

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

October 2, 2013

PhilHealth Circular
No. ~~0030~~ ^{0030s}. 2013

FOR : ALL ENGAGED/ACCREDITED PRIMARY CARE BENEFIT 1 (PCB1) PACKAGE PROVIDERS, PHILHEALTH REGIONAL OFFICES, LOCAL HEALTH INSURANCE OFFICES, AND ALL OTHERS CONCERNED

SUBJECT : IMPACT OF INCENTIVES AND INFORMATION ON QUALITY AND UTILIZATION IN PRIMARY CARE (I3QUIP) A PERFORMANCE EVALUATION STUDY FOR PRIMARY CARE BENEFIT 1 (PCB1) PROVIDERS

RATIONALE:

PhilHealth launched the Primary Care Benefit 1 (PCB1) Package in April 1, 2012, which is an enhancement of the Corporation's Outpatient Benefit (OPB) Package. It aims to improve the utilization of the outpatient package as well as the quality and efficiency of health services. It shifted the payment mechanism from a capitation payment scheme tied solely on the enrollment of sponsored members to a performance based payment scheme.

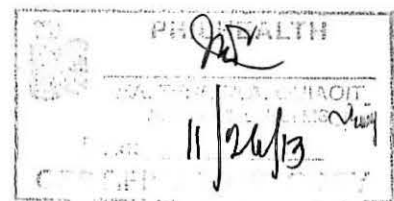
A critical challenge for PhilHealth in implementing the PCB1 is the devolution of health services to the Local Government Units (LGUs). PhilHealth recognizes that LGUs are the powerful allies in ensuring the provision of PCB1 services and realization of establishing a gatekeeping mechanism for health in the country.

The role of patients is also considered as a key to activate the causal chain in quality improvement through a payment for performance (P4P) scheme¹. Consumers are also powerful stakeholders in holding providers accountable for quality service delivery if they are informed about their entitlements and the level of provider performance, and if they use this information in their relationship with providers or program managers.

Recognizing the opportunities and to address the challenges for more effective delivery of PCB1 services, PhilHealth is collaborating with researchers from the World Bank (WB) and the Impact Evaluation Lab of the Korean Development Institute (KDI) School for a randomized evaluation of supplementary interventions to the PCB1.

The evaluation results will help PhilHealth improve the implementation of PCB1 for a more effective partnership in the delivery of quality health services.

¹(Ringold, Holla, Koziol, & Srinivasan, 2012)



II. OBJECTIVE:

The objective of I3QUIP is to evaluate whether the proposed innovative mechanisms promote quality of care and enhance the utilization of PCB1, namely:

1. Assurance of payments to health staff of PCB1 providers, and
2. Increased disclosure of information to partner stakeholders: the local chief executives, the heads of the health facilities and our members.

III. COVERAGE:

The I3QUIP shall involve municipalities and highly urbanized cities (HUCs) with engaged Rural Health Units or Health Centers (RHUs/HCs) as PCB1 providers who are willing to participate in the study. Aside from the services included in PCB1, quality measurements shall focus on management of medical conditions such as hypertension, diabetes, gastroenteritis and asthma. It shall run from CY 2014 to CY 2016. Results shall be presented in mid 2016.

PCB1 providers lodged in hospitals as well as PCB1 providers in the PhilHealth cluster of ARMM and NCR (except the province of Rizal) are excluded from the study.

IV. THE INTERVENTIONS:

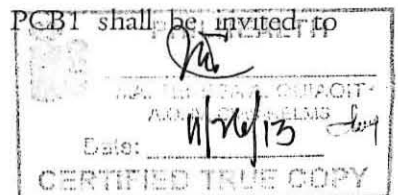
The following interventions shall be included in the impact evaluation:

1. **Intervention 1:** Direct payment of the professional fees (PF) portion (20%) of the Per Family Payment (PFP) to providers by creating a distinct trust fund for the PF portion **and** allowing the Municipal Health Officer (MHO)/City Health Officer (CHO) to determine the distribution of funds among personnel **contributing to provision of health services particularly included in the PCB1 package.**
2. **Intervention 2:** Sharing of information on PCB PFP releases, performance and delivery of services to the Local Chief Executives (LCEs), PCB1 service providers, and the community.
3. **Intervention 3:** Combination of Interventions 1 and 2.
 - A. Direct payment of the PF portion (20%) of the PFP to providers by creating a distinct Trust fund for the PF portion **and** allowing the MHO/CHO to determine the distribution of funds among personnel **contributing to provision of health services particularly included in the PCB1 package, and;**
 - B. Sharing of information on PCB PFP releases, performance and delivery of services to the LCEs, PCB1 service providers, and the community.

V. SELECTION OF PARTICIPATING LGUS ENGAGED AS PCB1 PROVIDERS

To test and evaluate the innovations, the interventions shall be implemented in randomly selected PCB1 providers grouped by LGU.

1. All LGUs with engaged RHUs/HCs that are providers of the PCB1 shall be invited to participate in the evaluation performance.



VIII. BUDGETARY SUPPORT

All expenses brought about by the training of staff, implementation of the I3QUIP interventions and monitoring, such as, but not limited to travel, per diem, lodging, meetings, documentation, additional contractors, if necessary, shall be charged to the budget provided for to the Offices in the Health Finance Policy Sector (HFPS), the research budget of PhilHealth and the concerned PhilHealth Regional Offices.

Expenses for the conduct of the impact evaluation shall be covered by the World Bank and KDI.

IX. END OF THE STUDY

A circular stating the guidelines for the implementation of PCB1 beyond the period of the study for the participating LGUs shall be issued in 2016, after the final data collection of the study team and PhilHealth.

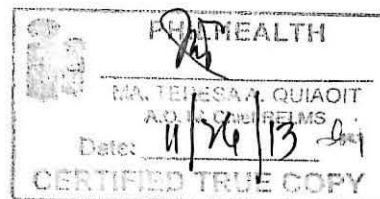
X. EFFECTIVITY

This Circular will take effect for all engaged/accredited PCB1 providers immediately upon publication in any newspaper of general circulation and will be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

All PhilHealth Offices through the Corporate Communications Department will disseminate information to the public, especially to participating PCB1 providers.


ALEXANDER A. PADILLA
President and CEO

Date signed: 10/29/13



INFORMED CONSENT FOR LGUS RANDOMLY SELECTED for I3QUIP

As indicated in PhilHealth Circular No. 30, s. 2013, Impact of Incentives and Information on Quality and Utilization in Primary Care (I3QUIP) is a research study to evaluate the impact of proposed innovations in the Primary Care Benefit 1 (PCB1) Package. The study is a collaboration of and funded jointly by PhilHealth, the World Bank, and Korean Development Institute.

Specifically, the objective of I3QUIP is to evaluate whether the following innovative mechanisms promote quality of care and enhance the utilization of Primary Care Package (PCB1):

1. Assurance of payments to health staff of PCB1 providers, and
2. Increased disclosure of information to partner stakeholders: the local chief executives, the heads of the health facilities and our members.

During the orientation of Primary Care Benefit 1 (PCB1) Providers this year, we asked the participants whether, in their opinion, would the head of their LGU allow the PCB1 provider to participate in the I3QUIP study. The representative/s of your LGU was/were among those that expressed willingness to participate.

In this regard may we inform you that your LGU is one of the 240 randomly selected LGUs with PCB1 providers where proposed interventions will be implemented and evaluated. As such, your LGU will have the following undertakings during the entire duration of the study, expected to be completed in 2015:

1. Allow all HC/RHUs in your LGU engaged with PhilHealth as PCB1 providers to implement the same assigned intervention and undergo the I3QUIP study.
2. Attend a series of orientation sessions on the impact evaluation study
3. Implement the required activities, if any, in the intervention group where your LGU will be randomly assigned by PhilHealth. As described in PhilHealth Circular No. 30, s. 2013, some interventions entail creation of a distinct Trust Fund or a subledger in the Trust Fund for the Professional Fee portion of the Per Family Payment (PFP); allowing the MHO/CHO to decide on the disposition of the PF portion of the PFP; being assessed for the quality of care rendered; and sharing of financial and performance information to the Local Chief Executive (LCE), the Providers, and the community. Quality of care assessment includes interviews with providers and clients, facility inspection, and providing PhilHealth personnel and members of the study team access to records and other pertinent documents.
4. Participate in the data collection for the impact evaluation. This also entails a group of researchers observing facilities and conducting interviews with LGU officials, health care providers and clients; and providing PhilHealth and the study team access to records and other pertinent documents.
5. Continued participation as a PCB1 provider with PhilHealth.

Participation in the study shall not, in any way, disallow your health care provider(s) from participating/availing new initiatives and programs of both Department of Health (DOH) and PhilHealth.



We hope that the study will indirectly benefit you by informing the DOH and the PhilHealth of ways to implement PCB1 that will encourage more people to seek primary health care, help PCB1 providers render quality services, and produce good health outcomes for the population. The only cost to your LGU in terms of participation is the time of the respondents in participating in the data collection. Once the study is completed, dissemination workshops will be conducted, including presenting findings to LGUs.

Please be assured that the information that will be obtained for impact evaluation purposes will be treated with the utmost confidentiality and will not be shared with anyone. The information will be used for research purposes only. Names and other personal information will eventually be removed from the information collected and only a code number will connect names with answers and observations. Specifically, we want to say that this information will not be used for disciplinary action or regulation.

For any concern, the following can be contacted:
PhilHealth Regional Office:

PhilHealth Central Office: Dr. Rizza Majella L. Herrera or Ms. Daryl S. Romero
Tel. No. +63 2 4417444 loc 7575

The UP Manila Research Ethics Board (UPMREB) Review Panel II has approved the study, and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:

Dr. Virginia R. de Jesus
Address: Rm 205 Paz Mendoza Bldg
College of Medicine, UP Manila
547 Pedro Gil St. Ermita, Manila
Email: upmreb@post.upm.edu.ph
Tel: +63 2 5222684
Mobile: +63 927 3264910 or +63 915 3080212

Signed:

PhilHealth Vice President
PhilHealth Regional Office

Date:

Your signature below indicates that you understood the purpose and mechanics of this study and that you are willing to participate.

Conforme:

Local Chief Executive
Date:

