

**PARTICIPATORY MANAGEMENT OF COMMUNITY HEALTH FUND
THE INNOVATIVE MODEL
FOR DISTRICT HEALTH SERVICE MANAGEMENT**

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Presentation Outline

- Brief overview of health system and related concepts including PHC, Health care reform, and Universal Coverage Policy and development
- Conceptual Framework on the Community Health Fund Project
- Questions and Methods used for assessing the CHF performance and achievements
- Result : Gap/ room for improvement of the CHF in reation to the management training

Health Service System in Thailand



Provide integrated health cares

- Health Promotion
- Disease Prevention & Control
- Curative Care
- Rehabilitative service

Area oriented

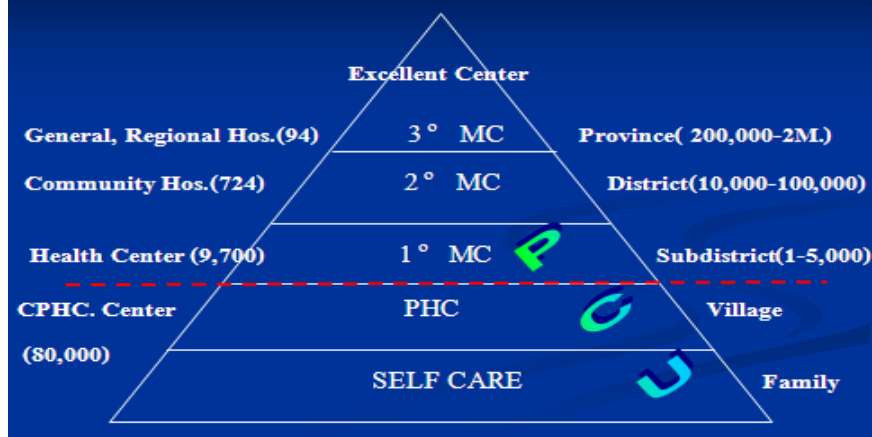
Public sector > Private sector

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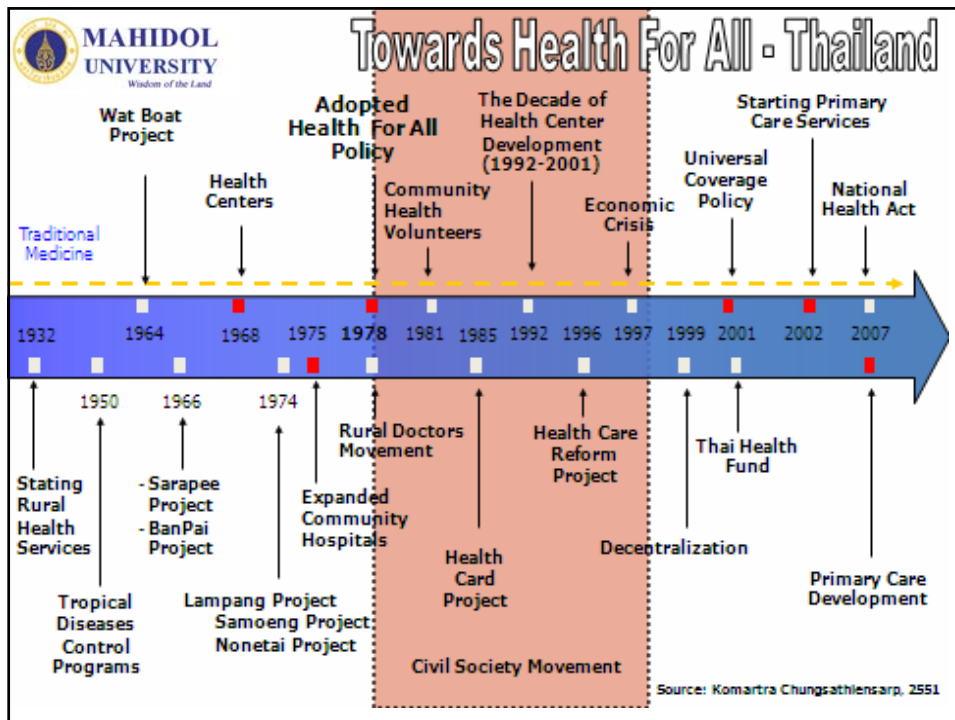
Five levels Of Health Service System



Health service infrastructure



2008 statistics, Bureau of Strategy and Planning, MOPH



Primary Care Development



Before Alma Ata

1950 **Vertical diseases control program**: TB, hookworm, etc.

Mobile center in community

Starting **health volunteers** for Malaria control

1978 **"Free" health services for the poor policy**

Expanded health/medical services into rural area
(health center/community hospital)

The First Reform MOPH Reform (1972)

Integrating curative services (under medical service department) and preventive health service infrastructure under department of health

Creating a main department – Office of Permanent Secretary to be responsible for comprehensive health services delivery in all provinces (except BMA)

Provincial Health Office to oversee both curative and preventive services infrastructure in each province

The Second Reform Major Policy Reform – PHC (1979)

Results of 2 major research programmes
village volunteers for contraceptive pills distribution in Banglamooing in the Eastern region (1974)

Lampang Project -health volunteers for MCH (1976)

Main policy shift = Community participation & health as an integral part of socio-economic development

Alma Ata provided opportunities for nation-wide implementation (less resistance)

The Third Reform (Health) System Reform

1. Concern over **health care financing** and needs for financing reform (since 1985)
2. Second MOPH reform – creating policy mechanism and health system research institute – 1992
3. **Social security system** in place with capitation payment for health insurances
4. Health care reform research project supported by EU
5. Health equity and health promotion concern

Primary Care Development

PHC Era

Focus on **Community Health Volunteer & Community Health Communicator** in every community (800,000 CHV all over Thailand)

Success in community participation/ appropriate technology / intersectorial collaboration, but less in

basic health service reorientation → strengthening primary care services

Primary Care Development

PC Model Development

1989 Ayuthaya Project – Action Research testing family medicine model and the 3 concept: continuity of care, Integrated care, holistic care = integrated health care

Strong urban health centres were seen as necessary to take care of people's health and reduce unnecessary bypass to big hospitals

Needs for GP's were raised as national issues while in fact studies showed that nurses are equally well accepted in HC

Primary Care Development

MOPH policies

1992 The Decade of Health Center Development

Health Center = Primary care unit

2 types: general HC and large HC; upgraded infrastructure and facilities

Capacity building – nursing care

1997 “Good Health at Low Cost”

Strengthening primary care services – accessibility and efficient

Primary Care Development

UC Policy (2001)

Strongly implement primary care service =
1st strategy
– equity in accessibility + efficient health services +
increase health promotion and disease control

Promote **family medicine/family practice** in PC unit (Community Medical Unit)

2 main types of providers managed by NHSO to effect PC
– CUP, private clinics in cities (BMA)

Community Hospital under UC

CUP – contracting unit for primary care

Main contractor = purchaser (but also be provider) –
one PCU

Roles:

Provide medical care to the **registered**

Set up **supporting system for PCU in the network:**

personnel, medicine, medical devices/

Communication system / monitoring-evaluation
system / technical support and quality control

Health Center

Care Provider at village/tambon level 1,000-5,000 population

Personnel: Health officer, Midwife, Technical Nurse

Roles:

Integrated Public Health Services: Disease Prevention, Health Promotion, and treatment for common diseases

Support Primary Health Care and Community Development

Technical support and administration

Health Education

Health Center – higher expectation

- The Decade of Health Center Development:
- Strengthening primary care services, reduce workload from hospitals
- Selected urban health centers 1:5
- Acting as “node” - take care of other HCs in the network, referral center
 - More personnel:
 - Rotated physician from near-by hospital / Routine Medical service (CMU)
 - Registered nurse, dental hygienist
 - More services – basic dental care, treatment

Health Center under U_C

- Strengthening primary care service
- PCU – catchment 10,000 pop, working 56 hrs/week, easy access
- Personnel: one physician, 2 registered nurse, 3 health sciences officers, etc.

Roles:

- PP services, continuity of care
- Curative care: diagnosis/curative – acute / chronic care, primary care, EMS – 24 hrs. / coordinating care
- Dental care
- Home visit
- Autonomous PCU in urban area

Recent Policy: Health Service Development

- Tambon Health Promotion Hospital:
- **Leverage HC to Tambon Hospital** and set up referral system and networking with private sector

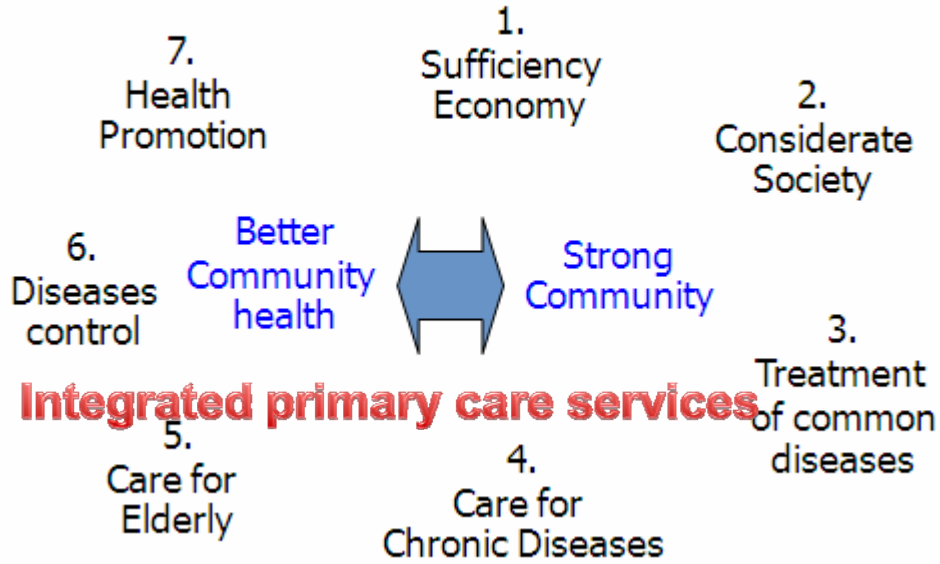
Tambon Health Promotion Hospital

- Catchment area - tambon level and networking with other health centers,
- 24 hrs services, under supervision from the hospital and referral system,
- Polyvalent - skill mix and team work in PP services,
- **Community participation and internal audit,**

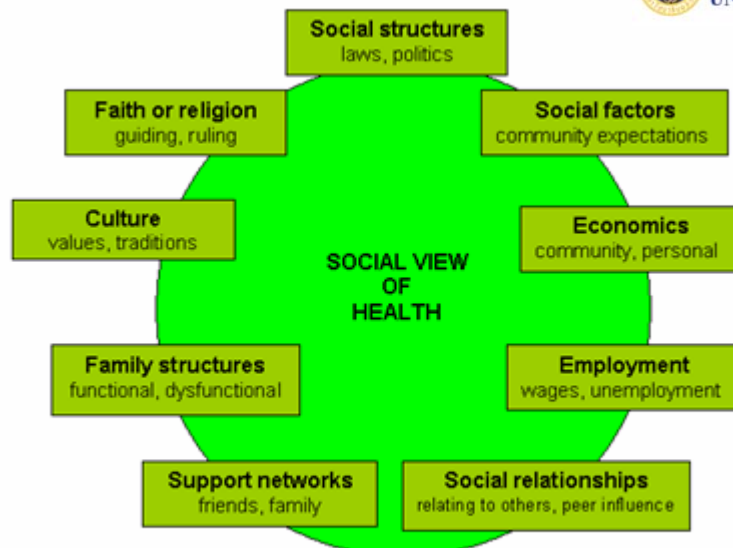
Tambon Health Promotion Hospital

- Coordinate with other partners - central government + local authority + community + private sector,
- Working in community – home ward,
- Proactive, outreach services based on community health needs,
- Care coordination – horizontal and vertical levels and case management system

Community-based health



Social view of health



Source: Adapted from Mosel-Williams L, *Health, Life and Living Book 2*, Heinemann, 1999.

Health Service Delivery has a Role to:

- create conditions that lead to longer, healthier lives for all;

- eliminate health disparities;

- protect communities from avoidable health hazards and help them to address their own health problems.

Health Services : Problem in Thailand

1. INEQUITY
 - Resource Allocation
 - Accessibility
 - Health Status
 - Ratio of Health Expenditure Burden

2. INEFFECIENCY
 - Curative vs Preventive & Promotive Care
 - Drug Overutilization
 - Technology Use (Irrational)

3. QUALITY

4. EMERGENCY SERVICES

5. COVERAGE OF HEALTH INSURANCE < 90%

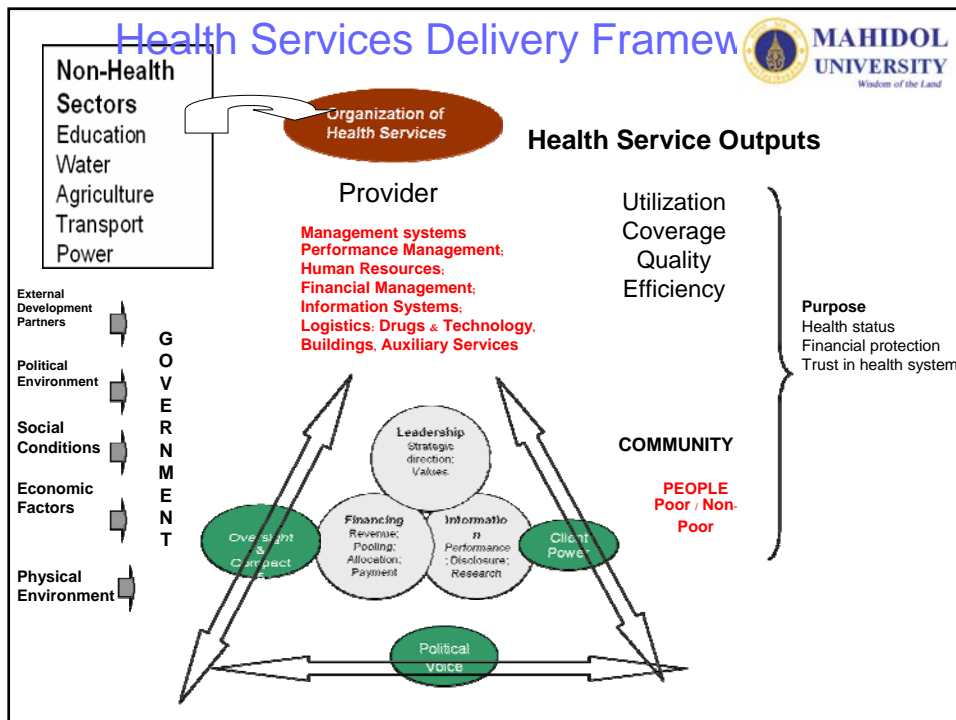
Health System principles

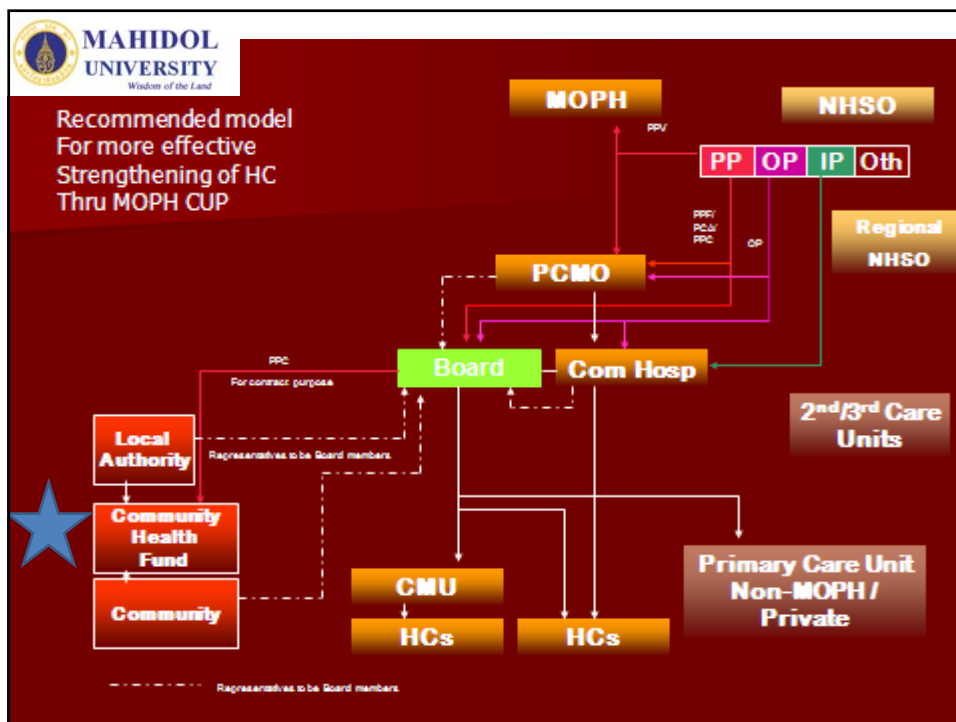
Health systems are **complex and inter-dependent**;

Intervening in one part of the system affects other parts

How you organize **assistance** in a health system drives behavior of staff

Health Services Delivery Framework





COMMUNITY HEALTH FUND STRENGTHENING PROJECT

What is community health fund?

- A **financial intervention model** which can be used as a tool to promote community involvement in health promotion program in the context of political reform, and health reform;
- The **emphasis** of CHF is on the community participation in managing health fund, and involving in disease prevention and health promotion services and programs at the community level of health system.
- The CHF was introduced in Thailand by the National Health Security Office since **2006**.

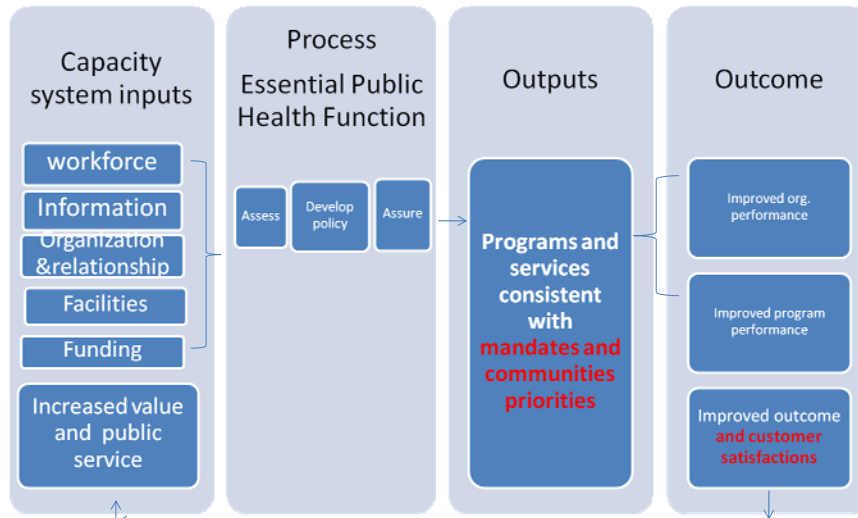
CHF Objectives

- To support health service at the primary care unit in **enhancing the quality** of disease prevention and health promotion essential package;
- To increase **equity** of the program in relation to accessibility of the **vulnerable and marginal groups** of the community;
- To **empower community people** in promoting their health by their own decision making, monitoring and evaluation process of their own act at the service delivery level.

Why does Thailand need CHF financial tool?

- Thailand has gone to political reform, and health care reform since the Thairakthai Government, populist policy (5 years in power.)
- Thailand has made progress on the universal coverage and primary care policy through the 30 bath scheme project. The succeeding government has adjusted the financial management of the program so that the policy can continue but there are still **rooms for improvement**, especially on the **community empowerment and health service management** regarding
 - Health promotion program and outcomes

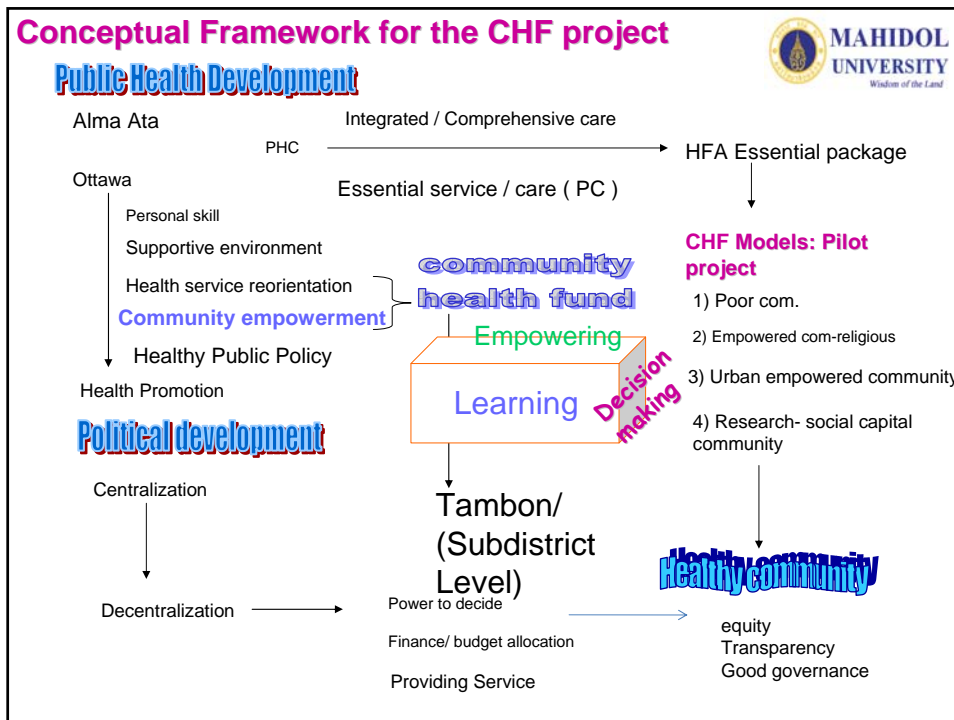
Public Health Performance Measures



Source: Turnock BJ Public Health: What it is and how it works 3rd Ed. Jossey Bartlet 2007, Boston MA

Steps in CHF intervention project

- Phase one: identify CHF characteristics in the aspects of implementation progress and project outcomes.
- The project team has done
 - a document review
 - Site visits
 - FGDs

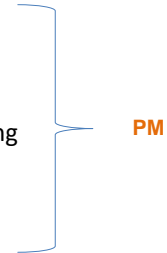


Model of Analysis: Select different community with different characteristics

- Choosing six communities with each has
 - different levels: High and low level of community coalition or empowerment level;
 - good Health Promotion Experience but no CHF experience;
 - been awarded or recognized by the NSHO and involved in the CHF since the beginning;
 - no explicit conflict among three parties

Models of analysis: **Learning from the community**

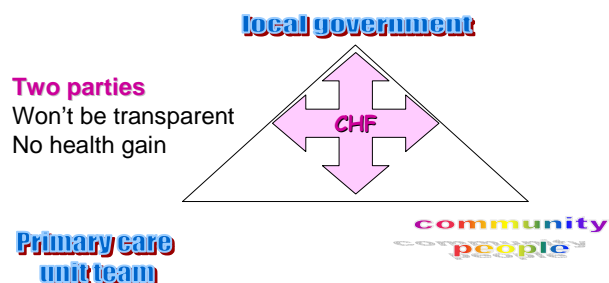
- Learning from the community of their social and human capitals
- Assessing their relationship and management style by observation and FGDs regarding
 - Leadership style
 - Teamwork
 - Financial management experience and style
 - Administrative style of CHF/ evidence base decision making
 - Participatory level of the CHF committee
 - Health Promotion understanding level



Participatory Management

- Definition:
 - Management is not left only to the managers, but everybody's business

Source: Wakerman, J and Field, P " Remote area health service delivery in Central Australia: Primary Health care and participatory management



Participatory Management

- PM in educational organization listed 15 components
 1. Trust
 2. Decision making
 3. Team work
 4. Share power
 5. Motivation
 6. Communication
 7. Involvement
 8. Collaboration

Participatory Management

- PM in educational organization listed 15 components
 9. Democracy
 10. Transparency
 11. Innovation
 12. Respect
 13. Problem solving
 14. Identify common goal
 15. Qualitarian

What we found in this project ?

- Identify common goal
- Trust
- Decision making
- Team work
- Share power
- Motivation
- Communication
- Involvement

Concerns among these parties

Participatory Management



Decision making process

SHARING POWER

Participatory Management



Set up evidence based system

Participatory Management



Health Promotion Understanding INNOVATION



Steps in CHF intervention project

- Outcome of this stage indicated that
 - The two successful CHF projects have developed through **two out of three parties**, and community participation is still low;
 - The empowered communities can make decision in joining the CHF project and can manage the project successfully because **community people are active in the decision making process** and community **has information system, or a community strategic plan**.

Steps in CHF intervention project

- Phase two: facilitate learning to empower community for the CHF project.
- **Learning Steps**
 1. Learning on their community strength and CHF prototypes;
 2. Learning new concepts/approaches of CHF, comparing CHF approach with their health promotion experience, then benchmark with CHF communities;
 3. Learning CHF rules, regulations and financial management system;
 4. Learning to calculate benefits in the monetary value system
 5. Learning to translate CHF regulation to concrete activities/people
 6. Learning to influence and advocate decision making among people and local government in the community

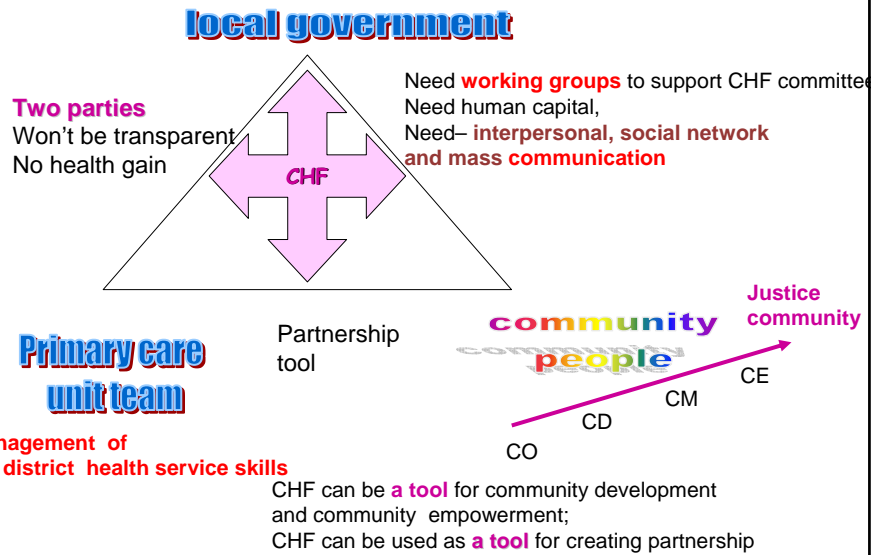
Learning and Empowering model

- Learning on their community strength
- Learning on new concepts with previous experience
- Learning CHF rules, regulations and financial management system;
- Learning to calculate benefits
- Association learning by translating CHF regulation to concrete activities/people
- Learning to influence and advocate decision making among people and local government in the community
- Empower through experiential learning
- Empower by concrete comparison
- Empowering by giving information
- Empowering with concrete outcomes
- Empowering through network
- Empowering through communication skill and methods

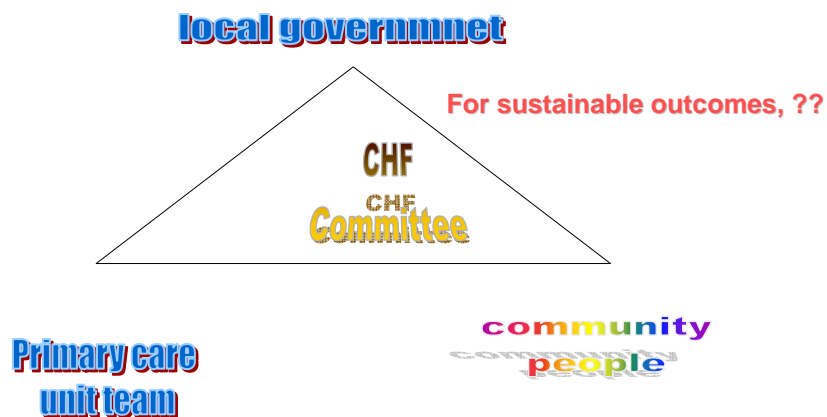
Results

- Empowered community **still having problems** in the decision making process since there are more partners involved in the decision stage;
- Empowered community which decided to adopt the CHF, **still need technical support** in managing the CHF;
- Health care professional at the Primary care unit still needs to learn more in order to provide support or mobilize the community to manage the CHF.
- **Experienced CHF communities** are not fully developed or achieved the goal of CHF, **show and share session is still needed.**

Results: Implicit and Explicit Knowledge of the CHF Project



Results: Future Research



THAI CHF Project Outcomes in relation to Health Service Management Professional

- The THAI CHF has provided the **framework** for a clear role and responsibility to collaborate at the program delivery level;
- The THAI CHF reflects a **reform activities** on how to be responsive to community needs, marginal groups through the structural committee and regulatory decision making meeting and reporting format;
- The THAI CHF has demonstrated the **transparent system** which will lead to good governance management.
- The THAI CHF demonstrates **community involvement** in the public policy development and the health service provision;

Contribution of CHF to Health Service Management Professional Training

- Referring to the THAI **Health Management Curriculum** which developed in line with **ACHSE and SHAPE**(Samrerng Yanggratoke, and Prawit Tantiwat, 2006), it was stated that there are 7 compulsory Modules and one elective module to cover in the curriculum:
 1. Health care systems and policy 1 and 2
 2. Health service management 1 and 2
 3. Human resource management
 4. Health information management
 5. Research methods 1 and 2
 6. Health service financial management
 7. Law and ethic in health care
 8. and elective units

Contribution of CHF to Health Service Management Professional Training

Of those modules, there is only one topic in the Health care systems and policy 1 which identified topic related to community.

“ community development planning and analysis”

However, based on the CHF project, the results reflected that the manager should have an understanding and competency related to

- **community development process roadmap and identification techniques**(CO – CD – CM- CE-CJ) which based on insider point of view, and social capital concepts and applications;
- create **learning and empowerment** opportunities so that the community people and the local government can be involved and function as a **team member** or a partner in managing health service at the delivery level;
- **Communication techniques** and skills to enhance **health literacy** of different target groups at the service delivery point in order to promote decision making of the target/ marginal groups which is a foundation of social and political development leading to promoting health.

Recommendation

- Health Service Management Professional needs to have **competency related not only to the professional team member but also the community people, and their context.**

- Thank you

Home