Thailand

Health Care Reform: Financial Management

Report 10

Indicators for the Financial Coordination Group for monitoring the UC scheme and national health budget

September 2009

ILO component:
Financial Management of the Thai Health Care System (THA/05/01/EEC) under:
EU/Thailand Health Care Reform Project (THA/AIDCO/2002/0411)
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List of abbreviations

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<tr>
<td>CFMU</td>
<td>Central Financial Management and Monitoring Unit</td>
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<tr>
<td>CSMBS</td>
<td>Civil Servants’ Medical Benefit Scheme</td>
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<td>EU</td>
<td>European Union</td>
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<td>EUROSTAT</td>
<td>Statistical Office of the European Union</td>
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<td>FCG</td>
<td>Financial Coordination Group</td>
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<td>IHPP</td>
<td>International Health Policy Programme</td>
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<td>ILO</td>
<td>International Labour Organization or International Labour Office</td>
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<td>IMF</td>
<td>International Monetary Fund</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>NESDB</td>
<td>National Economic and Social Development Board</td>
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<td>NHA</td>
<td>National Health Accounts</td>
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<td>NHSO</td>
<td>National Health Security Office</td>
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<td>OECD</td>
<td>Organization of Economic Cooperation and Development</td>
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<td>SEC/SOC</td>
<td>Social Security Department of the ILO</td>
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<td>SSO</td>
<td>Social Security Office</td>
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<td>SSS</td>
<td>Social Security Scheme</td>
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<td>UC</td>
<td>Universal Health Care Scheme</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>WB</td>
<td>World Bank</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Reports produced under the Project

Report 1  Statistical reporting: Structures, methodologies, data and outputs. Initial review

Report 2  The calculation of capitation fees and the estimation of provider payments. Initial review

Report 3  A Financial Coordination Framework. A first general outline

Report 4  Proposal for a Revised Capitation Calculation and Financial Equalization System

Report 5  An International Course in Health Finance for South-East Asia


Report 7A  A Common Health Care Financing Model (II) for the main health purchasing agencies
- Universal Coverage Scheme
- Social Security Scheme
- Civil Servants’ Medical Benefits Scheme, and
Projection Module for the National Health Accounts
User Manual

Report 7B  A Common Health Care Financing Model (II) for the main health purchasing agencies
- Universal Coverage Scheme
- Social Security Scheme
- Civil Servants’ Medical Benefits Scheme, and
Projection Module for the National Health Accounts
Documentation of work and progress


Report 9  A Data Reporting Framework

Report 10  Indicators for the Financial Coordination Group for monitoring the UC scheme and national health budget

Report 11  Contents and Structure for Annual Reporting on the Financial Development of the Public Health System

Report 12  Structure and implementation of an Integrated Financial Monitoring System for the health system of Thailand, and Project Synopsis
Introduction

Since May 2003 the European Union (EU) has been committed to supporting health care reform in Thailand through the Health Care Reform Project (THA/AIDCO/2002/0411). The support and assistance of the EU followed Thailand’s bold initiative towards achieving full population coverage in health care when in 2001, Universal Health Care was written into law with the introduction of what became popularly known as the “30-Baht” scheme. Under the scheme full access to health services became available to all Thai citizens.

A separate component was established within this project to address issues relating to the Financial Management of the Health Care System (THA/05/01/EEC) to be executed by the Social Security Department of the International Labour Office, Geneva (ILO-SEC/SOC). Technical assistance activities under the project have been on-going since spring 2006 and will continue until end 2009.

Specific activities were scheduled under the ILO component, to be documented in a series of technical reports. The present report relates to ILO’s task of proposing “a core set of indicators to be used by the CFMU for performance monitoring of the UC scheme and the national health budget” (Indicators for CFMU). As such, it covers activity (m) and output (g) of the project document.

It is recalled that the initial notion of a CFMU (Central Financial Management Unit) and the concept of a central administrative unit have since been given up and have been replaced with a FCG (“Financial Coordination Group”).

The present report should be read in conjunction with other reports in this project series, notably:

(1) ILO/Thailand Report 9: A Data Reporting Framework, and

(2) ILO/EU Thailand Report 7B: A Common Health Care Financing Model (II) for the main health purchasing agencies - Universal Coverage Scheme, Social Security Scheme, Civil Servants’ Medical Benefits Scheme, and Projection Module for the National Health Accounts. Documentation of work and progress.

There is, to a large extent, an overlap in the data lists provided in the above two reports and in this report. The differences between the reports are as follows:

Report 9 provides a systematic proposal for setting up a statistical reporting system in the sense of a health satellite system to the national accounts. The satellite approach is very useful for (monitoring) strategic health policy decisions, it requires sound statistic-methodological preparation and coherent regular data compilation; establishing a health satellite account to the Thai SNA is costly in terms of resources and time as it requires, to some extent, restructuring of Thailand’s statistical system and personnel, and it has to be coordinated, systematically, with the NESDB and with international organizations’ statistical bodies (among others: UN, WHO, IMF, WB, EUROSTAT). A health satellite system for Thailand can be currently considered as a distant goal as it requires a reliable and effective statistical reporting system which does not yet exist to the required extent.

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The report on the modelling process (Report 7B) includes the list of variables as used/required in the model; it also comprises the proposed contents of a model-data handbook, as well as its structure.

By contrast, the present report covers data (indicators) which ILO-SEC/SOC considers could be helpful in practice for formulating health finance policies in the present health-statistical context, which is especially characterized by the fact that many data are not or only non-systematically accessible and available (or only on limited time-series).

In other words, this report, while following a warehouse approach, provides a list of data/indicators that should be systematically collected at FCG-level and be systematically stored and published in a statistical sense, i.e. with a view to building up a historical knowledge base (statistical data base). During the project, one of the main modeling problems was assumption building for the model-exogenous variables. Due to the lack of time series, the related problems had to be overcome in many instances on the basis of ad-hoc considerations. This report also aims at strengthening the statistical basis for assumption building.

Informed readers will realize that, for such an undertaking, many of the proposed data listed below are not or not systematically available, while others are. The list has been made as comprehensive as possible with the view for it to serve as a guideline for the knowledge areas that are considered worthwhile, including an information basis.

The list has certain logic in that it suggests organizing the information by the broad areas (i) patients (demand), (ii) providers (supply), (iii) purchasers (finance) and (iv) “overarching” socio-economic indicators. It is, however, much less stringent in terms of methodological rigour (as, for example, required in the lists contained/proposed in the two reports already mentioned). It is suggested to start work on systematically collecting the proposed information once the FCG has been established and been given some formal (institutional) basis. One can start with those data that are readily accessible to the health purchaser administrations in Thailand (CSMBS, NHSO, and SSO) and, later, gradually improve the scope and quality of data.

Technically, the information collected should be stored on, and accessible through, the internet (warehouse approach); textual information should be maintained in pdf or other adequate format, and data (tables) should be stored in Excel (or equivalent) format. All information should be made downloadable and available for access to the general public. An intranet should be kept for internal use, for example for working files and for information that is preliminary or not yet considered statistically stable. Much of the proposed listed information may as well be readily available in other institutes/ministries. In these cases, agreements on accessibility with those institutions would be the most effective and efficient way of organizing a web- and data-warehouse under the FCG. Access to the proposed list of OECD and WHO data/information should be easy, and contact with both institutions might have to be sought.

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1. A proposed list of health finance and performance indicators to be maintained by the FCG for the Thai UC scheme and national health budget

1. General framework data and information

   Legislation, laws
   
   Population
     
     Births
     
     Deaths
     
     Number of population
     
     Other relevant information
     
     Pregnancy, births
     
     Abortions
     
     Families, households, communities
     
   Social situation
     
     Education
     
     Housing
     
     Unemployment
     
     Poverty and inequality
     
     Single parents
     
     Income
     
   Education and training of health personnel
     
   Labour market
     
     Employment
     
     Unemployment
     
     Other relevant information
Economy

Private health insurance

Public health purchasers

UC: Revenue, expenditure, members
SSS: Revenue, expenditure, members
CSMBS: Revenue, expenditure, members

Other health purchasers as included in the NHAs:
Revenue, expenditure, members

Care insurance

Accident insurance

Other relevant information

2. **Health situation of the population (patients)**

Morbidity

Regional differences

Mortality and causes of death

Infant mortality, including mortality in child birth

Life expectancy

Other relevant information

Health status, symptoms

Pain

Child and youth health

Health in old-age

Women’s health

Other relevant information

Handicaps

Consequences of diseases

Work incapacity

Lost working time

Early retirement
Need of care

Outcomes of treatments

3. **Health behaviour and risks (population, patients)**

   Lifestyle
   - Nutrition
   - Tobacco/smoking
   - Alcohol
   - Drugs including misuse of/addiction to medical drugs
   - Sports/physical activities
   - Travel
   - Other relevant information

   Vaccination

   Violence

   Environment
   - Food and fresh water supply
   - Air
   - Noise
   - Other relevant information

   World of work
   - Accidents
     - Work accidents
     - Accidents at home and similar accidents
     - Traffic accidents
     - Other relevant information
   - Other relevant information

4. **Diseases/health problems (patients/service providers)**

   Infectious and parasitic diseases

   Neoplasms
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism

Endocrine, nutritional and metabolic diseases

Mental and behavioural disorders

Diseases of the nervous system

Diseases of the eye and adnexa

Diseases of the ear and mastoid process

Diseases of the circulatory system

Diseases of the respiratory system

Diseases of the digestive system

Diseases of the skin and subcutaneous tissue

Diseases of the musculoskeletal system and connective tissue

Diseases of the genitourinary system

Pregnancy, childbirth and the puerperium

Allergies

Notifiable diseases

Occupational diseases

Injuries

Other diseases

Diseases in general

5. **Health services (health providers)**

Health prevention and promotion

  General system

    Measures during pregnancy

    Early diagnosis of children’s diseases

    Early detection of cancer

    Other relevant information

Work accident prevention

Other relevant information
Employment in health

- Doctors, private clinics, doctors’ services
- Dentists, private dentist clinics, dentists’ services
- Pharmacists, pharmacies
- Personnel in hospitals
- Personnel under prevention and promotion
- Personnel in emergency
- Psychologists, etc.
- Ambulatory care
- Inpatient care
- Labour market balance health personnel

Pharmaceutical supply

- Medical drugs
- Self-medication
- Curative supplies

Pharmaceutical and medico-technical industry

Medical procedures, examinations and treatments

- Medico-technical equipment and appliances
- Imaging procedures
- Operations and procedures in hospitals
- Minimal-invasive procedures
- Ambulatory operations
- Transplants, donations of organs
- Blood donation, blood transfusion
- Alternative treatments
- Reproductive medicine
- Other relevant information
6. **Expenditure, costs, revenue (purchasers and others)**

   Expenditure
   
   Health expenditure accounts
   Expenditure on ambulatory care
   Expenditure on inpatient care and rehabilitation
   Expenditure on medical drugs
   Expenditure on research
   Expenditure on selected diseases
   Expenditure in international comparison
   Other relevant information

   Costs
   
   Costs in private clinics
   Costs in private dental clinics
   Costs in hospitals
   Costs of selected diseases
   Other relevant information

   Income
   
   Income of medical doctors
   Income of dentists
   Income of other groups

   Prices
   
   Revenue
   Copayments
   Other relevant information

7. **OECD data and information**

   Health status
   
   Mortality – Causes of death
   Mortality – Life expectancy
Mortality – Mother and child mortality
Mortality – Lost years of life (PYLL)
Morbidity – Infant and child health
Morbidity – Transmittable diseases
Morbidity – Accidents
Morbidity – Lost working time

Health services resources
Inpatient beds
Employment in the health sector
Medical technology

Use of health resources
Hospitalization cases
Average length of stay
Surgical and other medical interventions
Transplantations and dialyses
Health expenditure
Revenue and reimbursements
Social protection
Pharmaceutical sector
Non-medical health factors
Lifestyle – Consumption of alcohol
Lifestyle – Consumption of tobacco

Demographic indicators
Actual population numbers
Population age structure

Economic indicators

8. **WHO data and information**

Demography and socio-economic indicators

Mortality
Morbidity and cases of hospitalisation

Lifestyle

Environment

Health services resources

Use of health resources and health expenditure

Mother and child health

The above list describes areas of information that have to be meaningfully completed on the basis of FCG’s own judgement of the subject matter. Much, possibly most, of this information consists of numerical information (statistics); it is understood, however, that the warehouse would also include text and image information at an equal hierarchical level, for example scientific research articles.
2. Conclusions

The proposed list could serve as a shopping list from which to begin establishing a comprehensive database that would serve the FCG as an information basis for its tasks. After its partial or full establishment, it could also serve as an information basis (i) for the NESDB (National Accounts), (ii) for the IHPP, thus improving the density of information contained in the national health accounts and, not least, (iii) serve as a necessary information base for a health satellite to the Thai National Accounts.

Establishing the warehouse is probably not costly in terms of required IT-input. During an initial phase, investment must be made into design and its terms of reference once brought to existence.

The crucial test with respect to the value-added by the warehouse would be the actual establishment of statistics (including time series), permanent maintenance and improvement of the information and its easy accessibility, acceptance and intense use of the warehouse by a national and international “audience”, and last but not least, its impact on health policy discussion and formulation in Thailand, and (possibly) in the region and beyond (relevance for general development policies).

Naturally, the warehouse information must be provided in Thai (language). From the outset, however, a solution should be sought that would allow access to the full information in English to an international readership. To the extent that this requires translation services, funding through international or interested public or private national institutions should be pursued.