

ความแตกต่างตามภูมิภาคของการใช้ระบบการดูแลสุขภาพภายใต้โครงการประกันสุขภาพแห่งชาติ
ในประเทศฟิลิปปินส์.



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**GEOGRAPHIC VARIATIONS IN HEALTH CARE UTILIZATION UNDER
THE NATIONAL HEALTH INSURANCE PROGRAM
OF THE PHILIPPINES**

Miss Monet M. Loquias

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for the Degree of Doctor of Philosophy in Social and Administrative Pharmacy
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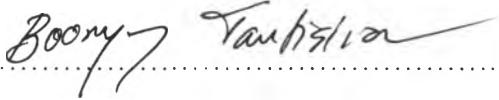
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การศึกษาเกี่ยวกับความแตกต่างตามภูมิภาคของการใช้ระบบการดูแลสุขภาพเริ่มเป็นที่
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2003 ในการวัดการใช้ระบบการดูแลสุขภาพจะใช้ตัวชี้วัด 3 ตัวคือ อัตราการเข้ารับรักษาใน
โรงพยาบาล จำนวนเงินที่ชำระคืน ระยะเวลาในการเข้ารับรักษาในโรงพยาบาล เพื่อควบคุมความ
แปรปรวนที่อาจจะเกิดจากรูปแบบของโรคที่แตกต่างกันตามพื้นที่ การศึกษานี้จึงคัดเลือกเฉพาะ
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นัยสำคัญ พบว่าในชนบทและ/หรือภูมิภาคที่มีอัตราความจนสูงจะมีอัตราการเข้ารับรักษาใน
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แต่จะขึ้นกับประเภทของแพทย์ที่ทำการรักษา ข้อเสนอแนะต่างๆได้ถูกนำเสนอในการศึกษานี้
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Geographic variations in health care utilization are increasingly being reported in various countries spurring interest and concern among health professionals, academicians and health policy makers alike. This study explored variation in health care utilization in the Philippines under the country's current social health insurance scheme using the claims data for the year 2003. Health care utilization was measured in three ways—admission rate, reimbursement and length of stay. In order to control for variation caused by disease patterns only pneumonia cases were analyzed. Analysis was done in different levels of aggregation whenever the data permitted. Results showed significant variation in all three measures of utilization. Admission rates were observed higher in the more rural and/ or regions with higher poverty incidence rates but do not seem to be correlated with morbidity. The major factors influencing reimbursement and length of stay, across the different levels of aggregation, were similar but to varying extent. These were the setting of care (type and category of hospital) and severity of case. However, considerable variation, especially in length of stay cannot be accounted for by these factors making physician practice patterns a likely factor for variation. A number of recommendations were discussed in order to reduce variation. Further investigation was likewise proposed for regions with disproportionately high admission rates as it might imply less access to preventive care and less knowledge on health care issues.

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LIST OF ACRONYMS

ARMM	Autonomous Region of Muslim Mindanao
AVPC	Average value per claim
BHS	Barangay Health Station
CAR	Cordillera Administrative Region
CBIS-MBN	Community Based Information System- Minimum Basic Needs
CPG	Clinical Practice Guideline
DILG	Department of Interior and Local Government
DOH	Department of Health
EO	Executive Order
FHSIS	Field Health Service Information System
GDP	Gross Domestic Product
GIS	Geographic Information System
GNP	Gross National Product
GSIS	Government Security Insurance System
HIF	Health Insurance Fund
HSFA	Health Sector Reform Agenda
IP	Indigent Program
IPP	Individually Paying Program
LGU	Local Government Unit
NCR	National Capital Region
NHIP	National Health Insurance Program of the Philippines
NSCB	National Statistical Coordination Board
NSO	National Statistics Office
OFW	Overseas Filipino Workers
PCF	Peso Conversion Factor
PCSO	Philippine Charity Sweepstakes Office
PHIC/ PhilHealth	Philippine Health Insurance Corporation
PMCC	Philippine Medical Care Commission
PMCP	Philippine Medical Care Plan (Medicare)
PNDF	Philippine National Drug Formulary
PNHA	Philippine National Health Accounts
RA	Republic Act
RHU	Rural Health Unit
RVS	Relative Value Scale
RVU	Relative Value Unit
SSS	Social Security System
VIF	Variance Inflation factor
WHO	World Health Organization