



Cost Awareness of Medical Expenses of OPD Patients in a Selected Level I Hospital in San Juan, Batangas: Input for Policy Recommendation

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ABSTRACT :

This study examined the level of cost awareness among outpatient department (OPD) patients in a selected Level I hospital in San Juan, Batangas. Utilizing a mixed-methods approach, the research combined a quantitative survey of 150 patients with qualitative interviews of 22 participants. The findings revealed low awareness levels regarding the cost of procedures and medical supplies, with medication costs being the most recognized. Patients employed various coping mechanisms, including budgeting, borrowing, postponing treatment, and seeking government aid. The study recommends enhancing cost transparency, financial counseling, streamlined aid processes, and integrating digital tools to improve health equity and financial preparedness in healthcare.

Keywords: OPD, Level I Hospital, Cost Awareness, Medications, Procedures, Medical Supplies, Consultation

INTRODUCTION

Background of the Study

In the context of the Philippine healthcare system, outpatient department (OPD) services are a critical touchpoint for primary and secondary care delivery, especially in Level I hospitals. These institutions primarily serve low- to middle-income patients who often face financial uncertainty when seeking medical attention. While healthcare access has improved through public insurance schemes such as PhilHealth, cost transparency and patient awareness of medical expenses remain inadequate. Many OPD patients encounter unexpected charges for consultations, diagnostics, and medications, resulting in poor compliance, delayed care, or total disengagement from the healthcare process.

The increasing costs of healthcare, coupled with limited economic capacity, highlight the importance of ensuring that patients are fully aware of the expenses they may incur. Awareness of medical costs does not only influence health-seeking behavior but also shapes patients' preparedness and coping mechanisms. With minimal orientation on healthcare pricing, patients risk underutilizing necessary services or being financially burdened, undermining both treatment outcomes and system equity.

This study focuses on identifying how aware OPD patients are of their medical expenses in a selected Level I hospital in San Juan, Batangas. It aims to bridge the gap between healthcare provision and financial transparency by exploring patients' knowledge, experiences, and strategies regarding medical costs.

Review of Related Literature

Previous studies have highlighted that patients often lack understanding of the breakdown of hospital costs. Many are unfamiliar with standard charges for laboratory tests, professional fees, procedural costs, and medical supplies. Globally, research has shown that cost transparency influences patient satisfaction, adherence to treatment, and decision-making.

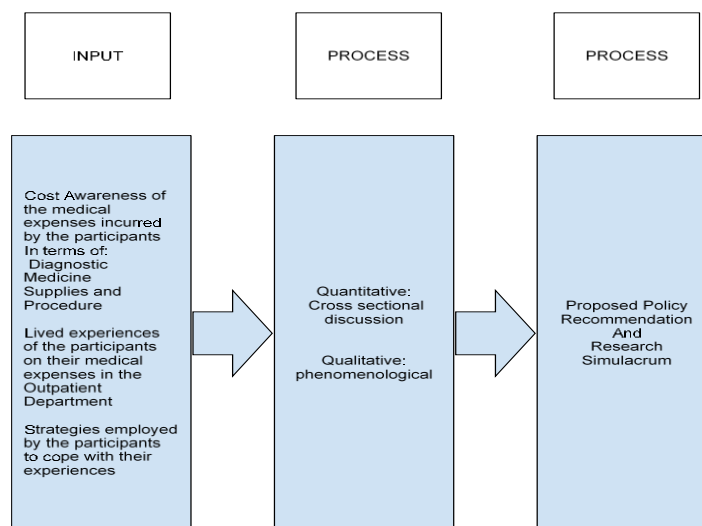
Local literature affirms that Philippine hospitals face systemic constraints in informing patients about charges. While cost-related information is technically available, it is rarely accessible or intelligible to the average patient. This challenge is compounded in public and primary-level institutions where resources and administrative capacities are limited.

Furthermore, studies on health literacy emphasize the role of education, communication, and institutional support in improving patients' comprehension of their financial responsibilities. The literature also shows that cost-awareness programs and financial counseling can mitigate the negative consequences of medical debt and promote more equitable care utilization.

Theoretical and Conceptual Framework

This study is anchored on several theoretical perspectives: *Health Economics Theory* – This framework analyzes how individuals make decisions about healthcare use based on limited resources and price information. It underscores the need for cost awareness as a determinant of rational healthcare behavior; *Nola Pender's Health Promotion Model* – This theory emphasizes the importance of individual experiences and knowledge in shaping health-promoting behavior, including the proactive pursuit of affordable care; *Technological Competency as Caring Theory* – Developed by Locsin, this model views technology not just as a tool but as an extension of human caring, especially in delivering clear, accurate, and timely information to patients.

The Conceptual Framework follows an Input-Process-Output model:



Statement of the Problem

This study seeks to answer the overarching question: *"What is the level of cost awareness of medical expenses among OPD patients in a selected Level I hospital in San Juan, Batangas?"*

Sub-questions include: 1. What is the demographic profile of OPD patients in the selected hospital? 2. What is the level of awareness regarding medical consultations, diagnostics, procedures, medications, and supplies? 3. What coping strategies do patients employ to address financial constraints? 4. What institutional or systemic factors affect patient awareness? 5. What policy recommendations can be proposed to enhance cost transparency?

Objectives of the Study

General Objective: To determine the level of cost awareness of OPD patients and generate policy recommendations to improve financial transparency in outpatient care.

Specific Objectives: To identify the patients' demographic and socioeconomic profiles; To assess the patients' awareness of expenses in various healthcare categories; To determine their coping mechanisms for medical costs; To examine institutional gaps in cost communication; To propose evidence-based policy recommendations.

Definition of Variables

Cost Awareness: The patient's understanding of the actual or estimated expenses incurred during an outpatient visit, including consultations, procedures, diagnostics, and medications.

Coping Strategies: Behavioral or practical approaches employed by patients to manage financial challenges related to healthcare access.

Policy Recommendation: Suggested institutional or governmental actions based on findings to promote transparency and equity.

Scope and Limitation

The study was conducted in a selected Level I hospital in San Juan, Batangas. It included OPD patients aged 18 and above who had sought services in the last 1–3 years. The scope focused solely on outpatient services and did not include emergency or inpatient cases. The study is limited by its sample size, potential recall bias from participants, and the institution-specific nature of its findings.

METHODOLOGY

Study Design

The research employed a mixed-methods approach, combining both quantitative and qualitative strategies to assess the cost awareness of OPD patients. Specifically, a descriptive cross-sectional design was used for the quantitative component, allowing the researcher to capture a snapshot of patient awareness across different healthcare cost categories. Concurrently, a phenomenological qualitative design was utilized to explore the lived experiences of patients who had firsthand encounters with the financial burden of outpatient care.

This dual-method strategy was intended to generate a comprehensive understanding of not just how much patients know, but also how they emotionally and behaviorally respond to their healthcare expenses.

Research Locale

The study was conducted in a Level I hospital located in San Juan, Batangas. The chosen hospital was accessible, representative of primary healthcare settings in semi-urban communities, and served a diverse patient base with varying socioeconomic backgrounds. The site selection was also strategic in terms of the availability of outpatient services, such as general consultations, minor procedures, and laboratory diagnostics.

Participants of the Study

The target population consisted of OPD patients aged 18 years and above who had accessed outpatient services from 2022 to 2024. The quantitative survey involved 150 randomly selected patients using a simple random sampling technique. For the qualitative interviews, 22 participants were chosen through purposive sampling, ensuring they had substantial experience dealing with healthcare costs and could articulate their coping mechanisms. Inclusion criteria focused on patients who had: accessed OPD services in the last 1–3 years; the capacity to provide informed consent; and willingness to participate voluntarily.

Instruments

The study utilized two primary tools: *Structured Questionnaire*. This tool captured data on demographic profile, awareness of medical expenses (consultation fees, diagnostics, medications, procedures, and supplies), and basic coping behaviors. The questionnaire was validated through expert review and pilot testing. *Interview Guide*. Used for qualitative data collection, this guide contained open-ended questions aimed at exploring emotional responses, lived experiences, and perceived gaps in healthcare cost information. Both instruments were developed in English and translated into Filipino as needed to ensure accessibility and comprehension.

Data Gathering Procedures

Data collection was done in two phases: *Phase 1 (Quantitative)*. Survey questionnaires were distributed and collected from patients after their OPD visits. The researcher provided clarification and ensured confidentiality. *Phase 2 (Qualitative)*. In-depth, face-to-face interviews were conducted in a private setting within the hospital premises. Verbal and written consents were obtained, and interviews were recorded with participant permission. All data were collected over a period of two months.

Data Analysis

Quantitative data were analyzed using descriptive statistics, particularly frequency distribution, weighted mean, and standard deviation. These tools helped measure the level of cost awareness across various expense categories.

For the qualitative component, the study used thematic analysis to identify recurring themes in patient narratives. Responses were transcribed, coded, and clustered to uncover insights related to emotional burden, financial coping strategies, and perceptions of transparency.

Ethical Considerations

The research strictly adhered to ethical guidelines for human subjects research. Approval was sought from the hospital's Ethics Review Committee. All participants were briefed on the study objectives, assured of confidentiality, and given the right to withdraw at any time. Written informed consent was obtained from all participants.

RESULTS AND DISCUSSION

A. Demographic Profile of Respondents

<i>Demographic Variable</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Age Group (21–40 years)	65	43.3
Sex (Female)	92	61.3
Educational Attainment (High School or Below)	78	52.0
Monthly Income (₱10,000 and below)	105	70.0
Health Insurance Coverage (PhilHealth only)	112	74.7

Note: Categories include Age Group (21–40 years), Sex (Female), Educational Attainment (High School or Below), Monthly Income (₱10,000 and below), and Health Insurance (PhilHealth only).

The study focuses on a diverse group of patients, categorized into various age groups, demographics, socioeconomic statuses, and health concerns. The majority of the patients are female, with age groups including young adults, middle-aged adults, pre-seniors, and seniors/elderly. Civil status is evenly split between married and single individuals, with a smaller proportion of widowed. Educational attainment is predominantly college graduates, followed by high school and elementary school levels. Employment status is mostly full-time, with some patients being unemployed or retired. Household income varies, with the largest groups earning between PHP 10,000 and PHP 20,000 or below PHP 10,000. Health concerns are distributed fairly evenly across infections and acute illnesses, preventive care and health screening, and chronic diseases and long-term conditions.

B. Level of Cost Awareness

Medical Expense Category	Mean Score	Interpretation
Consultation Fees	3.10	Moderately Aware
Diagnostic Tests	2.45	Slightly Aware
Medications	3.80	Highly Aware
Medical Supplies	2.20	Unaware
Minor Procedures	2.35	Slightly Aware

Scale: 1.00–1.80 = Very Unaware, 1.81–2.60 = Unaware, 2.61–3.40 = Moderately Aware, 3.41–4.20 = Highly Aware, 4.21–5.00 = Very Highly Aware

The study analyzed the medical expenses incurred by Outpatient Department (OPD) patients in a Level I hospital in San Juan, Batangas, during 2022, 2023, and 2024. The findings revealed that OPD patients have a moderate level of awareness regarding the costs of diagnostic procedures, with the highest mean score of 3.23, indicating that many patients can differentiate between the costs of procedures such as X-rays, CT scans, and laboratory tests. However, gaps remain that could compromise timely and informed decision-making.

The second item, "I have been informed if there are additional charges for diagnostic tests," points to moderate but inconsistent communication between healthcare providers and patients. Fragmented communication about healthcare pricing contributes to patient dissatisfaction and a lack of trust in medical institutions. They recommend institutionalizing financial counseling and the inclusion of cost discussions in routine medical consultations.

The third item, "I understand if there are discounts or subsidies available for diagnostic test costs," shows that awareness of financial assistance mechanisms exists but remains suboptimal. This is particularly relevant in settings where programs like PhilHealth, senior citizen discounts, or LGU-funded subsidies are available. However, many patients still suffer financial distress due to a lack of awareness about these programs, often resulting in delayed or foregone care.

Cost awareness in outpatient care extends beyond diagnostics to medications, procedures, and medical supplies, which influence patients' choices. Patients often reduce medication dosages or discontinue use due to unclear or unaffordable pricing. Inconsistent pricing across institutions adds confusion, with some patients opting for private care due to upfront cost transparency. Moderate levels of cost awareness highlight both progress and persistent gaps. Enhanced cost literacy must be a multi-pronged approach involving healthcare provider engagement, institutional transparency, and national-level policy support.

The data highlights the need to institutionalize cost-related discussions in outpatient care, expand patient education on healthcare expenses, and implement standardized pricing and disclosure mechanisms. Integrating digital cost estimators, financial counseling services, and visual aids can greatly enhance understanding and decision-making. Addressing these gaps promotes equitable healthcare, strengthens patient trust, and improves overall health outcomes in outpatient settings.

The data shows that respondents fall under the "aware" category for all three indicators, but the relatively lower weighted means indicate significant gaps in deeper cost comprehension related to diagnostic services. The lowest item Q3 reflects limited awareness about insurance coverage, which can result in unexpected financial burdens for patients. The lowest item Q8 reveals a low level of cost structure transparency, indicating patients may undergo diagnostic tests without a clear grasp of how final charges are derived.

Addressing systemic issues in patient financial literacy, healthcare communication, and institutional transparency requires policy-level reforms in cost disclosure and training for healthcare workers to integrate financial counseling into routine OPD operations.

Cost awareness in outpatient diagnostics is crucial as it directly affects a patient's willingness and ability to seek timely care. Limited transparency in outpatient diagnostic costs contributes to a lack of trust in healthcare institutions and leads to deferred or forgone testing, particularly among economically vulnerable groups. Patients often underestimate the financial implications of outpatient care due to fragmented information and weak communication between healthcare providers and patients. Health insurance literacy is a major gap among outpatient clients, contributing to a false sense of affordability until actual bills arrive.

Understanding the extent of cost awareness among outpatient department (OPD) patients regarding medication expenses is essential in assessing their financial preparedness and ability to make informed decisions about treatment. Medications often account for a significant portion of out-of-pocket healthcare costs, especially for individuals managing chronic or multiple conditions. When patients lack clarity on the costs of prescribed drugs, the duration of use, or the availability of discounts and financial aid, they may forgo treatment or improperly adhere to medication regimens. As healthcare systems increasingly push for patient-centered care, the capacity of patients to understand, evaluate, and manage the financial implications of their

medication becomes an important indicator of healthcare equity and accessibility.

The results reveal that outpatient department (OPD) patients demonstrate a relatively high level of awareness concerning the financial aspects of medication, particularly regarding the difference between branded and generic drugs. Awareness of treatment duration and costs supports better planning, budgeting, and adherence to prescribed regimens. However, there are gaps that need to be addressed to ensure more equitable and informed access to affordable healthcare. Promoting consistent patient education about drug pricing, cost-saving options, and assistance programs could significantly contribute to reducing the financial strain of medication and improving health outcomes.

The study reveals that patients in the outpatient department (OPD) have limited understanding of medication affordability and access, particularly regarding insurance coverage, availability, alternatives, and over-the-counter medications. This lack of awareness can lead to financial hardship and delays in treatment initiation. Patients' limited knowledge of prescription medications' availability at pharmacies and their corresponding prices also contributes to transparency issues in drug availability and pricing.

Additionally, patients' awareness of alternative medications and their costs is another concern. Patients may be left with fewer cost-effective options, potentially opting out of treatment altogether. Awareness of alternatives enables patients to make informed choices, often resulting in better adherence and reduced financial strain.

The composite mean score of 2.93 indicates a moderate level of awareness among OPD patients regarding medical expenses incurred in the OPD. However, this limited awareness may result in inefficiencies in health-seeking behavior, such as patients being unable to anticipate out-of-pocket expenses or overlooking available cost-saving alternatives like generic drugs, discounts, or insurance coverage.

Recent literature supports the notion that medication cost awareness remains a widespread challenge. In the Philippine context, where a significant portion of the population remains underinsured or informally employed, the lack of awareness about government-subsidized programs and insurance coverage can lead to medication nonadherence and adverse health outcomes.

The study suggests a need for targeted interventions, particularly among vulnerable groups, to improve understanding and decision-making related to medication costs. Structured efforts such as financial counseling, transparent pharmacy practices, and doctor-patient discussions on treatment affordability are essential to enhance cost literacy. By improving cost awareness, healthcare providers and policymakers can contribute to a more equitable, accessible, and patient-centered healthcare system, reducing unnecessary financial strain and improving health equity across socioeconomic groups.

The study reveals that while some patients understand the impact of supply costs on total medical expenses, there is still a gap in clear and consistent communication of these expenses. This lack of transparency can cause stress and dissatisfaction for patients managing tight budgets or those without comprehensive insurance coverage. The World Health Organization (2023) emphasizes the importance of price transparency in enhancing financial accessibility, particularly for marginalized populations who may avoid care altogether due to fear of hidden costs.

The data also reinforces the value of implementing patient-facing financial literacy interventions, such as training staff to clearly explain billing procedures, developing easy-to-understand pricing brochures, and digitizing itemized billing for real-time access. Health facilities can benefit from investing in training staff to clearly explain billing procedures, developing easy-to-understand pricing brochures, and digitizing itemized billing for real-time access.

The lowest three items from Table 3 reflect the more limited cost awareness among OPD patients regarding the specific details of medical supplies used during their visits. The statement "I am aware of the costs of medical supplies used during my OPD visit" received a weighted mean of 2.84, suggesting that while some level of awareness exists, many patients may still be unclear about how much common supplies such as bandages, syringes, or gloves actually cost.

Health insurance literacy remains low among many patients, especially in contexts where insurance coverage varies significantly depending on the provider or policy. Healthcare providers should take the initiative to educate patients about the materials used and their corresponding charges, especially when these are not covered by insurance.

To address these issues, researchers advocate for standardized billing practices and greater transparency at the point of care. By helping patients understand what they are paying for and whether those costs are insurable, healthcare institutions can reduce financial anxiety and improve patient satisfaction, while promoting more equitable access to necessary medical supplies.

The study reveals that patients have a moderate level of cost awareness of medical expenses incurred during outpatient consultations, with a composite mean score of 2.96. However, many patients still lack clarity on actual supply prices, insurance coverage, and the full impact of these expenses on their total medical bill. Cost transparency is crucial for building financial preparedness and reducing treatment hesitancy among outpatient patients. Cost awareness encompasses understanding what services and materials are being billed for, when these charges apply, and whether alternatives exist. This level of comprehension empowers patients to participate actively in financial and medical decisions. The World Health Organization (2023) emphasizes the importance of financial health literacy in ensuring access and adherence, especially in low- and middle-income settings where out-of-pocket

expenditures remain high. To bridge this awareness gap, Villanueva and Ramos (2022) recommend institutionalizing patient education mechanisms such as real-time billing disclosure, simplified cost breakdowns, and insurance coverage briefings during outpatient consultations.

Outpatient department (OPD) patients have a strong understanding of procedural costs, with the highest rating being "Aware." This awareness is attributed to efforts by healthcare institutions to improve transparency and reduce "bill shock." Patients are also aware of government programs and discounts available to reduce procedure costs, which contribute to better equity in healthcare access. Patients are also aware of additional fees for complications during procedures, which can impact medical costs. This awareness may stem from real-life experiences or informed consent procedures.

However, patients still experience a lack of clarity regarding procedural costs. Many OPD facilities focus more on clinical management than financial transparency, leaving patients unsure about the cost until billing is finalized. The decentralized nature of services in OPD settings often results in fragmented information sharing, diminishing patients' understanding of overall financial obligations. Clear communication regarding procedural costs is crucial for patient-centered care, but this gap continues to affect decision-making and financial preparedness.

The study reveals a lack of detailed financial information being conveyed to patients in outpatient department (OPD) settings. Patients are less likely to contest unfair charges or explore cost-saving alternatives, which may contribute to financial distress or underutilization of necessary services. The lowest rated item, "I am knowledgeable about the costs of the specific procedures performed and their breakdown," indicates a critical gap in patient awareness regarding insurance coverage. This lack of knowledge may cause patients to delay or avoid procedures due to perceived costs. The composite mean of 3.00 indicates a general but moderate level of cost awareness among patients regarding the financial aspects of medical procedures in OPD settings. This moderate awareness may stem from limited pre-procedure financial counseling or the absence of a standardized pricing system accessible to patients. The findings suggest the need for healthcare institutions to institutionalize patient-friendly billing practices, develop visible pricing lists, and integrate cost explanations into the consultation process. Digital health platforms and mobile applications may also help bridge the gap in procedural cost transparency, particularly in urban centers. Overall, while the current level of awareness reflects some institutional effort in disseminating information, the goal of full transparency and informed consent regarding procedural expenses has yet to be realized in OPD contexts.

C. Qualitative Findings: Lived Experiences and Coping Strategies

Theme 1: Emotional Distress Due to Unexpected Costs

"Akala ko po libre ang laboratory. Hindi ko alam na may bayad pala agad-agad. Nahirapan ako kasi wala akong cash noon."

("I thought the laboratory was free. I didn't know I had to pay immediately. It was hard because I didn't have cash at the time.")

"Nakakahiya pong manghiram ng pera sa harap ng nurse. Parang hindi ako handa sa bayarin."

("It's embarrassing to borrow money in front of the nurse. I wasn't prepared for the charges.")

Theme 2: Reliance on Informal Support Systems

"Buti na lang may kapitbahay akong pinahiram ako ng pera para makabili ng gamot."

("Thankfully, a neighbor lent me money to buy my medicine.")

"Minsan, hindi na lang ako nagpapa-checkup kung alam kong wala akong pambayad."

("Sometimes, I just skip checkups if I know I can't afford them.")

Theme 3: Limited Awareness of Assistance Programs

"Hindi ko alam na may pondo pala sa MSWD. Sana sinabi nila agad."

("I didn't know there was funding available through the MSWD. I wish they had told me sooner.")

Theme 4: Prioritization and Trade-Offs in Budgeting

"Pinagpipilian ko po kung gamot o pamasaha papunta sa ospital ang uunahin."

("I had to choose between buying medicine or paying for the ride to the hospital.")

"Minsan, kalahati lang ng reseta ang binibili ko kasi yun lang ang kaya ko."

("Sometimes, I only buy half of the prescribed medicine because that's all I can afford.")

Theme 5: Deferred Care and Self-Medication

"Hindi na lang ako bumalik sa follow-up kasi may bayad ulit."

("I didn't return for my follow-up because it would cost more money.")

"Umiinom na lang po ako ng herbal kaysa bumili ng gamot."

("I just take herbal remedies instead of buying medicine.")

Theme 6: Perceived Inaccessibility of Government Assistance

"Mahirap po ang proseso ng assistance. Parang ang daming kailangang papel."

("The assistance process is hard. There are too many requirements.")

"Sana may tumutulong mag-explain kung paano mag-apply ng ayuda."

("I wish someone could help explain how to apply for aid.")

Socioeconomic Realities and the Burden of Medical Costs

The study reveals that navigating healthcare expenses is a complex and distressing experience for many patients, often characterized by uncertainty, anxiety, and a lack of clear information. Patients are typically uninformed about the specific costs of services prior to or during care, which heightens their stress and hampers financial preparedness. Despite the implementation of the Universal Health Care (UHC) Act, out-of-pocket (OOP) spending remains a major burden, particularly for low-income patients, often resulting in delayed consultations, rationed care, and catastrophic health

expenditures. Transportation and opportunity costs further compound access issues, especially in geographically isolated areas. These findings call for integrated policies that go beyond fee elimination to include broader social protections such as transport support, income security, and infrastructure development.

Social Support as a Coping Mechanism

The role of social networks emerged as a crucial buffer against the financial demands of healthcare. Patients reported relying heavily on family members, friends, and community groups for both financial and emotional support. These informal safety nets helped facilitate access to services in the absence of sufficient institutional support. Strengthening these networks, alongside expanding formal health financing mechanisms and improving the reach of financial assistance programs, is necessary to bridge care gaps for the most vulnerable.

Cost Variability and Its Influence on Health-Seeking Behavior

Participants frequently cited inconsistencies in the pricing of diagnostic services across hospitals, clinics, and laboratories. This variability influenced where and when patients sought care, often prompting them to delay or forgo diagnostics entirely. The findings indicate that price inconsistency contributes to inequitable access, with wealthier individuals having more freedom to choose, while low-income patients face difficult trade-offs. Introducing price standardization and improving transparency in diagnostic fees could mitigate this barrier and promote more equitable healthcare access.

Transparency and Communication in Cost Disclosure

Effective communication about healthcare expenses is essential for empowering patients. Many participants reported learning about the cost of diagnostics and supplies only after services were rendered, which led to distress and difficulties in planning. The lack of upfront and understandable cost information erodes trust and complicates patient decision-making. Improving both verbal and written cost communication—using clear, jargon-free language—was identified as a crucial need. Hospitals must prioritize face-to-face cost briefings, supplemented with accessible printed materials such as brochures and itemized bills.

Medication Costs and Adherence Behavior

The high cost of medications was a recurring theme, with patients often resorting to discontinuing, delaying, or rationing their treatment. Many preferred branded drugs due to perceived superiority, despite the availability of more affordable generics. These preferences were influenced by prior experience, education level, and misconceptions about efficacy. Cost-driven nonadherence emerged as a significant threat to health outcomes. Healthcare providers must recognize and address patients' financial limitations by promoting generic alternatives, offering cost-based prescribing guidance, and linking patients to drug discount programs.

Coping Strategies and Financial Agency

Despite economic limitations, patients employed various strategies to manage healthcare costs. These included budgeting, saving, comparing prices, and purchasing medicines in small quantities. Proactive financial planning was often supported by family members, underscoring the collective nature of healthcare financing in the Philippines. However, these strategies also led to care fragmentation and potential health risks due to skipped diagnostics or delayed medication. Policymakers and providers must bolster these individual efforts with systemic supports such as insurance coverage enhancements and financial counseling services.

Emotional and Psychological Impacts of Healthcare Costs

The study documented the emotional toll of medical expenses. Feelings of stress, fear, and helplessness were common, particularly when patients were confronted with unexpected charges or ambiguous bills. Such psychological strain influenced care-seeking behavior, sometimes leading to avoidance or incomplete treatment. Transparent, timely, and compassionate communication by healthcare staff can mitigate these negative experiences and improve overall patient satisfaction.

Medical Supplies: Affordability, Awareness, and Satisfaction

Participants reported dissatisfaction with the high cost of medical supplies within outpatient settings. The perceived expense led some to seek alternatives outside the hospital, while others resigned themselves to purchasing regardless of cost due to necessity. Satisfaction with the value of medical supplies was generally higher when outcomes justified expenses, illustrating that patients weigh cost against perceived quality and efficacy. Institutions should prioritize fair pricing practices and ensure consistent communication about cost breakdowns.

Preventive Health and Behavioral Responses

Regular health monitoring, early detection, and preventive care were acknowledged by participants as cost-saving practices that improved outcomes. However, fear, stigma, and lack of financial preparation remained barriers. Efforts to normalize check-ups, promote health education, and support early intervention programs (e.g., CHAP-P, PhilPEN) were recommended. Psychological and spiritual coping, rooted in Filipino culture, also emerged as significant tools for maintaining resilience and navigating financial and health-related uncertainty.

Digital Health, Innovations, and Multi-Stakeholder Engagement

The increasing role of digital technologies—such as telemedicine, SMS notifications, and AI tools—was highlighted as a potential solution to improve access, transparency, and patient engagement. However, digital inequity remains a significant challenge, particularly in rural and low-income areas. Effective implementation of these technologies requires cross-sector collaboration among government agencies, healthcare institutions, private providers, and civil society.

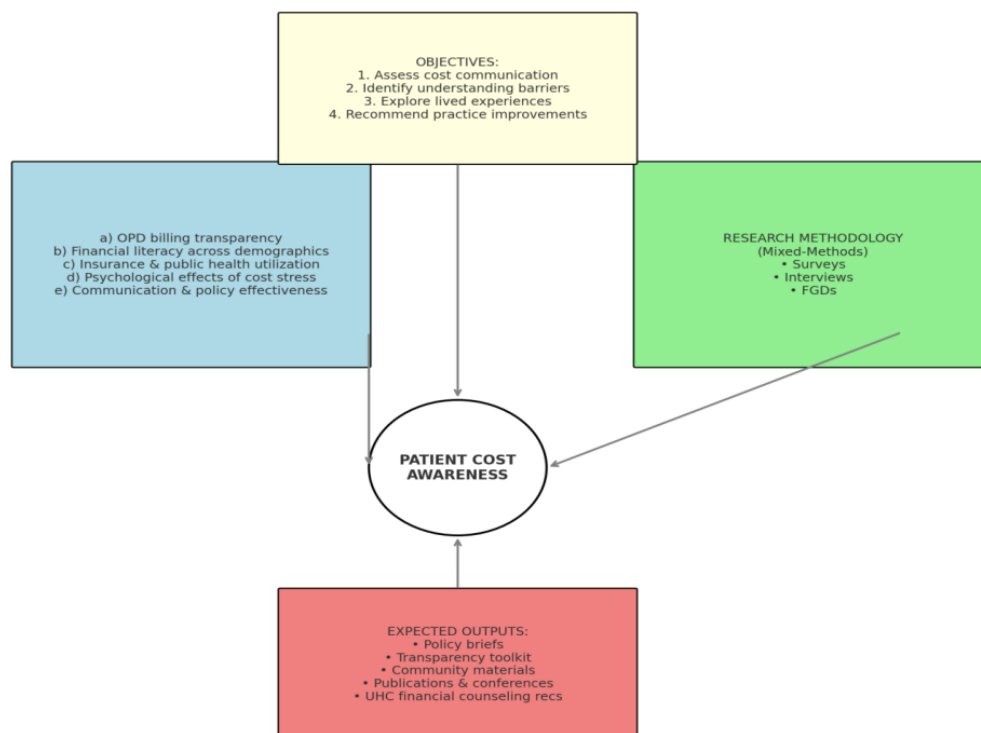
Policy Gaps and Systemic Recommendations

Despite existing programs such as PhilHealth, PCSO's IMAP, and Malasakit Centers, participants reported gaps in awareness, access, and adequacy of assistance. Systemic reforms are needed to strengthen benefit delivery, improve hospital price regulation, and ensure strict adherence to no-balance billing policies. Transparent pricing, particularly in OPD services, must be supported by legislation and operationalized through IT systems, patient education, and staff training.

Towards a Transparent and Equitable Healthcare System

The proposed policy on cost transparency in outpatient departments reflects patients' urgent need for reliable and accessible financial information. A phased implementation strategy—beginning with pilot programs, training, and monitoring frameworks—was recommended. Key metrics such as patient satisfaction, affordability, and informed decision-making will be used to evaluate success. Integrating these policies into a learning health system model ensures continual refinement aligned with national goals for Universal Health Care (UHC).

Proposed Research Simulacrum. Here is the diagram format, including: *Left Box – Research Focus Areas; Right Box – Research Methodology; Top Box – Research Objectives; Bottom Box – Expected Outputs; and Center Circle – Core Concept: Patient Cost Awareness*



SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Findings

This study aimed to assess the level of cost awareness among outpatient department (OPD) patients in a selected Level I hospital in San Juan, Batangas, and to propose policies promoting cost transparency. Using a mixed-methods approach, the study gathered data from 150 survey respondents and conducted in-depth interviews with 22 participants. The quantitative findings revealed the following: (1) Patients were highly aware of medication costs, moderately aware of consultation fees, but largely unaware of diagnostic, procedural, and supply-related charges; (2) The majority of respondents had low income (₱10,000 and below) and relied solely on PhilHealth; and (3) Educational attainment and income level correlated with awareness—those with higher education and income demonstrated slightly greater understanding of costs. The qualitative data revealed several key emotional and behavioral patterns: (1) Patients frequently experienced shock, stress, or embarrassment upon learning about costs unexpectedly; (2) Many relied on neighbors or relatives to borrow money, skipped services due to unaffordability, or resorted to self-medication; and (3) Government aid was often perceived as inaccessible or poorly communicated.

Conclusions:

1. Cost awareness among OPD patients is limited and uneven, with most knowledge concentrated on medications and least on diagnostics and procedural expenses.
2. Patients lack sufficient orientation and guidance regarding healthcare costs at the point of service, contributing to delayed care, incomplete treatments,

or skipped follow-ups.

3. Financial literacy is not institutionalized in outpatient healthcare delivery, despite its essential role in patient decision-making and compliance.
4. The current health system and hospital practices lack proactive communication strategies and structured financial support pathways for patients.
5. Coping mechanisms are mostly reactive, relying on community support and informal networks, which are unsustainable and inequitable.

Recommendations

For Hospital Administrators:

1. Implement itemized pre-service billing estimates in outpatient departments.
2. Establish a financial counseling desk to guide patients on billing, payment plans, and subsidies.
3. Train OPD personnel to routinely explain service costs and direct patients to support services.
4. Integrate financial literacy materials (posters, brochures, videos) in waiting areas and consultation rooms.
5. Utilize digital solutions, such as kiosks or mobile apps, to provide cost estimates in real time.

For Local Government Units (LGUs):

1. Strengthen the visibility of Medical Assistance Funds from the MSWD and streamline the application process.
2. Partner with hospitals to deploy barangay-level information campaigns on healthcare budgeting and available aid.
3. Advocate for expanded PhilHealth outpatient coverage in partnership with national agencies.

For Health Care Workers (Doctors, Nurses, Allied Health Professionals):

1. Foster a culture of cost-sensitive communication, without compromising trust or care quality.
2. Include financial assessment in initial patient interviews where appropriate.
3. Refer patients early to support services to avoid care disruption.

For Policy Makers and Researchers:

1. Develop standard protocols for cost disclosure in outpatient care nationally.
2. Fund pilot projects that assess the impact of financial navigation services in public hospitals.
3. Support ongoing research on healthcare cost literacy, particularly among vulnerable and underserved populations. The proposed research simulacrum serves as a tool to model the effects of these policies in future research and guide institutional reforms in healthcare cost transparency and patient financial support.