

Chapter 6

Conclusion and Recommendations

Most of interventions in public hospitals were regardless concerned about its financial sustainable. This study intended to provide the information for the implementation of evening clinic in Khon Kaen Hospital, the improvement of financial and service management, and the policy recommendation to the central administrative official.

The methodology of this study is based on the concepts of demand and supply. The evaluation of clients satisfaction and the description of the clients' characteristics were used to assess the evening clinic and its trends. Factors affecting costs and revenues and the simulation of various scenarios would be also considered.

6.1 Summary and Conclusions

Cost-recovery ratio of the evening clinic in Khon Kaen Hospital was affected by factors determining supply and demand. Simulation of the cost-recovery ratios under various scenarios have shown the different effect on financial situation.

6.1.1 Financial Sustainability of the Evening Clinic in Khon Kaen Hospital

The explicit goal of implementation the evening clinic in public hospitals is to generate revenues, due to the insufficiency of public resources and inaccessibility to health care service of the people during the working hours. After implementation for five years, the questions about its financial sustainability have been raised, especially, in Khon Kaen Hospital.

The study tried to assess whether the financial of the evening clinic in Khon Kaen Hospital could be sustainable or not. Financial sustainability was measured by the cost recovery ratio. The results of the cost recovery ratio of the evening clinic were shown in Table 5.7. Overall the cost recovery ratio of the evening clinic in Khon Kaen Hospital was 103.3%. This means that their total revenue covered total cost. The highest cost recovery ratio was the Social Security Scheme. However, the cost recovery ratio of some health insurance schemes such as the Health Card and Health Welfare Scheme were lower than 100% (i.e.44.5% and 55.9%), while the cost recovery ratio of out of pocket payment and the Social Security Scheme were 115.1% and 373.1% respectively. Simulation of the cost recovery based on various assumptions in Tables 5.9 - 5.11 indicated the different scenarios of the cost recovery which might possibly occur. Nevertheless, the Social Security Scheme still has the highest cost recovery ratio.

6.1.2 Utilization and Characteristics of the Clients

The age group are divided into three main groups: 1)children 0 - 12; years; 2) 13 - 59 year; and 3) 60 years and over. From the 18,737 individual records of the clients of the evening clinic in 1997, 1,699 records are selected by a stratified random sampling based on the proportion of payment mechanisms. These proportion included: the out-of-pocket payment and the CSMBS for the government officials, 40.7%; the Social Security Scheme, 7.8%; the Health Card Scheme (MOPH), 16.8%; and the Health Welfare Scheme and others, 34.7%. Utilization and the clients' characteristic in terms of age, occupation, residence, insurance coverage, and disease profile.

The occupation of clients are students/child, 38%; agriculture, 21%; labor, 16%; civil servants or state enterprise employees, 10%; and business, 3%. For the residence of the clients, 35% come from urban areas, 19% from other district in Khon Kaen Province, 17% from other province, and 29% from rural areas in Muang District.

For health insurance scheme, the Health Welfare Scheme, 38%; the out-of-pocket payment and the CSMBS for the government officials, 37%; the Health Card Scheme (MOPH), 18%; and the Social Security Scheme, 7%.

Characteristics of the clients in terms of disease profile is illustrated in Figure 5.6, the most common disease are the diseases of respiratory system (ICD code J00-J99) 22%, undefined diagnosis (code 999 and 000) 18%, certain infectious and parasitic diseases (ICD code A00-B99) 14%, diseases of the digestive system (ICD code K00-K93) 9%, diseases of the musculo-skeletal system and connective tissue (ICD code M00-M99) 6.3%. These Figure is also associated with leading causes of outpatient in Khon Kaen Hospital.

6.1.3 The Clients Satisfaction

Methods to measure the clients' satisfaction who visit the evening clinic and the day-time clinics was done by observing the activities of both clinics and interviewing the clients during February 20-28,1998. Questionnaire included: 1) generation information about the clients; 2) service perception; 3) impression; and 4) suggestion for improving service.

The result illustrated that: 1) general information about the clients were shown in Figure 5.7 - 5.11; 2) perception of information about illness, diagnosis, treatment, and drug prescription of both clinics are statistical significant different (see Table 5.9). The waiting time of service provision indicated that the longest waiting time of both clinics was at point of physical examination and the day-time clinics are significantly more longer than the

examination and the day-time clinics are significantly more longer than the evening clinic. Flow of service provided by the evening clinic are more rapid than the day-time clinics; and 3) impression of the clients about general convenience found that the clients satisfaction with general convenient infrastructure are similar, impression about cleanliness of rest room of the evening clinic were better than the day-time clinics. Impression with the co-operation of service provided unit of the day-time clinics was higher than the evening clinic. Impression about the advertising of service provided by the day-time clinics were higher than the evening clinic. Impression with physician attention were similar level. The clients of both clinics suggested that the long waiting time of service provided is the most serious problem should be improved.

6.1.4 Equity of Service Provision

Even though the researcher has assigned the average cost of drugs accounting for 81.07% or about 152.50 Baht to all clients, the average cost of clients who has diseases of respiratory systems (Code J00-J99) under various health insurance scheme were significantly different.

However, the results from some previous studies would be used to explain the determining factors, especially health insurance systems according to their payment mechanisms and services provided by hospital.

6.2 Policy implications

6.2.1 Financial Management Systems

The total cost of the evening clinic may be under estimated due to their incomplete information, especially the actual data of drugs consumption, which is the largest component of costs structure.

The recommendations for organization: Khon Kaen Hospital should improve the database system and promote the use of data for financial management system, including monitoring and evaluating the performance of personnel. This information could support other activities, e.g., the Total Quality Management (TQM) Project of hospital or the better alternatives model of hospital. Revenues collection should be evaluated and monitored, especially the organization which acted as the managers of the evening clinic. The central administrative organizations should concerned about the cost-effectiveness of intervention at the local and central levels.

6.2.2 Health Insurance Systems in Thailand

The results found that the health insurance systems were the most important factors affecting revenues. Due to the complicated systems of health insurance, some people were covered by health insurance more than one scheme. And each health insurance scheme affect revenues based on utilization. Clients who are covered by the Social Security Scheme were the major source of revenue (658.9 Baht per visit). On the contrary, the Health Card and Health Welfare Scheme that had the lowest revenue (84.4 Baht and 103 Baht per visit). On the other hand, these results indicated that the vulnerable groups which were covered by the Health Welfare Scheme could

get more benefits and were accessible to health service provision in the evening clinic.

In addition, the results showed that the revenues and costs by different health insurance could affect its financial sustainability. How we improve the cost recovery ratios of all scheme into the same direction and encourage the development of the efficiency of insurance market by imposing appropriate regulation and establishing the private primary health care as the alternatives for people. How can we develop the social health insurance which improve cost containment of health expenditure in long term.

6.2.3 Primary Public-Private Health Facilities

The clients were had the high demand for the primary health facilities, especially in the urban areas. It was also true for the evening clinic. And there has approved that those could provided in lower cost than the bigger hospitals. How can we subsidy them from the governemnt budget through health insurance scheme. This issues may lead to the major change in the health care service system in Thailand. Which involved the appropriate role of private sector and the strength the roles of professional organization.

6.3 Limitations of the Study

There are some limitations of this study. First, the individual record including financial, demographic, and clinical data of patient were not available on the hospital database. Researcher had to reviewed the medical record and the bills of evening clinic. This is the difficult part of field work.

Second, in the assessment of the satisfaction of clients who visited the evening clinic and day-time clinics, there were the limitation on the sample size and the sampling technique, due to the time constrain.

Finally, the cost recovery ratio which is applied in this study might not be the best, due to the availability financial information. Revenue from various sources and payment mechanisms are based on different objectives and regulation; therefore, the estimated revenue is only average revenue. However, it is possible to use the cost recovery ratio to analyze the financial situation and to evaluate the financial sustainability of the evening clinic.