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APPENDICES

APPENDICES

Appendix1 Indicators

Appendix2 Guideline and Questionnaire

- **Indepth Interview Guideline**
- **Focus Group Guideline**
- **Questionnaire for Health Center Personnel**

Appendix3 Data Collection

- **The Opinion of the Director of Namphong District
Health Cooperative Committee**
- **The Opinion of the Data Collection Team**
- **Policy awareness, Understanding, and Practice of Health
Center
Personnel**

Appendix4 Miscellaneous sheet

- **Health Card**
- **List of Focus Group Members**
- **Letters**

Appendix 1

INDICATORS

Table 5 : Indicators

- 1. Indicators of Management, Assessment of Model and Criteria of Fund Allocation to Health Care System**
- 2. Indicators of Management, Assessment of Medical Record Audits and Health Service Review**
- 3. Indicators of Management, Assessment of Information System Management**
- 4. Indicators of Management, Assessment of Development of Network and Quality of Primary Care Service**

1. Indicators of Management, Assessment of Model and Criteria of Fund Allocation to Health Care System

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>1. Planning to create organization efficiency</p>	<p>1.1 Concern about policy and objectives and model, rule of Health Center payment.</p> <p>1.2 Share and select the suitable work for suitable person.</p> <p>1.3 Model and Criteria of Fund Allocation to Health Center</p> <ul style="list-style-type: none"> - Make suitable allocation model - Run under the project - Members have a chance to share in decision - Possibility to change model and rules - Completely planning for payment * Fix the date of handle data payment * Must handle the documents a timely manner * Fix the period of payment 	<ul style="list-style-type: none"> - The project manager - The Data Collection Team - Staffs - H.C. Personnel - Meeting Report - An instruction 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An instruction

GROUP	INDICATORS	RESOURCE	INSTRUMENT
	* Follow every step of the plan		
<p>2. Management controlling to create organization efficiency</p> <p>3. Policy awareness and understanding</p>	<p>1.4 If something is incorrect, it must be suspended</p> <p>2.1 Making the organizational structure and searching for the suitable person for work</p> <p>2.2 Update your organization</p> <ul style="list-style-type: none"> - Seminar - Workshop - Take courses <p>2.3 Have a sufficient budget</p> <p>2.4 Have a suitable place and materials.</p> <p>2.5 Tools and instruments are available.</p> <p>3.1 Personnel understand policy</p> <p>3.2 Personnel must accept this duty as a part of contemporary work</p>	<ul style="list-style-type: none"> - The project manager - The Data Collection Team - Staffs - H.C. Personnel - Meeting Report - An Instruction - The Data Collection Team - Staffs - H.C. Personnel - Record 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An Instruction - Focus Group Guideline - Questionnaire - Record

2. Indicators of Management, Assessment of Medical Record Audits and Health Service Review

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>1. Planning to create organization efficiency</p>	<p>1.1 To determine the objectives or policy of medical records and reconsider services.</p> <p>1.2 To share the work (search for appropriate person to work)</p> <p>1.3 To set the standard of work and appropriate factors which may not interfere with their contemporary work.</p> <p>1.4 Examining system</p> <ul style="list-style-type: none"> - There is a process for considering the payment system and which is suitable for working by the objectives. - Making summary of payment system, checking the work rate <p>1.5 Measurement of advantages</p> <ul style="list-style-type: none"> - Staff - Team 	<ul style="list-style-type: none"> - The project manager - The Data Collection Team - Staffs - H.C. Personnel - Meeting Report - An instruction - Record 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An instruction - Record

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>2. Management controlling to create organization efficiency</p>	<p>2.1 Structure setting</p> <ul style="list-style-type: none"> - Select the team to examine the data in the Health Center , Zone and District <p>2.2 Personnel Development update.</p> <p>2.3 Sufficient budget for management, such as trip fee or petrol fee.</p> <p>2.4 Suitable place and material.</p> <p>2.5 Tools and Instruments are available.</p>	<ul style="list-style-type: none"> - The project manager - The Data Collection Team - Staffs - H.C. Personnel - Meeting Report - An instruction 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An instruction
<p>3. Policy awareness and understanding.</p>	<p>3.1 Personnel understand policy or project.</p> <p>3.2 Personnel accept that this duty is a part of contemporary work.</p>	<ul style="list-style-type: none"> - The Data Collection Team - Staffs - H.C. Personnel - Record 	<ul style="list-style-type: none"> - Focus Group Guideline - Questionnaire - Record

3. Indicators of Management, Assessment of Information System Management

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>1.Planning to create organization efficiency</p>	<p>1.1 To determine policy about Health Card Information System Management (Yes, No, How, Why)</p> <p>1.2 To determine a mission and assign a job (What, Who)</p> <p>1.3 To determine an appropriate information technique</p> <ul style="list-style-type: none"> * Registration of information * To determine counting (right overlapped) * To have base line data for service provided to individuals (promotion, prevention, curative) * To have health service information for fund allocation in Health Center * To have a list of Health Card Sales 	<p>The Project Manager</p> <ul style="list-style-type: none"> - The Data Collection Team - Staffs 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An Instruction - Record

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>2. Management controlling to create organization efficiency</p>	<p>1.3 Assessment system</p> <ul style="list-style-type: none"> - Assess from total sales of Health Cards or the objectives (have no goal, have goal, how and because) - Assess from services in target group. <p>1.5 Measurement of advantages and disadvantages</p> <ul style="list-style-type: none"> - Staffs <p>Team</p> <p>2.1 Set structure</p> <ul style="list-style-type: none"> - Select the committee to control policy - Making information about Health Cards project. <p>Others.</p>	<ul style="list-style-type: none"> - The project Manager - The Data Collection Team - Staffs - H.C. Personnel - Meeting Report - An Instruction - Record 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An Instruction - Record

GROUP	INDICATORS	RESOURCE	INSTRUMENT
3. Policy awareness and understanding	2.2 Team improving (How to, Which way) <ul style="list-style-type: none"> - Computer knowledge - Other knowledge. 2.3 Sufficient budget for management 2.4 Appropriate place, sufficient material. 2.5 Instrument available <ul style="list-style-type: none"> - File serving - Computer serving 	- The Data Collection Team - Staffs - H.C. Personnel - Record	- Focus Group Guideline -Questionnaire -Record
	3.1 Personnel understands the objective and project 3.2 It must be the part of contemporary work		

4. Indicators of Management, Assessment of Development of Network and Quality of Primary Care Service

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>1. Planning to create organization efficiency</p>	<p>1.1 Concern about the objective of network development and quality of Health Center.</p> <p>1.2 Defining a mission and searching for suitable work and suitable persons.</p> <p>1.3 Support from District Cooperation Committee to develop the network</p> <p>1.4 Work Standard</p> <ul style="list-style-type: none"> - Survey the problem and progress of work - Target survey - Joining of members, people and Non government organization <p>1.5 Planning and activities</p> <ul style="list-style-type: none"> - Standard of treatment and Health Care service. - Making medical record 	<ul style="list-style-type: none"> - The project manager - The Data Collection Team - Staffs - H.C. Personnel - Meeting Report - An Instruction 	<ul style="list-style-type: none"> - Indepth Interview Guideline - Focus Group Guideline - Questionnaire - Meeting Report - An Instruction

GROUP	INDICATORS	RESOURCE	INSTRUMENT
	<ul style="list-style-type: none"> - Diabetic Clinic in Health Center - Development of Referral System <ul style="list-style-type: none"> ■ Making Referral Audit ■ Changing the Catchment Area ■ Making Home Health Care Project ■ Family Medicine Project ■ Others 1.6 The assessment of different work , network development and Primary Care Service (before making a plan and after doing) 1.7 Measurement of advantages and disadvantages <ul style="list-style-type: none"> - Members - Team 		

GROUP	INDICATORS	RESOURCE	INSTRUMENT
<p>2. Management controlling to create organization efficiency</p>	<p>2.1 Structure of network development</p>	<ul style="list-style-type: none"> - The project manager 	<ul style="list-style-type: none"> - Indepth Interview
	<ul style="list-style-type: none"> - Select the controlling committee 		<ul style="list-style-type: none"> - Guideline
	<ul style="list-style-type: none"> - Meeting 	<ul style="list-style-type: none"> - The Data Collection Team 	<ul style="list-style-type: none"> - Focus Group Guideline
	<p>2.2 Update organization</p>	<ul style="list-style-type: none"> - Staffs 	<ul style="list-style-type: none"> - Interview Questionnaire
	<p>2.3 Sufficient budget for the project</p>	<ul style="list-style-type: none"> - H.C. Personnel 	<ul style="list-style-type: none"> - Meeting Report
	<p>2.4 Sufficient place and materials</p>	<ul style="list-style-type: none"> - Meeting Report 	<ul style="list-style-type: none"> - Meeting Report
	<p>2.5 Medical tools are available</p>	<ul style="list-style-type: none"> - An Instruction 	<ul style="list-style-type: none"> - An Instruction
<p>3. Policy awareness and understanding</p>	<p>3.1 Personnel understand policy or project.</p>	<ul style="list-style-type: none"> - The Data Collection Team 	<ul style="list-style-type: none"> - Focus Group Guideline
	<p>3.2 Personnel accept that this duty is a part of contemporary work.</p>	<ul style="list-style-type: none"> - Staffs - H.C. Personnel - Record 	<ul style="list-style-type: none"> - Interview Questionnaire - Record

APPENDIX 2

GUIDELINE AND QUESTIONNAIRE

APPENDIC 2.1

**INDEPTH INTERVIEW GUIDELINE FOR THE CHAIRMAN OF NAMPHONG
DISTRICT HEALTH COOPERATIVE COMMITTEE**

APPENDIC 2.2

FOCUS GROUP GUIDELINE FOR THE DATA COLLECTION TEAM

APPENDIC 2.3

QUESTIONNAIRE FOR HEALTH CENTER PERSONNEL

APPENDIC 2.1

INDEPTH INTERVIEW GUIDELINE FOR THE CHAIRMAN

OF NAMPHONG DISTRICT HEALTH COOPERATIVE COMMITTEE

1. Where did a financing reform policy come from ? Who has assigned it ?
2. In your opinion “Was your idea about financing reform in the past different from now or not ?”, How/What about the subject to ?
3. What are your concepts about the Health Card Fund allocation project for the Health Center in Namphong District ? Why did the financing reform project have to use the Health Card Fund ? Can the financing reform project use the other fund ?
4. Who is the created the project objective ?
5. How is the policy and objective of this project transmitted to Health Center personnel ?
6. What is the role of Namphong District Health Cooperative Committee in this project ?
7. What is your policy about the 4 following issues ?
 - 7.1 Health Card information system
 - 7.2 Medical record audit and health service review
 - 7.3 Model and criteria of fund allocation to health care system
 - 7.4 Development of network and quality of Primary Care Service
8. Who did you assign to be responsible for the following 4 issues ?
 - 8.1 Health Card information system
 - 8.2 Medical record audit and health service review
 - 8.3 Model and criteria of fund allocation to health care system
 - 8.4 Development of network and quality of Primary Care Service
9. What are your designs for an efficient project regarding these 4 issues ? What standard was in your mind ? What indicator was used ?
10. Is it a high standard ? Can you do it ?

11. Did Health Center personnel complete this project ? Did they need to increase potential or not ?
12. What are Health Center personnel missing ?
13. What had to be prepared to developed a structure, personnel, financing place, instrument, material in the following 4 issues ?
 - 13.1 Health Card information system
 - 13.2 Medical record audit and health service review
 - 13.3 Model and criteria of fund allocation to health care system
 - 13.4 Development of network and quality of Primary Care Service
14. Did you have any problem in the preparatory phase ?
 - If you had any problem, why ?
 - How did you solve the problems ?
 - What are tactics and conditions for success?.
 - What are your suggestions for application to other areas?
15. What is the change in the process of this project ?
 - Please compare the process in the past and now .
 - Please compare the strengths and weaknesses in the past and now. Why do you think they changed ?
 - Your suggestions application to other areas.
16. From the process result, what developed or changed from the past regarding these issues...?
 - Health Center
 - Hospital
 - Health Service System
 - People
 - Other
17. Other suggestions ?

APPENDIC 2.2

FOCUS GROUP GUIDELINE FOR THE DATA COLLECTION TEAM

- **Introducing master of ceremony, staff and objective of study.**
 - **Making friendly atmosphere before conversing.**
- 1. Questions about assigned duty.**
 - 1.1 **Recommendation about instruction, committees, possibility of instruction, and suitability of staff?**
 - 1.2 **After receiving a job description, what works have started and how was the responsibility shared?**
 - 1.3 **Is work (for example:-report) difficult ? If you do this work as a normal task daily, can you afford it? (no, yes, why)**
 - 2. Questions about Health Card information system.**
 - 2.1 **How is this work assigned and by whom? Has the committee responded? Has Health Card information system been set in Health Center? How about it?**
 - 2.2 **Do you have a system development to record audit ? by whom ? in list below**
 - **Health Card Fund population registration data.**
 - **Right overlaps checking.**
 - **What target group was used to create individual service database (promotion, prevention, cure)**
 - **Service data for intranet creation (use only Health Card patients data or all patients data, Why ?)**
 - **Health Card selling control and data management.**
 - 2.3 **Was the information system suitable for use ?**
 - 2.4 **Does the information system add more tasks to officers workload ?**
 - 2.5 **Have Health Card sales been evaluated ? Does it reach the goal ?**
 - 2.6 **Has service been evaluated in the target group ?**

2.7 Management for organization efficiency

2.7.1 Do you have enough Health Card information system officer ?

- If not enough / Why ?
- How will this problem be solved?
- What are strategies and condition for success ?
- What are the recommendations for applying this to other areas ?

2.7.2 Do you have a course for officer information development system? About what?

2.7.3 Do you have enough budget ?

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations to apply this to other areas?

2.7.4 Do you have enough heavy article and place ?

- If not enough/Why ?
- How do you this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations to apply this to other areas ?

2.7.5 Do you have enough equipment ?

- If have not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas?

3. Questions about Medical record audit and health service review

3.1 How do you assign this ? Who does it ?

3.2 Have databases been checked for reliability? who does it ?

3.3 Does the checking system add burden to the officer ?

3.4 How suitable is this system ? Is it in line with objectives ?

3.5 Have the objective and outcome in the Health Center been compared, and has the budget allocation system analyzed (by increased incentive) to determine consequence to outcome or not ?

3.6 Management for organization efficiency

3.6.1 Do you have enough Health Card record checking officers?

- If not enough /Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendation to apply this to other areas ?

3.6.2 Do you have a course for officer checking performance ?

What way ?

3.6.3 Do you have enough budget ?

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations to apply this to other areas ?

3.6.4 Do you have enough heavy article and place ?

- If not enough/ Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendation to apply this to other areas ?

3.6.5 Do you have enough equipment ?

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations to apply this to other areas ?

4 Questions about Model and criteria of fund allocation to health care system

4.1 How is this assigned ? Who does it ?

4.2 How do you do about model and criteria of payment to Health Center
in list below ?

- Are the model and criteria suitable ?
- Do they meet the objective of the project ?
- Do members in the organization have the right to participate in making decisions ?
- Can we change this model and criteria ?

4.3 Is there a budget allocation plan ?

4.4 Can we follow the plan ? Why ? How do you solve the problems ?

4.5 Management for organization efficiency

4.5.1 Do you have enough officers for budget allocation ?

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for to success ?
- What are the recommendations for applying this to other area ?

4.5.2 Do you have a course for officer checking performance ? What way ?

4.5.3 Do you have enough budget ?

- If not enough/ Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

4.5.4 Do you have enough heavy article and place

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

4.5.5 Do you have enough equipment ?

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

5 Questions about Development of network and quality of primary care service.

5.1 Do the committees support development of network and of Primary Care Service ?

5.2 How do you set operation standards in the Primary Care Service?

5.3 What plan or project do you have for developing network and quality of Primary Care Service ?

5.4 Do you evaluate what different or development of this work ? How ?

5.5 Management for organization efficiency

5.5.1 How do you set conferences associated with this project ?

5.5.2 Do you have enough officers ?

- If not enough / Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

**5.5.3 Do you have a course for officer develop information system?
What way ?**

5.5.4 Do you have enough budget ?

- If not enough /Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

5.5.5 Do you have enough heavy article and place ?

- If not enough /Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

5.5.6 Do you have enough equipment ?

- If not enough /Why ?
- How do you solve this problem ?
- What are the strategies and conditions for success ?
- What are the recommendations for applying this to other areas ?

6 Questions about policy awareness and understanding

6.1 Do you think officers understand this project ? Why ?

6.2 Do you think officers agree with the policy and accept it as part of daily work ?

6.3 Do you think staff collecting data understand this project ? Why ?

6.4 Do you think staffs collecting data agree with the policy and accept it as part of daily work ?

7. Questions about reward and punishment criteria.

- Do you have reward and punishment criteria that relate to this project ?

Do you agree with it ?

8. Questions about outcome comparing 1997-1998-1999.

- Is the outcome different from before this project began ? Why ?

- What were the good and bad results to what is listed below ?

- Health Centers
- Hospital.
- Health system.
- People.

APPENDIC 2.3

Questionnaire No [] []

QUESTIONNAIRE FOR HEALTH CENTER PERSONNEL

- Explanation**
1. Please complete information .
 2. This questionnaire has 2 parts :- **Part 1** is general information . **Part 2** of the questionnaire is about knowledge and practice of Health Center personnel .
 3. Project covered by this questionnaire is Health Card Fund Allocation Project for Health Centers, case study in Namphong District, Khon Kean. between 1998-2000 .

Part 1 : General Information

Explanation: Please mark/in at the front of actual contents and answer every question.

1. Sex Male Female
2. Age.....years (Full year)
3. Marital status
 - 1. Single
 - 2. Married
 - 3. Widowed/Divorced/separated
4. Education
 - 1. Certificate/Diploma
 - 2. Bachelor Degree
 - 3. Higher than Bachelor Degree
5. Work office.....
6. Position
 - Headman of Health Center
 - Staff of Health Center

7. Are you responsible for Health Card job in Health Center.

Yes

No

8. How long have you worked in Namphong District.....years (Full year)

Part 2 : Question about policy awareness, understanding and practices of personnel

Explanation : Please answer this question by your work experience in the gag. If it's not enough you can write in back of this paper or additional sheet.

Section 1 . Questions about policy awareness and understanding

1. Do you know about this project in your district?

Unknown

Known

2. Do you know policy or objective of this project?

Unknown

Know / How much a little all

What is the policy or objective of this project?

Who assigns policy or objective ?.....

Do you agree with policy or objective?

Agree

Disagree

Why?.....

3. Questions about participation

3.1 Do you participate in designing the policy or objective in this project?

How?.....

3.2 Do you participate in the Namphong District Health Cooperative Committee

conference? How?.....

5. Does this project have rewards and punishments?

- No
- Yes, / How?.....

Do you participate in creating this measurement? (reward and punish)

Do you agree with it ?

Section2. Question about planning and controlling

2/1 Questions about Health Card Information System (news, show or description)

1. Do they assign you to work in Health Card information in the Health Center.?

- No, Because.....
- Yes , How.....

Do they assign you to work with the Health Card Information System in the district?

- No, because.....
- Yes , How.....

2. Have you ever developed an information system and audit database system in the Health Center ?

2.1 Is a record or registration in the Health Center made ?

- No/because.....
- Yes, /How? computer or handwriting / who did it /what is the problem?

2.2 Checking about people who come for service?

- No/because.....
- Yes/How / who did it /any trouble?

2.3 Do you work in the personal database (Protect/Promote/ Treatment/) of the Health Card holder?

- No/because.....
- Yes/How (By computer or handwriting) /Who did it/Trouble?
.....

2.4 What about money payment, have made in data or not?

- No/Because.....
- Yes/How /What data/ Why do you use this data?

2.5 Is there registration control of Health Card payments in the Health Center ?

No/ Because.....

Yes, /How /Who?.....

2.6 Do you make a receipt and payment record for the Health Card Fund in the Health Center ?

No/Why.....

Yes,/How /Who?

3. Do you think this database system is suitable for today?

It's not suitable/How.....

Suitable/How.....

4. Does this data system make any trouble for you or not?

No/because.....

Yes/How.....

5. Controlling in district /tambol .

5.1 Is any report made for a work period?

No/Why.....

What are work data / What is target group?.....

5.2 Has work from Namphong District Health Cooperative

Committee been followed since the project started or not?

No/Why?.....

Yes/How/Who?.....

6. Did you evaluate health service in Health Card holder group ?

No/Why?.....

Yes/ How to assess/ How long working in this system?.....

2/2 Questions about Medical record audit and health service review

1. Is it necessary to check this record and services?
 No need/because.....
 Needed /because.....
2. Do you justify a job in working and real situation in the Health Center /zone ?
 No/Why.....
 Yes/How to /Who is responsible for this duty?
How to prove data system in service.....
Justify zone work by.....
How is the data system corrected ?.....
Does this determining system bring you any trouble ? /Why?.....
3. To review information of service, do you use any suitable system?
 No /Why
- Yes/How to/Who did it?.....
4. Do you analyze the payment system and prove that working actually reached the goal?
 No/Why
 Yes/How to/Who did it?
5. Problem and trouble/ the way to arrange or solve it ? / any more comments ?
.....

2/3 Questions about the model and criteria of payment

1. Do you agree that this project has a strong pattern and rule?
 No/Because.....
 Yes/Because.....
2. Is anyone responsible for this payment function / do they join in setting the rule?
 No/Why.....
 Yes/How to/Who did it?

For district work who is responsible for this payment system, have any people worked in this?..... How?.....

3. Which representative from the Health Center has joined the payment decision?

4. Are the Payment Model and rules for Health Centers analyzed?

No/Why

Yes/ other action /How to

4.1 How to figure it? / rule or agreement are?.....

4.2 How are decisions made? (one person or committee from Health Center join this action?).....

4.3 This pattern can be changed or not? How ?.....

5. In the district, is there any plan for payment system or not ?

No

Yes/What is it about?

5.1 How do you bring financial incentive?.....

5.2 Do you have any Health Card holder a data services? Do you use it for allocation of money?

If not/ What other database is used instead (another group)? Why.....

5.3 When do you send your report for allocation money ?.....

6. Is this system suitable?

Yes/Because.....

No/Because.....

2/4 . Questions about development of network and quality of primary care service.

1. Is it important to develop our network and services?

No/ Because.....

Yes/ Because.....

2. Is there a primary care plan and is it available in the Health Center ?

No/ Because.....

Yes/ What is it?.....

Is anyone responsible for primary care service in the district?.....

3. Is there a meeting for Health Center personnel or not?.....

Have not/ Why.....

Have/ How is it?

4 .In Health Center, is anyone responsible for in development of the network and

Primary Care Service?

Have not/ Why.....

Have/ Who is it?

5. Is there any support from the District Health Cooperative Committee for development of Primary Care Service ?

No/ Why.....

Yes/ What's it?

6. Is there any assessment of this development, before-after?

No/Because.....

Yes/ There is.....

7. Do you have any trouble in health promotion, health prevention and cure services ?

No trouble/ because.....

Some trouble/ because.....

Is any improvement needed, such as.....

Are there unresolved problems are?.....

Section3. Power of organization, way of management

1. Do you have sufficient staff for work?

Sufficient

Not sufficient /reasons.....

Can you solve your work problems?/How?

Can't/ reflection of working

Can solve/by/work conditions for reaching the goal are.....

Any more comments about other areas.....

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More Comment.....

5. Enough tools and instruments ?

Enough

Not enough /Explain.....

Can this problem be solved/How?

Cannot/things after trying to are.....

Can/by.../ condition of
working.....

More Comments.....

6. What are things you think must be improved? (Method, technology, management,
communication).....

7. Something that is wasteful after being supported.....

APPENDIC 3

DATA COLLECTION

APPENDIC 3.1

THE OPINION OF THE DIRECTOR OF NAMPHONG DISTRICT HEALTH
COOPERATIVE COMMITTEE

APPENDIC 3.2

THE OPINION OF THE DATA COLLECTION TEAM

APPENDIC 3.3

POLICY AWARENESS, UNDERSTANDING, AND PRACTICE OF HEALTH
CENTER PERSONNEL

APPENDIC 3.1

THE OPINION OF THE DIRECTOR OF NAMPHONG DISTRICT

HEALTH COOPERATIVE COMMITTEE

ABOUT THE HEALTH CARD FUND ALLOCATION PROJECT

An Indepth interview of Doctor Wichai Assawapak, director of Namphong Hospital and director of Namphong District Health Cooperative Committee was conducted.

Health Centers are the basic or first government health care systems which serve people who live far from civilization. (Poor management, materials and technology). Today, the image of the Health Center isn't acceptable for medical service because of poor and imperfect staffs, tools and equipment including medicine and medical facilities. But there is a group of people dedicated to improving the Health Center . They wish to see the perfect Center which can provide all Primary Care Service such as:- health prevention, health promotion, rehabilitation, and a small number of cure by qualified staffs with appropriate tools and equipment and speedy friendly service .

This Indepth interview of Doctor Wichai Assawapak was about the Health Card Fund Allocation Project for Health Centers, specifically the case study in Namphong District, Khon Kaen Province and objectives of the project for service development in Health Centers.

SCRIPT OF INTERVIEW.

Interviewer : When did you start to develop the Health Center?

Doctor Whichai : since 1992-1996 Namphong District has received research budget with support from JICA, to practice situation analysis and find out what are the health problems. Then we find the way to get rid of these problems. The other trouble is the JICA staffs do not fully understand the reality of public health care. That results in poor knowledge in health research, and we don't know what we have to do. Anyway, there are some benefits in this project, money also tools. In 1997, a team came to this project from the Health Care Reform Project, represented by Doctor Sa-nguan and the Ayudhaya team. We speak the same language

so it's very easy to comment and discuss. We have clear knowledge of the health care system and we always discuss and meet. We study about health care in several research projects that are wider. Now we have some more samples and we adapt something from our JICA lesson to make it better. We found that the first is staff or personnel development and then we changed the system little by little and ran a new Health Card payment; before we paid entirely by selling cards, but today we pay by amount of service working too.

Interviewer : From your experiences, what are the factors of health service management?.

Doctor Wichai : It's the truth that when I work for a long period, in the district or province hospital , I have seen more things and I collect these lessons; for example ,when the board of directors changed, the situation changed too. The teams and their ability still remain but the system may not. I think it's too difficult. Otherwise, in Ubolratana District, Khon Kaen, the villagers try to learn to improve their health care. That is the best. Once I have been to Song Kla, They do the same and there is a high rate of improvement and they remain updated. Working in Namphong Hospital, in 1992, there were 40,000 patients but today are 120,000 patients per year to care for. It's ordinary that when the patients increase, the Doctors, tools and budget must increase too. That makes me think this is not correct. We spend more power, time for treatment and even though we have so many many tools and staff, we are as tired as we used to be.

Interviewer : What is your idea about Primary Care Service? What is the right way to do this work?

Doctor Wichai : It's O.K. now. I always talk to Doctor Aphisit (Uboirattana Hopsital) about it. And sometimes I make a trip to study outside my area such as SongKla or Tak. The Health Care Reform Project makes something easy and helps us more. But I have no time to think about JICA and the community because we did not have enough doctors and I run out of energy after giving treatment to the patients. Now it's better because we have some more doctors. Most importantly, the success of our work, in my opinion, comes from the helping hand of the Chairman of District Health Office. Steps of development must include both government and community; we can't make one side strong without the other. We have to select the activities and

persuade the people to join in health care and change a little step by step. For Namphong District we work on integrating the health system.

Interviewer : What are the steps of improving? What is the method of budget management?

Doctor Wichai : We trust that,

- 1) If we manage the budget properly , it will bring a different behavior of service.
- 2) Paying by considering each person and his work
- 3) To pay incentive money is to attract staff for dynamic work.
- 4) The right management with budget can promote important activities which to be ignored in the part; for example a promotion work.
- 5) It is a concept that all officials can join and determine.

The budget comes from the Health Card Fund and Low Income Fund in Khon Kaen Province. Each Center gets 100,000 ฿ from Low Income Fund supporters , but this is in the form of medicine and medical supplies. The agreement of the Health District Committee is when one Center draws over the medicine limited it must pay back 20% of the over limit from Health Card Fund that they should receive.

To manage the system, first the payment model is modified and presented to the conference of Health Center personnel. Then the meeting date is scheduled for checking report. After data are compiled and checked by the Data Collection Team, the budget will come to the Health Center.

Interviewer : What are the roles of the District Health Cooperative Committee?

Doctor Wichai : The policy was made by the Hospital Director and the Chairman of the District Health Office (representative). The committee must share in the policy too. Half of the committee comes from the Health Center.

Interviewer : What is the condition of payment?

Doctor Wichai : It is flexible! Formerly, payment was by selling the whole card, now it is payment for a person's work. We considered only treatment for Health Card holders, then all types and finally all kinds of patients. We should be concerned not only with treatment but also with adding more activities such as health promotion, disease control and home visits. The policy is for a wide range of working, for the activity where you want more work, you pay more. The committee must control and analyze the policy.

Before, some Centers received little budget (paid for work only). We now offer a new model "maintenance cost" for water and electricity bills 20%, incentive for card selling 20% and 60% is for work. That's why I said our policy is flexible.

The hospital must support the Center's money without affecting the amount of money for the hospital. It makes Health Center personnel feel that hospitals are their chaperone. The activity that you want to figure out then you pay more money into this activity. That will make it an attractive work. Or you give Health Centers more tools such as computer programs that make their work comfortable, paying incentives or making family files, everything...money is a part of it.

Interviewer : What is the method of money management ?

Doctor Wichai : 1) Paying by determining work.

2) Incentive means money for good working. It's the thing or tool for creating any activity. But paying less or more, it depends on the importance of an activity or the level of difficulty.

Interviewer : When you started to do the project, what was your expectation ?

Doctor Wichai : I thought only money was leading work and thought about the right way of fund management, these are the main ideas. First, we have to care for health work, but about the model of working or the way of checking, we never thought of them. Sometimes our team creates a new model for advance working. We can trust in our data team.

Interviewer : What's your first step of development?

Doctor Wichai : Our first step is health development in general, but we never think about paying incentive as a catalyst for Primary Care Service.

Interviewer : It means you never think that Primary Care can work with an incentive payment system?

Doctor Wichai : I think paying incentives can bring us the good work. All activities are created after the project starts. These are examples of activities; family medical plan, computer work. At first we didn't know that both of them could run together.

Interviewer : We can say "the concept is coming from experiences"

Doctor Wichai : That's right. First, about the Primary Care Service, we thought good service came from perfect family files, computer work and finding a suitable program for fund management. We found there are several things that can work together, so we did it.

Interviewer : What are things that you wanted to do but had to cancel?

Doctor Wichai : So many things such as the Holistic Hospital Model , Referral Audit, and Training, but we changed our work model because the old model was limited. We have special plans to meet every 4 months but last year we met only 2 times.

Interviewer: What is your idea about district health information?

Doctor Wichai : The 3 main steps are - Data must be credible.

- Data must be analyzed
- Data can help or decrease the difficulty in working.

Interviewer : Some officers say the new technology never decreases their work .

Doctor Wichai : Yes, it's beginning now. Our programs are not complete and can't serve in work. We have to improve several points ... making a family file is not just saving data but we have to make a better service. Finally, I think things must be all right.

Interviewer : The Collection Data Team was changed every year but why was our secretary not?

Doctor Wichai : Because the secretary is the main function, has a lot of experiences in collecting data, and knows from the start and offers advantages to the project. If we change we will have obstruction in connection; the new secretary will never know how or where things come from. For the hospital we have 2 persons in the committee to work in the second year.

Interviewer: Is there any comment for these 2 years?

Doctor Wichai : If a team is big, it takes lots of time to meet all members so we had a 5-member team from the start. Then, we found that they had to work too hard so the number of team members in this year is 8.

Interviewer : About the Medical Service Audit, is it analyzed?

Doctor Wichai : There is no direct analysis. Health Center personnel present their work and I analyze from their work.

Interviewer: Who is responsible for this duty?

Doctor Wichai : Mr. Wutthipong presents and classifies all work from each center.

Interviewer : For example, now we are making an IUD promotion .

Doctor Wichai: That's right. We found some activity such as IUD has increased. However, when we try to do a Home Health Care we concern about the quality not quantity. It is better to work in the area then you will find the problem or advantage in your work. It's the same as using Program Basic Pro to run a family file; we compare this access to the old survey model; if we get the same data, we do not have to do a new survey.

Interviewer : How do you and the staffs work together? Are there any problems?

Doctor Whichai : First, I said this is the order from the Health Care Reform Project, and the conference accepted it well. When we started a project, we improved some weak points little by little, we have to listen to the ideas of the conference, follow the work of processing payment...more work, more money. After a period we pay also by working and coverage, and we increase health promotion activity. Because this project is under the Khon Kaen Health Care Reform Project Office, some staff comes for evaluation every year.

Interviewer : Would you compare the work before and after?

Doctor Wichai : Compare incentive activity from 1997 – 2000, and you will find that our data are credible, with better quality work . There was also a rapid improvement in other areas of work.

Interviewer : Are there any reflections?

Doctor Wichai : Some points, for example.

1. Regarding personnel upgrades, we should give our staff a chance to show their ideas and comments. We offer more special training courses for them by sending our Professional Nurse to join the course.

2. Services development.

- More quantity of work
- Full quality and passing checkpoints.
- Have a unity in the same zone
 - : - Selling Health Cards campaign, Pap smear examination campaign.
- Others

3. Information system development.

- Determining data and making credible data.
- Upgrading work by computer access.
- Updating family files and saving this database in the access.

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Reason for changing from discussion :

“-A team has to collect the data, analyze and check or proof the data. Proofing is by checking at the Health Center or making a random sample by asking questions”. If it is proven that the statistics in the report are not correct, They are punished.

-To have fair work, we have to give a chance to other persons to come in this project.

-Yearly changing means giving a chance for more studying to a different person. When you go to another Health Center, you can look around and see different things, and you can bring the good things back to your office and apply them to your work.

-The substitute from the hospital has no responsibility for proofing his duty is giving some advice in study and this team has one secretary from the District Health Office.”

1.2 Working System

The team has to work together. They have to collect data, analyze it and make a random sample for any Health Center where the statistics are not clear. A team should be divided into two, one is going to check the Health Center and the second will make a random sample including any person who used to be served in any Health Center.

1.3 Work and difficulty

Now, they will know that this work is not so difficult, but it takes more time to arrange it. So the team should be any person who can spend more time with it.

2. HEALTH CARD INFORMATION SYSTEM IN NAMPHONG DISTRICT.

2.1 A team

A team in this system has 3 persons to run it :

- 1 for controlling monetary system : collect and making a list of Health Card buyers
- 1 staff to run a computer system, save all data in a computer and print a Health Card
- 1 health technician , to calculate and provide money from the buyer who buys a Health Card, sending this sum to the Health Center. He has to manage a bonus for his team and most important, he is the secretary of Data Collection Team.

2.2 The aim of the Health Card & work steps

1. To sell the Health Card in the district, depends on the target (average income and expense, the spread of populations)

2. Marketing steps

1) Collecting the names of the buyers and sending money to the District Health Office before the 20th of every month.

2) The District Health Office issues the receipt and saves the data in a computer by the Card Pro Program and sends the diskette to the Khon Kean Health Insurance Office and puts money in province's bank account before the 25th of every month.

3) After the Khon Kaen Province Health Office already proofs both the data and money then runs the numbers to the Health Insurance Office, The Ministry of Public Health, Bangkok, by e-mail through the recorded system in diskette, it returns the diskette to the district office within 1 week.

4) When the District Health Office gets the diskette, they print the number of Health Cards and handle the patients.

2.3 Information System in development &examining

The district use Card Pro Program to check Health Card members. This Program belongs to Khon Kaen Province Health Insurance Office.

2.4 Checking rights overlap

Today (2000) we can't not search for the rights overlap by using Program Card Pro (Health Card buyer) and Program Welfare (Low Income Budget holder). These two program can't work together. If you put the name of the Health Card buyer in The Welfare Program, it will never report that this person has a Health Card.

There're 4 groups of rights overlap 1) Students in primary school who can register because they're 13 and older 2) People who hold a Low Income Budget card always misunderstand that this type of card will get a different service from health care office service. So they buy a new type (Health Card) when they have enough money. 3) The government officials and veterans have a special offer for their families. When they're admitted in treatment,

they pay at first and they can bring this receipt for refund. 4) A group of social insurance holders and their employees gives them 500 □ for buying a Health Card; their families can get benefit from this Health Card which Social Insurance cannot serve. They must register their names in the Health Card too if not the employee will not pay for him. In this case, it automatically overlaps.

2.5 Development of the Health Center Information System

Before Health Centers processed their data by writing in registration cards such as records name □□.1 □01, □□.1 □03. Now they try to improve their access by using computers and making Family Files in every Health Center where the family medical plan is available. The aim of development is making real data. Make it right and save operation time.

2.6 Computer Access in the Health Center

In 1998, of all of the 16 Health Centers of Namphong Distric, computers were available in 7 centers ; Tha Kra Serm, Wang Chai, Buayai, Saaimool, Namphong, Sa-Ard and Nong Kung . In 1999, computer access increased to 13 centers and in 2000 Namphong District Health Cooperative plans to bring this computer access into the last 3 centers, Lao Yai, Bann Kham and Nong Wa (Tha Ma Deau Health Center is using computer from Tha Kra Serm Health Center, now). All of the Health Centers work with computers in Program Basic Pro.V.3.O to collect all the database of population in its controlling area. And the Program Health Information Center (HIC) is improved by the NPMISS Program. Regarding services data, they are trying to improve HIC to run it. Now 7 centers are in the developmet phase: Tha Kra Serm, Tha Ma Deau Wang Chai, Bua Yai, Sa-Ard, Namphong and Gud Nam Sai.

2.7 Program Basic Pro.V.3.0

This program was created by Dr.Winij Fa-aumnuipol, Wat Boad Hospital Pitsanukode Province. The Khon Kean Health Care Reform Project Office took this program for working in the project area in 1998. This data includes population data, services in promotion, prevention, and treatment.

THE ADVANTAGE OF PROGRAM BASIC PRO.V.3.0

- They now can record all data perfectly. Computers can calculate data easily without the need to do a new survey every half year (in July). All data covers a wide range: Basic health care, Nutrition, Family planning, Antenatal Care, Post Partum Care, Elderly services etc.

- Computer access can classify a large amount of data to a small column such as a list of villages tambol, screening population's data by age summarization, immunization, nutrition topic, family planning and personal malady, accounting summarization and all necessary data is included in the access.

- This program can use in our daily work .

SOME PROBLEMS THAT HAVE BEEN FOUND IN PROGRAM BASIC PRO.V.3.0

- The population's age is not right when compared with the report of Planning Department.

- This program can record only a limited number. First programmer arrange it for 6 numbers of a household ; if these numbers are more than 6. The program can't save it in the access.

- This program is not complete. There are no reports and no assessment system about education and occupation.

- The expiration of the cards is not available in the program,

- This program has a "coding limitation for 20 villages", If any center has to work in more than 20, the access be is in trouble.

- Age recording can be done for two numbers which means 00-99. If it's 100 years, we can't save it in the file.

- This system is suited for working in tambol because this system can divide it into villages. But working in the district there's no assessment of the district divided into tambol,

- The Programmer is not in the area, so more time is needed to contact the programmer when a problem is found.

SUMMARY

The Program is right in database and can assess a comprehensive range of work. It's good for working in the Health Center with this access because Health Center personnel can reach & follow some failure and they can see the next step in their work. The problems they found are small and have no effect in work. If they continue using this access, it will bring them more benefits.

2.8 Program Health Information Center (HIC)

Because of support from the director of Namphong Hospital, so Health Center personnels reached their goal. The back up is giving scholarships for the staff for study more and promotes the staff to create computer programs. This HIC was created by Mr. Samark Sornpirom, who works in Namphong Hospital. HIC is a package program for saving services information developed from Program NPMISS (in 1999). First health personnels used it for patient records, medical treatment records, laboratories, and medical, nursing and family planning.

THE BENEFITS OF HIC

- This program can be developed and upgraded all the time depending on the interest in and demand of the official.
- The Programmer is in the area and easily accessible whenever there are any problem.
- The Supporter is the person who works in the same area.
- Health Center personnel can key their data during working time, and when the end of the month arrives, they can print it suddenly. They won't lose time in making report.
- Health Center personnel can join HIC with Program Basic Pro.V.3.0 and Program Epidem. These are the access of the provincial office system. So they can join them together in same program and the same database, then it is easy to make a monthly report.
- Health Center personnel can use the database of Program NP MISS in HIC access.

PROBLEM OF HIC

- This program is in the experimental phase. The user always contacts the programmer for a time, to solve any problem together. All access has already been solved now they have centers that are using HIC; these centers are Namphong, Bua Yai, Thakra Serm, Tha Ma Deau, Wang Chai, Sa-Ard and Gud Num Sai.

2.9 Making the Family File (2000)

There are Health Centers that arrange the Family File. These are Tha Kra Serm, Wang Chai, Bua Yai, Namphong, Sa-ard, Tha Ma Deau and Lao Yai.

2.10 Arranging service information for budget allocation

First we have to select the suitable activity before budget allocation. These activities are OPD patient work, EPI work (Immunization) ANC work, EP work, IUD work, Pap smear work, DM work, dental care, the quantity of work in every center is taken from the total number of patients who were served, with and without a right card.

2.11 Services Assessment

Health Center personnel assess whole targets and all activities by monthly report but never assess how many card holders use their service, or how often, or for what diseases. The reason is they never see any importance to assess any service for card holders only. Health Center personnel think if they want to improve or need anything more they should consult Mr. Samark (programmer) and he will arrange it in the access (HIC).

3. MEDICAL RECORD AUDIT AND HEALTH SERVICE REVIEW

This duty is for the data collection team and these are the working steps.

1. Confirm that every Health Center its work and mission report.
2. Health Centers must send all reports on time.
3. All staffs gather all reports and present them in the conference.
4. The committee proof reads the report, finds mistakes and searches for the facts.
5. The investigators work in suspecting center.

6. When the faults are found, investigators should describe the right things.

Cases of mistakes in contracts should be punished.

7. Correct the report and present in the conference again.

8. In a conference, if all members agree to trust the report, the data will be referred to budget allocation.

PROBLEMS OF AUDITED MEDICAL RECORDS

PROBLEMS	SOLUTIONS
<p>1. Health Center Personnel</p> <ul style="list-style-type: none"> - Everyone can't join a monthly meeting so can't get perfect data and written reports and the information in the conference can't be spread to the absent staffs. 	<ul style="list-style-type: none"> - The members try to collect more data and are given a chance for asking by telephone or announce <u>online</u> radio communication (transceiver).
<p>2. Data Collection Forms</p> <ul style="list-style-type: none"> - The staffs can't understand the data forms and the rules of collecting so they can't do report correctly. 	<ul style="list-style-type: none"> - Arranging a meeting and describing data forms, and giving members a chance to ask questions.
<p>3. First period of proofing</p> <ul style="list-style-type: none"> - The committee has no experience, work doesn't cover the staffs and careless working, and there's a time limit about sharing money. 	<ul style="list-style-type: none"> - Making all data same as your regular work, no need to wait for the budget, when it arrives, your report should be completed.
<p>4. The budget was late coming and the Health Centers have no information to present the district official. So that they did not know What is they lack for.</p>	<ul style="list-style-type: none"> - Health Centers must send reports on time so the committee will have enough time for proofing. - When the Health Card Fund gets the budget, they can share it quickly.
<p>5. There's a rule and punishment for late reporting, but the centers don't accept it which makes trouble in working.</p>	<ul style="list-style-type: none"> - The centers must send reports 3 times/year (every 4 months) and this report will be compared to other reports (other centers)
<p>6. There are different records and registration forms in the centers. One place is one type which makes it difficult to check.</p>	<ul style="list-style-type: none"> - Rearrange the rules and solve the problem giving a promotion to the members. That makes the Health Center personnel do better and more work.

Regarding a health service review, Health Centers must assess health services yearly, by asking more demand, which one must be increasing or decreasing. And make a high standard of working.

4. MODEL AND CRITERIA OF FUND ALLOCATION TO HEALTH CARE SYSTEM

From the framework of The Khon Kaen Province Financing Reform project, the Community Hospital is a Main Contractor which gets financial support for doing population management in the area. And the Sub Contractor has to work as the Health Center. If the patient is seriously sick beyond local treatment capacity the community hospital will refer the patient to another place we call Supra Contractor such as Khon Kaen Hospital. There are 2 types of financial support: Health Card Fund and Low Income Budget. Namphong Hospital tries to arrange these two funds to be a merging fund; it will be a big money and can be managed well.

After work in the reform project area, bring some money and rearrange it in accordance with a high quality plan. In 1997, Dr. Wichai Assawapaak (Director of Namphong Hospital) and Mr. Soodta Prakirake (Chairman of the District Health Office) combined their ideas and arranged a new project. Because the old Health Card method was not suitable, not comfortable and without incentive they presented a new method of working in the conference. The committee agreed to run the new method. Also they presented and offered a new way of management.

1. The ratio of payment between the community hospital and the Health Center must change to 55:45 (before 70:30)

2. There should be more budget for research and some of this budget should be a bonus for the staff.

3. Rearrange medical expenses by these topics:

- Basic essential care
- Fee for sale
- Fee for service

And make more conferences in primary care service.

4. In 1998, the budget was given 3 times (1)October - December '98 (2)January -April '99 (3)May - September '99

A bonus payment was made twice

- 1) October '98 - March '99
- 2) April '99 - September '99

In 1999, the time to handle the report was fixed at 3 times yearly (4 months/1)

The Focus Group said this allocation money model is suitable for this area. And the money flow is shown in Appendix (Figure7)

5. DEVELOPMENT OF NETWORK AND QUALITY OF PRIMARY CARE SERVICE

To motivate primary care service such as health promotion, prevention, rehabilitation, and care; by giving incentive to Health Center personnel. To pay an incentive means the staffs will try to develop themselves, such as in 1998, IUD service is available but because staff has no experience in this line, it is a failure consequently. They arrange the IUD training program. This training and IUD equipment was supported by the Health Card Fund.

- Development of quality of work and service, to take care and treat the diabetic from the first step to the last step or promote ANC, has to improve using the incentive policy.

- Development of family medical plan workers; support professional nurses to join the Family Medical Plan training program at the Nursing Faculty of Khon Kaen University. This program takes 3 months in training and the budget comes from the Health Card Fund.

- Home Health Care was created 1998 but, because of difficulty, they started to do it in 2000. The reason is no one knew about Home Health Care. They didn't know the meaning of it so they tried to work at Namphong Hospital first.

5.1 Family Medical Plan

Two staffs were trained in the program at the Nursing Faculty of Khon Kaen University (since 9.APR.-19. SEP.'99)

- Mrs. Montha Tayida, professional nurse⁵ of the Wang Chai Health Center.
- Mrs. Somjitr Polsawang, professional nurse⁶ of Bua Yai Health Center.

These are the daily activities:

Morning : Treatment in the center or other activities in the clinic such as pap smear, breast checking or doing treatment in patient cases.

Afternoon : Visit the patients at home in cases where these patients are chronic cases, mentally diseased, or crippled by making a schedule (who is in and who is out) for visits or doing Home Health Care.

5.2 Doing The Family File

To continue treatment and take care of a whole family, Health Center personnel do the Family File too. This idea came from the JICA project in Japan which supported them in researching country health care. They saw this system at Ayudthaya and thought this is a right way to collect right data and find more details of one's family. Health Centers in Nanphong District never used this method until Mr. Soodta Prakirake came here and started this project. First (1998) they used it in Sa-Ard Center, Bua Yai and this year (2000), in five more centers: Tha Kra Serm, Tha Ma Deau, Wang Chai, Namphong and Lao Yai Health Centers.

THE FACTORS OF FAMILY FILE

In the Family File there are 4 registration cards,

1. Treatment record (white) name ๖๒ 1๓02
2. Health of family record (brown) name ๖๒ 1๓03
3. Health of mother record (blue) name ๖๒ 1๓05
4. Children's health record (pink) name ๖๒ 1๓06

And the patients who come for treatment will have personal cards ๖๒ 1๓01 (small white card) which they must keep and bring when they come again.

THE BEST OF FAMILY FILE.

- They can check a missing family file in shortest time by patients who came to Health Center, if not have, staff can make a new file; there is no need to survey more.

- The villagers are proud to be one of the whole and to have a record the same as the other families.

- The villagers can share in treatment and making Family Files.

PROBLEM

- To many patients, it is hard work to have to key more data in.

- If they can't key all data that they have, they leave it on the table and when they come back to work again it creates confusion.

- They have to work the same work again and again :

- Making treatment records in the Family File.
- Recording by writing (the old method of records)
- Key in the computer.

WORKING EXPERIENCE IN MAKING FAMILY FILES.

- At Bua Yai Health Center, Mrs. Somjitr Polsawang, professional nurse ⁶, said that “before I never studied about the Family Medical Program, and in the past the patient came to see us and all information is individual. Today, the Data & Information System is far away from our original idea. We improve and work with computers when someone comes for treatment, We have to know all the information about him. Anyway, we found some problems in this method; we cannot work as we want, and we need some staff for keying this data in the computer. I want to see a daily computer data print out because it means our work is updated.”

- At the Wang Chai Health Center, Mrs. Montha Tayida, professional nurse ⁵, said “here, all of our data was updated after I took the training program and made Family Files. At first, we worked with 7,000 population, but now it's about 10,000 I feel our work is really up-to-date. It's easy for us to manage our activity here. We share our work and have power to do it. In the morning, we take care and provide treatment, and in the afternoon we do Home Health Care. One is in the center and the other in the area. I think this system can help us more & more”.

- At the Tha Kra Serm Center, Mrs. Somboon Sirivichai said that. “ We do Family Files one-by-one it’s easy to find out. But for outside patients we save 20 homes in one file, that makes it difficult to find something, but outside patients try to search their data and say it’s a good system but information for his area is not available.”

- At the Namphong Health Center, Mr. Thammanoon Thomgchan said “from my work experience in Family Files, we have to do these things.

1) Have to assign more staff for record keeping because we have to record 3 items each time; patient registration – OPD card –save in computer.

2) Some files can’t be found especially those of children and the elderly. Though we tell them the way to do it, it’s better to assign set one staff to advise the villagers.

3) We expect that the villagers will check their personal data but they never read inside the file.”

- At the Tha Kra Serm Health Center, Mrs. Yuwadee Aodthon said “the ways to success are:

1. Making more public relations and explaining everything to them. Now everything is better.

2. Cancel the daily records name ๕๒. ๐01.

3. When the patients get in the queue, ask them for information and save it in the OPD card and computer.

- At the Lao Yai Center, Mr. Anurak Sirisutr said “We apply this system from our nearest Health Center in Bua Yai. Then we present this project to the tambol committee conference to ask for budget. The reasons are we want to develop our work and work without a mistake.”

5.3 Referral System Development.

They arranged referral system in 1992 by JICA project Japan supported. There is a rule in this system that if the patients come for treatment at the Namphong Hospital they first must take care by Health Center and if it’s over the limit(example: accident, labour, dental) then pass to hospital. Staff works step-by-step and tries to decrease the amount of bypass. But it is not comfortable for the patients to spend time waiting for a referral card. Today, they accept that

the patient can be admitted without a referral card. But they arrange The Green Channel for referral cards and they have an expert to serve any patient in the Green Channel. They cooperate their work with Khon Kaen Hospital and 4 community hospitals in the Health Care Reform Project. At the Health Care Reform Project conference on 7 June 1999, they all agreed that Khon Kaen Hospital should be the Main contractor of Tambol Bann Kham beginning 1 Apr, 1999, because Tambol Bann Kham is near Khon Kaen Hospital.

6. ACCEPTANCE AND UNDERSTANDING.

The Focus Group members think that the officials understand and accept the purpose of the project. They accept that this is one factor of their daily activity, doing things by agreement. Regarding the Data Collection Team they say it's not so difficult but neat & spend more time on work.

7. ANSWERS FOR THE BEST AND THE WORST

They said "the best and worst in this project can be changed by the following resolutions:

- 1) Any officials who have a best work will get high incentive.
- 2) Deliver the report on limitation. Late submissions must be charged.
- 3) If your report is not correct in fact, you must pay a charge.
- 4) Data Collection Team will get a bonus.
- 5) All best work of the year will be used as a model to establish high standards.

8. COMPARING ACTIVITIES BEFORE AND AFTER THE PROJECT

There was more quantity and higher quality after the project .

9. SUMMARY

9.1) Staff development

- Giving a chance to everybody to show their ideas. Make more benefit for staff.
- Support the professional nurse to study in essential programs more and support the nurses to join the Family Medical Plan Training Program .

- Upgrade the quality of work and share the budget to promote more knowledge such as IUD, Pap smear, computer.

9.2) Development of quality service.

- To have more working because of inspiration of incentive, which creates the will power in staff to upgrade themselves. You can create a new activity and run it well by offering incentives.

- To have a new activity and project in the Health Center, such as treatment and care for the diabetics, home health care, training health volunteer to do a little dental activity such as plaque removing.

- To have the quality work, correct from study or training and have a indicators for measure it.

- To have happy atmosphere in working. There's no complaint when there are many patients.

- To have a unity in work, they help each other to do all essential activities.

- To have a change and improvement work. Our work is becoming a stronger structure, and we can arrange it step by step.

- To have a decrease in part-time nursing. There is need to do part-time work outside because the office pays you a high salary and incentive.

9.3) Information & Data system development.

- All data are justified by the committee and other Health Center members. This means it is credible.

- It was developed from writing and tallied to computer access. There are a few mistakes in the system.

- The Family File means all data is updated.

9.4) Health Card Development.

There is more promotion of the Health Card, by selling more you will get a big money for spreading work and inspiring staff by incentive

10. COMMENTS.

Focus group discussion is perfectly successful because every member joined and agreed to work together. Although there is less time to work or time limitation, we can say or discuss the thing we want. Although it does not cover all topics, these represent more views.

10.1 Increasing number of patients get a service in every center. These might be the reasons. The officials do a better service so they come to the Health Center, or there is no choice for them, or they come for some services by their Health Card rights. Sometimes, they come more than is needed, such as 5-6 times/month for vitamins.

10.2 People don't understand the benefits and necessity essential of Family Files. At first, the staff must provide in reasons and coolly explain to them why this system did not work in the past.

10.3 If you think the data they have is perfect, that is wrong. Health Personnel found that some information is in doubt because several households will never come for treatment, and are absent. Sometimes a survey is necessary.

10.4 Is it a fair system? Is it fair for the Health Card holders? Because they assess Health Card Fund in a big area whole district without assess in the Health Card group satisfaction only.

10.5 The budget ratio is changing from that of the past. The budget for the Health Center is increasing. Both the Community Hospital and the District Health Office will arrange the budget for Health Centers. All depends on their vision.

10.6 Clear financial system, can be transparency and must be correct.

10.7 To be one part of society, people like to share their work, such as making the Family File or village fund for health care services, which Namphong District is arranging now.

APPENDIC 3.3
POLICY AWARENESS, UNDERSTANDING, AND PRACTICE
OF HEALTH CENTER PERSONNEL

Research Result

The evaluation of knowledge and practice of Health Center personnel in The Health Card Fund Allocation Project, case study in Namphong District, Khon Kaen found the following:

Part 1. General Information of sample size

In this case, there are 44 persons between 24-57 years old. These are sample size details.

Table 6 : The amount and percent of sample size classified by general data

General Data	Amount	Percent
Sex		
Male	18	40.9
Female	26	59.1
Marital Status		
Single	5	12.0
Couple	39	88.0
Education		
Lower than Bachelor	27	61.4
Bachelor and Above	17	38.6

General Data	Amount	Percent
Positions		
Leader	16	36.4
Staff	28	63.6
Work in Health Card Function		
Yes	15	34.1
No	29	65.9
Ages (years)		
21-30	16	36.4
31-40	18	40.9
41-50	6	13.6
51-60	4	9.1
Mean = 34.89 Median = 32.00 Mode = 31.00 S.D = 8.53 Range = 33 Minimum = 24 Maximum = 57		
Length of work in Namphong (years)		
Lower 10	29	65.9
11-20	12	27.3
21-30	3	6.8
Mean = 9.41 Median = 7 Mode = 2 S.D = 1.32 Range = 29 Minimum = 1 Maximum = 30		

Description : Table 6 :-

Sample size 44 persons : 18 Males (40.9%) and 26 females (59.1%), marital status : 5 single (12%) 39 couples (88.0%), Education : 27 Lower than bachelor (61.4%), 17 bachelor or higher (38.6%), Leader in Center :16 persons (36.4%) 28 staffs (63.6%), Work in Health Card function : 15 persons (34.1%) 29 persons in other functions (65.9%), Age groups are 31-40 years : 18 persons (40.9%), 21-30 yrs : 16 persons (36.4%), mean value of ages is 34.8, 29 persons have worked in the center here less than 10 yrs (65.9%) 12 persons have worked 11-12 yrs (27.3%), minimum 21-30 years : mean value of years of work is 9.41

Part 2 : Policy Awareness, Understanding, and Practice of Health Center Personnel

Section I Policy Awareness and Understanding

1. Do you know there is a Health Card Financing Reform Project in Namphong District.
Health Center?

- Known : 44 person = 100%

2. Do you know policy or objective of this project ?

- Unknown : 4 person = 9%

- Known : 40 person = 91%

3. Level of knowing

- A few :33 person = 82.50%

- Fully understanding : 4 person = 10% (3 Leaders , 1 staff)

- Not fixed : 3 person = 7.50%

For the group of knowing, 6 can write the objective of the project, 21 persons can write or know just a little and 13 persons did not fix their reply.

Who set the objective ?

- From District Health Cooperative Committee (DHCC) : 20 persons = 45.44%
- From Health Care Reform Project office : 2 persons = 4.55%
- From Namphong District Health Office : 2 persons = 4.55%
- From entire staff : 2 persons = 4.55 %
- From Ministry of Health : 1 person = 2.27%
- From committee : 1 person = 2.27 %
- Unknown : 2 person = 4.55 %
- No reply : 14 person = 31.82 %

The way of knowing policy?

- From the DHCC conference : 16 persons = 36.36%
- From Head of District Health Office : 8 persons = 18.9%
- From monthly meeting of staff : 3 persons = 6.38%
- From Head of District Health Office and Hospital Director : 1 person = 2.27 %
- From leader of the health zone : 1 person = 2.27%
- From Leader of Health Center : 1 person = 2.27 %
- From health personnel : 1 person = 2.27 %
- From meeting and documents : 1 person = 2.27 %
- Unknown : 1 person = 2.24 %
- No reply : 11 persons = 25.0 %

Do you agree with this policy ?

- Yes : 35 persons = 79.52 %
- No reply : 9 persons = 20.48%

Some personnel who said yes, gave some more reasons (it is good and useful policy for all Health Centers and good for all workers, and if this project is successful it will bring better service to all populations and the staff will be get more inspiration and stand in fairness.)

3. Answers about participation this project .

3.1 Did you participate in designing the policy or objective in this project?

- Yes : 24 persons = 54.54 %
- No : 18 persons = 40.91%
- No reply : 2 persons = 4.55%

Some who said yes : joined this project by the committee or joined the conference and discussed ideas.

3.2 Did you participate in the Namphong District Health Cooperative Committee conference? How?.....

- Yes : 35 persons = 79.52%
- No : 9 persons = 20.48%

Also they share their point of view in the conference.

3.3 Did you participate in presenting problems and recommendations ?

- Yes : 36 persons = 81.79%
- No : 8 persons = 18.21%

Some who joined the meeting also participated in the zone meeting and special conference.

3.4 Did you participate in planning strategies and controlling the project?

- Yes : 13 persons = 29.55%
- No : 28 persons = 63.64%
- No reply : 3 persons = 6.81%

Some who said yes joined our meeting or the committee of financial management and had more ideas for examining the work.

3.5 Do you participate in selective committees in this project ?

- Joining : 27 persons = 61.85%
- No Joining : 12 persons = 27.27%
- No reply : 5 persons = 11.38%

Some who joined, selected the zone committee, District Health Cooperate Committee, the Data Collection Team.

3.5 Did you participate in Health Card selling ?

- Joining : 43 persons = 97.73%

- No reply : 1 person = 2.27 %

They join this work and promote it, also. And they do a little more such as financial control.

3.6 How do you participate in of Health Card Program activities?

- 3.6.1 information

- Joining : 38 persons (86.35%)

- No Joining : 5 persons (11.37%)

- No reply : 1 person (2.27%)

To join this function by promoting the Health Card project, selling, recording, reporting and checking the Health Card members for service and renewing memberships.

- 3.6.2 Health Care Services

- Joining : 43 persons (97.73%)

- No reply : 1 person (2.27%)

The services are health checking, general treatment, continued treatment, health consultation, family planning, home visits and dental clinic

- Assessment

- Sharing : 26 persons (59.08%)

- No sharing : 17 persons (38.64%)

- No reply : 1 person (2.27%)

To be part of the project the assessment of their work is by role and planning of the policy, the selling function, satisfaction in services, data collection from Health Card sales campaign, checking patient satisfaction with Health Cards and survey who missed this Health Cards Project and following up to get those who wished to buy Health Cards.

4. How did you receive benefit from this project ?

4.1 In 1999, how much money did you get from incentive payment?

From the questionnaire forms, we found...

- Minimum rate is 1,500
- Maximum rate is 5,359
- Mean value is 3,439
- Rating

In the rate of 2,000-3,000 : 24 Persons (54.54%)

In the rate of 3,001-4,000 : 4 Persons (9.10 %)

In the rate of 4,001-5,000 : 13 Persons (29.54%)

In the rate of 5,000 up : 3 Persons (6.82 %)

Satisfaction Level

In the rate of 2,000-3000 = 24 persons of whom:

7 persons (29.17%) were most satisfied because they have real work and real quality.

13 persons (54.18%) were mildly satisfied because :

- Can not serve more and more patients.
- Need more activities
- Follow the activities you have done
- Just a few patients come here because it is near Khon Kaen Hospital.
- Staffs are working at the same place (Health Center) but some work more than others but the incentive payment is the same.
- So happy to get an incentive, in case of no incentive there's no difference.

4 persons (16.65%) had low satisfaction because:

- Some were new Health Center and have a few patients.
- The big Health Center has more advantages because it is large so people come to use a service.

In the rate of 3,001-4,000 , 4 persons

1 person (25%) was most satisfied because:

- Can get incentive money without any investment, the only activity they have to do is done best in their role and duty.

3 persons (75%) were mildly satisfied because:

- They want more incentive.

In the rate of 4,001-5,000 , 13 persons

5 persons (38.46%) were most satisfied because:

- More work ...more money
- When you do it best you can get the best too.

4 persons (30.77%) were mildly satisfied.

- No reason

3 persons (23.08%) were dissatisfied because:

- Reward payment for the staff is a low .
- Not showing any level of satisfaction was 1 person (7.69%)

In the rate of 5,000 up, 3 persons.

2 persons (66.67%) were most satisfied because :

- To be rewarded and cheered up in working

Not showing any level of satisfaction was 1 person (33.33%)

4.2 In budget year 1999, how much was the budget for each center?

The budget for 16 centers were set at the following rates

Minimum rate is 20,000

Maximum rate is 168,877

Mean value 85,010

Payment by

- 2,000-5,000 was for Nong Waa Center and Pun Nam Jai Center, both of which were the new places; the budget 20,000

- 5,001-100,000 was for Lao Yai Center, Pang Tui, Koke Yai, Bua Ngerm Bann Kham, Sai Mool and Muang Wann.
- 100,001-150,000 was for Bua Yai, Tha Kra Serm, Namphong and Sa-Ard.
- 150,000 up was for Wang Chai, the budget of which was 168,877

From the perspective of the personnel : agree with the method and think this way is suitable for working and doing the best they can. But some think it is not fair for the small centers even though the small ones can work 100% to cover the zone.

4.3 In what training /learning from out of office/or knowledge development did you participate?

- No : 23 persons (52.28%)
- Yes : 14 persons (31.81%)
- No reply : 7 persons (15.90%)

In case of yes, describe:

- ARIC training
- Computer learning , about maternal care project.
- Study and learning Service Development at Srinakarindra Hospital Khon Kaen Province.
- Medical Nurse practice for 3 months/1 person
- Practice in referral audit, Namphong Hospital
- Outside studying at Health Care Reformation Project, Ayuddhaya
- Develop nursing work.
- Discussion in each zone.
- Find out more knowledge and working experience.

4.4 What was other benefits that you receive from this project?

Working

- Data is updated and creditable, checking system.

- Improve your work in cases of absence of some work such as Pap Smear, Plaque removal by promoting these activities to people who come for treatment.
- More quality in working, intend to work more and satisfying people.
- Effective in work.
- Bringing this payment pattern to use in their cases.
- Improving quantity of work for more incentive.

Health personnel

- Improving themselves, Re-check the work before handling it.
- Active in work, if no work. . . no incentive.
- Cheer up the staff and try to achieve higher standards.
- Work is the best, rapid and right. . . to get money
- More quality and power.
- Fair work and try harder to for money

Places

- Fair payment from Health Card Fund.

People

- Join in development, in service system
- Same service. . . making the same standard of service for everyone
- People get better service and join more activities

4.5 Recommendation about participation in project?

- To stimulate the staff to join activities and run the program by competition so they try to do the best they can.
- Good program, should be supported.
- We get a lot of work but poor quality.
- The project structure covers all lines of work, no data missing.
- All agree to do work in accordance with project conditions.

- It's better to have one person from each center in an assessment position, for clarity and fairness.
- Staff can join the project but have to be selected from every member in the zone.
- If someone has an idea to improve the center he should get a big incentive.
- Have a unity in the working zone.
- Work development.
- Fair payment , compared with other projects.
- Good for those who come to get service and those who give service.
- Rearrange the structure of organization and accept new date.
- Join activity in every center.
- More rewards and more budget.
- It's better to promote the details of the program.
- People will have health insurance.
- Any center where standards are low will need improvement.
- Health Center personnel join the project at a low rate.
- Any comment must lead to the center leader making improvements.
- This project can improve the Health Card function.

5. Does this project have rewards and punishments ?

- No : 12 persons (27.28%)
- No reply : 1 person (2.28%)
- Yes : 31 persons (70.44%) In case of yes, describe
 - 1) Regarding payments, if report is not correct the staff must pay a fee.
 - 2) Consider about promotion from they activities working position

Did you participate in creating this measurement? (reward and punish)

- Yes : 19 persons (43.18%)
- No : 10 persons (22.73%)
- No reply : 15 persons (34.09%)

Do you agree with these standards?

- Yes : 26 persons (59.09%)
- No reply : 17 persons (38.63%)
- Not agree : 1 persons (2.28%)

Reason for answering "Yes"

- Quickly working, quickly handling and quickly receiving money
- Agree with something because different status of working.
- Have rules and discipline.
- Staffs can check reports before sending and that allows following the target group when of the data is correct. It will bring benefit in the health care project in the future (8 persons)
- Fairly paying incentive (5 persons)

Reason for answer " No"

Not agree because if there is some trouble or accident it can't be sent on time.

Section 2. Management planning to create organization efficiency**2/1 Answer about Health Card Information System (news, show or description)****1. Who cares for Health Card information in the center, district?**

- There is one staff member who runs it, records the detail of the village... checks experiments and persuads member to buy new card , makes a report of total selling, arranges the bills and joins some activities in the zone
- For the district there are 2 staff members caring for the financial system
- Making a conference and promoting the staff

2. Any update of information system or audit database in tambol?**2.1 Health Card record in tambol**

Staff makes records of Health Card holders : by writing, except 7 offices working with computer; these are Pang Tui, Wang Chai, Namphong, Tha Kea Serm, Bua Yai , Sa - Ard and Gud Nam Sai .

Some problems were found.

- 1) Receiving Health Cards late and names of holders are not printed correctly.
- 2) Record by writing and key computer, maybe it is repeated.
- 3) Many persons, bought cards and were not recorded their name.
- 4) Hard work to collect data from many villages.

First record by hand and second record by saving all data in computer access. Muang Wan center makes it by computer and has writing (program is created by the staff, and is not perfect but they can search data).

2.2 Checking the overlapping holders by

- 1) Asking the holder directly.
- 2) Surveying the information every year.
- 3) If the old staffs are in the area, they can make it easy.

Problems

- If a member in the family is out of the area staff won't know
- The buyer needs to enroll his children in the care because he has a special right to student cards.
- Both Health Card and Social Insurance are found.
- Poor staff, cannot justify.
- If a patient needs to buy any more cards, staff must permit this
- Only one center never checked in the system.

2.3 Making a database in servicing individual holders

There are card registrations and fixing the code at the end of the month which staff must separate by hand (Treatment, Family Planing and ANC). There are 12 centers which run this system by computer; Wang Chai, Bua Yai, Nam Phong, Saard use the HIC Program. Kud Nam Sai uses a special program. Both of the programs are in the development period.

2.4 Data of services for payment system

Staff uses these data; treatment, vaccine EPI, Family Planning (IUD, Pill) ANC, Dental Care, DM, Papsmear and Home Health Care, After summarizing, information is sent to the district health office.

2.5 Rule for controlling payments

Staff sells the card for cash and issues the receipts on the 20th of every month and records it in the account afterwards

2.6 Receiving and paying for Health Cards

There is staff that works with it. All is run by conditions of the project. A receipt must be kept every time payment is made.

3. Do you think this database system is suitable for today?

- No : 4 persons = (9.10 %)
- Yes : 39 persons = (88.62%)
- No comment : 1 person = (2.28%)

Reasons it is unsuitable.

- Information technology can't stimulate the staff to increase total sales.
- Still hard work.
- Should allow Health Center to issue bill.

Reasons it is suitable.

- Easy and not confusing you can search for needed data, free of trouble.
- Staff can plan an appropriate budget.
- Credible data, can justify.
- Covers the wide range of work.

4. Does this data system make any trouble for you or not? Why ?

- No : 27 persons (61.35%)
- Yes : 14 persons (31.82%)
- No reply : 3 persons (6.83%)

Reasons it works without trouble:

- Work by computer access
- Works perfectly and is easy to use.
- Can incorporate all data and determine payments.

Causes in trouble because :

- Poor staffs and have to work in more detail. Have to work hard in treatment service.
- No technology access.
- Missing Health Card.
- Changing to a new form makes it confusing.

5. Controlling in the Health Center and district**5.1 Any reports in each center?**

- Yes : 42 persons (95.44%)

Answer : Monthly reports and title reports such as rights checking, Low Income survey, Family Planning , EPI report , Maternal care.

- Unknown : 2 persons (4.56%)

5.2 Who follows your work from the start?

1. Supervisor, twice a year.
2. Data Collection Team justifies all data and payment data
3. Specific Supervisor for specific areas depending on the problem.

6. Assessment in groups of Health Card holders

They assess in the wide range, not focus on only one group. Level of satisfaction is asked of all people who come for a service, but they have no policy to ask only the Health Card group.

2/2 Medical record audit and health service review

1. Is it necessary to check this record and services?

No : 6 persons (13.63%) because it makes more trouble and wastes time; the old pattern is o.k.

Yes : 38 persons (86.37%) because it :

- Produces right and credible data.
- Knows the goal.
- Determines which medicine is appropriate for patient.
- Makes reports clear and sure.
- Knows the cause, treatment, Health Card holder, medical fee and service charge.
- Controls and compares a work.
- Updates records and gives more power to personnel.
- Creates unity and standardized records.
- Ensures fair payment for everyone.

2. Is it a credible system and real data? Does any staff care for it?

No one : 4 persons (9.09%) because no official checks it.

Someone : 40 persons (90.91%) because:

- Who works with it must justify it
- Leader of the center must check and re-check then sign and assume responsibility
- Representative of the zone must re-check data before sending it to District Health office.
- Data Collection Team keeps it and presents it in the conference every month
- Random sampling is done in case of incorrect data

Does this determining system bring you any trouble ? /Why?.....

No reply : 6 persons (13.63%)

No trouble : 26 persons (56.10%) because

- All is perfect information for audit on the time
- It's good for staff, things that are not right can be corrected.

Trouble : 12 persons (27.27%) because :

- Can accept the hard work but have to prepare every step.
- One checker has to go different areas, felt shame
- Hard work if one person is absent.

3. To review information of service, do you use any suitable system?

No reply : 2 persons (4.54%)

No : 3 persons (6.82%)

yes : 39 persons (88.64%) because :

This activity was cooperated by Health Center personnel, District Health Committee agreement.

They allow the Data Collection Team to care for reexamining and care for policy and the objectives.

4. Did you analyze the payment system and prove that working actually reached the goal?

No reply : 1 person (2.27%)

No : 3 persons (6.82%)

because There is not analyze in the point of referral system changing in Bann Kham Health Center (in the part Nampong Hospital is main contractor, change to Khon Kaen Hospital), resulted in reducing the total number of patients in the Health Center.

Yes : 40 persons (90.91%)

- because**
- Assessment in every period
 - Researcher is Mr. Wudthipong Pakeekule.
 - Compared works before and after the project and observed behavior of patients.

5.Any Problem / Trouble

1. Not clear about the project, not fully understand it

2. Unit is incorrect : dental care used a lot of time for service but received only one unit
3. Health Card
 - Selling steps are not easy, spend more time doing advanced step.
 - Late Issue and misprinting
4. Recheck data
 - More staff is good for work and changing the committee every year.
 - Some over data from recording so have to check again.
5. Poor staff results in hard work.
6. Should have more activities incentive criteria; for example Rectal Swab.
7. Poor budget due to low level of registered population.
8. By this method more people will want to get service in each center, opposite a policy of "Health For All " in the year 2000." Now we have to care for prevention and disease control.

2/3 Answer about the model and criteria of fund allocation to health care system

1. Do you agree that this project has strong pattern and rule?

No reply : 1 person (2.27%)

Do not agree : 1 person (2.27%) because : It was develop just for big centers and needs to find a new way to run the project.

Agree : 42 persons (95.46%)

because : - Fair for operation.

- More inspiration to work.
- Work more and get more!
- More powerful in working.
- Clear work which can be rechecked
- Strict criteria, reducing dissatisfaction.
- Add more activities such as Rectal Swab

2. Is anyone responsible for this payment function / do they join in setting the rule?

No one : 10 persons (22.73%)

Someone : 34 persons (77.27%)

because :- The leader votes with the committee .

- All have to join the conference and arrange roles and pattern.
- Pattern is flexible for working

Who cares for this system in the District Health Office?

No reply : 9 persons (20.45%)

Someone :39 persons (79.55%) Data Collection Team offers a draft, the committee fixes the pattern.

3. Which representative from the Health Center has joined the payment decision?

No Reply : 2 persons (4.54%)

No one : 1 persons (2.27%)

Someone : 41 persons (93.19%)

4. Fix Model and rule of payment

No reply : 16 persons (36.36%)

Unknown : 1 persons (2.27%)

Yes : 27 persons (61.37%)

4.1 Payment Steps in 1999 : the process are

1. Fix the activity
2. Send the report
3. Rechecking
4. Determine payment
5. Sharing money
6. Payment papers
 - Budget for center
 - Incentive
 - Fee for mistakes

Model of payment.

1. Medical service budget is divided 55:45 (hospital : center)
2. District Health Office pay for center 20 : 20:60
 - 20% In every center.
 - 20% Total from selling Health Cards.
 - 60% Working in center. (Figure7: p153)

4.2 How are decisions made? (one person or committee)

- No reply :3 persons (6.82%)
- No one :1 person (2.27%)
- Have :40 persons (90.91%)

- How**
1. Leader or representative joins meetings
 2. Select 2 staff for one zone

4.3 Can change the pattern or not.

- No reply : 4 persons (9.09%)
- Cannot : 1 person (2.27%)
- Not sure : 2 persons (4.54%)
- Can : 37 persons (84.10%)

- How :**
1. Can change by some advice from the leader or the committee.
 2. Can be flexible in case of mistake.

5. In the district, is there any plan for payment system or not ?

- No plan : 1 person (2.27%)
- Plan with unknown details : 26 persons (59.10%)
- Plan : 17 persons (38.63%)
 - by sharing 3 times/year or every 4 months.

5.1 How do you bring financial incentive?

- No reply : 9 persons (20.45%)

Unknown : 2 persons (4.54%)

Know : 33 persons (75.01%)

How to : More work gets more incentive.

- More work more budget.
- People get the best service and work when there is more coverage.

5.2 Do you have any Health Card holder a data services? Do you use it for allocation of money? why?

Answer :

1. Total of sales is a factor for improving chances of promotion.
2. Total of patients who come for services are the data base for payment ,not only Health Care Fund group. On this reason "every patient gets the same service" for equality.

5.3 Is there any limited period for sending reports and the payment process?

They required report every 4 months and a fee (300 □/day) in case of late reports must be paid. After examining these reports and finding something is wrong, the rate of payment must be reduced.

6. Do you think this payment system is appropriate?

No reply : 5 persons (11.36%) because poor of information

Appropriate : 39 persons (88.64%)

Reason :

1. Staffs : determine all data by themselves and get some incentive in working.
2. Rule : It is a committee's agreement , fair work and fair money, rule can be flexible.
3. Payment period : It is perfect and good for the staffs for assessment.

Concerning :

1. Determined team must be honest.
2. Making a real report.
3. Pay more basic service money, so a small center can improve their work.

2/4 Questions for development of network and quality of primary care service.**1. Is it important for network and primary service development?**

- Important : 44 persons 100%

Health Center is a door for making better services and giving people satisfaction and reducing the number of patients going to the hospital ; they can save their transportation money too.

2. Any more projects to develop primary services?

- No : 1 person (2.27%)
- Not sure : 2 persons (4.54%)
- Yes : 41 persons (93.19%) What are they?

They are :

- 1) Diabetics patients referred from Namphong hospital.
- 2) Supervision
- 3) Work by computer access.
- 4) Referral Audit
- 5) Mother and child care
- 6) Improving primary services
- 7) Family Medical Care
- 8) Patient satisfaction in services analysis
- 9) More education for staff
- 10) IUD service
- 11) Pap Smear service, best examination
- 12) Family File network

13) Expand service time after office hours.

14) Dental care

Future projects

1. Old age care and traditional Thai massage
2. Improving Nursing
3. Family medical project

Is anyone responsible for primary care service in the district?

- No reply : 13 persons (29.56%)
- Unknown : 2 persons (4.54%)
- No : 2 persons (4.54%)
- yes : 27 persons (61.36%)

Co - Operator from District Health Office.

3. Is there a meeting for Health Center personnel or not?

- No : 1 persons (2.27%)
- Unsure : 4 persons (9.09%)
- yes : 39 persons (88.64%)

How to :

1. Announce all policies and making more conferences, giving more information from the Head of District Health Office.
2. Special meetings for some groups
3. Ordinary meetings.

4. In Health Center, is anyone responsible for in development of the network and Primary Care Service?

- No : 3 persons (6.82%)
- Unsure : 2 persons (4.54%)
- yes : 39 persons (88.64%)

What are the policies?

1. Pay more money for a goal work.

2. Update 4 centers network by bringing computer access into the workplace.
3. Stress in promotion activity such as IUD service, Pap Smear.

5. Is there any support from the District Health Cooperative Committee for development of Primary Care Service ?

- No : 3 person (6.82%)
- Something : 41 persons (93.18%)

What is it?

1) Financial support by :

- presenting project and asking for budget
- research money support.
- Administrative support.

2) Supervision

3) Workshop and more education

4) Human resources developed

5) Co-workers from district, interesting cases

6. Was there any assessment of this development, before-after?

- No : 7 persons (15.91%)
- Unknown : 2 persons (4.54%)
- yes : 35 persons (79.55%)

How ?

- 1) Supervised 2 times/year.
- 2) Summarize and analyze all activities every 6 months.
- 3) Research.

7. Did you have any trouble in health promotion, health prevention and cure?

- None : 7 persons (15.91%)
- Unknown : 1 person (2.27%)

Reasons

- Good services
- Get all services from agreement.
- 36 persons (81.82%) say there are some problems

1. The problems in Koke Yai Center are :

- poor staffs
- poor instruments

Things that they cannot solve are :

- poor staffs
- poor instruments

2. The problems In Bua Yai Center is

- patients come early or late

3. The problems in Pang Tui Center are :

- Limited budget
- Some forgot to bring patient cards name . 1 . 01

Improve working in the past by

- paying attention to protection process such as dental care and pap smear

4. The problems in Nong Waa Center, include :

- Patients coming for treatment in easy cases, dressing or to get pills, but not during working time. So they announced the aim and field of services available in Health Center.

Improve working in the past by

- Announcement in the villages.
- Health information
- Home Health Care
- Seek limit to a core of services for Health Card and Low Income Card

Are there unresolved problems are?...

- Poor interest of villagers.
- Enough time for getting service during office hours.
- Poor understanding of working function.

5. The problems in Bannsrprasert Center, Tambol wang chai are :

- Poor staffs
- More meetings than needed
- Poor medicine
- Hard work, some patients come from other area.
- Poor incentive.

Improve work in the past.

- Changing EPI service (2 Times/month)
- Ante-Natal care for new mother every Friday.

Things that cannot the done

- Poor staffs
- Poor incentives
- Poor budget.

6. The problem in Bann Kham Center is :

Poor staff who sometimes have to work alone, because others are out of area; sometimes this results in low quality service.

7. The problem in Tha Kra Serm Center is :

Patients do not understand how to take care of themselves by promotion activity .

Things cannot be solved is the health attitude of the people.

8. The problem in Lao Yai Center is :

- Poor Knowledge
- Poor administration

9. The problem in Bua Yai Center is :

- Poor staff
- Poor instruments

Things that cannot be done

- Poor staffs
- Poor instruments
- Work can't be provided.

10. The problem in Sai Mool Center is :

- Poor staff
- Excess demand from and need of card holders.

Things that cannot be solved

- People come to get medicine without physical examinations.

11. The problem in Muang waan Center is :

- workload but less staff.

Improved

- Use of computers for work.
- Zone health(a group of Health Center), join activities.

Things about which nothing can be done is poor staff.

12. The problem in Gun Nam Sai Center is :

Imperfect tools (Stethoscope, Sphygmomanometer and Haematocrit Centrifuge) .

Improved : Use HIC program for treatment and analysis, collect database and make a report.

Things that cannot be done : this program is not fully completed due to poor instruments.

13. The problems in Namphong Center is ;

Confusion in family files and services, in cases where a lot of people come for treatment.

14. The problem in Sa - Ard Center are :

Cannot reach the goal, some staffs do not have enough knowledge and experience.

- Not active in working.
- Poor medicine

Improved :

- Meeting and giving a guideline for staffs.
- Fix suitable activities
- A guideline for data collection team.

Things that can't be done :

- Health Card data in Health Center and District Health Office is inadequate.

- Some reported false data.
- Data Collection Team have enough time to justify.
- Cannot cover all lines of activities.
- Poor staff, low quality work
- Cannot work toward the objectives.

15. The problem in Nong Kung Center are :

- Poor staffs working in a big area with slow services
- Difficult to follow the work in villages.

Improved

- Uncomfortable for people so they go to other places.
- Save data in a report and follow the activities.

Things that cannot be done :

- Poor staff, in fact there must be 3 persons for working.

16. In the Pun Nam Jai Center

In Namphong District, the referral system permits patient to go straight to Namphong Hospital, so there is no need to the come to Health Center for a referral card; this means the center is less important.

Section 3. Management controlling to create organization efficiency

1. Is there sufficient staff for working in your center?

- sufficient : 9 persons (20.45%)
- not sufficient : 35 persons (79.55%)

When analyzing each center, it was found :

- One Health Center and all staff say they have enough staffs.
- Four Health Centers and their staffs say it's different,some say enough and some say no.
- Eleven Health Centers and their staffs say say they have not enough staffs.

The reason the workforce is not enough is :

They centers have so many fields of work and so many populations to care for but insufficient staff. If some went to do a mission in another area or join a conference, there's just one who stands by. It is the important to do things quickly and work in different areas so work is complete. Sometimes, they have to close the centers if the patients come at this period and they can't reach any consultant. There are some reflections of work, as follow.

Staff

- Hard work and less relaxation, resulting in low quality work.
- Staff cannot do as population, district or province expected.
- So many comments about working.
- Staffs have poor inspiration for work.
- Feel more pressure, bored and late going back home

Working

- Poor quality.
- Cannot do by expectation.
- Late arrangements and incomplete paper work.
- Can't finish the old work and have to run a new policy.

Health Center

- Bad image (center)
- Bad image of services

Population

- Get unsatisfactory service.

How to correct/ working conditions.

Management

- A conference for each district and province should be convened and should contain various options for saving time.

- Needs a helping hand from the zone

- Must send a team for touring every center.

- Share work equally among everyone and staff must learn other lines of work so all lines of work can be covered.

- Give more incentives , hard work but more money.

- Employ some workers as assistants; use money from the Health Card Fund to do this.

- Must give populations the health news every day and advise them to come for treatment at appropriate times.

- More staff as needed.

- Reduce some workers in case less work or unnecessary projects.

- Apply technology to work.

Staff

- Time management must be appropriate

- It's not only staff who give services but also get a service in a comfortable center. All the team will save this data, so everyone will get the basic treatment as needed.

- Work more and try to share all work equally.

- Clarity of work and care for your mission.

- Even if all works are shared, it is necessary to help other persons too.

Population

- Work with the community , giving health news to help them care for their health and to help your members.

Comment or advice in case of using different areas.

- Making a strong community and taking good care of themselves, without needing consultation in every topic.

- To bring money as an incentive to work. This is good policy because people can get benefits from services but have to add more activity in services.

- Always give health information to the people in the area.

- Always work in the area and join the work to other functions.

2. Is there any training and skill for the staff in the case of these following topics?

2.1 Health Card information system

- No reply : 1 person (2.27%)
- No development : 17 persons (38.36%)
- Some development : 26 persons (59.10%)

There are developments or education in these topics : -

- Development in services.
- Primary Health Care for community.
- Training in health insurance.
- Training in computer and using program computer D-base, Lotus,
- Using program basic pro.
- Using records in conference.
- A new innovation of Health Card, allocation fund and referral system for Health Card patients.
- Training in social welfare.

2.2 Did Medical record audits and health service reviews exist ?

- Unknown : 2 persons (4.54%)
- No : 21 persons (47.73%)
- yes : 21 persons (47.73%)

There are improvements or training in these topics : -

- Making a conference of service review , present in monthly conference of Namphong District Health Office and Namphong DHCC

- Determining by services report .
- Announce the rule of data collection and suspension
- Set a team for determining
- the leader of the zone (a group of Health Center) have to check Health Center activity 2-3 times/ year.
- Using a computer.

- Checking the work in zone
- Training in Referral Audit
- Training in Ante-Natal care
- Training in Diabetic Care.

2.3 Do you know about the development of the model and criteria of fund allocation to health care system?

- No reply : 3 persons (6.82%)
- No development : 14 persons (31.82%)
- yes : 27 Persons (61.36%)

There are developments in the following topics :

- Meetings for some special cases between the Health Center, District Health Office and Namphong Hospital are held.
- Monthly conference of the Namphong District Health Office is held.
- Conference of the Namphong District Health Office is held.
- Presentation of work occurs in the conferences.

2.4 Do you know about development of the network and Quality of Primary Care Service?

- No reply : 2 persons (4.54%)
- Unknown : 2 persons (4.54%)
- No development : 9 persons (20.45%)
- yes : 31 persons (70.47%)

There are the following developments in these topics :

- Training in Family Medical Plan
- Training in Referral Audit
- Training in child and mother care
- Training in IUD.
- Training in Pap Smear
- Training in ARIC

- Training in all requests from the staffs
- Training in services project, how to serve with full quality by using Family Files.
- Support the information technology system
- More education and training.

3. Is the budget enough to support management?

- Enough : 10 persons (22.73%)
- Unknown : 4 persons (9.09%)
- Not enough : 30 persons (68.18%)

Reasons the budget is inadequate because :

- Poor budget and the District Health Office must pay to support materials or medical instruments.
- To develop the Health Center, have to ask for more financial support ; to improve the water supply system or environment sanitation.
- After submitting the proposal, most are not approved.
- There're is little money for overtime work.
- There is no budget for a new center. Difficult to improve the existing center.
- Poor research and something is not correct in accordance with the objective.
- No need to cut or reduce some special payments, they are the rewards

How to solve the problems?

- Total sales of Health Cards are reduced, so all staffs in the zone must join in this activity
- Poor budget, which is not enough for improvement so it is necessary to ask for a helping hand from the tambol management organization.

Any comment or advice for use in other areas ?

- If there is a small budget, some poor places should be helped first
- It 's good to add more money to create good quality services

- People get uncomfortable when they want to buy Health Care, because some worker get no incentives from this duty

- There are at least 3 persons in the Center and there should be training for at least 1 person. Staff must work under agreements and rules.

4. Are there enough places or materials for working?

- Enough : 18 persons (40.90%)

- Not enough : 26 persons (59.10%)

Some who say it's not enough, never give any reasons. But they say that things lacking in the center are...

1. Koke Yai Center : poor media such as television or stereo. Fences or paths in the center are also poor.
2. Bann Kam Center : Poor bed and dental unit.
3. Lao Yai Center : poor computer, media and fences.
4. Tha Kar serm Center: the building is not wide, because it 's the old design.
5. Kud Nam Sai Center : Poor beds , tables, etc.

How were the problems solved in the past ?

They borrowed from other centers.

5. Are there sufficient tools and instruments?

- yes : 6 persons (13.63%)

- no : 38 persons (86.37%)

Things that are poor in the following centers.

1. Koke Yai : Forceps, scissors, Needles, Sphygmomanometer and Tube.
2. Bua Ngern : Dressing Set, Pap Smear Set, Tray , Needle holder, Scissors.
3. Pang Tui : Needle, Syringe, Gown, Forceps and Scissors.
4. Nong Waa : Stand , Computer, Hematocrit, Centrifuge and Autoclave.
5. Bann Kham : Forceps, artery clamp , Dressing set, cotton bud, dental unit and bed.

6. Lao Yai : Scissors, Needle holder and Dressing set.
7. Bua Yai : Groves
8. Tha Kra Serm: Thermo meter, Sphymonano meter, Stethoscope, Gauze and Dressing set.
9. Sai Mool : Sphymonano meter, Stethoscope.
10. Muang Waan : Scissors, Forceps, Curette.
11. Gud Nam Sai : Scissors, Needle Holder, Forceps Groves, Syringe.
12. Pun Num Jai : Dental care instrument, Needle holder, Gauze Papsmear set, Forceps, Chairs.
13. Namphong center : Stethoscope, Dressing set , Forceps, Sphymonano meter.
14. Sa - Ard : Gauze, Syringe, Cutting needle Telnaculum, Uterine Sound, Speculum

The way to solved these problems.

- Borrowed from other office.
- Applied from tools that we have are available.

6.What are things you think must be improved?(Method, technology, management, communication)

Answers :

- consumer system such as water supply in some centers and telephones.
- Information technology system such as computers, package program data analysis, reports.
- Human management ; create enough staffs for center.
- Human management ; give more training and education in using computers
- Medicine support; always poor Para syrup, Chlophen syrup, A hummilk, M. carminative.
- Receiving Health Cards is about 45 days late.
- Health Card Allocation Project can't reach all staffs, and some don't understand the objectives or the advantages and disadvantages.

7. Anything that is available but not used?

- Microscope
- Minor operation set.
- Incorrect size of cotton sheet, it's not suitable for the work
- Clip.
- Child Ruler
- A labor bed
- A weighting scale for children
- Some antibiotic chemical
- A strong-box for money

APPENDIC 4

MISCELLANEOUS SHEET

APPENDIC 4.1 Health Card

APPENDIC 4.2 List of Focus Group Members

APPENDIC 4.3 Letters

APPENDIC 4.1

Health Card

Health Card is the card that the Ministry of Public Health issue to assure that the card owner and his family has right to receive good quality of medical service and treatments for free. It has been started at 1984.

1. Target groups : people who have high or standard income which no health assurance.
2. The value of the Health Card and the members who have right in this card: In 1995-1998 this card sell for 500 baht/one family and the government pay support for 500 baht, Totally mean 1,000 baht/one Health Card. In 1999, the government support up to 1,000 baht so it's mean 1,500 baht / one Health Card. The card owner, his parents and his family (not more than 5 persons) can use this card.
3. Type of Health Card: In the first time, there were 3 types of them:- The Family Health Card, The Individual Health Card and the Referral Health Card . In 1999, all of them were cancelled and issues just only Individual Health Card; registered code and classified into 3 groups: 1) general 2)leader of the community and 3)Health Volunteer.
4. The period of assurance – 1 year from the date of issues
5. The service center that indicate in the card:
 - 1) Local Health Center.
 - 2) Local Community Hospital.
6. The process of using,
 - 6.1) show the Health Card and other card that issue from the government for making sure that you are the same person and have rights to take services.
 - 6.2) take the services in office hours or time that your center is available.
 - 6.3) first, you have to take the service from center that indicate in the card. If it's too seriously, the center will refer you to the higher ability hospital. (If you don't do step by step, you must pay for all medical services)

7. In case of emergency or accident, you can take the services in general hospital of the ministry or Bangkok municipal all over the country.
8. The members of Health Card will take all medical service and treatments without paying.

Exceptional : Cosmetic surgery, Dental care, Glasses or eyes lens, Treatments which is in research, Non basic medical treatments, Non refer admitted, Special services such as V.I.P. room, private nurse and other services that will be announce in the future.

APPENDIC 4.2

List of Focus Group Members

On 11.April. 2000, from 01.00 p.m. - 05.00 p.m.

At the conference room of Namphong District Health Office.

- | | | |
|---------------------------------|---------------------------|---|
| 1. Moderator | - Mrs. Jongdee Pirochchai | - Khon Kaen Health Care Reform Office |
| 2. Co-moderator | - Mr.Pisak Ongsirimongkol | - Co-operator of The Ministry of Public Health |
| 3. Co-operator | - Mrs.Panee Pinyarat | - Co-operator of The Ministry of Public Health |
| 4. The Conference team | - Mr.Soodta Prakirake | - Namphong District Health Office |
| 5. Data Collection Team | - Mrs. Mayurie Kham-Or | - Namphong Hospital. |
| 6. Data Collection Team | - Mr.Anurak Sirisutr | - Lao Yai Health Center, Tambol Bann Kham. |
| 7. Data Collection Team | - Mr.Jeerawat Peechsee | - Bua Ngern Health Center |
| 8. Data Collection Team | - Mr.Methee Buachan | - Gud Nam Sai Health Center |
| 9. Data Collection Team | - Mr.Thammanoon Boonchan | - Namphong Health Center |
| 10. Data Collection Team | - Mr. Wuthipong Pakdeekul | - Namphong District Health Office |
| 11. Family Medical Plan's Staff | - Mrs.Yuwadee Aodthon | - Tha Kra Serm Health Center |
| 12. Family Medical Plan's Staff | - Mrs.Somboon Siriwichai | - Tha Ma Deao Health Center, Tambol Tha Kra Serm. |
| 13. Family Medical Plan's Staff | - Mrs.Komala Tayida | - Wang Chai Health Center |
| 14. Family Medical Plan's Staff | - Mrs.Somjitr Polsawang | - Bua Yai Health Center |
| 15. Conference Recording | - Mrs.Chantra Tansupo | - Khon Kaen Health Care Reform Project Office |
| 16. Cassette Recording | - Mrs.Rosarin Intasang | - Khon Kaen Health Care Reform Project Office |

APPENDIC 4.3

Letters



บันทึกข้อความ

ส่วนราชการ สำนักงานโครงการปฏิรูประบบบริการสาธารณสุขขอนแก่น

ที่ ขก 0033.001 / 82

วันที่ 8 ธันวาคม 2542

เรื่อง ขอสันับสนุนทุนวิจัยในการทำวิทยานิพนธ์

เรียน นายแพทย์สาธารณสุขจังหวัดขอนแก่น

ดิฉัน นางจงดี้ ภิรมย์ไชย พยาบาลวิชาชีพ 7 นิสิตโครงการพัฒนาการศึกษาต่อเนื่อง
ของบุคคลากรสาธารณสุข ในโครงการรวมของโครงการปฏิรูประบบสาธารณสุข กระทรวงสาธารณสุข
กับทบวงมหาวิทยาลัย กำลังศึกษาต่อในระดับปริญญาโท หลักสูตรสาธารณสุขศาสตรมหาบัณฑิต
(บริหารสาธารณสุข)ที่วิทยาลัยการสาธารณสุข จุฬาลงกรณ์มหาวิทยาลัย บัดนี้ นิสิตได้จัดทำ โครงร่าง
วิทยานิพนธ์นำเสนอมหาวิทยาลัยฯ เรื่อง การประเมินผลโครงการพัฒนาการจัดสรรเงินกองทุน
บัตรประกันสุขภาพ ระดับสถานีอนามัย กรณีศึกษาอำเภอน้ำพอง จังหวัดขอนแก่น รายละเอียดตาม
แบบเสนอเค้าโครงร่างการวิจัยที่แนบมาด้วยนี้

นิสิตมีความประสงค์ขอรับทุนสนับสนุนการวิจัยจากโครงการปฏิรูประบบบริการสาธารณสุขจังหวัด
ขอนแก่น เพื่อเป็นงบประมาณดำเนินการดังนี้

- 1. หมวดค่าตอบแทน 23,380 บาท
- 2. หมวดค่าใช้สอย 8,000 บาท
- 3. หมวดค่าวัสดุ 5,250 บาท

รวมเงิน 36,630 บาท (สามหมื่นหกพันหกร้อยสามสิบบาทถ้วน)

จึงเรียนมาเพื่อโปรดพิจารณาสนับสนุนทุนวิจัย จะเป็นพระคุณ

(นางจงดี้ ภิรมย์ไชย)
พยาบาลวิชาชีพ 7

(นางจตุรงค์ ชีระกนก)

นายแพทย์สาธารณสุขจังหวัดขอนแก่น

(รศ. ทศพร พลเดช) ส.ส. ขอนแก่น

บันทึกข้อความ ขก 0033.001 / 82
วันที่ 18 ธันวาคม 2542
ที่ไปบุคลากร และ วิจัย
สง. 04 แล้ว จ้างค่า 17,000 บาท
และ เงินสนับสนุน 19,630 บาท

แผนการเก็บข้อมูล

ลำดับ	วันที่	กลุ่มเป้าหมาย	วิธีการ	สถานที่
1	3 เมษายน 2543	เจ้าหน้าที่สถานีอนามัย	ทดลองแบบ สอบถาม	สอต. ๕ แห่ง อำเภออุบลรัตน์
2	7 เมษายน 2543	สสอ.อำเภอป่าพอง	พบชี้แจง	สสอ.ป่าพอง
3	11 เมษายน 2543	ผอ.ก.ร.ป่าพอง	สัมภาษณ์เจาะลึก	ร.ป่าพอง
4	24 เมษายน 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.ม่วงหวาน (ถ.มิตรภาพ)
5	25 เมษายน 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.กุดน้ำใส
6	26 เมษายน 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.บ้านน้ำใจ (ม.คำแก่นคูณ)
7	27 เมษายน 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.ป่าพอง
8	28 เมษายน 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.สะอาด
9	2 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.วังชัย (ถ.ป่าพอง- กระนวน)
10	3 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.พังทวย
11	4 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.หนองหวา
12	8 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.บัวเงิน
13	9 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.โคกใหญ่
14	10 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.ทรายมูล (ถ.ป่าพอง- บ้านขาม)
15	11 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.ท่ากระเสริม
16	12 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.บัวใหญ่
17	16 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.เหล่าใหญ่
18	18 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.บ้านขาม
19	19 พฤษภาคม 2543	จนท.สอ.ป่าพอง 1 แห่ง	แบบสอบถาม	สอ.หนองกุง
20	22 พฤษภาคม 2543	เก็บตกข้อมูลสอต.	สัมภาษณ์	สสอ. / สอต.
21	29 พฤษภาคม 2543	เก็บตกข้อมูลสอต.	สัมภาษณ์	สสอ. / สอต.
22	30 พฤษภาคม 2543	เก็บตกข้อมูลสอต.	สัมภาษณ์	สสอ. / สอต.



โครงการปฏิรูประบบบริการสาธารณสุข สำนักงานสาธารณสุขจังหวัดขอนแก่น

ถ.ศรีจันทร์ อ.เมือง จ.ขอนแก่น 40000 โทรศัพท์และโทรสาร (043) 328284

Health Care Reform Project Khon Kaen Provincial Health Office

Srichan Rd., Muang District, Khon Kaen Province 40000 Tel., Fax. (043) 328284

ที่ ขก 0033.001 / ว ๕๐๓

สำนักงานสาธารณสุขจังหวัดขอนแก่น

ถ.ศรีจันทร์ อ.เมือง จ.ขอนแก่น 40000

๕ มีนาคม 2543

เรื่อง ขอความร่วมมือในการตอบแบบสอบถาม

เรียน สาธารณสุขอำเภอน้ำพอง

ตามที่ โครงการพัฒนาการจัดสรรเงินกองทุนประกันสุขภาพระดับสถานีนามัย กรณีศึกษาอำเภอ
น้ำพอง ในโครงการปฏิรูประบบบริการสาธารณสุขจังหวัดขอนแก่น ได้ดำเนินการเกี่ยวกับการปฏิรูประบบบริการ
การเงินการคลังสาธารณสุขมาเป็นเวลา 2 ปีแล้ว สำนักงานโครงการปฏิรูประบบบริการสาธารณสุขจังหวัด
ขอนแก่น จึงให้นางจตุ ภิรมยไชยและคณะ ออกปฏิบัติงานประเมินผลกระบวนการของโครงการ เพื่อให้ทราบ
กระบวนการบริหารจัดการการดำเนินงาน ตลอดจนปัญหาอุปสรรคในการบริหารจัดการและปัจจัยเกี่ยวข้องในการ
ปรับปรุงงาน จึงขอความร่วมมือในการตอบแบบสอบถามจากผู้เกี่ยวข้อง 3 กลุ่ม คือ ผู้อำนวยการโรงพยาบาล
น้ำพอง คณะทำงานเก็บข้อมูล ๔ ระดับอำเภอ และเจ้าหน้าที่สถานีนามัยทุกท่าน

ผลการศึกษานี้หากพบว่ามีอยู่แล้ว โครงการปฏิรูประบบบริการสาธารณสุขจังหวัดขอนแก่นจะสนับสนุน
ให้มีการขยายพื้นที่สู่อำเภออื่น แต่ถายังมีส่วนต้องปรับปรุงทางสำนักงานโครงการปฏิรูป ๔ ขอนแก่น จะได้นำผล
การวิจัยมาพิจารณาเพื่อพัฒนาโครงการต่อไป สำนักงานโครงการปฏิรูประบบบริการสาธารณสุขจังหวัดขอนแก่น
จึงขอความร่วมมือจากท่าน แจ้งผู้เกี่ยวข้องให้ความร่วมมือในการตอบแบบสอบถามดังกล่าว

จึงเรียนมาเพื่อโปรดทราบและขอขอบคุณมา ณ โอกาสนี้

ขอแสดงความนับถือ

(นายจตุรงค์ อีระกนก)

นายแพทย์สาธารณสุขจังหวัดขอนแก่น
ประธานโครงการปฏิรูป ๔ จังหวัดขอนแก่น

สำนักงานโครงการปฏิรูป ๔

โทร/โทรสาร (043) 328284



ที่ ขก 0033.001 / ๒๖๒

สำนักงานสาธารณสุขจังหวัดขอนแก่น
ถ.ศรีจันทร์ อ.เมือง จ.ขอนแก่น 40000

๗ เมษายน ๒๕๔๓

เรื่อง การสัมภาษณ์เจาะลึก

เรียน ผู้อำนวยการโรงพยาบาลน้ำพอง

อ้างถึง หนังสือสำนักงานสาธารณสุขจังหวัดขอนแก่นที่ ขก 0033.001 / ว 503

ลงวันที่ 27 มีนาคม ๒๕๔๓

สำนักงานสาธารณสุขจังหวัดขอนแก่น ขอนัดหมายผู้อำนวยการโรงพยาบาลน้ำพอง เพื่อสัมภาษณ์
เจาะลึก เรื่องการดำเนินงานโครงการพัฒนาการจัดสรรเงินบัตรประกันสุขภาพ ระดับสถานีอนามัยอำเภอ
น้ำพอง ที่ห้องประชุมโรงพยาบาลน้ำพอง ในวันที่ 12 เมษายน ๒๕๔๓ เวลา 13.00-16.30 น. ซึ่งมีรายนาม ผู้สัมภาษณ์
ดังต่อไปนี้

- | | | | |
|----------------|-------------|-----------------------------|---------------------------------|
| 1. นายพิศักดิ์ | องคศิริมงคล | ทันตแพทย์ 8 | โครงการปฏิรูปกระทรวง |
| 2. นางจงดี | ภิรมย์ไชย | พยาบาลวิชาชีพ 7 | สำนักงานสาธารณสุขจังหวัดขอนแก่น |
| 3. นางจันทร์ภา | แทนสุโพธิ | พยาบาลวิชาชีพ 6 | สำนักงานสาธารณสุขจังหวัดขอนแก่น |
| 4. นางรสริน | อินทแสง | ประจำสำนักงานโครงการปฏิรูปฯ | ขอนแก่น |

จึงเรียนมาเพื่อโปรดทราบและให้ความอนุเคราะห์ด้วย

ขอแสดงความนับถือ

(นายชวลิต นิลวรรณ)

นายแพทย์ 8 ปฏิบัติราชการแทน
นายแพทย์สาธารณสุขจังหวัดขอนแก่น

สำนักงานโครงการปฏิรูปฯ

โทร/โทรสาร (043) 328284



ที่ ขก 0033.001 / ว 570

สำนักงานสาธารณสุขจังหวัดขอนแก่น
ถ.ศรีจันทร์ อ.เมือง จ.ขอนแก่น 40000

7 เมษายน 2543

เรื่อง การประชุมกลุ่มคณะทำงานเก็บข้อมูลอำเภอน้ำพอง

เรียน สาธารณสุขอำเภอน้ำพอง

อ้างถึง หนังสือสำนักงานสาธารณสุขจังหวัดขอนแก่นที่ ขก 0033.001 / ว 503

ลงวันที่ 27 มีนาคม 2543

สำนักงานสาธารณสุขจังหวัดขอนแก่น ขอนัดหมาย คณะทำงานเก็บข้อมูลเพื่อการจัดสรรเงิน
ในโครงการบัตรประกันสุขภาพอำเภอน้ำพอง ประชุมกลุ่มทำ Focus Group ที่ห้องประชุมสำนักงานสาธารณสุข
อำเภอน้ำพอง ในวันที่ 11 เมษายน 2543 เวลา 13.00-16.30 น ซึ่งมีรายชื่อดังต่อไปนี้

1.นายวุฒิพงษ์	ภักดีกุล	นักวิชาการสาธารณสุข 5
2.นายอาคม	ปัญญาแก้ว	นักวิชาการสาธารณสุข 5
3.น.ส.บุญญาภรณ์	สมภาร	เจ้าพนักงานสาธารณสุขชุมชน 3
4.นายอนุรักษ	ศิริสุทธ์	เจ้าหน้าที่บริหารงานฯ6
5.นางยุวดี	อดทน	เจ้าพนักงานสาธารณสุขชุมชน 6
6.นายธรรมบุญ	บุญจันทร์	นักวิชาการสาธารณสุข 4
7.นายเมธี	บัวจันทร์	เจ้าพนักงานสาธารณสุขชุมชน 4
8.นางมยุรีย์	คำอ้อ	พยาบาลวิชาชีพ 7

จึงเรียนมาเพื่อโปรดทราบและแจ้งผู้เกี่ยวข้องเข้าร่วมประชุมตามวันเวลาดังกล่าวด้วย

ขอแสดงความนับถือ

(นายชวลิต นิลรวงศ์)

นายแพทย์ 8 ปฏิบัติราชการแทน

นายแพทย์สาธารณสุขจังหวัดขอนแก่น

สำนักงานโครงการปฏิรูปฯ

โทร/โทรสาร (043) 328284

ที่ ขก 0033.001 / ๐๔๔๐ / ๒๕๔๓

ตำนาน

สำนักงานสาธารณสุขจังหวัดขอนแก่น
ถ.ศรีจันทร์ อ.เมือง จ.ขอนแก่น 40000

๒๑ มิถุนายน 2543

เรื่อง บันทึกการประชุมกลุ่มสนทนา

เรียน สาธารณสุขอำเภอน้ำพอง / ผู้อำนวยการโรงพยาบาลน้ำพอง

สิ่งที่ส่งมาด้วย บันทึกการประชุม 1 ฉบับ

ด้วยสำนักงานโครงการปฏิรูประบบบริการสาธารณสุข สำนักงานสาธารณสุขจังหวัดขอนแก่น และผู้ประสานงานจากกระทรวง ฯ ได้จัดประชุมกลุ่มสนทนากับผู้เกี่ยวข้อง เรื่องโครงการปฏิรูประบบการเงินการคลังระดับสถานีนานามัย ที่ห้องประชุมสำนักงานสาธารณสุขอำเภอเมืองน้ำพอง ในวันที่ 11 เมษายน 2543 บัดนี้รายงานการสนทนากลุ่มได้จัดพิมพ์เรียบร้อยแล้ว จึงได้จัดส่งเอกสารมาพร้อมนี้จำนวน 1 ฉบับ

จึงเรียนมาเพื่อโปรดทราบ

ขอแสดงความนับถือ



(นายจตุรงค์ ชีระกนก)
นายแพทย์สาธารณสุขจังหวัดขอนแก่น

สำนักงานโครงการปฏิรูปฯ

โทร / โทรสาร (043) 328284

E-mail: ongdeep@health2.moon.go.th



สำเนา

ที่ ขก 0033.001 / 1๙๙๙, 1๙๙๐

สำนักงานสาธารณสุขจังหวัดขอนแก่น
ถ.ศรีจันทร์ อ.เมือง จ.ขอนแก่น 40000

๒๕ กันยายน 2543

เรื่อง ส่งการประเมินการรับรู้และการปฏิบัติของเจ้าหน้าที่สถานีนามัย


เรียน ผู้อำนวยการโรงพยาบาลน้ำพอง, สาธารณสุขอำเภอเมืองน้ำพอง

สิ่งที่ส่งมาด้วย การประเมินการรับรู้และการปฏิบัติของจนท.สอ.น้ำพอง จำนวน 1 ชุด

ด้วยสำนักงานโครงการปฏิรูประบบบริการสาธารณสุข สำนักงานสาธารณสุขจังหวัดขอนแก่น โดยนางจตุติ ภรณ์ไชย ได้จัดพิมพ์ผลการประเมินการรับรู้และการปฏิบัติของเจ้าหน้าที่สถานีนามัย อำเภอเมืองน้ำพองต่อการจัดสรรเงินบัตรประกันสุขภาพปีงบประมาณ 2542 เรียบร้อยแล้ว จึงขอส่งเอกสารกล่าว จำนวน 1 ชุด มาเพื่อทราบและนำไปใช้ประโยชน์ต่อไป

จึงเรียนมาเพื่อโปรดทราบ

ขอแสดงความนับถือ


(นายจตุรงค์ สีระกนก)
นายแพทย์สาธารณสุขจังหวัดขอนแก่น

สำนักงานโครงการปฏิรูปฯ

โทร / โทรสาร (043) 328284

E-mail: jongdeep@health2.moph.go.th

.....ร่าง
.....พิมพ์
.....ตรวจ

CURRICULUM VITAE

Name : Jongdee Piromchai

Agency : Health Care Reform Project, Khon Kaen Province , Public Health Office.

Address : 79/49 Mitthaphap Road, Tambol Nimuang, Muang District, Khon Kaen Province, 40000 . Tel. (043)242437

Position : Professional Nurse 7

Date of Birth : February 10,1955

Place of Birth : Kalasin, Thailand

Education Background :

Anesthesia Nursing, Ramatibodee Hospital, Faculty of Medicine, Mahidol University, 1981.

Bachelor of Science in Nursing and Midwifery, Faculty of Nursing, Khon Kaen University, 1976.

Work Experiences :

1. Operation Room, Emergency Room, Out patient Department, Ban Phai Hospital, Khon Kaen Province (1978-1985)
2. Health Promotion Division, Ban Phai Hospital, Khon Kaen Province (1986-1987)
3. Out patient Department, Ban Phai Hospital, Khon Kaen Province (1992-1996)
4. Health Care Reform Project Office, Khon Kaen Province Public Health Office (1997-March 2001)

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