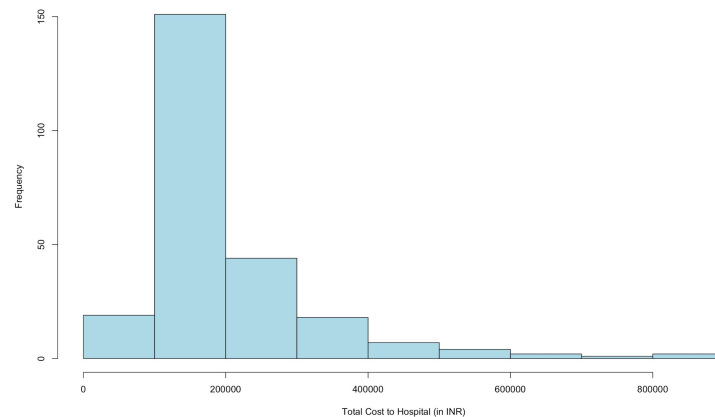


# Dependent Variable - Univariate Analysis

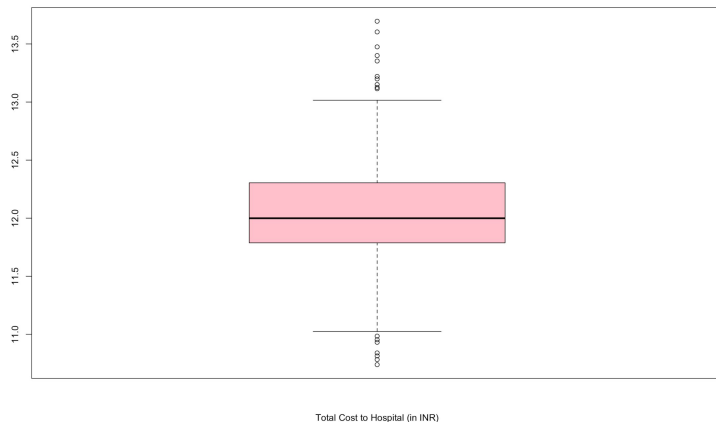
Distribution of Total Cost to Hospital



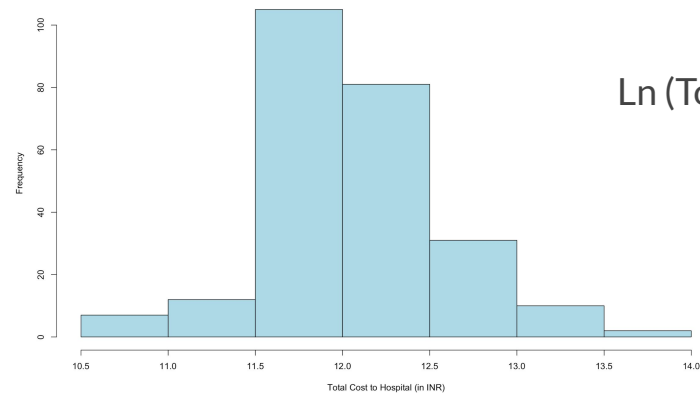
Distribution of Total Cost to Hospital



Distribution of Total Cost to Hospital



Distribution of Total Cost to Hospital

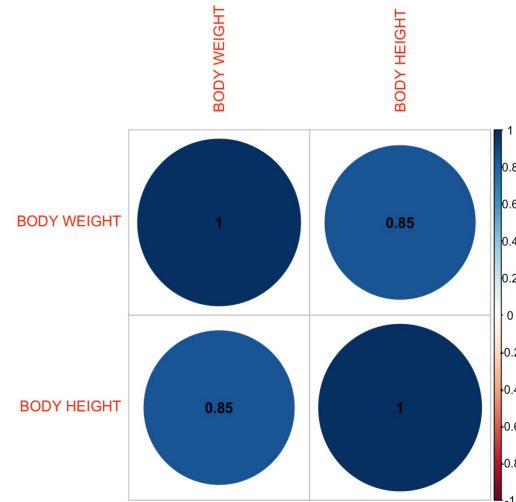
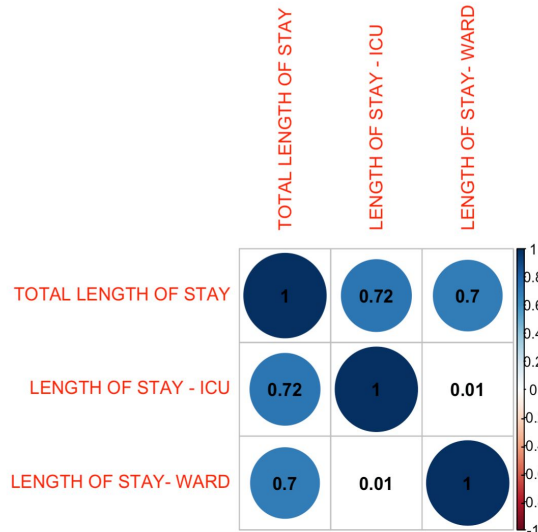


Ln (Total Cost)



# Data Preparation

- Total Length of Stay is highly correlated with dependent variable, Length of Stay in the ICU and Ward
- Body Height and Body Weight are highly correlated → created new variable BMI to avoid multicollinearity
- BP-High and RD-Low are correlated as well → defined new variable with both RD variables



# Handling NULL values



- BP imputed 'Normal' for null values with juvenile patients (age < 10)
- Urea Imputed 'Normal' for 11 null values and outliers (Assumption: Urea measurement is not critical for that patient)

# Statistical Tests & Variable Reduction

Statistical tests were performed on variables and removed following variables on account of statistical insignificance

|                   |             |
|-------------------|-------------|
| other-heart       | Haemoglobin |
| other-nervous     | PM-VSD      |
| other-respiratory | Gender      |
| Diabetes1         | CAD-SVD     |
| Hypertension2     | CAD-VSD     |
| Hypertension3     | Creatinine  |
|                   | Urea        |

# Impact of Body Weight on Total Cost

- Body weight and total cost relationship
- Equation:  
 $\text{Ln(Total Cost)} = 11.745 + 0.0084 (\text{Body Weight})$
- With every unit increase in the weight, there will be 0.84% increase in the logarithmic total cost of the treatment
- The average cost for a patient weighing 50 kg is INR 198,723  
 $= 198723 * 0.0084$   
 $= \text{INR } 1669.27$
- A patient weighing 51 kg will pay INR 1,669 more than a patient weighing 50 kg

```
> linear <- lm(data$`Ln(Total Cost)`~data$`BODY WEIGHT`)  
> summary.fit<- summary(linear)  
> summary.fit
```

```
Call:  
lm(formula = data$`Ln(Total Cost)` ~ data$`BODY WEIGHT`)
```

```
Residuals:  
      Min       1Q   Median       3Q      Max   
-1.35444 -0.28017 -0.02519  0.23823  1.51239
```

```
Coefficients:  
                Estimate Std. Error t value      Pr(>|t|)        
(Intercept)    11.745190   0.056638  207.372 < 0.0000000000000002 ***  
data$`BODY WEIGHT` 0.008442   0.001285   6.568   0.000000000301 ***  
---  
Signif. codes:  0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1
```

```
Residual standard error: 0.4671 on 246 degrees of freedom  
Multiple R-squared:  0.1492,    Adjusted R-squared:  0.1457  
F-statistic: 43.14 on 1 and 246 DF,  p-value: 0.0000000003015
```

# Multiple regression models to identify significant predictors

Call:

```
lm(formula = `Ln(Total Cost)` ~ MALE + UNMARRIED + BP_Cat + Diabetes1 +  
  Diabetes2 + hypertension1 + hypertension2 + hypertension3 +  
  other + ACHD + `CAD-DVD` + `CAD-SVD` + `CAD-TVD` + `OS-ASD` +  
  `CAD-VSD` + `PM-VSD` + RHD + `other- respiratory` + `other-general` +  
  ACHD + `CAD-DVD` + `CAD-SVD`, data = train.data)
```

Residuals:

|  | Min      | 1Q       | Median   | 3Q      | Max     |
|--|----------|----------|----------|---------|---------|
|  | -0.95413 | -0.21414 | -0.00657 | 0.21789 | 1.13104 |

Coefficients:

|                            | Estimate | Std. Error | t value | Pr(> t )                 |
|----------------------------|----------|------------|---------|--------------------------|
| (Intercept)                | 12.19355 | 0.18734    | 65.087  | < 0.0000000000000002 *** |
| MALE                       | -0.03801 | 0.06837    | -0.556  | 0.57902                  |
| UNMARRIED                  | -0.17177 | 0.08688    | -1.977  | 0.04974 *                |
| BP_CatHypertension Stage 1 | -0.12165 | 0.19774    | -0.615  | 0.53929                  |
| BP_CatHypertension Stage 2 | -0.13300 | 0.19542    | -0.681  | 0.49712                  |
| BP_CatNormal               | -0.08730 | 0.19674    | -0.444  | 0.65783                  |
| Diabetes11                 | -0.15693 | 0.16261    | -0.965  | 0.33598                  |
| Diabetes21                 | 0.36842  | 0.18668    | 1.974   | 0.05016 .                |
| hypertension11             | -0.02541 | 0.12111    | -0.210  | 0.83408                  |
| hypertension21             | -0.25074 | 0.13321    | -1.882  | 0.06161 .                |
| hypertension31             | 0.11730  | 0.23591    | 0.497   | 0.61970                  |
| other1                     | -0.11613 | 0.12753    | -0.911  | 0.36385                  |
| ACHD1                      | -0.23655 | 0.12783    | -1.851  | 0.06608 .                |
| `CAD-DVD`1                 | 0.37528  | 0.12559    | 2.988   | 0.00325 **               |
| `CAD-SVD`1                 | 0.31614  | 0.30623    | 1.032   | 0.30346                  |
| `CAD-TVD`1                 | 0.29642  | 0.12563    | 2.360   | 0.01950 *                |
| `OS-ASD`1                  | -0.10582 | 0.13418    | -0.789  | 0.43148                  |
| `CAD-VSD`1                 | -0.08119 | 0.39667    | -0.205  | 0.83808                  |
| `PM-VSD`1                  | -0.08649 | 0.20355    | -0.425  | 0.67148                  |
| RHD1                       | 0.44661  | 0.10177    | 4.388   | 0.000207 ***             |
| `other- respiratory`1      | -0.16659 | 0.12474    | -1.336  | 0.18361                  |
| `other-general`1           | -1.02470 | 0.41983    | -2.441  | 0.01575 *                |

Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Call:

```
lm(formula = `Ln(Total Cost)` ~ BMI + AGE_GROUP + AMBULANCE +  
  `COST OF IMPLANT` + `LENGTH OF STAY - ICU` + `LENGTH OF STAY- WARD` +  
  `IMPLANT USED (Y/N)` + `MODE OF ARRIVAL` + `STATE AT THE TIME OF ARRIVAL`,  
  data = train.data)
```

Residuals:

|  | Min      | 1Q       | Median  | 3Q      | Max     |
|--|----------|----------|---------|---------|---------|
|  | -0.91991 | -0.09279 | 0.04334 | 0.14326 | 0.87071 |

Coefficients: (1 not defined because of singularities)

|  | Estimate     | Std. Error  | t value | Pr(> t )                 |
|--|--------------|-------------|---------|--------------------------|
| (Intercept)                            | 11.380417358 | 0.086036034 | 132.275 | < 0.0000000000000002 *** |
| BMIObese                               | -0.007735352 | 0.078117731 | -0.099  | 0.921228                 |
| BMIOverweight                          | 0.008266533  | 0.069928652 | 0.118   | 0.906026                 |
| BMIUnderweight                         | -0.048527874 | 0.067687767 | -0.717  | 0.474317                 |
| AGE_GROUPAdult                         | 0.027943650  | 0.082957340 | 0.337   | 0.736617                 |
| AGE_GROUPOld                           | 0.193258934  | 0.074330352 | 2.600   | 0.010075 *               |
| AGE_GROUPYoungadult                    | 0.029905539  | 0.057434923 | 0.521   | 0.603208                 |
| AMBULANCE                              | -0.103882607 | 0.067215034 | -1.546  | 0.123928                 |
| `COST OF IMPLANT`                      | 0.000005026  | 0.000001419 | 3.543   | 0.000502 ***             |
| `LENGTH OF STAY - ICU`                 | 0.083440314  | 0.005200084 | 16.046  | < 0.0000000000000002 *** |
| `LENGTH OF STAY- WARD`                 | 0.034338061  | 0.005112132 | 6.717   | 0.000000000222 ***       |
| `IMPLANT USED (Y/N)`Y                  | 0.205508982  | 0.083255249 | 2.468   | 0.014479 *               |
| `MODE OF ARRIVAL`TRANSFERRED           | -0.265754721 | 0.132008724 | -2.013  | 0.045547 *               |
| `MODE OF ARRIVAL`WALKED IN             | NA           | NA          | NA      | NA                       |
| `STATE AT THE TIME OF ARRIVAL`CONFUSED | 0.183725073  | 0.267501571 | 0.687   | 0.493057                 |

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Signif. codes: 0 '\*\*\*' 0.001 '\*\*' 0.01 '\*' 0.05 '.' 0.1 ' ' 1

Residual standard error: 0.2562 on 185 degrees of freedom

(1 observation deleted due to missingness)

Multiple R-squared: 0.7395, Adjusted R-squared: 0.7212

F-statistic: 40.39 on 13 and 185 DF. p-value: < 0.0000000000000002

## Recommended Model

Length of stay - ICU

Length of stay - Ward

Mode of Arrival: Transferred

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Rheumatic Heart Disease (RHD)

Coronary Artery Disease - Double Vessel Disease (CAD-DVD)

Coronary Artery Disease - Triple Vessel Disease (CAD-TVD)

Cost of Implant

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Age group: OLD

Unmarried

| Model           | Adjusted R-squared | RMSE   |
|-----------------|--------------------|--------|
| 1: medical data | 29.87%             | 0.5043 |
| 2: others       | 84.28%             | 0.2572 |
| Ensemble        | 80.64%             | 0.2329 |

## Recommended Model & Inferences

|                              | 97.5 %          |
|------------------------------|-----------------|
| (Intercept)                  | 11.710760576637 |
| UNMARRIED                    | 0.081623656367  |
| ACHD1                        | -0.081805955343 |
| `CAD-DVD`1                   | 0.293856441737  |
| `CAD-TVD`1                   | 0.333433720176  |
| `other-general`1             | -0.437994768502 |
| `COST OF IMPLANT`            | 0.000009997105  |
| `LENGTH OF STAY - ICU`       | 0.086768261208  |
| `LENGTH OF STAY- WARD`       | 0.043175192270  |
| AGE_GROUPAdult               | 0.095868638563  |
| AGE_GROUPOld                 | 0.244623495655  |
| AGE_GROUPYoungadult          | 0.102291052774  |
| `MODE OF ARRIVAL`TRANSFERRED | 0.101009214297  |
| `MODE OF ARRIVAL`WALKED IN   | 0.153457432745  |
| RHD1                         | 0.245653824249  |

$$\begin{aligned} \text{Ln(Total Cost)} \sim & a_1 * \text{Diabetes2} + a_2 * \text{ACHD} + \\ & a_3 * \text{CAD-DVD} + a_4 * \text{CAD-TVD} + a_5 * \text{other-general} + \\ & a_6 * \text{COST OF IMPLANT} + a_7 * \text{LENGTH OF STAY - ICU} + \\ & a_8 * \text{LENGTH OF STAY- WARD} + a_9 * \text{IMPLANT USED} \\ & (\text{Y/N}) + a_{10} * \text{AGE\_GROUP} \end{aligned}$$

For a patient with CAD-DVD, predicted cost of treatment can increase by 29.38% when compared with a person who does not come in with CAD-DVD

If a patient spends one more day in the ICU, the cost increases by INR 8.67 and a day more in ward increases the cost by INR 4.31

A patient aged 51 years will have the predicted cost of treatment increased by 24.4% when compared to a patient of 50 years

# Should Mission Hospital adopt Package Pricing?

| Potential Advantages  | Affected Party   |
|---|------------------|
| Decreased health care costs and improved care coordination                    | Payers, Patients |
| Discourage unnecessary care   | Payers, Patients |
| Strong incentive to avoid complications and readmissions                      | Payers, Patients |
| Increase transparency for costs of care                                       | Payers, Patients |
| Expanded referral base and increased market share due to preferred agreements | Providers        |

| Potential Disadvantages   | Affected Party      |
|---|---------------------|
| Difficulty defining discrete episodes of care for chronic conditions    | Providers           |
| Potential avoidance of necessary specialty care                         | Providers, Patients |
| May encourage unnecessary episodes of care                              | Payers, Patients    |
| Unclear accounting for value of academic endeavors (teaching, research) | Providers           |
| Implementation challenges   | Payers, Providers   |