

PhilHealth Primary Care Benefit- Assessment of Initial Implementation

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PhilHealth

Background

Starting 2000, PhilHealth started a out-patient benefits that include TB-DOTS, Maternity Care Package and Out-Patient Benefit for indigent (sponsored) PhilHealth members

In 2006, a PhilHealth commissioned study showed that among its SP members:

- Approximately 30% did not know what health care services were available;
- another 41% did not know that PhilHealth membership was accepted in health centres
- 29% of respondents were unable to access the services they needed

Moreover, OPB Package Evaluation reports....

- Accreditation as OPB provider was based on inputs of care, with no relation with services actually provided
- Extremely low utilization of OPB-related services, ave. 1.06 contacts per member per year
- Lack of awareness may have contributed to low benefit utilization → in-patient care more than out-patient is the motivation to become PhilHealth member

Primary Care Benefit 1 (PCB1)

- ❖ Expanded OPB; effective April 1, 2012
- ❖ Sponsored Program, Overseas Workers Program, Organized Group members and dependents
- ❖ Aims to:
 - Expand the number of services
 - Increase the utilization rate for PCB services
 - Enhance the incentives for PCB providers
 - Ensure complete and timely reporting

Primary Preventive Services-

determined by the doctor based on patient's health need

- Consultation – the first consultation visit in a given year shall at least include taking or updating individual health profile
- Visual inspection with acetic acid
- Regular BP measurements
- Breastfeeding program education
- Periodic clinical breast examinations
- Counselling for lifestyle modification
- Counselling for smoking cessation
- Body measurements
- Digital Rectal Examination

Diagnostic Examinations

Complete Blood Count (CBC)

Urinalysis

Fecalalysis

Sputum microscopy

Fasting Blood Sugar

Lipid profile

Chest x-ray

Drugs and Medicines

- Asthma including nebulisation services
- Acute Gastroenteritis (AGE) with no or mild dehydration
- Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
- Urinary Tract Infection (UTI)

Obligated Services

BENEFITS/SERVICES	TARGET CLIENTS	FREQUENCY
BP measurement	Non-hypertensive (18 years old and above)	Once a year
	Hypertensive (with BP \geq 140/90 mmHg)	Once a month
Periodic clinical breast examination	Female, 25 years old and above	Once a year
Visual inspection with acetic acid	Female, 25 – 55 years old with intact uterus	Once a year

What to do as PCB Provider

- Enlist entitled members (SP, OP, OWP)
- Do/update individual health profile of enlisted members
- Provide services identified in PCB1 as needed by the members and qualified dependents
- Perform obligated services

Objectives

- Assess the implementation of PCB1
- Specifically,
 1. Describe the process of implementation
 2. Present the initial results of PCB1 utilization
 3. Highlight the PCB providers (and LGUs) response to this benefit package

Methodology

1. Analysis of PhilHealth and LGU reports
2. Key informant interview
3. Observation from PhilHealth events (e.g. PhilHealth MOVES)

- DOH Department Memorandum No. 2012-0148. Assignment of Sponsored Program Members identified through NHTS-PR to their Primary Care Providers

Where should entitled members go: Assignment of PCB1-entitled members

	Rural Health Unit	Health Center	OPD ¹ of hospitals
NHTS-NG	a	a	
SP-municipality/city	a	a	
SP-Gov	b	b	a
SP- Congress	c	c	c
SP-others	c	c	c
Organized Groups	b	b	a
OFWs	b	b	a

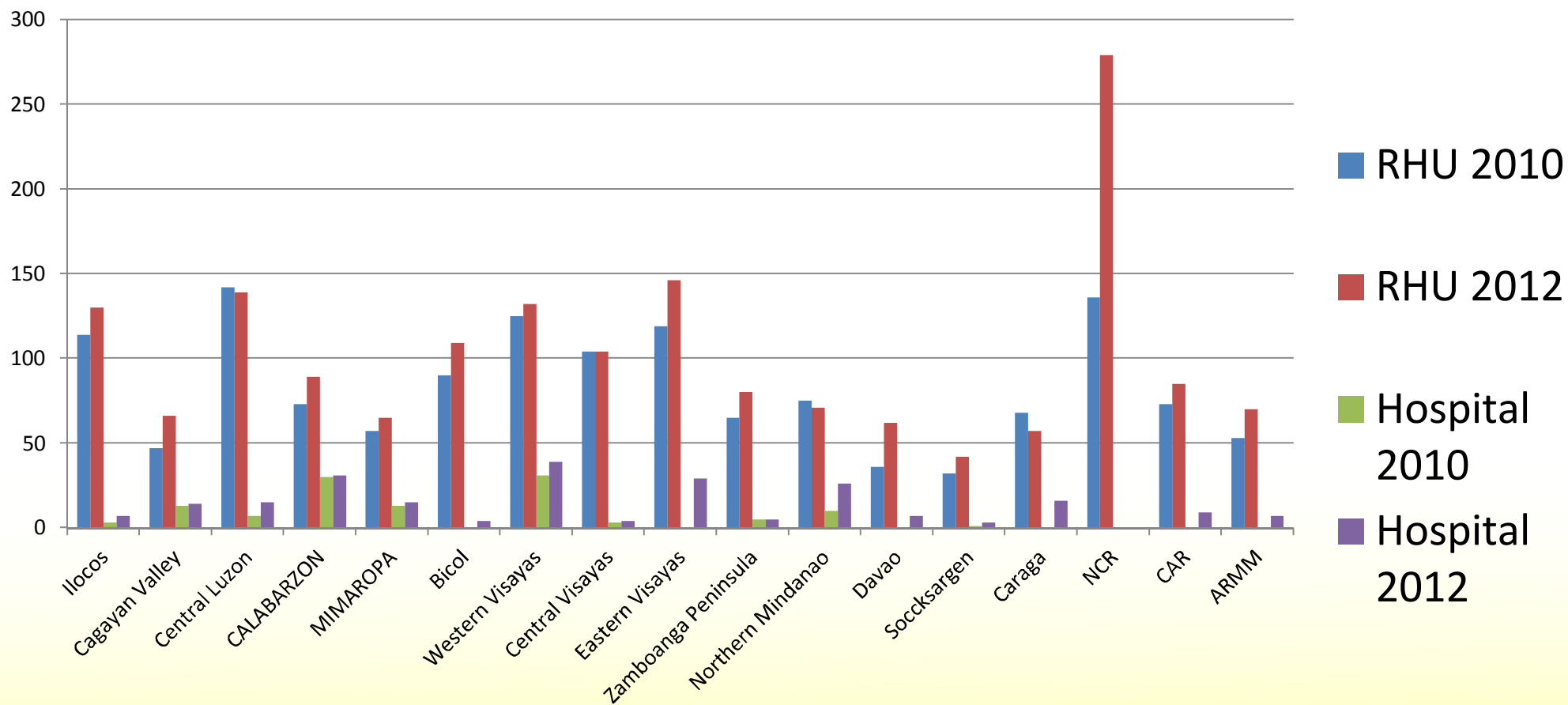
a - primary assigned PCB provider

b - alternative PCB provider if (*) is inaccessible to PCB1 covered members

c-- can be assigned in any PCB provider

¹- Out-Patient department of government hospitals (LGUs and national hospitals)

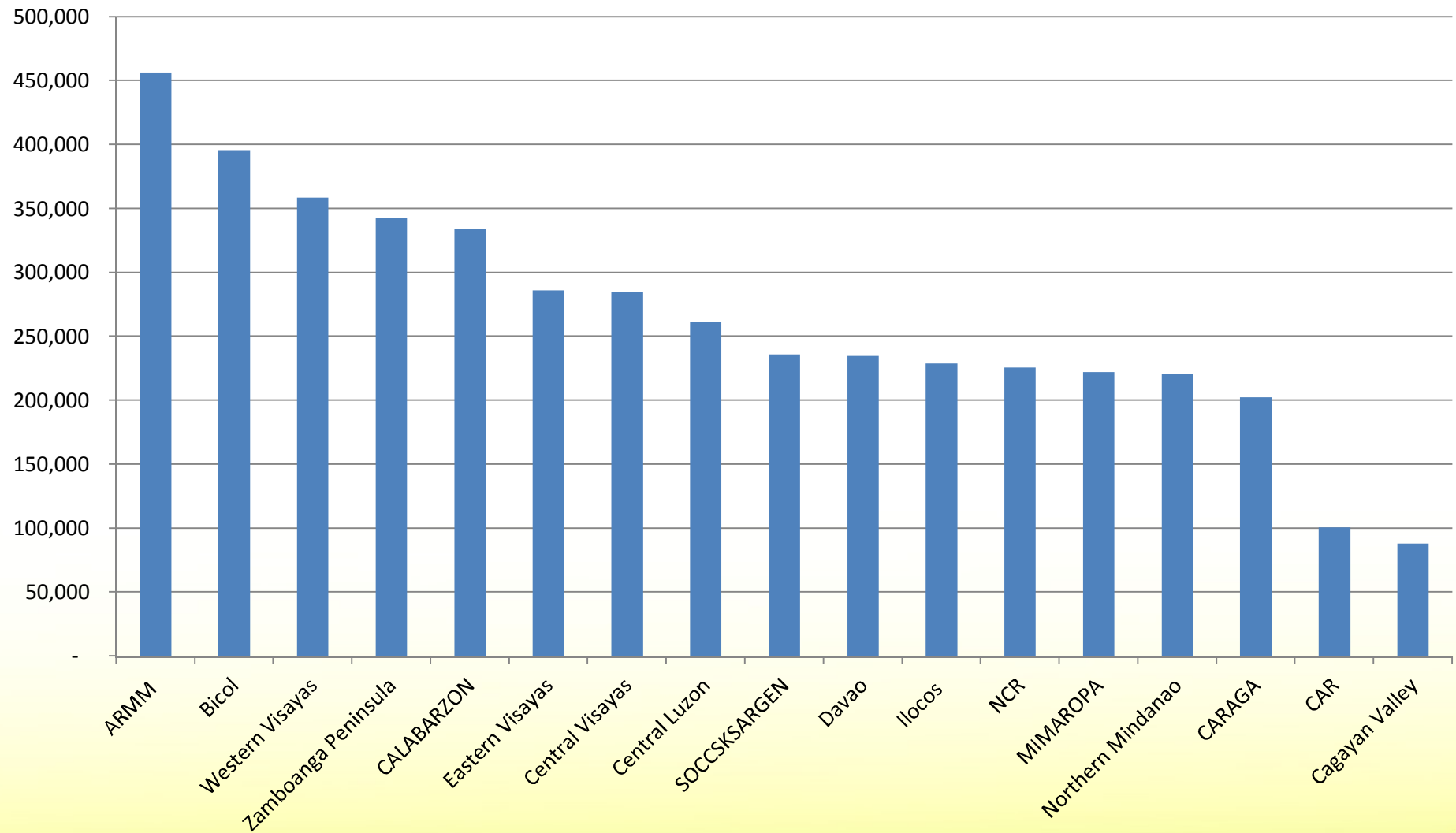
Accredited facilities providing PCB1 have increased...



....And 16% more LGUs are participating as PCB1 providers

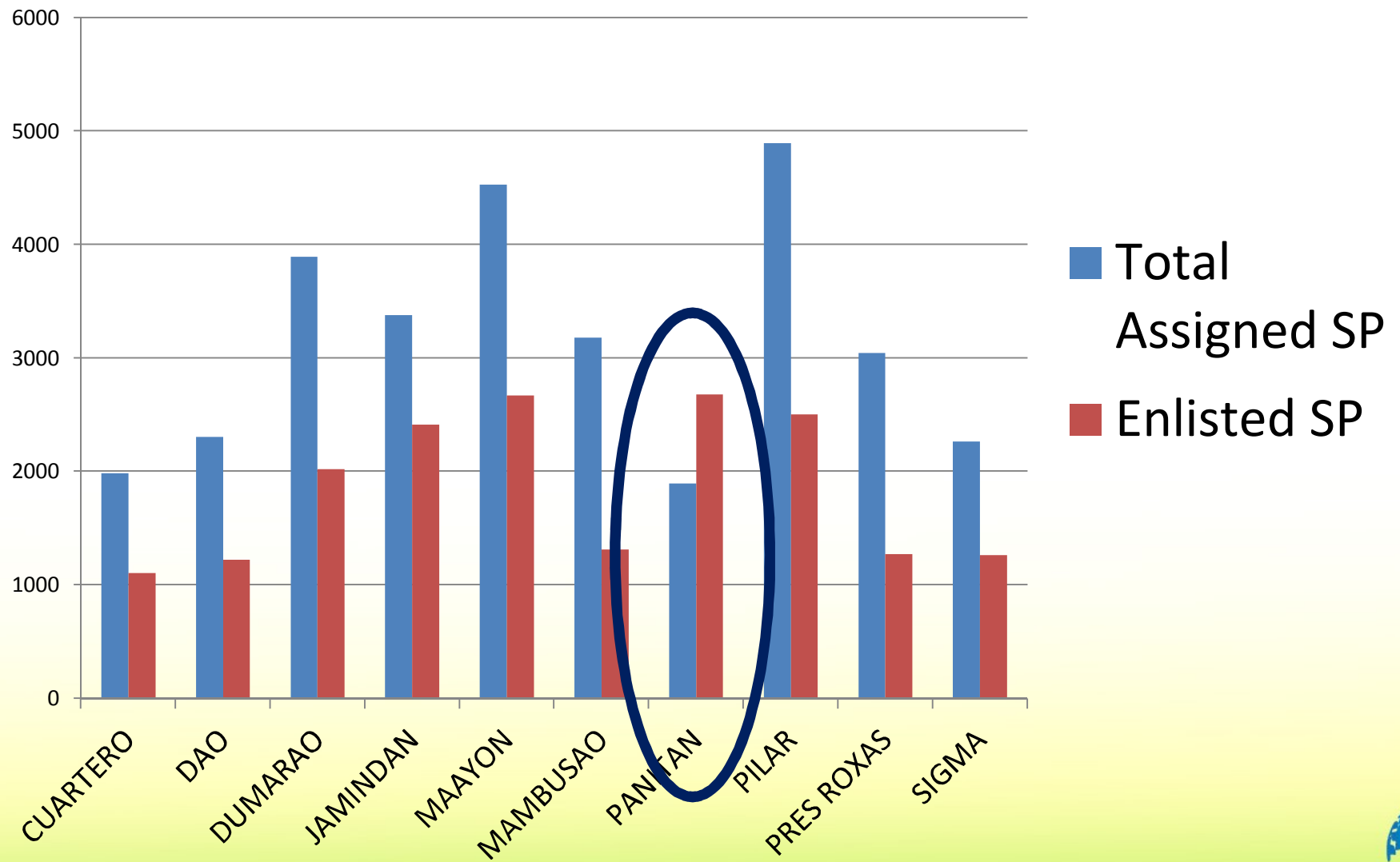
	BEFORE (as of December 31, 2010)		NOW (as of October 2012)	
	LGUs with	LGUs without	LGUs with	LGUs without
Primary Care Benefit (Out Patient Benefit) Provider	1082	552	1304	324

Assigning NHTS-SP in PCB Providers



Php 1.1 B Per Family Payment Rate paid to PCB Providers as of October 2012

.... 41-140% of assigned SP members have enlisted



Feedback from the field

- In Cebu, MHOs are going out to barangays to do health profile → increased case finding
- In Caraga, SP members says they can see their health care provider even when they are not sick
- In Cagayan Valley, LGUs are hiring additional human resources to do individual health profiling

In summary... In the past 6 months,

- PCB providers have increased
- Sponsored Program members have been assigned to PCB providers
- SP members have been informed of their benefits and their access to health services have been improved
- LGUs are strengthening their role as health care providers

With PCB1... Filipinos have entry to better health

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