



PROGRAM ON HEALTH SYSTEMS DEVELOPMENT

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Revitalizing Local Governance in the Philippines through Sustainable Health Financing

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Introduction

Local Government Units (LGUs) have been at the forefront of providing primary healthcare services in the Philippines, with health being one of the primary services entrusted to LGUs (Manalo, Estrada, and Baluyot 2021). LGU healthcare system sustainability and efficiency is hampered by financial deficits, referral issues, gaps in primary care, and other health-related difficulties. These challenges possess an enormous effect on the healthcare system's

overall performance, resulting in poor healthcare outcomes and limited access to high-quality care. However, there have been recent healthcare reform measures and initiatives in the Philippines that focus on ensuring equal access to high-quality and affordable healthcare services, including risk management for patients and hospitals. Despite the various government programs intended to improve the effectiveness of the local health system, providing healthcare at the local level remains a challenge that has to be addressed.

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A recent study conducted by Galvez Tan et al. (2023), titled “The Development of PhilHealth Share Ratio Study,” highlights the challenges faced by PhilHealth in becoming a strategic purchaser of healthcare. Despite increasing coverage rates and policy changes, the PhilHealth Share Ratio has been declining, which has an impact on the health systems of LGUs. The current case rates system poses challenges for both PhilHealth and LGUs in providing health for all.

PhilHealth’s share of the country’s healthcare spending has been significantly lower since its inception. In 2021, PhilHealth contributed 12.9%, while out-of-pocket (OOP) spending accounted for 41.5%, and government assistance accounted for 37.4% (PSA 2022). The findings of Galvez-Tan et al. (2023) demonstrate that PhilHealth’s role in the healthcare system has been challenged by fundamental problems with its case rates system. The increasing claim-filing requirements place added pressure on both health facilities and PhilHealth, necessitating more employees, financing, and resources. In addition, retroactive payment and per-patient processing contribute to inefficient budgeting and irregular reimbursements. As a result, the average PhilHealth reimbursement as a percentage to total funds of health facilities in 2019 was 22.6% for hospitals and infirmaries and 4.42% for Rural Health Units/City Health Centers (RHUs/CHCs). This low share ratio can be attributed to obsolete case rates that only cover direct care costs, as well as an increasing reliance on government assistance and support.

Issues of the Local Health System

1. Referral System

One province considers the referral system a significant healthcare gap. To gain a better understanding of the system, it conducted key informant interviews and focus group discussions. It was observed that some LGUs lack a

clear and effective referral mechanism between RHUs, district or provincial institutions, and tertiary hospitals. The main challenge lies in securing the necessary resources to accommodate referrals. One reason for not accepting referral patients is the unavailability of vacancies. The referral system should not to primarily depend on vacancy availability; instead, it should take into account each facility’s surface service capabilities with the goal of delivering individualized treatment according to the patient’s needs and circumstances. Furthermore, it is of utmost importance to establish a monitoring and assessment system in each congressional district. This will assist in identifying underlying issues and opportunities for improvement in the referral system. Another approach is to introduce an upfront payment system, as well as additional hospital performance-based financing streams. These measures will make it easier to obtain appropriate hospital equipment, pharmaceuticals, and, most crucially, skilled personnel free of political prejudices to manage referrals properly. Expanding health services through the acquisition of equipment, medications, and staff can minimize the need for higher institutions to refer primary and secondary patients to lower-level health facilities. The aforementioned approach intends to reduce the strain on tertiary hospitals, ensuring they exclusively handle specialized conditions

2. *PhilHealth Delayed Reimbursements and Denials*

Significant delays have had an adverse effect on hospital operations, affecting the fiscal sustainability of healthcare facilities. Because of these delayed reimbursements, LGUs are compelled to subsidize and allocate extra funding for hospital income beyond their initial budgetary allocations to cover the corresponding costs. Operating LGU

hospitals entails substantial financial requirements, and the burden falls on the LGUs to bridge the gap caused by delayed reimbursements.

To improve PhilHealth fund management, it is essential to expand and strengthen digitalization initiatives, specifically by leveraging the capabilities of the local health information system for transparency, smooth transactions, and accountability in tracking the flow of funds and the reimbursement process. Philippine Health Insurance Corporation (PHIC) reimbursements, along with other financial subsidies from the national government and LGUs, are all crucial to the operation of government hospitals and other healthcare facilities. However, delayed payments are a significant impediment to the effective operation of hospitals, particularly as many healthcare facilities strive to implement a 100% no-billing policy to reduce patients' out-of-pocket costs.

Addressing this challenge requires making the reimbursement process more efficient and prompt. Implementing transparent streamlined digital systems and processes can significantly reduce the time it takes to process the reimbursements, allowing hospitals to receive funds they need in a timely manner.

Another essential consideration when LGU-run hospitals follow the no balance billing policy is that claim denials should be minimal or nonexistent. PhilHealth's memorandum and circulars should provide clear interpretations and, if possible, use layman's terms to avoid misinterpretation and non-compliance with quality standards. If reimbursements and denials persist at the local level, out-of-pocket expenses will continue to rise.

A recent study by Jalali, Bikineh, and Delavari (2021) emphasized that out-of-pocket payments are not a cost-

effective means of paying for healthcare. They can have detrimental effects on equality, pushing disadvantaged individuals into poverty. High out-of-pocket medical expenses can deplete financial reserves, damage credit, and negatively impact the quality of life, medication adherence, and overall health outcomes, with the burden of falling heavily on the poor (World Bank 2019). Scholarly work by Rahman et al. (2020) concluded that strengthening financial mechanisms can help reduce out-of-pocket expenditures. Timely payments from PhilHealth have significantly aided in meeting both quarterly and annual expenses. However, proactive engagement from all stakeholders is required to discover the best potential solutions to the rising challenges facing grassroots communities, and existing laws and regulations governing financial subsidies to government hospitals must be improved.

PhilHealth payments are insufficient to support health facility operations because local healthcare institutions rely on them for Maintenance and Other Operating Expenses (MOOE). Additionally, case rates do not account for the indirect expenses of medical treatment. Prior to the passage of the Universal Health Care (UHC) Act and the implementation of the No Balance Billing (NBB) policy, hospital costs were passed on to the patients. Despite increased subsidies provided by LGUs, hospitals are now responsible for sourcing funds to enable the adoption and implementation of NBB.

3. *Digitalization*

The first step toward expanding the digitalization of health services is to improve the internet access in rural areas, which is critical for increasing public awareness of local healthcare services provided by local health units and district hospitals. To

strengthen health governance at the local level, it is important to continue digitizing accounting. This includes automating and digitizing a wide range of transactions, such as patient names and information, to ensure accurate and efficient payment administration. Key hospital officials also emphasize the importance of completing this digital transformation before implementing global budget systems or other new financial payment methods.

4. *Preparation for Universal Health Care at the Local Level*

LGUs have recently been actively involved in comprehensive preparations, including the overhaul of healthcare structures, demonstrating their commitment to the full implementation of UHC. Seminars and workshops are being conducted for healthcare employees and stakeholders to guarantee successful implementation, with guidance and support from regional and local Department of Health and PhilHealth offices. Some LGUs have taken initiative at the grassroots level by assessing needs and providing assistance to barangay health centers, with the aim of ensuring compliance with UHC provisions. As part of this process, there is a focus on digitizing constituent profiles.

From an analysis of the situation, it becomes evident that persistent and increasing disparities exist in the quantity and distribution of healthcare infrastructure and human resources. The government's commitment to improving primary healthcare through UHC is driven by the objective of reducing illness rates, leading to fewer patient referrals and decreased reliance on hospital interventions. Thus, it is crucial to enhance the dissemination of information regarding PhilHealth's new UHC packages and benefits, ensuring sufficient financial risk protection for all Filipinos under the National Health Insurance Program.

Secondly, there is a need for clear coordination between DOH and provincial governments in managing the nurse deployment program. The issue of inadequate healthcare personnel remains unresolved, and deficiencies in health information systems pose obstacles to effective planning and implementation of various health programs. These issues require immediate attention and resolution.

The Global Budget Scheme

One of the key goals of the Universal Health Care is to ensure that all Filipinos have equal access to high-quality, low-cost healthcare goods and services, and that they are safeguarded from financial risk. Drawing from challenges and lessons learned at the local level, one can address the complex challenges of the local healthcare system by tackling its financial constraints. Soaring healthcare costs have become a serious concern for many governments, hospitals, and state-run healthcare insurance schemes. As a result, several governments have adopted global budget initiatives to limit expenditures (Cheng, Chen, and Chang 2009).

A major objective of UHC is to ensure that all Filipinos are guaranteed equitable access to quality and affordable healthcare goods and services while being protected against financial risk. Addressing these complex financial challenges in LGUs and hospitals will also foster higher levels of public trust, satisfaction, and political efficacy.

1. *Awareness of Global Budgeting*

Many healthcare workers and local officials are not familiar with the concept of a global budget. To successfully transition to a global budget scheme, it is recommended to provide special financial training and workshops on the meaning, concepts, and experiences of global budgeting from different countries. This training could be incorporated into the DOH academy's e-learning platform for virtual settings. By equipping LGUs with knowledge about

global budgeting, hospital administrators and department heads will be better prepared for the new payment structure, gaining essential financial management skills.

Information dissemination and awareness play a crucial role in establishing appropriate financial norms, familiarizing stakeholders with global budget processes and protocols, and improving financial performance by promoting responsible and ethical financial practices. One method to assess the effectiveness of health institutions and enhance transparency in state expenditure is through advance payments. Increasing transparency in public expenditure in hospitals by providing wider access to information can help prevent corruption within the global budget scheme.

The front-loading of the global budget ensures that hospitals have the necessary funds to purchase drugs, medicines, and equipment during emergencies and unforeseen circumstances. The global budget (GB) is regarded as one of the most significant payment alternatives (He et al., 2017b). This aligns with the findings of Sharfstein, Stuart, and Antos (2018), who highlighted the potential for financial stability and improved healthcare outcomes that global budgeting can bring, particularly in disadvantaged areas. Benstetter and Wambach (2006) demonstrated the importance of the global budget strategy, which imposes predetermined restrictions on expenditures within specific sectors of the healthcare industry.

2. Policies, Regulations, and Implementation

The first step towards implementing a global budget is to establish clear policies, procedures, and guidelines that govern the day-to-day processes of healthcare institutions. An example of how the state of Maryland regulates its global budget scheme can be found in a study conducted by Delanois et al. (2020). Two important regulations and policies for monitoring

include the requirements that hospitals charge all payers the same prices for the same services and follow the anticipated yearly budget set by the Health Services Cost Review Commission, which is based on historical records and expenditures for inpatient, ambulatory, and emergency department services.

To ensure a smooth nationwide transition to a global budget system, it is recommended to initially implement the global budget on a pilot basis. This approach allows for data collection and analysis from RHUs, level 1, level 2, and level 3 facilities, which can inform evidence-based policies and guidelines for the full implementation of global budget. Wu et al. (2011) emphasized the importance of developing profit-maximizing procedures in response to adopting a global budget system (p. 170). Health officials may modify the implementation rules and regulations and make informed judgments for scaling up the global budget across the country by closely evaluating the outcomes and challenges during the one-year implementation phase.

Lastly, the coordination among national agencies such as the Commission on Audit (COA), PhilHealth and the Department of Budget and Management (DBM), along with their respective peripheral offices, is crucial for ensuring unified interpretations and understanding of directives that have been identified by local government health personnel as hindrances to the effective delivery of healthcare services.

Conclusion

LGUs play a vital role as strong partners of the national government in implementing the global budget. To ensure effective policy development for the global budget, it is necessary to hold consultative meetings beforehand. The global budget has the ability to influence suppliers' behavior and control rising expenditures. Since the global budget requires organized digitization for efficient local healthcare service delivery, it is essential to restructure the system

to provide people-centered and holistic services in a coordinated and integrated manner.

It is worth noting that LGUs provide direct subsidies to provincial hospitals because of various factors, including delayed reimbursements, denials, and the lack of specific feedback and explanations from PhilHealth regarding claims that fail to meet the standard of care. This leaves hospitals uncertain about how to improve their processes and systems. LGU hospitals are currently struggling to sustain their operations, leading to an increase in self-paid services and subsidies. The direct subsidies from LGUs are critical to the survival and development of government-run hospitals. Timely or advance payments, accompanied by appropriate guidelines, can help measure and track the balance between cost and quality, which should be the primary focus of any healthcare reform.

A more effective and efficient monitoring mechanism is necessary to ensure the long-term success of the global budget payment program (He et al. 2017, 909). The allocation and distribution of global budget funds should take into consideration the present socio-economic profile of the LGU, particularly in underdeveloped areas where access to medical services is limited. Therefore, when implementing a new payment scheme, comprehensive evaluation should weigh changes in the quantity, quality, cost, and other outcomes of medical services. Further studies are required to examine the effects and impacts of the global budget on the local healthcare system, both before and after implementation, in order to generate new findings and develop appropriate policies.

In line with the issues mentioned, the study suggests integrating all fund sources into a single fund to reduce redundancy and maximize PhilHealth's influence and monopsony power. The study also recommends adopting global budgeting, improving primary care services, and strengthening the relationship between

PhilHealth and the LGUs. Hence, local executives should prioritize the following policy options to ensure that their health systems are prepared to implement UHC and maximize PhilHealth partnerships:

Eight-Point Policy Options for Provincial Governors

1. **Comprehensive local health plans aligned with UHC principles** through identification of health needs and proper resource allocation with assistance from DOH and PhilHealth to monitor and implement UHC effectively.
2. **Incentivizing financial management in hospitals** through recognition and rewards to achieve financial sustainability, performance, and quality standards.
3. **Financial expertise and support for hospital staff** through comprehensive training and workshops on financial management, global budgeting, and reporting.
4. **Fostering local collaboration and coordination among local health providers** through full alignment of policies related to collaboration and coordination to improve healthcare delivery and outcomes.
5. **Review and refine global budgeting policies** based on local health priorities and healthcare needs, for optimal resource distribution and budget allocations.
6. **Supporting grassroots health services at the local level**, especially at barangay health centers, by conducting capacity building and training programs and increased resource allocation to ensure UHC.
7. **Embrace digitization efforts to streamline processes and improve productivity** by strengthening local health information systems, electronic health records, telehealth, and other digital solutions.

8. **Ensure a patient-centered health system** by establishing a seamless referral system that facilitates efficient coordination and communication among provincial and regional healthcare institutions and empowers Rural Health Units and City Health Centers.

Collaborations between LGUs, PhilHealth, and DOH will be strengthened due to these policy alternatives and the adoption of global budgeting. Challenges associated with UHC implementation, such as ensuring sufficient funding, resource sharing, and coordinated service delivery, will be addressed. Incorporating evidence-based data into the action plans of local chief executives is an effective way to inform decisions and shape policies for better health outcomes.

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