Institute of Health Policy and Development Studies

Universal Health Care (PinoyVersion) indicators of success

Fostering Universal Health Care through PPPs

ADB Auditorium

March 22, 2019

Hilton Lam, MHA, PhD

SCIENCE FOR HUMANITY • SCIENTISTS WITH SOULS
NATIONAL INSTITUTES OF HEALTH UP MANILA

Institute of Health Policy and Development Studies

Background

Current organizational framework and practices in the Philippine health system is challenged by the fragmented status of LGUs and lack of horizontal and vertical integration.

Ferrer, L. (2013). Integrated health service delivery networks: Concepts, policy options and road map for implementation in the Americas. *International Journal of Integrated Care,13*(3). doi:10.5334/ijic.1203

Other contributing factors of fragmentation

Duplication of procurement services and infrastructure

- influenced by the disconnected budget planning and procurement (ADB, 2005)

Lack of gatekeeping mechanisms and uncoordinated referrals

- leading to maldistribution of demand in hospitals

Asian Development Bank. (2005). *Decentralization in the Philippines: Strengthening Local Government Financing and Resource Generation* (Joint Report, The World Bank and The Asian Development Bank, 2005). Makati City.

Dayrit, MM, Lagrada LP, Picazo OF, Pons MC, Villaverde MC (2018). *The Philippines health system review Vol. 8 No.2.* Manila, Philippines: Asia Pacific Observatory on Health Systems and Policies

Government initiatives to address fragmentation

1. The Health Sector Reform Agenda (1999)

- creation of Inter-Local Health Zones (IHLZs)

2. Philippine Health Agenda

- targeted operationalization of SDNs in three regions during the first 100 days of the Duterte Administration

3. Administrative Order 2017-0014

- framework for Redefining Service Delivery Networks
- provides guidelines on the organization of SDNs

Romualdez, A. G. (2011). *The Philippines health system review*. Manila, Philippines: Asia Pacific Observatory on Health Systems and Policies.

KPMG International (2018). *Service Delivery Networks: A Prototype for Sorsogon*(pp. 1-147, Tech.).

Universal Health Care Act

The UHC Act attempts to mitigate the fragmentation through:

(1) integration at the province-level for continuity of care and improved access to services;

(2) incentivizing public and private linkages; and

(3) rationalizing multiple payers for health at the province-level by the establishment of a Special Health Fund

Philippines. (2018). *Senate Bill 1896. An Act Instituting Universal Health Care For All Filipinos, Prescribing Reforms In the Health Care System, Amending For The Purpose Certain Laws, Appropriating Funds Therefore And For Other Purposes.*

Addressing fragmentation in an Integrated Health Service Delivery Network (IHSDN)

- Pan American Health Organiztion (PAHO)
    - identified attributes in integrating SDNs that describes progress to a fully integrated system

- In Philippine settings, there is a need to critical review service delivery system vis-a-vis current status and gaps of provincial health systems.

Pan American Health Organization. (2011). *Integrated Health Service Delivery Networks: Concepts, Policy Options and a Road Map for Implementation in the Americas Vol. 4*. Washington, D.C.

Proposed assessment tool of readiness for province-level integration

Algorithm based on three different frameworks:

(1) Department of Health guidelines on SDNs
(2) Integrated Local Health Zones
(3) PAHO model for IHSDN

Objectives:

(1) to frame fragmentation issues in the Philippine health system and how these should be addressed in preparation for the province-level integration; and

(2) to propose organizational structure design and identify corresponding roles of PHOs and MHOs in integrated SDNs

Table 1. Proposed assessment tool for PHO readiness for province-level integration

Essential Attribute	Level of progress in the attributes that make up the Integrated Health Service Delivery Network (pts)	Operational Definition
Population and territory	No definition of population/territory under its responsibility (0 pt) Defined population/territory under its responsibility, but with limited knowledge of the health needs of this population (1 pt) Defined population/territory under its responsibility, and extensive knowledge of the health needs of this population which determine the supply of health services (2 pts)	Updated Barangay level statistics on health, facilities, environmental health
Service delivery	Non-existent, very limited or restricted to first level of care (0 pt) Includes all or most levels of care, but with high predominance of personal health services (1 pt) An extensive network of healthcare facilities that includes all level of care and provides and integrates both personal and public health services (2 pts)	Existing MOAs, existing inventory of operational needs such as infrastructure, human resources both public and private, health-related services (eg: veterinary, education, nutrition, others)

Essential Attribute	Level of progress in the attributes that make up the Integrated Health Service Delivery Network (pts)	Operational Definition
First level of care	Predominance of vertical programs with no integration or coordination (0 pt) Acts as a gateway to the system but with very low capacity to resolve health problems and poor integration of services (1 pt) Acts as a gateway to the system, integrated and coordinates care, and meets the majority of the population's health needs (2 pts)	Existing MOAs
Specialized care	Deregulated access to specialists (0 pt) Regulated access to specialized care, but predominance of hospitals (1 pt) Delivery of specialized services is done preferably in non-hospital settings (2 pts)	Existing CPs, existing polyclinics/specialized outpatient centers
Coordination of care	No coordination of care (0 pt) Existence of coordination mechanisms, but that do not cover the entire continuum of care (1 pt) Existence of coordination mechanisms throughout continuum of care (2 pts)	Policies and Procedures manual, Existing MOAs on coordination, referrals such as ILHZ/SDN coordination and referral documents

Essential Attribute	Level of progress in the attributes that make up the Integrated Health Service Delivery Network (pts)	Operational Definition
Focus of care	Centered on disease or program (0 pt) Centered on the person (1 pt) Centered on the person, the family, and the community (2 pts)	PIPH should include foci on indigents, family, and community; Satisfaction level of residents, patients
Governance	No clear governance function (0 pt) Multiple instances of government that function independently of each other (1 pt) A unified system of governance for the entire network (2 pts)	Clear Policies and Procedures manual
Participation	No instances for social participation (0 pt) Instances for participation are limited (1 pt) Broad social participation (2 pts)	Policies and Procedures manual with plantilla item; Satisfaction level of stakeholders

Essential Attribute	Level of progress in the attributes that make up the Integrated Health Service Delivery Network (pts)	Operational Definition
Intersectoral Approach	No links with other sectors (0 pt) Links with other social sectors (1 pt) Intersectoral action beyond the social sectors (2 pts)	Clear Policies and Procedures manual; PLHB includes MHO, members from other sectors, investments in health-sensitive projects
Management of Support Systems	Non-integrated management of support systems (0 pt) Integrated management of clinical support but without integration of administrative and logistical support systems (1 pt) Integrated management of the clinical, administrative and logistical support systems (2 pts)	Clear policies and procedures manual, e.g. ILHZ Maternal and Neonatal death review, periodic meetings between levels of care

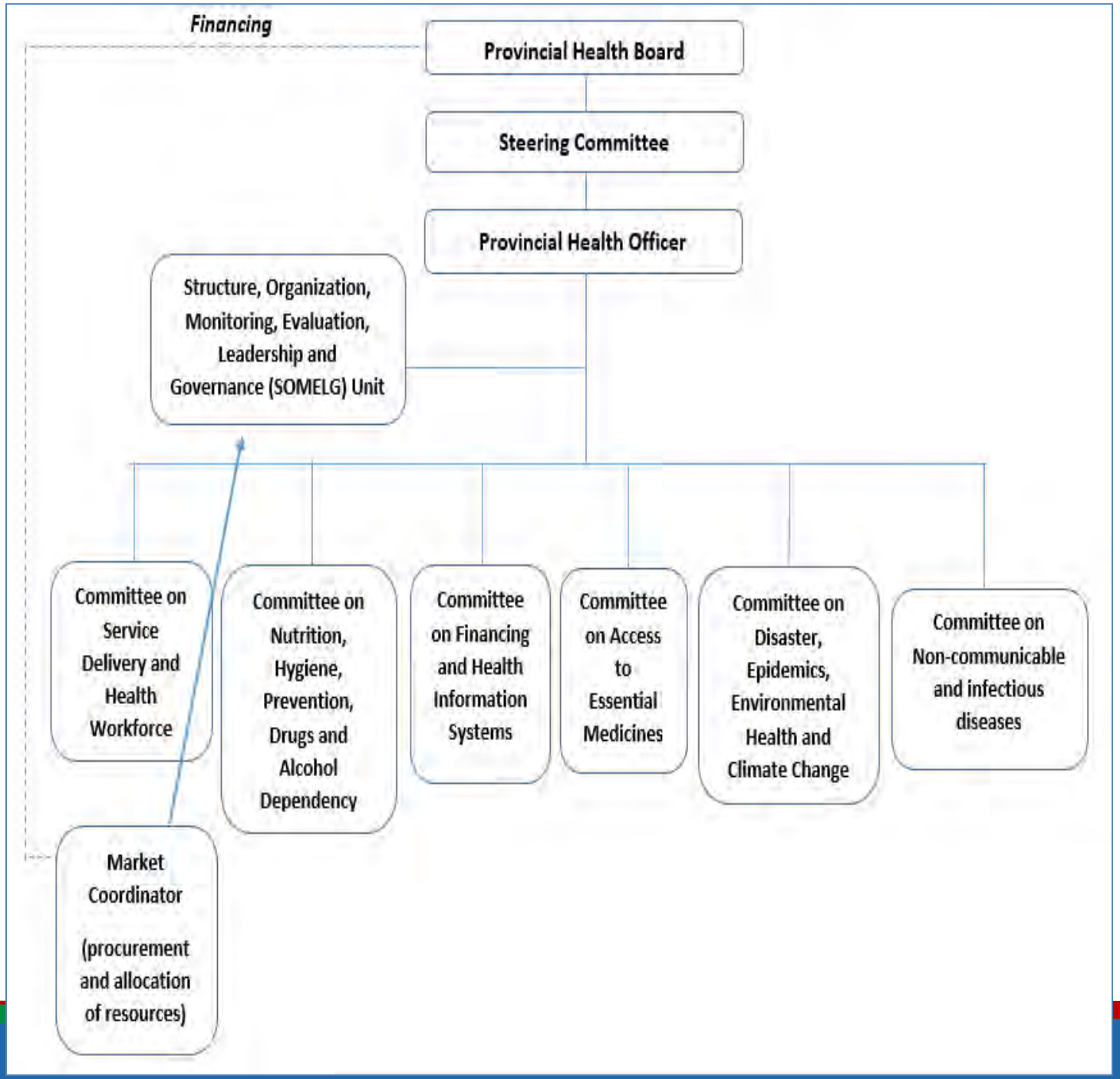
Essential Attribute	Level of progress in the attributes that make up the Integrated Health Service Delivery Network (pts)	Operational Definition
Human Resources	Insufficient for the needs of the network (0 pt) Sufficient, but with deficiencies in the technical competencies and commitment to the network (1 pt) Sufficient, competent, committed and valued by the network (2 pts)	Existing contracts that meet minimum staff to population ratios
Information Systems	No information system (0 pt) Multiple systems with no communication among them (1 pt) Integrated information system that links all network members with data disaggregated according to pertinent variables (2 pt)	Fully functional and accessible Health Information System
Performance and Results	No measurement of performance and results (0 pt) Measurement of performance centered on inputs and processes (1 pt) Measurement of performance centered on health outcomes and user satisfaction (2 pts)	Clear Policies and Procedures; Good performance

Essential Attribute	Level of progress in the attributes that make up the Integrated Health Service Delivery Network (pts)	Operational Definition
Funding	Insufficient and irregular (0 pt) Adequate financing but with unaligned financial incentives (1 pt) Adequate funding and financial incentives aligned with network goals (2 pts)	PIPH endorsed by PLHB, with accompanying documents (1) PLHB targets, goals etc.; (2) ILHZs/ SDNs with common health trust funds; (3) Updated financial statements

Scoring

Points	Assessment
0 to 9	Not ready, consider integrating with nearby PSDN approved by DOH CO and DOH CHDs
10 to 20	Can be ready within three to four years, need extensive assistance from DOH CO and DOH CHDs
21 to 28	Ready within 1 to 2 years, need incentives, coaching from DOH CO through DOH CHDs
	Two-year Continuing Assessment
0 to 20	PSDN not efficiently functioning, consider re-structuring
21 to 22	PSDN functioning well, may need support from DOH CO and others

Figure 1. Proposed organizational structure of devolved provincial health system



Keys to successful PPPH for universal health care

(1) healthcare is a sensitive area to manage
(2) adequate trust and management of expectations
(3) clearly defined objectives and roles (willingness(un) of public to give up control may hamper benefit extraction or risk minimization)
(4) sufficient time commitment
(5) transparency and standardization (ie: fair, and minimum of unexpected surprises)
(6) acceptable contract flexibility
(7) technical assistance or financial incentives; and
(8) innovative governance flexibility (power and authority vis-à-vis innovations)

Barrows, MacDonald, Supapol, Dalton-Jez, and Harvey-Rioux (2011). Public Private Partnerships in Canadian Healthcare: A case study of the Brampton Civic Hospital. OECD.

Developing the Long Term Capability of Ethiopia's Health Extension Program Platform (HEPCAPS2) (2015). Strengthening Public Private Partnerships for More and Better Health Outcomes in Ethiopia: Expert Reviews and Case Studies. Ethiopian Ministry of Health, Harvard T.H. Chan School of Public Health, JSI Research & Training Institute, Inc.: Addis Ababa, Ethiopia, Boston, Massachusetts

Wong, Yeoh, Chau, Yam, Cheung, and Fung (2015). How shall we examine and learn about public-private partnerships (PPPs) in the health sector? Realist evaluation of PPPs in Hong Kong. Social Science and Medicine. 147. 261-269.

Institute of Health Policy and Development Studies

SCIENCE FOR HUMANITY • SCIENTISTS WITH SOULS
NATIONAL INSTITUTES OF HEALTH UP MANILA

Thank you very much