

Definition of Terms

- **Gross Death Rate:** Total deaths within a period divided by total discharges including deaths. Gives a rough indication of the cases the hospital is attending to or of the efficiency of the services the hospital provides
- **Net death Rate:** Total deaths among patients who have been in the hospital for more than 48 hrs for a given period divided by total discharges
- **Caesarian Section Rate:** Total CS for a given period divided by total OB discharges. A high CS rate may be indicative of a referral hospital or overutilization by practitioners for material reasons

Foreign Benchmarks

Are not applicable due to:

- ✓ Difference in Patient Case Mix
- ✓ Variability in Disease Patterns
- ✓ Facilities & Equipment Complement
- ✓ Socio-Cultural-Economic Factors
- ✓ Knowledge & Expectations of Patients

Statistics of Access to Care Indicators of Model Tertiary Government Hospitals

Access to Care	Mean	Std Dev	Std Error
Imp. Beds	325.82	197.04	56.88
Occupancy Rate	106.71	23.15	6.68
Total Admission	20086.03	8725.81	2518.92
Number of In-Patients	337.76	198.83	57.40

Statistics of Efficiency Indicators of Model Tertiary Government Hospitals

Efficiency Indicators	Mean	Std Dev	Std Error
Length of Stay in Days	4.94	0.83	0.24
Turnover Rate	63.28	20.58	5.94
Total Expense to Admission Ratio	P 10124.46	P11048.71	P 3189.49
Budget Utilization	92.65%	5.30%	1.53%

Statistics of Effectiveness of Care Indicators of Model Tertiary Government Hospitals

Effectiveness Indicators	Mean (%)	Std Dev	Std Error
Net Death Rate (>48 hrs)	3.246	0.775	0.224
Gross Death Rate	5.823	1.478	0.427
Death Rate <48 hrs	2.565	0.859	0.248
Caesarian Section Rate	15.91	0.622	0.180

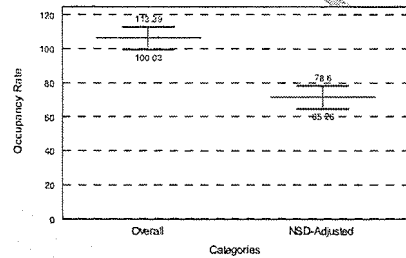
Comparison between non-adjusted & NSD adjusted indicators (for Access & Efficiency)

Indicator	Non-adjusted	NSD adjusted
Occupancy Rate	106.71	71.93
Total admission	20,086.03	14,148.44
Ave in-patient	337.76	234.38
ALOS	4.94	6.43
Turn-over Interval	69.90	40.83
MOE Expenditure per Patient	2781.39	4199.13
Budget Utilization	93%	

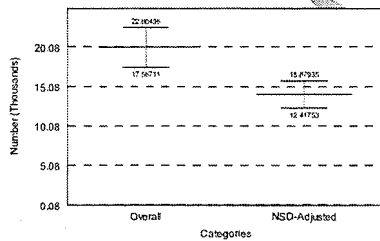
Comparison between non-adjusted & NSD adjusted indicators (for Effectiveness)

Indicator	Non-adjusted	NSD adjusted
Death rate <48H	3.25	4.96
Death rate >48H	2.57	4.05
Gross Death Rate	5.82	9.94
Medicare %	7.96	13.87
Caesarian Section Rate	15.91	

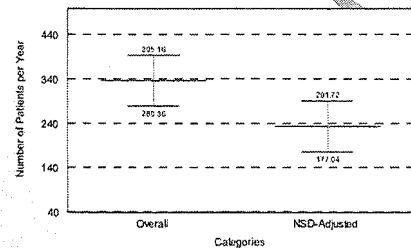
Performance Indicators According to Overall and NSD-Adjusted Occupancy Rates



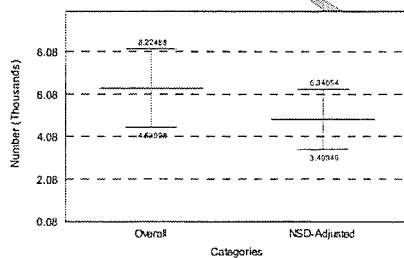
Performance Indicators According to Overall and NSD-Adjusted Mean Total Admission



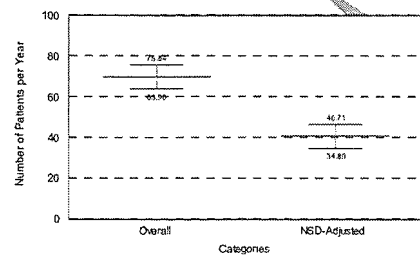
Performance Indicators According to Overall and NSD-Adjusted Mean Number of Patients Per Day



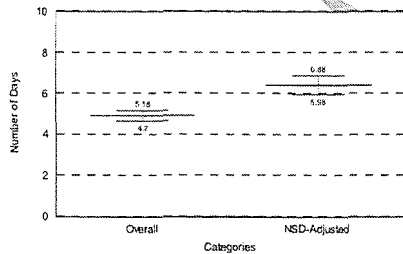
Performance Indicators According to Overall and NSD-Adjusted Mean Total Discharges



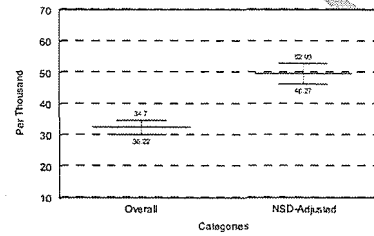
Performance Indicators According to Overall and NSD-Adjusted Patient Turnover



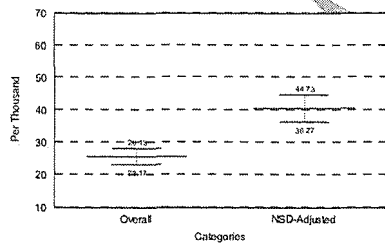
Performance Indicators
According to Overall and NSD-Adjusted
Average Length of Stay



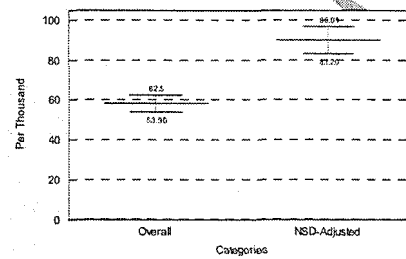
Performance Indicators
According to Overall and NSD-Adjusted
Gross Death Rate



Performance Indicators
According to Overall and NSD-Adjusted
Net Death Rate Beyond 48 hours



Performance Indicators
According to Overall and NSD-Adjusted
Crude Death Rate



Comparison between some US Industry
Averages & NSD Adjusted Rates

Indicator	Overall	NSD-Adjusted
Occupancy Rate	71.93	71.93
ALOS	6.43	6.43
Expenditure per Pcp	10124.46	10124.46
Net Death Rate	2.5%	4.05%
Medicare %	47.9%	13.87%

Its Utility in the Local Setting?

How to Use the Indices

INDICATOR	LEVEL
ACCESS TO CARE	
Occupancy Rate	71.93
Average In-Patient per Day	234.38

How to Use the Indices

INDICATOR	LEVEL	Hospital 1
ACCESS TO CARE		
Occupancy Rate	71.93	77.48
Average In-Patient per Day	234.38	252.46

How to Use the Indices

INDICATOR	LEVEL	Hospital 1	% Adequacy
ACCESS TO CARE			
Occupancy Rate	71.93	77.48	107.72
Average In-Patient per Day	234.38	252.46	107.71

$$\% \text{ Adequacy} = \frac{\text{Hospital Indicator Level}}{\text{Recommended Standard Level}} \times 100$$

How to Use the Indices

INDICATOR	LEVEL	Hospital 1	% Adequacy
ACCESS TO CARE			
Occupancy Rate	48		107.72
Average In-Patient	252.46		107.71
Average Access to C			107.71

If we apply this approach to the other facets...

How to Use the Indices

INDICATOR	LEVEL	Hospital 1	% Adequacy
EFFICIENCY ←			
ALOS (Days)	6.43	8.24	78.03
Turnover Interval (Perf. per Bed)	40.83	43.98	107.71
MOE Expenditure/Patient (%)	4199.13	4375.11	95.98
Budget Utilization	0.93	0.92	99.30
Efficiency Score			95.26

How to Use the Indices

INDICATOR	LEVEL	Hospital 1	% Adequacy
EFFECTIVENESS OF CARE ←			
Death Rate Under 48 Hrs.	4.96	4.60	107.83
Death Rate Beyond 48 Hrs.	4.05	3.76	107.71
Total Death Rate	9.01	8.37	107.65
Caesarian Section Rate	15.91	9.84	61.85
Effectiveness Score			96.26

How to Use the Indices

INDICATOR	Hospital 1
Average Access to Care Score	107.71
Efficiency Score	95.26
Effectiveness Score	96.26
CS Adjusted Effectiveness Score	107.73
Total Hospital Score →	99.74

How to Use the Indices

INDICATOR	Hospital 1	Hospital 2	Hospital 3
Average Access to Care Score	107.71	85.17	66.16
Efficiency Score	95.26	89.54	95.81
Effectiveness Score	96.26	81.34	98.09
CS Adjusted Effectiveness Score	107.73	85.22	66.22
Total Hospital Score	99.74	85.35	86.32

Summary

- Baseline measures of Hospital Performance were established in terms of
 - Accessibility
 - Efficiency
 - Effectiveness
- Cases of NSD dilute significantly indices pertaining to efficiency and effectiveness

Recommendations

- Expand and to formulate indicators of other facets of hospital operations like
 - patient satisfaction
 - technical proficiency
 - financial ratios and measures
 - equipment needs and other requirements
 - appropriateness of care
- Formulate a model defining the most sensitive indicator in assessing hospital performance

Recommendations

- A similar study be conducted addressing private hospital indicators
- Compare the performance indicators of government and private hospitals
- Come up with a comprehensive hospital system indicators

Good Afternoon



Methodology

- Forty-one of the 72 hospitals under the Department of Health are tertiary general hospitals.
- 17 hospitals were recently renationalized (after 1997)
- Standard performance indices were derived from the remaining 24 hospitals
- Twelve hospitals were selected by Delphi techniques


Methodology

The Study Design

- ⊗ Cross-sectional Study Design
- ⊗ All eligible hospitals included for analysis



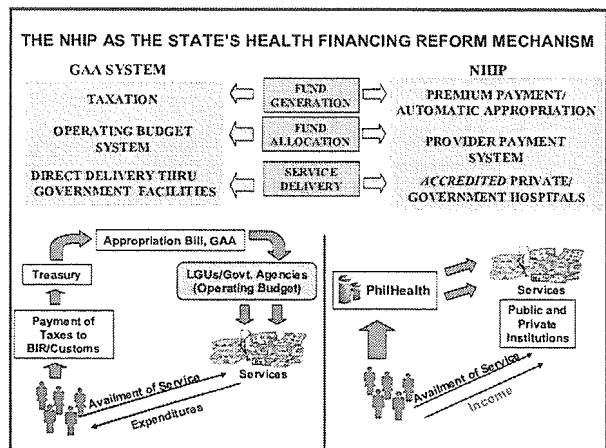
The Study Procedures

- ⊗ Definition of *Ideal* Hospital
 - Deliberation of panel of experts on the 24 eligible tertiary government hospitals



The National Health Insurance Program (NHIP) in Health Financing Reforms

Val S. Valila, CPA
Vice-President for Membership and Marketing

Social Solidarity and Universal Coverage


Compulsory coverage of the employed sector

Coverage of the self-employed or Informal sector


Free lifetime coverage of the retirees

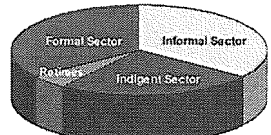
Free coverage of the poor in partnership with LGUs which provide counterpart financing

RICH
YOUNG
HEALTHY

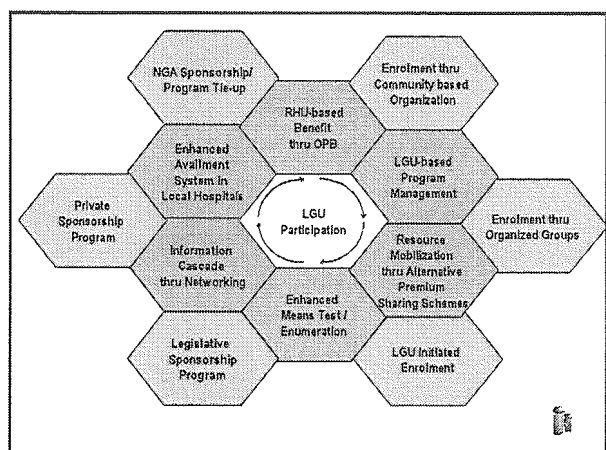


POOR
OLD
SICK






ONE FUND, ONE BENEFIT



PhilHealth *"Medicare para sa Masa"* COVERAGE

A.O. 277

The Lowest 25% of the Population



- Identification is thru the CBIS-MBN/FDSF of the Local Social Welfare Office
- Coverage shall include the member and his/her qualified dependents:
 - Legitimate spouse
 - Children below 21 years old
 - Children 21 years old and above but are suffering from congenital illness
 - Parents who are 60 years old and above

HOSPITALIZATION PACKAGE

Benefit Items	Hospital Category		
	Primary	Secondary	Tertiary
1. Room and Board	129	220	345
2. Drugs and Medicines			
Ordinary Case	1,500	1,700	3,000
Intensive Case	2,500	4,000	9,000
Catastrophic Case		8,000	16,000
3. X-Ray, Laboratory Etc.			
Ordinary Case	350	850	1,700
Intensive Case	700	2,000	4,000
Catastrophic Case		4,000	14,000
4. Operating Room			
RUV of 30 and below	385	670	1,050
RUV of 31 to 80	0	1,140	1,350
RUV of 81 and above	0	2,160	3,490
5. Professional Fees			
Ordinary			
G.P.	600	600	600
Specialist	1,000	1,000	1,000
Intensive			
G.P.	900	900	900
Specialist	1,500	1,500	1,500
Catastrophic Case			
G.P.	900	900	900
Specialist	1,500	1,500	2,500
6. Surgeon			
Maximum of P16,000 @ 40/RUV			
7. Anesthesiologist			
Maximum of P6,000 @ 40/RUV			

PhilHealth-LGU Premium Sharing

Annual Premium of P 1,188 per family

LGU Income Classification	Year	Ratio	National Govt. Share (Annual)	Local Govt. Unit Share (Annual)
1 st to 3 rd	n/a	50:50	P 594.00	594.00
4 th to 6 th	1 st & 2 nd	90:10	1,069.20	118.80
	3 rd	80:20	950.40	237.60
	4 th	70:30	831.60	356.40
	5 th	60:40	712.80	475.20
	6 th onwards	50:50	594.00	594.00

UNIFIED HOSPITALIZATION PACKAGE

Benefit Items	Hospital Category		
	Primary	Secondary	Tertiary
1. Room and Board	120	220	345
2. Drugs and Medicines			
Ordinary Case	1,500	1,700	3,000
Intensive Case	2,500	4,000	6,000
Catastrophic Case	---	8,000	16,000
3. X-Ray, Laboratory Etc.			
Ordinary Case	350	850	1,700
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4. Operating Room			
RVU of 30 and below	385	670	1,080
RVU of 31 to 80	0	1,140	1,350
RVU of 81 and above	0	2,160	3,490
5. Professional Fees			
Ordinary			
G.P.	500	500	800
Specialist	1,000	1,000	1,600
Intensive			
G.P.	900	900	900
Specialist	1,500	1,500	1,500
Catastrophic Case			
G.P.	800	900	900
Specialist	1,500	1,500	2,500
6. Surgeon			
Maximum of P16,000 @ 40/RUV			
7. Anesthesiologist			
Maximum of P5,000 @ 40/RUV			

Expanded Benefits

Focus on Curative and Preventive Care

Phase 1 - Curative Care
Hospitalization Program thru Accredited Hospitals
1,502 Hospitals (95%) Accredited Nationwide

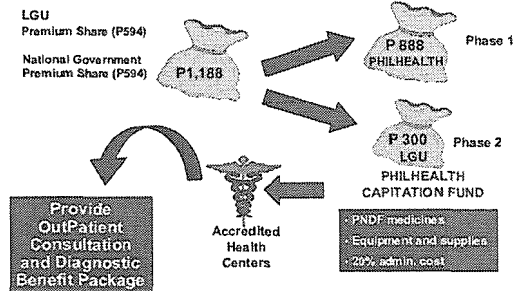


Phase 2 - Preventive and Promotive Services
Outpatient Consultation and Diagnostic Benefit Package thru Accredited Rural Health Units, Health Centers and Authorized Hospitals
(274 accredited RHUs/HCs nationwide)

- Primary consults**
- Laboratory fees for:**
 - Chest X-ray
 - CBC
 - Fecalysis
 - Urinalysis
 - Sputum Microscopy
- Preventive Services**
 - Visual acetic acid screening
 - Regular BP measurements
 - Digital rectal exam
 - Body measurements
 - Clinical breast exam
 - Counseling for smoking cessation
 - Lifestyle modification counseling

Augmenting LGU Budget for Public Health

Creation of PhilHealth Capitation Fund



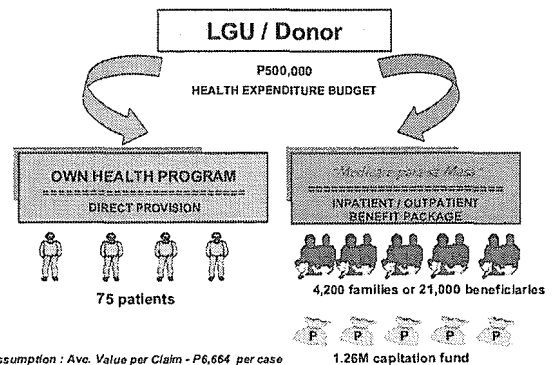
Enhanced Benefits at Reduced Premium

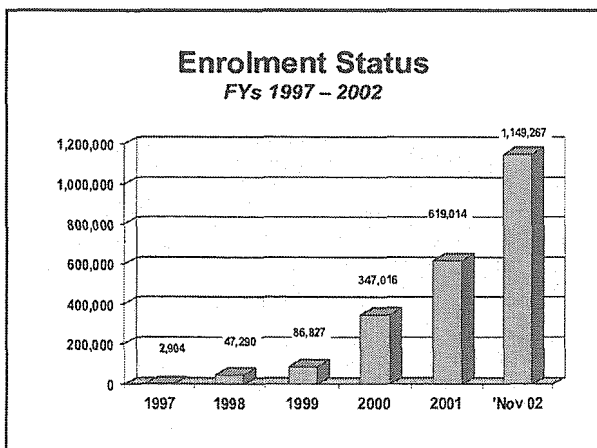
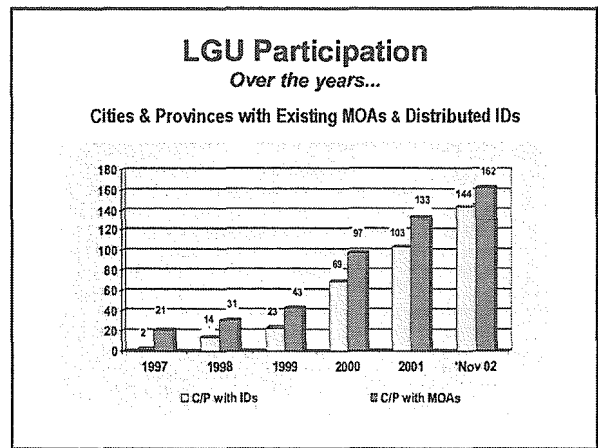
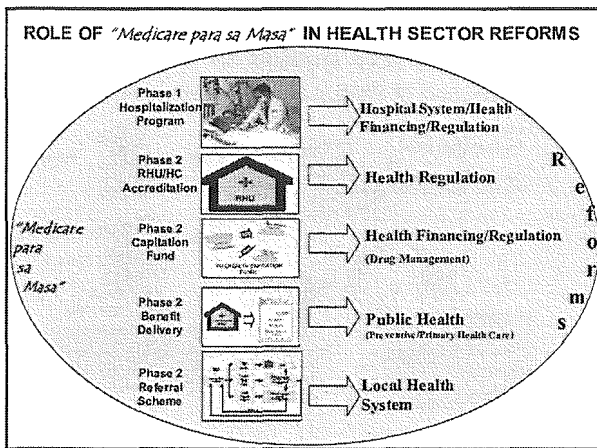
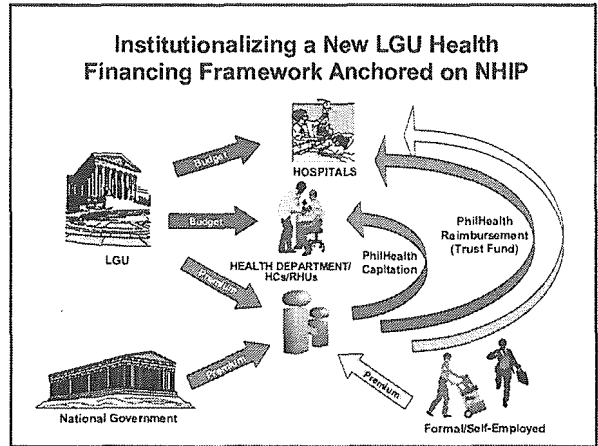
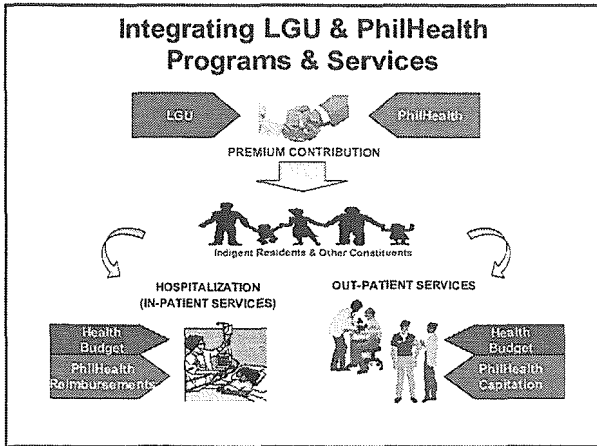
PhilHealth-LGU Premium Sharing
Annual Premium of P 1,188 per family

LGU Income Classification	Year	Annual	Local Govt. Unit Share (in pesos)			
			Less Capitation Fund	Net Annual Share	Net Monthly Share	
1 st to 3 rd	n/a	594.00	240.00	294.00	58.80	4.90
4 th to 6 th	1 st & 2 nd	118.80	240.00	56.40	11.80	0.94
	3 rd	237.60	240.00	175.20	35.04	2.92
	4 th	356.40	240.00	294.00	58.80	4.90
	5 th	475.20	240.00	294.00	58.80	4.90
	6 th onwards	594.00	240.00	294.00	58.80	4.90

* for a family of 5

Optimizing Investment in Health





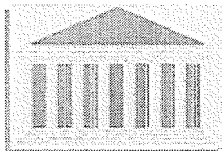
EXPANSION STRATEGIES

Increase LGU Sign-Up through OPB Implementation Strategy 1

As of November 2002, there are 326 LGUs that have signed MOAs with PhilHealth.

Tie - up with Legislative Sponsors

Strategy 2

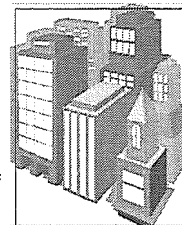


☑ To date, there are 52 Legislators who have signed MOAs with PhilHealth

☑ There are now 110,245 enrolled families or 551,225 beneficiaries under the PDAF Program in 213 LGUs nationwide

Tie-up with Private Sponsors

Strategy 3



☑ As of November 2002, there are 30 various Sponsors who have signed MOAs with PhilHealth

☑ There are 15,000 covered families or 75,000 beneficiaries under the Private Sponsorship Program in 16 LGUs nationwide

Tie-up with NGAs

Strategy 4



TARGET

536 Agrarian Reform Communities



500,000 Families nationwide



500,000 Coconut Farmers

Other Enrollment Programs

TARGET



Enrolment of Barangay Officials and Volunteers



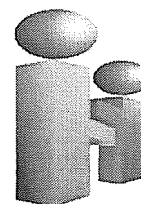
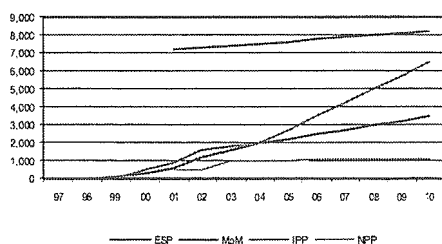
Enrolment of Indigenous Peoples



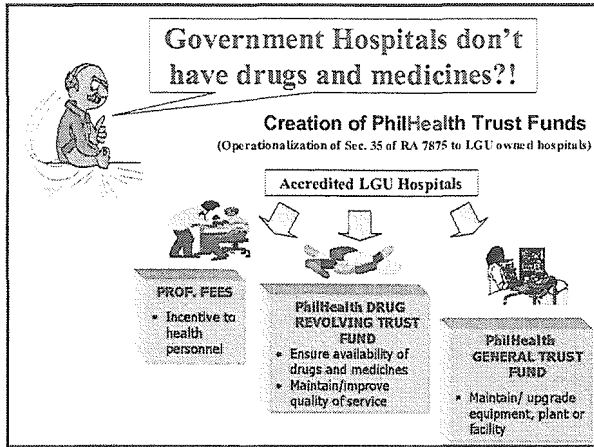
Enrolment of Basic Sectors

Number of enrollees

Number of sponsors



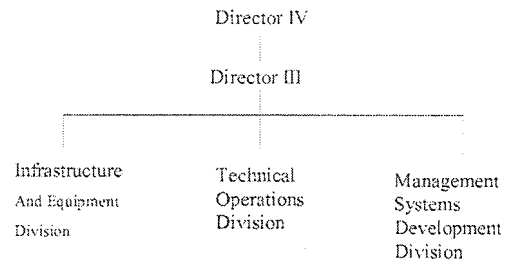
MARAMING SALAMAT!



General Functions

- ◆ Formulate policies, plans and programs on health facilities design, operation and management, hospital corporate restructuring in congruence with hospital system reform and the HSRA
- ◆ Provision of technical assistance to all stakeholders regarding health facility development
- ◆ Nurture and sustain government hospitals

Organizational Structure



Infrastructure & Equipment Division

- ◆ Develop and update technical guidelines on health facilities design, planning, implementation, building and medical equipment maintenance
- ◆ Develop & coordinate the implementation of hospital's infra upgrading projects
- ◆ Develop training program on health facilities design, planning, building maintenance in coordination with CHD

Infrastructure & Equipment Division

- ◆ Provide advisory services regarding health facilities design, planning, implementation and building maintenance
- ◆ Conceptualize special health facilities projects
- ◆ Prepare master site development plans for hospitals
- ◆ Coordinate training programs on medical equipment maintenance
- ◆ Ensure coordination of function with CHD

Technical Operations Division

- ◆ Review, revise and develop technical guidelines on: manual of operation of health facilities, program health implementation & integration of public health unit in hospitals
- ◆ Coordinate training programs/modules with HHRDB on management of different component of health care facilities
- ◆ Provide technical assistance on:
 - Hospital operations and management to BHFS, LGUs & CHDs
 - Infra and Equipment Div on training prog and health facility planning, design and maintenance

Technical Operations Division

- HPDPB on legislative bills on hospital issues
- HHRDB on health facility personnel training & development
- ◆ Conduct assessment of hospital operations for CQI
- ◆ Develop project proposals on Hospital equipment facility upgrading for funding
- ◆ Provide equipment requirement for Building design and Technical guidelines purposes

Management Systems Development Division

- ◆ Develop Guidelines on Integrated Hospital Information System: Corporate Assessment Tools checklist and Manual of Operations, Change Management, Blood services network, Lab network, Hospital network and Public Health Unit in hospitals
- ◆ Develop training programs / modules for corporatization and other hospital operations
- ◆ Develop assessment mechanism for corporatization of DOH & LGU hospitals
- ◆ Develop monitoring parameters for DOH hospitals

Management Systems Development Division

- ◆ Evaluate project proposals on Hospital Operations and Management and corporate re-structuring
- ◆ Establish a National Data Bank on performance indices
- ◆ Provide advisory services on advocacy for corporate re-structuring and local health development

Strategic Approach

- ◆ Facility Upgrading to meet standards (Philippine Hospital Development Plan)
- ◆ Human Resource Development
- ◆ Integration of Public Health Programs
- ◆ Networking and Patient Referral System
- ◆ Conversion into Government owned corporations

NCHFD Plans

- ◆ Short Term (CY 2002-2003)
 - Modernized priority government hospitals in Mindanao area
 - Operationalize Hospital Information System in 15% of DOH hospitals
 - Corporatize 2 pilot DOH hospitals
 - ◆ ITRMC
 - ◆ QMMC

NCHFD Plans

- ◆ Medium Term (CY 2004)
 - Modernized priority government hospitals in Visayas area
 - Operationalize Hospital Information System in 50% of DOH hospitals
 - Sustain the newly corporatize 2 pilot DOH hospitals and re-structure additional 2 DOH hospitals

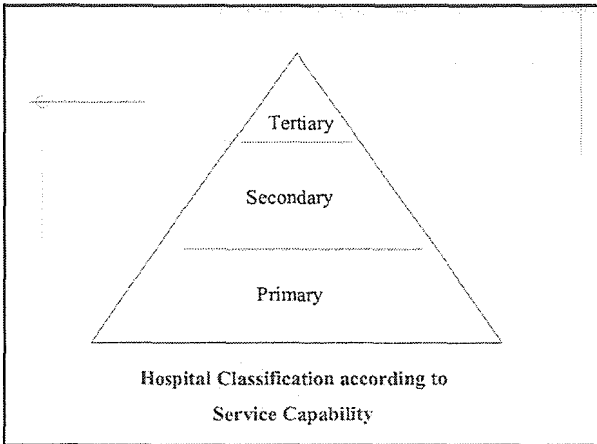
NCHFD Plans

- ◆ Long Term (CY 2010)
 - Modernized priority government hospitals in Luzon area
 - Operationalize Hospital Information System in 100% of DOH hospitals
 - Corporatize 2 additional DOH hospitals
 - Advisory service provider to both government and private hospitals

Philippine Hospitals

Health Facilities Inventory

◆ 44 DOH Medical Centers, Regional and Special Hospitals	◆ 134 District Hospitals
◆ 4 Specialty Hospitals	◆ 105 Municipal Hospitals
◆ 8 Sanitaria	◆ 1,812 Rural Health Units
◆ 78 Provincial Hospitals	◆ 9,797 Barangay Health Stations
◆ 156 Core District Hospitals	



Comparison Between Government and Private Hospitals

◆ Classification	◆ Classification
▪ 28.4% Primary	▪ 57.5% Primary
▪ 53.8% Secondary	▪ 29.8% Secondary
▪ 18.8% Tertiary	▪ 12.6% Tertiary
◆ Hospital Beds	◆ Hospital Beds
▪ 6.9% Primary	▪ 26.9% Primary
▪ 27.8% Secondary	▪ 26.8% Secondary
▪ 65% Tertiary	▪ 46.3% Tertiary

Classification of Hospitals According to Service Capabilities

- ◆ Primary: capabilities & facilities for 1st contact emergency care & hospitalization for simple cases. They are equipped needed to support licensed physicians rendering services in Medicine, Pediatrics, Obstetrics and Minor Surgery
- ◆ Secondary: capabilities & facilities for cases requiring hospitalization and expertise of trained physicians. Higher level of services in Medicine, Pediatrics, Ob-Gynecology, General Surgery and other Ancillary Services

Classification of Hospitals According to Service Capabilities

- ◆ Tertiary: capabilities and facilities for providing care to cases requiring the expertise of trained specialist / sub-specialists using highly specialized ancillary diagnostic & therapeutic equipment
 - Level I (Provincial general)
 - Level II (Regional hospital)
 - Level III (Medical Center)
 - Special Hospital

A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

◆ Classification of Hospitals as to Service Capabilities

- 1st Level: non departmentalized provides clinical care and management on prevalent diseases in the locality
- Services: General medicine, Pediatrics, Obstetrics, Gynecology, Surgery and Anesthesia
- Ancillary: Clinical Laboratory, Radiology and Pharmacy
- Nursing care for patients requiring immediate, moderate and partial category of supervised care for 24 hours or longer

A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

◆ Classification of Hospitals as to Service Capabilities

- 2nd Level: departmentalized provides clinical care and management on prevalent diseases in the locality as well as particular forms of treatment, surgical procedure & intensive care
- Clinical Services: same as 1st level with specialty care
- Ancillary: Clinical Laboratory, Radiology and Pharmacy
- Nursing care provided in 1st level as well as intensive skilled care

A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

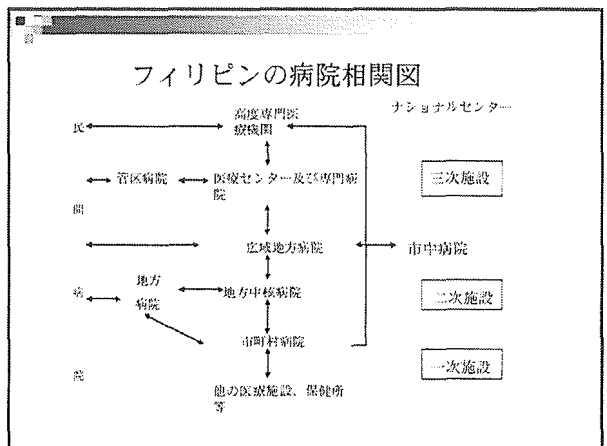
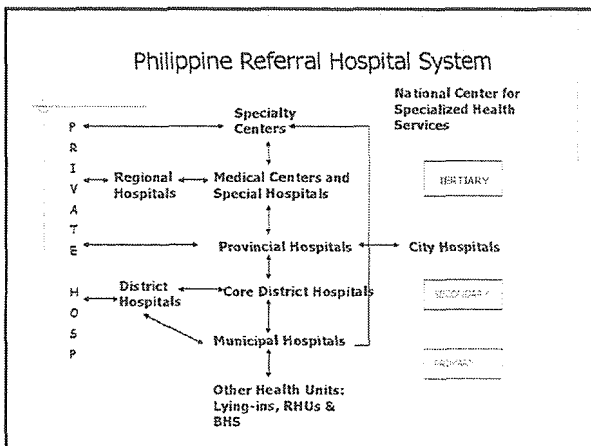
◆ Classification of Hospitals as to Service Capabilities

- 3rd Level: teaching & training that provides clinical care and management on prevalent diseases in the locality as well as specialized and sub-specialized forms of treatment, surgical procedure & intensive care
- Clinical Services: same as 2nd level with sub-specialty care
- Ancillary: Clinical Laboratory, Radiology and Pharmacy
- Nursing care provided in 2nd level as well as continuous and highly specialized critical care

A.O. 70-A Revised Rules and Regulations Governing the Registration, Licensure and Operation of Hospitals and other Health Facilities in the Philippines

◆ Classification of Hospitals as to Service Capabilities

- Infirmary: provides emergency treatment as well as care and management to mothers & newborns
- Birthing homes: provides maternity service on pre-natal, post-natal, NSD and newborn care
- Acute Psychiatric Care Facility: provides medical service, nursing care, pharmacological tx & psychological intervention for mentally ill patients
- Custodial Psychiatric Care Facility: provides long term care including basic human services to chronic mentally ill patients



Comparison between non-adjusted & NSD adjusted indicators
(for Access & Efficiency)

Indicator	Non-adjusted	NSD adjusted
Occupancy Rate	106.71	71.93
Total admission	20,086.03	14,501.66
Ave in-patient	337.76	234.38
ALOS	4.94	6.43
Turn-over Interval	69.90	40.83
MOE Expenditure per Patient	2781.39	4199.13
Budget Utilization	93%	

Comparison between non-adjusted & NSD adjusted indicators
(for Effectiveness)

Indicator	Non-adjusted	NSD adjusted
Death rate <48H	3.25	4.96
Death rate >48H	2.57	4.05
Gross Death Rate	5.82	9.01
Medicare %	7.96	13.87
Caesarian Section Rate	15.91	

Domu Arigato Gozaimas!

- 公的医療施設
- ◆ 44 国立医療センター、
管区中核病院及び専門病院
 - ◆ 4 専門病院
 - ◆ 8 療養所
 - ◆ 78 地方病院
 - ◆ 156 地方中核病院
 - ◆ 134 地方病院
 - ◆ 105 市町村病院
 - ◆ 1,812 保健所
 - ◆ 9,797 バランガイ保健所

公私病院の比較

<p>◆ 分類</p> <ul style="list-style-type: none"> ■ 28.4% 一次施設 ■ 53.8% 二次施設 ■ 18.8% 三次施設 <p>◆ 病床</p> <ul style="list-style-type: none"> ■ 6.9% 一次施設 ■ 27.8% 二次施設 ■ 65% 三次施設 	<p>◆ 分類</p> <ul style="list-style-type: none"> ■ 57.5% 一次施設 ■ 29.8% 二次施設 ■ 12.6% 三次施設 <p>◆ 病床</p> <ul style="list-style-type: none"> ■ 26.9% 一次施設 ■ 26.8% 二次施設 ■ 46.3% 三次施設
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Ⅱ 研究成果の発表と刊行物・発表資料等

1. 学会発表

- ・ 第 19 回日本国際保健医療学会

日時:2004 年 10 月 9 日発表

演題名:『フィリピン共和国の Modified-FHSIS (地域保健サービス情報システム)の構造分析

- ・ 第 20 回日本国際保健医療学会

日時:2005 年11月 5 日発表

演題名:『保健情報システムにおけるデータの質に関する研究—フィリピン地域保健サービス情報システム(FHSIS)を例として—』

2. 論文発表

- ・ 日本公衆衛生雑誌に投稿準備中

3. 研究成果の刊行物・発表資料等

- ・ EPQI紹介パンフレット(フィリピン医療保険公社刊)
- ・ EPQI-Assist/Questionnaire <調査票作成支援ソフト>
- ・ (日本語訳)1995年国民健康保健法(共和国法 No.7875)実施規則・法規改正

フィリピン健康保険組合

1995年の国民健康法（共和国法 No.7875）実施の規則と法規改正

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