



CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

1. Introduction

In an attempt to explore the answers for some of the lingering questions among us about the 30-baht scheme, a descriptive research had been carried out on utilization, attitude and satisfaction concerning the scheme. A month long satisfaction survey was conducted at Chulalongkorn Memorial Hospital, Bangkok in February 2003. The 30-baht scheme came to life only two years ago, and it is one of the strategies of the universal health coverage policy of Thailand. But there are speculations as to what kind of attitude do people hold regarding the new scheme and to what extent do they make use of it and also whether the people are actually satisfied with the scheme. Thus, the hospital-based cross-sectional research was done, not to the least to answer all those big questions but to understand and interpret the general feelings among the people who actually use the product of such a policy at the health facility.

There were two groups of patients involved in the survey. Variations in their attitudes towards the 30-baht scheme and satisfaction with the hospital services in context to the scheme were assessed.

2. Salient Demographic Features

The mean of the age was 46 years with $SD \pm 16.3$. It is true to what Barer et al. (1989) said that there is a greater use of health services by senior citizens than by other age groups. Old people (27%) visited more times than other age groups. The quarter of sample was above 60 years old. The younger patients were relatively smaller in number. Through the observation it was found that the older patients are more satisfied with the services and the scheme than the younger ones.

The sample had overrepresentation of female population with 72% of the total respondents. This could be due to the selection bias introduced during the interview. The two hired nurses seemed to have interviewed more of women than men. Nevertheless, at least 65% of patients at OPD were women. But may be it is wise to

think in line with Kohn and White (1976) that females utilize more health services than males.

Other studies showed that education is important determinant for utilization, but it is hard to know from this study. Because literacy rate is low among the 30-baht patients coming to the Chulalongkorn hospital. More than 50% are with primary education and 7.5% never attended school. Only 10% have the university education. Caldwell (1993) said that better-educated people have more tendency to use health services. However, it is superseded by the health status of people. As it could be seen in the case of the 30-baht patients, though they are not well educated, yet more than half of the patients are with low education, which could be due to their health status.

The unemployment among the 30-baht patients is quite high (32.9%); when separated into two groups, the registered group has 30.6% and self-registered 33.8%. Most of those employed are traders and commercial workers. There are less numbers of civil servants, farmers and students represented in the sample. But among the total women, at least 10% are housewives. Generally, the 30-baht patients have low education and are low-income earning group. Media seemed to play a good role in disseminating the information on the 30-baht scheme as about 50% of respondents heard or knew about it from TV, radio or newspaper.

The unemployment problem brings the earning group down to only 59.2%. A majority of respondents lie within the income range of 2001-8000 Baht (57%). Very few are rich. And there is not remarkable difference in income between the two groups. It cannot be discriminated here in this study as to what Freeman and Corey (1993) said hold any valid or not that people with low income seek care more often than not. But definitely it is understandable that the growth of health insurance and financing programs for poor (Berk, 1985) make them utilize the services more.

In this study, it could not be made out the impact of health status on utilization and satisfaction since it was not known the current health state of the respondents.

3. Self- Referred Patient's Preference for Chulalongkorn Hospital

Chulalongkorn Hospital is a medical school hospital and functions under the partnership of the Red Cross Society. Amongst other specialized services, it has high

regarded services in cardiac and kidney problem fields. It is manned with highly professional doctors and efficient staff. It attracts at least 3000 patients a day. People simply want to receive services at this hospital owing to its quality care and well equipped with modern technological facilities. This substantiates why people like to receive care at this hospital.

There are 76 respondents registered at Chulalongkorn hospital comprising, while the self-registered had 137 respondents. It could be seen that the representation of self-referred group is more than the other group in a sample. It is because the average patients per month is 1300 for self-referred and only 510 for registered. Although, self-referred have to pay, there is a good logic to link their high satisfaction with and further utilization of health services.

It is customary to consider that if the health facilities and health personnel are better, patients give more preference. At Chulalongkorn hospital the main reason why people choose it is the skilled doctor and it being a medical school hospital. Patients have high regard for doctors and big trust in their care. The hospital is famous for quality care and better services. More than one-third of self-referred respondents said they believe in quality of care hospital provides to them, while others believe in better treatment and standard equipment and facilities.

Self-referred 30-baht patients are originally registered in somewhere else, but come to Chulalongkorn hospital for services. In accordance to the objective of the study, the 137 respondents were asked why they do not use their own hospitals of registration. The 30.6% of respondents replied it was because of inconvenience caused by long distance from their place of residence. It means their hospitals are far from where they live. So it was just more convenient and easy for them to use Chulalongkorn hospital than to go to their hospitals that is time consuming and inconvenient. Here, it is spelt out that physical accessibility in terms of distance and time has outweighed the financial accessibility.

But there are others who complained that their hospitals have low quality of health care (19.7%). There is no specialization, and poorly equipped. One reason or the other, most of the respondents are not satisfied with services or have no trust in services in their hospitals. Yet there is a bunch of respondents who said that they are

studying or working in Bangkok, thus leaving them with no choice. Unbelievably, almost one-fourth of respondents put it as their "personal choice" rather than any other reasons, though it cannot be understood why do they prefer Chulalongkorn hospital to other hospitals around Bangkok. They could have grabbed one of any 29 hospitals in Bangkok.

There are around eighty hospitals that the self-referred respondents are originally registered in, from Rajvidi to Roi Eit and from Sri Sakade to Surin. It seemed that most of them are registered in the provinces, but only few are within the Bangkok metropolitan area.

Amongst the 137 respondents, 85% of them are willing to register at the Chulalongkorn hospital if given an opportunity. This also goes out to confirm all the reasons they cited for preferring this hospital. There is a positive link between their preference and wanting to register at Chulalongkorn hospital.

Along the same line, around 78% of all 213 respondents visited Chulalongkorn hospital before the effect of the 30-baht scheme. Only about 25% are supposedly new patients. And 52% of respondents rated hospital services as the same before and after the 30-baht scheme, while 30% think the services now is better than before the scheme. Therefore, whether there is 30-baht scheme or not, many people still feel that the services at Chulalongkorn hospital are better than their original hospitals.

4. Utilization of Gold Card and Hospital Services

Many studies have shown that the health insurance gives people more accessibility to health services. And people with health insurance tend to use more services than the ones who are without.

Majority of respondents (70%) received gold card in 2002 and around 49% started using it in 2002. However, 27% never used the card. Fewer respondents used more than six times (15%) since receiving it.

There was low utilization of gold card initially (2001), but started using in 2002 by many. Even in 2003, just over a period of two months, the utilization of the card is more than the initial months of implementation within the sample population.

The utilization rate of the gold card among the registered patients is very low. Out of the 22000 registered at Chulalongkorn hospital, in average only 3.8% used the gold card for the last 9 months. That means around 96% of them have not used the gold card to access health services at all. But it reminded that just holding the gold card would not persuade in any way to use it if other health factors are not involved.

5. Attitude towards the 30-Baht Scheme.

Attitude in general is not very positive. There is a mixed feeling among the respondents. This could be due the new policy and new method of financing mechanism, for which general mass may need sometime to get used to and to really get the true feeling of what it means to be receiving services through the 30-baht scheme. Most of the respondents are skeptical and unsure about the 30-baht scheme, despite their high expectation from the scheme.

The registered (301) group is relatively more positive towards the scheme than the self-registered (302) group. The former gets services with a mere co-payment of Baht 30, while the latter has to pay directly for any services they avail from the hospital. Since the self-referred group has to pay, they may not bother much about the scheme. And besides, owing to not having much opportunity to use the gold card, self-referred group may not have a real feel of using it. From the study, 43% of 137 respondents never used the gold card. Whereas the registered group (100%) had an experience of using the gold card, hence they could express their feelings and opinions. However, 65% of all respondents are willing to recommend other people to use the scheme.

6. Relationships among Variables

Most of the variables are negatively related. The age variable in respect to education, and income is relatively negative. It may be because the sample contained a large number of old and retired people with mere primary education or none. And most of the respondents were unemployed or from a non-income earning group. Satisfaction variable had weak positive relation with attitudes as there was high satisfaction in hospital services no matter what the attitudes towards the 30-Baht Scheme was. Owing to high female representation (72%) in the sample, the gold card utilization was positively related to sex. Around 67% of gold card users were women. There was a significant difference in gold card utilization between the Registered and Self-

referred patients since 43% of respondents in the Self referred group never used the gold card even once and in general the frequency of its use is also low in the same group.

7. Difference in Attitude among the Registered and Self-Referred Groups

Although the overall attitude does not show much difference, there is a marked difference in the attitude of the registered and self-referred groups. As discussed earlier, this may be mainly due to not having enough experience using the scheme for the self-referred group since 43% of respondents never used the scheme yet they gave their opinions on it. It is obviously expected that the attitude towards the scheme is low from this group. Apart from this, the scheme itself is new and it may not be proper to judge the attitude towards the scheme preemptively. The difference in attitude is statistically proved by using Mann-Whitney test ($p < .05$) with ± 0.37 . It is, otherwise, self explanatory that the self referred group have to pay for services and seemed to have less regard for the 30-baht scheme. But it is equally confusing that the registered group did not have convincing attitude towards the scheme either.

8. Difference in Satisfaction among the Registered and Self-referred Groups

Irrespective of their status as a registered or self-referred, both the groups have almost the same level of satisfaction with hospital services. When tested through non-parametric statistics, the p-value was greater than .05, hence showing that there is no significant difference in the level of satisfaction among the two groups.

The plausible explanation could be that the patients come to Chulalongkorn hospital because they trust in the quality of services and have high confidence in care provided by doctors and nurses here. That is why a large number of respondents (85%) willing to get registered at this hospital if given the chance. And also for the self-referred group, despite many hospitals around Bangkok, they chose this hospital just for having satisfied with services. Therefore, the more patients are satisfied with services, the more they use them. Thereupon, whether there is a 30-baht scheme or not, all respondents are happy with the services provided by Chulalongkorn hospital. It may not matter whether they receive care by paying or through health scheme, all respondents show the same level of satisfaction.

Conclusions

The satisfaction survey was conducted at Chulalongkorn hospital for one month (February 2003). The objectives were to describe the demographic characteristics of the 30-baht patients; to find out their attitude towards the 30-baht scheme; utilization of gold card and satisfaction towards the hospital services. Based on the results of the survey and discussion, the following are some of conclusions of this study:

1. Sample Features

The total of 213 subjects participated in the study. Out of which 72% were women. Male has less representation in the sample. Most of the respondents were middle-aged and older patients. Generally, the education level is low among the 30-baht patients mostly with primary graduates (50%). This sample has also a typical character of having high rate of unemployment among the respondents. They belong to the low-income group with exception of few (2.3%).

2. Self-Referred 30-Baht Patients

Self-referred group is the one kind of 30-baht patient group who chooses Chulalongkorn hospital as their point of contact for receiving health care. It the matter of their preference rather than their perceived need for choosing particular hospital. They outnumbered (11,810) the Chulalongkorn hospital registered 30-baht patients (6,929) who visited this hospital for the last nine months. Normally, they pay out of pocket for the services.

Self-referred respondents come to Chulalongkorn hospital because of the skilled doctors, confidence in care, quality care, better treatment and standard equipment. They are not able to or do not use the services from their hospitals of registration because of inconvenience owing to distance, low quality care, unsatisfied services, poor equipment, working in Bangkok and continuation of treatment.

If they get a chance to register at Chulalongkorn hospital under the 30-baht scheme, 85% of them are much interested to do so.

3. Attitude

The attitude towards the 30-baht scheme is moderate. Most of them seemed to be feeling privileged for using the scheme but in contradiction to their not wanting the scheme to be continued. Yet their readiness to recommend others in using the scheme is more positive.

The registered group has relatively more positive attitude towards the 30-baht scheme than the self-referred group. There is a significant difference in their attitudes for using the scheme as a means to access to health services.

4. Utilization of the Gold Card

At the moment, utilization of the gold card is quite minimum among the Chulalongkorn hospital registered 30-baht patients. As many as 22,000 thirty Baht patients are registered at this hospital. Utilization in average among the registered is only 3.8% of total or around 800 patients per month out of 22,000. In the self-referred group, 43% never used the gold card.

5. Satisfaction

Satisfaction among the respondents is 80.37%. They are mostly satisfied with care provided by doctors, and provision of privacy and confidentiality. Promptness of services at OPD, convenience of hospital hours and waiting time is only moderately satisfied. Respondents are also highly satisfied with services by nurse and staff.

There is no significant difference in the satisfaction level between the registered and self-referred groups. The difference in their attitude towards the 30-baht scheme has not affected the satisfaction with hospital services.

6. Relationship and Associations Among the Variables

Majority of variables in the both registered and self-referred groups had negative relations. However, there was a weak positive relation among the variables like satisfaction, attitude, gold card utilization, sex, age and attitude. Variables with negative relations were satisfaction, education, gold card utilization, income, and attitude. And there was no association between the gold card utilization and demographic features, except for using services through the 30-Baht Scheme and pay

out of pocket. Yet there is a significant difference in gold card utilization between the Registered and Self-referred patients.

7. Some Limitations

Although this study fulfilled its objectives, it suffers from major drawbacks. Its sample size is small. Owing to some practical problems in the field, not all estimated sample could be obtained, resulting in reduction of its statistical power. Therefore, it is not possible to obtain statistically significant difference in attitude or satisfaction variables between the two comparative groups. The problem is compounded by the under-representation of the registered 30-baht scheme patients in the sample, in which case, the generalizability is very limited. Besides, women representation is more than men. This could be due to the selection bias. The interviewers were nurses and there must have been some distortion in the manner interviewers selected subjects. However, some respondents were not able to follow up.

There is a good chance of random errors in this study. The questionnaire was originally in English and for convenience it was translated into Thai. There are some technical words, and lengthy questions which could be easily misinterpreted. Due to this, respondents might have responded wrongly.

Information and respondents bias must have occurred too. Most of the respondents had low level of education. They could have misunderstood or misinterpreted the questionnaire. Or the misinterpretation must have possibly come from interviewers. Or it is also possible they the respondents gave the perceived correct answer since the interviewers were nurses.

The question regarding when the Gold card was obtained, when started using and how many times already used etc. may invite some recall bias. Usually old people have bad memory. They could easily misreport.

The confounding factors such as age, income and health status will play a big role in influencing utilization, not merely having a health insurance or the Gold Card will determine their need to use health services.

Above all, the study was restricted to its own set of objectives. Therefore, a vast data remained unexplored.

Recommendations

Following are the recommendations ensued from the assessment of the survey results, they are broadly divided into two:

General Recommendation for further research:

1. Since this study was hospital based and with small sample size, nothing at all could be known about the attitudes of those 30-baht people who did not use the gold card or did not come to hospital for services. The community based-study targeting on wider population with bigger sample is recommended.
2. The 30-Baht Scheme is established throughout the 76 provinces and in Bangkok. It would be interesting to compare and contrast the attitudes towards the 30-Baht scheme among people in different provinces and between the rural and urban settings. The study could also be used to determine the utilization rate of the scheme in rural and urban areas.
3. The present study was designed as a cross-sectional descriptive research and lacks much of analytical expressions. Many demographic factors, that influence utilization of health care, such as sex, age, education, occupation, and income level are not explored enough to see their impact on the attitude and satisfaction. An analytic study involving higher statistics (correlation and multiple regression) can be carried out to examine the relationship or association between the demographic characteristics and the principle variables.
4. The present study result showed that there is a large number of people who have never used the Gold Card though they applied and received it. It would be worthy to do some studies to describe the characteristics of non-users of Gold Card. It will be vital to answer questions such as 'Do they have other means for health care like private insurance or they simply prefer not using it?' Because such a group of 30-Baht people have to pay for services if they do not use the Gold Card. The study on such group could be used to determine whether or not the universal coverage is helping to promote health of the people.

Specific for Chulalongkorn Hospital

1. Despite high satisfaction in the services at Chulalongkorn hospital, it would be worthy for the hospital administration to carry out a small-scale satisfaction survey on the hospital hours and waiting time. The study indicated that not many respondents are satisfied with waiting time and hospital hours.
2. Normally all public facilities have shortage of time and clients have problem with waiting for services. To nullify the complains about the waiting time, Chulalongkorn Hospital could arrange some reading materials like health magazines, health promotion pamphlets for awareness, newspapers or public health related clippings or video show etc. so as to keep them busy and at the same time to educate them. Thus in this way, the patient's waiting time is well spent and hospital will have less complaints to hear.
3. The present study revealed that satisfaction is high at Chulalongkorn hospital. However, it could be affected by many factors like age, sex, social status and health need. The study found out that majority of the respondents was older people and women and they are low-income people. It was observed that older people usually did not complain and women were polite enough to say YES most of the time. In addition, around 30% of respondents were unemployed. They might not have other choice than to come to this hospital, and it is obvious that they would not complain with the only means they have with them. Therefore, it could be possible that 'high satisfaction phenomenon' could just be an outcome of misinformation or a sheer information bias. This study could be used as a reminder for the hospital authority to recheck the authenticity of people's real feelings. Otherwise, it may just hinder the growth of the hospital by camouflaging the real situation beneath the splendid surface.
4. Waiting time was a prominent problem portrayed by patients. They make at least three halts before reaching the final end. If Hospital Authority reduces the number of halts between the first entry point and reaching the doctor's chamber, the patient's time will be saved. There should be a separate and only one OPD for the 30-Baht patients, so that they do not have to wait at each halt between the OPDs.

5. It was observed during the survey that the Registered and Self-referred Patients have different OPDs. It is possible that service provisions are different for these two groups of patients at different floors, hence difference in satisfaction levels. Therefore, it is worth recommending another study looking at differences in services at two different floors for the Registered and Self-referred patient Groups.
6. The 30-baht patients are eligible to use the tertiary care at Chulalongkorn Hospital, and there is a huge cost incurred against a small capitation and copayment. It would be befitting to do a study to examine the amount of revenue generation from the 30-baht scheme and its implication on sustainability of hospital services in the future. (This view is in response to the interviewed opinions of two health officials).