P&P
HEALTH PROMOTION & DISEASE PREVENTION

NHSO
National Health Security Office

NATIONAL HEALTH SECURITY OFFICE
IS ONE OF THE
KEY PLAYERS
IN P&P IN THAILAND

MINISTRY OF PUBLIC HEALTH [MOPH]

The principal agency to deliver P&P services, issue policy proposals, formulate strategies, expand the service system, and staff the system with qualified personnel

NATIONAL HEALTH COMMISSION OFFICE [NHCO]

- Promotes collaboration among partners through the National Health Assembly
- Formulates national health policy based on a participatory approach

NATIONAL HEALTH SECURITY OFFICE [NHSO]

- Submits a budget request to the central government on behalf of the beneficiaries of the UCS
- Manages the budget for P&P services
- Defines the criteria and methods of paying/reimbursing healthcare providers for services rendered and defining the P&P components of the UCS benefits package

HEALTH SYSTEMS RESEARCH INSTITUTE [HSRI]

Generates new knowledge and research findings on health which inform policy and programs on quality of life of the population

THAI HEALTH PROMOTION FOUNDATION [THAIHEALTH]

- Manages funds for health promotion activities under the Health Promotion Fund Act 2001
- Provides grants to development partners
- Campaigns for health promotion activities

OTHER ORGANIZATIONS

- Healthcare Accreditation Institute
- National Institute for Emergency Medicine
- Local Administrative Organizations (LAO)
- Ministry of Finance
- Ministry of Tourism and Sports
- Ministry of Social Development and Human Security
- Community Development Organization Institute
- Metropolitan Electricity Authority
- Etc.

SPECIAL FEATURES OF THAI P&P

P&P ARE INCLUDED IN THE UCS

P&P benefits has been part of the health insurance system since the beginning in 1975.

People believe in the modern Thai medical profession. Any services or activities that aimed to raise public awareness of the importance of taking care of one's health were believed to be achieved if provided by doctors.

The universal health insurance system (UCS) under the National Health Security Act in 2002 continues the P&P services as was previously included in the health card by the MOPH.

NHSO BUDGET FOR P&P COVERS ALL SCHEMES

Coverage of P&P under the UCS covers all Thai citizens including the CSMBS, SSS and other insurance schemes.

THE BUDGET FOR P&P IS ONE PART OF THE CAPITATION PAYMENT SYSTEM OF THE UCS

TABLE 1: COST PER CAPITA PER YEAR WHEN THE UCS BEGAN IN 2002

The NHSO system introduced significant changes in how to allocate the budget for P&P services. The capitation payment system was introduced under the National Health Security Act 2002. The NHSO specified that 20 percent of the budget for outpatient and inpatient care be earmarked for P&P for individuals and families. (Table 1)

COST CATEGORY	BAHT/ PERSON / YEAR	%
Outpatient Care	574	47.7
Inpatient Care	303	25.2
P&P for Individuals and Families	**175**	**14.6**
Capital Investment	93	7.7
High Medical Cost Care	32	2.7
Accident and Emergency Care	25	2.1
Total	**1,202**	**100.0**

Source: Adapted from Viroj Tangcharoensathien et al. (2001)

BUDGET CALCULATION

Under the UCS, the NHSO calculates budget for P&P for all Thais under all of the government insurance schemes using the capitation method. Those calculations are then merged with the per capita cost estimate for clinical care as a basis for annual budget requests.

THE FOLLOWING ARE THE COMPONENTS OF THE P&P BUDGET FOR FY2021:

1 INCREASING ACCESS TO P&P SERVICES

2 PREVENTION OR AMELIORATION OF HEALTH PROBLEMS OR NATIONAL DISEASE BURDENS

3 SUPPORTING LOCAL P&P

4 INCREASING THE QUALITY OF P&P SERVICES

SCOPE OF P&P

The scope of P&P covers the following:

1. Diagnosis and screening of risk for health problems and health promotion potential

2. Promotion of health behavior change, counseling, education, and demonstration of P&P practices

3. Building immunization, use of medicines, and performing procedures which promote P&P

Not included are disease surveillance, prevention of complications of disease, or delaying the progression of disease.

MANAGEMENT OF THE BUDGET FOR P&P SERVICES

P&P NATIONAL PRIORITY PROGRAM AND CENTRAL PROCUREMENT

1 National health emergencies or priorities, or new areas that need to carefully adhere to budget categories and the scope of P&P services, and which may deviate during the year or between years.

2 National central procurement. This includes the cost of different types of vaccines, including vaccines against basic diseases (tuberculosis, diphtheria, tetanus, and pertussis); vaccines for hepatitis B, cervical cancer, and the vaccine against rotavirus diarrhea; and seasonal influenza vaccine, including the cost of the vaccination/ health history booklet.

BASIC P&P SERVICES

There are two types of payment mechanisms for basic P&P services: Capitation payment and the payment of services (fee schedule). The proportion is 65:35 for capitation and fee schedule.

AREA-BASED P&P

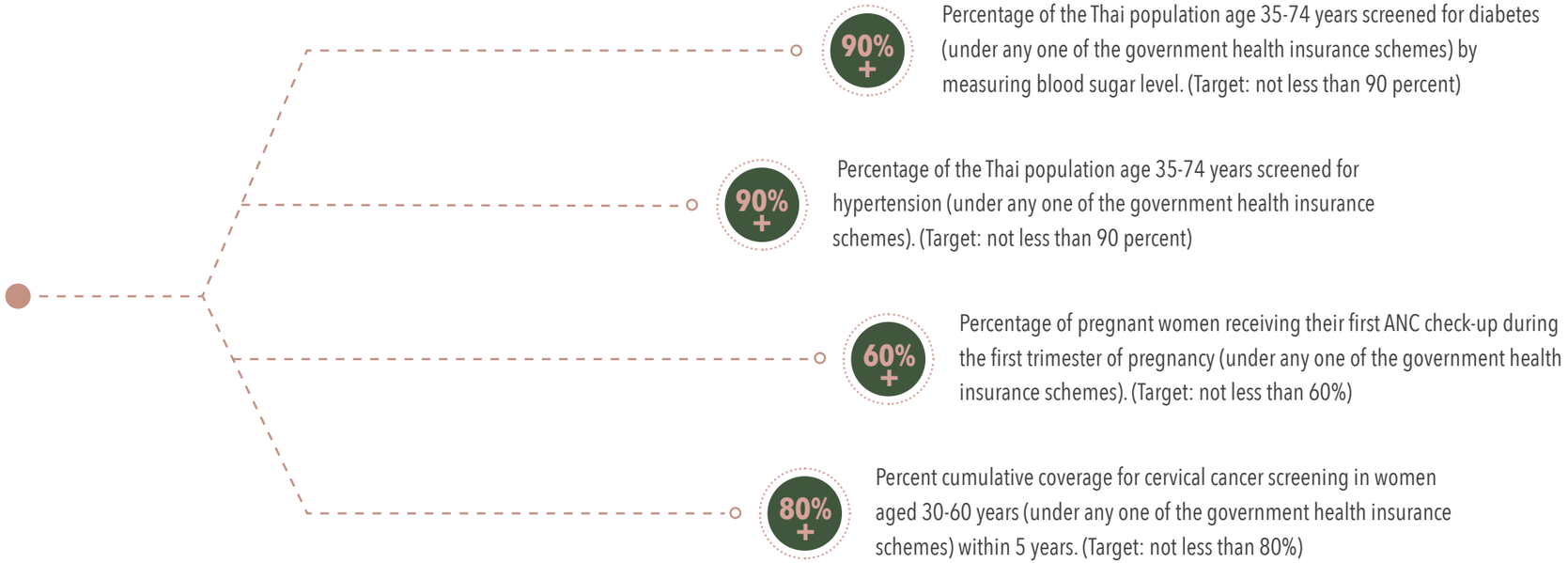
Starting in 2008, the NHSO began to focus on P&P services at the zonal/provincial level to improve efficiencies in program management and more closely tailor the services to the needs of the local population. Ever since 2017, the NHSO has used the capitation budgeting method at the zone level (using a global budget ceiling mechanism).

COMMUNITY-BASED P&P SERVICES

The NHSO has a mechanism for supporting P&P services that are implemented at the community level. Those resources were used to fund the P&P activity in collaboration with the LAO, according to the NHSO Board's announcement.

QUALITY AND OUTCOME FRAMEWORK [QOF]

The QOF is a mechanism to motivate healthcare providers to use resources efficiently while maintaining standards of high quality of essential P&P services. The QOF is also seen as a mechanism to reassure reluctant members of the population to join the P&P services system. The NHSO, MOPH, and technical specialists have developed a set of indicators of quality P&P services, starting in FY 2017, including the following:



IMPROVING THE EFFICIENCY OF BUDGET MANAGEMENT BY THE CAPITATION OR OTHER METHODS

The NHSO has developed a model of payment for services which should reflect outcomes and quality of services, especially for low-demand services. The use of the capitation budget mechanism has obvious advantages, such as better cost control and easier management. But the disadvantage of a capitation system is that the quality of services cannot always be controlled. That is because the per-capita method does not create incentives for providing higher quality services to the public. Thus, the NHSO uses additional measures to address the limitations of the capitation payment system, including:

1 FEE SCHEDULE

This is appropriate for activities with a clear unit cost, or have a fixed list of services, which makes it easier to reimburse the cost of services as an incentive for both the provider and recipient

2 QOF

This tool introduces performance-based incentives for service providers and is suitable for activities that need to increase accessibility while taking into account the burden of disease, the number of people affected by health problems, and the severity of their health problems

3 GLOBAL BUDGET

Budget for services with a global budget ceiling can control service costs, predict costs in advance, and enable efficient budget management because it is a single budget. This is a system of allocation of lump-sum budget, such as budget allocation to the district and provincial level, among others.

However, the weaknesses of a mixed-services payment system are the difficulty in combining different service payment models in an optimal proportion for all contexts, and the difficulty in integrating data reporting systems to be efficient and accurate. An effective integrated payment model for P&P services depends on the incentives and needs of the service provider, and which type of model is used.

P&P BENEFITS PACKAGE

DEVELOPMENT OF THE BENEFITS PACKAGE: 2002 – THE PRESENT

2002

The benefits package of the MOPH health insurance regulation specifies 10 P&P services

2008

Adjusted the list of sub-service activities under UCS FY 2009's P&P benefits, with the addition of the following four items:

1. DTP-Hepatitis B combined vaccine (DTP-HB) in young children
2. Cervical cancer screening by VIA (Visual Inspection with Acetic acid) and cold cauterization in women aged 30 - 45 years
3. Oral cleaning and fluoride coating in the risk group age > 35 years old
4. Seasonal flu vaccination for patients with major chronic diseases, including asthma, chronic obstructive pulmonary disease, kidney failure, heart disease, diabetes, cerebrovascular disease, and cancer patients receiving chemotherapy

2013

Extended coverage of seasonal influenza vaccine in pregnant women over 4 months gestation and children age 6 months - 2 years

2016

1. NHSO Board Announcement on Types and Scope of Public Health Services (10th Edition) 2016: P&P services for 5 age groups
2. Announcement of the NHSO Board on Types and Extent of Public Health Services (11th Edition) 2016 on Services to Prevent HIV Infection in At-Risk Groups

2018

Cervical cancer vaccine (Human Papillomavirus, HPV) was added for grade 5 female students and Thai girls age 11-12 years who were not in the formal school system

2019

1. Five vaccines: diphtheria, tetanus, whooping cough, hepatitis B virus, and meningitis (DTPHB-Hib)
2. ARV drug: Raltegravir prevents HIV transmission from mother to child

2020

1. Option for cervical cancer screening with HPV DNA test and liquid-based cytology confirmation test of abnormal cases
2. Rotavirus vaccine for prevention of diarrhea in infants age 2 - 6 months
3. Medabon® to prevent unsafe termination of pregnancy
4. Pilot screening for fetal Down syndrome in pregnant women no older than 35 years of age
5. Screening and laboratory testing to confirm Covid-19 infection for all Thai citizens

2021

1. Measles, mumps, and rubella (MMR) vaccine for children age 18 months
2. Screening for fetal Down syndrome in pregnant women of all ages
3. FIT test for colon cancer screening

Sources: NHSO Annual Report for FY 2020 and Handbook for the Management of the NHSO Fund for FY 2021

MOPH REGULATION ON HEALTH INSURANCE, COVERING THE FOLLOWING 10 P&P SERVICES:

01 Personal health record for continuous health care monitoring of each individual

02 Examination and supervision to promote the health of pregnant women

03 Child health care, development and nutrition, including immunization in accordance with the national immunization program

04 Health examination of the general public and at-risk groups

05 Family planning

06 Antiviral drugs to prevent HIV transmission from mother to child

07 Home visits and home care

08 Providing health education to recipients of services at the individual and family levels

09 Counseling and encouraging people to participate in health promotion

10 Oral health examination, dental health advice, sealant and fluoride supplementation in groups at risk of caries, such as children and the elderly

PROCESS OF ADDING P&P SERVICES TO THE BENEFITS PACKAGE

The periodic review of the P&P benefits package offers a mechanism for synthesizing the findings from studies of cost-effectiveness of a new service as a criterion for inclusion. Most of these studies are projects run by the independent Health Intervention and Technology Assessment Project (HITAP) under the MOPH, and they play a key role in evaluating the cost-benefit of an addition to the UCS package. Measures or services are prioritized according to feasibility and expected benefit, and are proposed to the NHSO to consider and include in the budget request for the next FY.

COMMUNITY HEALTH FUNDS

CHF

Most P&P services require stimulation of demand to encourage the use of services which people might not necessarily perceive as urgent or important. Plus, the health challenges differ from location to location, and they may need to be addressed in different ways. The CHF is a mechanism of the NHSO to allow flexibility of response and community participation. Since its establishment in 2006, the CHF's scope and framework have focused on organizing activities that support P&P that is essential to the health and livelihood of local residents. To help LAO manage the CHF more effectively, in 2014, the P&P Subcommittee, under the NHSO Board, detailed activities according to specific priority target groups: pregnant women and postpartum women, preschool-age children, school-age children and youth, working-age people, the elderly, chronic disease sufferers, persons with disabilities, and other vulnerable subgroups of the population.

KEY ACHIEVEMENTS IN IMPLEMENTING P&P SERVICES

1

THE BUDGET FOR THE CAPITATION SYSTEM FOR P&P UNDER THE NHSO FUND INCREASED BY 2.6-FOLD IN TWO DECADES

The budget for P&P services under the capitation system increased from 175 baht per eligible UCS beneficiary in FY 2002 to 455 baht per beneficiary in FY 2021, or an increase of 2.6-fold.

2

P&P BENEFITS PACKAGE HAS INCREASED TO OVER 80 SERVICES

Starting with only ten services in 2002 when the UCS was launched, P&P has increased to over 80 services in the benefits package as of the time of this study.

3

DISEASE-SPECIFIC BENEFITS

HIV PREVENTION

During 2020, the UCS provided HIV/STI testing services for 74,228 beneficiaries, exceeding the target of 68,500. In addition, outreach activity contacted 86,955 persons at risk of HIV and referred them to HIV VCT. Of these, 80,321 received HIV VCT and, of these, 2,184 were diagnosed with HIV infection and referred for ART.

COVID-19 SCREENING AND PREVENTION

Covid-19 screening and prevention activities have been implemented widely in many areas throughout the country, especially in vulnerable areas. As a result, this locally-driven response has probably significantly contributed to controlling the epidemic spread of Covid-19 up to June 2021.

4

PEOPLE HAVE MORE ACCESS TO ESSENTIAL P&P SERVICES

This may be due to the adjustment of the payment model according to the service quality criteria, QOF since 2017, resulting in the development of the service quality of the provider and motivating the public to receive more services and on a regular basis.

TABLE 2: USE OF P&P SERVICES: 2015 - 2019

	INDICATOR	2015	2016	2017	2018	2019
	PREGNANT WOMEN					
1	Percentage of pregnant women receiving their first ANC check-up at 12 weeks or less gestation (target: >= 60%)	57.10	62.25	66.43	74.39	80.59
2	Percentage of pregnant women receiving at least 5 ANC check-ups (Target: >=60%)	51.10	50.25	53.27	62.92	70.28
3	Percentage of women receiving at least 3 post-partum check-ups (Target: >=65%)	49.72	49.79	51.53	63.04	70.89
	CHILDREN					
1	Childhood immunization*					
	— BCG (Target >= 90%)	88.3	94.7	95.3	99.8	97.41
	— MMR1 (Target >= 95%)	84.2	90.9	88.4	96.1	91.48
	— DTP3-HB3/OPV3 (Target >= 90%)	85.8/85.8	91.8/92.0	90.2/90.2	96.5	92.37/92.5
	— IPV (Target >= 90%)	-	-	-	88.4	91.73
	— DTP4/OPV4 (Target >= 90%)	83.7/83.6	87.6/87.4	86.8/86.6	95.3	89.72/89.67

	INDICATOR	2015	2016	2017	2018	2019
	CHILDREN					
	— JE2 (Target >= 90%)	80.4	84.1	84.2	96.9	89.6
	— JE3 (Target >= 90%)	78.0	75.2	72.3	95.1	82.26
	— MMR2 (Target >= 95%)	58.4	80.1	83.6	86.6	89.7
	— DTP5/OPV5 (Target >= 90%)	78.7/78.5	79.9/79.7	81.2/81.0	87.2	85.7/85.61
2	Percentage of confirmation of hypothyroidism in abnormal cases (Target >= 80%)	86.67	95.25	94.32	91.96	82.90
3	Percentage of children age 0-5 years with normal growth and development (Target >=80%)	81.50	91.94	95.84	96.66	97.61
4	Percentage of children with pre-obesity (Target <= 10%)	-	-	-	8.90	11.15

INDICATOR	2015	2016	2017	2018	2019
ADULTS AND THE ELDERLY					
1 Percentage of Diabetes Mellitus Screening (Target >= 90%)					
- Age 35-59 years	67.89	75.41	84.65	86.32	86.67
- Age 60 years or older	63.21	71.45	81.89	84.49	86.22
2 Percentage of Hypertension Screening (Target >= 90%)					
- Age 35-59 years	71.44	79.24	85.51	87.08	87.19
- Age 60 years or older	70.28	78.34	84.10	86.72	87.81
3 Percentage of Cervical Cancer Screening in women age 30-60 years: Cumulative 2015 - 2020 (Combined Target: >= 80%)	16.41	27.33	38.34	48.81	56.64
4 Percentage of seasonal flu vaccinations administered in the target groups	78.47	78.04	87.31	78.30	91.24

Note * Immunization coverage in children in target groups: Country overview. From the 2017-2019 Annual Report, Division of Vaccine Preventable Diseases, DDC[21-23]

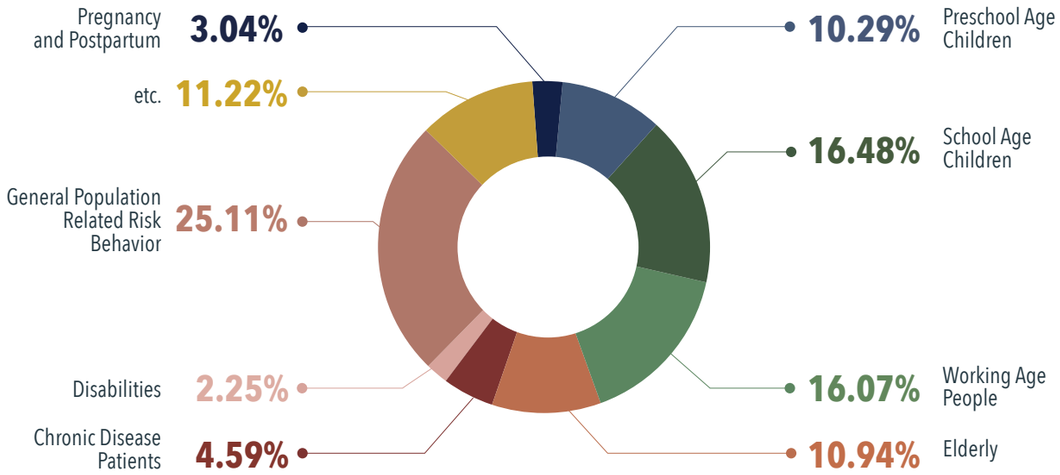
Sources: NHSO Annual Report for FY 2015 – 2019[20,24-27]

5

LAO DIRECTED P&P SERVICES TO MOST AT-RISK POPULATION

Performance in 2020 shows that the P&P services managed by the LAO were directed to most-at-risk individuals in the general population (25.1 percent), followed by school-age children and youth (16.5 percent) and working-age groups (16.1 percent) (Figure 1).

Figure 1: Proportion of Target Groups Implemented P&P in Local Sector in FY 2020



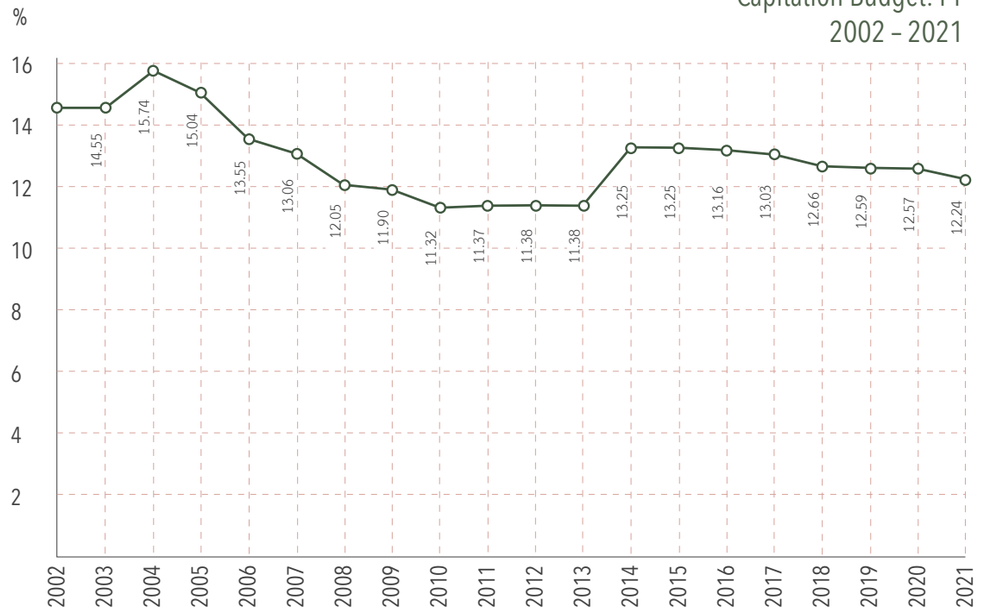
Source: NHSO Annual Report for FY 2020[18]

LESSONS LEARNED AND CHALLENGES

THE PROPORTION OF THE CAPITATION BUDGET FOR P&P HAS BEEN STEADILY DECLINING

The proportional budget for P&P decreased from 14.6 percent of the total in 2002 to 12.2 percent in 2021 (Figure 2). The decrease in P&P budget proportion is due to the discrepancy between performance and the previous year's allocation. In addition, budgeting is also based on the development of the benefits package, which is limited for P&P in some respects. This hinders the optimization and expansion of the options of services.

Figure 2: Budget for P&P Services as a Proportion of the Capitation Budget: FY 2002 – 2021



Sources: NHSO Annual Report for FY 2020
and Handbook for the Management of the NHSO Fund for FY 2021

REQUIRING BENEFICIARIES TO GO FOR P&P SERVICES ONLY AT THE SERVICE PROVIDER THEY ARE REGISTERED WITH COULD BE AN OBSTACLE TO ACCESS

Access is always a potential barrier, especially in remote rural areas, or in congested urban areas such as Bangkok. NHSO Zone 13 (Bangkok) has to proactively reach out to the 'hidden' population of inner-city dwellers through creative means, such as drugstores, mobile health screening programs for informal public transport migrant drivers, and community dental health programs, among others. The outreach activity can use technology to reduce steps or processes in receiving services at specific service units to increase access to P&P services.

Developing proactive P&P services for older persons is a challenge that must be undertaken. This requires working with the local community to support long-term care of the elderly, and where the home neighbourhood will be a key base of care, together with network partners in every sector. Examples of projects are the "Near House – Near Heart" project and the community-based nursing and midwifery clinics, among many others.

APPROPRIATE COMPENSATION FOR SERVICES AND INCENTIVIZING SERVICES WHILE CONTROLLING DISBURSEMENT NEED TO BE CONTINUALLY ADJUSTED

The capitation mechanism is not incentivized to provide services to the public. At the same, itemized payments through a fee schedule also opens the door to forged billing practices. The NHSO revamped its entire disbursement and inspection system, and added a pre- and post-reimbursement inspection process with a Digital Identification System to verify the identity of the recipient of the services online and confirm access to the services with the code that the recipient of the services received from the NHSO only. The service unit must use that code as evidence before claiming any further reimbursement from the NHSO.

LACK OF DATA LINKAGES BETWEEN P&P AND CLINICAL CARE DATABASES

It is important to create a continuous working process, especially with seamless linkages of databases between promotion/prevention and treatment. For example, when an abnormality is detected, especially in such procedures as screening for hypothyroidism in newborns, prompt referral for treatment is very important to prevent the occurrence of mental retardation in the child.

EVALUATION OF EFFECTIVE COVERAGE OF P&P SERVICES

Another major challenge with P&P is the assessment of effective coverage. As the benefits that service recipients receive from most P&P services are difficult to measure (e.g., increased health knowledge or behavior modification), trying to correlate outcomes with services rendered is rarely straightforward. An option in monitoring service coverage that could not be tracked by evaluating effective coverage is to use alternative service coverage metrics.

INVESTING IN HEALTH PROMOTION FOR CHILDREN AGE 0 – 3 YEARS

The P&P benefits package currently includes services for at least one screening session for age-appropriate child development at the ages of 9, 18, 30, and 42 months. However, in children age 0 to 3 years, proper brain and emotional development are essential to overall well-being. In order to achieve optimal growth in all aspects of childhood, the NHSO should invest in additional benefits to promote brain and emotional development in children age 0 - 3 years to prepare a solid foundation for the health of the population and society going forward.

SUMMARY

Over the past 20 years, the comprehensive benefits of P&P in the UCS have been a unique feature of the Thai health insurance system. P&P services are now available to all citizens, and the P&P benefits package has evolved continuously, taking into account the need for efficiency and cost-effectiveness of health services. The NHSO, as the main agency responsible for preparing the P&P budget and processing the budget allocation, has continually improved budget management to provide incentives in providing comprehensive and efficient services. Despite the fact that people have access to essential P&P services more than in the past, the proportional budget for P&P services has decreased over time. This trend poses a challenge for the NHSO to continue to develop and improve the management of P&P services to ensure the well-being of the people and the development of the country in the years and decades ahead.

National Health Security Office