

**THE UTILIZATION OF HEALTH CARE SERVICES
UNDER UNIVERSAL COVERAGE SCHEME (30 BAHT),
PHATTHALUNG PROVINCE, THAILAND, DURING 2003**



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**A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Public Health in Health Systems Development**

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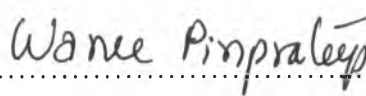
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This research aims to describe the utilization rate, satisfaction and factors related to the utilization of health care under the Universal Coverage Scheme (30 Baht), Phatthalung Province, Thailand (1 October – 31 December 2002). Both quantitative and qualitative approaches were employed to collect data during February 15-28 2003. A total of 415 respondents were interviewed for this study, each of whom has a Gold Card (co-payment) and lives in Phatthalung Province. The qualitative data was obtained from 5 in-depth interviews with (1) The Provincial Chief Medical Officer of Phatthalung Provincial Health Office, (2) The Director of the Phatthalung Provincial Hospital, (3) the Director of the Pakpayun Hospital, (4) the Director of Papayom Hospital and (5) the Director of the Pabon Hospital. In addition, 3 in-depth interviews were conducted with patients; who live in Pakpayun, Papayom and Pabon Districts. The data analysis employed descriptive statistics and relationships test; Chi-square and correlation coefficient test of significance.

The results revealed that most of the subjects were females (age 30-39 years), education level lower than secondary school, were engaged in agriculture, earned income of less than 4,000 Baht per month, and were Buddhists. The utilization rate is equal to 1.5 episodes per patient per 3 months, with utilization occurring in the main hospital more often than outside the main hospital; statistically significant difference (p-value <.05); and accepted hypothesis, related to type of illness, time spent traveling to the health care unit, payment for service (adjusted), cost for traveling to health care unit, and satisfaction with the health care service. The level of satisfaction of health care service in the main hospital was higher than outside the main hospital, statistically significant difference (p-value <.05); and accepted hypothesis related to religion, level of illness, type of access to health care unit, time spent in traveling to health care unit, utilization group, cost for traveling to health care center, willingness to inform friends to use the health care service, and intention to use the health care unit in the future. Qualitative analysis based upon in –depth interviews with the sample group focused on their own opinions about the 30 Baht health care service delivery scheme and the management of this health service system, for the purpose of improving this new health care delivery system. As for the utilizers, they want to be able to register at a health care unit of their choice, and not one based upon the administrative/geographical area, in order to facilitate convenience and traveling time according to the distance from one's home to the health care unit.

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