

# QIDS

## Quality Improvement Demonstration Study

A PhilHealth-DOH-UCSF-UPecon Partnership

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### Improving Utilization Patterns through the QIDS Access Intervention

Today, in the Philippines and many parts of the world, many sick children are unable to obtain necessary medical attention. Others may obtain care but only after long delays—delays that might jeopardize their health further or lead to increased health expenditures.

We examined health care utilization among children in the QIDS study, a cohort of children under five living in the Visayas region and Camiguin. In this group, we found that almost half (42 percent) of sick children do not seek medical care from any type of health care facility when they are ill. This is particularly alarming for two reasons. First, our analysis shows that the sick children who did not visit a facility were just as sick as those who did seek care. Secondly, when we measured the average travel time for those who did get care and those that did not, we found that geographical proximity was not the problem.

There are likely many possible reasons for low access level such as economic barriers, lack of awareness (e.g. low literacy), or socio-cultural (e.g. preference for traditional healers). However, in a poor population, it seems that one of the most important barriers would be economic (e.g. they cannot afford care).

Insurance schemes for indigents are commonly proposed to overcome both barriers to access and the timeliness of care. We looked at insurance status among the 1500 children in the QIDS survey, and found that fewer than 30 percent have any form of insurance coverage.

The QIDS Access or A intervention was designed by QIDS and PhilHealth to decrease the financial barriers and see if it increased the chances a sick child would seek timely medical

care from a hospital. In the A intervention, QIDS works with local governments to increase the enrollment of indigent families. In addition, the A intervention covered by PhilHealth in 10 pre-selected districts are entitled to expanded benefit ceilings for inpatient services in their district hospitals. The expanded benefits typically provide 100 percent insurance support for hospital care, thus eliminating the burdensome out-of-pocket expenditures that parents face if their sick child is admitted to the hospital. The expectation is that better and timelier access to hospital care will lead to better health outcomes—perhaps surprisingly a question that remains unanswered by research from other parts of the world.

*Intensive campaigns for increased PhilHealth coverage, especially for the indigent, can dramatically reduce unmet health needs.*

We analyzed the impact of higher insurance coverage and its increased benefit by analyzing four health care utilization models. From the baseline data, we find that after controlling for differences in patient characteristics, such as age, parents' educational attainment, illness characteristics, for example case type or severity, and facility characteristics such as quality of care, that the analysis shows that PhilHealth insurance coverage has significant, positive influences on utilization of health care facilities. More specifically QIDS shows that PhilHealth covered children are more likely to seek care from a district hospital compared to sick children who are not covered.

The table below is a comparison of potential PhilHealth effects on utilization. Since data collection is still underway, the figures referring to PhilHealth effects after the Access intervention are simulated values using baseline data. Models 1, 2, and 3 were estimated using a random sample of children selected from the catchment areas of the QIDS study hospitals.

Model 4 is estimated using data from an exit interview of confined children in the QIDS study hospitals and a follow-up interview conducted at their homes, on average 1.8 months after confinement.

On the whole, we can expect that in Access sites, the likelihood of seeking any type of care, whether inpatient or outpatient, will increase about 10% from 58 to 64 percent.

Our table further shows, perhaps not surprisingly, that increased coverage increases the likelihood that children will use inpatient care. This is because the expanded benefits in the A intervention sites do not cover outpatient care. This finding highlights the potential benefit of increased coverage as well as possible unintended consequence from the same policy. Ideally, policy should not discourage less expensive outpatient care when it is the adequate and appropriate care needed for an illness. Choosing inpatient care for illnesses where outpatient care is adequate will result in increased and unnecessary costs. However, our study does not allow us to necessarily conclude that decreased outpatient utilization is necessarily negative. For example, an alternative explanation for choosing outpatient care could be that children without coverage before the A intervention really needed to be hospitalized but were not admitted because they did not have the adequate financial resources. Further studies are needed to distinguish between these two possibilities.

Among children who were discharged we find another benefit of increased coverage: children who were previously confined were more likely to seek additional care from their doctor (Model 4). For those who sought additional outpatient care, better follow-up improves long term outcomes following a hospitalization and possibly reduces the likelihood of readmission. On the other hand, children who needed to be hospitalized again, perhaps due to complications arising from the previous illness, had the benefit of proper inpatient care.

A crucial factor in ensuring the success of the QIDS Access intervention will be to sustain the enrollment of the indigent households into the PhilHealth program. The magnitudes of the benefits described here were generated on the assumption that PhilHealth will be able to cover, on average 75% of the indigent households. QIDS has demonstrated that significant contributions to this goal are made through the continuous marketing efforts of dedicated QIDS Regional Program Managers and PhilHealth Regional Staff who work closely with local chief executives in the A site municipalities.

Thus far, the QIDS experience tells us that combining an attractive benefit package with intense enrollment efforts at the LGU level for indigent families is a powerful instrument for improving both the access to health care and the timeliness of that care.

| <b>Model</b> | <b>Measure of Utilization</b>                               | <b>Baseline<br/>(Prior to the Access<br/>Intervention)</b> | <b>Potential Effect of<br/>Increased PhilHealth<br/>Coverage<br/>(After the Access<br/>Intervention)</b> |
|--------------|---|--|--|
| 1            | Probability of seeking any type of care when ill*           | 58%  | 64%  |
| 2            | Probability of seeking inpatient care when ill*             | 25%  | 34%  |
| 3            | Probability of seeking outpatient care when ill*            | 79%  | 73%  |
| 4            | Probability of seeking any type of care after confinement** | 13%  | 15%  |

\* Sample cohort: 1500 children from randomly selected households

\*\* Sample cohort: 1500 children who were targeted 1 – 2.5 months for follow home after discharge

The Quality Improvement Demonstration Study (QIDS), which is jointly being undertaken by the Department of Health (DOH), Philippine Health Insurance Corporation (PhilHealth), University of California San Francisco (UCSF), and the UPecon Foundation, attempts to evaluate policy interventions implemented under the DOH Health Sector Reform Agenda. QIDS is funded by the US National Institutes for Health and PhilHealth.

Specifically, QIDS evaluates the impacts of three policy interventions of interest to PHIC: expanding access to PhilHealth benefits for the most vulnerable populations; targeting bonuses for high quality care that leads to better health outcomes; and the current benefit program. In the QIDS project, these three interventions were randomly assigned to 30 district hospitals in the Visayas. To determine which intervention results in the greatest health benefits, QIDS is carrying out evaluations at baseline, every quarter and at the end-of-project. There are surveys of hospitals, physicians, exiting patients, patient follow home and random households.

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