







# "Health System, Roles of Service Purchaser" shapes the service through Universal Health Coverage (UHC)

July 2023

The National Health Secretary Office (NHSO), Thailand:
//eng.nhso.go.th



## Outline of the presentation

- Overview of Universal Health Coverage (UHC) in Thailand
- Introducing and implementing the Universal Health Coverage Scheme (UCS): translating legislation into practice
- Overall outcomes
- Remaining challenges



# OVERVIEW OF BACKGROUND AND UNIVERSAL HEALTH COVERAGE IN THAILAND

## **Thailand Background**





- 77 Provinces 13 Regions
- 878 Districts
- 7,256 Sub-districts (Tambon)
- 75,032 Villages



#### Muang District

- capital district
- more urbanized
- provincial hospital

#### Other Districts

- mostly rural area
- informal sector
- district hospital

# National Health Security Office

#### Thailand Performance of Sustainable Development Goals in Year 2021

## THAILAND

#### East and South Asia

#### OVERALL PERFORMANCE

COUNTRY RANKING

#### Thailand

COUNTRY SCORE

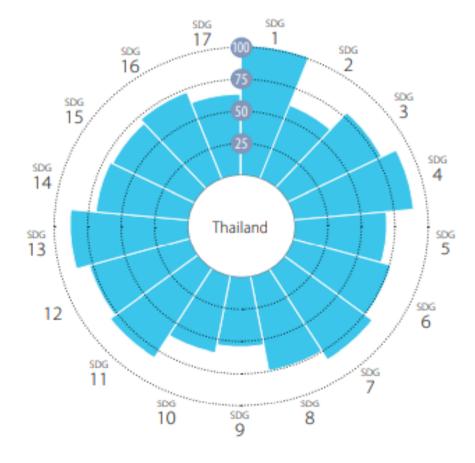


REGIONAL AVERAGE: 65.7

#### STATISTICAL PERFORMANCE INDEX 0 (WORST) TO 100 (BEST)



#### AVERAGE PERFORMANCE BY SDG



**Source**: Sustainable Development Report 2021, page 438-439; https://sdgindex.org/

## Moving toward Thai UHC



#### From 1975

- Long march of reforms of Thai public health insurances
- Expansion of health financial risk protection by targeting approaches

#### By 2001

• 30% of 60 million population were still uninsured [non-SHI and non-CSMBS)

1942

Solid

platform

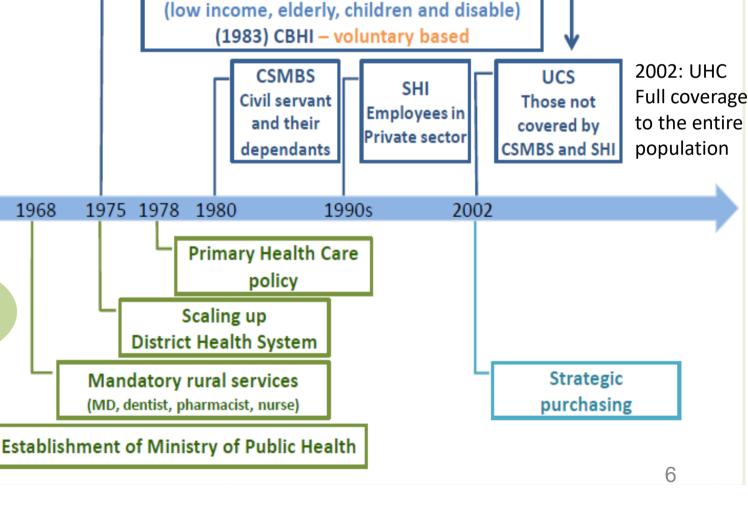
for UHC

#### In 2002 and afterward

- All residual population were covered by UCS
- established by NHS Act

## Thailand's UHC journey

(1975) Low Income Scheme - social welfare



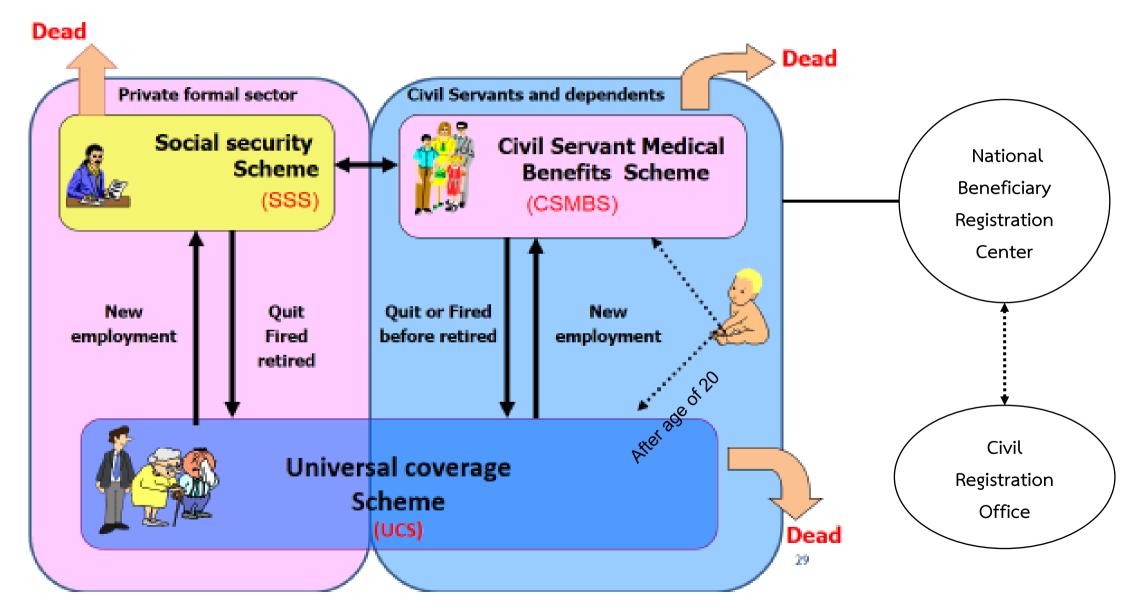


## Health insurance scheme in Thailand

	Civil Servant Medical Benefit Scheme (CSMBS) Started in 1963	Social Security Scheme (SSS) Started in 1991	Universal Coverage Scheme (UCS) Started in 2003
Population	5 Millions(7%)	14 Millions(20%)	50 Millions(73%)
Beneficiaries	Civil servants and dependents	Employees in private and public sector	The rest of Thai citizens
Sources of finance	General tax (~15,000 Baht/Cap)	Tripartite: 1.5% of salary (3,500 Baht/cap)	General tax (3,500 Baht/Cap)
Benefit packages	Comprehensive curative and rehabilitation	Comprehensive curative and rehabilitation	Comprehensive include prevention and promotion for all Thais
Payment method	FFS for OP DRGs for IP	Capitation for OP and IP DRGs for IP AdjRW>2 + add on	Capitation for OP & PP  DRGs with global budget for IP  Fee Schedule for high-cost drugs and procedures , QOF
Administrator Office	Comptroller General Department (Ministry of Finance)	Social Security Office (Ministry of Labour)	National Health Security Office (NHSO) – UC Board chaired by the Minister of Public Health



## Dynamic of people's health insurance status



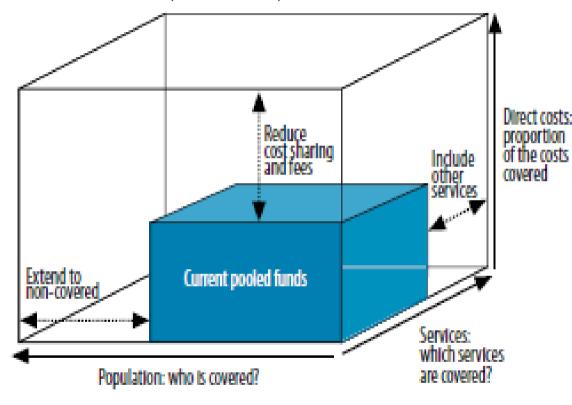
#### Three Dimensions of Thai UHC





Y axis: Financial protection - High

Free at the point of service (Out of pocket 12% of THE) Under three public health insurance schemes (CSMBS (9%), SSS (19%), UCS (72%)



X axis: Population coverage

universal population coverage (99.95% of population)

#### Z axis: Depth of services

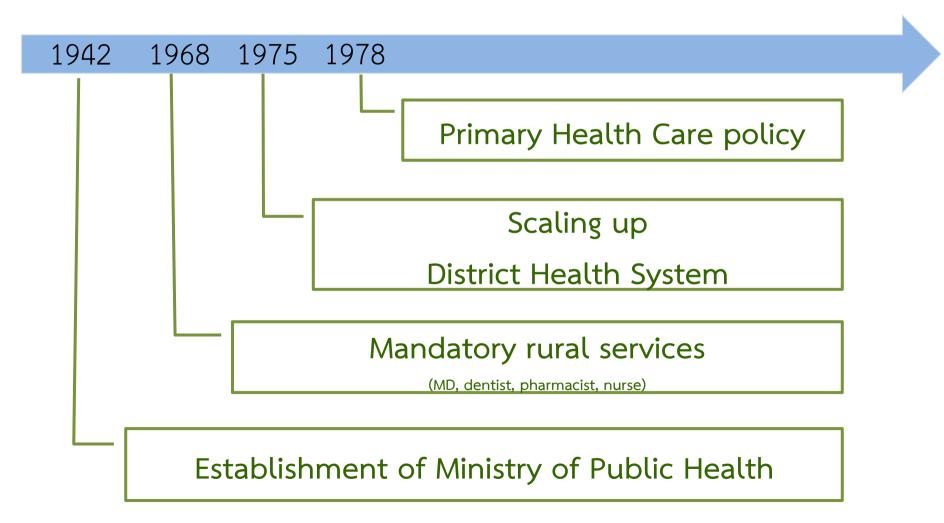
Comprehensive package with small exclusion list.

P&P, All essential drugs, Renal Replacement Therapies, organ transplant, CABG, cataract, dental services and dentures, etc.



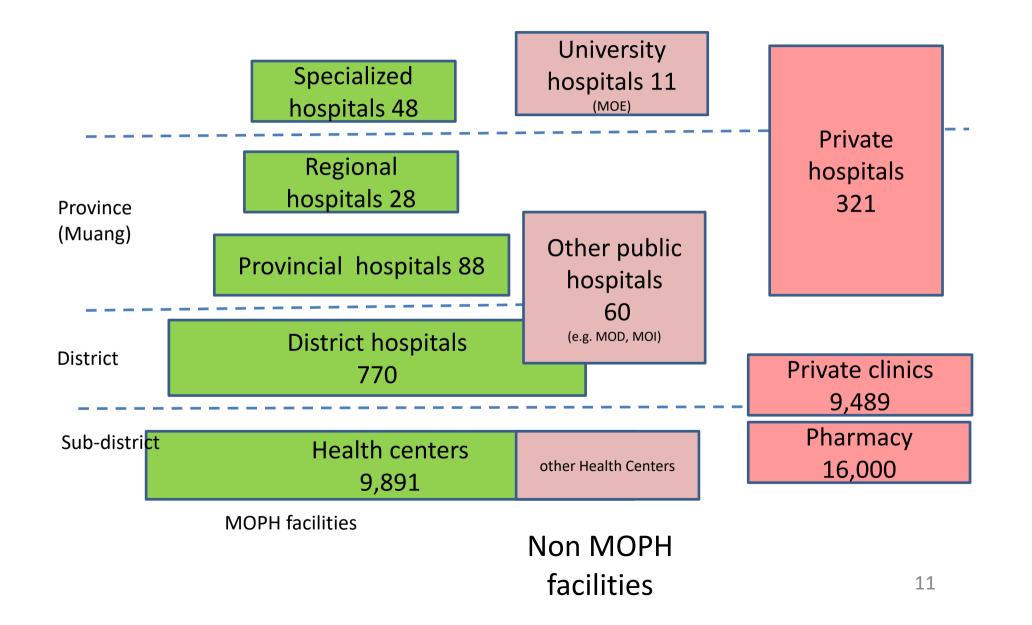
#### Solid platform for UHC:

health delivery and health workforce development



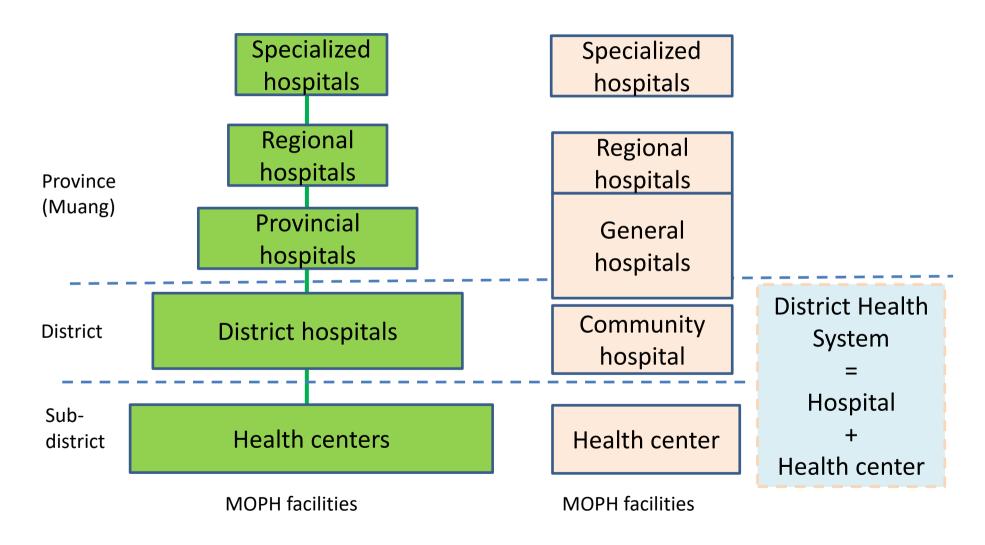


## Multi-level service delivery system





## Multi-level service delivery system





## Thailand's Health service delivery system



Primary care subdistrict

Secondary care

Tertiary care

Provincial

Excellent center

3-6 Nurse & health officer Cover 2,000 – 5,000 population

2 – 8 doctors 10-120 bed Cover 30,000 – 80,0000 population

150 – 500 bed Cover 200,000 – 3,000,000

> No catchment Very high potential

Comprehensive care

esp. Prevention and
promotion

Village Health Volunteers

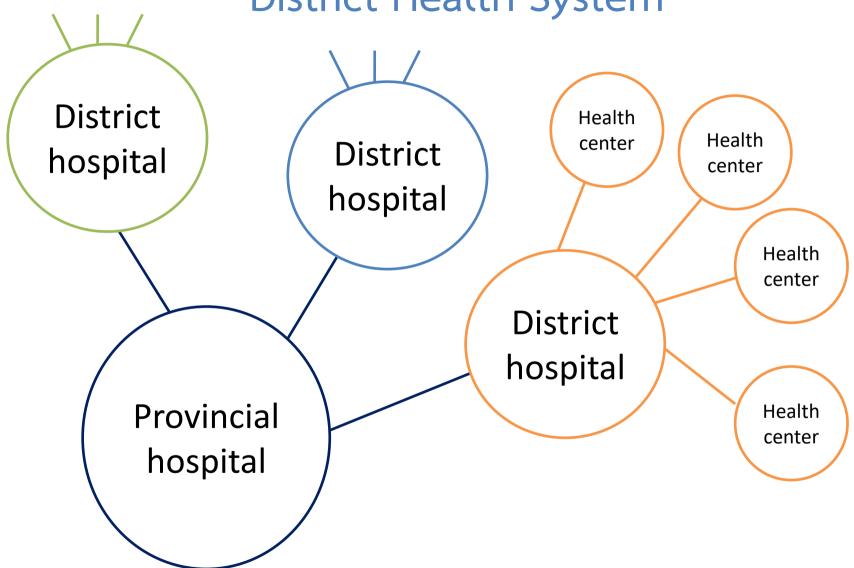
District area
Comprehensive care
in – patient service

Provincial area
Regional area
Specialist service
Subspecialist service

Specialist hospital
University hospital
Mostly in Bangkok area



## District Health System

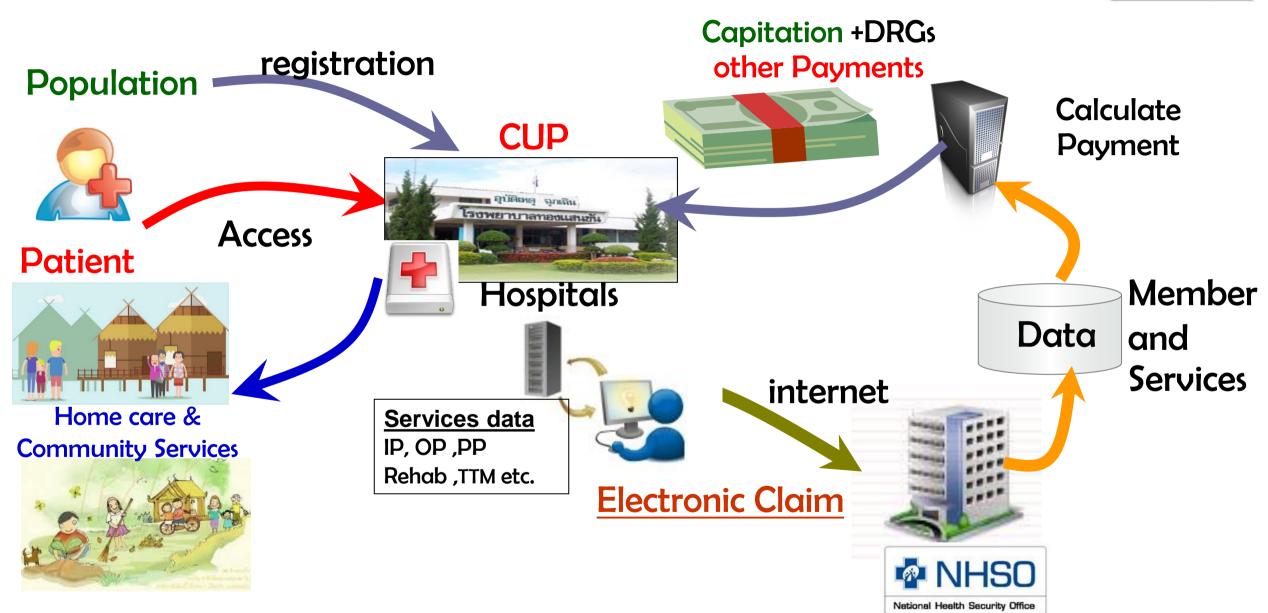




## **UCS SYSTEM DESIGN**

#### Registration & Reimbursement System

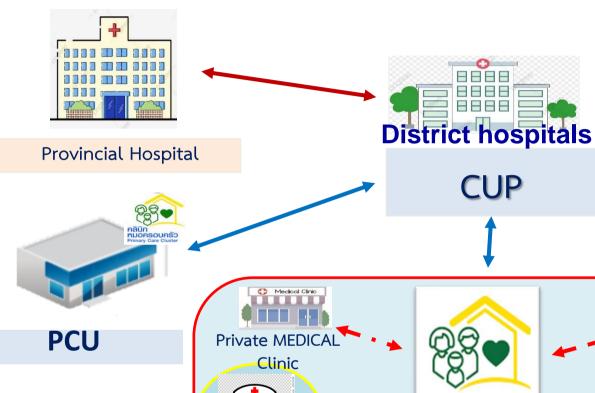




CUP plays gate keeping function: pay for OP referrals to provincial hosp.

## New PRIMARY CARE Setting

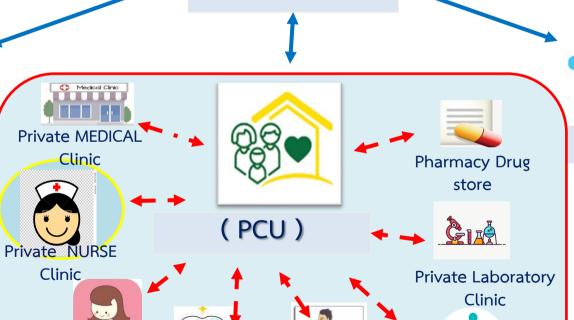




Promotion

&Prevention Unit

Clinic

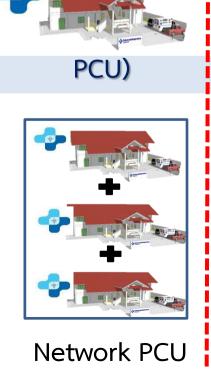


Private Dental Private Thai Traditional Rehabilitations

Medicine clinic

Clinic

**CUP** 



Health Promoting

Hospital



Mobile Clinic/

Virtual Clinic /

Telehealth or

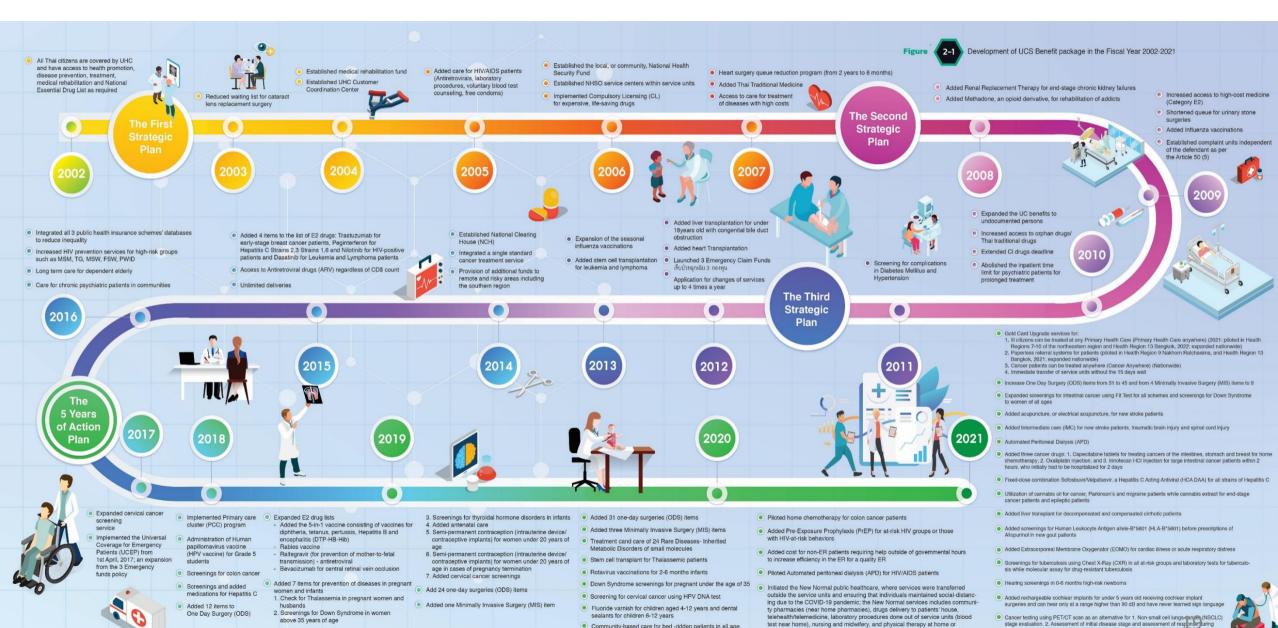
Telemedicine

## Funding for UCS



- Source of finance: Tax-based financed
  - ✓ Pooling fund from general taxation; close-end budget
  - ✓ No direct contribution from UCS members (\*30 baht is as voluntary basis)
- General principles for budget estimation
  - 1. Per capita budget is based on
    - Volume of services used
    - Unit cost of services provided
    - Projection of increases in service utilization and cost
  - 2. Data availability
    - Administrative database, hospital financial reports, beneficiary registration
  - 3. Policy direction
    - Increased access, standard protocol, new benefit packages as necessary

## Health benefit package: evolution since inception 2002



Ommunity-based care for bed -ridden patients in all age

groups and under all health insurance schemes

community

chemotherapy and at the end of chemotherapy treatment in Hodgkin's lymphoma (HL) pa



# Benefit package for Personal health promotion & disease prevention services under the UCS in Thailand

Target	Basic services	
Mothers & infants	Ante Natal Care, Post Natal Care, Family Planning,	
	Health Education, Well Child Clinic, Immunization	
Children < 5 yrs	Immunization(EPI),Health check up - Well Child Clinic, Growth monitoring,	
	Oral health ,Health Education	
Children 6-12 and	Immunization(EPI), Growth monitoring, Oral health,	
adolescents 13–24 yrs.	Health Education : sex & reproductive health & addictive substance & exercise & eating	
	habits & desired behaviors etc.	
Adults 25 – 59 yrs.	Screening for DM/HT & depression & cancer of cervix and breast, Family Planning ,Health	
	Education	
Elderly	Screening for DM/HT & depression, Flu vaccination	
Risk Population	Flu vaccination, secondary prevention for DM/HT, health education, Behavior-change	
	programs	

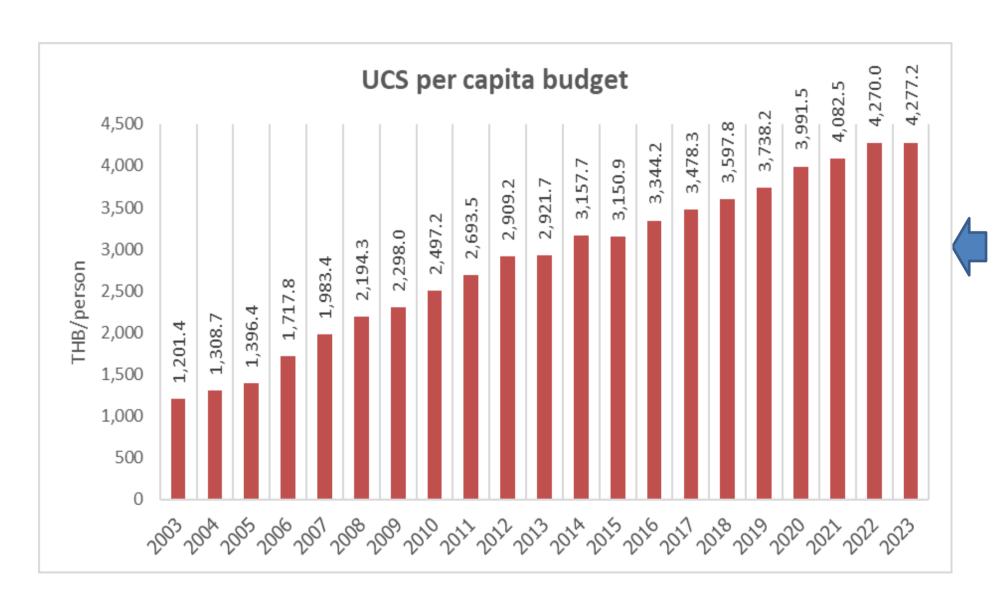




- Closed-end payment methods >> cost containment
  - Capitation for Outpatient services and P&P
    - weighted by % ageing population and remoteness
  - ► Global budget for IP
    - DRG single-base rate for all providers
    - Fee schedule for high-cost care, medical devices
  - Risk of under-service provision, counteracted by
    - Additional payment for some high-cost care
    - Complaint management through the 1330 hotline (call centre)
    - Standard and Quality Control mechanism: Quality Board, CPG applied, Auditing system
    - Working with The Healthcare Accreditation Institution (Hospital accreditation)
  - To ensure access to some specific diseases with high burden
    - Fee schedule with conditions e.g. cataract, stroke fast tract.



#### Per capita UCS budget, current price, 2003-2023, THB/capita



#### Factors of increases

- Additional benefit package especially high cost care/ interventions
- Increasing of utilization rate
- Increasing of medical, labor inflation (6% per annum)





- Beneficiary registration
- Provide information (Q&A) and file complaints
- Active communication through various channels
- Ensure standard and quality of care through promoting and supporting quality improvement program/measure, monitoring, visiting, etc.
- Complaint management handling
- No fault compensation

**Call Center 1330** 





## **OVERALL OUTCOMES**

## **Utilization of Out-patient and In-patient**

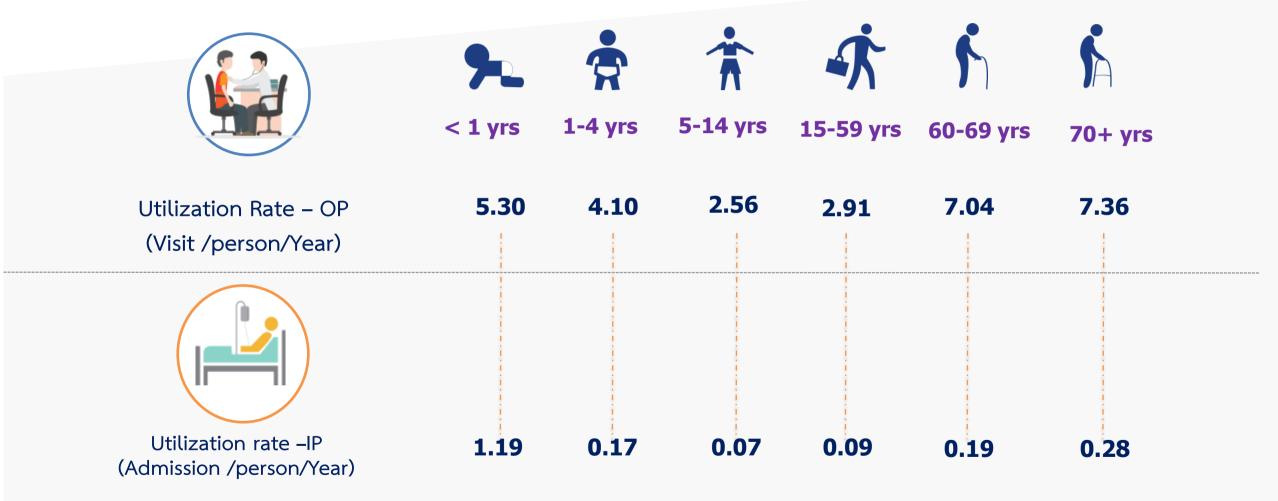


--- Out-Patient utilization rate (visit/person/year) --- In-Patient utilization rate (visit/person/year)

Data Source: NHSO 2021



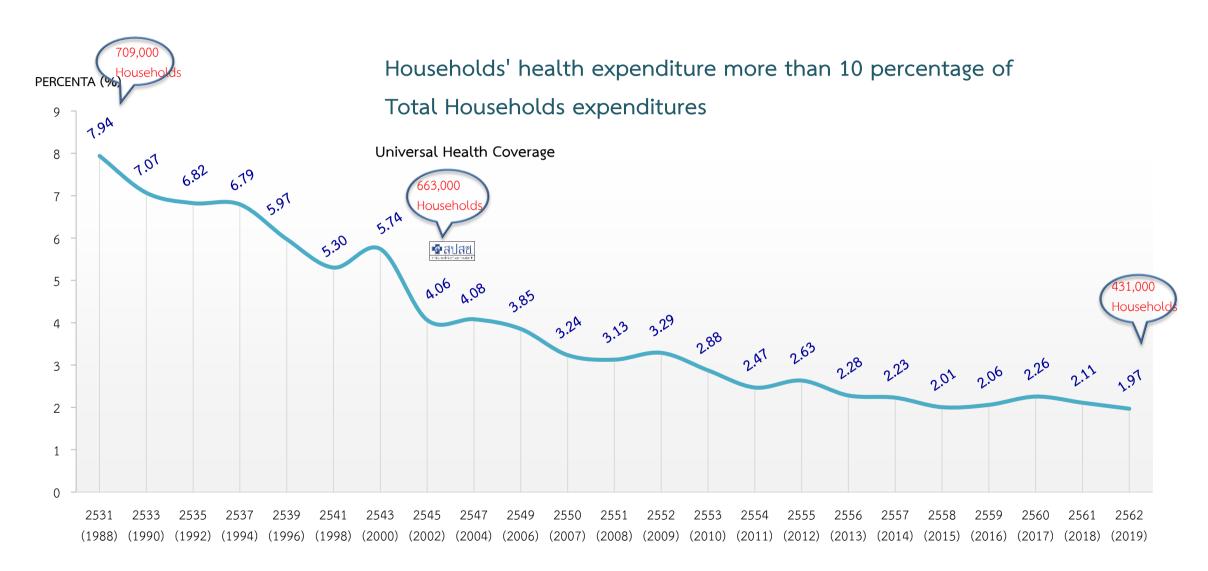
#### Utilization Rate OP-IP services by Age-group (FY2020)



Source: NHSO data 2019

## National Health Security Office

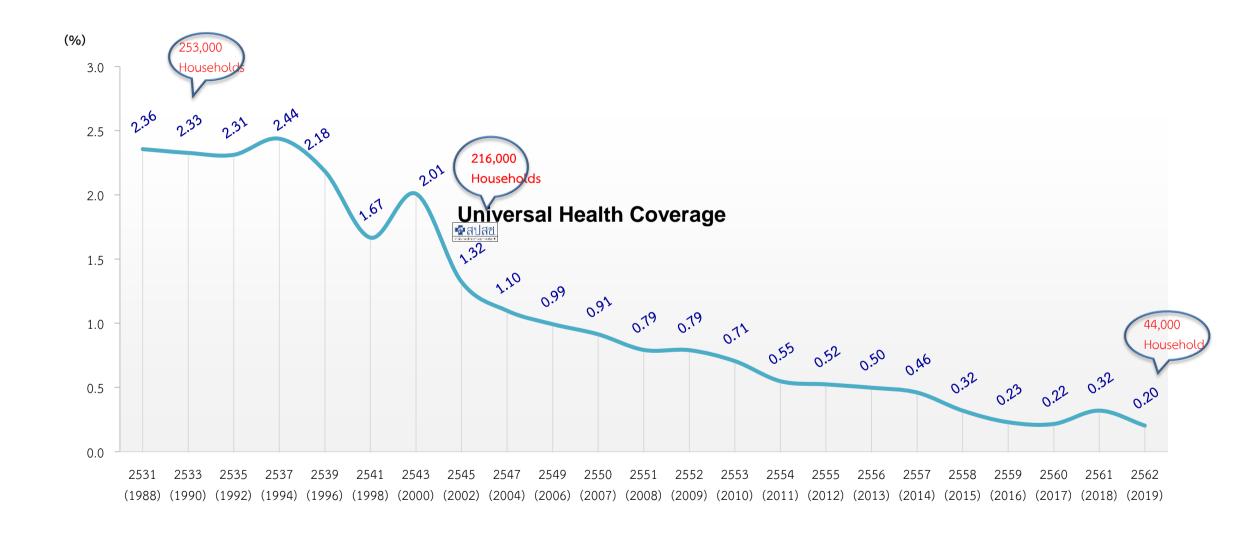
#### Financial Protection: Catastrophic health expenditure)



Source National Statistic Office (2020)

#### **Financial Protection: Health impoverishment**

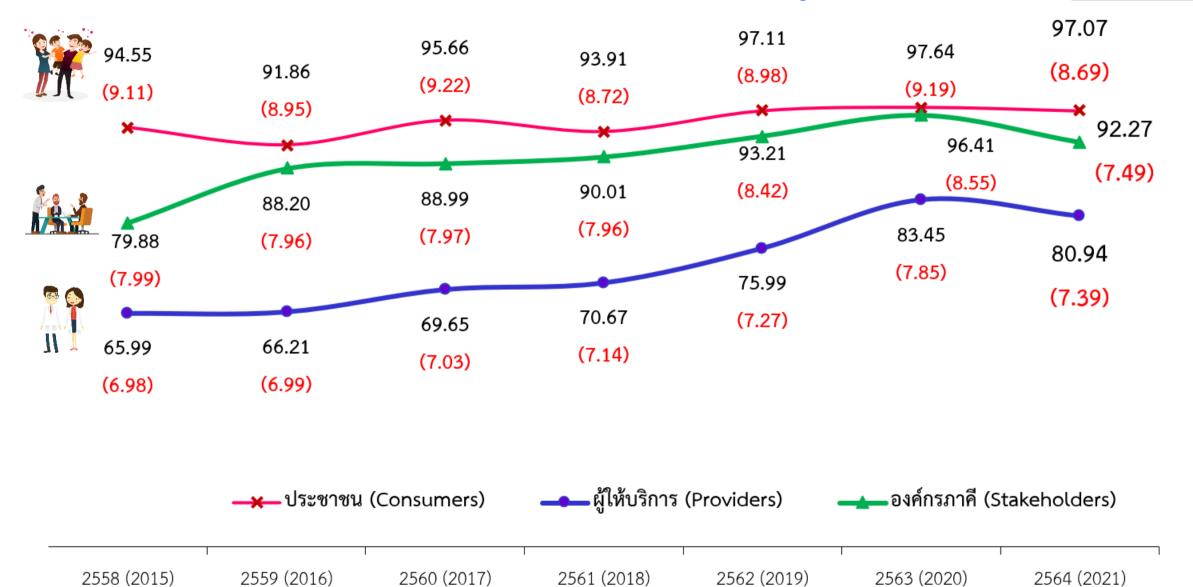




Source: Health Welfare survey, National Health Security Office ,2020

## Satisfaction of UCS members and providers





### Remaining Challenges



#### Provider side:

- Rapid health technology development

#### Beneficiary side:

- Demographic and epidemiologic transition, demand to meet their needs and rights.
- To create an equity and bankruptcy prevention

#### • Financial side:

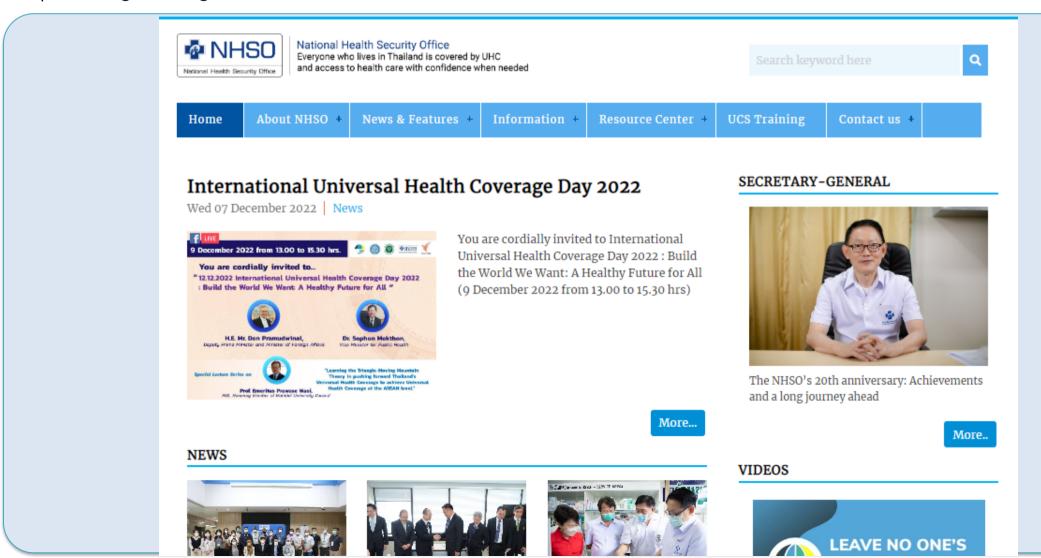
- Cost escalation while government budget tend to be limited
- Preparedness for economic challenge or pandemic situation: UCS reliance on tax financing
- Harmonizing among three main schemes whose fundamentals are different

## English NHSO Web (PAU & Cluster สื่อสารหลักประกันสุขภาพ)



### News, Activities, VDO, Gallery, Resource Center

https://eng.nhso.go.th/view/1/Home/EN-US



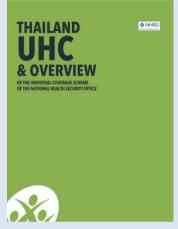
#### **NHSO** Resource centers

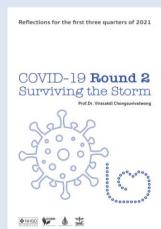


Learning materials (incl. articles, books, and videos) summarizing our experiences are available online!

NHSO Resource Center focuses more on the development of UHC, i.e., Universal Coverage Scheme (UCS) and its health financing system.







Also, technical reports and leaflets of the GLO+UHC Project are available.





https://eng.nhso.go.th/view/1/Home/EN-US



## Thank you

Athaporn Limpanyalers
Deputy Secretary General
National Health Security Office (NHSO), Thailand
<a href="https://doi.org/10.100/phso.go.th">Atthaporn.l@nhso.go.th</a>

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