Out-of-pocket Expenses on Outpatient Care among Patients with Diabetes during an Economic Crisis: A Single-Centre Study in Northern Sri Lanka

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In Sri Lanka, healthcare is delivered free-of-charge at public hospitals but the 2022 economic crisis led to shortages in medicines, diagnostics, and other services. Diabetes is a chronic illness requiring close follow up and life-long treatment. This hospital-based descriptive cross-sectional study aimed to estimate out-of-pocket expenses (OOPE) on outpatient diabetes care and associated socioeconomic and clinical factors among adult (≥18 years) patients attending medical clinics at Teaching Hospital Jaffna. Systematic sampling was applied to recruit 250 participants from all five medical clinics between February and March 2024. An interviewer-administered questionnaire and data extraction form were used to collect data, which were analysed with SPSS (v21). Kruskal-Wallis H and Mann-Whitney U tests were used to assess associations between OOPE and selected socioeconomic and clinical factors (significance level 0.05). In total, 250 patients participated (response rate 96.8%). Majority were >60 years (n=172,68.8%), women (n=154,61.6%), without G.C.E O/L qualifications (n=140,56%), homemakers (n=136,54.6%), with a monthly household income <LKR 45,000 (n=215,86.0%). Private outpatient services were accessed in the prior month by 80% (n=200) of the sample, mostly from pharmacies (n=170,68.0%), laboratories (n=105,42.8%), channeling centers (n=79,31.6%) and family doctors (n=20,8.0%). Median total OOPE on outpatient diabetes care in the prior month was LKR 4,070 (IQR 1,650-8,250), primarily on direct payments for consultations, medicines, medical supplies, laboratory investigations and transport, amounting to a median of LKR 3,240 (IQR 1,100-7,585). The majority (62.0%) coped by cutting back on other household expenses; 46% borrowed from family members, relatives, friends, and microfinance companies. Males, those with higher education, higher household income, having diabetes for longer duration, and on combined therapy with insulin and oral medications were more likely to spend more ($p<0.05$). In sum, patients who access Teaching Hospital Jaffna for outpatient diabetes care incur substantial direct OOPE, compelling many to cut back on household expenses and borrow. The findings highlight the importance of ensuring medicine are available at public hospitals and implementing social safety nets for vulnerable households, particularly during times of crisis. Further multi-center studies on the financial burden of chronic illnesses are needed to guide policymaking.

Keywords: diabetes care, access to healthcare, out-of-pocket expenses, economic crisis, Jaffna