# CHAPTER V

## SUMMARY AND DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This study is a cross-sectional research initiative acknowledging the service utilizing rate of Gold Card holders [i.e. those with co – payment requirements] who obtained health care from their main contracting and partner hospitals. One of its objectives was to determine the level of satisfaction among utilizers. The sampling group consisted of people registered for the health security or Gold Card, who obtained health care from government health facilities in Phatthalung Province during the period 1 October- 31December 2002. The study format included randomly proportioning the size of the study popualtion in 10 districts and 1 sub –district of the province. The study used a self-administered questionnaire designed by the researcher and reviewed by three specialists. Data was collected from 15 – 28 2003, and a series of qualitative in – depth interviews were conducted with the sampling group in the following manner.

Five senior health officials in Phatthalung, comprising of the Provincial Chief Medical Officer, the Director of the Phatthalung Provincial Hospital, and the directors of the district hospitals in Pakpayun, Pabon, and Papayom Districts.

In addition three clients obtaining health care services at Phatthalung's bordering districts of Pakpayun, Pabon, and Papayom districts were also interviewed. The data was analyzed by using SPSS for Windows Program. The main conclusions are as follows:

## THE SUMMARY AND DISCUSSION.

The results of the findings of this study.

### 1. Demographic characteristics:

Most of the ultilisers are females (females 73.3% to males 27.7%), which is in agreement with the study of hospital service ultilization (Sahon Nittayarumpong and et. al. 1990; Siraporn Praangprasit,1993). Due to the fact that most women work at home and are responsible for their family members' health care, when any unusual thing or any ailment occurs to anybody in the family, they have to rush for treatment. But most men work outside their home or in other places, or work in other districts or provinces. They have limited chance to use the provincial hospital service.

Most health care ultilisers are between 30 – 39 years old, followed by the age group 40 – 49 years. This is in agreement with the study of the hospital service ultilization of the people that shows that most of patients are working – age people (Sahon Nittayarumpong; et al 1990; Siraporn Praanprasit 1993), because people of these age-groups are responsible to their work, family members and economic status; and also in this time of economic crisis many people try to live economically. Many

laborers, who return to their native home, may experience higher levels of unemployment related stress than other age groups. This may result in bad health and other related ailments. Many of these reproductive-aged people are prone to contract sexually transmitted diseases. They may also wish to visit the hospital for family planning, ante-natal care, or family planning services for newly married couples, etc.

Most residents of Phatthalung are farmers. As such most patients (69.2%) visiting the hospital are farmers. This finding is in agreement with the treatment at Khunharn hospital's where 89.5% are farmers (Sahon Nittayarumpong and al. 1998). Khonkhaen hospital's out-patient client survey of 1997, also found that the majority of health care users were farmers (43.4%) (Weeraphan Suwanchaimart and al. 1998). And from another study concerning related factors and conditions of privileged security health care card holders and health insurance card holders-registerd at Amphur Phol District, Khonkhaen province-it was found that most of the users were farmers (79.2%) (Wannasri Sasen 2000).

Education status of most ultilizers (76.7%) is lower than secondary school, which conforms to the health care treatment behavior study conducted at Khunharn hospital which found that the sample groups completed elementary school (Sahon Nittayrumpong and al. 1990). Another study conducted in Bangkok concerning recipients of health services at health centers also found that most clients completed primary school. College degree graduates generally did not go for treatment at health centers (Tapananee Prompat, 1991). In another study of out-patients at the Khonkaen Hospital, in 1997, it was found that the educational status of most clients finished primary education (59.9%) ( Weeraphan Suphanchaimart and al. 1998).

Religion: Most health care ultilizers were Buddhists because the majority of people living in Phatthalung are Buddhists (89.3%) (i.e. the results of the Phatthalung provincial health care service proposed to the Health Ministry' s inspector and supervisor during 20 – 21 February B.E. 2546; Phatthalung Provincial Health Office).

Most clients use the Universal Coverage 30 Baht privileged Gold Card. Dual privileged card holders also used the prevailed Gold Card and the Royal Patronage Client Treatment Card as well (0.2% ) .

## 2. Perception of Health Care Recipients about the List of Important Core Package Benefits Under the 30 Baht Scheme:

Knowledge level of some important aspects of the Universal Coverage 30 Baht Scheme, according to the study, found that every utiliser knows about this program from many sources of information. Most of them learned about the program from local health officers (39.3%), while most people felt that the project goal [i.e. equal access for health care service] was the most important component of the project (94.0 %). The most incorrect perception was that the 30 Baht Core Package Benefits provide more privileges than the Social Welfare Insurance.

In summary most of utilizers know about some important issues, included in the list of important Core Package Benefits (30 Bath). A total of 48.2% were well informed while 40.2% were moderately informed about these benefits. This illustrates that people have had access to information concerning the new health policy.

### 3. Behavior related to health care utilization.

Utilization and the approach to use health care services from 1 October – 31 December B.E.2545: According to the study it was found that the utilization rate varied between 1 – 5 times; with most clients (66.0%) using the service only once; followed by clients who use the service two times (20.5%). According to the kind of illness, most users think that they have acute illnesses ( 65.5 %).

This study focused on studying privileged Gold Card holders of the 30 Baht Universal Coverage Scheme. Hence the specific sample group did not exceed 60 years of age. Person of working age tend to have acute ailment more than chronic illnesses. They can also come to obtain health services by themselves. This is not the case for children and the elderly.

The severity of the sickness: Most utilizers think that their sickness is always severe and that they should be admitted to the hospital ( 65.5%). This was followed by those who felt that they were moderately ill and could go back to work (24.8%). Additional information found that most clients evaluated themselves as having severe illness, but think that they have acute sickness. Those who are moderately sickness can go to work, but they think that they have chronic sickness. Onset of acute sickness happens rapidly and needs to be immediately evaluated. Chronic sickness is felt to need long continuous treatment, which influences people to try self-care treatment. When clients feel they are moderately ill, they still can go to work. From the additional analysis, it is found that those who assume that they are acutely sick will use a

designated health center as their first choice of care as it is nearer to their home and more convenient. They follow the recommendated channel of treatment indicated on their Gold Card. According to an in–depth interview one patient said that he does not want to go outside the main contracting hospital, but in an emergency he must go there because it is close to his home. Please see also the examples, listed below, come from quotations supplied by clients undergoing the in-depth interviews.

*" With respect to going to the designated hospital on one's [Gold] card, I think....that there is nobody who wants to go to the hospital as if they are going strolling while shopping.....it is not as if they see a large and attractive hospital building and think that this will be an enjoyable place to visit....they go because transportation is convenient and it is nearer than other ( health care units ) ....."*

*(A client from Pabon District)*

*" I live in Mai Siap, a place bordering on Nakorn Sri Thammarat Province....near Cha-uat District Hospital [in Nakorn Srithammarat]....When we are ill, we go there....It is more convenient....*
*it only takes a moment [to get there]....."*

*(A client from Papayom District )*

*" I live in Koh Maak ..... It is not convenient to go to Pakpayun District Hospital... It is more convenient to go to Hat Yai....but now I have to come to Pakpayun (Hospital) ... Otherwise I have to pay for my medical treatment [under the 30 Baht Scheme]... "*

*( A client from Pakpayun District )*

Nevertheless it appeared that 4.3% still went outside their main contracting hospitals when they knew that their sickness was severe and acute. Apparently utilizers accept the recommended conditions of the government's assurance health care policy which directs the 30 Baht Universal Coverage Scheme 96.4% of patients use the Gold Cards, while 2.7% use the Gold Card and other types of privileged cards. This shows the fairness of the new policy covering health care delivery for those people covered under the privileged health card system. 73.5 % of recipients use their own vehicles to visit the hospitals; which means that it is convenient to travel and patients do not have to waste much time traveling to hospitals. Most people travel less than 30 minutes(41.2 %), followed by less than 50 minutes (35.9 %). The near distance to the health facility and the use of their own vehicle result in spending less time traveling to health service delivery sites. The standard amount of time designated by the local health office for visiting a health facility is 30 minutes by car (Guided Health Promotion For All in the Transition, B.E.2545), if utilisers live in the appropriate area.

The travelling expenditure: The findings show that most clients spend less than 30 Baht for travel (65.0 %). The minimum was 5 Baht, while the maximum was 350 Baht. Travel costs depend on the price of fuel by car owners. Only 6.5 % of utilisers

had to spend additional expenses for their hospital care. This ranged from 20-1,000 Baht. Most of these expenses were for dental procedures [e.g. filling a cavity].

The expectation of health care utilizers: 88.4 % claimed to have received care according to their expectations; 11.6 % stated that they did not receive services according to their expectations. The reason is 2.9 % were completely recovered. But 1.2% claimed that they did not recover, while 7.7% felt that they received low quality medicine. This coincided with the data from one in-depth interviewee who stated that he receieved Paracetamol for all his symptoms, and accordingly his expectations were not fulfilled.

The register's service selection: when the ailment is not severe, patients choose to go to the local health center (53.7 %). This was followed by those who buy medicine from the nearly drugstore (21.4 %). The reasons are the recommended channel of health care utilization, close to home service, convenience, and familiarity with doctors. The reasons for going to the drugstore are the mild nature of the ailment, easy to recover, and convenience. Most severely sick persons choose to go to the designated district hospitals (61.4 %); this was followed by Gold Card holders visiting the main contracting hospital (32.2 %). The reasons are the convenience since hospitals are close to patient's home, and it is not necessary to pay more money (economical). For those Gold Card holders stating that they went to the provincial hospital, most claimed they went there because they can receive treatment with modern equipment. It is also affordable. Please see also the qualitative results being Free to Select a Hospital of One's Own Choice to Designate on the Gold Card

The examples, listed below, come from quotations supplied by clients undergoing the in-depth interviews.

*" I would like to register at a private hospital.....because [service delivery is] very quick...[staff] show interest....do not have to waste ...( they treat us ) .. as if they are carrying you right to the patient's bed.....but one has to pay ( a lot for such service)...., but if one has to pay 30 baht (for care) I would (still) choose a private hospital....."*

*(A client from Pakapyun district)*

*" In choosing a hospital or health center....it should be close to one's home....but it should have up-to-date medical equipment similar to that of the provincial hospital....and enough doctors [ to take care of patients]... "*

*(A client from Pabon district)*

*" One should be able to choose wherever they wish to go.....it is not necessary to designate a specific [health care unit]....set it up like a bank.....make it available everywhere....with the same [30 Baht Scheme's ] objective of getting cured from illness, that's all.... "*

*(A client from Papayon district)*

### 4. The Service Quality (Satisfaction)

The satisfaction level with the service: This study evaluated and gave the satisfaction score by evaluating the degree of the utilizers' satisfaction for the servicea provided by the designated health care units under the Gold Card for Universal Coverage (30 Baht Scheme).The variables included friendly groups, service preparation, provider's image and confidence in the service. The findings: The satisfaction level, with service providers from the registered health facility, was the lowest of all variables. For example satisfaction with the amount of time a doctor takes to diagnose a patient is low. This finding is in agreement with the study of people seeking health care from health facilities (Yothin Sawaengdee, Phimolphan Itsarapagdee, Malee Sanphoowan; B.E. 2543) that found that sick people worry when doctors do not tell them of the degree of their ailment, due to a short amount of time devoted to patient examination and treatment. Apparently clients want to know about the extent of their sickness and the time needed for treatment, but their doctors spend too little time to examine the sick persons. This is because doctors have to examinea very large number of patients; and so they may have to consider the number of waiting patients rather than the quality of their examination and treatment. They have to manage time to finish examining out-patients before the lunch-break. This forces doctors to rush through their examination. Another point of observation, on the provision of health services, was that although the service providers adequately know that good service satisfaction for patients and their relatives is related to a thorough examination with explanations, since there are a limited number of doctors to attend to too many patients, doctors have to rush through examinations; having no time to inform

patients about the true extent of their condition. This causes patient dissatisfaction. The above problems results in " Problem–based Treatment". Doctors examine patients, and try to resolve the patient's problems as they are seen. Dissatisfaction is a complex issue and is part of the overall process of service provision as part of the nation's health care delivery system, as there is limited budget to address the shortage of trained personal (Novacs, 1993). Most of health care utilizers' dissatisfaction result from the following factors, such as, 1) the time spent waiting for the doctor's examination, 2) expensive treatment fee, 3) bad character/manners of the health care officers, 4) the complex process involved in obtaining service, 5) insufficient medical equipment to treat patients and diagnose disease symptoms, 6) the lack of medicine, 7) doctors have limited time to consult with patients who wish to ask questions about their sickness, and 8) the the different steps of patient service delivery is complex and too slow, causing the patients to become sicker than they initially were at the beginning of their illness (Bassett et al, 1997; De Geyndt, 1995; Center for Human Services, 1993).

### 5. Opinions expressed or recommendations to improve the Universal Coverage 30 Baht Scheme:

From the collection of recommendations aimed at improving the 30 Baht Universal Coverage Medical Treatment Program in Phatthalung province, by employing open–ended questions for interviewees, the findings show that 240 people from the sample group gave provided their recommendations (57.83%). When the recommendations were reviewed and analyzed, the percentage of sample group suggestions were as followings:

Most clients stated that they wanted doctors to speak in a pleasant manner and be friendly to patients (36.3 %). This was followed by their desire to receive good overall service (22.9%).

The things that the sample group most wanted from the health care insurance service were modern medical equipment (which would reduce the need for further referrals) (48.2 %). This was followed by the need to improve the efficiency in sending patients who need to be referred to other hospitals, since delays can result in the death of the patient (43.7%). Respondents also wanted more health personnel to be deployed to the health care units providing care to Gold Card holders (8.1 %). Please see also the qualitative results Confidence in the Quality of Health Care Service.

The examples, listed below, come from quotations supplied by clients undergoing in-depth interviews.

> *" After going for treatment.....initially I was given medicine for 5 days....but I did not get better so I returned to the designated hospital [on my Gold Card]....on 3 occasions I was given the same medicine.....Only when I went to the Phatthalung Provincial Hosptial did I learn that I had a pulmonary disease."*
>
> *(A male client from Pabon District)*

*" The most common medicine prescribed for Gold Card holders is paracetamol....regardless of one's illness....wherever one goes it is the same medicine every time even when one has different symptoms. Perhaps [the new health policy should be changed to] 30 Baht for Paracetomol.... It Takes Care of All Illnesses....*

*(A male client from Pakpayoon District)*

*" Here [the service] is good...Doctors are good....they follow standardized [medical practices]... good treatment... they prescribe effective medicine for patients.....I have never had any problems."*

*(A female client from Papayom District)*

The differences of utilization rate between the contracting hospital and facilities not designated as the contracting hospital, were influenced by type of illness, time spent traveling, fees for service, cost of transportation. The satisfaction level with service was related to patient utilization and were significant at a confidence level of 95%. Other factors were not significant.

When comparing the difference of the mean score of satisfaction in different aspects, the findings were as follows:

The aspects of friendship, the factor of traveling from home to the service unit, the time spent traveling, traveling expenses, and the level of knowledge on some

important issues in the privileges provided by the Universal Health Care Coverage Insurance Scheme, have some important mean of confidence at 95%. The preparation of service giving, age of patient, amount of time spent travelling from home to the health care unit have substantial mean of difference at the confidence level of 95 %. Other factors were not found to be significant. The findings found that demographic characteristics of patients, such as their gender, the level of knowledge on some important issues covered under the Universal Health Care Coverage Insurance Scheme have some important mean at the confidence level of 95 %. Other factors were not significant. Factors related to gender, occupation, religion, level of ailment, the manner in which patients travelled from their home to the designated health care units, the need to pay additional expenditures for service, and the time spent traveling, have some important mean of difference at the confidence level of 95%. Other factors were not significant.

**Qualitative Analysis:**

**The findings from the in-depth interviews:**

From the in-depth interviews with senior health officials in : the Phatthalung Chief Medical Officer, the director of the Phatthalung Provincial Hospital; the directors of the Pakpayoon ,Papayom , and Pabon District Dospitals, the following was found:

All of the respondents agreed that the new government policy on Universal Health Care Assurance was a good initiative since it would directly benefit everybody.

It would also help re-structure the nation's health care delivery system as it aimed to improve of the health care system. Health personal would have to make adjustments to the new situations created by the new policy. With respect to financial management, the respondents complained about the delays in receiving timely allocations. The low number of patients in the first contracting health care unit, by Gold Card holders, suggests that there is a need to modify health service seeking behavior of local people, as well as improve the quality of services at these health units.

**From the in-depth interviews of patients in 3 districts.**

The sample accepted the Universal Coverage 30 Baht Scheme, but suggested that they should be free to choose their main contracting hospital, because they want to receive high quality services as well as not have to travel far distances from their home.

## CONCLUSION

Gender: Most of the ultilisers are females (females 73.3% to males 26.7%). Age : They were mainly aged 30 – 39 years old (26.7%), followed by the group 40 – 49 years of age (25.8%). Occupation: Most of sample group were farmers (69.2%). Income: Most respondnets earned < 4000 Baht /month (42.7 %), with a mean monthly income of 4,662.41 Baht. Education: Most ultilisers (76.7%) completed less than a secondary level of schooling. Religion: Most ultilisers were Buddhists (89.8%). Insurance for use in health care services: Most ultilisers utilized the 30 Baht privileged

Gold Card. Dual privileged card holders can use the Gold Card and the Royal Patronage Client Treatment Card as well (0.2%).

**Objective No.1 :** To study the utilization rate of illness for people who go to the main contracting hospital in Phatthalung Province.

**The result:** The utilization rate for patients going to the main contracting hospital in Phatthalung Province is 1.5 episodes/person/3 months. The sample group used health care service in the main contracting hospital more often than outside the main contracting hospital (52.2% and 54.8% respectively), with a test difference at 95% confidence interval of the difference significant (p-value<.05).

**Objective No.2:** To determine the satisfactions level of offered health services.

**The result:** High level 64.6%, mid-level 35.2% and low-level 0.2%. The most important factor leading to a high levels of satisfaction concerned the informal manner of the doctor (mean = 4.14). Highest dis-satisfaction rates concerned the small amount of time for the doctor's examination (mean=2.8). The satisfaction with health care services at the main contracting hospital was higher than outside the main hospital; test statistical score of 95% confidence interval of the difference; significant (p-value <0.05).

**Objective No 3:** To analyze the personal characteristics and other factors that relate to the patient utilization.

**The result:** Type of illness, time spent traveling, payment for service, cost of transportation (payment for traveling), and satisfaction level of services are related to the patient utilization.

## RECOMMENDATIONS:

The quantitative and descriptive analysis indicates that people usually prefer the service at the main contracting hospital, although some utilizers do not follow the recommended channels and seek care at hospitals not designated by their Gold Card. The latter takes place in case of emergency, when another health facility is closer to the home of the patient, when patients lack confidence in the examining doctor or the quality of prescribed medicine, when patients do not like the complex procedures necessary to obtain service, and when patients are not happy with the short time doctors spend examining the patient.

As such this study would like to propose some systemmaytic ways to improve health care in Phatthalung, so that the new health policy will provide greater satisfaction to people, in the following manner:

1. The problem of the Gold Card utilization outside the main contracting hospital can be corrected by modifying the service seeking behavior of utilizers by means of public relations through every type of mass media, such as television, radio, news broadcasting towers, newspapers, opened view –media incorporating local wisdom which people enjoy watching such

as the Nangtalung, Manorah, Plengboke (narrating story by singing style), or by "Snowball Method" supported by efforts of local health volunteers. People have to take more responsibility for self health care, as well as making decisions concerning when and where they should go for health care, at a point in time when their illness can be successfully treated.

2. The matter of so little time that a doctor spends on the examination; providing the patient with little or no chance to ask questions about the seriousness of their sickness, nor allowing the doctor time to provide a clear explanation to the patient, should be reviewed. If out-patient services were expanded into the afternoon, or evening, this would reduce the large number of patients visiting the hospital during morning hours and increase the amount of time that a doctor could devote to each patient.

3. The matter of complex procedures that need to be followed in order for a patient to receive services is another leading cause of patient dis-satisfaction. Patients have to spend a great amount of time waiting to be examined. They also spend much time filling in registration cards, standing or waiting in queues, or waiting to receive medicine after their examination. These problems should be corrected by reducing the number of steps needed to process a patient visit. Hospital personnel should be able to complete the documentation process after a patient is examined or admitted.

4. Quality service confidence, for Gold Card users, was found to be low. Many patients worry about receiving ineffective medicine prescribed by doctors since the country's economic crisis has affected the Ministry of Public Health's annual budget. There simply is not enough funds in the annual budget to provide and cover the majority of patients in the country [i.e. the Gold Card holders]. This problem can be corrected by ensuring that people understand the real situation of their health care unit.

**Policy - recommendations:**

1. The issue related to how to designate which health facilities can be utilized by Gold Card holders needs to be considered in greater detail. Respondents do not want to seek health care services at health care units, which are specified by their Gold Card. The limited geographic area for health care service delivery, which presently designates home district and home province, should be reviewed. This will improve client satisfaction by reducing the amount of time, money, and risk of accident associated with traveling long distances to designated health care units. For example in the researcher's viewpoint, Thailand's health care delivery service should be uniform all over the country. The distance specified in the Gold Card should be standardized to any distance equaling 30 minutes traveling time by car from the patient's home to a health care unit. Provincial boundaries should not be a limitation, as some patients living in one province may in fact live much closer to health care units located in adjacent provinces.

2. Patients will not be impressed with quick medical examinations provided by doctors, nor be assured about the seriousness of their illness. They will worry whether the doctor's diagnosis is correct. More attention should be devoted to improving the quality of patient examination skills for both doctors and other staff who need to fill in during the absence of doctors. The researcher believes that patients will feel more confident, and doctors will gain credibility, if the time devoted to patient examinations / consultations could be increased to least 5 minutes per patient.

3. Document information and information technology should be promptly linked.

4. The management of the health budget should be reconsidered. The present per capita health care budget should be adjusted to consider the seriousness of a patient's illness in different locations, as well as their age, to determine whether they are in any high-risk group.

5. Self-Health Care and Health promotion

The Self-Health Care policy to practice in this study for the universal coverage Scheme (30 Baht policy) is as followed:

5.1 Self care in health by health maintenance with the following:

- continue exercise
- Food safety intake
- Mental health

Those are motivating the advocacy people by

- Star movie, singer, health personnel and Prime Minister
- The pilot project of reducing alcohol and tobacco
- Smile hospital
- The habilitation in healthy lifestyle

5.2 Self care in illness with the following:

- The seeking of health care when they are ill (ie. First aid, family self - health care before refer to the health facilities).

Those are presented by all mass media following the knowledge of first Aids. (ie. Safety belt, turn off electric switch after used).

6. The management of the information about core package for the patient is as follows:
   - To present about the new information of core package.
   - To determinant about the satisfaction in core package benefit (30 Baht scheme).
   - To review the core package (R&D) about the compliant (ie. The Sub heading 41, Thai Act. B.E. 2504,Thai Kingdom).
   - To compenate to the patient who are suffer from health treatment.

A concern is that health budgets will not meet patients needs, especially, in the less populated provinces. This category of provinces always receive smaller health budget allocations which means that they cannot always provide the level of health care

that is needed in their geographic area. Release of budget allocations also needs to be accelerated to prevent delays in providing care to the target population.

5. Implementation for the future

   5.1 A study should be conducted to see the effect of population size on actual differential value.

   5.2 A study should be conducted to assess what strategies need to be taken to Address specific illnesses for each target group; as well as to determine the cost effectiveness and and quality of care.

   5.3 An on-going study of the Universal Health Care Coverage 30 Baht Scheme should be conducted, since this new health initiative is still in a transitional period. Policy and decision-makers to improve the nation's health care delivery system can use the findings.