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Thailand

Health Care Reform: Financial Management

Report 10

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

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List of abbreviations

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

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 6 A Common Health Care Financing Model (I) for CSMBS, IHPP, NHSO and SSO, and Proposal for a Financial Management Structure.
Terms of Reference, Review, Supervision

Report 7A A Common Health Care Financing Model (II) for the main health purchasing agencies
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- Civil Servants' Medical Benefits Scheme, and

Projection Module for the National Health Accounts
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Report 7B A Common Health Care Financing Model (II) for the main health purchasing agencies
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Report 8 A Common Health Care Financing Model (III) for CSMBS, IHPP, NHSO and SSO, and Proposal for a Financial Management Structure.
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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"). [1]

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.

[1] See ILO/Thailand Report 8: *A Common Health Care Financing Model (III) for CSMBS, IHPP, NHSO & SSO, and Proposal for a Financial Management Structure. Note on Implementation*, under ILO/EU: Financial Management of the Thai Health Care System (THA/05/01/EEC).

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)[2]; 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.

[2] See for example: Bhowmick, Sourav S., Sanjay Kumar Madria and Wee Keong Ng: Web Data Management: A Warehouse Approach. Springer (2004). 465 pp.

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.