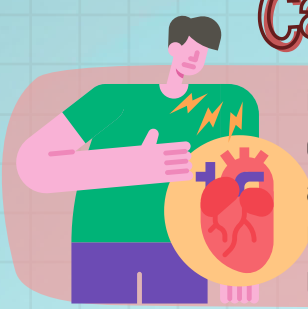




Technical Assistance on the Development of Comprehensive PhilHealth Benefits for Myocardial Infarction in the Philippines

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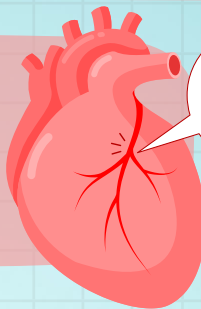
This study is one of many steps to improve access to health services in the country.



Cardiovascular diseases (CVDs)

is a group of diseases affecting the heart and blood vessels, considered as the leading cause of death globally, and accounts for 35% of all deaths in the Philippines. Ischemic Heart Disease (IHD), the narrowing of heart arteries, is the leading cause of mortality in the Philippines.

Acute Myocardial Infarction, which includes ST-Elevation Myocardial Infarction (STEMI), has the highest rate of mortality among the cardiovascular diseases with an average mortality rate of 10% based on health facility records in the Philippines.



WHAT IS STEMI?

SIGNIFICANCE OF THE STUDY PROPOSAL

Issues the Proposal Seek to Address:

High mortality

→ STEMI has the highest rate of mortality among the cardiovascular diseases (CVDs) in the Philippines.

Equitable health services

→ Immediate intervention will only be secured by assuring access to more health facilities with adequate professionals that can handle these cases, especially in small cities and rural areas.

Financial risk protection

→ Minimize the financial catastrophe to the families of patients diagnosed with STEMI.

Economic burden

→ Help restore patients to their functionality and reduce the economic consequences from re-hospitalization.

METHODOLOGY

The study involves synthesis of evidence through review of literature and key informant interviews, analysis of direct and indirect costs, and epidemiologic analysis.

RESULTS

3 MAIN PHASES IDENTIFIED

Based on review of intervention and evidence generation



PACKAGE INCLUSIONS

Cover emergency medical transportation from the first medical contact, transportation to another facility for diagnosis, and transportation to higher levels of health facility as needed.

A network-based package that caters to several facilities in a specific catchment area aimed at providing immediate, affordable, and specialized care to patients with STEMI

Inclusion of teleconsultation and telerehabilitation services.

PACKAGE DESIGN

SUB-PACKAGES	LEVEL OF CARE
Primary care	RHU, L1 hospital
Sub-package A - 12L ECG and interfacility transfer	RHU, L1 hospital
Sub-package B - 12L ECG, Emergency Unit diagnostics, interfacility transfer	L1, L2 hospital
Sub-package C - Fibrinolysis	L2, L3 hospital
Sub-package D - Fibrinolysis & PCI	L3 with PCI
Sub-package E - PCI package	L3 with PCI
Sub-package F - ICU add on	L2, L3 hospital

CONCLUSION

The expansion of PhilHealth coverage for services for ACS is an important step to enhance access. Despite having PCI-capable facilities in the country, it is not sufficient to ensure the availability of at least one center for each region. Thus, it is important to design a benefit coverage that is responsive to the health needs of the population, while ensuring that it is implementable based on the current capacity of the health sector.

RECOMMENDATIONS

TO STRENGTHEN SERVICES

Alignment of current ACS efforts to network design and PhilHealth benefits implementation

Investment in fibrinolysis capacity in Level 2 public (provincial) hospitals.

Network approach in planning and capacity building.

FOR THE BENEFIT PACKAGE

Review of the current coverage for fibrinolysis

Coverage of primary PCI for STEMI as part of a comprehensive ACS coverage

Application for reteplase for HTA and PNF inclusion

Collaborate with social services or non-profit financing options to support indigents and other individuals with limited financial capacity

A pilot implementation of the benefit coverage to test network-based implementation of the model

