

# Group 9



## Konsultasyong Sulit at Tama (KonSulTa): A Comparative Analysis of Challenges and Opportunities in its Program Implementation in the Provinces of La Union and Sorsogon

### INTRODUCTION

All people, everywhere, have the right to achieve the highest attainable level of health. This is the fundamental premise of primary health care. Primary health care is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and well-being closer to communities. It is widely regarded as the most inclusive, equitable and cost-effective way to achieve universal health coverage. It is also key to strengthening the resilience of health systems to prepare for, respond to and recover from shocks and crises.

Universal health coverage will only be possible when everyone, everywhere can access the health services they need. To achieve true Universal Health Care for all Filipinos, the WHO emphasizes the importance of primary health care as the best tool for achieving this goal. The Philippine government's commitment to achieve UHC is evident when it took its boldest move by enacting it into law in February 2019 when former President Rodrigo Roa Duterte signed the RA 11223 or Universal Health Care Act. Part of the law states that for the UHC Service coverage, the Department of Health and the local government units (LGUs) shall endeavor to provide a health care delivery system that will afford every Filipino a primary care provider. This change is necessary from health systems created around institutions and diseases to health systems created for people, with people, in order for universal health coverage (UHC) to truly be universal.

The UHC program seeks to address health system fragmentation and re-orient the health system towards primary health care, mainly through the integration of province-wide or city-wide health systems to ensure the effective and efficient delivery of population or individual based health services. There are currently seventy-one (71) Local Government Units who expressed their commitment to become UHC integration sites through a

tripartite memorandum of agreement with DOH and PhilHealth.

As part of its mandate and commitment to the Sustainable Development Goals and the Universal Health Care, PhilHealth recently intensified the roll-out of PhilHealth KonSulta. Its implementation is an initial step towards adopting a comprehensive approach to deliver primary care to all Filipinos. The benefit package aims to enable access to primary care by a dopting responsive financing mechanism for the delivery of quality primary care services and commodities. This latest Primary Care Benefit package now covers all member categories and will transition from individual-based to population-based in the later implementation of the UHC law.

The UHC Law was enacted to "Ensure that all Filipinos are guaranteed equitable access to quality and affordable health care goods and services and protected against financial risk." Further it provides that all Filipinos shall be granted access to preventive and promotive health services. PhilHealth is committed to expand it's the primary care benefit to cover all Filipinos. The development of the Konsultasyong Sulit at Tama Package is the initial step towards adopting a comprehensive approach to delivering primary care in the country. For PhilHealth members to be able to avail of the Benefit Package, they need access to PhilHealth accredited Konsulta Provider facilities of their choice. PhilHealth published the accreditation guidelines in the Manila Bulletin last December of 2020. The circular outlines the policies, process and requirements for a provider facility and professional to be accredited in the Konsulta program. Its objectives aim to ensure the access of Filipinos to a quality primary care service given by providers by defining accreditation standards and guidelines.

Every Filipino who shall avail of this primary care Benefit Package, must be registered to the National Health Insurance Program (NHIP) either as a member or as a dependent. Further, they must be registered first to a Konsulta facility of their choosing. Registration shall be done yearly and fixed for one (1) calendar year. This registration process is thoroughly discussed in its implementing guidelines, the PhilHealth Circular No. 2020-0022 and later revised in PC No. 2022-0005.

Roll-out and implementation of PhilHealth KonSulTa nationwide has been different per region. PhilHealth Regional Offices need to strategize and actively engage

members, stakeholders and facilities for them to support the KonSulTa and register into the PhilHealth KonSulTa Program as a member and as a health care KonSulTa provider. This study will explore the perceived effectiveness of the Konsulta program implementation in the Province of Sorsogon and compare challenges and opportunities of another UHC integration province of similar profile as population and divisions such as number of municipalities and barangays. Thus, this study aims to study the differences in the implementation and engagement strategies of the PhilHealth KonSulTa in the Provinces of Sorsogon and La Union. It will determine the status of accreditation and registration as well as the challenges experienced during the process. It will also determine the mitigations used as well as action point identified for the sustainability of the program.

## RESULTS

In 2021, the Konsulta provider facility accreditation target was to set a baseline for every pilot implementation site. Among the pilot sites, various reports show that Sorsogon accredited the most facilities. In contrast, there were no Konsulta facilities accredited in the province of La Union for CY 2021. Majority of accredited facilities in the Bicol Region in the same year were all in the province of Sorsogon.

In the second year of implementation, PhilHealth now needs more accredited facilities as it sets population-based targets. The Corporation's commitment to GCG is to register 25% of the country's population to Konsulta facilities by the end of 2022.

Eighty (80) facilities in Region 5 are accredited as Konsulta providers. Twenty-Three (23) of which or 28.75% are in the Province of Sorsogon. While in Region 1, Thirty-One (31) facilities are accredited. Nineteen (19) of which or 61.29% are in the Province of La Union.

Based on secondary data collected, the province of Sorsogon was able to register the highest number of beneficiaries in 2021 which was 335,696.

The Province of La Union, on the other hand, had no registration for the same year since there was no accredited facility in the province.

Although other provinces have already started or increased in the registration of beneficiaries, Sorsogon

Province still posted the highest number of registration in 2022.

Key informant responses from the conducted interviews on the challenges yielded both parallel and province specific challenges. The most common challenges experienced by the informants were:

1. Gaps on Human Resources
2. Inadequacy of basic services in facilities
3. Policy Gaps
4. IT System issues

Challenges specific to Sorsogon included:

1. Concerns of DOH that the program will not be effectively delivered in provincial or district hospitals unlike in the RHUs
2. Concerns that facilities will not seek accreditation due to system issues experienced during the previous PCB programs
3. Mobilization of LHIO staff and availability of key decision makers of stakeholders due to COVID 19.

Some of the mitigation to challenges identified on Human resource gaps were the provision of capacity building programs and human resource augmentation and assistance by the provincial government.

On policy gaps, strong partnership between the key UHC implementers such as DOH, Provincial Government, Municipal Government and PhilHealth was identified as a mitigation point.

## CONCLUSION

The following are the conclusions drawn based on the responses of key informants as supported by secondary data:

1. The actual accreditation process into the Konsulta Program by the local health systems such as the Provincial Health Offices, Rural Health Units, and District Hospitals was easily accomplished with the assistance of the Local Health Insurance Offices of PhilHealth.
2. Issues, concerns and problems can be easily resolved through a strong partnership between

- PhilHealth, PHOs, LGUs/RHUs and DOH through constant dialogues, engagement, and maintaining an open-line of communication to iron out details of the Konsulta Program and the UHC. Strong collaboration and open communication of the primary stakeholders (LGU,DOH,PHIC) to address different gaps in policy.
3. Realizing the gargantuan tasks of registering all Filipinos into the Konsulta Program, the DOH, PHOs, LGUs and LHIOs need to look for more active partners such as DICT, PSA, etc. to achieve this goal for all Filipinos.
  4. Investing in the modernization of health facilities, ICT equipment, user friendly programs and Konsulta systems are also identified and vital for the success of the program.
  5. In order to address the apprehensions of the partner LGUs concerning the use and distribution of the social health fund, PhilHealth should conduct a thorough study and amend the policy if necessary to benefit the Filipinos.
  6. Provincial government and health authorities are change champions in UHC implementation. PhilHealth should develop standardized marketing strategies and marketing capacity building on how to do proper environmental scanning of opportunities and strengths. PhilHealth should influence more LCEs or institutions to become or to take advantage and maximize the existence of such champions.
  7. Strong political will is key to realization of UHC implementation. PhilHealth Regional Offices and its Local Health Insure Offices should always consider this dimension in coming up with marketing strategies.
  8. To some extent, PhilHealth should endeavor to influence a strengthened Inter-LGU cooperation to bridge the gap on basic services delivery.
  9. Embrace and strengthen the concept of Inter Local Health Zone.
  10. PhilHealth should pursue the implementation of auto-registration (mass registration)
  11. DOH and PhilHealth should review and revisit policies on the 1:20K doctor-patient ratio and the Special Health Fund.
  12. PhilHealth should increase the venues and/or modes of registration to accommodate more members to be registered in Konsulta facilities. This may be done through expansion of end-users of existing systems or development of new tools for registration.
  13. Due to limitations of this study, the researchers recommend that similar studies that use the same methods, to further expand data analysis through thematic or similar approach, the referencing of responses across informant types.
  14. Further, similar or related larger studies should explore more on the political and cultural dimensions of the provinces to determine if they contributed to the success of the Konsulta program implementation in both provinces.

## AUTHORS

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## 1. Overview

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Primary health care is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and well-being closer to communities.

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Its implementation is an initial step towards adopting a comprehensive approach to deliver primary care to all Filipinos.

The benefit package aims to enable access to primary care by adopting responsive financing mechanism for the delivery of quality primary care services and commodities.

## 2. Objectives

This study aims to...

Determine perceived effectiveness of the Konsulta Program in the registration and accreditation of Konsulta Providers in the UHC Integration Provinces of Sorsogon and La Union.



- 1 Determine perceived challenges in registration and accreditation.
- 2 Determine implemented mitigation points to address challenges.
- 3 Determine perceived action points for development.

## 71 UHC Integration Sites

✓ 58 UHC IS  
Based on DM No. 2020-0414

✓ 9 UHC IS  
As approved by the ExeCom on April 5, 2020  
La Union, Pangasinan, Cagayan, Santiago City, Luzena City, Marinduque, Mandaya City, Misamis Occidental, and Sultan Kudarat)

4 UHC IS  
As approved by the ExeCom on April 26, 2020  
(Aplayo, Abra, Ilocos Norte, Ilocos Sur)

## 3. Significance of the Study

\* This will aid PhilHealth in formulating strategies and policy enhancements to improve some areas in the implementation of the Konsulta Benefit Package.

\* This will identify the approaches and best practices used by the PhilHealth Regional Offices I and V in the marketing, accreditation and registration processes which is a good model for replication in other areas of the country.

This will provide insights to other organizations on how they can conduct similar studies to determine effectiveness of their programs.

### Key Informants

Department of Health

Provincial Government / Provincial Health Office

Municipal Health Office

Local Health Insurance Office

### Research Methods

- 1 Exploratory
- 2 Qualitative
- 3 Location
- 4 Data Collection and Analysis



## 4. Conclusion

1. The actual accreditation process into the Konsulta Program by the local health systems such as the Provincial Health Offices, Rural Health Units, and District Hospitals was easily accomplished with the assistance of the Local Health Insurance Offices of PhilHealth.

2. Issues, concerns and problems can be easily resolved through a strong partnership between PhilHealth, PHOs, LGUs/RHUs and DOH through constant dialogues, engagement, and maintaining an open-line of communication to iron out details of the Konsulta Program and the UHC.

3. Realizing the gargantuan tasks of registering all Filipinos into the Konsulta Program, the DOH, PHOs, LGUs and LHIOs need to look for more active partners such as DICT, PSA, etc. to achieve this goal for all Filipinos.

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13. Due to limitations of this study, the researchers recommend that similar studies that use the same methods, to further expand data analysis through thematic or similar approach, the referencing of responses across informant types.

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