

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

It is widely acknowledged that Thailand like many other regional countries are going through rapid socio-economic transition. These changes are certainly affecting the epidemiological and demographic patterns, health seeking behavior and other social and cultural values. As a result of this complex transition, the public health sector is faced with some important problems such as cost escalation, equity of health care and shifting health man-power out of public services. Much of the above mentioned problems are related to the strong growth of the for-profit private health sector. In the past, no serious effort has been made by the government to effectively regulate and/or guide the private health sector for the benefit of the people at large.

For years, sharp distinction existed between public and private sectors involvement in the provision and financing of health care. There is a widespread belief for the private for-profit market as an efficient means of organizing production and consumption. It is, however, vigorously argued that there are certain problems of the free market principles when applied in the health sector namely, imperfect information, uncertainty, equity externalities and public goods. Because of which the governments have been reluctant to make use of private sector principles in the health sector. However, in recent years a few countries have been employing various form combination of P/P mix in the health care industry and reportedly with some success in the improvement of its economic efficiency.

The case study of Ban Paew is unique in a sense that in most of the previous studies focus has been given on one or more of the components of the health care system e.g. contracting out some public activities, health manpower development or a insurance scheme. This study focuses on the functioning of the hospital as a whole. It shows the distinction between Ban Paew community hospital and other usual community hospitals in Thailand. Series of P/P mix activities in Ban Paew hospital are discussed. Four specific outcomes of the P/P mix system are analyzed in details. These outputs suggest remarkable

improvement in the hospital utilization as well as hospital revenue and cost-recovery. The findings are also supported by the better accessibility and quality of care which are the preconditions for better utilization. There has been significant improvement in the equity of health care too. Overall, the outcome variables are adequately supported by the available data in the hospital. In another words, the P/P mix activities of Ban Paew community hospital should be considered a success that has certain potential for the improved quality of care and hospital utilization.

Three specific points of disadvantages should be noted here. The first is that much of the hospital revenue is derived from the out-of-pocket charges from the patients. This method of health care financing may not be efficient in the long run. More systematic analysis of hospital financing will be needed for the sustainable development of the hospital. The second is the non-private practice policy of the hospital staff. While this is a noble effort, it should be considered in the context of overall socio-economic and cultural values of the population and the health professionals. In the present climate, it will be very difficult to replicate in other community hospitals. A third concern of the hospital will be effective financial management in Ban Paew hospital. At present much of the finance is managed at the local level, although MOPH has certain control over government funding. Because Ban Paew has a mixed financial structure and de facto decentralized management, it might be advisable to set up some form of autonomous local management board to monitor financial and other management matters of the hospital.

The case model of Ban Paew can be safely applied to other community hospitals in Thailand or elsewhere. To prepare Ban Paew as a model community hospital, there must be better documentation of the hospital data and to this effect, it is recommended to set up a database management system (DBMS). Similarly, the accounting system of Ban Paew hospital require some modifications for the development of an efficient financial system. In any case, some modification and adaptation will always be needed to suit with the local conditions. The P/P mix components of Ban Paew are flexible enough for such modification. However, proper documentation of the activities will be needed in any such endeavor. Leadership qualities of the hospital director is important but not unique in a sense that principles of activities are certainly transferable. Individual variations are always there and that should not pose any serious obstacle for its implementation.