

PROMOTING QUALITY HEALTH CARE IN THE PHILIPPINES

By PHIC, Philippines

	<u>Page</u>
● <i>Background</i>	<i>1</i>
● <i>Introduction</i>	<i>1</i>
● <i>Features</i>	<i>1</i>
● <i>Results</i>	<i>4</i>
● <i>Future Plans</i>	<i>4</i>

BACKGROUND

The National Health Insurance Program (NHIP) as established by Republic Act 7875 in 1995 is not only about universal social health insurance coverage, it is also about promoting the quality of health care services. The law's Guiding Principles explicitly mandates the Philippine Health Insurance Corporation (PhilHealth) to “promote the improvement in the quality of health services through the institutionalization of programs of quality assurance”.

PhilHealth accredits health care providers for them to participate in the program. Currently, 90% of all health care institutions and professionals are accredited by PhilHealth.

INTRODUCTION

PhilHealth implements a National Quality Assurance Program (NQAP) applicable to all accredited providers for the delivery of health services nationwide. This ensures that the health services rendered to the members by accredited health care providers are of the quality necessary to achieve the desired health outcomes and member satisfaction.

The main tasks of the NQAP is the implementation of a performance monitoring system which provides safeguards against:

- Over- and under-utilization of services
- Unnecessary diagnostic and therapeutic procedures and intervention
- Irrational drug use
- Inappropriate referral practices
- Gross, unjustified deviations from currently accepted practice guidelines or treatment protocols
- Use of fake, adulterated or misbranded pharmaceuticals or unregistered drugs.

These practices are grounds for suspension, revocation, denial of accreditation and / or filing of a criminal complaint.

FEATURES

A. Review of Claims Filed

PhilHealth's work does not end with the reimbursement of claims. It analyzes the profile of the claims submitted for such tell-tale signs of abuse or fraud by the providers through a *Utilization Review*. Claims profile and data are plotted to identify certain outliers. Through this, PhilHealth is able to identify if the claims for certain diseases are abnormally high for a particular hospital or if the amount reimbursed are higher than the average in the region. In such a case, PhilHealth alerts the provider concerned of the situation.

Denied claims can be appealed to PhilHealth for re-consideration. Those which are denied not on the basis of compliance (e.g. supporting documents, eligibility) but on medical grounds are re-evaluated by a *Peer Review Committee (PeRC)*. Composed of experts from the different medical societies, hospitals, the academe, among others, the PeRC serves as an expert panel that resolves issues on practice guidelines and other acceptable standards of care based on available evidence. The PeRC has evolved into becoming a potent advocate for quality care among the health care providers. Its meetings have become not only venues for discussing and resolving issues on quality but also for formulating strategies to deal with quality issues and building a critical mass of quality-minded providers in the country. Since its establishment, it has resolved complaints against providers which could have otherwise reached litigation in court. Guided by evidence, it has ruled on appropriateness of management of patients attended by accredited providers.

B. On Drugs and Medicines

Drugs and medicines constitute more than 30% of PhilHealth's total reimbursements. PhilHealth thus launched the *Rational Drug Use (RDU) program* which aims to determine baseline drug use indicators and the general prescribing tendencies of accredited health providers.

Moreover, PhilHealth supports the implementation of the Generics Law. Therefore, *all drug prescriptions should be in generic terminology.*

The Philippines' Department of Health (DOH) has a list of essential drugs and medicines known as the *Philippine National Drug Formulary (PNDF)*. All drug purchases of government agencies should be in the list. In support of this, PhilHealth only reimburses drugs and medicines that are in the PNDP.

Drug price in the Philippines is one of the highest in the region which makes them inaccessible to the majority of the population. As such, PhilHealth is introducing the *Drug Price Reference Index (DPR)*. It is a list of reference prices for the top 124 most commonly prescribed drugs for PhilHealth members. The reference price is being based on comprehensive set of individual prices gathered from PhilHealth claims, a survey of the DOH, and the prices in the local and international markets.

C. Standards Setting

In 2001, PhilHealth developed the *Benchbook on Quality Assurance* which contains the new accreditation standards for health care organizations. These new standards answer the need for process-and-outcome-focused standards of accreditation. Developed through in-depth study, broad consultations with stakeholders, field testing, and inputs from the new quality assurance framework which focuses on safety, effectiveness, and appropriateness of health care, consumer participation, access or services, and efficiency of service provision.

The benchbook foster the principles of continuous quality improvement and the use of clinical pathways in all health care organizations. The benchbook addresses the seven (7) critical areas to improving quality care and these are:

- patient rights and organizational ethics
- patient care
- leadership and management
- human resource management
- information management
- safe practice and environment
- improving performance

PhilHealth has also started the development of *Clinical Practice Guidelines (CPGs)* for the most common causes of members' reimbursements. CPGs are systematically developed statements that describe the precise nature of what should be delivered and the ideal ways to perform patient care responsibilities. The CPGs are useful guides for our accredited doctors in the management of cases and for PhilHealth in the evaluation of claims. To date, PhilHealth has developed the following CPGs: hypertension, pneumonia, urinary tract infection, asthma in adult and children, dengue fever, diarrhea, dyspepsia, and acute bronchitis.

PhilHealth has also standardized disease classification with the adoption of the *ICD 10 (International Statistical Classification of Diseases and Related Health Problems version 10)*. With the provision of unique codes and every possible cause of death or illness, this classification system allows for easy storage, retrieval and analysis of data. It likewise allows comparison of data across hospitals, provinces and even countries.

PhilHealth has also started with its *Health Technology Assessment (HTA)*. The HTA is the systematic evaluation of the intended and unintended effects of the use or non-use of health technologies. It does not only include drugs, devices and other health related products but also medical procedures, health care professionals, and health care organizations that use these technologies.

PhilHealth utilizes the fee-for-service scheme in reimbursing claims for professional fees. The *Relative Value Scale (RVS)* is a list of procedures with assigned relative value units (RVU) which reflect the relative weight or complexity of particular procedure as compared to another. Until 2002, PhilHealth has been using the 1972 RVS which had already been outdated after almost three decades of advances in technology.

RESULTS ACHIEVED

PhilHealth aims to influence not only the way health services are financed in the country but also the way such is given to our members. Among the most important results of PhilHealth's quality assurance initiatives are:

- **Guaranteeing Quality** – Quality of services are ensured through the warranties of accreditation while the quality of drugs are ensured through reputable drug manufacturers who bear the seal of Current Good Manufacturing Practice (CGMP).
- **Consumer Empowerment** – Members of PhilHealth are given the opportunity to avail themselves of quality services from the array of accredited providers.
- **Value for Money** – Reimbursements made by PhilHealth come from the members' contributions so it is incumbent upon PhilHealth to ensure that the services the members are getting every worth of their contributions.

FUTURE PLANS

The Corporation is likewise in the process of defining its role with health care providers. The "quality" of quality services being delivered by our accredited providers varies across the nation. Therefore, its role of imposing quality health services should also be balanced with facilitating quality improvement. Currently, PhilHealth is in the process of conducting the following:

- Continuous Utilization Review and Peer Review activities
- Continuous updating of the RVS adopted in 2002, the PNDF, among others
- Adoption of the Drug Price Reference Index as the basis for reimbursement of claims for drugs and medicines while expanding the list of 124 drugs to all 500 drugs in the PNDF
- Review of accreditation guidelines for doctors and hospitals and development of accreditation guidelines for other health care providers – Development of standards for accreditation is one of the priority thrusts of PhilHealth as accreditation findings have consistently underlined the need for process and outcome focused standards. Moreover, PhilHealth currently only accredits hospitals, doctors, dentists, outpatient dialysis clinics, and rural health units (RHUs). PhilHealth is in the process of developing accreditation standards for other providers like nurses, midwives, outpatient clinics, among others.

This article is contributed by the Philippine Health Insurance Corporation, Philippines. Readers who have enquiries may send them to ftd@philhealth.gov.ph