Health Care System
In Thailand

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Outline of presentation

• Health definition and health dimensions

• Health system

• Goal of health care system

• Why health system reform is needed

• National health security
Health is a stage of complete physical mental, social and spiritual well being not merely absence of disease and infirmity. (WHO)
Health

State of human being which is perfect in physical, mental, spiritual and social aspects all of which are holistic in balance. (Section 3, National Health Act)
What is holistic health?

Health dimension - Physical mental psychosocial and spiritual

Host dimension - Individual groups families and communities

Health care dimension - Prevention Promotion Curative and Rehabilitation
FACTORS RELATED TO HEALTH

- Genetics
- Behaviors
- Beliefs
- Spirituality

- Physical/Biological Factors
- Economy/Politics
- Culture/Religion
- Population/Education
- Security
- Communication and Transportation
- Technology

- Equity/Coverage
- Type and level of service
- Quality/Efficiency
- Public/Private

Health System

Dynamics
Health system

• Health care institution

• Health resources

• Health care management

• Health care services
Health care dimension

• Self care 70-80%

• Modern medicine 10-20%

• Alternative care 10%
Five Level of Health Service System in Thailand

- Self Care
- PHC
- Primary Care
- Secondary Care
- Tertiary
- Excellence Center
Goal of Health Care System

1. To maximize the quality of health care

2. To minimize the national expenditures on health care

3. To achieve equitable distribution of quality health care and burden of costs
Why health system reform is needed?

1. Health is separated system not holistic focusing on biomedical health system not biosocial health system

2. Changes in health issues and diseases

3. Issue in quality accessibility and equity of health care

4. Emphasis on curative care with high cost

5. Limitation of people participation
Movement in health system reform process

Using Triangle that moves the mountain strategy by

Dr. Prawase Wasee

1. Knowledge building and management
2. Social mobilization
3. Political Support
1992 Health system Research Institute (HSRI) was established and Act was enacted

1997 Thailand had a new constitution

Jan 2000 Established the National Health System Reform office (HSRO)
March 2000  Establishment of National Health System Reform Commission and HSRO to get the reform function completed within 3 years
2000-2002

- More than 100 public forums were held nationwide
- Holding 500 public forums were held networks districts and provinces level
- Synthesis and draft National Health Bill

Dec 2002

- National Health Bill was accepted for consideration by the cabinet
Several forums or session of health assemblies were held and follow up and review the major issue of the proposed NHB and revised

NHB in its first reading

Dissolution of Parliament the NHB have to wait for the following House of Representatives

There was a coup this resulting in the dropping of NHB
Jan 2007  NHB was deliberated by the National Legislative Assembly in its second and passed into law in its third reading

19 March 2007  The National Health Act was published in The Government Gazette
1997 Thailand had a new constitution which in section 52 specify the accessibility to quality health care for all Thai people

National Health Security Office was established in 2003
Aim of UC

- Quality health service
- Equity in accessibility
- Efficient health services
- Choice for health service
- Good Health for All
The principles of UC of health care

- Universal Coverage

- All Thai citizens receive health care according to the standardized benefit package

- There is a master plan and coordinating mechanism for all agencies, financial and institutional sustainability
Community Hospital Under UC

CUP - Contracting unit for primary care

Roles: Provide medical care to the registered and set up supporting system for PCU in the network, personnel, medicine medical devices / communication system technical support and quality control
Health Center

Care provider at tambon / village level 1,000 - <10,000 population

Personnel: RN, Public health officer, Midwife and Dental nurse

Roles:

• Integrated public health services Health promotion, Disease prevention primary medical treatment for common disease and referral system

• Support primary health care

• Basic dental care

• Home visit
Recent Policy

• Tambon Health Promoting Hospital

• Leverage HC to Tombon Hospital and set up referral system and networking with private sector
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Universal health care</th>
<th>Civil servants medical benefits</th>
<th>Social security</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type</strong></td>
<td>State welfare</td>
<td>Fringe benefit</td>
<td>Social insurance, compulsory</td>
</tr>
<tr>
<td><strong>Target group</strong></td>
<td>People outside the civil servants and social security schemes</td>
<td>Civil servants, state enterprise employees, and their families</td>
<td>Employees in the private sector</td>
</tr>
<tr>
<td><strong>Population coverage</strong></td>
<td>74.2%</td>
<td>6.6%</td>
<td>11.5%</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Outpatient services</td>
<td>Public/private</td>
<td>Public/private</td>
<td>Public/private</td>
</tr>
<tr>
<td>• Inpatient services</td>
<td>Public/private</td>
<td>Public/private</td>
<td>Public/private</td>
</tr>
<tr>
<td>• Registration with</td>
<td>Required</td>
<td>Not required</td>
<td>Required</td>
</tr>
<tr>
<td>hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Benefit exemptions</td>
<td>15 events</td>
<td>-</td>
<td>15 events</td>
</tr>
<tr>
<td>• Childbirth</td>
<td>Covered</td>
<td>Covered</td>
<td>Covered</td>
</tr>
<tr>
<td>• Physical checkups</td>
<td>None</td>
<td>Covered</td>
<td>None</td>
</tr>
<tr>
<td>• Services not covered</td>
<td>Special room, kidney dialysis</td>
<td>-</td>
<td>Special room</td>
</tr>
<tr>
<td>Characteristics</td>
<td>Universal health care</td>
<td>Civil servants medical benefits</td>
<td>Social security</td>
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</tr>
<tr>
<td>Financing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sources of funds</td>
<td>Government budget</td>
<td>Government budget</td>
<td>Employees, employers and state</td>
</tr>
<tr>
<td>Payment method</td>
<td>Capitation and performance-related</td>
<td>Fee-for-service</td>
<td>Capitation and performance-related</td>
</tr>
<tr>
<td>Co-payment</td>
<td>Fee, 30 baht per visit</td>
<td>When using private hospital</td>
<td>Amount exceeding the ceiling, childbirth and emergency services</td>
</tr>
</tbody>
</table>
2007  The 30 baht scheme health care policy was replaced by full public aid policy of the new government.
Achievements of Universal Health Care Scheme

• UC has revealed that it is a good project and beneficial for the people especially the poor

• Community hospital and health center has translated policies into action in a concrete manner effectively, easily accessible, good quality

• It is necessary that the budget and human resources be adequate and suitable
## The national health security office budget

<table>
<thead>
<tr>
<th>Types of expenses (for fiscal year)</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Inpatient and Outpatient services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 Inpatient and outpatient services (Including special areas)</td>
<td>1,940.29</td>
<td>2,062.29</td>
</tr>
<tr>
<td>1.2 Services for specific diseases</td>
<td>25.56</td>
<td>30.22</td>
</tr>
<tr>
<td>2 Disease prevention and healthcare promotion</td>
<td>271.79</td>
<td>242.92</td>
</tr>
<tr>
<td>3 Medical rehabilitation service</td>
<td>5</td>
<td>7.83</td>
</tr>
<tr>
<td>4 Maintenance</td>
<td>148.69</td>
<td>148.69</td>
</tr>
<tr>
<td>5 Compensation for medical errors under article 41 of National Health Security Act</td>
<td>Remaining</td>
<td>2.68</td>
</tr>
<tr>
<td>6 Payment related to the quality of services performed by healthcare unit</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>7 Essential drugs and neglected drugs</td>
<td>5</td>
<td>7.6</td>
</tr>
<tr>
<td>8 Dental services</td>
<td></td>
<td>39.25</td>
</tr>
<tr>
<td>9 Pre-hospital emergency medical services</td>
<td>Set up by National Emergency Medical Service Centre</td>
<td></td>
</tr>
<tr>
<td>10 Payment for special allowance to medical workers under Public Health Ministry</td>
<td>60.92</td>
<td>Need to conduct study and propose to cabinet</td>
</tr>
<tr>
<td><strong>Total budget excluding (10)</strong></td>
<td>2,401.33</td>
<td>2,546.48</td>
</tr>
<tr>
<td>The total budget</td>
<td>2,462.25</td>
<td>2,546.48</td>
</tr>
</tbody>
</table>

Source: National Health Social Office
Thank you for your attention