



SITUATION

GOAL: To reduce neonatal mortality to 12 per 1,000 live births by 2030

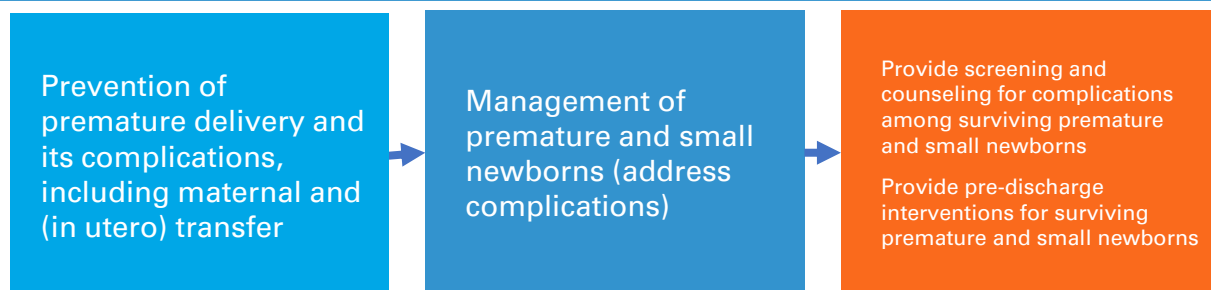
Statistics vis-à-vis United Nations Sustainable Development Goal (SDG) 3 show a slow decline over 25 years. SDG 3 includes a health target reduction of the neonatal mortality rate (NMR) to 12 per 1,000 live births (LB). In 2017, the NMR was reported at 14 per 1,000 LB. This is due to:

- Complications arising from preterm birth (at less than 37 weeks gestation), accounting for 31 per cent of the deaths.
- Complications from low birth weight (LBW) at less than 2,500 grams. Eighty per cent of neonatal deaths occur in LBW newborns.

RESPONSE

Increase access to services for the prevention and/or management of complications from premature and/or LBW births by providing financial risk protection through the PhilHealth Z Benefit Package for Premature or Small Newborns (ZBPSN).

FRAMEWORK OF SERVICES COVERED BY THE Z BENEFIT PACKAGE FOR PREMATURE OR SMALL NEWBORNS



FEATURES OF THE PACKAGE

The ZBPSN has three sub-packages (exclusive of one another):



Prevention of complications of preterm delivery



Management of premature or very small newborns (24 weeks to less than 32 weeks or birth weight at less than 1,500 grams)



Management of premature or small newborns (32 weeks to less than 37 weeks or birth weight at 1,500 to less than 2,500 grams)

The ZBPSN provides a sustainable mechanism through which contracted facilities provide timely and appropriate services for mothers at risk of delivering preterm and for babies born preterm or with low birth weight.

UNICEF SUPPORT FOR THE DEVELOPMENT OF THE ZBPSN

From 2014 to 2017, UNICEF, the Philippine Department of Health (DOH), and PhilHealth utilized a clinical pathways framework to develop a single benefit package to integrate the necessary interventions for the prevention and management of complications from prematurity and LBW. The issuance of PhilHealth Circular 2017-0009 on the ZBPSN was facilitated by the transparent and evidence-based process of developing responsive benefit packages, as well as the creation of a Benefits Subcommittee that functions as the clearing house of packages for development.

The baseline review of the contracting process and initial implementation review of the ZBPSN in the last quarter of 2019 uncovered gaps that hindered the successful scale-up of the benefit package. This required the review and revision of the policy (PhilHealth Circular 2017-0009, its annexes and Self-Assessment Tool), operational guidance on the establishment of networks due to the non-utilization of the prevention of complications of preterm delivery sub-packages, and the review of the co-payment application process that consistently hindered and/or prolonged contracting of prospective hospitals.

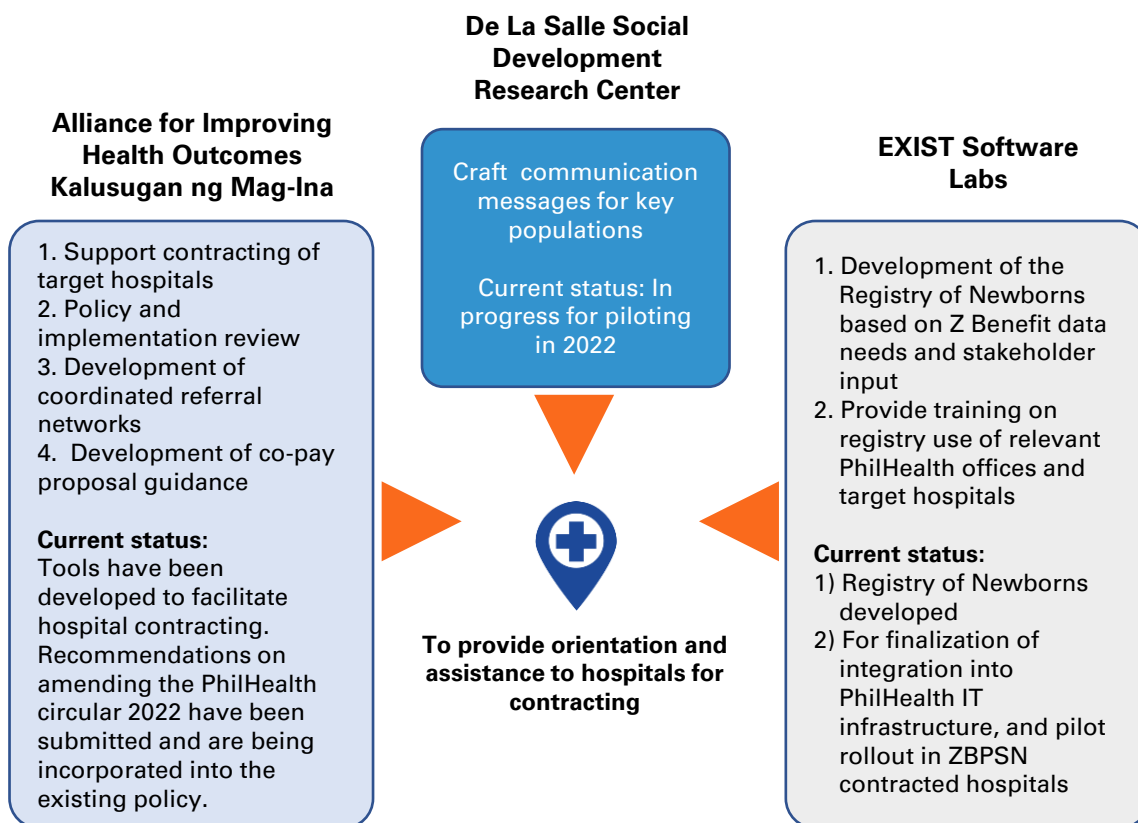
Thus, based on recommendations from stakeholders, and in coordination with the concerned units of PhilHealth Central and Regional Offices on how to maximize the sub-packages,

UNICEF provided support to PhilHealth towards the following :

- Development of recommendations to PhilHealth on the necessary revisions to the circular;
- Development of recommendations for the amendment of the Self-Assessment Tool to align with standards of care and provide more clarity about the requirements that have to be met;
- Development of a communication strategy to increase contracting and demand for services;
- Development of the Registry of Newborns to assist hospitals with the requirements for data submission and training for its users in hospitals and PhilHealth offices.



"When you are a nurse, you know better than most anyone else that life is a lot like driving a vehicle--you need to keep your speed because in just a fraction of a millisecond, there is something you could miss." – Mariano Marcos Memorial Hospital and Medical Center Neonatal Intensive Care Unit-KMC



BEST PRACTICES AND LESSONS LEARNED

ON THE CONTRACTING PROCESS

Technical assistance provided by the Alliance for Improving Health Outcomes – Kalusugan ng Mag-Ilna (AIHO-KMI)

- Development of the Framework for the Analysis of PhilHealth Contracting and Implementation of ZBPSN
- Meaningful engagement of key stakeholders through dialogues and virtual consultations despite the restrictions brought about by the pandemic
- Coordination with the DOH Center for Health Development (CHD) and Provincial DOH Office Health Team Leader to initiate or strengthen referral mechanisms between the local government unit (LGU) and contracted hospital
- Development of a manual for surveyors in the contracting of health care institutions (HCIs) for the ZBPSN to include a scoring system on readiness for contracting

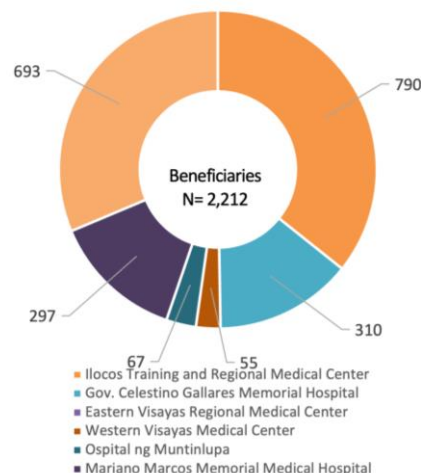
At the Level of Contracted HCIs

- Teamwork. All processes have been facilitated after an in-house team was convened to handle all the processes required for contracting.
- Resource Mobilization. Efforts were made to seek external assistance from various sources, both government and private (in-country and abroad) in the procurement of the much-needed equipment to immediately comply with the requirements for contracting.
- Having a sustained vision of becoming a Center of Excellence for Maternal and Newborn Care and/or a champion for maternal and newborn care provided motivation for successful contracting in order to provide more complete services for mothers and babies.
- HCIs that previously achieved ISO Certification reported that the streamlining of processes was facilitated since all relevant documents had already been produced and were easily accessible.

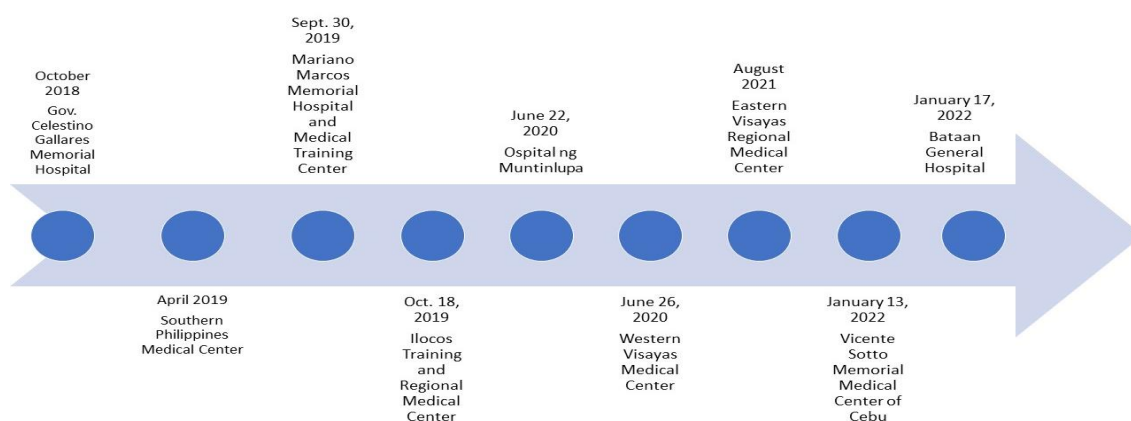
ON THE IMPLEMENTATION PROCESS BY CONTRACTED HOSPITALS

- Enhancing Communication. This could be in the form of a dedicated cellphone/hotline to handle incoming requests from lower-level facilities within the organized Coordinated Referral Network (CRN) or the creation of a Messenger chat group for the neonatal intensive care unit (NICU) team members and key hospital personnel in the lower-level facility.
- Assigning a hospital focal person to assist beneficiaries in navigating the process for availing the Z Benefits Package facilitated the successful approval of claims for the benefit package.

Number of beneficiaries who utilized ZBPSN as reported by 6 of the 7 contracted hospitals



STATUS OF ZBPSN IMPLEMENTATION



RECOMMENDATIONS

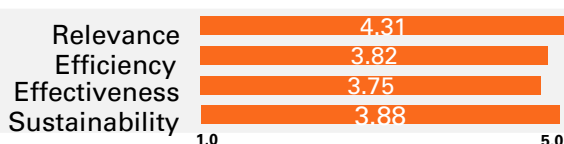
- Multi-stakeholder engagement in the organization of the CRN – involving the provincial/city/municipal LGUs where the HCIs to be contracted are located; the Regional CHDs; the PhilHealth Regional Offices (PROs) and concerned civil society organizations (CSOs) operating in the area – is seen as a strategic response. It helps surface and address resource gaps for successful contracting and for proper implementation of ZBPSN to ensure the continuity of care within the local service delivery network before admission and after discharge from contracted HCIs. PhilHealth can enjoin contracted hospitals in mentoring other hospitals in their regions about the various steps of the contracting process.
- Empowering PROs to process and approve applications for contracting, and act on pertinent implementation concerns of HCIs based on approved guidelines such as co-pay negotiations, will ease the bottlenecks in the contracting process and implementation of the ZBPSN.
- Review and enhance real-time data reporting of ZBPSN claims as they are filed by contracted HCIs and approved and reimbursed by PhilHealth, including the number of claims filed and amounts actually reimbursed by PhilHealth. This is to facilitate the monitoring of the use of ZBPSN allocations and facilitate the payment of claims.
- Review and update the initial costing for 2015–2016 to ensure that it reflects the cost and case mix in the original model, and that it is sufficient to cover the services provided.
- Contracted HCIs can assist or mentor the other hospitals in their regions on the various steps of the contracting process.
- The finalized communication strategy should help increase demand for contracting for the ZBPSN.
- The full implementation of the Registry of Newborns will facilitate timely recording, consolidation, and analysis of data that the contracted HCIs, DOH and PhilHealth can use towards improving the quality of their services.

REMAINING CHALLENGES AND PROSPECTS FOR THE FUTURE

- The strain exerted by COVID-19 on hospitals, in terms of logistical (added cost requirement to prevent contamination) and human resources (health personnel getting infected), present a continuing challenge. Program implementation during the pandemic was also compromised by limited mobility of people and restrictions in activities. For example, given the strict protocols, many pregnant women had less opportunities for check-ups even at health centers.
- Gaps in equipment and human resource capacities remain for a number of HCIs that have the potential for successful contracting as well as in lower-level health facilities that have the potential to be integrated into CRNs.
- To provide the seamless delivery of critical neonatal care, further efforts are needed to ensure the integration of primary and secondary level health facilities into the CRNs of tertiary hospitals contracted for the ZBPSN.
- Bottlenecks exist in the application and contracting processes, which act as disincentives for HCIs to begin application. These include the slow turnaround of applications and approval by PhilHealth Central Office; the limited staffing and technical capacity of the PROs to facilitate contracting processes; and the limited capacity of PROs to directly address contracting and implementation concerns of HCIs.
- The co-pay issue, while not a significant problem with contracted government tertiary hospitals, will arise when private hospitals begin to apply for contracting.
- HCIs raised concerns about the financial sustainability of the ZBPSN and issues around reimbursement and payment of claims, which present emerging issues in maintaining contracted HCIs and in attracting other eligible HCIs to apply for contracting.

OVERALL EVALUATION of the Technical Assistance Provided

Key stakeholders in DOH, PhilHealth, HCIs, and development partners were consulted through questionnaires and focus group discussions (FGDs) to evaluate the relevance, efficiency, effectiveness, and sustainability of the support provided to the development and scale-up of the ZBPSN.



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Relevance Rating: 4.31 out of 5 "very relevant"

- UNICEF technical assistance led to the development of tools PhilHealth can use to facilitate contracting and identify HCIs that are likely to be successful in contracting.
- UNICEF support allowed the identification and addressing of contracting deficits of HCIs.
- The communication strategy in development addresses current gaps in interest among HCIs to be contracted and in demand for services in the ZBPSN.
- The perception among HCIs was that the ZBPSN was timely, and that the provided technical assistance guided them through the contracting and implementation process, thereby contributing to the better survival of premature and small newborns.
- Inputs for the review and revision of current policies and tools for the ZBPSN were consulted with key stakeholders.

Effectiveness Rating: 3.75 out of 5 "fairly effective"

- Tools developed and improved through UNICEF support such as the contracting readiness checklist and Self-Assessment Tool assisted PhilHealth and HCIs in more efficiently navigating the contracting process.
- UNICEF support around CRNs provided models on how contracted HCIs can engage with lower-level facilities to establish and operationalize CRNs.

Comparative analysis of neonatal deaths before and after the offering of ZBPSN by currently contracted HCIs yielded inconclusive results possibly due to: a) limited time of ZBPSN implementation; b) limited number of contracted hospitals; c) learning process in the early stage of implementation; and d) possible impact of the COVID-19 pandemic on maternal and child-care as a whole.

Efficiency Rating: 3.82 out of 5 "fairly efficient"

- HCI contracting concerns were addressed promptly, and many teleconsultations were held.
- HCIs were very closely supported and were communicated with regularly to identify and address issues around a number of areas including human resources, physical set up, equipment, supplies, and drugs.
- A total of 7 hospitals were contracted for the ZBPSN despite challenges posed by the COVID-19 pandemic.
- The PhilHealth Registry of Newborns developed with UNICEF support provides an efficient tool for the collection, consolidation, and analysis of data on mothers and newborns.
- Implementation of the ZBPSN significantly reduces the out-of-pocket expenses of patients and families in need of services for the adequate prevention and management of complications of being born premature or with LBW.
- Provision of technical assistance to PhilHealth and HCIs showed flexibility and creativity in engaging the stakeholders in view of the restrictions imposed by the pandemic. Meaningful engagement of key stakeholders through virtual dialogues, consultations, and workshops continues.

Sustainability Rating: 3.88 out of 5 "fairly sustainable"

- HCIs have a sustained vision of becoming a Center of Excellence for Maternal and Newborn Care; 1,832 claims have been reimbursed by PhilHealth amounting to PhP 92,596,000,000.
- Interventions to improve the contracting process and implementation of the ZBPSN coupled with the introduction of the Registry of Newborns and a communication strategy for the ZBPSN were perceived by stakeholders to encourage and facilitate contracting of more HCIs in the future.

