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## WORKSHOP ABSTRACT

# Service Delivery Networks in the Philippines: Results of a Readiness Assessment

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Similar to other countries, the Philippines faces a set of healthcare and health system challenges including an increasing burden of non-communicable diseases (NCDs), aging society, rising demand for specialty care, overcrowding of higher-level hospitals, hospital-based provision of low complexity care, fragmented service delivery systems and weak primary healthcare (PHC). One observed consequence of fragmented service delivery in the Philippine context is patient “zigzagging” from provider to provider to resolve an illness episode (IQVIA, 2017). This results in low quality of care, patient dissatisfaction and the rapid depletion of patients’ social health insurance (PhilHealth) benefits, which in turn drives higher out-of-pocket payment (OOP). These challenges call for better vertical care integration in service delivery.

Since the early 2000s, the Philippines has taken important steps towards strengthening care integration in service delivery through the development and testing of organized network arrangements (SDNs). Following these efforts, the recently approved Universal Health Care (UHC) Act of 2019 aims to create province- and city-wide health systems to deliver both “population-based” and “individual-based” health services. Ostensibly, the UHC Act launches more extensive phase of network formation.

As the government seeks to move ahead with expanding network formation, insights from the early and ongoing implementation of SDNs could serve as useful inputs for refining, adapting and scaling-up these initiatives. Yet, despite some documentation of promising efforts, little systematic information exists on the structure, operations and impacts of SDNs,

This assessment gather in-depth information on Service Delivery Networks (SDNs) in two provinces, Batangas and Sorsogon. The survey instruments and underlying analytical framework were developed in close collaboration with the Department of Health (DOH), PhilHealth and provincial and city representatives. The survey consisted of of three instruments, each directed to separate audience: health workers (N=93), SDN managers (N=23) and local government unit (LGU) leaders (N=11). Each instrument consists of a mix of question types, including closed (yes/no) and multiple response, questions answered on a Likert scale and open-ended responses.

The findings are structured according the three domains of the analytical framework consisting of three domains and corresponding components related to development and implementation of organized integrated care networks:

- Macro environment: (i) policy and legal; (ii) governance and leadership; (iii) finance and payment; (iv) management; and (v) human resources.

- Micro environment: (i) service provision, including PHC; (ii) immunizations and logistics; and (iii) provider-to-provider interaction.
- Cross-cutting enablers: (i) SDN performance monitoring; and (ii) information technology and digital health.

The results demonstrate that some of the building blocks to support main features of the UHC Act, and more broadly, care integration, are in place, while others are not. For example, the two SDNs have made important progress achieving a moderate level of maturity in some components such as governance structure, multidisciplinary teams, patient registries and referral systems. However, the SDNs received a lower maturity rating for other components including finance, citizen engagement, HR capacity building, management and primary health care. More worrisome is the lack of advancement in payment mechanisms, performance measures, evaluation and digital health.