

Inpatient care of a chronic and non chronic male psychiatric illness patient

Cost	Reliability	Entities
2988.5 Per Episode	B	
Update Likelihood	Reference Year	
Low	2006	

Methodology

It was used a bottom-up gross-costing method: the database of Diagnosis-Related Groups (DRG), of 2006, that provides information for each inpatient episode; the information about the healthcare that was required for each episode was based in the prices and rules defined and approved in the Portaria n.º 567/2006, 12th of June.

Item b) of Artigo 5.º of the legal document mentioned, indicates that the prices approved includes all the services and care provided during the mental health ill person inpatient stay.

Therefore, this cost represents the average cost of all inpatient care episodes considered (bottom-up). However, the estimated cost for each episode was obtained from a general information (gross-costing) and not through the sum of each component of the total cost.

The value obtained represents the portion of the total cost of inpatient care of male individuals suffering from mental illnesses related to direct costs. Since the database only includes public hospitals, the costs represents the average direct cost paid by the State.

Only Major Diagnostic Category 19 (MDC 19) - Mental Diseases and Disorders (DRG 424 - 432, All Patient DRG v21.0) was considered.

All patients under the age of 16 years were excluded.

Only the episodes with less than 1000 days of inpatient care were considered.

This value reflects a direct cost.



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