CHAPTER IV



RESULTS

This is study regarding the Utilization of Health Care Service Under the Universal Coverage (30 Baht) Phatthalung Province during the year 2003. The sample group consisted of those individuals registered Gold Card (30 Baht), co-payment, who obtained services from government Hospitals in Phatthalung province during 1 Octo12 October-31 December 2002.

The researcher used 2 methods: descriptive and analytical in this study;

- Self-administered questionnaires were distributed to 415 sample of 15
 Interviewers.
- 2. In-depth interview
 - 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 General 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 from Pakpayoon District
- 2.2.2 One client from Papayom District
- 2.2.3 One client from Pabon District

In this study the researcher would like to present the findings in 5 parts.

- 1) the demographic characteristics of the sample group.
- 2) a list of the important core package benefit of the 30 Baht Scheme.
- 3) health seeking behavior of the clients registered under the 30 Baht.

 Health-care service.
- 4) quality of health cares services.
- 5) recommendations for improving health care services under the 30 Baht policy.

THE RESULTS FROM THE QUESTIONNAIRE

1. Demographic Characteristics Data

Gender: Most of the clients are females (females 73.3%, males 26.7%). Age: The majority of the clients are between 30 - 39 years old (26.7%), followed those between 40 - 49 years of age (25.8%). Occupation: Most of sample group are agriculturists (69.2%). Income: the magnify of respondents had an income < 4000 Baht /month (42.7%), mean income is 4,662.41 Baht. Education: the education level of most clients (76.7%) is lower than secondary level. Religion: Most clients were

Buddhists (89.8%). **Insurance for used in health care services:** were Gold Card (Copayment) (99.8%). As shown in Table 6.

Table 6: Frequency and Percentage Distribution of characteristics of sample population groups (n = 415)

Characteristic	Frequency	%		
Gender				
- Male	111	26.7		
- Female	304	73.3		
Age (Year)				
- < 29	95	22.9		
- 30 – 39	111	26.7		
- 40 – 49	107	25.8		
- > 50	102	24.6		
Mean = 39.19 years, S.D. = 11.15 , Max = 60	years, $Min = 15 ye$	ears.		
Occupation				
- Agriculture	287	69.2		
- Commerce	75	18.1		
- Employer	53	12.7		
Income (Baht / Month)				
- 3,999	177	42.7		
- 4,000-5,999	141	34.0		
- >6,000	97	23.3		
Mean = 4,662.41 Baht , Max = 50,0000 Baht , Min = 1,000 Baht.				

Table 6: (Cont.) Frequency and Percentage Distribution of characteristics of sample population groups (n = 415)

Characteristic	Frequency	%
Education		
- Primary school	318	76.6
- Secondary school	65	15.7
- Pre bachelor	20	4.8
- No formal education	9	2.2
- Bachelor Degree	3	0.7
Religion		
- Buddhism	371	89.6
- Islam	43	10.2
- other (Charity)	1	0.2
Insurance for use in Health care services.		
- Gold Card (co-payment)	414	99.8
- other	1	0.2

The most of clients were respectively registered at District Hospital (71.1%) and General Hospital (28.9%) . See Table 7 below:

Table 7: Frequency and Percentage of Distribution According to Main contracting Hospital and the sub contracting registered Gold card (n=415)

		Main hospital	Second hospital	
**No	Name of Hospitals	Frequency		Total *415(100%)
1.	Phatthalung (General Hospital)	95	56	120(28.7)
2.	Kowchaison	8	41	49(11.8)
3.	Papayom	4	33	45(10.8)
4.	Khonkanun	2	39	41(9.9)
5.	Pakpayoon	5	38	38(9.2)
6.	Kongra	26	26	34(8.2)
7.	Pabon	3	24	25(6.0)
8.	Tamode	0	23	23(5.5)
9.	Bangkaew	11	19	20(4.8)
10.	Sirbanpot	1	19	20(4.8)

^{*} One client can choose two hospitals

2. Perception of list of the importance of core package benefit of 30-Baht Scheme

Acknowledgement on some important aspects of the universal coverage 30 Baht Scheme according to the study found that each client knows about this project from many channels. Most learned about the 30-Baht Scheme from health personnel

^{**} Number 2-10 is the District Hospital

(39.3%), following by TV (36.4%) and others; health volunteer (11.6%), news hall in the community (10.6%), newspapers (1.4%) and radio (0.7%)

Recording in the inequity of health care service they can be consult the health center (42.4%), provincial Health office (23.8%) as well as make complaints the news media (30.4%). See Table 8 below.

Table 8: Frequency and Percentage Distribution of client groups of According to the universal 30 Baht Project Information / Acknowledgment / Information / Media / Information Agent

Detail	Frequency (n= 415)	%
Perception in 30 Baht Project		
- Know	415	100.0
Source of information 30 Baht Project		
- Health Personnel	163	39.3
- TV	151	36.4
- Health volunteer	48	11.6
- News hall in the community	44	10.6
- Newspaper	6	1.4
- Radio	3	0.7

Table 8: (Cont.) Frequency and Percentage Distribution of registered groups of
According to the universal-30 Baht Project Information /
knowledgment / Information / Media / Information Agent

Detail	Frequency (n= 415)	%		
Clients feel that if they have not received the equiTable treatment while seeking				
health care services, they make comple	aints to :			
- Health center	176	42.4		
- Provincial Health office	99	23.8		
- Hotline	14	3.4		
- All	126	30.4		

Knowledge of the important core benefits the 30 - Baht Scheme

- The 3 most important statements which are true:
- 1/ No.1 Under Gold Card 30 Baht Project people have equity in obtaining

 Health Care Services; the sample score 94.0 %.
- 2/ No.9 If a Gold card holder moves to a new residence, they can obtain a new card by showing their new household registration from?; the sample score (92.0 %).
- 3/ No.2 From 30 Baht Project people do not care about their health and will over utilize service; the sample score (69.4%).
- The 3 most important statements which are false:
- 1/No.6 The Gold Card can be used in the event a holder needs treatment arising from a vehicular accident?; the sample score -(62.4%).

- 2/No.3 30 Baht core package provides more benefits than Social Health

 Insurance; the sample score (45.5%).
- 2/ No.4 Do receives of health promotion and diseases prevention services need to pay for these services? the sample score -(45.5%).
- 2/ No.5 With respect to Delivery Care do you think the Gold Card can be used for more than 2 deliveries?; the sample score (45.5%).
- 3/No.8 Patients suffering from psychological illness can use their Gold Card?; the sample score (41.2%) show in Table 9.

Table 9: Frequency and Percentage of List of the Important Core Package

Benefit

No.	Questions	Frequency $(n = 415)$	%
1.	Under Gold Card 30 Baht	Project people have equity in obtain	ning Health
	Care Services		
	- True	390	94.0
	- False	25	6.0
2.	From 30 Baht Project peopl	e do not care about their health and v	will over
	utilize service		
	- True	288	69.4
	- False	127	30.6
3.	30 Baht core package provid	les more benefits than Social Health I	Insurance
	- True	226	54.5
	- False	189	. 45.5
4.	Do receives of health promo	tion and diseases prevention services	need to pay
	for these services?		
	- Pay	226	54.5
	- Not pay	189	45.5

Table 9: (Cont.) Frequency and Percentage of List of the Important Core Package Benefit

No.	Questions	Frequency $(n = 415)$	%	
5.	With respect to Delivery Care do you think the Gold Card can be used for			
	more than 2 deliveries?			
	- True	226	50.5	
	- False	189	45.5	
6.	The Gold Card can be used in	n the event a holder needs treatmen	t arising	
	from a vehicular accident?			
	- True	156	48.1	
	- False	34	37.4	
7.	In the event that a drug addic	ct needs detoxification treatment, ca	n he use the	
	Gold Card for this purpose?			
	- True	250	60.2	
	- False	165	39.8	
8.	Patients suffering from psych	nological illness can use their Gold C	Card?	
	- True	244	58.4	
	- False	171	41.2	
9.	If a Gold card holder moves	to a new residence, they can obtain a	a new card	
	by showing their new househo	old registration form?		
	- True	382	92.0	
	- False	33	8.0	
10.	Gold Card holders can use this	card for the remainder of their life?		
	- True	246	59.3	
	- False	169	40.7	

In summary most clients are very knowledgable (48.2%) or moderately knowledgable (40.2%) about important issues and privileges related to the 30 Baht Universal Coverage Scheme. See Table 10.

Table 10: Frequency and Percentage Level of Important Core Package Benefit (30 Baht)

zevei of knowled	lge (scores)	Frequency (n=415)	%
High	(8-10)	200	48.2
Middle	(5-7)	167	40.2
Low	(0-4)	48	11.6

3. Behaviors on the Utilization

Utilization and the approach to utilize the service in the last 3 months (October1, - December 31, 2002), according to the study, the registered cardholder were ill 84.8%, not ill 15.2%

It was found that their utilization rate ranged from 1-5 times; 59.2% used the service once, followed by 24.1%. using the services twice.

The level of illness (envisioned by client): Most clients think that their illness is moderate and can return to work (64.5%), severe requires admission to be admitted to the Hospital -25.0% following those who (mild) felt they were slightly ill (10.5%).

By type of illness, most clients think that they had acute illness -65.5%, followed by chronic illnesses 19.3%, or require promotive health care 15.2%.

Health center utilized when ill: The registered card holders utilized the main unit 54.2%, and opted to go outside the main unit 45.8%.

Insurance used: 96.4% use the Gold Card (co-payment). Those paying for service accounted for 3.2% of the clients.

Means of transportation to health center: 73.5 % of registered use their own vehicles to visit the hospitals.

Time spent going to the health center (minutes): less than 30 minutes (41.2 %), followed by less than 50 minutes (35.9 %). The near distance and the use of one's own vehicle resulted in less time travelling.

Transportation Costs (traveling related expenditures): The finding illustrates that most pay less than 30 Baht to travel (65.0 %). The least is 5 Baht and most is 350 Baht. This depends on the price of gasoline and the use of personal vehicles.

Money needed for treatment: Only 6.5 % of clients had to spend additional money for services (20-1,000 Baht), the majority of these costs related to dental related expenses.

Expectation in Health Care Service:

The expectation of most clients: (88.4 %) regarding the health services they received was fulfilled. Only 11.6 % didn't feel that their expectations were fulfilled.

Reason of full expectation; 30.5 % got well 26.7 % thought they received good medicine.

Reason didn't receive the expected service: did not get better (54.2%) low quality medicine (25.0%) and wrong medicine and diagnosis (20.8%).

The client's service selection: health facility of choice when mild ill

They choose to go to the health Centers (53.7 %) following by buying medicine from nearly Drugstore (21.4 %) General Hospital (14.7%), Clinic / private Hospital (4.3%), their (personal doctor)(2.7%), District Hospital (1.7%), Traditional medical practitioner (1.4%) respectively.

The client's reason selection: health facility of choice when mild ill

- Reason to use the Health Centers (n=223): Follow recommended channel of care 32.3%, Closed to home / convenient 5.4%.
- Reason to use the Pharmacy (Drug store) (n=89) Would not recommendation 35.0%, a little ill can buy medicine by themselves 39.2%, closed to home / convenient 25.8%.

- Reason to use the General Hospital (n=61): Would not recommendation 59.0%, Follow recommended channel of care 41.0%.
- Reason to use the Clinic / private Hospital (n=18): special relationship with doctor 100.0%, Convenient / fast / good exam / Attention 55.6%.
- Reason to use the other (personal doctor) (n=11): special relationship with doctor 100.0%, Convenient / fast / good exam / Attention 27.3%.
- Reason to use the District Hospital (n=7): Follow recommended channel of care 71.4%, Closed to home / convenient 28.6 %.
- Reason to use the Traditional medical practitioner (n=6): Would not recommendation 83.3%, special relationship with doctor 16.7%.

The client's reason selection: health facility of choice when severely ill

- Reasons for using the district Hospital (n=225): Would not recommendation 18.7%, close to home / convenient 57.8%, follow recommended channel 13.3%, not necessary to pay more (to be economize) 10.2%.
- Reasons for using General Hospital (n=133): Would not Recommendation 10.5%, close to home/convenient 25.5%, follow recommended channel 51.2%, doctor at all times present 12.8%.
- Reasons for using Clinic / private Hospital (n= 14): Convenient / fast / good exam / Attention 71.4%, Up to date medical resources 28.6%.
- Reasons for using Other (familiarity with doctor) (n=7): special relationship with doctor 100.0%.

- Reasons for using Health Centers (n= 6): not necessary to pay more (To be economize)50.0%, Follow recommended channel 50.0%. See Table 11 and see also the examples, listed below, come from quotations supplied by clients undergoing the in-depth interviews.

"I say, there is no equality with respect to health care For example there are private rooms...with special food....for those who are reimbursed [by their employer] which is different [than that provided to other patients].....similarly medicine prescribed for Gold Card holders is not the same as that given to those whose medical bills are reimbursed......"

(A female client from in Papayoom District)

"I don't know......using the Gold Card is worthful if one is severely sick......but who wants to be sick? If one has a cough, you are given paracetamol,.....for a sore throat... you receive paracetamol....Those patients whose medical bills are reimbursed, with the same symptoms, receive more medicines including anti-biotics.."

(A male client from Pakpayun District)

"I had a pulmonary disease... the 30 Baht Universal Health Coverage Programme was extremely useful in that I received [affordable] care until I was cured.... I want the government to continue this health care scheme. It's very good for the people....Patients receive equal care.....Anything can be done,..... patients only want to get better...."

(A male client from Pabon District)

Table 11: Frequency and Percentage of Utilization and Type of Access to Health
Care Services

No.	Utilization	Frequency	%
1.	In the 3 months ago (1 october-31 December 2002)		
	(n=415)		
	- ill	352	84.8
	- not ill	63	15.2
2.	Attack rate (Episode) (n =352)		
	- 1	211	59.2
	- 2	85	24.1
	- 3	41	11.6
	- 4	14	3.9
	- 5	1	0.2
	Total 565 Episodes		
3.	The level of illness. (Envisioned by patient) (n=352)		
	- severe	88	25.0
	- Moderate and can return to work	227	64.5
	- Mild	37	10.5
4.	Type of illness/service (n=415)		
	- Acute	272	65.5
	- Chronic	80	19.3
	- Health promotion	63	15.2
	Total *628 episodes		
	* Utilization rate = 1.5 episodes: person: 3 months		
5.	Health center utilized when ill (n=415)		
	- In main hospital	225	54.2
	- Outside main hospital	190	45.8
6.	Insurance used (n=415)		
	- Gold Card (co-payment)	400	96.4
	- Gold Card (non co-payment)	2	0.5
	- Pay for service	13	3.2

Table 11: (cont.) Frequency and Percentage of Utilization and Type of Access to Health Care Services.

No.	Utilization	Frequency	%
7.	Travel to health center by(n=415)		
	- Personal car / motorcycle	305	73.5
	- Bus	57	13.7
	- Hired vehicle	47	11.3
	- Walk	6	1.4
8.	Time spent traveling to health center (minutes) (n=415)		
	- < 29	171	41.2
	- 30 – 49	149	35.9
	- > 50	95	22.9
	Mean 32.44, S.D. 22.32, Min 3 minutes, Max 180 minutes		
9.	Cost of traveling (Baht) (n=415)		
	- < 29	266	65.0
	- 30 – 49	94	23.0
	- > 50	49	12.0
	Mean 28.87, S.D. 29.02, Min 5 Baht, Max 350 Baht		
10.	Additional payments needed for treatment (Baht)		
	(n=415)		
	- Do not need to pay	388	93.5
	- <199	11	2.6
	- 200-299	6	1.5
	- >300	10	2.4
	n = 27, $Mean = 270.74$, $S.D.= 225.09$, $Min 20 Baht$,		
	Max 1000 Baht		
11.	Expectation in Health Care Service (n=415)		
	- Fulfilled	367	88.4
	- Not fulfilled	48	11.6

Table 11: (cont.) Frequency and Percentage of Utilization and Type of Access to Health Care Services.

No.	Utilization	Frequency	%
12.	Reason for fulfilled expection (n = 367)		
	- Would not recommendation	157	42.8
	- Recovered	112	30.5
	- Good medicine	98	26.7
13.	Reason for unfulfilled expectation (n=415)		
	- Did not get well	26	42.8
	- Low quality medicine	12	30.5
	- Wrong medicine and wrong diagnosis	10	26.7
14.	Health facility of choice when mildly ill (the 1 st choice)		
	(n=415)		
	- Health Centers	223	53.7
	- Pharmacy (Drug store)	89	21.4
	- General Hospital	61	14.7
	- Clinic / private Hospital	18	4.3
	- Other (personal doctor)	11	2.7
	- District Hospital	7	1.7
	- Traditional medical practitioner	6	1.4
	14.1 Reason to use the Health Centres of choice when		
	mildly ill (the 1 st choice) (n=223)		
	- Would not recommendation	139	62.3
	- Utilize the correct channel of care	72	32.3
	- Closed to home / convenient	12	5.4
	14.2 Reason to use the Pharmacy (Drug store) of	(-)	
	choice when mildly ill (The 1 st choice) (n=89)		
	- Would not recommendation	31	35.0
	- A little ill can buy medicine by themselves	35	39.2
	- Closed to home / convenient	23	25.8

Table 11: (cont.) Frequency and Percentage of Utilization and Type of Access to Health Care Services.

No.	Utiliz	zation	Frequency	%
	14.3	Reason to use the General Hospital of choice		
		when mildly ill (The 1 st choice)(n=61)		
		- Would not recommendation	36	59.0
		- Utilize the correct channel of care	25	41.0
	14.4	Reason to use the Clinic / private Hospital of		
		choice when mildly ill (The 1 st choice) (n=18)		
		- special relationship with doctor	18	100.0
		- Convenient / fast / good exam / Staff Attention	10	55.6
	14.5	Reason to use the other (personal doctor) of		
		choice when mildly ill(The 1 st choice) (n=11)		
		- special relationship with doctor	11	100.0
		- Convenient / fast / good exam / Staff Attention	3	27.3
	14.6	Reason to use the District Hospital (n=7)		
		- Follow recommended channel of care	5	71.4
		- Closed to home / convenient	2	28.6
	14.7	Reason to use the Traditional medical		
		practitioner (n=6)		
		- Would not recommendation	5	83.3
		- Special relationship with doctor	1	16.7
15.	Heal	th facility of choice when severely ill (the 1st choice)		
	- I	District Hospital	255	61.4
	- (General Hospital	133	32.0
	- (Clinic / private Hospital	14	3.5
	- (Other (special relationship with doctor)	7	1.6
	-]	Health Centers	6	1.5

Table 11: (cont.) Frequency and Percentage of Utilization and Type of Access to Health Care Services.

No.	Utiliz	zation	Frequency	%
	15.1	Reasons for using the district Hospital (n=225)		
		- Would not recommendation	42	18.7
		- Close to home / convenient	130	57.8
		- Follow recommended channel	30	13.3
		- Not necessary to pay more (to be economize)	23	10.2
	15.2	Reasons for using General Hospital (n=133)		
		- Would not recommendation	14	10.5
		- Close to home / convenient	34	25.5
		- Follow recommended channel	68	51.2
		- Doctor at all times present	17	12.8
	15.3	Reasons for using Clinic / private Hospital (n= 14)		
		- Convenient / fast / good exam / staff Attention	10	71.4
		- Up to date medical equipment	4	28.6
	15.4	Reasons for using Other (familiarity with doctor)		
		(n=7)		
		- special relationship with doctor	7	100.0
	15.5	Reasons for using Health Centres (n= 6)		
		- Not necessary to pay more(To be economize)	3	50.0
		- Follow recommended channel	3	50.0

The data of nonuser during October,1 -December, 31 2002

The Gold Card (Co-payment) registry who don't utilized when they ill ; 84.0~% and they stated as followed:

They have the private health insurance 29.7 %, recieve the information from relative and friends that "they did not recover from illness from using 30 Baht Scheme." 22.6 %, for emergency they will go to the private hospital but in chronic disease and admission they will use this program 19.0 %, ltitle ill they go to drugstore 17.8 %, doctor were not present at all time 14.2%, far away from home 11.9 %, Bad attitude with health personnel 8.3 %, insufficient of medical equipment 7.1% and familiarity with doctor 4.7 %. The Gold Card (Co-payment) who did not utilize had the reasons that they were not ill 16.0 %, please see also Table 12.

Table 12: Frequency and percentage of The Gold Card Registered who do not utilize (N= 100)

		Detail	Frequency	%
•	III		84	84
*R	leco	mmendations;		
	-	They have the private health insurance	25	29.7
	-	Relative and friends that "they did not recover from		
		illness. " from using 30 Baht Scheme.	19	22.6
	-	For emergency they will go to the private hospital but in		
		chronic disease and admission they will use this program	16	19.0
	-	Little ill they go to drugstore	15	17.8
	-	Doctor were not present at all time	12	14.2
	-	Far away from home	10	11.9
	-	Bad attitude with health personnel	7	8.3
	-	insufficient of medical equipment	6	7.1
	-	Familiarity with doctor	4	4.7
•	No	t ill	16	16
* (One	peson can recmmendatoins > 1 reason		

4. Satisfaction (The Service Quality)

Satisfaction with the service: this study evaluated and gave a satisfaction score by evaluating the level of the clients' satisfaction with the service provided by the mentioned health office, according to the Gold Cards (30 Baht for Universal Coverage scheme). In analyzing 4 categories of responses, it was found that friendly manner (hospitality) service preparation, provider's images and their assurance of service's quality.

The 3 highest mean of satisfaction were **High1** group 1/ 1.2 the doctor was informally(4.14), **High 2** group 3/ 3.2 The doctor's politeness (4.11) and **high3** group2/ 2.1 the welcome from health personnel (4.05) .as shown Table 13.

Table 13: Frequency / Percentage and Mean of Satisfaction Level of Gold card receiving in Health Care Services

			Pe					
*No./ G	oup Activity	ve	ry good	good	middle	bad	very bad	Mean Score
			(5)	(4)	(3)	(2)	(1)	(N=415)
1. H	ospitality							
1.1 T	To welcome from health personal	17.3	54.5	27.5	0.7	0.2	2	3.88
Highl	1.2 The doctor was informally		27.5	61.7	8.9	1.7	0.2	4.14
	1.3 Health personal were informally		11.3	50.6	36.0	1.9	0.0	3.71
	1.4 Give to the gentle services		15.4	49.6	32.0	2.9	0.0	3.78
	Total mean of Hospitalities group							3.51
2. Pr	reparation of facilities			*			••••	
High3	2.1 The welcome from health personnel		26.0	54.9	17.3	1.7	0.0	4.05
	2.2 The toilet is clean		10.4	50.4	34.5	4.6	0.2	3.66
	2.3 Adequate of drinking water		18.3	57.8	18.8	3.4	1.7	3.88
Low 1	2.4 The doctor's exam use a little time		8.9	24.1	35.7	23.1	8.2	2.98
	Total mean of preparing for service							3.97

^{*} Range by Mean Score

Table 13: (Cont.) Frequency /Percentage and Mean of Satisfaction Level of Gold card receiving in Health Care Services

		Percentage of satisfaction					
*No./ Gr	oup Activity	very good	good	middle	bad	very bad	Mean Score
		(5)	(4)	(3)	(2)	(1)	(N=415)
3.	Personality / Manner / courtesy						-
	3.1 The joining of the health personnel	8.4	48.0	38.6	3.9	1.2	3.59
High 2	3.2 The doctor's politeness	25.5	62.4	9.9	1.7	0.5	4.11
	3.3 The nurse's politeness	20.0	52.3	22.9	4.3	0.5	3.87
	3.4 The other officer's politeness	6.5	46.5	42.7	4.3	0.0	3.55
Low 2	3.5 The attention	5.1	36.1	48.4	8.4	1.9	3.34
	Total Mean of preparing for service						3.49
4.	Assurance of service's quality						
	4.1 Information of your illness	11.1	46.5	39.0	3.1	0.2	3.65
	4.2 Can talk about the health need	7.2	46.0	41.0	5.1	0.7	3.54
	4.3 Health teaching for your illness and can practic	e 14.2	49.4	32.8	3.4	0.2	3.74
Low 3	4.4 One stop service	4.8	37.8	47.2	8.7	1.4	3.36
	Total Mean of assurance in health services						3.89
Γotal me	ean of all 1-4					••	3.67

^{*} Range by Mean Score

The above Table can be support by qualitative results as follows:

"Giving the Gold Card to every Thai is something very good... but (the government) has to be in a position to prepare the health care units... There are not enough personnel..... One has to wait a long time [to be served]....a doctor has to examine 100 patients because some people who received their [Gold] cards want to see whether the card can be used as advertized....(I) went for care and had to wait a long time before I could be examined....... I want [the staff] to be punctual and start working on time.....(I) had to wait for half a day before getting my medicine....."

(A client from Pabon District)

The 3 high scores were group 1/1.2 The doctor was informally (89.2%), group 3/3.2 the doctor's politeness (87.9%) and group 2/2.1 the welcome from health personnel (80.9%), In addition 3 the lower scores were group 2/2.4 The doctor's exam use a little time (33.0%), group 3/3.5 The attention (41.2%) and group 4/4.4 One stop service (42.6%). In sum, all of high satisfaction more utilization in the main contracting unit than outside main contracting unit. See Table 14 below.

Table 14: Percentage of High Satisfaction of Gold Card clients Receiving in Health Care Services and the health center were utilization

No	Crown / Detail Heading		centage	Percentage of High Satisfaction			
INO	Group / Detail Heading	High of		very good + Good			Total
	Satisfaction)		faction)	**In (%)		Out (%)	
1	1/1.2 The doctor was informally	370	(89.2)	256 (69.2)	114	(30.8)	370 (100)
2	3/3.2 The doctor's politeness	365	(87.9)	259 (71.0)	106	(29.0)	365 (100)
3	2/2.1 The welcome from health	339	(80.9)	247 (73.5)	92	(26.5)	339 (100)
	personnel						
4	2/2.3 Adequate of drinking water	316	(76.1)	240 (75.9)	76	(24.1)	316 (100)
5	3/3.3 The nurse's politeness	300	(72.3)	217 (72.3)	83	(27.7)	300 (100)
6	1/1.1 To welcome from health	297	(71.8)	151 (50.8)	146	(49.2)	297 (100)
	personal						
7	1/1.4 Give to the gentle services	270	(65.0)	206 (76.3)	64	(23.7)	270 (100)
8	4/4.3 Health teaching for your	264	(63.6)	205 (77.7)	59	(22.3)	264 (100)
	illness and can practice						
9	1/1.3 Health personal were informally	257	(61.9)	210 (81.7)	47	(18.3)	257 (100)
10	2/2.2 The toilet is clean	252	(60.8)	209 (82.9)	43	(17.1)	252 (100)
11	4/4.1 Information of your illness	239	(57.6)	193 (80.8)	46	(19.2)	239 (100)
12	3/3.1 The joining of the health	234	(56.4)	199 (85.0)	35	(15.0)	234 (100)
	personnel						
13	4/4.2 Can talk about the health need	231	(53.2)	191 (82.7)	40	(17.3)	231 (100)
14	3/3.4 The other officer's politeness	220	(53.0)	193 (87.7)	27	(12.3)	220 (100)
15	4/4.4 One stop service	177	(42.6)	157 (88.7)	20	(11.3)	177 (100)
16	3/3.5 The attention	171	(41.2)	150 (87.7)	21	(12.3)	171 (100)
17	2/2.4 The doctor's exam use a little	130	(33.0)	96 (73.3)	34	(26.2)	130 (100)
	time						

^{*} Range by total percentage

^{**} In = The main contracting unit

^{**} Out = Not the main contracting unit

Concerning the opinion of where to go when ill in the future: How will people decide whether or not to come back for treatment, during their next ailment, to the same hospital? The findings: Most of them (92.8 %) claimed they would return, followed by those who are not sure (5.5 %). Only 1.7% said that they would not return to the same health care unit the next time they are ill.

If friends or relatives are sick, 74.7% claimed that they would recommend that they go to this health facility for care; followed by 21.9% who were not sure, and 3.4% who would not recommend the use of this facility. The reasons for the recommendation; visited the doctor and recovered -3.3%, saved money -0.7%, close to home and convenient to visit 0.7%. The reasons for not recommending; was treated but did not get better -4.3%, and the medicine prescribed was not good -17.2 percent. See Table 15.

Table 15: The Utilization in Health Care / Suggestions to Friend / Relatives

No.	Detail	Frequency	%
1.	The next time that you are ill will yo	ou use the first health	n care unit
	designated on your Cold Card? (n=415)		
	- Will return	385	92.8
	- Will not return	7	1.7
	- Not sure	23	5.5
2.	Would you recommend this hospital to yo	our friend / relative (n=	145)
	- Would Recommend	310	74.7
	- Not sure	91	21.9
	- Would not recommend	14	3.4

Table 15: (Cont.) The Utilization in Health Care/Suggestions to Friend/Relatives

No.	Detail	Frequency	%
	2.1 Reason of the recommendation (n=31	0)	
	 Not specify reason 	296	95.4
	- recover from illness	10	3.2
	- Low expenditure	2	0.7
	- closed to home / convenient	2	0.7
	2.2 Reason of not sure (n= 91)		
	 Not specify reason 	66	72.5
	- Aliment was not cure	14	15.4
	- Bad medicine	11	12.2
3.	Reason of the not recommendation (n=14)	
	- Bad medicine	9	64.2
	- Did not recover from illness	5	35.8

If you can choose another hospital or other service center, which site will you choose? Specify. Most respondents would choose a private hospital (37.8 %). Their reasons were expeditious service (48.9%), convinced of good quality drugs (13.7%), complete examination and staffs try to please patient (6.6%). The sample would continue to choose the designated hospital and health center on their Gold Card about 5.3% and 11.6% respectively .See Table 16.

Table 16: Frequency and Percentage of Freedom to select Hospital List

According to Type of Hospital

No.	Health center	Frequency	%
1.	If you can choose the hospital would you. (n= 227)		
	- Private Hospital	157	37.8
	- The second Hospital in Gold Card	48	11.6
	- The first Hospital in Gold Card	22	5.3
	1.1 Reason of Private Hospital (n=157)		
	- Expeditiously service	111	70.7
	- Quality drug	31	19.7
	- Complete examination and Staff Courtesy	15	9.6
	1.2 Reason of the second Hospital in Gold Card		
	(n=48)		
	- Utilize the correct channel of care	48	100.0
	1.3 Reason of The first Hospital in Gold Card (n=22))	
	- Utilize the correct channel of care	22	100.0

5. Opinion expression or recommendation in creating Universal Coverage Scheme (30 - Baht) to improve and develop the service.

From the collection of recommendations to improve the 30 baht scheme in Phatthalung province, by employing open – end questions for interviewees, the findings show that 240 people from the sampled group gave their recommendations (57.83%). When the recommendations were analyzed, the numbers and percentage of the sampled group who made suggestions were as followings:

Most respondents wanted pleasant manner and friendliness of doctors towards patients (36.3 %), followed by the good service (22.9%).

For improving the quality of service they mentioned quality of medicine 22.0%, extending the working time of doctor 11.9%, and reducing the time spent waiting for their examination 11.9%

The things the sample group wanted most from the health care insurance service are up-to-date medical equipment (so patients do not need to be referred to other health units) –48.2 %, followed by improving the efficiency of the referral system (43.7%) [i.e. reduce delays in sending patient to another facility and thereby reduce risks to the patient's life]. This was followed by a suggestion to increase the number of health personnel working at the health care unit (8.1%) as shown in Table 17.

Table 17: Frequency and Percentage of Client Recommendations on the Universal Coverage (30 - Baht Scheme)

No.	The point of recommends	Frequency (n =157)	%
1.	Gloat over		
	1.1 Hospitality of doctors	57	36.3
	1.2 Good services	36	23.0
	1.3 Convenience	21	13.4
	1.4 Hospitality of nurses	17	10.8
	1.5 Doctor present all time	10	6.4
	1.6 Adequate of drinking of water	8	5.0
	1.7 To welcome	3	1.9
	1.8 Split of sector	3	1.9
	1.9 Low cost	2	1.3

Table 17: (Cont.) Frequency and Percentage of Client Recommendations on the Universal Coverage (30 - Baht Scheme)

No.	The point of recommends	Frequency (n =157)	%
2.	For improving *		
	2.1 Quality of medicine	37	23.6
	2.2 Work time of doctor	20	12.7
	2.3 Waiting for doctor to exam	20	12.7
	2.4 Free using all Hospital / no have step in		
	referral system	18	11.5
	2.5 Improve time of give medicine	17	10.8
	2.6 Meal for admitted patient	13	8.3
	2.7 Sum of doctor : patient	13	8.3
	2.8 Hourly doctor	10	6.4
	2.9 History of patient	6	3.8
	2.10 Improve time to register	4	2.5
	2.11 Diagnosis	4	2.5
	2.12 Rehabilitate room	2	1.3
	2.13 Ward	2	1.3
	2.14 Unit of relative's patient	2	1.3
3.	Information for improve Health System		
	3.1 Would not recommend	70	44.6
	3.2 Improve medicine resources	42	26.7
	3.3 Improve quality of referral system	38	24.2
	3.4 Should increase more personnel	7	4.5

^{*} one client can recommend > 1 recommend

6. Correlation of utilization group with the variable and the important factors.

The differences of utilization rate between the main hospital and outside the main hospital, the factors that influences were gender, level of illness, type of illness and time spent traveling were significant (reliant level 95%). But other factors were not significant. See Table 18.

Table 18: Comparison of Frequency of Utilization in Main Hospital and Outside

Main Hospital by Characteristic Variable.

Detail	Frequency	In (%)	Out side (%)
Gender (n=415)			
Male	111	66(59.4)	45(40.5)
Female	304	159(52.3)	145(47.7)
p-value 0.001**			
Age (Year) (n=415)			
< 29	95	45(47.4)	50(52.6)
30 – 39	111	67(60.4)	44(39.6)
40 – 49	107	56(52.3)	51(47.7)
> 50	102	57(55.9)	45(44.1)
p-value 0.291			
Income (Baht/month) (n=415)			
< 3999	177	90(50.8)	87(49.2)
4000 – 5999	141	85(60.3)	56(39.7)
> 6000	97	50(51.5)	47(48.5)
p-value 0.204			
Occupation (n=415)			
Agriculture	287	151(52.6)	136(47.4)
Employer	53	43(58.5)	32(41.5)
Commerce	75	31(57.3)	22(42.7)
p-value 0.612			

Table 18: (Cont.) Comparison of Frequency of Utilization in Main Hospital and
Outside Main Hospital by Characteristic Variable

Detail	Frequency	In (%)	Out side (%)
Religion			
Buddhism	371	206(55.5)	165(44.5)
Islam	43	18(41.9)	25(58.1)
Other (Charity)	1	1(100.0)	0(0.0)
p-value 0.154			
Education			
Miss educate	9	4(44.4)	5(55.6)
Primary school	318	170(53.5)	148(46.5)
Secondary school	65	39(60.0)	26(40.0)
Before bachelor	20	11(55.0)	9(45.0)
Bachelor	3	1(33.3)	2(66.7)
p-value 0.868			
The level of illness (n=352)			
Severe (Admit)	88	53(63.6)	35(36.4)
Moderate (Can work job)	227	124(52.7)	103(47.3)
Mild	37	10(58.3)	27(41.1)
<i>p-value 0.003**</i>			
Type of illness /service(n=415)			
Acute	272	192(58.5)	80(41.5)
Chronic	80	38(48.8)	42(53.3)
Health promotion	63	26(42.9)	37(57.1)
p-value 0.045*			
Mode of Travel to health care uni	t(n=415)		
Walk	6	5(83.3)	1(16.7)
Bus	57	28(49.0)	29(51.0)
Rail	47	22(46.8)	25(53.2)
Car/motorcycle (personal)	305	170(55.7)	135(44.3)
p-value 0.086			

Table 18: (Cont.) Comparison of Frequency of Utilization in Main Hospital and Outside Main Hospital by Characteristic Variable

Frequency	In (%)	Out side (%)			
Additional Payment needed for treatment (Baht) (n=16)					
6	2(33.3)	4(66.7)			
10	1(20.0)	9(80.0)			
enter (minutes)	(n=415)				
171	120(70.2)	51(29.8)			
149	73(49.7)	76(50.3)			
95	31(32.6)	64(67.4)			
266	162(60.9)	104(39.1)			
94	34(36.2)	60(63.8)			
49	23(46.9)	26(53.1)			
f important co	re package be	enefit 30 Baht			
48	30(62.5)	18(37.5)			
167	89(53.3)	78(46.7)			
200	106(53.0)	94(47.0)			
	atment (Baht) 6 10 enter (minutes) 171 149 95 266 94 49 f important co	atment (Baht) (n=16) 6			

Analyzing the number of 1st episode patients (57.3%) and 2nd episode patients (42.7%) utilizing the main contracting hospital; as well as outside the main hospital (45% for 1st episode patients and 51% for 2nd episode patients). Paired differences; 95% Confidence Interval of the Difference; significant (p= 0.000). See Table 19 below.

Table 19: Frequency and Percentage of Episode Utilization Group Cross

Tabulation

Episode	Main hospit	Main hospital (n=296)			
	Inside	Outside			
1 (n= 211)	57.3	45.9			
2 (n=85)	42.7	51.1			
p-value*	0.000**				

^{* =} p-value < 0.05

The type of patients who came for a single or 1^{st} episode level of care had the following level of severity: severe illness (40.95%), moderate illness (45.6%), and mild illness (13.5%). But the 2nd episode category of patient had severe illness (36.5%), moderate illnesses (47.2%), and mild illnesses (16.5%). Paired differences; 95% Confidence Interval of the Difference; significant (p= 0.003).

The 1st episode patient has acute illness 74.8%, chronic 9.9% or came for promotive health care 15.3%; while the 2nd episode category patient has acute illness 55.3%, chronic 27.1% or came for promotive health care 17.6%. Paired differences; 95% Confidence Interval of the Difference; significant (p= 0.000). See Table 20 below.

^{** =} p-value < 0.01

Table 20: Frequency and Percentage of Episode Cross Tabulation Level / Type of illness / services Tabulation

Level /Style of illness	Fragueray	Episod	des (%)	
Level/Style of filless	Frequency	1	2	
Level of illness				
Severe	77	45(28.2)	32(24.1)	
Moderate	200	108(66.2)	92(69.2)	
Mild	19	10(5.6)	9(6.7)	
Total	296	163(100.0)	133(100.0)	
<i>p-value 0.003*</i>				
Type of illness/service				
Acute illness	215	133(78.7)	82(64.6)	
Chronic	35	17(10.1)	18(14.2)	
Health promotion	42	19(11.2)	27(21.2)	
Total	296	169(100.0)	127(100.0)	
<i>p-value</i> 0.000**				

^{* =} p-value < 0.05

In comparing the difference in the expectation in health care service between the type of illness and level of illness, it was found that there was no significant difference.

Most people who felt that their expectations were fulfilled, as well as those who felt their expectations were not fulfilled, belonged to the group who had acute illnesses.

95% confidence interval of the difference as shown in Table 21.

^{** =} p-value < 0.01

Table 21: Comparison of and Percentage Frequency of Type of Illness and Level of Illness with Expectation in Health Care Service

Detail	Frequency	Expecta	ation (%)	
Detail	rrequency	Full	not full	
Type of illness / service (n=415)				
Acute illness	272	242(89.0)	30(11.0)	
Chronic	80	69(86.2)	11(13.8)	
Health promotion	63	56(88.9)	7(11.1)	
p-value 0.000**				
Level of illness (Envisioned by patient	(n=352)			
Severe				
Moderate	154	140(90.9)	14 (9.1)	
Mild	150	125(83.3)	25(16.7)	
p-value 0.000**	48	56(79.2)	10(20.8)	

7. Correlation of satisfaction level with the variable and the important factors

When compare the difference of the mean score of satisfaction in different aspects, the findings are as follows:

The aspects of Hospitality, the factor of age, method of traveling from home to the service unit, the time of traveling, cost of traveling expense, and the level of knowledge on some important issues in the privilege of health care insurance for all, have some important mean of confidence of 95%. The different in other factors are found,

The preparation of service giving, that the factors, home to the health care unit traveling and the adjusting to pay for the treatment, have substantive mean of difference at the confident level of 95 %, the other factors' difference are not found,

The findings found that the image of the clients, such as; gender, group of utilize (in/outside main Hospital) and the level of knowledge on list important core package benefit have some important mean at the confident level of 95 %, the other factors' different are not found,

The confidence in the assurance of service's quality found that; the factors of gender, age, occupation, religion, level of illness, the method of traveling from home to health care unit, the addition expense for the treatment, the time of traveling, pay for traveling, group of utilize (in/outside main Hospital) have some important mean of difference at the confidence of 95%, the other factor's difference are not found, as shown in Table 22.

Table 22: Comparison of Mean of Level of Satisfaction Variable in Sample Group by Characteristics Variable and Important Factors.

Gr.1 = Hospitality,

Gr.2 = Preparation of facilities,

Gr.3 = Personality / Manner / courtesy,

Gr.4 = Assurance of service's quality

,		Mean of satisfaction				
	Gr.1	Gr.2	Gr.3	Gr.4		
Gender						
Male	3.55	3.98	4.82	3.98		
Female	3.50	3.97	4.74	3.85		
p – value	0.384	0.899	0.003*	0.017*		
Age						
<29 Years	3.90	4.76	3.95	3.62		
30-39 Years	3.77	4.77	3.97	3.73		
40-49 Years	3.99	4.77	3.97	3.39		
> 50 Years	3.92	4.74	3.96	3.30		
p – value	0.022*	0.127	0.810	0.002*		
Income (Baht)						
< 3999	3.83	4.78	3.98	3.59		
4000-5999	3.85	4.74	3.89	3.49		
> 6000	4.07	4.76	4.08	3.39		
p – value	0.473	0.195	0.799	0.922		
Occupation						
Agriculture	3.89	4.76	3.96	3.53		
Employ	3.88	4.80	3.90	3.56		
Seller	3.92	4.74	4.06	3.41		
p – value	0.129	0.425	0.670	0.015*		

Table 22: (Cont.) Comparison of Mean of Level of Satisfaction Variable in Sample Group by Characteristics Variable and Important Factors

	Mean of satisfaction			
	Gr.1	Gr.2	Gr.3	Gr.4
Education				
Miss educate	4.00	5.00	4.50	4.00
Primary school	3.90	4.76	3.96	3.46
Secondary school	3.87	4.76	4.00	3.63
Before bachelor	3.95	4.78	4.05	3.75
Bachelor	4.00	4.66	4.00	4.00
p – value	0.280	0.705	0.981	0.382
Religion				
Buddhism	3.86	4.74	3.97	3.50
Islam	4.13	4.90	4.00	3.58
Other	4.00	5.00	4.00	4.00
p – value	0.716	0.959	0.108	0.011*
The level of illness (Envisioned by patient)				
Severe	4.00	4.78	4.00	3.48
Moderate	3.84	4.74	3.94	3.48
Mild	3.80	4.80	4.03	3.71
p – value	0.129	0.425	0.670	0.015*
Travel to health center by				
Walk	4.00	4.50	4.00	3.83
Bus	3.75	4.72	3.89	3.40
Employ	3.70	4.64	3.72	3.80
Car/motorcycle (personal)	3.95	4.79	4.03	3.48
p – value	0.038*	0.001**	0.182	0.007*

Table 22: (Cont.) Comparison of Mean of Level of Satisfaction Variable in Sample Group by Characteristics Variable and Important Factors

	Mean of satisfaction			
	Gr.1 Gr.2 Gr.3 G			
Additional payments needed for treatment				
(Baht)				
Non	3.90	4.78	3.97	3.54
< 199	3.90	4.33	4.36	2.90
200-299	3.83	4.80	4.00	3.66
> 300	3.50	4.25	3.80	3.10
p – value	0.282	0.001**	0.603	0.002**
Time spent traveling to health center				
(Minutes)				
< 29 (Minutes)	3.86	4.73	3.98	3.53
30-49 (Minutes)	3.81	4.77	3.87	3.56
> 50 (Minutes)	4.07	4.80	4.12	3.40
p – value	0.000***	0.824	0.965	0.039*
Cost of traveling (Baht)				
< 29	3.85	4.78	3.97	3.57
30-49	4.05	4.76	4.04	3.50
> 50	3.85	4.73	3.89	3.20
p – value	0.016*	0.275	0.826	0.011**
Group of Utilize (Main contracting				
Hospital)				
In	3.51	3.97	4.77	3.90
Outside	3.55	3.94	4.52	3.61
p – value	0.317	0.786	0.005*	0.031*

Table 22: (Cont.) Comparison of Mean of Level of Satisfaction Variable in Sample Group by Characteristics Variable and Important Factors

	Mean of satisfaction			
	Gr.1	Gr.2	Gr.3	Gr.4
Level of list important core package benefit				
(30 Baht)				
High	4.02	4.93	4.04	3.54
Middle	3.73	4.66	3.93	3.56
Low	3.95	4.380	4.00	3.47
p – value	0.026*	0.064	0.001**	0.162

^{* =} p-value < 0.05

The next chapter will summarize the overall outcome of this research by illustrating details of specific results and discussions.

^{** =} p-value < 0.01