

# CUSTOMER RIGHTS PROTECTION

**UNDER THE UNIVERSAL COVERAGE SCHEME (UCS)  
IN THAILAND**



# CUSTOMER RIGHTS PROTECTION

**UNDER THE UNIVERSAL COVERAGE SCHEME (UCS)  
IN THAILAND**



## GLOSSARY

### **INDEPENDENT UNIT TO RECEIVE COMPLAINTS**

This unit was created by the National Health Security Act of 2002 Article 50(5) and has the responsibility to protect beneficiary rights, receive complaints and educate the population on the national health insurance system. The unit is administered by a civil society organization (CSO) or local administrative organization (LAO). The unit must be independent and free-standing, i.e., not a branch or subsidiary office of any service facility.

### **NHSO CALL CENTER #1330**

This Call Center is another channel managed by NHSO which allows the population to ask questions about access to UCS benefits and their rights, and as a way to report malpractice, obstacles to their obtaining service in accordance with their rights or being charged for services that should be covered by the insurance scheme.

### **NHSO CUSTOMER SERVICE CENTER IN THE SERVICE FACILITY**

This office is physically located in all participating health service facilities in the UCS. The office provides information, advice, assistance, and mediation for patients. The office function has the objective to reduce conflict and improve understanding between the service provider and patient.

### **PRELIMINARY COMPENSATION FUNDS UNDER ARTICLE 41**

These funds are set aside at a rate of no more than one percent of the payment to a health service facility. The purpose of the funds is to provide initial financial compensation for a patient who has suffered injury or loss due to the performance of the health service. These funds are timely allocated in advance, regardless of whether or not the perpetrator is identified (i.e., no-fault), as stipulated by the NHS Board.

### **NHS BOARD**

The creation of the Board was stipulated by the National Health Security Act 2002, with members including representatives from government agencies, professional associations, LAO, private hospitals, non-governmental organizations, and academics. The Minister of Public Health chairs the Board. In accordance with Article 18, the Board oversees the NHS fund, defines the scope and standards of health services, defines the conditions for payments according to Article 41, and oversees implementation of the NHSO.

### **STANDARDS AND QUALITY CONTROL BOARD**

This committee was established as part of the National Health Security Act 2002, and has members from government agencies, professional associations, LAO, private hospitals, non-governmental organizations, and academics. The board has responsibility for oversight, promotion of quality and standards, protection of rights according to the UCS, and providing recommendations for management of the NHS fund.

### **COMPLAINTS UNDER ARTICLES 57 AND 59**

According to Articles 57 and 59 of the National Health Security Act, complaints include substandard service, avoidable obstacles to service, denial of rights, being charged for "free" services or being charged more than the standard fee, and unreasonable delays in receiving compensation for injury or loss due to performance of the health service facility.

### **GENERAL COMPLAINTS**

These are complaints with request for assistance not covered under the NHS Act, e.g., registering and selecting a service facility.

# TABLE OF CONTENTS

<b>06</b>	<b>BACKGROUND AND CONCEPTS OF RIGHTS PROTECTION IN THE NHS FUND</b>	<b>28</b>	RELATED LAWS
<b>06</b>	CONCEPTS OF RIGHTS PROTECTION: GLOBALLY AND IN THAILAND	<b>30</b>	CHANNELS FOR RIGHTS PROTECTION FOR PATIENTS IN THE UCS
<b>12</b>	EVOLUTION OF RIGHTS PROTECTION IN THE UCS	<b>36</b>	PROCESS OF MANAGING A COMPLAINT
<b>18</b>	<b>IMPLEMENTATION OF RIGHTS PROTECTION UNDER THE UCS</b>	<b>38</b>	PROCESS OF CONSIDERING A COMPLAINT AND PRELIMINARY COMPENSATION PAYMENT ACCORDING TO ARTICLE 41
<b>19</b>	DISSEMINATION OF INFORMATION ABOUT RIGHTS	<b>40</b>	<b>RESULTS OF IMPLEMENTATION OF RIGHTS PROTECTION</b>
<b>19</b>	PROMOTION OF ACCESS TO RIGHTS IN THE HEALTH SERVICE SYSTEM	<b>40</b>	NHSO CALL CENTER
<b>20</b>	ONE-STOP COMPLAINT SERVICE SYSTEM	<b>46</b>	RESULTS OF IMPLEMENTATION OF THE INDEPENDENT COMPLAINT RECEIVING UNITS
<b>21</b>	COMPENSATION FOR LOSS OR INJURY FOR THE PATIENT DUE TO THE PERFORMANCE OF A PARTICIPATING HEALTH SERVICE FACILITY	<b>47</b>	RESULTS OF IMPLEMENTATION OF THE NO-FAULT PRELIMINARY COMPENSATION PROGRAM
<b>23</b>	ANALYZING A COMPLAINT	<b>49</b>	EXCELLENCE IN SERVICE AWARD
<b>24</b>	<b>MECHANISM OF RIGHTS PROTECTION OF THE NHSO</b>	<b>50</b>	CASE STUDY OF RIGHTS PROTECTION IN THE UCS
<b>24</b>	STRUCTURE OF RIGHTS PROTECTION OF THE NHSO	<b>54</b>	<b>SUMMARY OF RIGHTS PROTECTION BY NHSO</b>
		<b>55</b>	BENEFIT OF RIGHTS PROTECTION IN THE UCS
		<b>59</b>	FACTORS BEHIND SUCCESS
		<b>63</b>	SUMMARY

# 1

## BACKGROUND AND CONCEPTS OF RIGHTS PROTECTION

### 1.1

#### CONCEPTS OF RIGHTS PROTECTION: GLOBALLY AND IN THAILAND

Rights protection of the Thai population that are addressed by the NHSO are based on principles of human rights on health.

### 1.1.1

#### CONCEPTS OF HUMAN RIGHTS

In 1948, after the end of WWII, countries around the world realized the importance of codifying human rights, leading to the Universal Declaration of Human Rights (UDHR) by the United Nations (UN). The UDHR includes the right to good health and essential medical care.<sup>1</sup> Then, in 1966, the International Covenant on Economic, Social and Cultural Rights (ICESCR) was established which required signatory nations to guarantee the rights of all citizens to good physical and mental health.<sup>2</sup> In addition, the WHO has applied the concept of human rights by giving importance to good health as a basic human right, without exclusion or discrimination based on ethnicity, religion, political beliefs or socio-economic status.<sup>3</sup>

The UN General Assembly has passed a resolution on universal health security as one of the Sustainable Development Goals (SDG 3.8) with the objective to ensure that everyone has access to basic health services, for which cost should not be a barrier, echoing the global recognition of good health as a basic human right.<sup>4</sup>

Thailand recognizes the importance of human rights, including health rights, and that importance is demonstrated by the inclusion of health rights in the 1974 Thai Constitution, Article 92. That version of the Constitution also gives preference to the lower-income and free disease prevention services for individuals in need.<sup>5</sup>

## HUMAN RIGHTS ON HEALTH

Later, Article 83 of the 1991 Constitution expanded on the earlier version by stipulating that the state must promote standard quality public health with full coverage of the population in need.<sup>6</sup> In 1997, another version of the Thai Constitution gave even more importance to rights protection and freedoms of the population, as reflected in Articles 52 and 82 which called for all Thais to have equal access to standard health services, and that the state must ensure that services cover the entire population.<sup>7</sup> As a result of the social and political movement before and after the 2001 national elections, the concept of national health security (or universal health coverage for all Thai citizens) was enacted into law via the National Health Security Act (2002). That truly represented a significant health system reform for the nation since it shifted the welfare paradigm from social assistance for the indigent to health as a national right for all citizens, regardless of socio-economic status.<sup>8</sup>

The 2007 version of the Thai Constitution reinforced this notion in Article 51 which asserted that Thai citizens have equal right to public health services anywhere in the country, and that services must be efficient, standard quality, and appropriate to the needs of the patient. The lower-income groups of the population are entitled to free health care, and disease prevention activities are also free of charge for all, regardless of income.<sup>9</sup>

At present, the Thai Constitution (v. 2017) echoes the importance of health rights in Article 47 which stipulates that a person of lower income has the right to receive public health services and disease prevention for free.<sup>10</sup> However, it should be noted that, the Thai Constitutions of 1997 and National Health Security Act 2002 stipulated that all citizen have their rights to free access to health services not only for the poor.

Thailand has many public sector agencies which manage insurance schemes to ensure access to health services for the population, including the Ministry of Public Health (MOPH), the NHSO, the Comptroller-General's Department, and Social Security Office (SSO), among others. These agencies help to ensure that people access to standard and uniform public health care.

In addition to the government agencies cited above, there are numerous CSOs which play an important role in health rights protection including, for example, the Drug Study Group, the Foundation for Women, and the AIDS ACCESS Foundation. These CSOs work closely with their government counterparts to fill gaps in access and coverage for primary care, and conduct public campaigns on disease prevention. The CSOs were also key advocates in the movement for universal health insurance in Thailand.

## 1.1.2

### CONCEPTS OF RIGHTS PROTECTION IN THE UCS

Health rights protection of the population in the UCS is based on principles of human rights. Thailand has been moving toward universal health insurance since 1975, and that movement was codified with the passing of the National Health Security Act (2002). That was a significant milestone in extending rights protection to the entire population.<sup>11</sup> In addition, Universal Health Coverage in Thailand also attempts to guarantee that the services are of standard quality. This is an evolution from the Social Security Scheme which used a capitation mechanism to distribute funds from the Social Security Fund. The SSO had a medical committee to advise on clinical services. The committee members were only medical professionals which lacked stakeholders' involvement. Then, after the passage of the National Health Security Act in 2002, the public at-large had a greater voice in promoting quality standard health services for all. This movement also led to the creation of channels to file complaints about sub-standard service or denial of rights to access to affordable care. In addition, the UCS includes a provision for no-fault compensation to be paid in case of injury or loss due to performance in a participating health service facility. Accordingly, the Standards and Quality Control Board was set up to review complaints. The board membership is diverse and not just populated with medical specialists, but also includes representatives from CSOs.

In 1996, an act was passed on Liability for Wrongful Act of Officials to protect health personnel in the government healthcare facilities who accidentally committed malpractice without seeking personal benefit. If a clinician violates a patient's rights in the course of providing health care, then the government is responsible for compensating the patient. Another consideration is whether the violation was intentional or accidental, and the degree of harm or loss

incurred by the patient. The government also has to consider whether the malpractice occurred because of a system failure or not. To clarify these considerations a document was produced by the Office of the Prime Minister on Procedures in Cases of Officer Violations (1996). In addition, it was recognized that there needed to be legal protections for patients from improper health services to help resolve disputes between patient and provider so that time-consuming and expensive malpractice law suits could be avoided.

In 2018, the Ministry of Finance announced a regulation to provide preliminary compensation to health personnel who suffered injury or loss due to service provision in a government health service facility. Violations include being infected by a patient, accidental injury, or accident caused by a referral. The maximum amount of compensation was set at 400,000 baht.<sup>12</sup> At present, the Comptroller-General's Department and the MOPH have taken over responsibility for these payments, which draw upon the NHS fund. These regulations not only protect patients who are harmed, but also protects practitioners from frivolous malpractice law suits.

# 1.2

## EVOLUTION OF RIGHTS PROTECTION IN THE UCS

Since its creation, the NHSO has continually strived to increase rights protection. One mechanism is the Call Center where individuals can voice complaints about health services. The Call Center also informs callers about their rights in the UCS. By 2004, the electronic call center system was fully operational. Another mechanism was the establishment of a NHSO customer service center in the service facility and independent, free-standing unit to receive complaints in 2006 and 2009, respectively. At present, there is a comprehensive system for individual rights protection in all 77 provinces.

### EVOLUTION OF RIGHTS PROTECTION IN THE UCS

Table 1



Development of the NHS fund



Development of rights protection for the population

## 2002 THE NHSO CREATED ITS OWN CALL CENTER (#1330)

## 2005 ADDED ANTI-RETROVIRAL THERAPY (ART) TO THE UCS BENEFITS PACKAGE FOR HIV+ PERSONS



### UCS project in pilot sites with expansion nationwide (with the exception of Bangkok)

MOPH establishes a Call Center (#1669) using a paper-based system to record complaints. The MOPH Call Center was open from 8:30 a.m. to 9:00 p.m. daily, with ten operators.

- Expansion of the project to include Bangkok, thus making it truly national
- Enactment of the NHS Act
- Establishment of the NHSO

The NHSO created its own Call Center (#1330) with ten operators

### Project to reduce the wait for cataract surgery

- This involved the computerization of the Call Center approach
- A special office at the NHSO was set up to receive complaints
- This service was decentralized to the provincial health office

### Increase of the rehabilitation fund for the disabled

- Developed a system of mediation for preliminary compensation payments as per Article 41
- Developed a computerized Call Center system (Customer Relationship Management Software) with 24-hour service

### Added anti-retroviral therapy (ART) to the UCS benefits package for HIV+ persons

- Launch of the Community Health Fund for health prevention and promotion interventions
- Implemented compulsory licensing for expensive, life-saving drugs
- Creation of a Coordination Center for UCS
- Creation of an NHSO consumer service center inside participating health service facilities
- Provided call center service for the toxicology center (discontinued on 31 March 2012)



# 2010

**EXPANDED THE RIGHTS OF UNDOCUMENTED PERSONS IMPLEMENTED AN ORPHAN DRUGS PROGRAM**

# 2011

**DESPITE THE FLOOD DISASTER, THE NHSO CALL CENTER SERVICE WAS NEVER INTERRUPTED**

2007

2008

2009

2010

2011

2012

- **Added traditional Thai medical services to UCS benefits package**
- **Implemented a program for high-cost diseases**
- **Heart surgery queue reduction program**

Started offering awards for excellence in the consumer service center inside participating health service facilities of the UCS

- **Added renal replacement therapy for end-stage chronic kidney failure to the benefits package**
- **Added a methadone maintenance program for opioid addiction patients to the benefits package**

Launched the "Love Care: Dare to Love, Dare to Get Checked" project for HIV and unwanted pregnancy telephone counselling (discontinued on Jan. 2, 2009)

- **Develop the high-cost medicine scheme (Category E2)**
- **Project to reduce queues in the treatment of kidney stones**
- **Added influenza vaccine to the benefits package**

Established the independent complaint receiving unit according to Article 50 (5) of the National Health Security Act 2002

**Expanded the rights of undocumented persons  
Implemented an orphan drugs program**

**Started screening for complications of diabetes and hypertension**

Despite the flood disaster, the NHSO Call Center service was never interrupted

- **Added heart transplant and pediatric liver transplant to the benefits package**
- **The government launches the Emergency Claims Online Project (EMCO)**

Developed an alternative system for BCP in case of a natural disaster

# 2014

**LAUNCHED A SYSTEM TO FIND HOSPITAL BEDS FOR PATIENTS BEING TREATED IN PRIVATE HOSPITALS OUTSIDE THE UCS**

# 2016

**INITIATED A PROJECT FOR THE CARE OF CHRONIC PSYCHIATRIC PATIENTS IN THE COMMUNITY**

2013

2014

2015

2016

- **NHSO established a National Clearing House**
- **NHSO was assigned to be the reimbursement agency for Local Government Officer Medical Benefits Scheme**
- **Expansion of flu vaccine coverage**
- **Added stem cell transplantation for leukemia and lymphoma in the benefits package**

During political demonstrations, the NHSO Call Center moved operations to an alternative site in Saraburi Province

- **Development of Long Term Care Scheme**
- **Integrated cancer treatment into a single standard service**
- Discontinued the provincial NHSO branch offices
- Created a Committee for Quality Control and Standards at the regional level
- Due to political demonstrations, the NHSO Call Center was moved to Ayuthaya Province
- Launched a system to find hospital beds for patients being treated in private hospitals outside the UCS

- **Expansion of coverage for delivery, regardless of number of births**
- **Expanded the list of E2 drugs**
- **Expanded ART for all HIV cases, regardless of CD4 count**

- **Initiated a project for the care of chronic psychiatric patients in the community**
- **Long-term health care project for dependent elderly**

Increased complaint channels for Chat services from 8.30-16.30 (official work days)

# 2018

## ONE-DAY SURGERY PROGRAM

2017

2018

- **Launch of the Universal Coverage for Emergency Patients program (UCEP)**
- **Expanded cervical cancer screening service**
- Started a Call Center service for healthcare providers' inquiries
- NHSO Call Center provides information on the UCEP Program, and coordinates referral of patients to hospitals under UCS
- Integrate data throughout the three Public Health Insurance Scheme (CSMBS, SSO, and UCS)

- **Screening for colon cancer**
- **Implemented Primary Care Cluster program**
- **Added HPV vaccine in the benefits package**
- **One-day surgery program**
- **Screening and treatment for hepatitis B virus**

2019

- **Expanded the list of E2 drugs**
- **Expanded the disease promotion and prevention list to eight diseases**

Developed the Call Center system to accommodate the hearing loss persons, and integrate with the Thai Telecommunication Relay Service

# 2019

## DEVELOPED THE CALL CENTER SYSTEM TO ACCOMMODATE THE HEARING LOSS PERSONS



**Development of the NHS fund**



**Development of rights protection for the population**

The information in the table shows that expanding the rights protection mechanism in UCS was gradually established and developed from simple to comprehensive methods. Initially, channels were opened where people could get more information about their health rights and services. Then there was also decentralization of some services. Over time, the system expanded and became more sophisticated (e.g., through computerization of the Call Center).

# 2

## IMPLEMENTATION OF RIGHTS PROTECTION UNDER THE UCS

The National Health Security Act designated the NHSO as the principal agency to ensure health rights protection of the population. The following highlights the activities in implementing those protections.

### 2.1

#### DISSEMINATION OF INFORMATION ABOUT RIGHTS

For individuals to exercise their rights to the fullest, they need to be well-informed of what those rights are. Thus, the NHSO creates this awareness through a variety of methods and channels. This includes the Call Center system, which is the most used channel by the population to learn about their rights. The NHSO also distributes leaflets and other print media to describe health rights. The NHSO uses the Internet to disseminate information about the scheme and patient rights. There is also the national network of NHSO customer service centers in the participating health service facilities, the independent complaint receiving units, and even community-based information offices.

### 2.2

#### PROMOTION OF ACCESS TO RIGHTS IN THE HEALTH SERVICE SYSTEM

The NHSO has worked continuously to help those in need to access their right to health services. This includes registering in the UCS, expansion of the benefits package so that it meets essential needs, expansion of the number of participating service facilities to ensure that everyone has convenient access, and making special arrangements during natural disasters (e.g., the 2011 flood) or civil disruptions (e.g., political demonstrations).

## 2.3

### ONE-STOP COMPLAINT SERVICE SYSTEM

The NHSO has classified three types of complaint as follows:

1

General complaints about services or the process of being admitted to a hospital when needed;

2

Complaints covered under Articles 57 and 59 related to rights violations as per the National Health Security Act (2002); and

3

Complaints covered under Article 41 of the same Act related to seeking financial compensation for loss or injury due to the performance of a participating health service facility.

There are four steps in the way the NHSO manages a complaint: Receiving the complaint, collecting information to substantiate the complaint, mediation, and investigation & punishment.



The process of receiving a complaint is an important part of rights protection for persons whose rights have been violated. Thus, the NHSO has an organized system to make it easy for a person to file a complaint when they suspect their rights have been violated. The first is a national Call Center which connects the caller to the NHSO headquarters and branch offices. There is also the network of independent complaint receiving units (as per Article 50(5) of the 2002 Act). There are the NHSO customer service centers and liaison offices in the participating health facilities themselves. People can submit complaints by post, e-mail, social media, and other channels. In general, the complaint processing system of the NHSO is convenient and fast.

However, once a complaint is received, there has to be some verification of the claim to guard against frivolous or false accusations. Staff of the NHSO listen to both sides of the complaint, from the patient's and provider's perspective. This involves both conversation with all those involved and documentation of evidence or charges.

Mediation is a common way of settling legitimate complaints, and usually the fastest. Often, the complaint is the result of a misunderstanding between the provider and patient. The NHSO staff attempt to help both patient and provider understand each other better. The final step is an investigation of the charges and, if warranted, disciplinary action. The Standards and Quality Control Board and related sub-committees of the NHSO organize and implement the investigation and administration of punishment.

## 2.4

### **COMPENSATION FOR LOSS OR INJURY FOR THE PATIENT DUE TO THE PERFORMANCE OF A PARTICIPATING HEALTH SERVICE FACILITY**

Loss or injury due to perceived malpractice by a health provider in health services can happen. If the people involved take the issue to court, that could be costly and time-consuming for both the patient and provider. Also, in most cases of complaints, the patient does not have the ability to collect the relevant evidence or expert witnesses to testify. Thus, the patient who sues risks losing the case and foregoing any compensation, with pain and suffering for both the plaintiff and defendant and their relatives. Law suits like this also threaten to destroy any trust between the patient and provider.<sup>13,14</sup> Thus, the policy of the NHSO is to provide preliminary compensation to a patient who has suffered injury or loss from an encounter in a health service facility. The objective is to provide some immediate relief and also pave the way for mediation – instead of a malpractice law suit. This approach is called No-fault Compensation since it occurs prior to any judgment of wrong-doing. The National Health Security Act of 2002 allows for no-fault compensation in Article 4.<sup>11</sup> Ultimately, the NHSO hopes to maintain a positive and trusting relationship between the patient and provider, and mediation offers the best chance of achieving that.

## 2.5

### **ANALYZING A COMPLAINT**

The NHSO pays special attention to complaints since they are a potential warning sign of defects in the national health insurance system. The information in these complaints is very useful for the NHSO to identify and rectify shortcomings in the system.

# 3

## MECHANISM OF RIGHTS PROTECTION OF THE NHSO

### 3.1

#### STRUCTURE OF RIGHTS PROTECTION OF THE NHSO

The National Health Security Act specifies a clear structure for rights protection at different levels, from the central headquarters to the field. The system can be viewed as a collaborative network of offices or facilities, as described by level in the system.

### 3.1.1

#### NATIONAL

The NHSO headquarters has five units that are relevant to rights protection

#### 1 THE STANDARDS AND QUALITY CONTROL BOARD

The Standards and Quality Control Board oversees quality and standards of services for participating facilities, protect patient rights and reviews preliminary compensation in cases of injury or loss due to the performance of a service facility.

##### 1.1 THE INVESTIGATION SUB-COMMITTEE

The Investigation Sub-committee is under the Standards and Quality Control Board and collects evidence related to the complaint if the rights protection staff cannot resolve the issue. The evidence is presented to the Quality Control Committee for consideration.

##### 1.2 STANDARDS AND QUALITY CONTROL SUB-COMMITTEE AND RIGHT PROTECTION SUB-COMMITTEE

Ad hoc sub-committee of the Quality Control Committee to perform tasks as assigned.

#### 2 THE SUB-COMMITTEE FOR APPEALS, AS STIPULATED BY ARTICLE 41

The Sub-committee for Appeals, as stipulated by Article 41, investigates complaints in which a patient is seeking preliminary compensation. This sub-committee is involved after the provincial level unit completes its review of the case.

#### 3 OFFICE OF PUBLIC SERVICES AND RIGHTS PROTECTION

This office serves as a task force and secretariat for the Sub-committee on Quality Control and Standards and the Sub-committee on Rights Protection. This office can receive complaints through channels defined by the NHSO. The office also is a coordination focal point between relevant agencies at the field level. The office supports the work of the related networks.

### 3.1.2 HEALTH REGION

At this level, there is a Sub-committee for Quality Control and Standards for each of 13 health regions, and it provides closer oversight of services and performance. The Sub-committee analyzes problems and compiles information on complaints.

### 3.1.4 SERVICE FACILITY

The NHSO supports a customer service unit in participating health facilities to receive complaints and tries to resolve them within the service facility.

### 3.1.3 PROVINCE

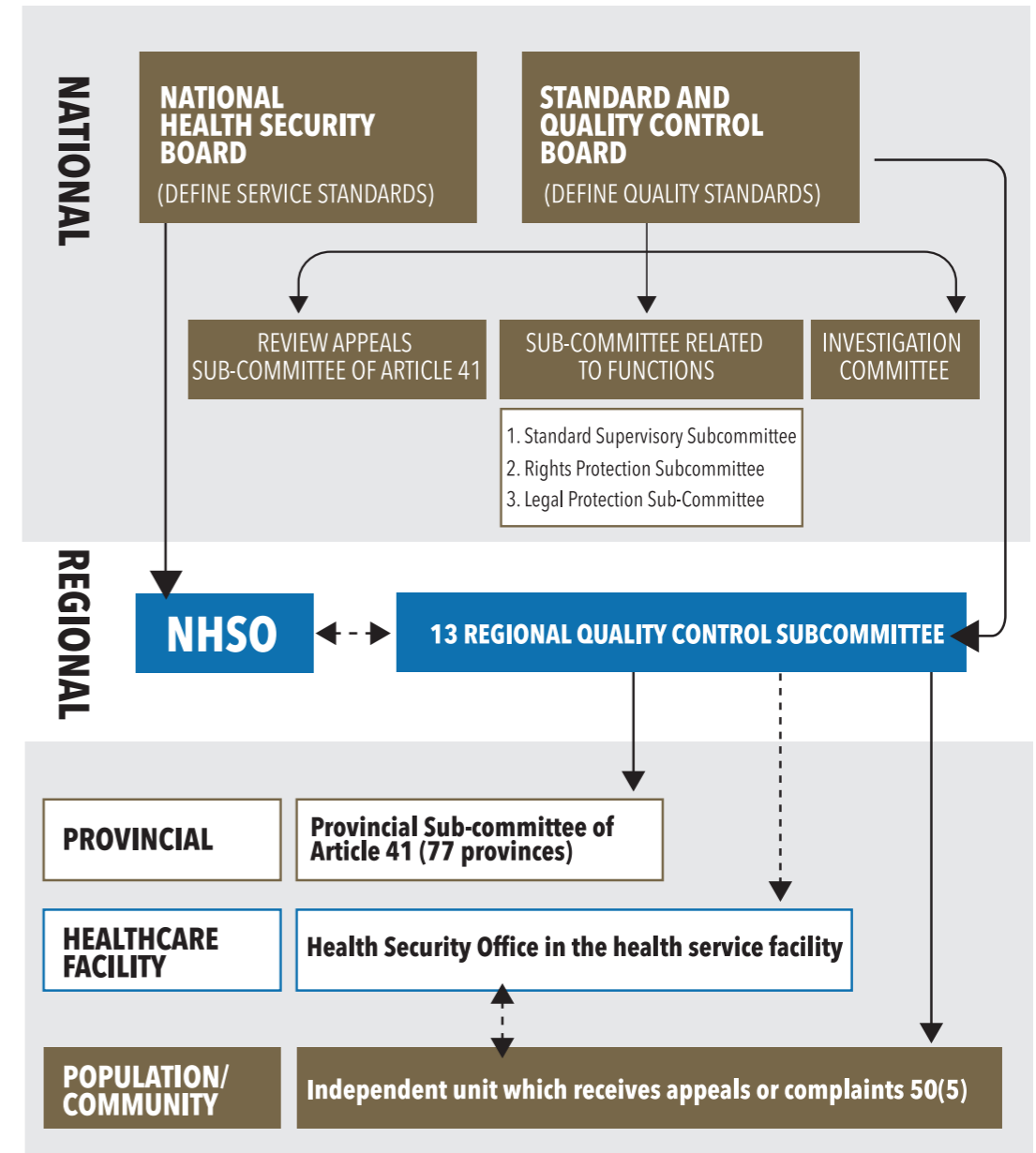
As stipulated by Article 41 of the Act, there is a sub-committee in the province to review complaints and issue preliminary compensation payments to patients who suffered injury or loss from a participating health service facility.

### 3.1.5 COMMUNITY

At the community level, there is an independent unit to receive complaints, in accordance with Article 50(5). This is a free-standing entity and it forwards information about the complaint to the appropriate office in the NHSO structure.

The following figure summarizes the NHSO structure for rights protection in Thailand.

Figure 1  
**THE NHSO STRUCTURE FOR RIGHTS PROTECTION IN THAILAND**



Source: NHSO

# 3.2

## RELATED LAWS

The National Health Security Act of 2002 specifies rights of the population in the process of receiving services from participating health facilities. The following table summarizes the related laws and agencies.

Table 2

## THE RELATED LAWS AND AGENCIES

KEY ISSUE	RELATED ARTICLE	DETAILS
<b>RIGHT TO PUBLIC HEALTH SERVICES</b>	Articles 5, 6, 7, 8	These articles specify that people have the right to receive standard health services and to apply for registering with another service facility, and provide citizens with the right to receive health services from their primary provider, except in the case of an accident or emergency illness, in which case the nearest facility may be used
<b>CONTROL AND OVERSIGHT OF SERVICES</b>	Article 26	NHSO has the authority and responsibility to oversee and control services in accordance with standards specified by the Board. The NHSO is to facilitate the filing and processing of complaints about the health services in the participating facilities.
	Article 50	The Standards and Quality Control Board directs participating facilities to have a mechanism to receive complaints, and define the criteria and steps in receiving and processing a complaint
	Articles 57, 58, 59, 60, 61, 62	These articles specify the process for reviewing a complaint and potential disciplinary action
<b>SERVICE FACILITY RESPONSIBILITY</b>	Article 45	This article describes the responsibility of the service facility to be respectful of patient rights, and to collect information related to services for NHSO staff inspection of quality
<b>PAYMENT OF PRELIMINARY COMPENSATION</b>	Article 41	The Committee takes no more than one percent of the amount payment for services to be deposited in a fund for paying preliminary compensation to patients who claim to have suffered injury or loss as a result of performance in a participating service facility, regardless of whether the perpetrator has been identified or not.



## 3.3

### CHANNELS FOR RIGHTS PROTECTION FOR PATIENTS IN THE UCS

The NHSO has developed a system of rights protection for participants in its national health insurance scheme through a variety of channels and methods. The intention is to make rights protection easy and convenient as possible. The following are the three main mechanisms for rights protection in the UCS.

#### 3.3.1

##### THE CALL CENTER OF THE NHSO

The NHSO Call Center was set up at the same time as the NHSO was being established. The MOPH conceived of the idea of a Call Center just for health insurance program patients since the universal coverage scheme was new and may have problems in initial implementation. The use of a patient-driven Call Center would be an efficient method to get a picture of services around the country. At first, the Call Center center was located in the MOPH and there were ten operators to take calls. Details of the calls were recorded in a paper-based system. The 2002 National Health Security Act then mandated the NHSO to operate a Call Center service and, by 2003, the Call Center had expanded to 20 operators. In 2004, the NHSO introduced software to computerize the content of the complaints by the callers. The Call Center service has been continuously improved over time, and the Call Center is now open 24 hours a day, seven days a week. There are quality controls to ensure the integrity of the information provided by the Call Center operators. There are handbooks and guidelines for how to use the Call Center and process information. In 2011, the country, and especially Bangkok and vicinity, experienced disastrous flooding. However, despite all the disruptions to

offices and communications, the NHSO Call Center remained up and running throughout those months until the flood waters receded. This reflects the dedication of the NHSO staff and the importance which NHSO attaches to its ability to communicate directly with its population of health service patients. The experience of the 2011 floods also inspired the NHSO to prepare for alternative Call Center services in case of future calamities.

An overriding principle of the NHSO is to provide convenience for the patient population in accessing information and to provide feedback when services are not as expected or desired. The NHSO provides budget for all aspects of the Call Center operations including equipment, staff, and monitoring and evaluation of the service. The key success factor of this system is “service mind” to provide convenience and information for the population in need. At the time of this writing, the NHSO Call Center has 60 lines and 78 operators to take calls. There are 21 staff who are rights protection officers, and at least one is always available 24 hours a day, seven days a week.

### 3.3.2

#### NHSO CUSTOMER SERVICE CENTER IN THE PARTICIPATING HEALTH SERVICE FACILITY

In some participating UCS facilities, there might be a misunderstanding of the procedures or unclear communication between provider and patient. The NHSO customer service centers in the health facilities were established to ensure clear communication of the health insurance system and benefits. The service center is also a way to tap into the thoughts and suggestions of the patients for information and rights counseling that is convenient and easy to access.

In 2006, the NHSO first introduced the customer service center on a pilot basis in six participating health care facilities. This pilot implementation also included development of standards of performance for the customer service center to ensure a uniform and quality experience. The standards include layout, personnel conduct, problem resolution, data system, and proactive improvements. In the initial stage of the pilot implementation, the emphasis was on ensuring access

for prospective patients of the service facility, presence of staff in the service center during work hours, and comprehensive provision of information. Most of the customer service centers are located in the out-patient building of the participating facility.

In 2007, the NHSO increased the number of facilities with a customer service center, starting with regional and provincial hospitals, and provision of 100,000 baht for the creation of each center. Then, in 2009, the NHSO expand the center to district hospitals and allocated budget (50,000 baht per center) to community hospital to ensure that all centers met the standard for layout. In 2010, the NHSO organized a national competition for 'center of excellence' to motivate the staff of the customer service centers and host facilities. That annual award competition continues to the present.

## ONE STOP SERVICE

The NHSO customer service center provides the relevant information that meets the patient's needs. In addition, these centers help to avoid or defuse conflict, and provide timely mediation when there are complaints. The centers help improve understanding and trust between the provider and patient. Thus, the host service facilities genuinely appreciate the presence of the customer service center and, that way, the clinical and health staff can focus on provision of health services to the patient. Many of these customer service centers have been up-graded to One-Stop Service Centers to try to meet all the needs of patients comprehensively.

At the time of this writing, there were 886 NHSO customer service centers in 117 regional and provincial hospitals, 733 district hospitals, and 36 non-MOPH

At the time, there were

# 886

**NHSO customer service centers**

hospitals. Fully 46 of these centers have received awards for excellence in service. Many centers have been upgraded to Consumer Protection centers which can investigate complaints and prescribe courses of action to resolve a matter. Upgrading the service center also represents an upgrading of the host facility itself.

### 3.3.3

#### CIVIL SOCIETY/ PEOPLE'S NETWORK

The 2002 National Health Security Act stipulates that non-medical sectors be represented to help with implementation of the UCS, including people from academia, policy makers, and Civil Society. Civil Society plays an important role in advocacy and improvement of the scheme, and has been involved since the earliest stages of the movement for UHC. Indeed, Civil Society is a key player in the area of consumer rights protection in many sectors in Thailand, including health care.

Before there was an independent entity to receive complaints (as per Article 50(5) of the Act), the NHSO had established coordination centers in collaboration with the network of CSOs in various locations. These CSOs helped to educate the public about UCS and help process complaints. These CSOs used many different channels and methods to communicate with the population. Once a CSO received a complaint about health care in the UCS, they would forward that complaint to the NHSO via the Call Center, the branch office of the NHSO, or at public forums organized by the

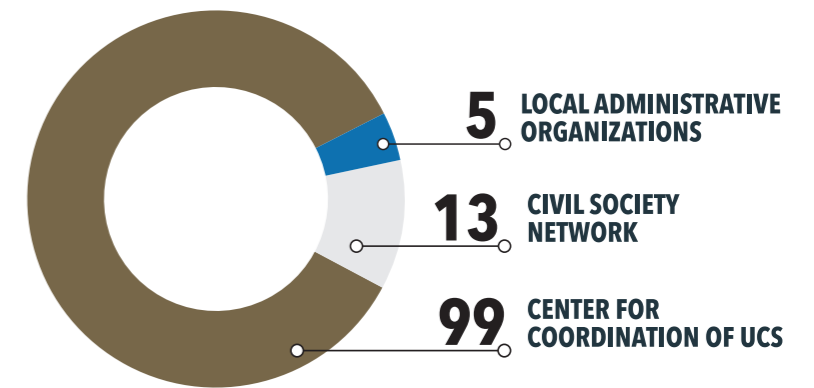
NHSO. However, the method of handling these complaints was not uniform across localities, and there were no systematic standards for how to process complaints.

Later, the NHSO, CSO network, and the public recommended that the Standards and Quality Control Board should elevate the status of the office/center to receive complaints, to better conform to the 2002 Act. Accordingly, in 2009, the NHSO formally established independent, free-standing complaint receiving unit which comply with the following conditions:

- The unit must not be a branch or subsidiary or another agency or under the line authority of the health service facility;
- The unit has a physical office which is patient-friendly and easy to access; it cannot be located in or on the premises of the health service facility;
- The unit has at least two years of experience in receiving and processing complaints;

#### THE DISTRIBUTION OF THE INDEPENDENT COMPLAINT RECEIVING UNITS 50(5)

Chart 1



- There are staff responsible for operating the unit throughout the workday, and those staff have to have received the appropriate training to ensure they understand the UCS and the standards and steps in managing complaints.

The NHSO has a system and guidelines for supporting the complaint receiving units including funding to establish the facility, technical assistance and skills building in such areas as knowledge of the National Health Security Act (2002), right to services, mediation skills, etc. The NHSO also supports technical meetings on an annual basis, and there is an annual award for excellence in service. At the time of this writing, there were 122 complaint receiving units covering all 77 provinces in the country. There is also a Civil

Society network for health, including the Community Center for Coordination of UCS, non-governmental organizations, CSOs, and LAO.

The complaint receiving units do more than just receive complaints. They also help defuse conflict in cases of loss or injury due to the performance of a participating health facility. Data from 2014 show that 70% of filed complaints were resolved by the unit receiving the complaint, 14% were referred to the relevant committee for review, and 16% received appropriate assistance. The following chart shows the distribution of the complaint receiving units.<sup>15</sup>

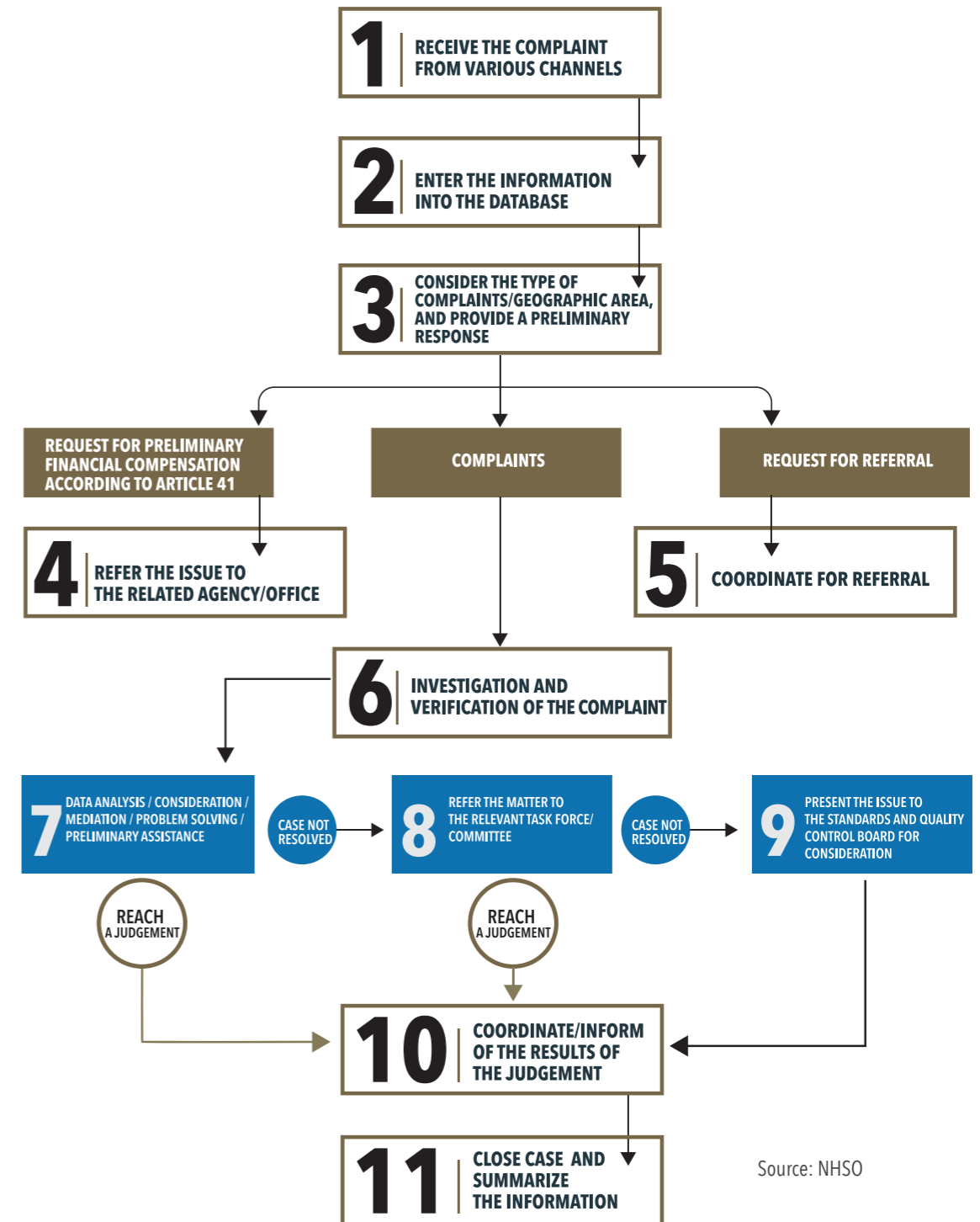
# 3.4

## PROCESS OF MANAGING A COMPLAINT

Article 26(8) and Article 50(5) of the National Health Security Act specify guidelines for managing complaints, including making the process convenient for the patient/consumer. The guidelines specify the role of the Standards and Quality Control Board, the criteria for officially accepting and processing a complaint, the method of reviewing a complaint, and assisting persons whose rights have been violated by a participating service facility. Articles 57-62 of the Act also specify the process for maintaining standards of services. The filing of complaints is very useful for the NHSO for monitoring the participating health service facilities. The NHSO uses this information to revise standards, correct problems in the system, and up-date guidelines for operational procedures. The following figure outlines the steps in the complaint processing system.

## THE COMPLAINT PROCESSING SYSTEM

Figure 2



Source: NHSO

## 3.5

### PROCESS OF CONSIDERING A COMPLAINT AND PRELIMINARY COMPENSATION PAYMENT ACCORDING TO ARTICLE 41

The NHS Board has issued a regulation (v. 2012) on criteria, methods and conditions for paying preliminary compensation (no-fault) to cases who claim injury or loss as a result of performance in a participating health service facility. The following is the core content of that regulation:<sup>16</sup>

- 1 The person who submits a complaint can be the service recipient, an immediate relative/dependent of the recipient, or a member of the attending service facility, and the complaint is to be filed within one year of the event in question, dating from the date of loss/injury.
- 2 A complaint is not eligible for preliminary compensation if (a) the loss/injury is due to the normal pathology of the disease/condition; or (b) the loss/injury is a result of natural complications of the disease/condition.

- 3 The complaint must specify the type of loss/injury resulting from performance at a participating health service facility, and which is eligible for preliminary compensation at the following rate:
  1. Death or permanent disability, or injury requiring life-long treatment, with severe adverse impact on the case's lifestyle: 240,000 – 400,000 baht;
  2. Loss of a limb/organ or disability which has adverse impact on the case's lifestyle: 100,000 – 240,000 baht;
  3. Injury or prolonged illness: Not to exceed 100,000 baht.

The Standards and Quality Control Board appoints a panel of 5-7 persons to consider the complaint and eligibility for preliminary compensation. A provincial-level sub-committee to conduct this review must be comprised of at least three qualified persons from the locality and a representative(s) from the attending service facility, and a representative(s) from the patient, in equal proportion. The provincial sub-committee considers whether the complaint meets the criteria for compensation and, if so, how much. This deliberation needs to consider the severity of the loss or damage to the economic well-being of the person claiming injury, and this review must conclude within 30 days. If the patient disagrees with the determination of the sub-committee, they may file an appeal to the Standards and Quality Control Board within 30 days.

In the initial phase of implementation of the no-fault compensation mechanism, some observers voiced the objection that this would increase the volume of complaints filed, resulting in a burden on the finances of the NHSO. However, when examining the 2018 Fiscal Year financial report, the NHSO paid preliminary compensation for 755 cases in the amount of 165.5 million baht, or only about 5 baht per capita population of beneficiaries.

# 4

## RESULTS OF IMPLEMENTATION OF RIGHTS PROTECTION

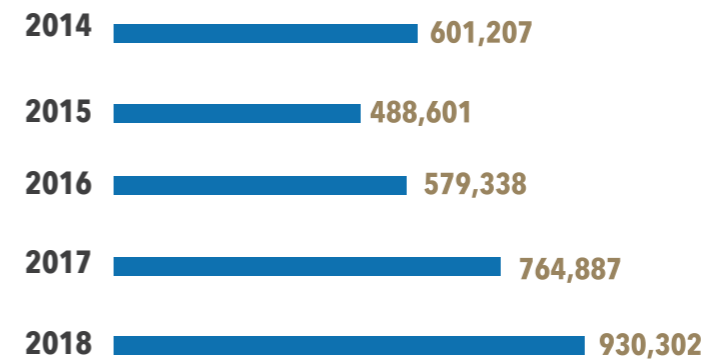
### 4.1

#### NHSO CALL CENTER

Based on an analysis of the Call Center database, the reasons for a call include the following: (1) Request for information; (2) Reporting a complaint under Article 57 and 59; (3) Reporting a general complaint ; and (4) Arranging a referral of a patient among service facilities. Overall, the calls to the Call Center have increased over time. In 2018, there were 930,302 calls, most of which were to request information (91%). Most of the remainder were calls by the participating health service facility to request information. The following chart describe the activity of the Call Center during 2014-18.

#### NUMBER OF CALLS TO THE CALL CENTER FY 2014- 2018

Chart 2



Source: NHSO

#### CALLS TO THE CALL CENTER BY TYPE OF SERVICE ISSUE FOR FY 2018

**91%** Call for information from population

**6%** Call for information from healthcare provider

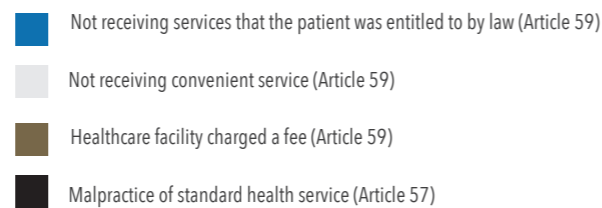
**2%** Call for referral coordination

**1%** Call for complaint

**0%** Call for general complaint

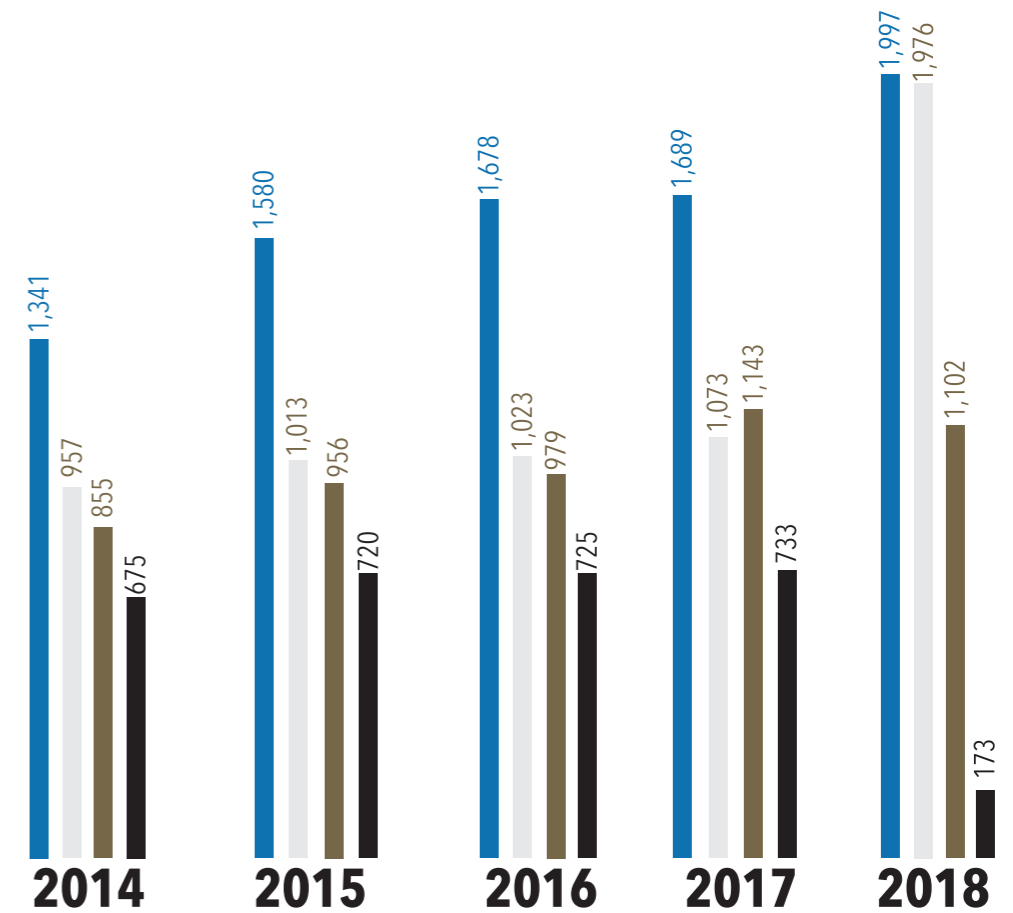
During 2014-18, the most common questions by Call Center callers were as follows: (1) Review of rights; (2) Right to service and method of exercising that right to receive a health service; (3) Registering and selecting a service facility; (4) Information about a service facility; (5) Information about the system of the program (Provider Center).

The calls to file a complaint under Article 57 and 5 can be classified as follows: (1) Violation of health service standards as per Article 57; (2) Not receiving convenient service (Article 59); (3) Not receiving services that the patient was entitled to by law (Article 59); and (4) Being asked to pay for a free service or pay more than the standard fee (Article 59). For the period from 2014-18, the trend in the number of complaints filed via the Call Center increased steadily, from 3,828 to 5,248 during that period. Most of the complaints were by persons who felt they did not receive services they were entitled to, or did not receive convenient access (see Chart 3).



## NUMBER OF COMPLAINTS BY TYPE FOR FY 2014-18

Chart 3

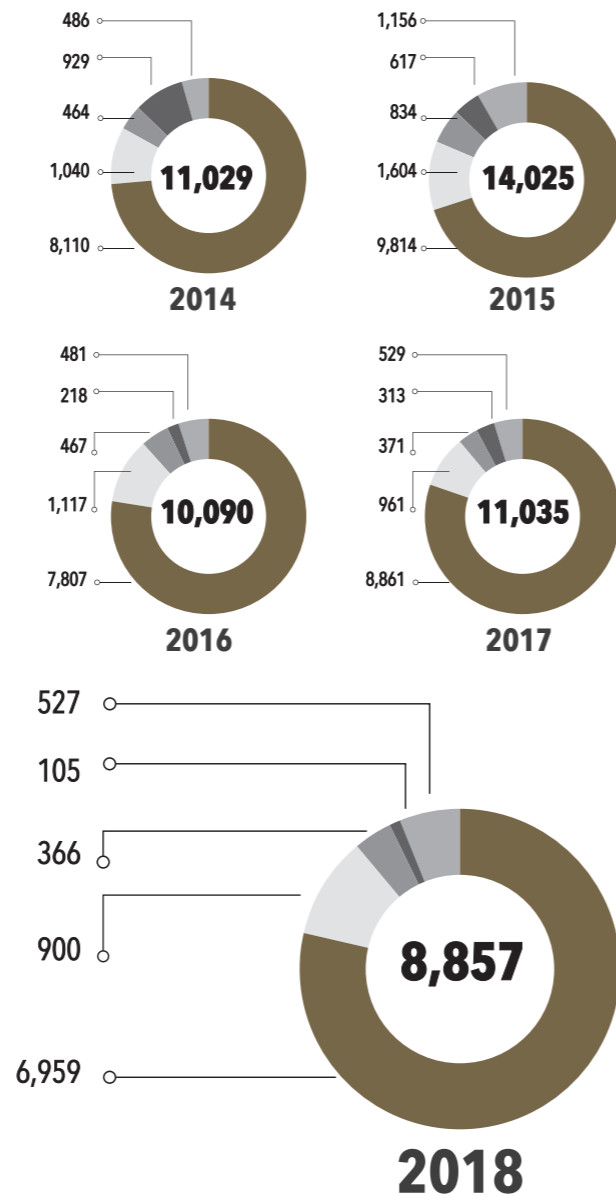


Source: NHSO

Other types of calls to the Call Center that are not actual complaints as per the 2002 Act can be classified as follows: (1) Registration with a given service facility and rights; (2) Request for assistance; (3) Request for advice and suggestions; (4) Complaints from patients under other schemes; (5) Other issue, such as the UCEP Program and rights according to Article 7 of the Act, or anonymous complaint letters. Data for 2014-18 show that calls for these types of issues declined from 11,029 to 8,857 during the period. Most of the calls were complaints about denial of rights, inconsistency between scheme registration and national ID card, and registration with a service facility (see Chart 4).

### NUMBER OF COMPLAINTS BY TYPE FOR FY 2014-18

Chart 4



- Rights and registration of the service facility
- Request for assistance
- Counseling/advice
- Complaint to other health insurance scheme
- Other issue

Source: NHSO

In 2018, three-fourths (76%) of the complaints reported to the Call Center were resolved within 25 days of filing. Caller satisfaction (i.e., "good" service) with the Call Center was a relatively constant 87% during 2014-18.

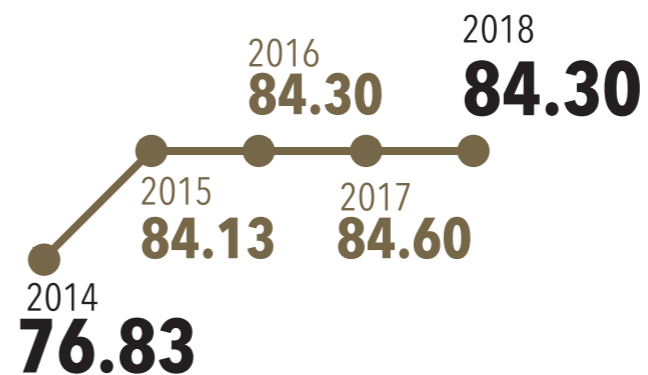
### AVERAGE SATISFACTION LEVEL WITH THE NHSO CALL CENTER

**87.28%**  
**2561**

The assessment of patient satisfaction by external reviewers found that the level of satisfaction with claims processing was about 84% during 2015 - 18 (see Chart 5).

### PERCENTAGE OF CALL CENTER USERS WHO WERE SATISFIED WITH THE RESPONSE TO THEIR COMPLAINT

Chart 5



Source: NHSO



## 4.2

### RESULTS OF IMPLEMENTATION OF THE INDEPENDENT COMPLAINT RECEIVING UNIT

This independent and free-standing complaint receiving unit is another channel through which to provide assistance to NHSO beneficiaries and those with the right to services in the UCS. Even though the number of contacts to these units is not large (compared to the number of Call Center callers), this unit ensures that a patient will be heard in person by an informed and impartial claims counselor. In 2018, a total of 1,187 contacts were made to the network of complaint receiving units. Of these 121 complaints were related to Articles 57 or 59, and 29 were related to Article 41. The remainder were other types of issues (see figure).

**29**

**complaints were related to Article 41**

**121**

**complaints were related to Articles 57 or 59**

**1,037**

**complaints were related to other types of issues**

## 4.3

### RESULTS OF IMPLEMENTATION OF THE NO-FAULT PRELIMINARY COMPENSATION PROGRAM

The no-fault compensation program for patients who claim loss/injury from performance of a participating health care facility (as per Article 41) has generally improved the relationship between provider and patient. Even though the overall number of complaints has increased, the number that enter the legal system (i.e., malpractice law suits) have declined. In 2004, the number of complaints totaled 99 cases, and 73 of these received preliminary financial compensation in the aggregate amount of 4.9 million baht. During 2005-18, the number of complaints increased to 970 in 2018 and, of these, 755 received compensation in the amount of 165.5 million baht. (See Table 3) The compensation was for loss of life or severe disability in 317 cases (113.0 million baht), followed by injury/illness/adverse condition for 340 persons (24.1 million baht), and loss of limb/organ or disability for 98 persons (21.6 million baht). Over the 15-year period, that represents an average of 782 complaints filed per year, with compensation paid in the amount of 111.3 million baht per year.<sup>17</sup>

The compensation is provided as preliminary compensation to the injured patient/patient's family, whether or not a perpetrator is identified. The no-fault nature of this payment has helped to maintain a trusting relationships between the patient and provider.<sup>18</sup> This also maintains the confidence of the patient population in the ability of the system to protect their rights and guarantee that justice is served.<sup>14</sup> This system helps to nip problems in the bud and avoid costly and lengthy law suits in the legal system.<sup>18</sup>

Table 3

year	Complaints	Persons receiving preliminary compensation	Amount of compensation (million baht)
2004	99	73	4.86
2005	221	178	12.82
2006	443	371	36.65
2007	511	433	52.18
2008	658	550	64.86
2009	810	660	73.22
2010	876	704	81.92
2011	965	783	92.21
2012	951	834	98.63
2013	1,182	995	191.58
2014	1,112	931	218.44
2015	1,045	824	202.93
2016	1,069	885	212.95
2017	823	661	160.05
2018	970	755	165.51
<b>Total</b>	<b>11,735</b>	<b>9,637</b>	<b>1,668.81</b>

Source: NHSO Report FY2018

## THE SYSTEM HELPS TO NIP PROBLEMS IN THE BUD AND AVOID COSTLY AND LENGTHY LAW SUITS IN THE LEGAL SYSTEM

\*For those covered by the Social Security System and who suffered loss or injury due to performance of a participating health service outlet, in 2018, the Medical Board, in accordance with the Social Security Act (1990), of the Social Security Office issued an announcement of the criteria and rate of preliminary financial compensation for beneficiaries who experienced loss or injury due to clinical actions of a provider. The purpose of the compensation is to provide preliminary relief for the beneficiary. The compensation differs by type and severity of the loss or injury attributable to clinical action of the provider, and payment is made in accordance with the specifications in Article 41 of the National Health Security Act (2002).

For persons covered by the Civil Servants Medical Benefits Scheme, the current thinking is that the beneficiary should receive the same preliminary financial compensation in the case of loss or injury from a clinical action, as in the National Health Security scheme and the Social Security scheme. That way, beneficiaries in all three government health insurance systems would be treated the same in these circumstances.

## 4.4

### EXCELLENCE IN SERVICE AWARDS

Based on the analysis so far, it is clear that the NHSO has implemented a UCS that is fair and sound in protecting the rights of health care consumers to receive health care at participating facilities. The NHSO makes every effort to address complaints in a timely way and seek resolution that is satisfactory for both patient and provider. The rights protection system improves access and meets the needs of persons with issues or problems in an efficient and satisfactory way. This consideration of rights protection has led to numerous awards and recognition of excellence, some of which are highlighted below:

- Honorary award for the organization with outstanding performance in the promotion of protection and human rights protection in 2013 from the National Human Rights Commission.
- Recognition in 2014 of NHSO as a model consumer protection agency which is able to resolve complaints, awarded by the independent Committee for Consumer Protection;
- Recognition as a model which should be emulated by other member countries of ASEAN, by the ASEAN Committee of Customer Protection.

**RECOGNITION AS A MODEL WHICH SHOULD BE EMULATED BY OTHER MEMBER COUNTRIES OF ASEAN, ASEAN COMMITTEE OF CUSTOMER PROTECTION**

## 4.5

### CASE STUDY OF RIGHTS PROTECTION IN THE UCS

#### 4.5.1

#### ADDRESSING PROBLEMS OF RIGHTS VIOLATIONS IN THE CASE OF BEING CHARGED FOR SERVICES PROVIDED OUTSIDE OF FACILITY WORK HOURS

The complaint reporting system of the NHSO is one way for the population of consumers to address issues or rights violations, and helps the NHSO identify where improvements need to be made. This section presents a case study of a consumer who was charged for services outside the government work hours of a participating health service facility. Article 5 of the 2002 National Health Security Act stipulates that a participating service facility may collect a fee for off-hours services in accordance with criteria set by the NHS Board. However, they are not allowed to collect said fees from those classified as "poor" and other specified conditions by the MOPH. In addition, Article 7 of the Act stipulates that the consumer has the right to

health services if they go to their regular facility or from a facility they are referred to, except in certain urgent cases, such as accident or emergency illness/condition.<sup>11</sup>

The NHSO received a number of complaints about hospitals which charged fees for off-hours services. The hospitals claimed that these were for non-emergency cases. This problem started to arise in 2010, and most of the complaints were directed at facilities in Bangkok. In that year, most of these cases were resolved through mediation, and most hospitals agreed to refund the patient for fees paid. However, in 2011, there was one complaint that could not be resolved by mediation. That case was forwarded to the Standards and Quality Control Board for review. The Board ruled that the patient was eligible for a refund of fees paid for off-hours services, and the facility was given a warning about the infraction. In addition, the Board sent out a letter to participating facilities in Bangkok to clarify the rights of patients when seeking off-hours services.

In 2012, the NHSO issued an announcement on co-payments, and the MOPH issued an announcement on persons who were exempt from paying fees for service.

Persons covered under UCS should not be charged a fee. In addition, cases of emergency and health promotion interventions were also exempt from service fees.<sup>19,20</sup> However, the MOPH announcement did not address the issue of off-hours fees for services.

Then, in 2016, more participating facilities started to charge for off-hours services for non-emergency cases, and that led to more complaints filed with the NHSO Call Center. In 2017, the number of complaints of this nature increased. Accordingly, the NHSO arranged consultations with the Rights Protection Subcommittee, and it was determined that the participating health facilities did not have the right to charge an off-hours fee for these cases, according to Article 59 of the 2002 Act. These cases were referred to the Standards and Quality Control Board and NHS Board for a judgment. After reviewing the evidence, the NHSO issued a resolution informing participating service facilities that they were not to collect an off-hours service fee in those cases, and conducted a public awareness campaign so that consumers understood their rights. Later, the NHSO and MOPH issued a uniform set of guidelines for off-hours services and fees for all participating health service facilities.

## 4.5.2

### RIGHTS PROTECTION ACTION TO ENSURE ACCESS TO SERVICES DURING A NATURAL DISASTER

In 2011, Thailand experienced one its worst floods in history, severely impacting many provinces in the North and Central regions, and Bangkok. It was a challenge for many agencies to continue normal operations in the face of the flooding which lasted for many months. Travel for essential health services was also impeded for many citizens, especially those with chronic conditions. Accordingly, NHSO coordinated with the relevant government and private sector agencies to maintain essential health services, and increase channels of communication and information so that the public knew what their options were. Information was disseminated through on-line platforms, person-to-person communication, and the relevant network of health development partners. The NHSO worked with other agencies to deliver medicines and medical supplies for persons with chronic conditions to ensure there would not be stock-outs in the flooded localities.

One example is the treatment of end-stage kidney failure which usually requires the distribution of the peritoneal dialysis supplies to the home of the patient. Normally, this is done by the postal system. However, the flooding made this impossible since mail delivery was halted in some localities. The flooding created a crisis since the patients needed daily dialysis in order to survive. For their part, many of the patients were stranded in their homes by the flooding and, thus, could not go outside the neighborhood for treatment. During this period of disastrous flooding, the Call Center of the NHSO remained open throughout and this was a crucial lifeline for chronic disease patients who were able to identify themselves and their needs without having to leave home. The NHSO compiled a list of patients and locations and, in the case of kidney dialysis, linked the patient with the nearest facility with the needed supplies. Thus, the NHSO Call Center was the crucial link that enabled chronic care patients to be identified and reached with the needed medicines and supplies during the floods.

# 5

## SUMMARY OF RIGHTS PROTECTION BY NHSO

As part of implementing rights protection, the NHSO is serving the beneficiary population of 48 million Thais under the UCS. The NHSO helps keep the population informed of their rights and how to exercise those rights. The people are also made aware of how the NHSO tries to protect these rights. Each participating health service facility has information on these rights and how address problems locally if they arise. The UCS rights protection also helps to maintain and improve the relationship between the provider and patient through a system of mediation and no-fault preliminary compensation in cases of suspected injury or loss due to the performance of a participating health service facility. This builds trust and confidence in the scheme.

In addition, the system of rights protection helps strengthen Civil Society since the CSOs are expected to play an important role in mediation, coordination with government agencies, and provide other liaison

activities between the population and government. CSOs work alongside the government and technical agencies to help sustain and improve the UCS.

An important ingredient of success of the NHSO is how the National Health Security Act specified guidelines for promoting and protecting the rights of the health service consumer, including guidelines for helping the population to exercise those rights. Many of the service providers in the system possess a public service mindset, and see consumer rights protection as part and parcel of a successful universal coverage scheme. This helps make the system patient-friendly and easy to access. The population of beneficiaries has confidence in the service facilities. The entire system would not be as successful as it is without the effective and efficient network among all the health development partners across sectors.

## 5.1

### BENEFIT OF RIGHTS PROTECTION IN THE UCS

Rights protection for the population in the UCS can be considered one of the core obligations of the universal coverage scheme. Thus, the NHSO has to ensure that the population can access and exercise their rights according to law. The rights protection system also helps to identify places where services are not optimal so that they can be brought up to standard. In this way, the system of service facilities is continually being improved. Thus, the rights protection system is a mechanism to provide continual monitoring of the status of the scheme for all participating facilities around the nation.

## 5.1.1

### KNOWLEDGE AND UNDERSTANDING OF THE POPULATION ABOUT THEIR RIGHTS

Despite the decades of implementation of the UCS, it cannot be denied that there are groups of the population which may not fully understand their right to the benefits package and health services. There are many reasons for this awareness gap. First, the benefits package is under constant development in order to improve coverage. In addition, many people do not understand that if they stop paying into the Social Security scheme, then they need to transfer over to the UCS. That is also true for children of government civil servants when they reach the age of 20 years. There are still gaps in awareness about these transitions of coverage from one scheme to the other. Another factor is that the healthy population may not feel the need to know about their right to health services. It is usually only when they are sick or injured that people suddenly need to learn about their right to subsidized care and treatment. Thus, these changes and attributes of the system make the NHSO Call Center as important as ever as a mechanism to educate the public and keep them up-to-date about their right to health care.

## 5.1.2

### IMPROVING THE SYSTEM OF HEALTH SERVICES AND HEALTH INSURANCE FOR ALL

The consumer protections component of the NHSO is an efficient way to tap into the perspective and experience of beneficiaries, especially when they receive service they feel is sub-standard or are denied services. Thus, the NHSO has created multiple channels for people to report their experience with the universal coverage scheme. People can call in anonymously to the Call Center, go in-person to the independent complaint receiving unit, or visit the customer service office of participating health facilities at various levels. The NHSO has ensured that all these channels are patient-friendly so that no beneficiary feels intimidated if they want to lodge a complaint. Indeed, the NHSO welcomes these complaints as a way to improve services. The data from the complaint system can also be used to analyze performance of the NHSO over time and by geographic region, or type of facility and service. The participating facilities themselves can also use the citizen feedback as a reflection on how they are performing and meeting/or not meeting the needs of their constituency. Problems that are reported by multiple patients usually indicate a defect in the system or a management problem at

the facility level. This can lead to policy improvements, systemic change, or facility-specific intervention to correct service deficiency. Thus, the consumer rights protection system ensures that the UCS will continually improve as bad practices are weeded out and only good practices remain.

## 5.1.3

### REDUCTION OF CONFLICT BETWEEN PROVIDER AND PATIENT, AND PROMOTING CONFIDENCE IN THE UCS

All large health systems experience occasional conflict between patient and provider. Often, this is a result of a simple lack of understanding between the two sides. Thus, the NHSO has ensured that there is a user-friendly system for conflict resolution or avoidance. This includes rights protection and mediation. The active implementation of these measures helps maintain a positive and trusting relationship between the beneficiaries and participating health service providers. This helps to resolve problems quickly at the locality and reduces or eliminates the need for costly, time-consuming litigation. Indeed, nearly all the complaints in the most recent year with NHSO data were resolved without the parties resorting to legal action.

**THE RIGHTS PROTECTION SYSTEM OF THE NHSO IS TRANSPARENT, ORDERLY, AND TIMELY**

In addition, the program of no-fault preliminary compensation for a perceived loss or injury due to the performance of a participating health service facility helps to maintain a good relationship between provider and patient. The victim or victim's family can expect rapid compensation and timely mediation toward a full resolution of the claim. The rights protection system of the NHSO is transparent, orderly, and timely, and is under the watchful eye of stakeholders so that the population can be assured that the system serves their interests when they experience injury or illness.

## 5.1.4

### STRENGTHENING CIVIL SOCIETY

The role of CSOs is critical in promoting public participation in the system of rights protection, and that involvement is another key to success of the NHSO. The involvement of CSOs helps to strengthen the public interest as well as the CSOs themselves. The NHSO provides financial support to many of these CSOs who help make the universal coverage scheme accountable and approachable. The NHSO works with CSOs to improve their mediation skills and methods of peaceful negotiation. To be effective, these CSOs need to have a thorough understanding of the UCS and benefits package. All of this creates an atmosphere of mutual collaboration between Civil Society and public health insurance. The rights protection program of the NHSO helps the staff of the CSO and their counterparts in the health facilities to feel a sense of joint ownership of the mission for quality universal health care. These factors help contribute to the sustainability of the system.

In sum, the implementation of rights protection ensures that the population understands and exercises its right to health care. What is more, the rights protection mechanisms help to improve health services in place and reduce conflict between provider and patient.

## THE RIGHTS PROTECTION MECHANISMS HELP TO IMPROVE HEALTH SERVICES IN PLACE AND REDUCE CONFLICT BETWEEN PROVIDER AND PATIENT

## 5.2

### FACTORS BEHIND SUCCESS

The NHSO has achieved its goals for rights protection of the population by promoting general awareness of the benefits and recourse to action of patients when they feel services are not up to standard or fully accessible. This success can be attributed to a number of factors, some of which are highlighted next.



## 5.2.1

### THE LAW CLEARLY SPECIFIES THE RESPONSIBILITY AND GUIDELINES FOR IMPLEMENTATION

The National Health Security Act of 2002 clearly specifies the role and guidelines for implementing a system of rights protection of the population. This includes the right to enjoy the benefits of the UCS, as well as the authority and responsibility of the NHSO and various committees to support the system of rights protection. Rights protection means providing a means of filing and hearing complaints or complaints about services. Rights protection draws on principles of basic human rights and quality control for a standard set of services that are backed up by law. For any aspect of rights protection not specified in the 2002 Act, the NHSO has produced handbooks and guidelines to ensure there is full understanding of the process of implementation. This helps promote a unified service throughout the country and at the different levels of the health service system.

## 5.2.2

### PUBLIC SERVICE MIND-SET OF THE PROVIDERS

The National Health Security Act of 2002 clearly specifies the rights of the population and the responsibility of the NHSO to ensure those rights are protected and exercised. However, a key unwritten factor behind the success of UHC in Thailand is the public service mind-set of the personnel and partners in the system. These individuals support consumer protections not just because it is the law. Instead, they are proud to be a part of a universal coverage scheme that is an international model of success. The NHSO has excellent staff who are knowledgeable and dedicated to their mission of rights protection for the system beneficiaries. They feel an inherent sense of self-worth by helping people to exercise their rights and combat rights violations. They see the benefit of skillful mediation to promote harmony and trust between providers and patients in case of injury or harm. Ultimately, the system of rights protection and complaint resolution provides empirical evidence of areas for policy improvement and refinement of services at all levels of the system around the country.

## 5.2.3

### THE SYSTEM OF RIGHTS PROTECTION FOR CONVENIENT ACCESS AND CONFIDENCE IN THE SERVICES

The NHSO gives premier importance to the system of rights protection for the population and strives to create and maintain a variety of channels so that filing a complaint is easy, patient-friendly, and leads to a timely and appropriate resolution. Every participating health service facility has information about population rights in the UCS, and how to file a complaint, either directly to NHSO headquarters (i.e., the national Call Center) or locally to either a facility-based customer service unit, or an independent free-standing complaint receiving unit. These varied and easily accessed channels result in gradual increasing of the number of services. In addition to patients' benefit, the rights protection and complaint system helps the NHSO link and coordinate with the relevant agencies and health policy makers. This is because the UCS is such a large part of the country's health insurance system, that any issues or policy needs of the NHSO are likely to reflect those of

the nation. Thus, improving the UCS will, in large part, improve the macro system of health insurance for all Thais.

The improvement due to consumers' complaints build the trust of people under the scheme to the complaint process.



## 5.2.4

### NETWORKING

Another factor behind the success of the rights protection system of the NHSO is the collaboration with the network of CSOs, technical agencies and policy bureaus at the national level, regional health level, provincial level and the periphery. The NHSO has an inclusive policy to involve all related sectors in the rights protection program of the national health insurance scheme. A clear example of that is the process of receiving and reviewing complaints, and the sharing of information with the population and other stakeholders, all of whom play a role in making the entire system successful. This collaboration helps reduce gaps in coverage, promotes open and comprehensive communication, and builds trust and confidence in the national health insurance system, health and clinical facilities and the providers and patients throughout.

## 5.2.5

### CONTINUOUS IMPROVEMENT OF THE SYSTEM

The rights protection mechanisms of the NHSO began with the creation of the NHSO and continues to develop and improve to the present. Initially, the Call Center was a key mechanism for sharing information with patients and providers, and served as a channel to receive complaints. Over time, the Call Center was expanded, and there has been continuous capacity building of the personnel who operate the system. Now, other channels have been opened up including on-line platforms via the Internet, the customer service center in participating health care facilities, the independent complaint receiving unit, along with other channels so that no patient need feel that they are on their own in dealing with the system. The NHSO continues to strive to make the rights protection system simple and straightforward, and processes complaints with the utmost efficiency and appropriate resolution to mold the universal coverage scheme into one that meets all the needs of the population and is sustained indefinitely into the future.

## 5.3

### SUMMARY

By virtue of the National Health Security Act in 2002, Thailand began to implement a vision of universal coverage scheme through a transparent and participatory process. The NHSO viewed this as a collaboration with all related sectors, including Civil Society, technical agencies, policy makers, and the population to eliminate barriers to affordable quality health care, and eliminate shortcomings in the service system to minimize harm and maximize benefit. The rights protection component of the NHSO is an integral part of all operations of the health insurance system. The NHSO makes every effort to educate the beneficiaries of their rights and how to exercise those rights. The NHSO works with participating health service and clinical facilities to ensure the services are accessible, of standard quality, and are patient-friendly. As an external check on service quality, there are multiple mechanisms by which the patient population can report sub-standard service, injury or loss due to performance of a participating health facility. The NHSO also has a system to rapidly address complaints, provide preliminary (no-fault) compensation, and

## **A MECHANISM TO STRENGTHEN CIVIL SOCIETY IN THE PROVISION OF QUALITY, STANDARD HEALTH CARE SERVICES FOR THE POPULATION**

mediate a solution that is most satisfactory for patient and provider. The data from the complaints system help to inform policy and improvements to the system and individual service facilities or personnel. At the time of this writing, the NHSO program is a model of health rights protection and provides three main channels for the consumer to report concerns or irregularities in the system: The NHSO national Call Center, the customer service unit in participating health service facilities, and the independent, free-standing complaints receiving unit. These channels for two-way communication ensure that the service personnel and NHSO staff are kept informed of shortcomings in service delivery and consumer satisfaction. That information is timely and can be immediately applied to improve services before problems accumulate. It is also noteworthy that the consumer rights protection system of the NHSO is a mechanism to strengthen Civil Society in the provision of quality, standard health care services for the population. Civil Society also helps to ensure that the people have a voice and are heard by the powers that be, at the provincial, regional and national levels.

**CIVIL SOCIETY ALSO  
HELPS TO ENSURE THAT  
THE PEOPLE HAVE A VOICE  
AND ARE HEARD BY THE POWERS  
THAT BE, AT THE PROVINCIAL, REGIONAL  
AND NATIONAL LEVELS.**

## **REFERENCES**

1. Universal Declaration of Human Rights (UDHR) 2542; <http://humanrights.mfa.go.th/upload/pdf/udhr-th-en.pdf> Accessed on November 8, 2018.
2. International Covenant on Economic, Social and Cultural Rights – ICESCR). 2542; <http://humanrights.mfa.go.th/upload/pdf/icescr.pdf> Accessed on November 8, 2018.
3. CONSTITUTION OF THE WORLD HEALTH ORGANIZATION. 2006; [https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf) Accessed 8 November 2018.
4. UNITED NATIONS. Transforming our world: the 2030 Agenda for Sustainable Development. 2015; [https://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E). Accessed 8 November, 2018.
5. Constitution of the Kingdom of Thailand, BE 2517. Government Gazette. Volume 91, No. 169, 7 October 1974.
6. Constitution of the Kingdom of Thailand BE 2534. Government Gazette. Volume 108, No. 216, December 9, 1991.
7. Constitution of the Kingdom of Thailand BE 2540. Government Gazette. Volume 114, No. 55 A, 11 October 1997.
8. Viroj Tangcharoensathien, Woranan Witthayapipopsakul, Warisa Panichkriangkrai, Walaiporn Patcharanarumol, Prof Anne Mills. Health systems development in Thailand: a solid platform for successful implementation of universal health coverage. THE LANCET. 2018;391(10126):1205-1223.
9. Constitution of the Kingdom of Thailand, 2007. Government Gazette. Volume 124, No. 47 A, 24 August 2007.
10. Constitution of the Kingdom of Thailand, 2017. Government Gazette. Volume 134, No. 40 A, 6 April 2018.
11. NHSO. National Health Security Act 2002 . Government Gazette; 2002.
12. Ministry of Finance. Ministry of Finance's announcement on initial aid payments to compensate for loss/injury due to public health services. 2018. Government Gazette; 2018.
13. Chaweewan Lorsirikul. Privileges, operational results, preliminary compensation, and recipients of services, after loss from public health services according to the National Health Security Act 2002: The case of one province in the northeast. Public Health Administration, Graduate School, Khon Kaen University; 2012.
14. Chatsumon Phutthipinyo. The system of loss compensation from receiving public services health (no-fault). Journal of Health Law and public health 2015; 1 (1): 60-75.
15. NHSO. Regulations for the NHS Board, on criteria, methods and conditions in the initial compensation payments in cases of loss from medical treatment. 2012. Government Gazette; 2012.
16. NHSO. Report of the creation of the NHSO for FY 2018. Bangkok: Sahamit Printing and Publishing Company; 2019
17. Sriuen Deephoon, Vilailuck Chaimongkhon. Development of quality health care for mothers and children to reduce medical conflicts. Public Health Services Work Cluster, Srisaket. Journal of Hospital Physicians, Sisaket, Surin, Buriram. 2018; 33 (1): 23-
18. MOPH. Ministerial announcement on persons who are exempt from paying health care fees. 2012. Government Gazette; 2012.
19. NHSO. Announcement of the Board: Co-pay for health services, 2012. Government Gazette, 2012.

## **ADVISOR**

---

Vichai CHOKEVIVAT

Suwit WIBULPOLPRASERT

Viroj TANGCHAROENSATHIEN

Walaiporn PATCHARANARUMOL

## **RESEARCHER**

---

Anond Kulthanmanusorn

Hathairat Kosiyaporn

Sataporn Julchoo

## **EDITORIAL TEAM**

---

Churnrurtai KANCHANACHITRA

Anthony BENNETT

Prateep NAIYANA

Cattleeya KONGSUPAPSIRI

Nipaporn HUABCHAROEN





National Health Security Office