Budget Impacts: Thailand's long-term care policy and benefits for dependent elderly under the Universal Coverage Scheme

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Abstract

Background: To promote affordable healthcare to the entire population, Thailand introduced Universal Health Coverage (UHC) in 2002. The number of the older population has increased as a whole in countries where UHC has been successfully implemented. Thus, the Thai government deemed imperative to establish a long-term care program (LTC) for the dependent elderly covered by a Universal Coverage Scheme (UCS), which is administered by the National Health Security Office (NHSO) in Thailand. In 2016, the budget was approved and allocated to local governments to provide LTC services at homes and in community settings.

Objectives: This project aims to evaluate the impact of the Thailand LTC program implemented between 2016 - 2019 and the extent to which its goals were achieved in 2019.

Methods: Budget data obtained from the NHSO were reviewed. Interviews were conducted with NHSO's officers and formal caregivers from Sainoi Community Hospital to determine the scheme's successes, failures, and challenges.

Results: from 2016 – 2019, the cumulative number of certified elderly participating in the program increased from 80,826 to 219,518 (36.82%). The number of local governments registered in the program increased every year. Of 7,776 local governments in Thailand, there were only 7,738 local governments that had local health funds system to support the program. In 2016, there were only 1,752 (22.64%) local health funds that

participated in the program, and it increased to 6,003 (77.58%) in 2019. The budget approved increases from 600 million baht in 2016 to 1,159.20 million baht in 2018, but then it fell to 916.80 million baht in 2019. The actual budget allocated to local governments was lower than what had been approved.

Conclusion: The LTC program in 2019 could not achieve its goals because the local governments could not spend all the budget allocated; the main reasons being unclear financial rules of the national government, as well as the difficulty in finding LTC providers. The local governments were not certain about the extent the payment was covered by the LTC fund. Because the government was concerned about the unspent budget in 2019, the NHSO decreased budget requests to the local governments. Both parties made a concrete effort to solve the problems in the fiscal year 2020.

Keyword: Budget impacts, Long-term care, dependent elderly in Thailand

Introduction

Healthcare system in Thailand.

To achieve affordable healthcare covering the entire population, Thailand introduced the Universal Health Coverage (UHC) in 2002. The UHC aimed to promote and supply free or affordable healthcare services to the country's entire population. The scheme was based on the basic structure and concepts of the three dimensions of the UHC 'cube' developed by the WHO. The three dimensions focus on population coverage, service coverage, and financial protection, which addresses the retaining of equity and quality of healthcare services as well as maximum coverage without financial hardship in paying. (World Health Organization, 2014)

Thailand passed the first National Health Security Act in 2002 and introduced the Universal Coverage Scheme (UCS) in the same year. The UCS, also known as the 30-Baht scheme is administrated by the National Health Security Office (NHSO). The UCS covers approximately 48 million or 99.22% of uninsured; it specifically covers those not covered by the Civil Servant Medical Benefit Scheme (CSMBS) or Social Health Insurance (SHI) scheme for private sector employees and other insurance plans. (National Health Security Office, 2018)

The success of UCS had increased the probability of accessing healthcare when people are sick and has increased the possibility of using outpatient care and public services.

Also, the UCS has increased financial risk protection, as the free comprehensive services lower household out-of-pocket payment. (Tangcharoensathien, Witthayapipopsakul, Panichkriangkrai, Patcharanarumol, & Mills, 2018)

Thailand demographic situation.

Demographic trends play a critical role in resource utilization. Thailand's life expectancy at birth rose from 70.83 years in 2001 to 76.68 years in 2017 (Life expectancy at birth, total (years) - Thailand.). Meanwhile, the changing composition of Thai age groups has been noticed since 2005. The population census and the situation of the Thai elderly report 2017 showed that the proportion of elderly aged 60 and over were approximately 17% or 11.3 million out of 65.5 million in 2017 and predicted to increase to 20% by 2025 (Vapattanavong et al., 2019). Moreover, the data from a health survey conducted by the Ministry of Public Health in 2015 showed approximately 1.3 million (21%) of 6.4 million elderly in Thailand are housebound or bedridden and required health and social services while another 5 million were independent elderly. (Ministry of Public Health, 2017)

The structure of Thai families has changed because of lower birthrates and longevity. The number of household members has gradually become smaller, the average number of household members decreased from 4.4 members per household in 1990 to 3.1 household members in 2010 (United Nations Fund for Population Activities Thailand, 2015).

Furthermore, the number of people suffering from hypertension and diabetes mellitus, including cardio-cerebrovascular and other related diseases will increase the likelihood of chronic conditions, disability, and the need for long-term care, especially among the elderly group. (Kespichayawattana & Jitapunkul, 2008) Accordingly, the changing of the Thai population's composition is likely to increase the needs of LTC, but the current healthcare system in Thailand has not yet been adequately responding to the needs.

The overview of the LTC program in Thailand

History of the LTC program.

The increasing number of elderly in Thailand was first addressed in 1982; Thailand established the National Elderly Council after the World Conference of Aged Population, in which a long-term international action plan was introduced. In 1991, the Office of the Prime Minister established a permanent committee - the National Committee of Senior Citizens to promote programs and policies concerning the elderly and infirmed, which was followed by the declaration of Thai Senior Citizens in 1999. This supportive program has already led to the 2nd National Plans for Older Persons and Elderly Act of 2003 in order to respond to an increase in the aging population. (Jitapunkul & Wivatvanit, 2008) The LTC program in Thailand was made concrete in December 2009 at the 2nd National Health Assembly. The policy forum recommended adding LTC for the elderly onto the agenda. The

government adopted the LTC resolutions, which urged all relevant state agencies to be responsible for the LTC system.

The issues in the resolution for the elderly from the 2nd National Health Assembly were the following;

- Approved that the state has to manage and provide care for independent elderly and adopting of LTC principle for the elderly in Thailand.
- Requested local governments to responsible for LTC program, including to setting up a committee and responsible parties for LTC program as well as develop population database, finance support, provide LTC benefit to the elderly and promote volunteer in the community.
- Requested senior society to work with local organizations to push forward local policies.
- Requested multi-stakeholder to support LTC work to local organizations such as support knowledge and skills training, supporting primary health care units to work in the community. (National Health Security Office, December 18, 2009)

LTC's conceptual framework in Thailand.

In 2013, the government established a committee to develop the LTC strategy for dependent elderly from 2014 – 2018. The goals of the program aimed to prevent the elderly from being dependent or to allow them to be more independent in performing activities of

daily living and to mitigate the care burden of family members. The committee had initiated a community-based approach where LTC services would be provided at home or community settings. Following adopted regulations, local governments would be responsible for the program and be able to manage the program after three years of implementation with support from the Ministry of Interior, Ministry of Public Health, Ministry of Labor and Welfare for and National Health Security Office.

Eligibility criteria.

The program focuses only on dependent elderly aged 60 or over who are covered by UCS. The eligibility group is determined by health check-up and screening by using the Barthel Activities of Daily Living (ADL) index to classify eligibility. The levels are from *social bound* (ADL >11), *housebound* (ADL≥5-11), to *bedridden* (ADL <5). The elderly with an ADL score equal to or lower than 11 would be eligible for the program.

LTC benefit package.

Dependency classification: The service package includes healthcare and social services delivery to entitled elderly at home or community setting, roles, and process of care will be done by the family care team, care managers, and formal caregivers. The elderly received health needs assessment and health screening to classify eligibility and dependency levels to draw annual care plans. The dependency levels were:

Group 1: Mild dependency without dementia

Group 2: Moderate dependency with dementia suffering

Group 3: Severe dependency with physically disabled or severe illness

Group 4: Totally dependency with severe illness or end-of-life state

LTC services provision: The LTC services compose of domestic help, ADL help, healthcare services, assistive devices, and home care. The services will be overseen by the family care team and local government at home and in the community setting. The services provided by the family care team included the person's evaluating active health status and health risk as well as advising family members on nursing care, rehabilitation, nutritional care, pharmaceutical care, and respite care at a total dependency level. Social services will be provided by trained formal caregivers or related health providers and included home services for additional primary care, sanitation, environment management, and assisting in daily living activities. Furthermore, medical equipment provisions for air mattresses, oxygen tanks, or suction kits for severe or total dependency groups also included in the care plan. The elderly participating in the program had their ADL scores regularly reassessed, and their care plan altered accordingly. The frequency of visits, monitoring services, and care plan adjustment is mainly dependent on the dependency level.

Benefit package cost: Service cost for each dependent level ranges from 4,000 – 10,000 baht (USD 133–333) per capita per year. (National Health Security Office, 2016) The

unit cost estimation uses cost accounting based on a unit cost per day in Lamsonthi Hospital; known as Lamsonthi Role Model, the LTC initiative program since 1996.

The notice of an increase in the aging population and changing of illness patterns, especially among the elderly, would increase the likelihood of chronic conditions, disability, or require LTC care after hospital discharge. In 2006, NHSO, as the administrator of UCS, requested an expanded LTC budget for the 100,000 projected elderly registered under UCS's database. The national government approved 600 million baht, or 20 million U.S. Dollars (THB30/USD) for the first LTC budget to NHSO, to allocate this budget to local governments. (Srithamronsawat S., 2018)

Objectives

This project aimed to evaluate both the impact of the Thailand LTC program implemented during 2016 - 2019 and the extent to which its goals were achieved in 2019.

Methods

Quantitative data collection

Data were obtained from NHSO's website. Visits were made to the Bureau of Community Health Management, and Cluster of Strategies and Planning, NHSO in Thailand, to compare the obtained data and validate it with the advisor.

Qualitative data collection

Open-ended interviews.

The first set of interviews was conducted on August 14, 2019, at NHSO, Bangkok, Thailand. Interviews by the researcher were open-ended. The interviews were recorded with permission and translated from Thai to English by the researcher. The first set of requested interviewees were with NHSO Officers (LTC program managers)

- Director, Bureau of Community Health Management, NHSO
- Head section, Bureau of Community Health Management, NHSO

The second set of interviews was conducted on August 26, 2019, at Sainoi Community Hospital, Nonthaburi, Thailand with two caregivers from Sainoi Community Hospital in Nonthaburi province.

Results

Results from data collection review

Figure 1 shows the cumulative number of certified elderly participating in the LTC program from 2016 – 2019. In the first year of implementation, 80,826 people participated in the program which increased to 175,353 in 2017, then to 211,106, in 2019 and finally to 219,518 people in 2019.

Figure 2 shows the number of local governments participating in the program from the year 2016 – 2019. Of the total 7,776 local governments in Thailand, only 7,738 have launched a local health fund system that enables support for the program. In 2016, only 1,752 (22.64%) of local governments participated in the program. However, this number

increased dramatically in 2017 to 4,273 (55.22%) then to 5,640 (72.89%) in 2018; but in 2019 there was only a slight, though still significant, increase to 6,003 (77.58%) of local governments participating.

Figure 3 shows the total amount of budget approved and the budget allocated to provide LTC services by UCS from 2016 – 2019. The LTC budget given to the NHSO by the national government each year between 2016 and 2019. These amounts, which were calculated by the NHSO, are based on the projected number of elderly receiving care. The budget was subsequently increased from 600 million baht in 2016 to 900 million baht in 2017 and was increased again in 2018 to 1,159.20 million baht. During this three-year period, the amount spent by local governments was consistently lower than the amount allocated by NHSO. The national government acknowledged the situation and decreased the budget approved in 2019 to 916.80 million baht. Of this amount from the national government, the NHSO allocated only 488.80 million baht (53%) to the local governments that year.

Summary from the interview

The open-ended interviewed identified the components of budget allocation, problems, challenges, and policy forward in the 2020 related LTC program in Thailand. The findings below will be presented in quotes to illustrate LTC themes.

Budget allocation.

Question: How was the budget calculated? Does it depend on individual needs or the total number of elderly?

"LTC funding is a lump-sum budget. In order to calculate the first-year budget, price is the based-line cost from Lum-sonthi model, which is a bottom-up analysis. The cost contains the direct costs as well as costs for the service and hospital costs. Quantity is a registered elderly under the UC scheme. The 6,000 Baht per capita was granted to communities and healthcare units in 2016." (respondent NHSO2)

Question: Previous implementation performance and how the NHSO responded to it

"Some districts did not spend the money, especially regarding compensation for formal caregivers. The money is not reclaimed by the system, therefore left-over money was carried over to the next year. The NHSO does not allocate new funds for old cases if the money from the previous year is still available. The NHSO monitors and updates budget

disbursement via their bank accounts. In 2018, we set up an LTC program to help in reporting the budget used in each district." (*respondent NHSO2)*

Unclear financial regulations and lack of guideline support.

"The districts were reluctant to spend the budget due to compensation issues. Many formal caregivers have not yet received any payment, so they have left the program." (respondent caregiver1)

"We have not received any payment from a government since 2016, but it was acceptable for formal caregivers since they have another income, and this is volunteering services to the elderly in our community." (respondents caregiver 1 and 2)

"I also expected to see the commitment from related agencies on the LTC program to reduce the work gap in the community in the future, especially from local governments. It has been almost four years, but the daycare center is not ready yet." (respondent caregiver2)

"The main problems were confusing regulations, such as which items were covered by the LTC fund. Two examples are the compensation of formal caregivers and diaper purchasing. Also, a criticism from many sectors was regarding workforce issues; many districts had difficulty finding care managers or trained formal caregivers. In addition, population coverage should have been expanded to vulnerable groups on other health

schemes; not just for the UCS. We acknowledge these problems and did not ignore them. We are trying to solve them one step at a time." (respondent NHSO1)

Target population coverage.

"LTC program is an outstanding program but with limited access only for the dependent elderly who belong to UCS. I usually service young disability or people who do not belong to another health scheme." (respondent caregiver1)

The Policy forward in 2020.

"The policy forward in 2020 is (a) Expand LTC target audience to cover every dependence and disability persons at any age or any health scheme to ensure that people can get access to services and leaving no one behind. (b) Clarify financial roles and related issues. (c) Establish new Local Administrative Organization formal caregiver or A-sa samak nak boriban tong-tin who will belong to LAO to compensate for workload and payment burden. The selected new LAO formal caregiver mandatory to finish 120 hours of training and 20 days of work per month. They will be paid 6,000 baht per month, which is less than half of a commercial site. Therefore, the extent budget increased from 918 million baht to THB 975,7 million in 2020". (respondent NHSO1)

Discussion

This project aimed to evaluate the impact of the Thailand LTC program implemented between 2016 - 2019 and the extent to which its goals were achieved in 2019.

Since 2016 the cumulative number of certified elderly that participated in the program has increased from 80,826 to 219,518 in 2019. This directly relates to the number of local governments registered to provide LTC services, which has increased from 1,752 districts in 2016 to 6,003 in 2019.

Between 2016 – 2019, the national government approved budgets for the NHSO for LTC services. The initial budget in 2016 was 600 million baht and was subsequently increased to 900 million baht in 2017 and then to 1,159.20 million baht in 2018. However, in 2019, the government decided to decrease the amount of approved to 916.80 million baht based on the previous year's performance. If only demand is taken into consideration, the budget should have been increased again in 2019. After three years of implementation, the total budget allocated to LTC providers in 2019 was lower than what was approved. The NHSO, the administrator of the program, lowered the annual budget requested for the LTC program in the fiscal year 2019; however, the budget the NHSO allocated in 2019 remained lower than the approved budget

The interviews with NHSO representatives and formal caregivers gave insight into some of the major factors leading to this decrease in funding:

LTC financial rules and LTC workforce.

Although most local governments increased LTC activities in the community, the confusion caused by unclearly defined financial rules and guidelines left many districts unable to use their entire allocated budget. This resulted in some services being left unpaid, especially for the consumable expenses, such as purchasing diapers, or expenses to compensate formal caregivers (Aunprom-me, 2018); as a consequence, local governments had a surplus of funds received from the NHSO at the end of the financial year.

Also, a government report in 2018 stated that unused funding, although partly due to unclear financial rules, was because of insufficient people being brought in to fill available positions. Many districts had difficulty finding care managers or formal caregivers. Because of some care workers had not finished the training, had to leave the program. Another cause was the inadequate compensation and procurement procedures by the government. (Srithamronsawat, 2018)

Complicated budget calculation methods.

The participating local governments' reports on budget allocation and spending are available on NHSO's website annually. In districts where the entire budget was not spent, left-over money is carried over to the next year because the allocated budget for the LTC program in Thailand is a lump-sum budget. The NHSO will not ask the local governments to return the money. The NHSO will deduct the left-over amount from the next year's budget as

it does not allocate new funds for old cases when money from the previous year is still available. Therefore, only money for new cases is allocated to the local government.

Lack of commitment from local government.

The interview with formal caregivers revealed that some local governments did not play a role in providing LTC services. In these situations, activities decreased because the facilities to provide the services were not available.

However, these factors have been discussed and acknowledged by the government. In the fiscal year 2020, the government tried to rectify the LTC problems by (a) expanding LTC's target demographic to cover as many dependent and disabled persons, at any age or on any health scheme, as possible to ensure that everyone eligible could get access to services and thus leaving no one behind; (b) clarifying financial issues; and (c) establishing new Local Administrative Organization formal caregivers or *A-sa samak nak boriban tong-tin* who will be paid monthly. Therefore, the overall budget has been increased from 918 million baht to THB 975,7 million in 2020.

Suggestions for future development.

Based on the findings, this project would suggest the following measures. (a) Both the government and NHSO need to urgently revise the LTC financial rules to clarify issues that local governments have to deal with, for example, the purchasing of diapers or compensation for formal caregivers. The financial rules should state more clearly and in

greater detail, which items are covered by the fund and how much should be paid for each item. Simplifying the system of rules and regulations regarding pricing, eligible recipients and services, and payment procedures would vastly improve the efficiency and overall management of the program. (b) The LTC goals must be more specific to local governments, which are not fully committed to LTC policy goals. The national government should put more pressure on local governments and related agencies to the importance of the LTC policy and (c) Finally, more consideration and focus need to be given to improve the status of formal caregivers to reduce the difficulty of finding LTC providers.

Recommendation for future study.

The recommended areas for future studies recommended are to (a) evaluate the budget trends after revised government financial rules have come into play to see both the positive and negative impacts they have brought with them and (b) study the budget expenditure in urban and rural areas, using various statistical analysis methods, as to why one district utilizes its funding better or worse than another.

Conclusion

The local government could not spend the entire allocated budget because of (a) unclear financial rules from the national government. They were not certain about which payments were covered by the LTC budget; for example, consumable accessories, and compensation for a formal caregiver. (b) Some districts had the extra difficulty in finding LTC providers both care managers and formal caregivers. The NHSO recognized that there was a difference between the budget approved and the budget being used between 2016-2018 and responded to this by lowering the total amount requested from the national government in the fiscal year 2019. The total budget given to NHSO in that year was 916.80 million baht. Unfortunately, the decreased budget contradicts the noticeable increase in the number of both certified elderly and local governments participated in the scheme. The government has acknowledged these shortcomings and was made a concrete effort to solve these problems in the fiscal year 2020.

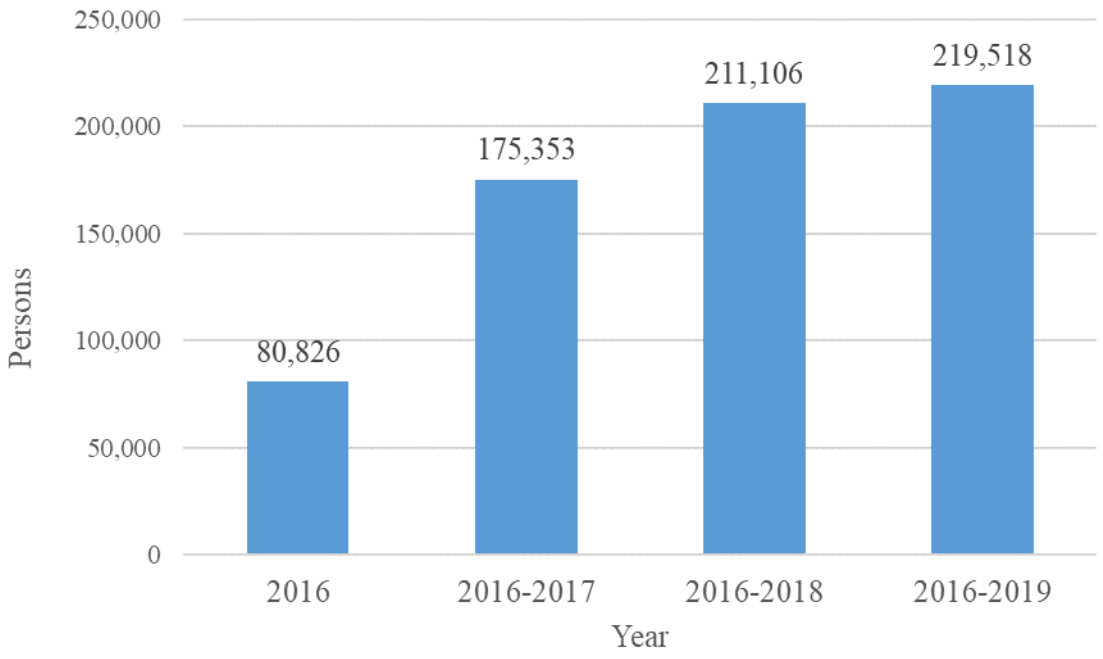
The government should first revise financial rules and then clarify how the budget can be spent and the items cover by the fund. The local governments must become acutely aware of the specific goals related to the importance of the LTC lead to developing LTC services and fully allocated budget spending. Future studies are required to evaluate budget trends after the government revises its financial rules, to determine whether it has a

positive or negative effect and why. There should also be a study of budget expenditure in the urban and rural areas focusing specifically on problematic areas.

Appendices

Figure 1

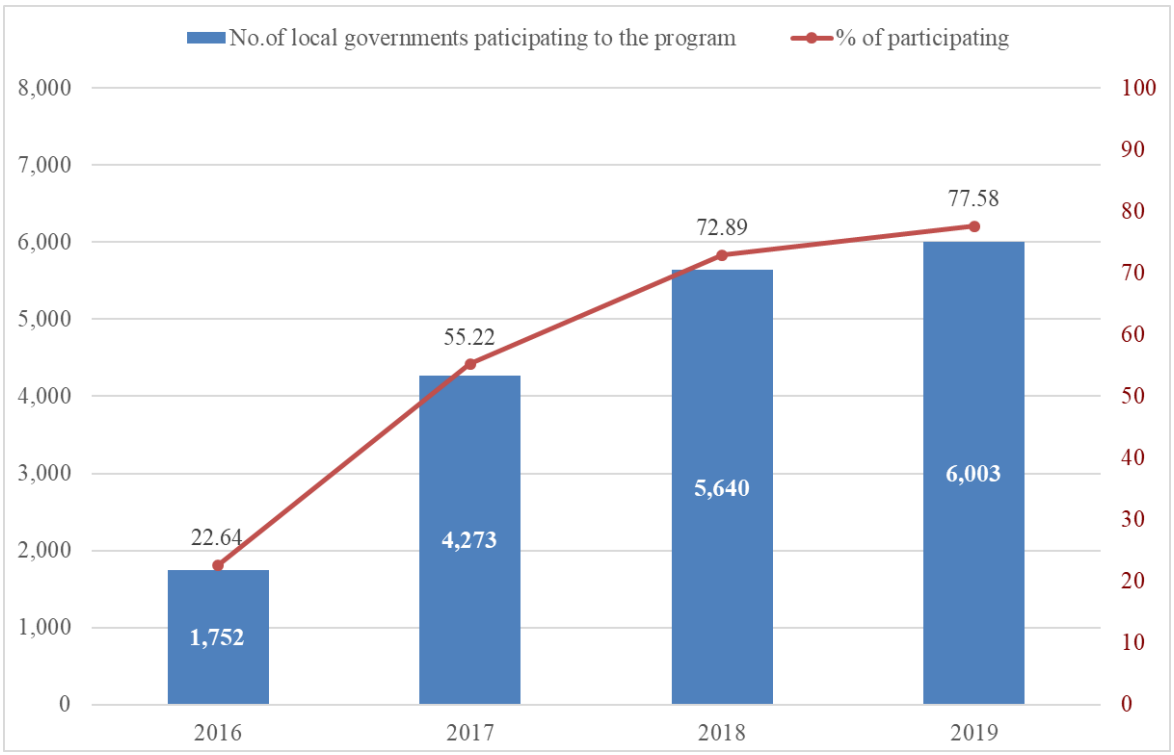
The cumulative number of certified elderly participating in the LTC program (2016 – 2019)



Source: Bureau of Community Health Management, NHSO. Thailand

Figure 2

The number of local governments and the percentage of local government participating in the program (2016 – 2019)



Source: Bureau of Community Health Management, NHSO. Thailand

Note: Of the total 7,776 local governments in Thailand, only 7,738 have launched a local health fund system that enables support for the program. (see section Result)

Figure 3

The total amount of budget approved and the budget allocated to provide LTC services by UCS (2016 – 2019)

Source: Bureau of Community Health Management, NHSO, Thailand. Updated September 2019

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