Implementation of Interventions for the i3Quip Study:
A Quality of Care Assessment

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TECHNICAL ABSTRACT

Background: Under the PCB package, indigent members are entitled to be assessed and managed for certain NCD including hypertension, diabetes, and cardiovascular diseases as per the PhilPEN.

Purpose of the Study: To collect data for the PhilHealth, KDI, and WB study entitled Impact of Incentives and Information on Quality and Utilization in Primary Care (I3Quip) in 184 RHUs.

Policy Problem: To determine the impact of incentives and information in the utilization and quality of care of the PCB package.

Methodology: This is a mixed method design that involves the following activities to be done in selected RHUs: (1) chart review (Qual), (2) document review (Quan), (3) facility inspection (FIS), (4) community satisfaction survey (CSS). The i3Quip study proponents have already created the tools to be used in each activity. Each activity results in a score that will determine the RHUs Provider Performance Rating in terms of the PCB.

Results: Of the 184 included RHUs, all had FIS and CSS. Only 88.6% had a Qual because the following RHUs cannot merit a Qual: (1) RHUs which did not fill-up the RASF for their patients or (2) RHUs which did the RASF for their patients but not within the prescribed time period of the study. 65.8% had a Quan because several RHUs claim that the necessary documents are not available during time of visit. Some of these RHUs which did not have a Quan claim to have sent their only copies of the said documents to the PROs. Several RHUs planned to download the data through PhilHealth's online portal but were unable to do so during the day of visit. As an alternative to the missing documents, the team requested Statement of Account (SOA) data and Profiled and Enlisted data from the PhilHealth Central Office. Two component scores had high averages: Facility (79.35%) and Satisfaction (84.84%). The distributions of the two scores were also skewed towards the upper range of the 100-point scale. In contrast, Quan and Qual scores averages were low at 5.77% and 31.33% respectively. The scores were also skewed towards the lower range of the 100-point scale.

Limitations: This current study is a mere data collection of the PhilHealth, KDI, and WB study entitled I3Quip. To ensure impartial in data collection, the team was not given information on the RHUs' grouping.

Conclusion: (1) There is an unevenness in the RHUs adherence to the PhilPEN protocol. (2) RHUs' record keeping is poor. (3) RHUs are generally well equipped to implement PhilPEN protocol. (4) The communities are generally satisfied with their RHUs, but the results from the community survey might not be accurate due to acquiescence bias.