TRANSFORMING UHC HEALTH SERVICE DELIVERY MODELS IN THE PHILIPPINES THROUGH RESPONSIVE HOSPITAL AND HEALTH FACILITY REGULATION: THE ROLE OF REGULATORY IMPACT ASSESSMENT

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INTRODUCTION

Attainment of universal health care (UHC) in a decentralized health system, with both public and private health delivery components, requires overcoming complex access barriers. The Philippines is approaching this by mandating the formation of health care provider networks, locally recognized as service delivery networks (SDNs). SDNs are organized around populations. These are expected to harness local governance and promote collaboration between public and private providers. Regulation is a health system tool that government can use towards attainment of health outcomes. The Philippine Department of Health (DOH) is interested in determining the best regulatory approach.

OBJECTIVE

We conducted a regulatory impact assessment (RIA) of each proposed regulatory approach:

OPTION 1: individual hospital licensing,

OPTION 2: SDN-based licensing, and OPTION 3: individual hospital licensing with certification for SDN membership

METHODS



Framework The and Conceptual Model-Regulatory Impact Analysis (de Carvalho et al., 2016) was used. Adaptation to a low-resource setting was guided by the work of Marusic and Radulovic (2011). The RIA reflected national and SDN-level perspectives. One city and two provinces were purposely selected with DOH represent SDN-level activities. We reviewed policy documents, relevant literature, and administrative records. We also conducted focus group discussions among regulators and in-depth interviews with key managers and policy makers. Textual data was for themes analyzed responding RIA to the We performed questions. economic evaluation using administrative data to measure the cost and benefit of regulatory activities.

RESULTS

Identified activities within networks that pose risks

Difficulty in:

Enforcement coordination

- Implementation of process (e.g., triaging, referral)
- Attainment of output and outcome

Cause

Problem

Consequence

challenged by existing set-up; is untested in a network set-up.

Current regulatory design and capacity for hospital and health facilities is

- Expansion of health facility types to be regulatedVoluntary membership of health care providers
- Participation of the private sector
- Patient's self-assignment
- Lack of comprehensive network-based standards
- Lack of experience in dealing with provider networks
- Limitations in capacity of regulators

Identified objectives relative to the risks



- Coordination is enforced
- Processes are implemented (e.g., triaging, referral)
- Output and outcome are attained

Goal

Regulatory

measure

• Match regulatory capacity to respond to an expansion in health facility

Design is a regulatory mechanism that is effective in a network set-up.

- types to be regulated
 Incorporate tools to encourage voluntary membership of health care providers, including the private sector
- Introduce an effective system of patient assignment and navigation
- Define what are network-based standards

Options considered to attain objectives

	OPTION 1	OPTION 2	OPTION 3
STANDARDS	Facility level: mandatory, perspective, input	Network level: mandatory, process, output	Facility level: mandatory, perspective, input; Network level: voluntary
REGULATOR	Government	Government	Government
RIGOLATE	Primary (direct to hospital)	Collective	Primary (direct to hospital)
MODERCATION OF BENAVIOR	Coercion, assistance, +/- incentive	Incentive	Coercion, assistance, incentive
INSTITUTIONAL	Mostly vertical	Vertical (contract) Horizontal (shared responsibilities)	Vertical and horizontal
DEPLOYMENT	Legislation and administrative policies, using mostly government resources	Legislation and administrative policies, using mostly government resources	Legislation and administrative policies, using mostly government resources

NEXT STEPS

The most superior option will be identified, including key assertions that support this recommendation. Implications to policy will be described. Contribution to the global discussion on UHC, particularly twhe role of regulation, will be highlighted. This also supports the importance of providing evidence to support policies for UHC.

POLICY RECOMMENDATIONS

Multi-criteria decision analysis through consultative process has value but this has to link with proper channel of regulatory decision making. The decision making process of RIA has to be supported by legislation and administrative policies. Regularly monitor the result of the regulatory decision to ensure that it contributes to health system strenghtening and outcome attainment.





