

CHAPTER 5

CONCLUSION AND RECOMMENDATION

1. Conclusion

The thesis was aimed at indicating potential schemes to cover the uninsured group of 23.67 million people in Thailand through studying the experiences of existing insurance schemes. After the review of the theory and mechanism of health insurance and the socio-economic background of Thailand, a comprehensive examination, though it is brief, was made based on secondary data and literature. The examination suggests that LIC, SSS and HCP would have potential to expand to reach the uninsured. Focusing on LIC, SSS, and HCP, the evaluation was done by the Delphi Technique in order to identify the most equitable and efficient scheme. Then, the researcher explored the potential in expanding population coverage of the identified schemes while indicating their major strengths and weaknesses.

Based on the experts' opinions obtained by the Delphi Technique, SSS was identified as the most equitable and efficient scheme. HCP was identified as the second most equitable and efficient scheme. LIC came in at the third ranking. As for the possibility of growth in population coverage, HCP was highest. SSS is the second most suitable choice. LIC is rated third in rank. Therefore, SSS and HCP were regarded as potential schemes.

Strengths of LIC should not be overlooked. However, the absolute number of the poor has been decreasing, and LIC has been considerably under-funded. Thus, the researcher would not regard LIC as a potential scheme to reach the uninsured, unless MOPH would readjust its policy to cover not only the poor below the poverty line but also the borderline poor.

Both SSS and HCP have major strengths in access and use of service, risk pooling, and relatively sufficient funds and operation. The major weaknesses of SSS are in awareness of entitled benefit, quality of care and possibility of growth in population coverage. HCP has weaknesses in per capita beneficiary expenditure, adverse selection and stability of financial status. As for expansion of population coverage, SSS has potential to cover urban private employees. HCP has potential to reach more of the rural population. Since the weight of possible growth of coverage in the Delphi survey is ranked forth in the equity table, the importance of growth of coverage expansion would not be very critical, probably suggesting that improving overall health care infrastructures would be the experts' first concern.

It is vital to make continuous efforts for reinforcing the two schemes' strengths and reforming their weaknesses even if it takes considerable time. The government is seeking a better health care schemes in order to provide equity in health care for all the population, while at the same time achieving government cost reduction. This study suggested that SSS and HCP will play the major role in the health insurance system in Thailand. It was meaningful to make a systematic and critical analysis of the current health insurance schemes. However, the question of how to expand coverage for meeting national policy goals of efficient and equitable health service for all the population will not be responded to by the thesis. Further studies will be needed to seek an effective way to expand the potential schemes to the current uninsured group.

2. Recommendation

There were limitations in the thesis: time limitation and difficulties in obtaining some data. Because of time limitation, the researcher could not conduct the second round Delphi survey. Because data was not available, it was very difficult to identify socio-economic characteristics of the uninsured and to quantify adverse selection and moral hazard.

As for the Delphi survey, the Delphi Technique played an effective role in the thesis to justify the possible result in the evaluation. Moreover, it became a reasonable measure to test the process of study and its result, and to give a scientific qualification. Where accurate information or data to support the possible consequence is unavailable, the Delphi Technique could be reasonable and effective to be applied in a research.

Thus, it would have been better to run the second/third rounds of Delphi survey. Since the Delphi Technique depends on subjective opinions and judgements made by experts, wide variation in responses is inevitable. The second round survey by the questionnaire in Table 18 can induce the group's comprehensive judgement. And more integrated responses can enhance accuracy of evaluation. If responses which concentrate on a particular score would increase, identification of scheme's characteristics would be undoubtedly clarified.

As for the difficulty in obtaining data, the researcher was able to overcome this by taking a macro approach. The researcher did not go into depth about a specific characteristic of the scheme or about the actual way of expansion. Secondary data was sufficient and effective for proceeding with a descriptive and conceptual study based on a macro analysis of secondary data. The objective of the thesis which is suggesting the potential schemes for insurance coverage expansion and exploring those strengths and weaknesses is met with this descriptive study with a macro approach. For analyzing how to expand a potential scheme and what would be a specific determinant for an expansion of insurance coverage, it would be necessary to focus on any specific characteristic of the scheme and to use primary data. Such analysis would be recommended as a further study.

Table 18. Second Round Delphi Questionnaire:
 -- Low Income card --

Question Topics	frequency on each score					your answer First round	your answer second round
	5	4	3	2	1		
Equity							
1.1 possible growth of population coverage	0	4	3	1	2	2	
1.2 increasing trend of budget and finance	2	7	0	0	0	5	
1.3 per capita beneficiary expenditure for the scheme	0	5	1	1	2	2	
1.4 progressiveness in premium	2	5	0	3	0	2	
1.5 progressiveness in benefit	0	1	0	5	4	4	
1.6 access and use of service	2	5	1	2	0	5	
1.7 awareness of the entitled benefit	0	2	3	4	1	2	
1.8 quality of care	0	3	2	4	1	3	
II. Efficiency							
2.1 stability of financial status	7	3	0	0	0	5	
2.2 efficient use of fund	2	5	1	2	0	5	
2.3 risk pooling	4	3	0	1	1	2	
2.4 adverse selection	1	2	2	3	2	4	
2.5 potential to control cost	3	4	1	1	1	3	
2.6 moral hazard	0	5	1	2	2	2	
2.7 managerial efficiency	1	5	3	1	0	4	
2.8 freedom of hospital choice	0	3	3	4	0	2	
2.9 procedure and formality to use services	0	1	3	5	1	4	