

## **CHAPTER 5**

### **CONCLUSION, DISCUSSION & RECOMMENDATIONS**

#### **Conclusions**

An Evaluation of the Health Card Fund Allocation Project for Health Centers: Case Study in Namphong District, Khon Kaen, which operated in the past two years. The general objective of this study is to identify and inform the Namphong Health District Cooperative Committee the strengths and weaknesses in the operational process in order to consider whether to continue or improve the activities. The specific objective is to evaluate planning to create organization efficiency, management controlling to create organization efficiency, and policy awareness and understanding in the four activities.

- 1) Model and Criteria of Fund Allocation to Health Care System,
- 2) Medical Record Audit and Health Service Review,
- 3) Health Card Information System, and
- 4) Development of Network and Quality of Primary Care Service.

The expected outcome of this study is that the results of project evaluation will be useful to Namphong District Health Cooperative Committee. They will enable the committee to find out the current situation and ways to improve the project. Moreover, the results will be used as the data essential for making decisions about project performance and activities in 2000. Besides, the Provincial Health Office will utilize the data in planning its activities as well as considering the possibilities for expanding the project to other districts in Khon Kaen. From conceptual framework, the researcher designed indicators to evaluate the project outcome. Then, research instruments including 1) In-depth Interview Guideline for the Director of Namphong District Health Cooperative Committee, 2) Focus Group Guideline for the Data Collection Team, and 3) Questionnaire for Health Personnel to survey their operations in the Development of Health Card Fund Allocation Project for Health Centers: Case Study in Namphong District, Khon Kaen. The researcher coordinated with sample groups to collect data in the planned time.

Collecting data by having an In-depth Interview with the Chairman of Namphong District Health Cooperative Committee in 1998-1999, a Focus Group discussion with the Data

Collection Team and Nursing Medical personnel in Health Centers, and asking every Health Center personnel by using a questionnaire. The obtained data revealed about planning to create organization efficiency, management controlling to Create Organization efficiency, and policy awareness and understanding in the four following activities.

- 1) Model and Criteria of Fund Allocation to Health Care System
- 2) Medical Record Audit and Health Service Review
- 3) Health Card Information System and
- 4) Development of Network and Quality of Primary Care Service

The conclusion of this research was as following.

## **1. Model and Criteria of Fund Allocation for Health Care System in Namphong District**

It was found that the Director of Namphong Hospital together with Namphong District Health Office planned and improved the model and criteria of health card fund allocation by using incentive to promote personnel' works, Primary Care Services, and justice in fund allocation. They also discussed with Namphong District Health Cooperative Committee. The principles of this new model relied on personnel participation and continuous development. The progress was also evaluated at times. If anything found inappropriate, it had to be improved.

In the former model of Namphong District, the allocation was only for the treatment and only to Health Care System. The new model, on the other hand, it was considered that allocation should be made for not only the treatment but also health promotion and prevention in order to reduce the number of clients, which led to the reducing number of expenses in treatment. Besides allocating to Health Centers by workloads, the allocation was also made to personnel as incentive to work.

Concerning point system, adding more weights for activities that were problems in the area and needed to be solved encouraged personnel to desire to do such activities. For examples, IUD from 2 units was changed to 10 units and Pap smear from 1 unit to 5 units. The Health Centers that never had the training on such activities requested to have the training. This indicated that incentive budget caused changes in personnel' behaviors.

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were improved to exactly meet users' needs. Besides, Namphong Hospital allowed Health Center without computer to borrow loan to buy computer and pay back when receiving Health Card Fund Allocation. There was also support in computer training at Health Centers. The goal was to have all Health Centers have computers of their own within 1999.

#### **4. Development of Network and Quality of Primary Care Service**

- It was found that the Chairman of Namphong District Health Cooperative Committee aimed to strengthen Primary Care Service because he found that Health Center was the first Health Care System that people could have access to the service most easily, most conveniently, and most economically.
- It was found that Health Center was developed both in terms of personnel and equipment to win people's trust and faith.

Developing personnel's capability by having treatment training, using Research and Development budget, as the personnel wished such as IUD and Pap smear.

Developing profession, technical nurse was supported to continue study to become profession nurse. The profession nurse was also financially supported by the District Health Cooperative Committee to have Nursing Medical training to encourage such activity in the Health Center. NursingFile was made with the purpose to have continuous care for all Nursingmembers.

#### **Conclusion of Project Evaluation: A Perspective of the Development of Fund Allocation Project to Health Centers in Namphong District**

The research results indicated that the Development of Fund Allocation Project to Health Centers in Namphong District had good plan and preparation, good management control to Create Organization efficiency, and good policy awareness and understanding among the personnel in all the four mentioned activities.

The outcomes of the project could be seen in:

1. Fund Allocation Model to promote Primary Care Service by taking health promotion and prevention into consideration. The model was fair and motivating personnel to want to work.

The model was also modifiable according to members' opinions. Every member had part in decision making so they accepted it.

2. Data of services were verified so they were more reliable.

3. The information system was developed. Computer was used in preparing reports instead of hands. Computer programs were developed for specific areas.

4. The service system in Health Center was developed to become more advantageous to clients.

At the beginning of the operation, there were some problems found but all of them were solvable. For instance, there was problem in public relation, that was to say, some personnel did not understand the project and made mistakes in preparing their reports. This problem was solved eventually. Some personnel infringed agreements such as being late in sending the report. It was found that at the beginning some Health Centers were not punctual in sending the report and this caused bad effect to the fund allocation. Therefore, the Health Centers were fined.

## **Discussion**

### **1. Model and Criteria of Fund Allocation to Health Care System**

Namphong District Health Cooperative Committee developed the model and criteria of fund allocation to Health Care System by emphasizing on budget management in Health Centers. with Health Center personnel' participation and agreement of the Director of Namphong Hospital, there was new model of health card fund allocation. In district level, the fund was divided into 3 sections: Health Center's medical care, Namphong Hospital's medical care, and Research and Development.

Health Center's medical care was divided clearly from the hospital so it was easy to use it in developing the Health Center. In this project, the Health Center received the higher percentage of budget from 30 to 45. The Health Center's medical care budget was divided into 1) Basic Essential Care 20% for each Health Center, 2) Fee for Sale 20% for total sale of Health Card at each Health Center, and 3) Fee for Service 60% for workload of each health personnel. It can be seen that the new model employed the basic essential care budget together with incentive budget to motivate personnel' work. It was generally accepted that the allocation system to

hospitals and service providers affected service behavior (Samrit Seethamrongsawat, 1997). Fee for Service to service providers would motivate them to serve more than necessary so Namphong District Health Office set up the budget ceiling. As a result, there was no problem in over-limitation of budget.

The research and development budget was used to support the Health Center personnel' development, by supporting the training, studying, and research for development. The result was that there was NursingMedical Center in Namphong Hospital and NursingMedical activity in Health Centers. Health personnel also had new activities such as Home Health Care.

The model and criteria of fund allocation to Health Centers were not fixed. Instead, they were modified where appropriate every year. The modification could be made upon the agreement of Health Center personnel.

## **2. The Outcomes of Khon Kaen Health Financing Reform: Case Study of the Development of Health Card Fund Allocation Project in Namphong District.**

From the evaluation, it was found that Namphong District Health Office developed the financial system under the conceptual framework of Khon Kaen Health Financing Reform, in which there were three agreements.

1. **Merging Funds:** Low-income Fund, Health Card Fund, and other funds (if any) had to be merged into the District Fund.
2. **Allocation:** Allocating District Fund to all levels of Health Care System, by using Fee for Service for treatment, health promotion, and prevention and paying in incentive for personnel according to their works.
3. **Payment System:** The District Fund was paid as medical care to Supra Contractor for referral in Fee for Service to study the possibilities of total compensation. The fund was paid to Main Contractor and Sub Contractor as agreement of each district.

The development of district fund payment in 1998-1999 was found effective. There were many good results seen from personnel and system.

*\*Personnel' Development*

- *Personnel'* behavior was changed into a better way. They smiled at the patients and were willing to help patients. They did not complain when there were a lot of patients. They were more enthusiastic to work.

-Each personnel was dependent on each other in the same zone. They helped in campaign to sell Health Card such as dental care campaign among general people and students and Pap smear campaign in the zone.

-Personnel did not take their working time to do part-time job such as taking care of patients for paid because they got both salary and incentive working in the Health Center. It also motivated personnel to follow up with their works.

*\*Development of Service System in Health Center*

-There was more workload because the incentive motivated personnel to work more and to develop some activities that used to be ignored such as Pap smear and Diabetes Mellitus, as well as such health promotion activities as Mother and Child Health, Ante Natal Care, and Post Partum Care. If any activity needed to be promoted, the point system was put higher than other activities in order to urge personnel to work on such activity.

-Work quality was developed. There was verification to check whether the work was correct or not. Indicators were introduced and used in developing work quality such as Diabetes Mellitus and Ante Natal Care.

It can be concluded that the results of the Development of Health Card Fund Allocation Project in Namphong District were very good. It enabled more activities, higher service quality, and clearer management, which could be verified. It was correlating to the analysis of Sumrit Seethamrongsawat (1997) that changes of Centralized Planning and Budgeting to Contracting Model in which there were service consumer and service provider. In Contracting Model, Health Care System had a freedom in management and that would enhance provider performance, quality, and accountability. From employing this model in developed countries, it was found that in short term it could increase efficiency in micro level, but unknown for certain in long term.

### **3. Merging Funds**

There were a lot of efforts to merge funds but they still could not be put into practice.

In 1997-1998, Namphong Hospital tried to merge Health Card Fund and Low-income Fund, but failed.

In 1998, an attempt was made again in merging Health Card Fund and Low-income Fund in hospital. However, this was just in numeral, say, Health Centers that used over-limited medicines and medical supplies had to pay back to Namphong Hospital in form of allocation received from Health Card Fund.

It can be seen that according to some rules, both of the funds could not be merged. Merging funds is necessary if rules regulated by the Ministry of Public Health are changed.

#### **4. Allocation Directly to Personnel as Incentives**

Health Financing Reform Project in Namphong District did not use only fund Health Card Fund but also Low-income Fund in allocation to personnel, by using Fee for Service system to motivate personnel to work more. Incentive was a new method and the financial rules did not open to it. It needs supportive research to change or improve the rules.

Practically, there was only a little number of hospitals with a big deal of Health Insurance Fund. Therefore, to give incentive to personnel was not possible in every hospital.

#### **5. Point System**

Money was used as an instrument in administration by employing point system or giving weights to each activity. The problematic or important activities had high points such as health promotion and prevention. The less important activities had less point as well such as OPD cases. Some activities with little points might be ignored. Moreover, some activities were not taken into account such as Community Health Care and Client Empowerment. It was doubtful that in case personnel were able to support Health Volunteers to do some activities at the Community Primary Care Center, would this be counted because it was also Client Empowerment. It showed that the activities with incentive needed to be improved all the time. Besides, the points given to each activity in Namphong District might not be appropriate to other areas.

## **6. Structure of Personnel in the District Level**

This study revealed that the structure of personnel in Namphong District was strong. There were 3 groups of stakeholder, including 1) the leader who was the Chairman of Namphong District Health Cooperative Committee, the Director of Namphong Hospital, and the head of Namphong District Health Office, 2) coordinator who was the Data Collection Team, and 3) personnel referring to all of the Health Center personnel. Sustainability of the project depended on changes in participation of the relevant groups.

1. **Leader:** For instance, the leader changes vision, policy, or even the changing leader such as changing of the Director of the hospital or changing head of the District Health Office.
2. **Coordinator:** For instance, coordinators were not responsible, did not understand the policy, were not honest to the assignments, or had problems in communication.
3. **Personnel:** For instance, operators did not have service mind or were selfish.
4. **Other Factors:** For instance, politic policy, policy of administration in a higher level, supportive resources from government, and people cooperation.

## **7. Development of Health Card**

From the study, it was found that.

1. Health Card Fund was the main fund of Health Center. There should be more public relations to promote its sale so there will be a big deal of money to support the Health Center and to be incentives for personnel. The personnel in the nearby Health Center should also help in the campaign to sell Health Card.

2. There was problem in persuading people about the importance of registering for Health Card Project in Khon Kaen.

- 2.1 There was no difference between privileges of Health Card and Low-income Card so people did not think it was important to have Health Card but prefer the Low-income Card because they could get it for free. Therefore, it was necessary to have the criteria to extract appropriate people. To urge people to buy Health Card, it was necessary to give the owners special fundamental privileges.

2.2 The procedures in buying Health Card were complicated. Health Care System in Tombon level and District level were assigned to gather money of people in the areas who wanted to buy the cards and bring that money to buy the cards at the Provincial Health Office only. Not less than one month after that, the buyers would receive the cards. It was necessary then to develop a more effective registration system.

## **Recommendations**

From this study, the recommendations can be made in two parts. The first part is for administrators. The second is for the further research studies.

### **1. Recommendations for Administrators**

At present (2001), the government led by the Prime-minister Dr. Taksin Chinnawat, employs the project called Health Insurance Fund “30 Baht treats all Disease” and that Khon Kaen will operate this project in October 2001 instead of buying Health Card. However, the knowledge and experiences from the Health Card Fund Allocation Project for Health Centers Case Study in Namphong District, Khon Kaen are still useful and adaptable in many ways.

#### **1.1 Problems in Budget of Khon Kaen Health Financing Reform Project**

1.1.1 There are limitations in spending money of service units in the Ministry of Public Health. The Health Card Fund cannot be used as incentives to personnel who give service or support service. They need to exchange with Health Insurance Fund.

1.1.2 There are two funds that can be used in the management. They are Health Card Fund and Low-income Fund. There are attempts to merge these two funds but it is impossible because there are limitations according to the ministry. Therefore, there is actually not enough budget to push the reform effectively.

**Suggestions:** The Ministry of Public Health needs to revise the regulations concerning Health Care System budget to meet the budget system that emphasizes on achievements. It will also

enable smoothness in the budget management of Health Care System to serve the Health Insurance Fund “30 Baht treats all Disease” Project.

## **1.2 Fund Allocation Model of Namphong District Health Cooperative Committee**

There are two types of payment applied in the project. The first one is Aggregation with budget ceiling. The second one Fee for Service according to activities.

1. Aggregation with Ceiling: This kind of payment sets the total budget. The allocation will not be over the ceiling. Generally, it is not motivating personnel to work to increase products to the organization.

2. Fee for Service: This kind of payment is more motivating, but the expenditures can increase rapidly.

Adopting both payment systems is more effective than using only one system because they will reinforce each other.

## **1.3 The Idea of “Health Promotion is Better than Cure”**

Main Contractor (Community Hospital) should allocate fund from the Health Insurance Fund “30 Baht treats all Disease” Project. to Sub Contractor (Health Center) under the purpose to promote health promotion and prevention more than only treatment. This is to support the idea of promoting health is better than repairing it.

**Suggestion:** Point system should be set up by putting high points to the activities that need to promote. The point system should also be changeable due to problems and appropriation under the agreement of participants.

## **1.4 Model and Criteria of the Health for All Fund Allocation to Health Centers**

The study reveals that in the Model and Criteria of Health Card Fund Allocation for Health Centers in Namphong District, the medical care budget is divided into 3 sections: Basic Essential Care, Fee for Sale, and Fee for Service. This model is very appropriate.

**Suggestion:** Although Khon Kaen has not received the fund from the Health Insurance Fund “30 Baht treats all Disease”, it can adapt the model and criteria of Health Card Fund Allocation for Health Centers in Namphong District.

## **2. Recommendations for Further Studies**

Further studies should be conducted in the following topics.

**2.1 Model and Criteria of Health for the Health Insurance Fund “30 Baht treats all Disease” Allocation to Health Centers**

**2.2 The Study: “The Appropriate Point System for Works/Activities in Health Centers and Criteria”** should be carried out because point system varies from Health Center to Health Center. There should be the same criteria of setting the point system such as the importance of the problems and unit cost of activities. Health Centers should have the medium point system.

**2.3 Unit Cost of Services** should be studied to be put together in the allocation of each area. It is believed that this will make the allocation fairer.