

CHAPTER I

INTRODUCTION



RATIONALE

Universal Health Coverage: The things that people wait for. The Thai Government, under Prime Minister Dr. Taksin Shinawatra, established the Universal Coverage Health Care Scheme to ensure that all people have access to health service when they are sick. The government planned to mobilize financial resources aimed the quality of health service. The government has implemented health service reform at the same time as the overall health care delivery system is undergoing a major revision; focusing on the importance of adequate per capita budget allocation for health care services aimed at building the strategy to prevent disease before there is a need for curative care. To do so effectively health personnel need to adjust to their new roles.

The National Health Service delivery system has 3 levels: primary care, secondary care and tertiary care to provide health to all people when they get sick. However the people who get sick must use the health services in the designated health care units [health centers and district hospitals] before being referred to higher levels (the tertiary care hospital)

A study of Khoonhan District found that clients were not referred from the health center for more than 93 % of all patient-contacts (Nitayarumpong et al,1990). In another study of out-patients in district hospitals it was found that the clients had not exhibited proper health services behavior 48% of the time (Srivanitchakorn,1996). There was under utilization at the health center and over utilization at the hospital; impacting on the quality of health services and at the same time not covering medical costs. This resulted in improper use of resources and waste of health resources (Supanchimart et al,1998)

Phatthalung Province established health care services under the Universal Coverage Scheme (30 Baht) on 1 October 2001. It covers 364,361 people (The Health Insurance Center; Ministry of Public Health, 30 October 2002.). Satisfaction index for its services is 71.06 % (which is below the Ministry of Public Health' s target of >85%). The poor convenience in obtaining health services led to unmet need in the main hospital. Utilitization in extra catchment area 20,395 persons/ 44,506 times in out-patient and 4,373 persons in in-patient care in the 2002. The 30-Baht Health Care Scheme operates in 10 main hospitals (CUP), 36 Primary Care Units (PCU) arranged and distributed according to the geographic areas designated by the Executive Committee of Phatthalung Universal Coverage Health Welfare Committee (Phatthalung Province Verbal Order No. 1768/2002.). Registered Gold Card holders use the health service in the main hospital and the sub district health center.

These health care units must provide good health services (i.e. comprehensive, continuing, accessible, acceptable, affordable and equitable). The problem of the

utilization outside the main hospital has a serious effect on the Health Care Service Delivery System, since the budget for health services is made on a per capita basis.

This study analyzes the factors relating to the utilization of health services under the Universal Coverage Scheme (30 Baht Policy) of the Universal Coverage Registry, in Phatthalung Province. It is expected that the factors such as socio-demographic characteristics, access to health care, perception of core benefit package of the Universal Coverage Scheme (30 Baht) and satisfaction in services will be related. Accordingly senior health personnel at the Phatthalung Provincial Health Office will subsequently make relevant management decisions to improve the health care services system in the future.

GENERAL OBJECTIVE

To study the utilization rate and the satisfaction level of the recipients of the Universal Coverage Scheme (30 Baht) in Phatthalung Province.

SPECIFIC OBJECTIVES

1. To study the utilization rate of people who are ill who go to the main contracting hospital.
2. To determine the satisfactions level of the offered health care service.
3. To analyze the personal characteristics and other important factors that relate to a patient's utilization of services.

THE RESEARCH QUESTIONS

1. What are the factors influencing Gold Card holders to use ,or not use, health services in the main hospital?
2. What are the factors that correlate with non-use of the health service in the main hospital?
3. Do the factors influencing Gold Card holders to use, or not use, health services in the main hospital differ with non-users? And how do they differ?

HYPOTHESIS

1. More sick patients utilize health services offered at the main contracting hospital.
2. The satisfaction level of health services at the main contracting hospital is higher than outside the main hospital.

THESIS ASSUMPTION

In this study it is assumed that factors such as dissatisfaction and the rates of universal coverage, registered in Phatthalung Province, are related to patient utilization of health services.

LIMITATIONS OF THIS STUDY

This study analyzes the utilization rate and satisfaction level only of the people who used the Gold Card (co-payment) for health care services under the 30 Baht Health Care Scheme.

OPERATIONAL DEFINITIONS

- 1. The 30 – Baht Health Care Scheme:** means the security of health for care all people from government facilities. However these recipients must pay 30 Baht as a co-payment.
- 2. Gold Card:** the health welfare card that designates the main hospital where the card holder has the right to receive health services in accordance with the 30 - Baht health Care Scheme. There are 2 types of cards: (1) The Co-payment, and (2) Non- Co-payment.
- 3. Universal Coverage Recipients:** Includes those without health coverage provided through the Civil Service, State Owned Enterprises, or the Private Sector.
- 4. The main hospital:** The first hospital specified in the Gold Card where recipients are eligible to obtain Universal Health Care (30 Baht).
- 5. Perception:** The knowledge or understanding in obtaining health services under the Core Benefit Package.
- 6. Satisfaction:** The feeling of patients with respect to the outcome of health services.
- 7. Accessibility:** The ease with which the user can obtain the health service; the balance between the patient and provider, the distance and time consumers accept to obtain services.
- 8. Utilization:** means obtaining health services in the health care center at the district level in Phatthalung Province as part of the 30-Baht Registry.

EXPECTED BENEFIT & APPLICATION

1. To realize the rate of health service utilization by Gold Card holders in the main hospital and outside the main hospital.
2. To know the perception of core package benefits under the 30- Baht health care scheme.
3. To know the level of satisfaction of main hospital and outside the main hospital under 30- Baht health care scheme.
4. To improve the health care system in the future.

RESEARCH METHODS

The researcher used both descriptive and analytic methods in this study;

1. Distribute self-administered questionnaires to the sampling group with the help of 15 co-researchers.
2. Conduct in-depth interviews
 - 2.1 Board of Phatthalung Provincial Health System.
 - 2.1.1 The Chief Medical Office of Phatthalung Provincial Health office.
 - 2.1.2 The Director of Phatthalung Provincial Hospital.
 - 2.1.3 The Director of Pakpayoon Hospital
 - 2.1.4 The Director of Papayom Hospital
 - 2.1.5 The Director of Pabon Hospital
 - 2.2 The clients
 - 2.2.1 One client in Pakpayoon District.
 - 2.2.2 One client in Papayom District.

2.2.3 One client in Pabon District.

PRESENTATION OF RESULTS

The researcher would like to present the findings of this study in 2 sections.

Section 1: Quantitative presentation of the results from questionnaire is divided into 5 parts;

Part 1) the characteristics of the population.

Part 2) a list of the important core package benefit of the 30 Baht Scheme.

Part 3) the utilization behavior of Gold Card holders of the 30 Baht Health Care Service.

Part 4) the quality of health care services (satisfaction with health care services).

Part 5) recommendations for improving health care services under the 30 Baht Policy.

Section 2 : Qualitative presentation of the results from the in-depth interviews conducted with the sampling group.