Examples on how quality of care contributes to the success of UHC in Thailand

Jiruth Sriratanaban, M.D., Ph.D.
Financing (e.g. UHC) alone is not enough for achieving the goals of our health system.
Tanahashi Model of Evaluating Health Service Coverage

Source:
HEALTH FINANCING WITHIN THE OVERALL HEALTH SYSTEM

- REVENUE COLLECTION
- POOLING
- PURCHASING
- SERVICE DELIVERY

CREATING RESOURCES

UHC INTERMEDIATE OBJECTIVES

- EQUITY IN RESOURCE DISTRIBUTION
- EFFICIENCY
- TRANSPARENCY & ACCOUNTABILITY

FINAL COVERAGE GOALS

- UTILIZATION NEED
- FINANCIAL PROTECTION & EQUITY IN FINANCE
- QUALITY

UHC in Thailand

Three major schemes:
- UCS (75%), SSS (15%), CSMBS (10%)

Increasing use of close-ended provider payment mechanisms:
- Capitation (OP)
- DRG case-based payment, and DRG-based global budget payment (IP)
- Fee schedule for specific care

Other key challenges:
- Aging population and cost increasing, inadequate funding and service infrastructure, distribution of human resources
Design of UCS in Thailand and Quality of care

- Payment: Capitation (OP) / DRG with global budget (IP)
  - *Positive incentive:* Efficiency, Care coordination, Primary care, +/- Disease prevention and Health promotion (PP)
  - *Negative incentive:* Cost cutting by denying or delaying treatment, Delay “higher-standard” care, Shortages of services

- Comprehensive benefits including PP
- Emphasis on primary care and referral system to higher levels of care
Ensuring quality of care in UCS
Selective contracting: Disease management in UCS

**Purposes:**
- Increase access to care by using different payment schemes
- Promote quality of care by application of evidence-based practice guidelines, selective contracting, and close monitoring of key performance and outcomes

**Examples**
- Medicine for acute care, e.g. STEMI, Stroke
- Chemotherapy and radiotherapy for cancer treatment
- Chronic disease management, e.g. Thalassemia, Tuberculosis
Pay for Performance in UCS

- System-wide requirements + Area-based requirements

- 3 Focal areas of system-wide requirements in 2016

  - Quality and results of health promotion and disease Prevention:
    e.g. % Pregnancy with 1st ANC within the first 12 weeks of gestation.

  - Quality and results of primary care provision:
    e.g. Rate of admission with DM short-term complications

  - Quality and Results of Organizational and Referral System Management and Development:
    e.g. % primary care providers passing the requirements
UHC factors affecting public hospitals

- Close-ended provider payment mechanisms
- Policy to strengthen primary care
- Capital financing and initiatives on “Excellent centers”
- Selective contracting and quality-based purchasing initiatives, increasing demands for:
  - Data and information
  - Healthcare provision and coordination

Hospital adaptability

- New organizational policies and internal regulations
  - e.g., Hospital drug formularies, Service outsourcing
- Health insurance management unit
  - e.g., Claim management, Utilization review, Complaint mgt.
- Rearrangement of Internal financial incentive
- Information system enhancements
- Public-Private-Partnership initiatives

Hospital adaptability (Cont.)

- Service expansion (both volume and scope of services)
- Strengthening of primary care and integration with community healthcare networks
- Use of generic drugs
- Patient referral processes
- Engaging quality improvement and support networks, “Not to be left behind”

Hospital Accreditation in supporting UCS
Accreditation emphasizes CQI, thus the process takes time.

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Note: Total number of hospitals (2015) = 1320  [public= 1012; private= 308]
Source: Thailand Research Center for Health Services System (TRC-HS)
HA complementing PPP in UCS

Number of private providers participating in the UC scheme in Thailand (Fiscal year 2004 – 2012)

Note: In 2012, Total Public hospitals = 1,027, Total private hospitals = 321

Source: Thailand Research Center for Health Services System (TRC-HS)
Thailand Hospital Indicator Program (THIP)

- Voluntary participation: 329 hospital members
- 176 KPIs in THIP available for benchmarking in four areas: (1) Disease-specific results, (2) Care processes, (3) Key hospital systems and (4) Health promotion
Increasing number of hospital participants

Number of hospitals

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Examples of reported health outcomes

Source: HSRI. The 3rd, 4th and 5th National Health Exam Surveys
Public reporting of key performance: Nation-wide satisfaction survey
The present challenge for Thailand’s UHC: Sustainability

Sustainability
Adequacy
Fairness
Efficiency - Resource Allocation
Efficiency - Service Provision

Reform in Health sector financing and Health security schemes
“Cheaper” but “Better”
Quality of care can lead to substantial saving in UCS

**Self-care:**
- Behavior modification
- Treatment compliance
- Problem-solving
- Timely use of health service

**Effective coverage:**
- Access
- Quality of care
  - Effective delivery
  - Continuity of care
  - Patient Safety

**Target areas:**
- Preventable illnesses
- Inappropriate drug use
- Inappropriate OP visits
- Avoidable admissions
- Excessive length of stay
- Hospital acquired conditions
- Avoidable readmissions
- Preventable long-term complications
- Preventable disabilities

**Healthy**
**Out-patient**
**In-patient (acute)**
**In-patient (chronic)**
**Bed-ridden**

**Quality-based Potential Saving**
Roles of QoC in UHC: Thailand Experience

Coverage  

Service availability

Access to care

Quality of Healthcare delivery

Effective coverage: “Health outcomes”

Saving and resource efficiency

Value for Money

Quality improvement

HA

Provider adaptability

Quality-based contracting and payment initiatives

System-wide M&E + R&D
Questions and Answers