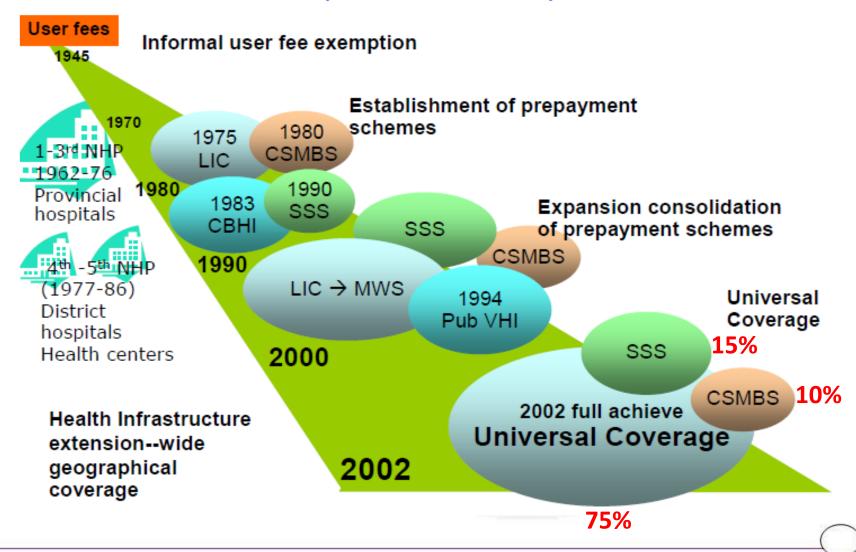


How are safety and quality linked with Universal Health Coverage? Thailand Experience

Anuwat Supachutikul, M.D.

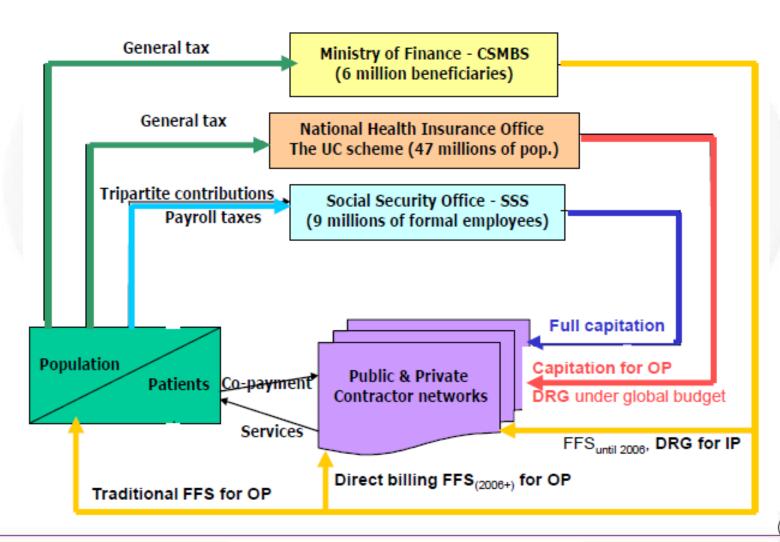
CEO, Healthcare Accreditation Institute, Thailand Presented at the ISQua 30th International Conference 2013, Edinburgh October 16, 2013

Historical development of the Thai health system: Infrastructure development + financial protection extension



How health care providers are paid by insurance?

Financing sources and payment methods for CSMBS, UCS, and SSS





UHC Policy for Quality

SSO Payment

- Accreditation status
 - HA Step 3 +80 Baht per cap
 - HA Step 2 +40 Baht per cap

NHSO Payment (Local Criteria)

- Asthma admission rate
- COPD admission rate
- COPD readmission rate
- Stroke rehabilitation
- Palliative care
- MCH quality
- C/S rate
- Low birth weight <7%
- Ruptured appendicitis
- PTC
- Complaint management

NHSO Payment (Central Criteria)

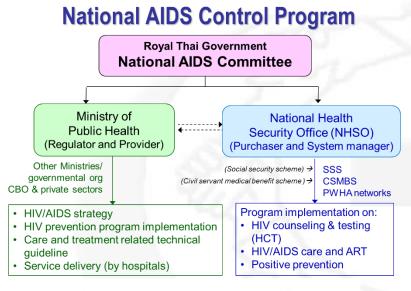
- Accreditation status (0.76 Baht per capita)
 - Scoring: HA = 5, step 2 = 3)
- Rational drug use (1 Baht per capita)
- Medical record quality (1 Baht per capita)
- Provincial network (2 Baht per capita)
 - STEMI, stroke, chemotherapy, newborn, psychiatry, smoking cessation)

Case Review by the Quality Committee

- Compensation can relieve burden to patients and families
- Limit to consideration of whether a standard care was given or not, by professional views
- Unable to pinpoint to the system's problem



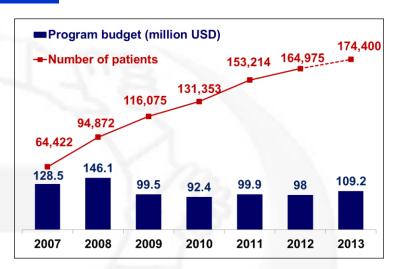
NHSO & HIV/AIDS Control

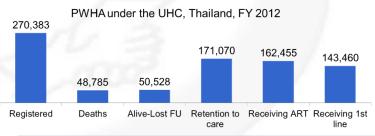


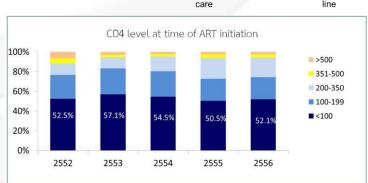
Budget Allocation under UHC



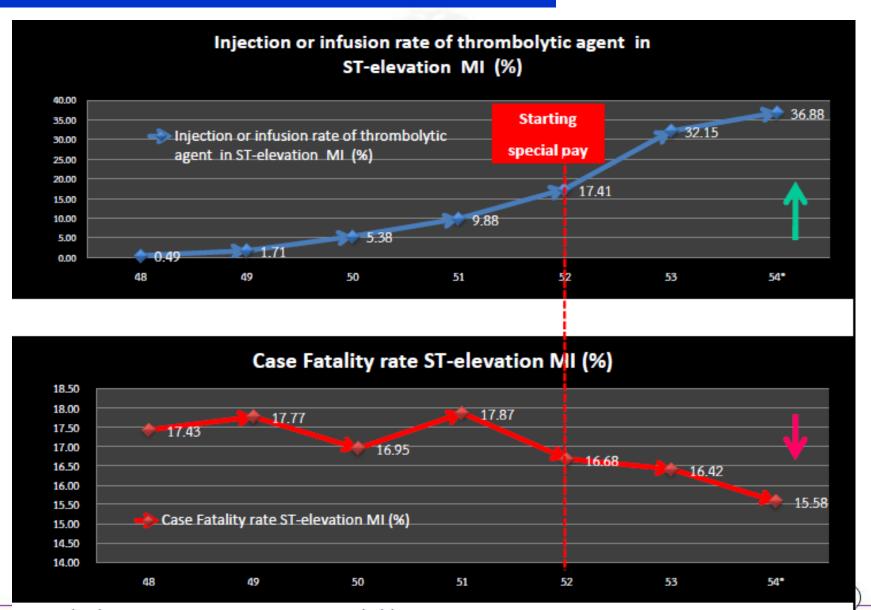
CBO - Community based organization



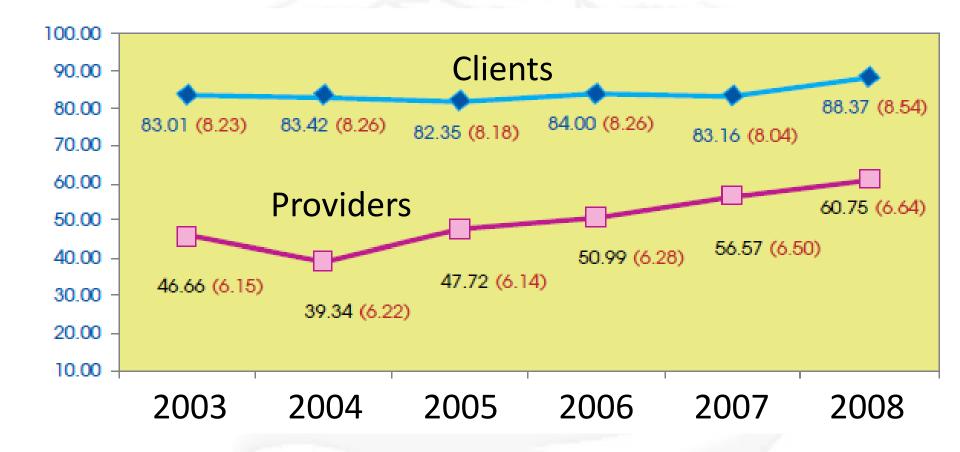




NHSO & STEMI

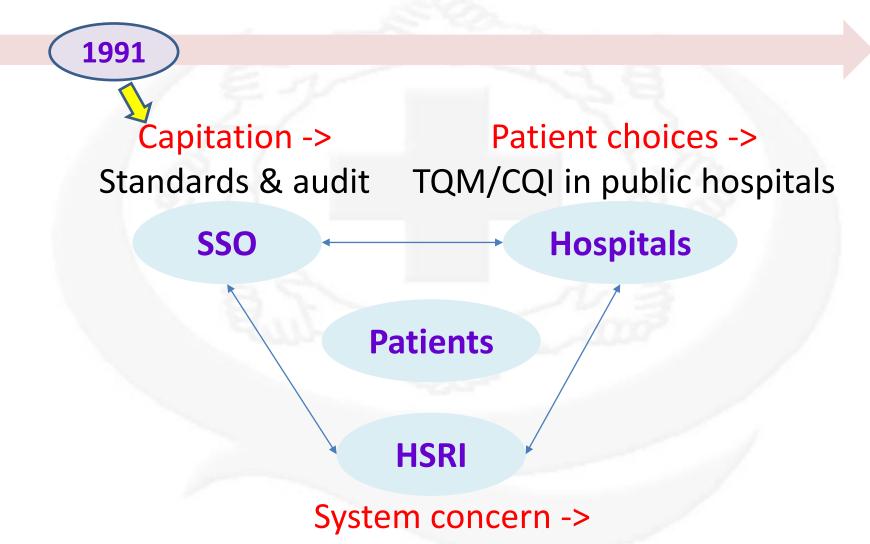


Satisfaction with UHC



The Social Security Scheme & Quality





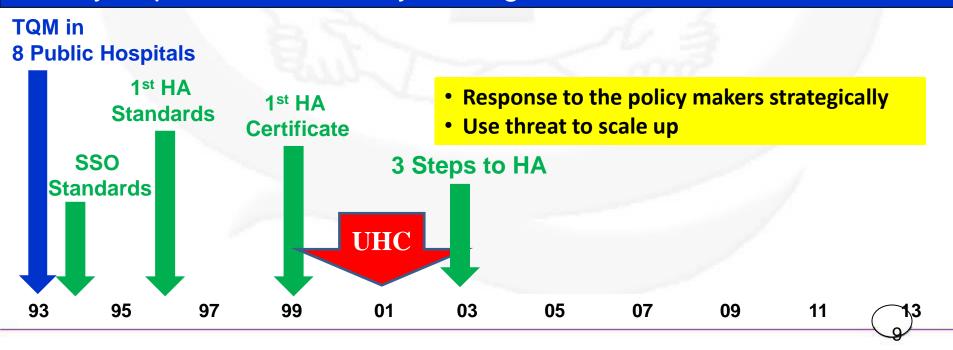
Review QA mechanisms & draft accreditation standards

HA Program in Thailand

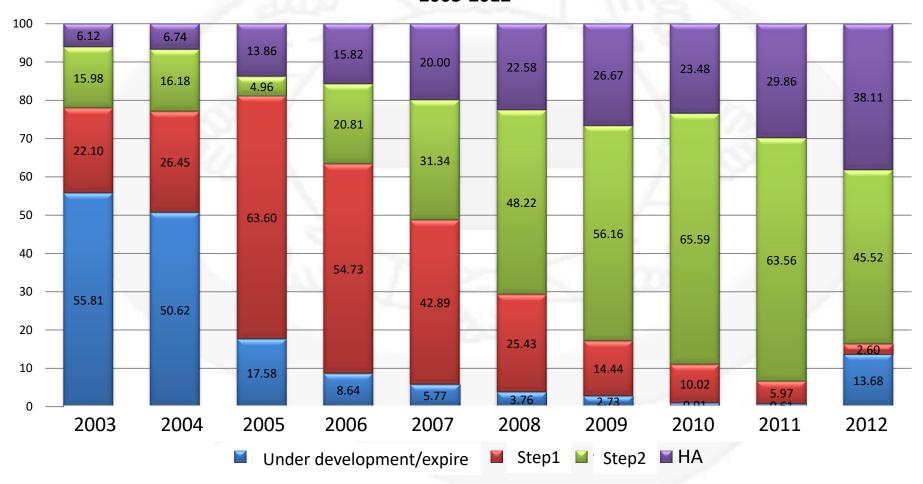
- Use comprehensive framework
 - Cover the whole organization
- Encourage Paradigm shift
 - Accreditation as an educational process
- Give freedom to test during R&D phase

Hospital Accreditation (HA)

Quality Improvement/Quality Management



% Hospital in the UC Program being Recognized by Level of HA 2003-2012



Example of Integrated Care Supported by NHSO (direct/indirect)



Integration through Telemetry Ambulance

Ubon with 25 Districts

2005	2006	2007	2008	2009	2010
BLS Ambulance	Super ALS Ambulance			Mini- telemetry Ambulance	Full option telemetry Ambulance

Technology & evidence-based driven

- 3 fast tract transfers : STEMI, Stroke, Trauma
- First applied data communication system in STEMI patients monitor during interfacility transfer



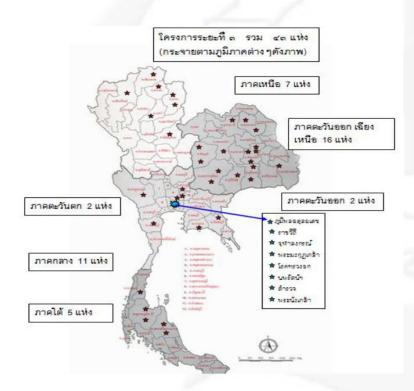
Clinical Effectiveness

- Monitoring
- Critical decision and management
- From "what's coming in the door"
 To "I knew and I'm waiting you"
 Now then "OK, you've already treated."

Integration by Professional (Volunteer Spirit CVT Care)

Proactive role of nursing professional association on CVT

With support from NHSO



42 networks of patient & high risk group

Self help group
CVT nurse as a core team
Instillation of volunteer spirit
Education, sharing
Behavior modification
Managed network
(coaching & monitoring)

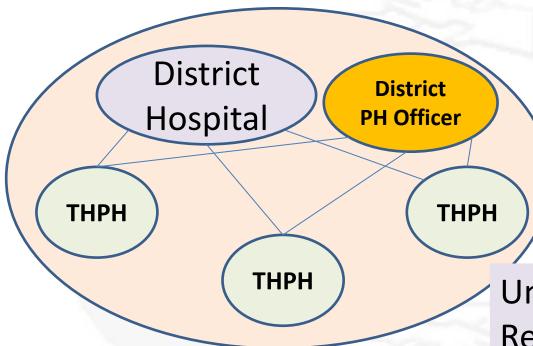




Integration by a Province Initiative (Udonthani: Continuity of Care-CoC)

Organization	Roles		
The Provincial Public Health Office	Support all hospitals to set up CoC unit to co-ordinate referral of patients back to communities		
Provincial/Regional hospital	Review unnecessary referral and develop guidelines, e.g. appendicitis		
District hospital	Develop discharge plan, empower patients and families, home visit, provide context- based learning to subdistrict health facilities		
CoC Unit	Coordinate, develop database, data analysis, monitoring & feedback		

Integration of Care through DHSA



District Health System

(THPH= Tambon Health Promoting Hospital)

Unity district team
Resource sharing
One District One Project
Peer appreciation driven
More autonomous
Drive by rural doctors
20->40->200 districts

Thank You