Philippine Primary Care Studies

Pilot study at the UP Health Service

Comprehensive primary care systems financed by social health insurance in representative areas in the Philippines

Stakeholders' Forum on Primary Care Training Objectives
NAST | PPCS

Hotel Jen Manila, Pasay City
01 February 2018

PhilHealth
Your Partner in Health

philippine primary care studies

Outline

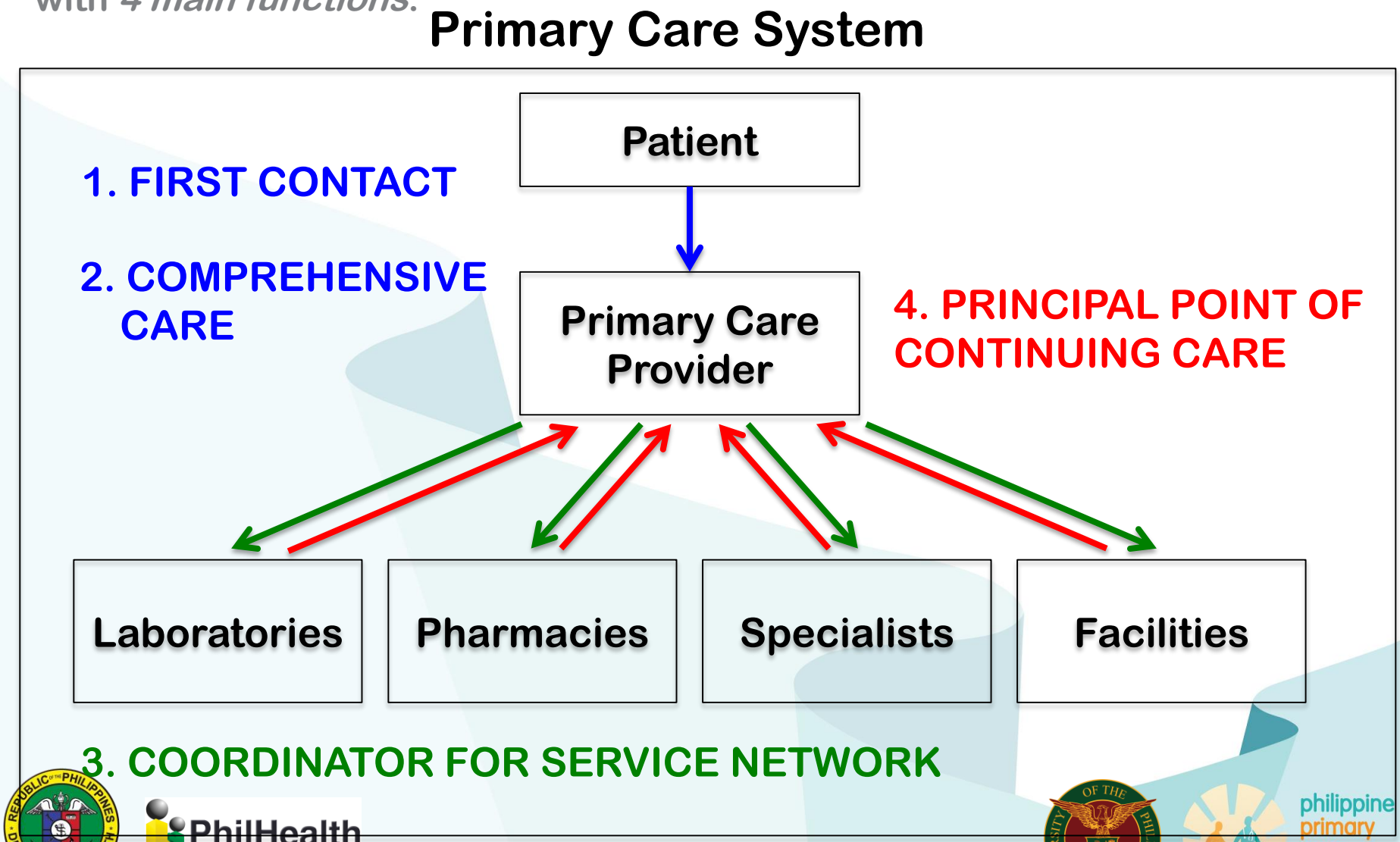
1. Rationale & framework
2. Methods & key features
3. Initial Results

PhilHealth
Your Partner in Health

philippine primary care studies

What is Primary Care?

Primary Care is a *system* where patients access healthcare, with *4 main functions*:



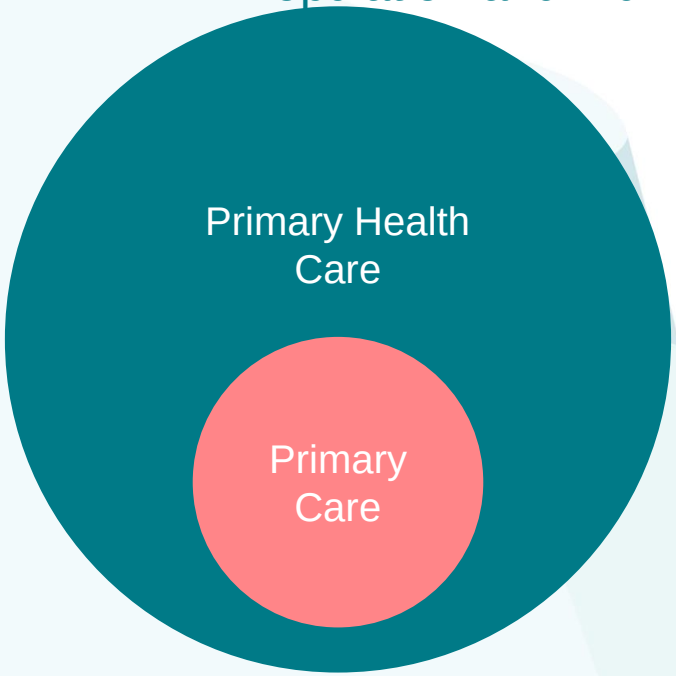
PhilHealth
Your Partner in Health

philippine primary care studies

Source: used with permission from Ho BL (2017). Advancing primary care for all Filipinos. [presentation] presented at the Benefit Committee Meeting of the Philippine Health Insurance Corporation, July 2017.

Primary Health Care vs Primary Care

Population and Individual Based Services



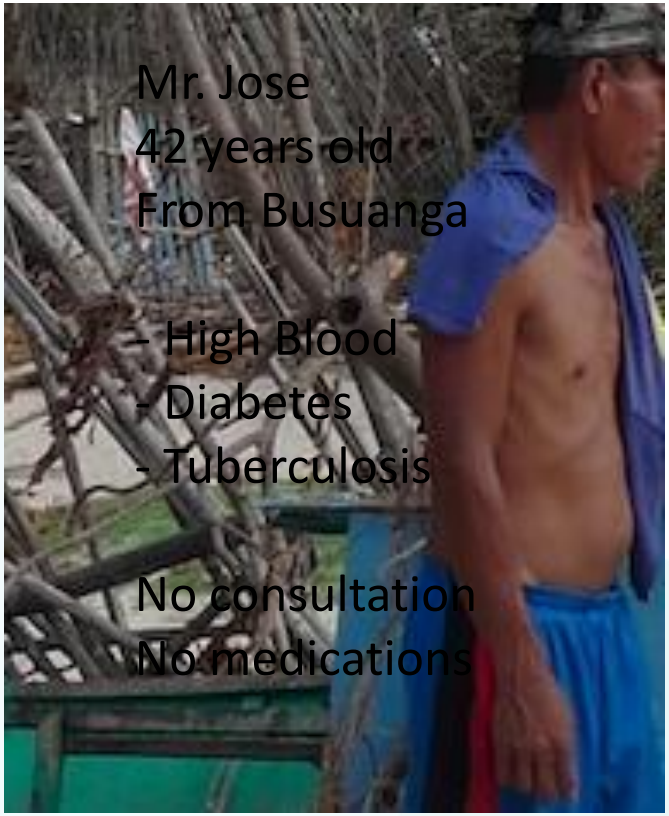
Public Health	Personal Care
Population Based	Individual Based
Primary Care	Secondary Care Tertiary Care

PhilHealth *Your Partner in Health*

philippine primary care studies

Inequities in Access

Too Little Health Care



Mr. Jose
42 years old
From Busuanga

- High Blood
- Diabetes
- Tuberculosis

No consultation
No medications

Too Much Health Care

Mrs. Rosete
56 years old
From Quezon City

- Diarrhea (gastro)
- Dizziness (neuro)
- Diabetes (endo)
- Kidney ds (nephro)
- Gout (rheuma)
- ECG ischemia (cardio)

PhilHealth
Your Partner in Health

philippine primary care studies

INEQUITIES IN ACCESS AND OUTCOMES FROM WOMB TO TOMB

	Inequity in Healthcare Access	Inequity in Health Outcomes
Pregnancy	**Unattended births** - poorest quintile (58%) - richest quintile (4%) [1]	**Neonatal mortality** - poorest quintile (19/1000) - richest quintile (9/1000) [1]
Childhood	**Complete vaccination** - NCR (80%) - ARMM (30%) [1]	**Under-5 mortality** - poorest quintile (5.2/1000) - richest quintile (1.7/1000)[1]
Adult Life	**Current Tobacco use** - poorest quintile (33%) - richest quintile (18%) [2]	**Heart attack rates** - lowest quintile 40% higher than richest [3]

[1] NDHS, 2013; [2] National Nutrition Survey, 2013; [3] Interheart Study, 2007

PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis

TRIPLE BURDEN OF DISEASE

WORKFORCE SHORTAGE & MALDISTRIBUTION

ADMIN. FRAGMENTATION

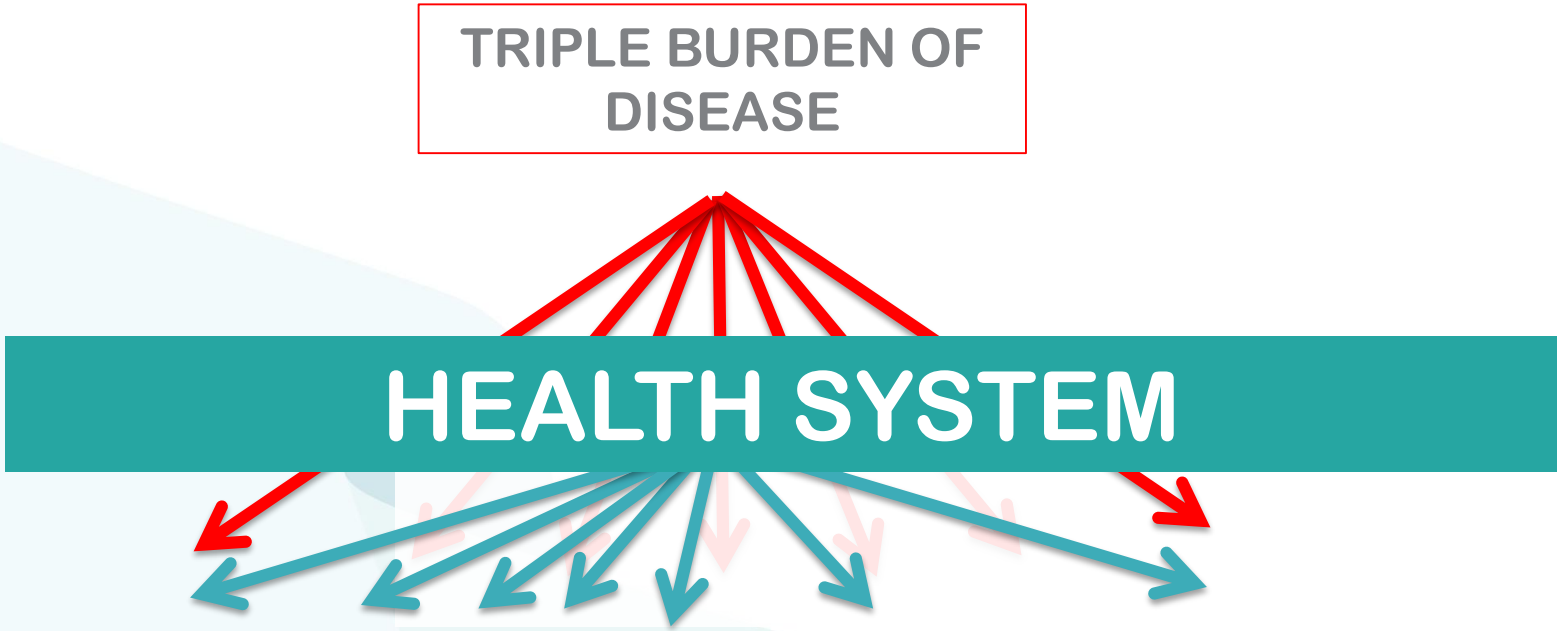
POLICY FRAGMENTATION

INEQUITY IN ACCESS TO CARE

PhilHealth
Your Partner in Health

philippine primary care studies

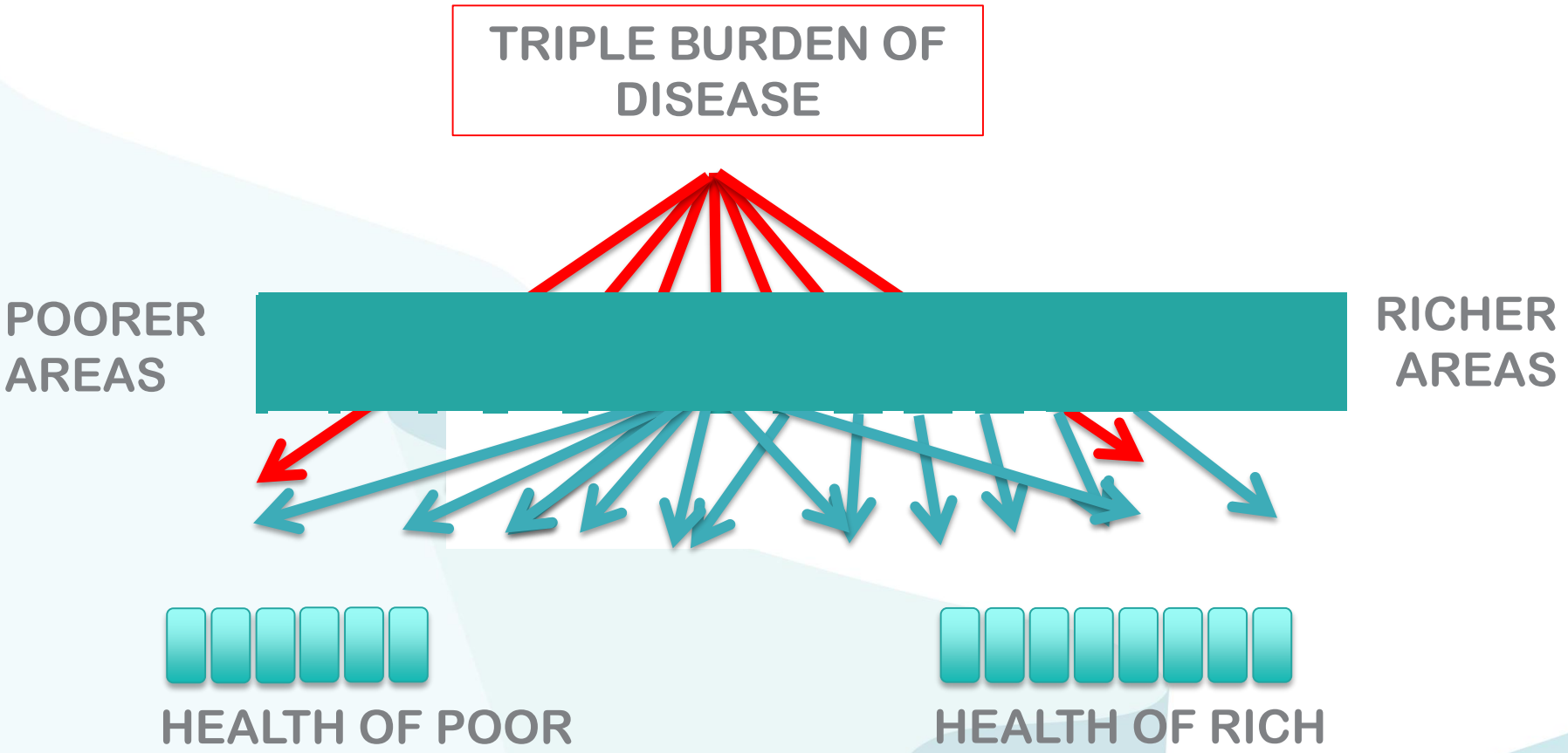
Healthcare System Analysis



PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis



PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis

TRIPLE BURDEN OF DISEASE

WORKFORCE SHORTAGE & MALDISTRIBUTION

ADMIN. FRAGMENTATION

POLICY FRAGMENTATION

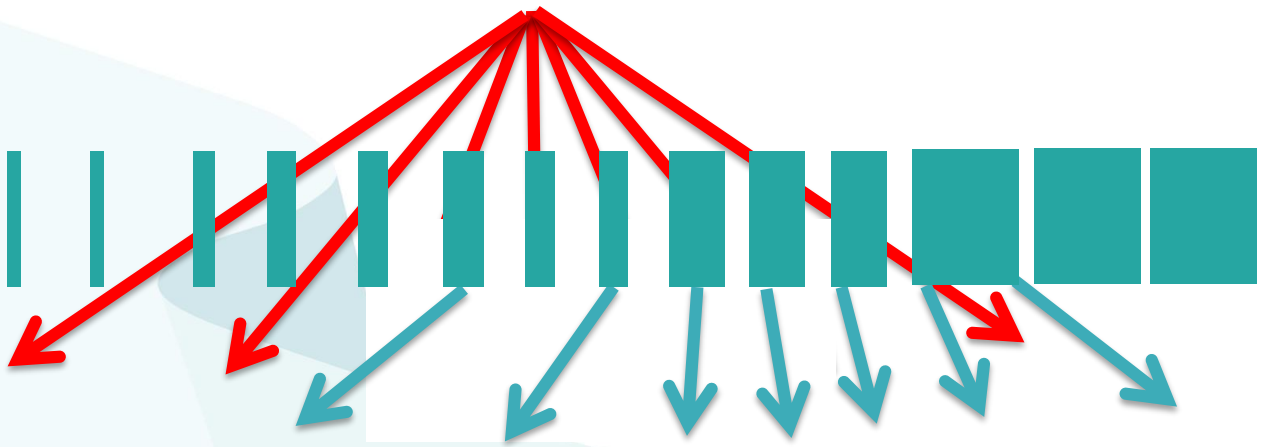
INEQUITY IN ACCESS TO CARE

PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis

TRIPLE BURDEN OF DISEASE



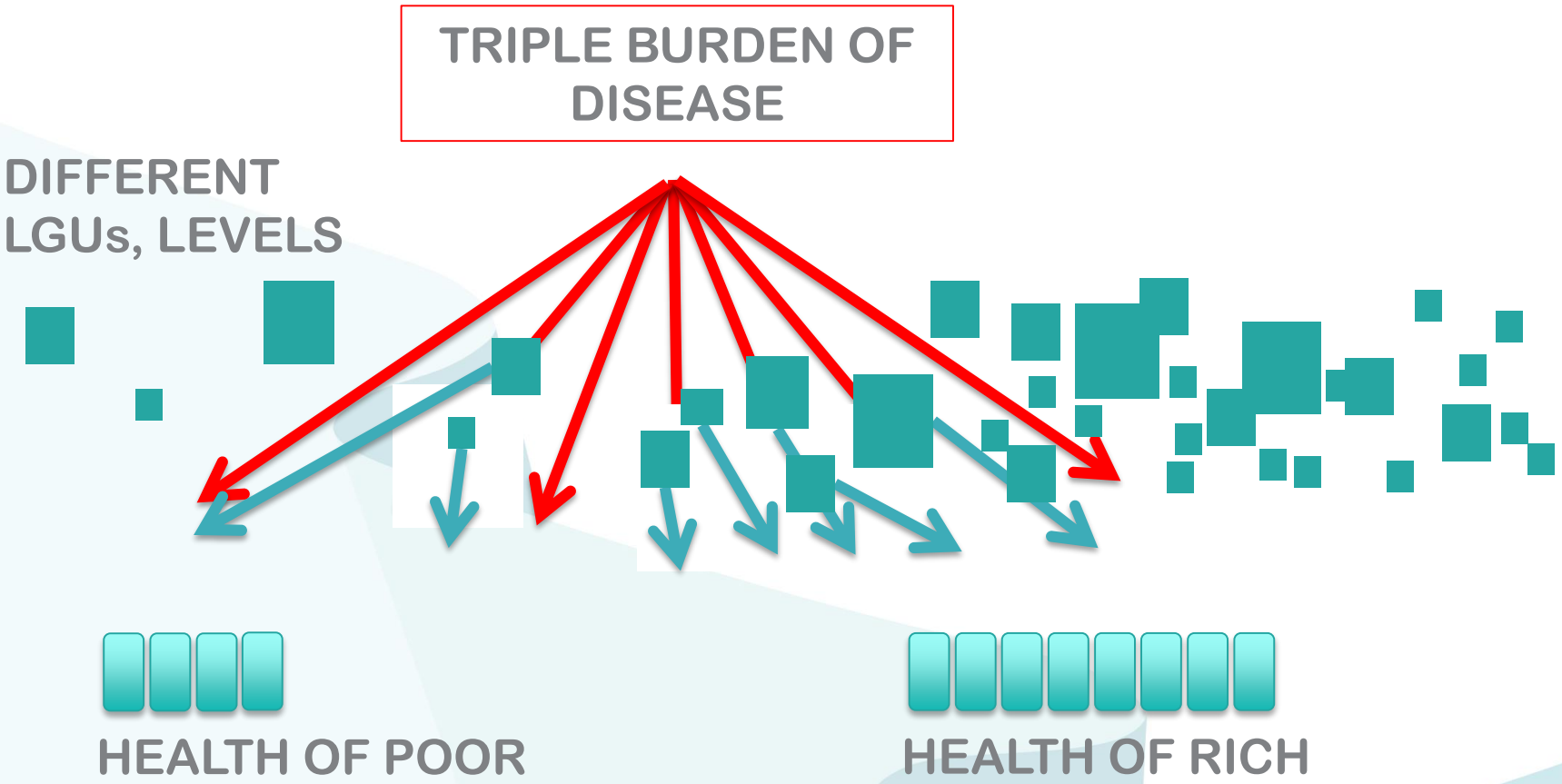
HEALTH OF POOR

HEALTH OF RICH

PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis



PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis

TRIPLE BURDEN OF DISEASE

WORKFORCE SHORTAGE & MALDISTRIBUTION

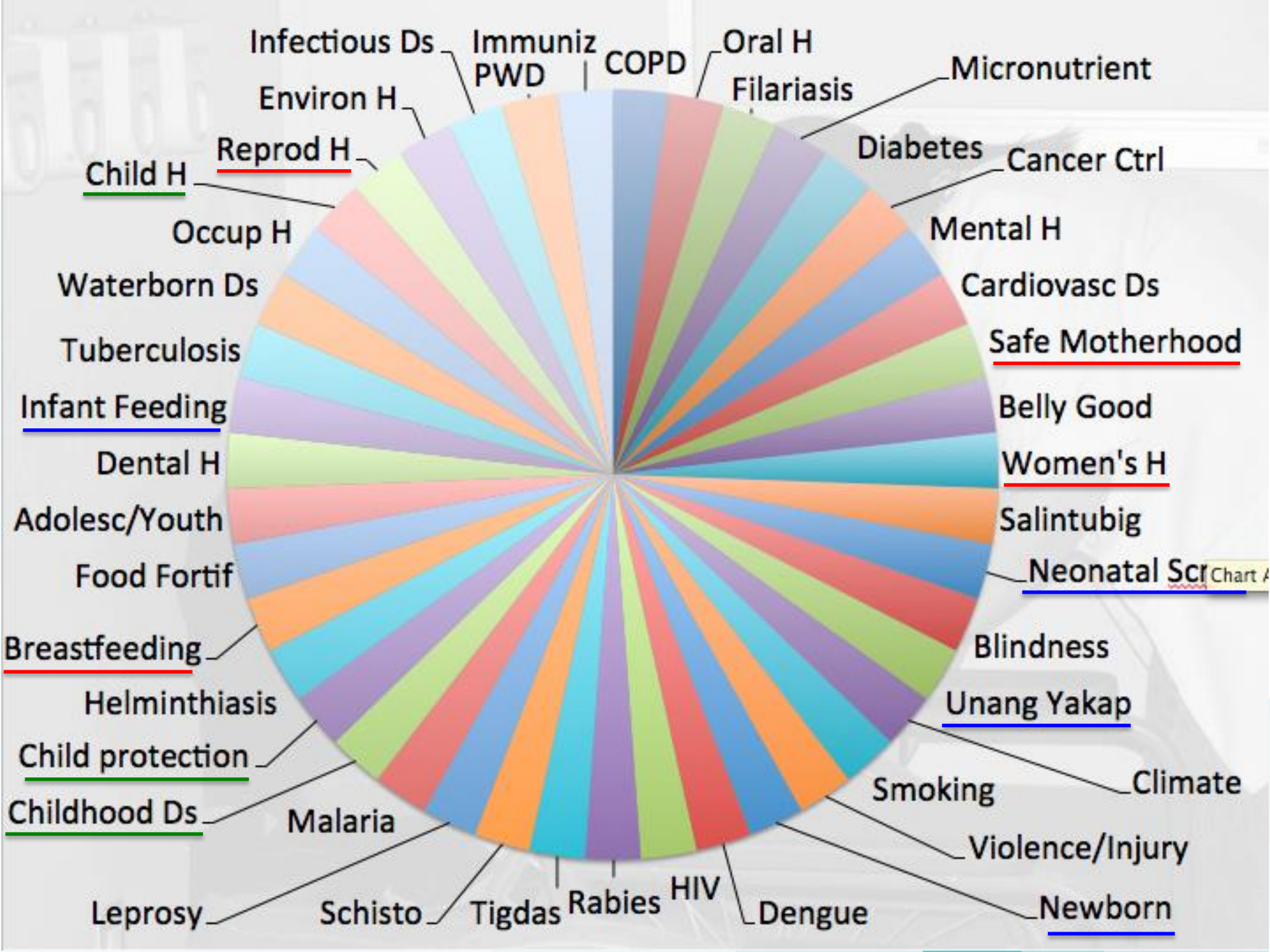
ADMIN. FRAGMENTATION

POLICY FRAGMENTATION

INEQUITY IN ACCESS TO CARE

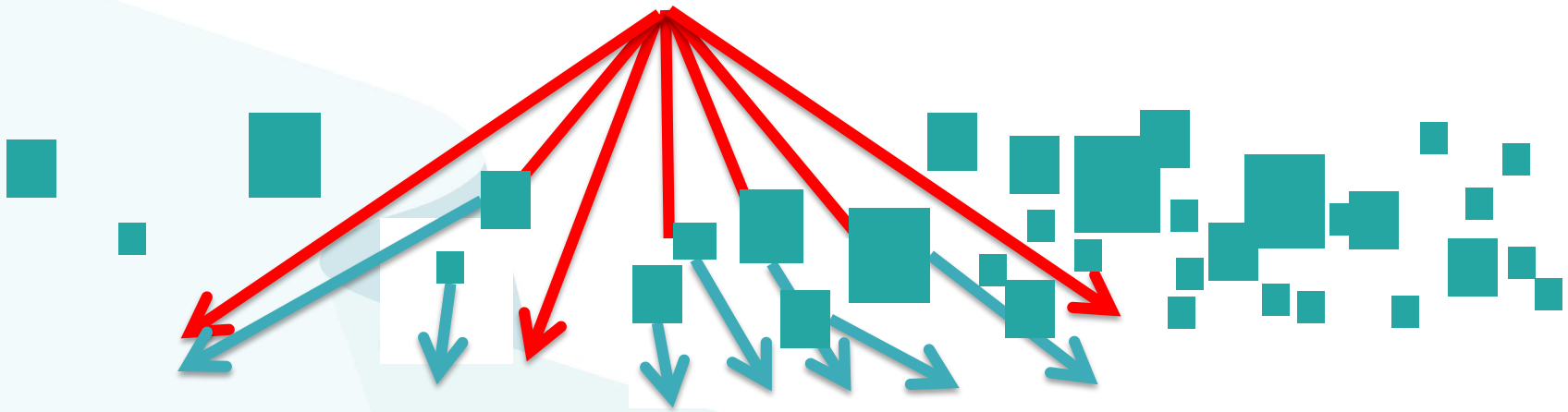
PhilHealth
Your Partner in Health

philippine primary care studies


Infectious Ds
Immuniz
PWD
COPD
Oral H
Micronutrient
Filariasis
Environ H
Diabetes
Cancer Ctrl
Reprod H
Child H
Mental H
Occup H
Cardiovasc Ds
Waterborn Ds
Safe Motherhood
Tuberculosis
Belly Good
Infant Feeding
Women's H
Dental H
Salintubig
Adolesc/Youth
Neonatal Scr
Food Fortif
Blindness
Breastfeeding
Unang Yakap
Helminthiasis
Climate
Child protection
Smoking
Childhood Ds
Violence/Injury
Malaria
Newborn
Leprosy
Dengue
Schisto
HIV
Tigdas
Rabies

Healthcare System Analysis

TRIPLE BURDEN OF DISEASE



HEALTH OF POOR

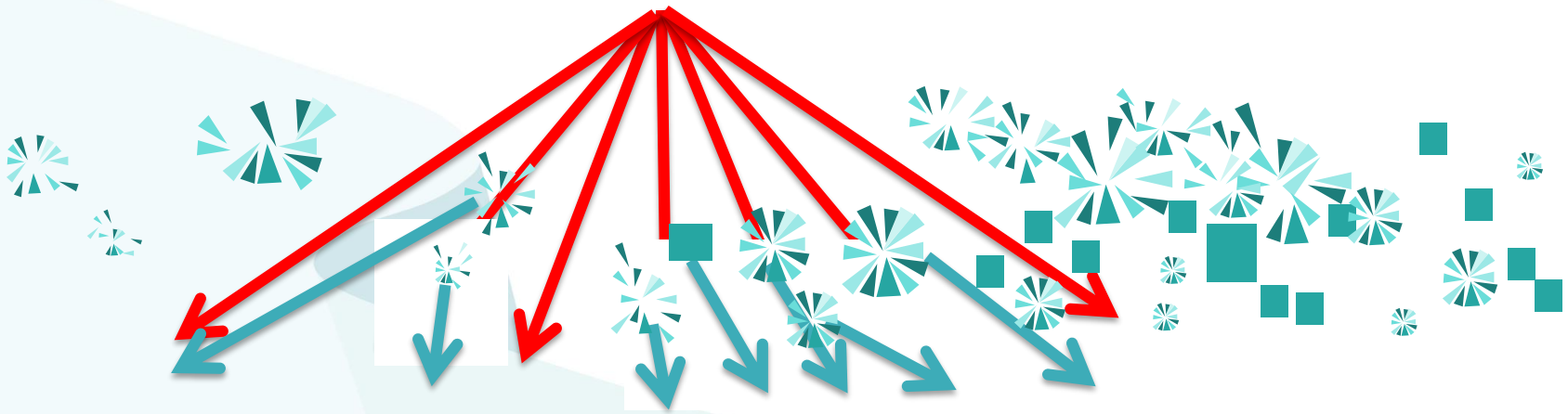
HEALTH OF RICH

PhilHealth
Your Partner in Health

philippine primary care studies

Healthcare System Analysis

TRIPLE BURDEN OF DISEASE



HEALTH OF POOR

HEALTH OF RICH

PhilHealth
Your Partner in Health

philippine primary care studies

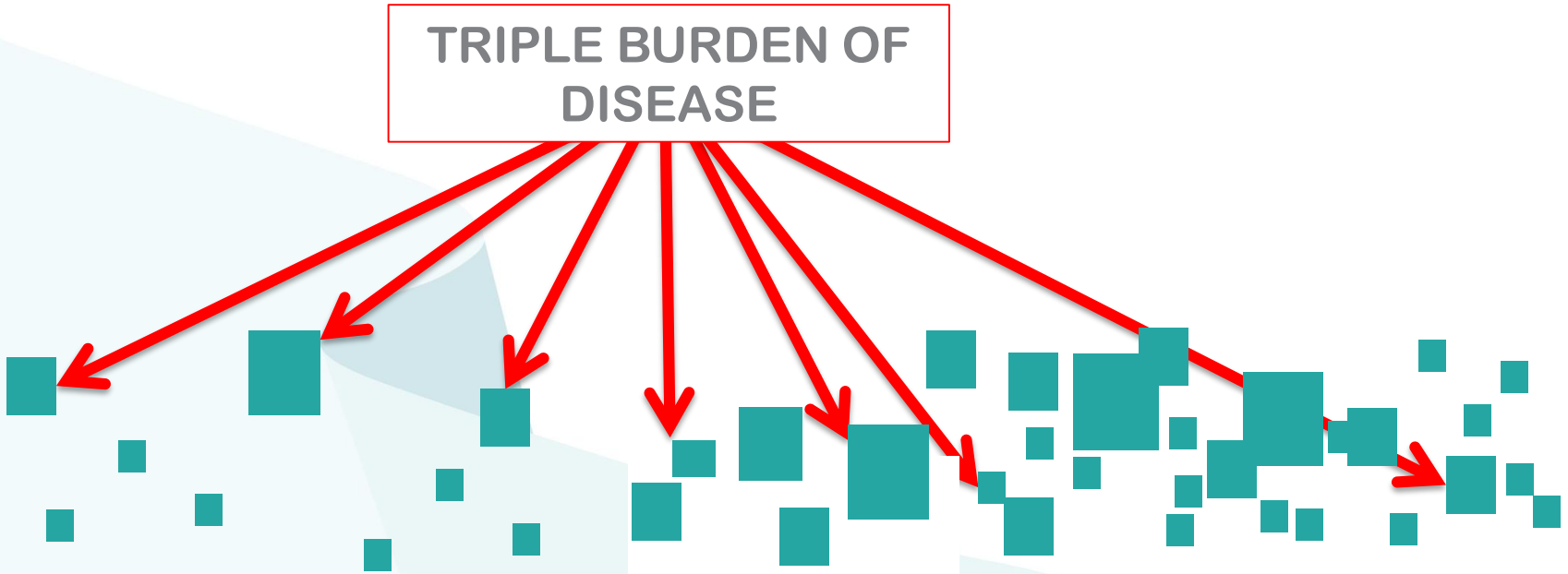
Outline

1. Rationale & framework
2. Methods & key features
3. Initial Results
4. Future Plans and Implications

PhilHealth
Your Partner in Health

philippine primary care studies

Envisioned Primary Care-Oriented Healthcare System

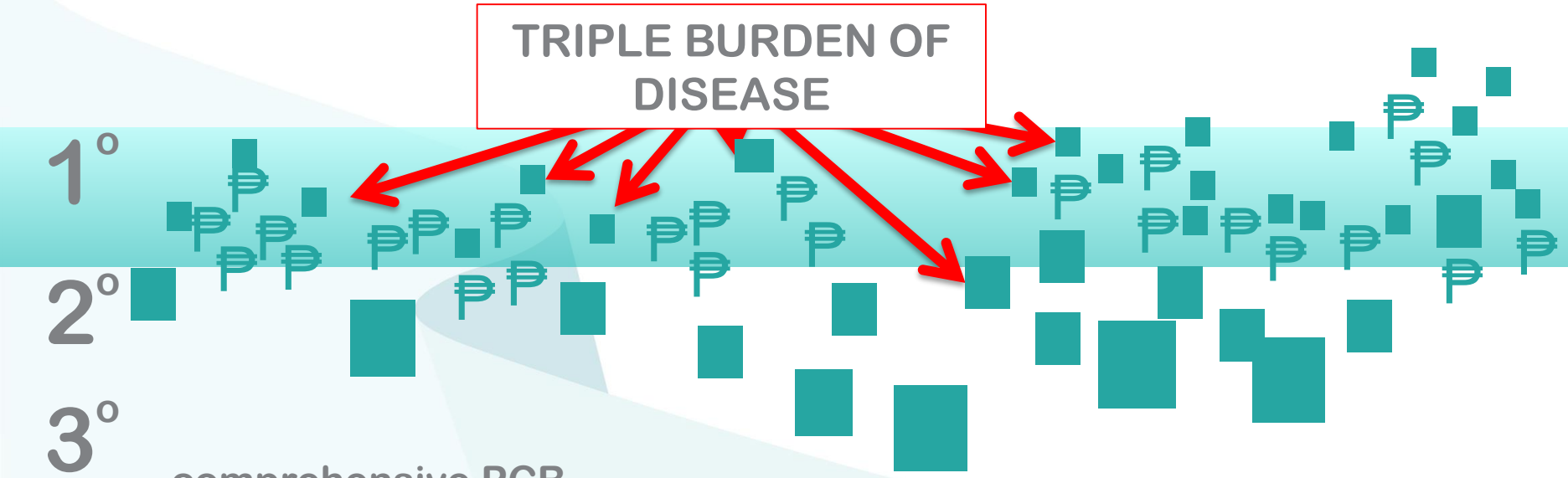


POPULATION

PhilHealth
Your Partner in Health

philippine primary care studies

Envisioned Primary Care-Oriented Healthcare System



comprehensive PCB

- pay per service,
NOT disease packaged

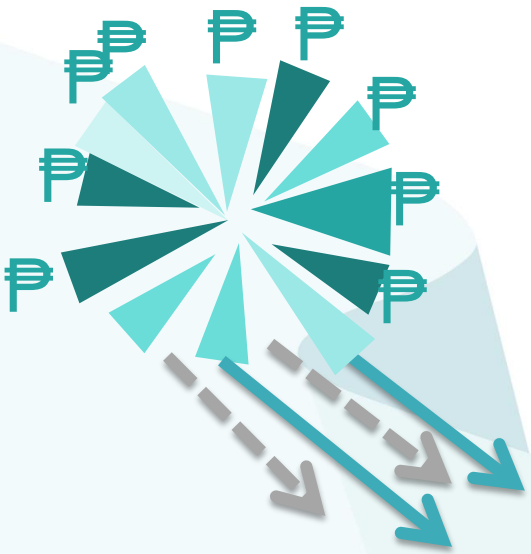
- rich and poor
NOT lowest quintile only

POPULATION

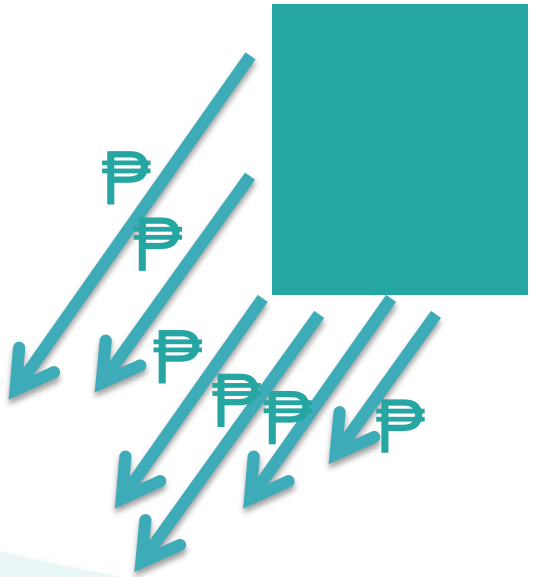
PhilHealth
Your Partner in Health

philippine primary care studies

Unique features



PATIENTS



A.
Paying for disease packages

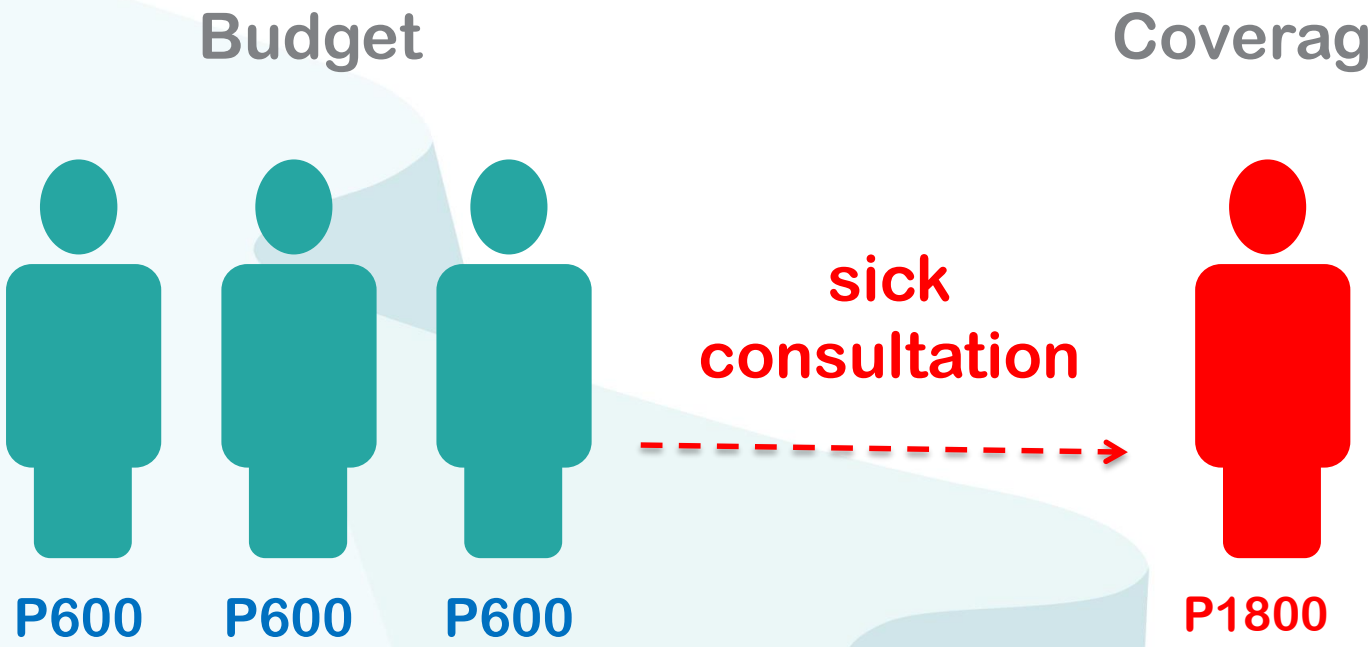
B.
Paying for services

PhilHealth
Your Partner in Health

philippine primary care studies

Unique features

- Runs on the principle of risk sharing



PhilHealth
Your Partner in Health

philippine
primary
care
studies

Envisioned Primary Care-Oriented Healthcare System

comprehensive PCB

- pay per service,
- rich and poor

sustained x 1yr

- 1st contact = register, profile
- follow ups = continuing care
- training

EMR

- coordinated care
- regulation
- monitoring
- training

PhilHealth
Your Partner in Health

philippine primary care studies

Triage Nurse or Midwife

Records

EMR

DOH, PhilHealth

LGU

EMR

Doctor

DATA

BILL

Lab Rx

Med Rx

Cash/Billing

Pharmacy

receipt

EMR

receipt

EMR

Laboratory

EMR

Radiology

EMR

philippine primary care studies

Unique features of the Study

- Runs on the principle of risk sharing
- Registration is on consultation
- Efficient check-ups/risk assessment
  - Timing is opportunistic
  - Tests are targeted
- Universal in scope
  - No priority disease
  - No priority test
  - No priority medicine
- Universal in coverage (rich & poor)

PhilHealth
Your Partner in Health

philippine primary care studies

Triage Nurse or Midwife

EMR

Records

DOH, PhilHealth

LGU

REACH OUT

RECRUIT

RETAIN

REGULATE

REASSESS

EMR

Doctor

DATA

BILL

Lab Rx

Med Rx

Cash/Billing

RETRAIN

Pharmacy

EMR

receipt

EMR

receipt

Laboratory

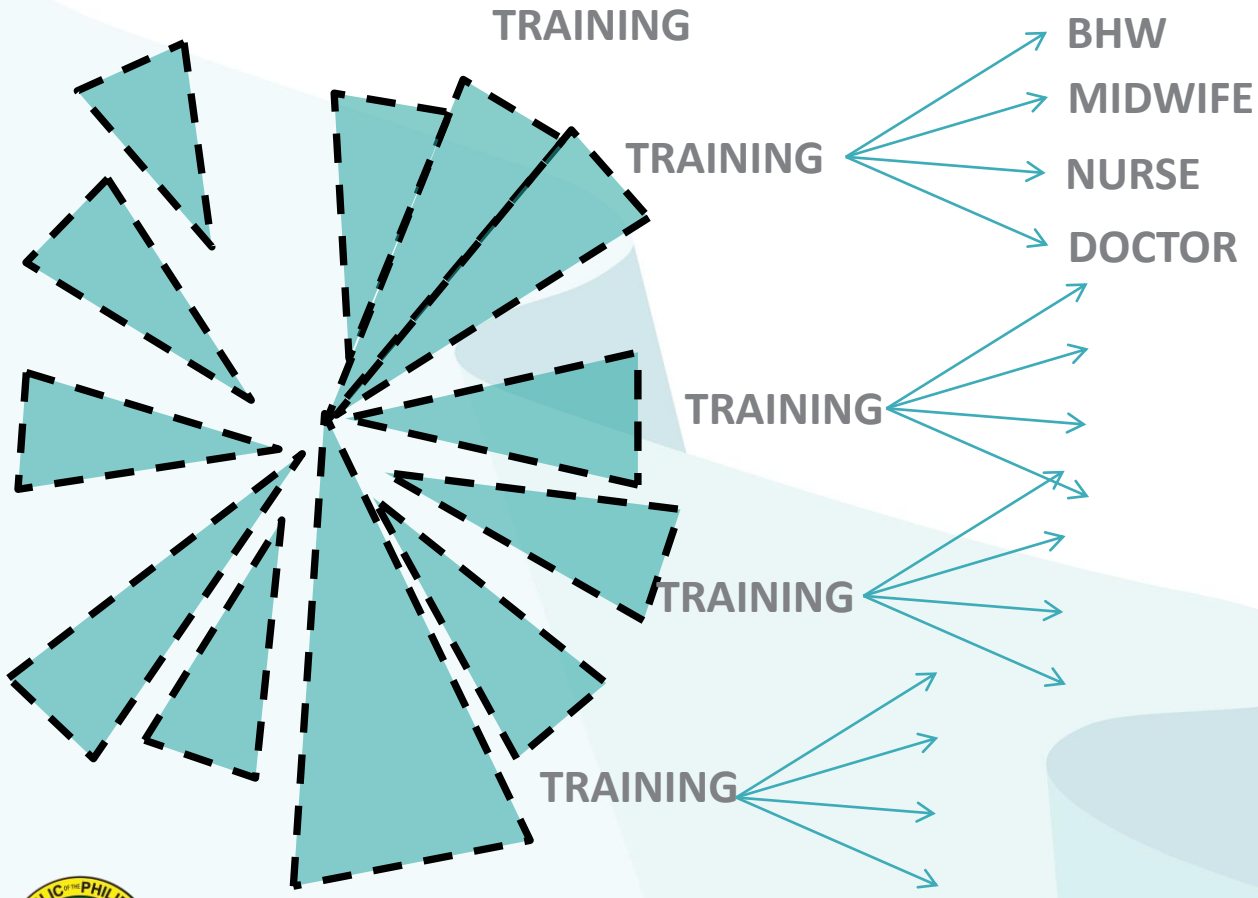
EMR

Radiology

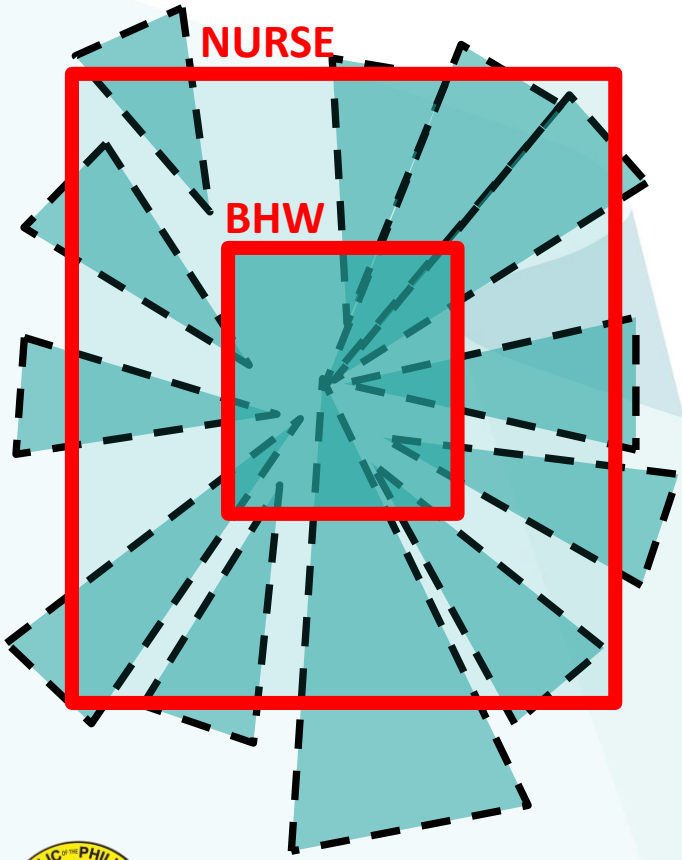
EMR

philippine primary care studies

In terms of training



In terms of training



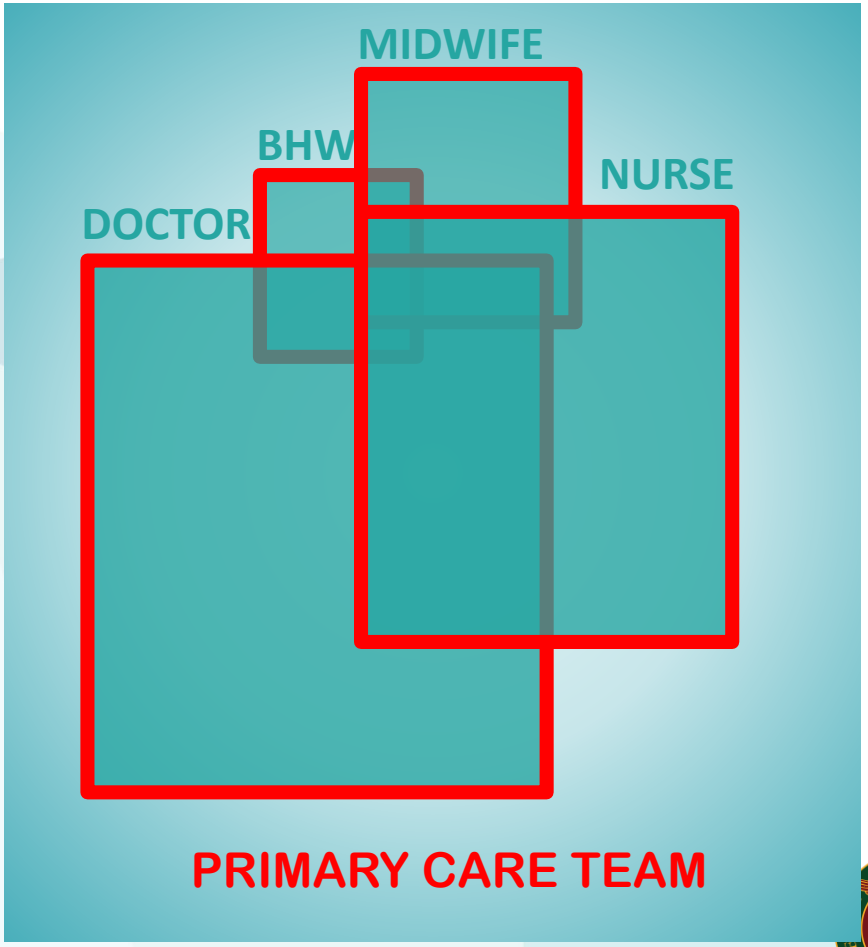
BHW ROLE
- Skill / Knowledge #1
- Skill / Knowledge #2 …

NURSE ROLE
- Skill / Knowledge #1
- Skill / Knowledge #2 …

PhilHealth
Your Partner in Health

philippine primary care studies

In terms of training



PhilHealth
Your Partner in Health

philippine primary care studies

	STRATEGY	OBJECTIVES
RECRUIT	Motivational workshops Fees for services	(New hires) HCW satisfaction
RETRAIN	Lectures Workshops	Quality of Care HCW Knowledge
RETAIN	Motivational Workshops Fees for services	(Quit rates) HCW satisfaction
REGULATE	Require use of EMR, ICD and Formulary meds	% Compliance
REASSESS	Survey Instruments	Hospitalization OOP payments Utilization Costing
REACH OUT	Brochures, ads, videos Meetings w people/leaders	Patient satisfaction

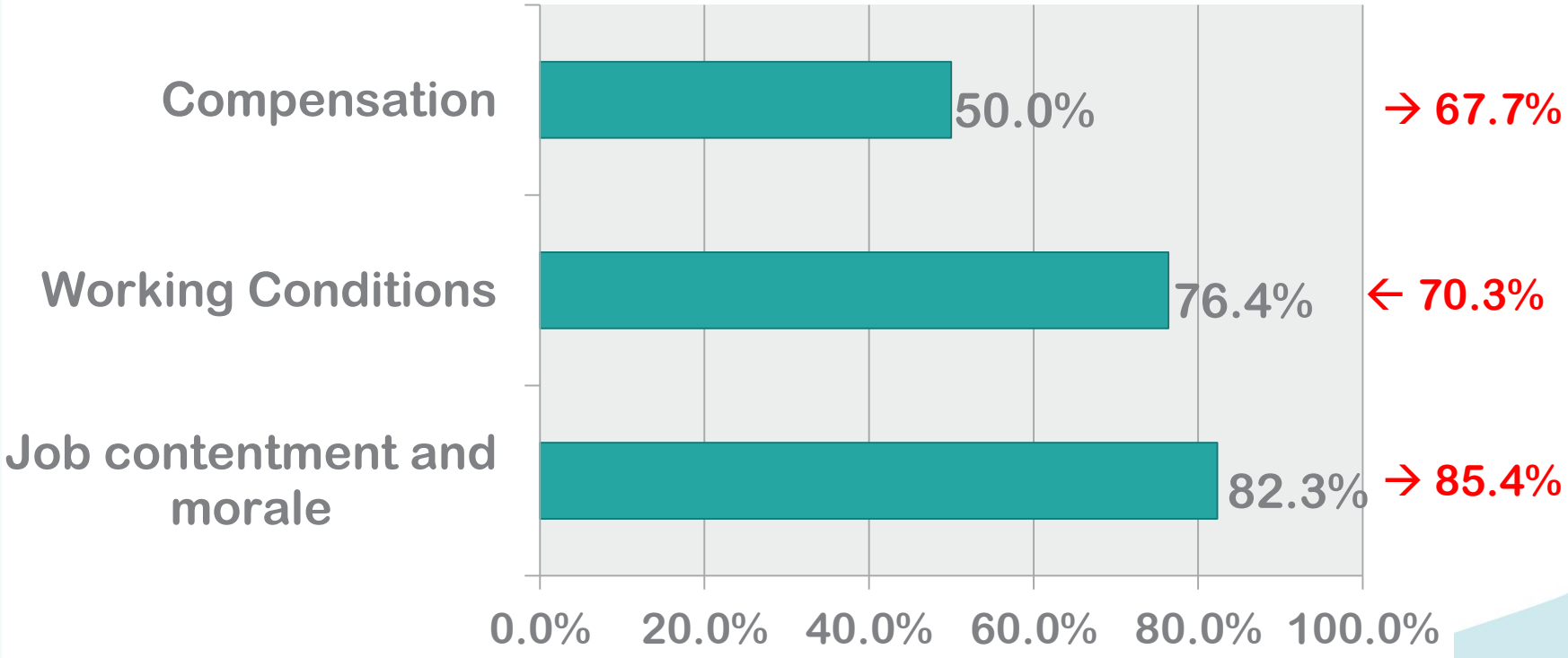
Outline

1. Rationale & framework
2. Methods & key features
3. Initial Results

PhilHealth
Your Partner in Health

philippine primary care studies

HEALTHCARE WORKER SATISFACTION (n=33)



Proportion Assigning scores of 4+

PhilHealth
Your Partner in Health

philippine primary care studies

HCW KNOWLEDGE (n=11)
Rank

Pre	Post
1. Adolescent	1. CV risk – ISH protocol
2. TB	2. Adolescent
3. Cervical cancer screening	3. NCD
4. NCD	4. Smoking cessation
5. Asthma	5. TB
6. Immunization	6. Asthma
7. CV risk – ISH protocol	7. Immunization
8. Smoking cessation	8. Cervical cancer screening
9. Breast cancer screening	9. Breast cancer screening
10. Pedia	10. Pedia

philippine primary care studies

QUALITY OF CARE (N=3207)

Study End

Indicator	Potential Concern	Result
ADULTS		
Hypertension control rate	effectiveness	59.1%
Thiazide use for HTN	underuse/overuse	3.6%
Metformin use for diabetes	underuse	22.8%
Diabetes blood sugar monitoring	underuse	84.1%
Diabetes control rate	effectiveness	76.1%
Recorded smoking history	underuse	1.6%
PEDIATRIC		
Antibiotic use for URTI	overuse	37.6%
Mucolytics for URTI	overuse	2.7%
Montelukast for asthma	overuse	7.6%
Vitamin use	overuse	2.1%
Zinc use for diarrhea	underuse	0%
Smoking history taken (ages 10 to <18 years)	underuse	0%
MIXED (ADOLESCENT AND ADULT)		
Smoking history taken (ages 10 years and older)	underuse	1.4%

UTILIZATION (%)

$$= \frac{\text{\# who use facility}}{\text{\# who need healthcare}}$$

= 8.9 % → 52%

OUT OF POCKET EXPENSES (%)

$$= \frac{\text{OOP expenses}}{\text{total expenses}}$$

= 100% → 86%

HOSPITALIZATION (%)

$$= \frac{\text{\# hospitalized}}{\text{total population}}$$

= 15% → 26%

PhilHealth
Your Partner in Health

philippine primary care studies

COSTING AND PRICE

	Q1	Q2	Q3	Q4
Utilization - Cumulative number of beneficiaries				
Consultations	998	1,974	2,665	**3,207**
Diagnostics	167	517	886	1,229
Medications	366	913	1,223	1,535
Cumulative price per service				
Consultations	146,200.00	374,400.00	573,400.00	766,400.00
Diagnostics	42,412.00	191,558.95	386,584.45	632,742.95
Medications	123,227.00	393,799.25	594,560.00	811,214.50

* Average "price" per patient = P698.74

* Average " cost" per patient = P730.97

PhilHealth
Your Partner in Health

philippine primary care studies

Outline

1. Objectives and Strategies
2. Initial Results
3. Future Plans and Implications

Potential National Issues

1. EMR use and development
   - ✓ software, hardware, and regulatory solutions
2. ICD and Formulary use
   - ✓ software and regulatory solutions
3. Primary Care Training
   - ✓ In-practice (doctors, nurses, midwives, BHWs)
   - ✓ Curricular
5. Workforce / work-hours and utilization
6. Fraud control
   - Eligibility List
   - Single EMR concept
   - Bar code, RFID or Biometrics
   - patient vouchers
   - Random SMS verification

ONGOING STUDIES

1. Corporate setting (UP Diliman)
   population = 15,051 P9,000,000
2. Rural setting (Samal, Bataan)
   population = 35,652 P21,000,000
3. GIDA setting (Bulusan, Sorsogon)
   population = 22,000 P13,000,000
4. Urban setting (FamilyDoc, Cavite)

PhilHealth
Your Partner in Health

philippine primary care studies

REQUEST

1. Corporate setting (UP Diliman)
   population = 15,051
2. Rural setting (Samal, Bataan)
   population = 35,652 P19,000,000
3. GIDA setting (Bulusan, Sorsogon)
   population = 22,000 P11,000,000
4. Urban setting (FamilyDoc, Cavite)

PhilHealth
Your Partner in Health

philippine primary care studies

PhilHealth
Your Partner in Health

philippine primary care studies

THANK YOU!

PhilHealth
Your Partner in Health

philippine
primary
care
studies

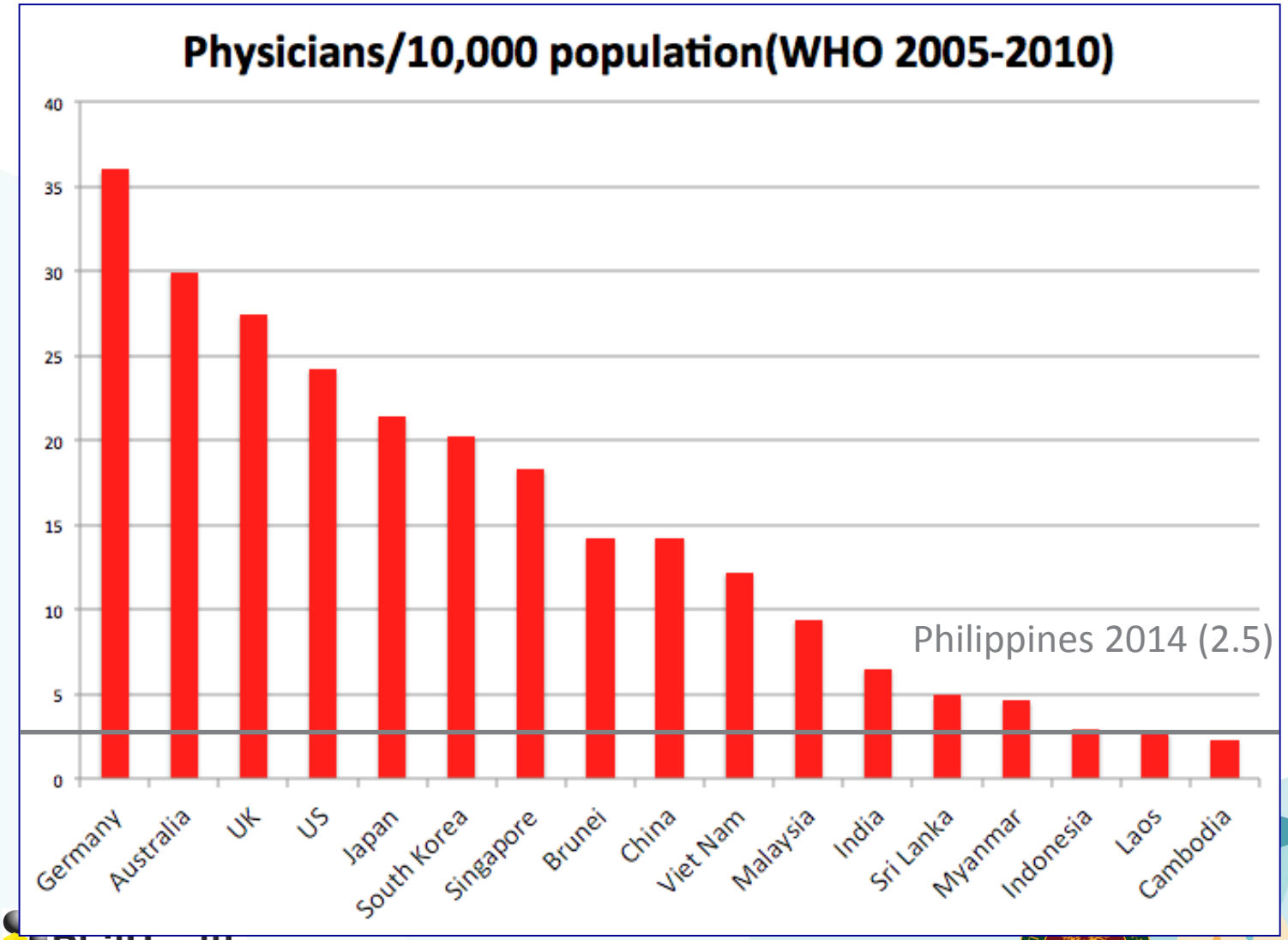
Extra Slides

philippine primary care studies

Outline

1. **Healthcare System Analysis**
2. What is Primary Care
3. A Roadmap to Primary Care

Physicians/10,000 population



HHRDB

PhilHealth
Your Partner in Health

philippine primary care studies

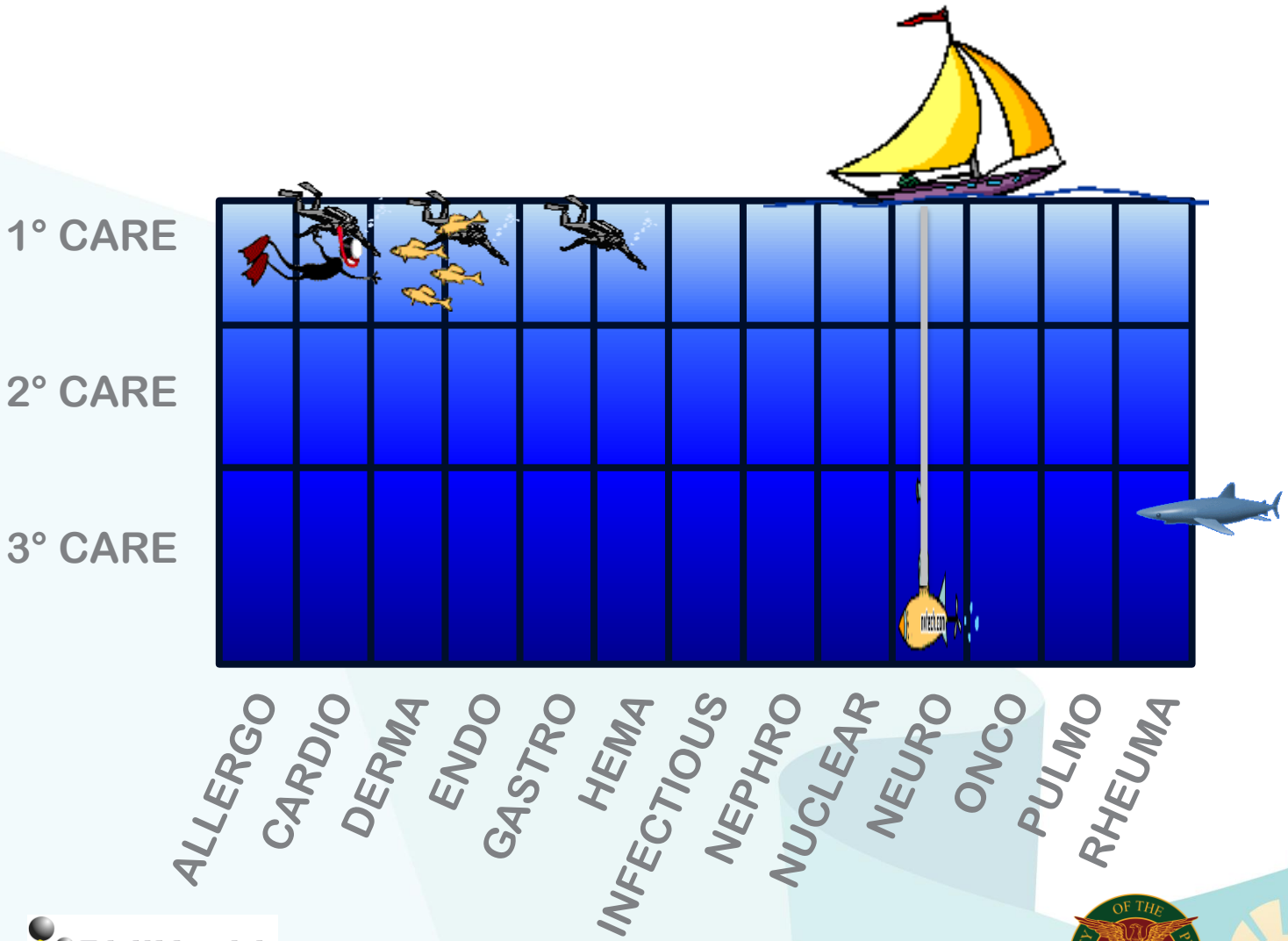
Outline

1. Healthcare System Analysis
2. **What is Primary Care**
3. A Roadmap to Primary Care

PhilHealth
Your Partner in Health

philippine primary care studies

A Structural Definition



PhilHealth
Your Partner in Health

philippine primary care studies

A Practical Definition

Primary Care is "outpatient" care funded by Social Health Insurance (eg – PhilHealth).

Why do we need it?

1. There are more **outpatient** facilities than **hospitals**;
2. Most diseases need **outpatient** care, NOT **hospitalization**;
3. Patients need **outpatient** care before **hospitalization**;
4. Prevention needs **outpatient** NOT **hospitalization.**

Healthcare System Analysis

DOUBLE BURDEN OF DISEASE

WORKFORCE SHORTAGE
POLICY FRAGMENTATION
ADMIN. FRAGMENTATION

Primary Care

INEQUITY IN ACCESS TO CARE

INEQUITY IN HEALTH OUTCOMES

PhilHealth
Your Partner in Health

philippine primary care studies

Outline

1. Healthcare System Analysis
2. What is Primary Care
3. **A Roadmap to Primary Care**

PhilHealth
Your Partner in Health

philippine primary care studies

A ROADMAP TO PRIMARY CARE (UPDATES)

RECRUIT

RETRAIN

RETAIN

REGULATE

REASSESS

The importance of primary care needs to be recognized:

- by the government
- by practitioners
- By the people

PhilHealth
Your Partner in Health

philippine primary care studies

A ROADMAP TO PRIMARY CARE

RECRUIT

RETRAIN

RETAIN

REGULATE

REASSESS

Short Course Curriculum:
- Infectious Diseases
- Maternal/Child Health
- Non-communicable Disease
- Health System Navigation

PhilHealth
Your Partner in Health

philippine primary care studies

A ROADMAP TO PRIMARY CARE

RECRUIT

RETRAIN

RETAIN

REGULATE

REASSESS

Why healthcare workers stay[1]
- To serve the country
- To be with their family

Why healthcare workers leave[2]
- Unemployment
- Underemployment
- Misemployment
- Unjust working conditions

[1]Ebesate 2012; [2]Lorenzo 2005

PhilHealth
Your Partner in Health

philippine primary care studies

A ROADMAP TO PRIMARY CARE

RECRUIT

RETRAIN

RETAIN

REGULATE

REASSESS

EMR use
International Classific.of Disease
Use of Formulary
Compliance with Guidelines

PhilHealth
Your Partner in Health

philippine primary care studies

A ROADMAP TO PRIMARY CARE

RECRUIT

RETRAIN

RETAIN

REGULATE

REASSESS

philippine primary care studies

1. Caregiver knowledge
2. Quality of Care
3. Health outcomes
4. Utilization!!
5. Out-of-pocket expenses
6. Patient satisfaction
7. Caregiver satisfaction
8. Administrative efficiency

PhilHealth
Your Partner in Health

philippine primary care studies

Health Care Expenditures and Mortality 5 Year Followup: United States, 1987-92

(age 25 and older)

- if personal doctor is primary care rather than specialist
  - 33% lower cost of care
  - 19% less likely to die*

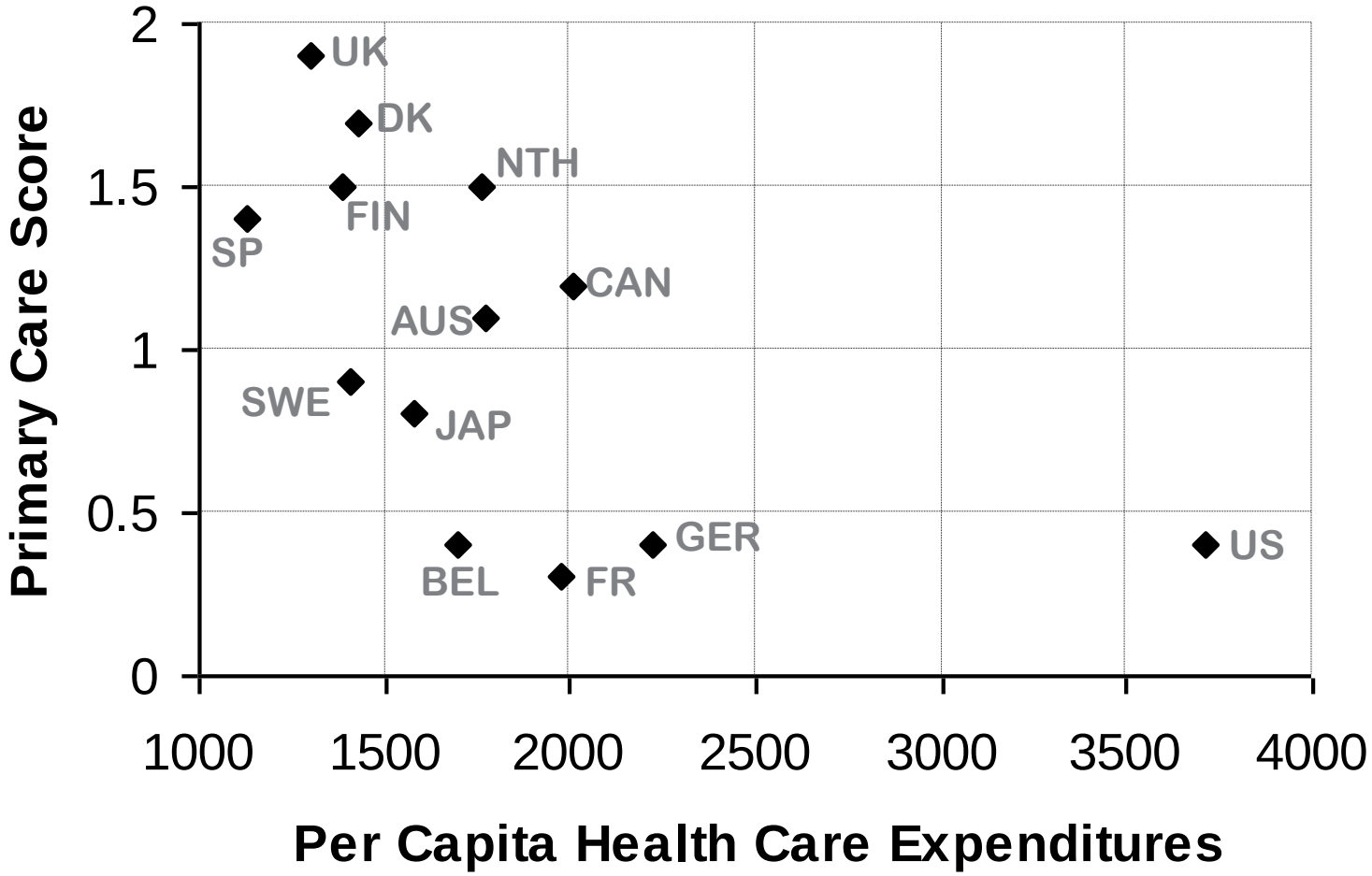
*(after controlling for age, gender, income, insurance, smoking, perceived health (SF-36) and 11 major health conditions)

Adapted from Starfield (2004). Primary Care, Health, and Equity [presentation]. Supercourse lecture. http://www.pitt.edu/~super7/17011-18001/17361.ppt

PhilHealth Your Partner in Health

philippine primary care studies

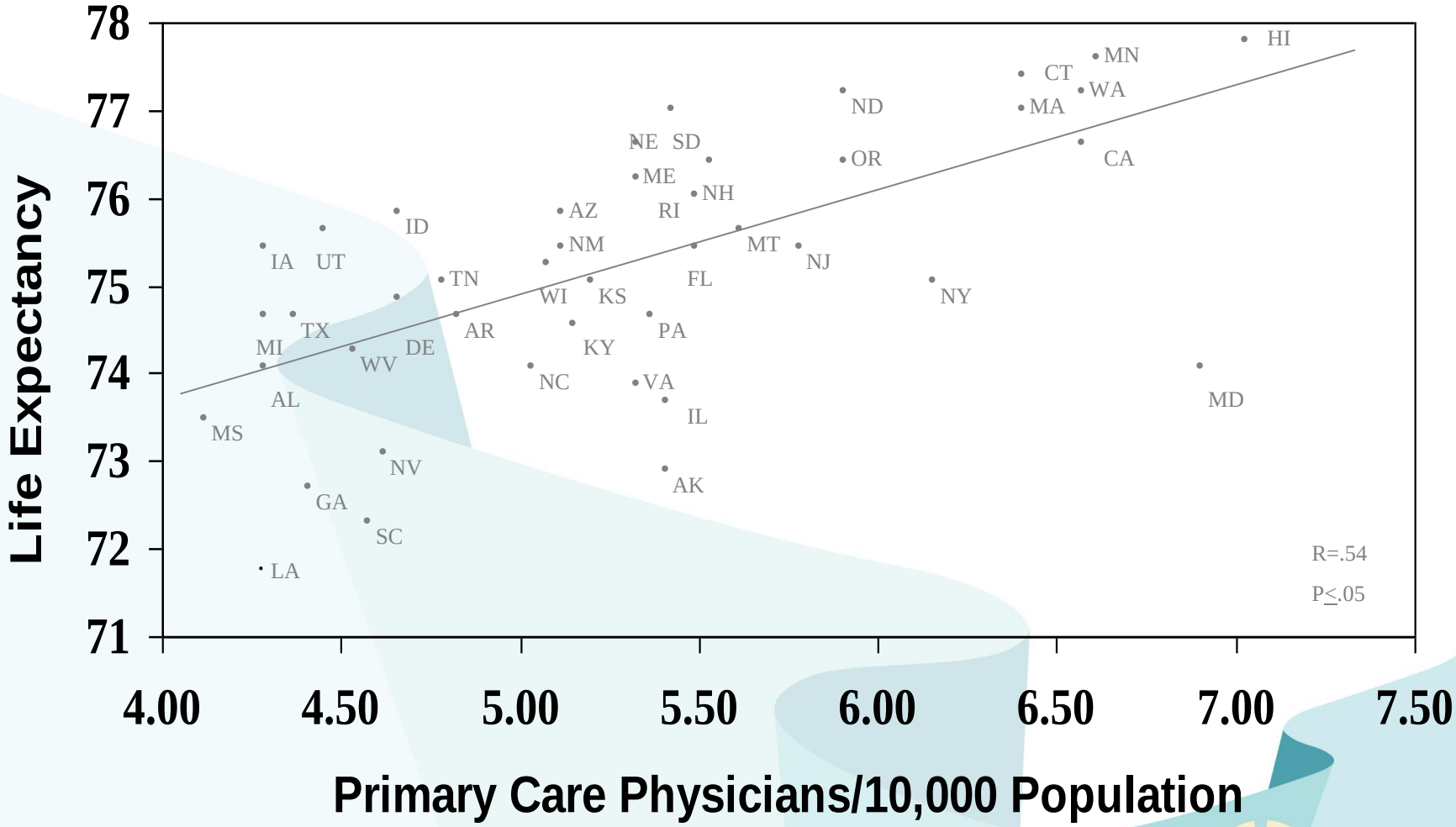
Primary Care Score vs. Health Care Expenditures, 1997



Based on data in Starfield & Shi, Health Policy 2002; 60:201-18.
Adapted from Starfield (2004). Primary Care, Health, and Equity [presentation]. Supercourse lecture. http://www.pitt.edu/~super7/17011-18001/17361.ppt

philippine primary care studies

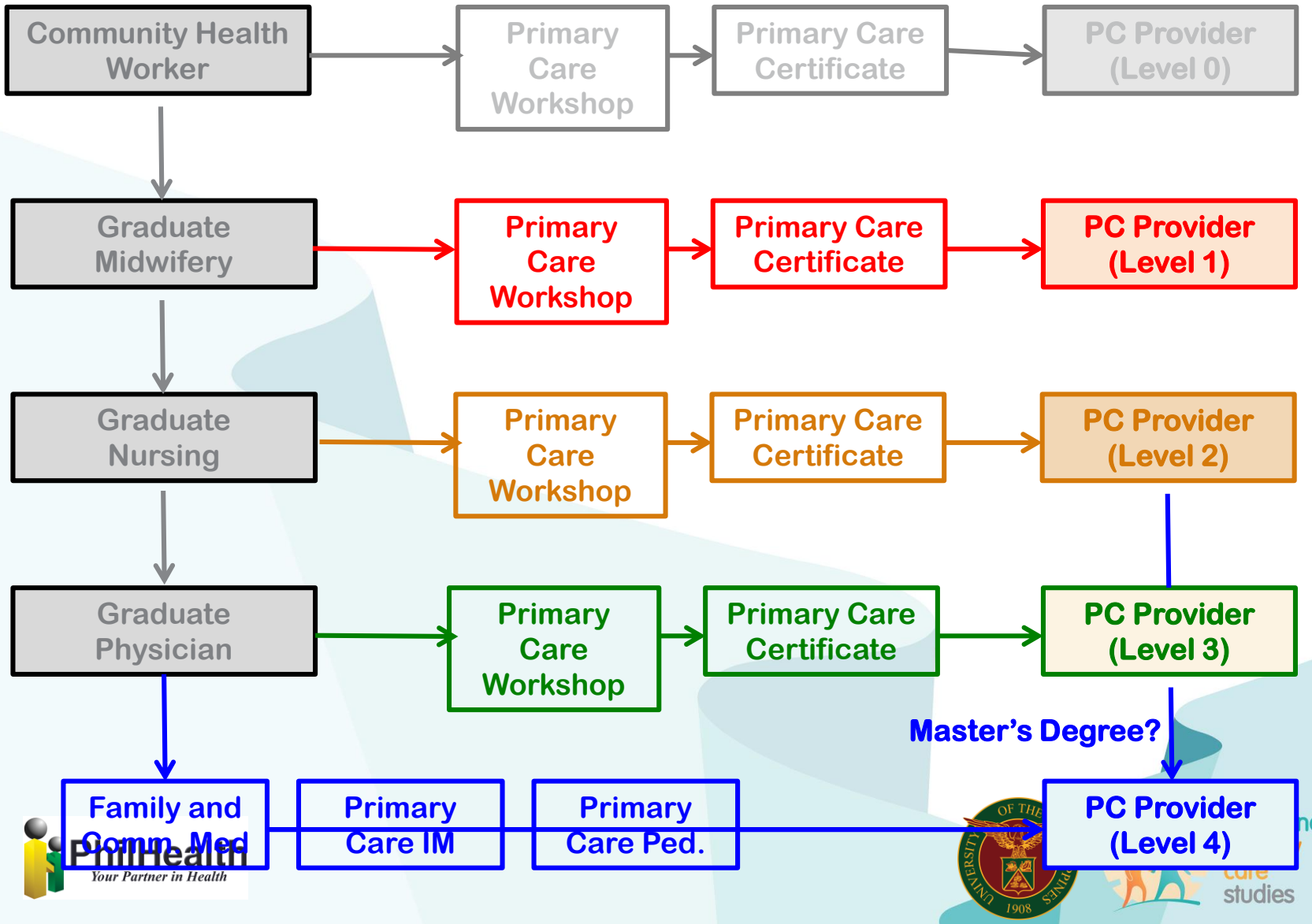
Primary Care and Life Expectancy
(US states)



Adapted from Starfield (2004). Primary Care, Health, and Equity [presentation]. Supercourse lecture. http://www.pitt.edu/~super7/17011-18001/17361.ppt

philippine primary care studies

Training Programs in Primary Care



PhilHealth
Your Partner in Health