



PIDS Analysis of the National Health Expenditure Survey (NHES) Round 1: Notes for Discussion

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PIDS Webinar "Towards Universal Health Care: Understanding
Healthcare Use and Spending in the Philippines"

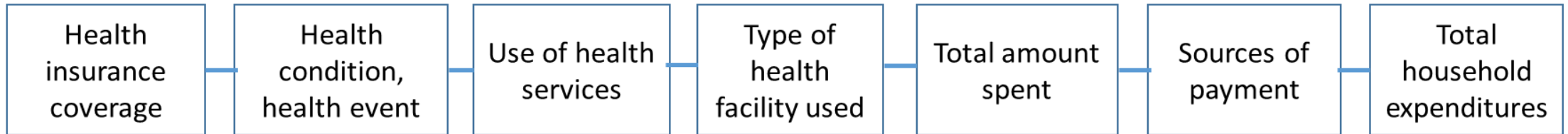
May 16, 2024

Key points

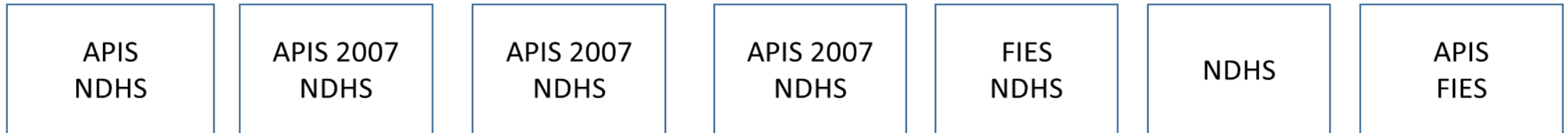
- The NHES is the latest addition to the national data sets.
- There is a need to communicate NHES data to stakeholders and to institutionalize stakeholder discussion
- Information from PIDS analysis provide insights into UHC implementation
- Analysis of NHES can complement work on PNHA to provide more detailed picture of health care expenditures.

NHES as an addition to national data sets

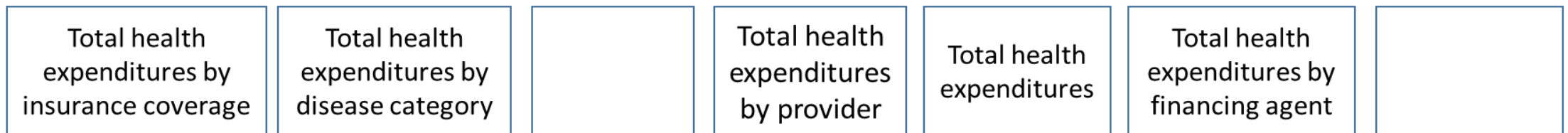
Information linked at individual level (Core NHES)



Current data sources (surveys)



National Health Accounts



Maximizing the use of NHES through communication among stakeholders

Stakeholders

- Department of Health
- PhilHealth
- Philippine Statistics Authority
- Local Government Units
- Private insurance/HMOs
- Government and private hospitals
- Civil Society Organizations
- Academe/research organizations

Communication

- Unique features of NHES
- Technical aspects: design, sampling, survey components
- Results and insights from existing reports and analysis
- Analytical plan for further analysis of NHES Round 1
- Moving to Round 2 - analytical plan to address issues of UHC implementation
- Complementing information from other data sources

Information from NHES Analytical Report and Policy Briefs

- Javier, X., P. Crosby, M.E. Sanchez-Vila, R. Ross, and M. S. Santos. 2021. *Philippines National Health Expenditure Survey: Round 1 Analytical Report*. Washington, DC: Palladium, Health Policy Plus.
- Xylee Javier, Pamela Crosby, Rebecca Ross, Ma. Erlinda Sanchez-Vita, and Maria Socorro Santos (April 2022) “Understanding Out-of-Pocket Expenditure for Outpatient and Inpatient Care, Philippine National Health Expenditure Survey Round 1. *HP+ Policy Brief*
- Xylee Javier, Pamela Crosby, Rebecca Ross, Ma. Erlinda Sanchez-Vita, and Maria Socorro Santos (April 2022), “Understanding the Incidence of Catastrophic Health Expenditure in the Analysis from the Philippine National Health Expenditure Survey Round 1. *HP+ Policy Brief*
- Household characteristics and health insurance coverage
- Health seeking behavior and utilization (need for healthcare, unmet need for healthcare, usual source of primary care, healthcare utilization)
- Healthcare charges (average for care at health facilities; cost components)
- Healthcare expenditures (OOP and PhilHealth support for OP; OOP and PhilHealth support for IP; OOP by household member characteristics)
- Financial protection (catastrophic health expenditure; no balance billing policy)
- Quality of care and patient experience issues

Insights from PIDS Analysis

Trends in outpatient service use among Filipinos with usual care providers

- Result: Households with usual healthcare provider utilize outpatient care services compared to those with none.
- Notes:
 - What’s good about having a “usual healthcare provider”?
 - How can we design delivery and financing system to encourage people to have a “usual healthcare provider”?
 - What are barriers to having everyone a “usual healthcare provider” or in the context of UHC “primary care provider? (service capacity and financing issues)

Insights from PIDS Analysis

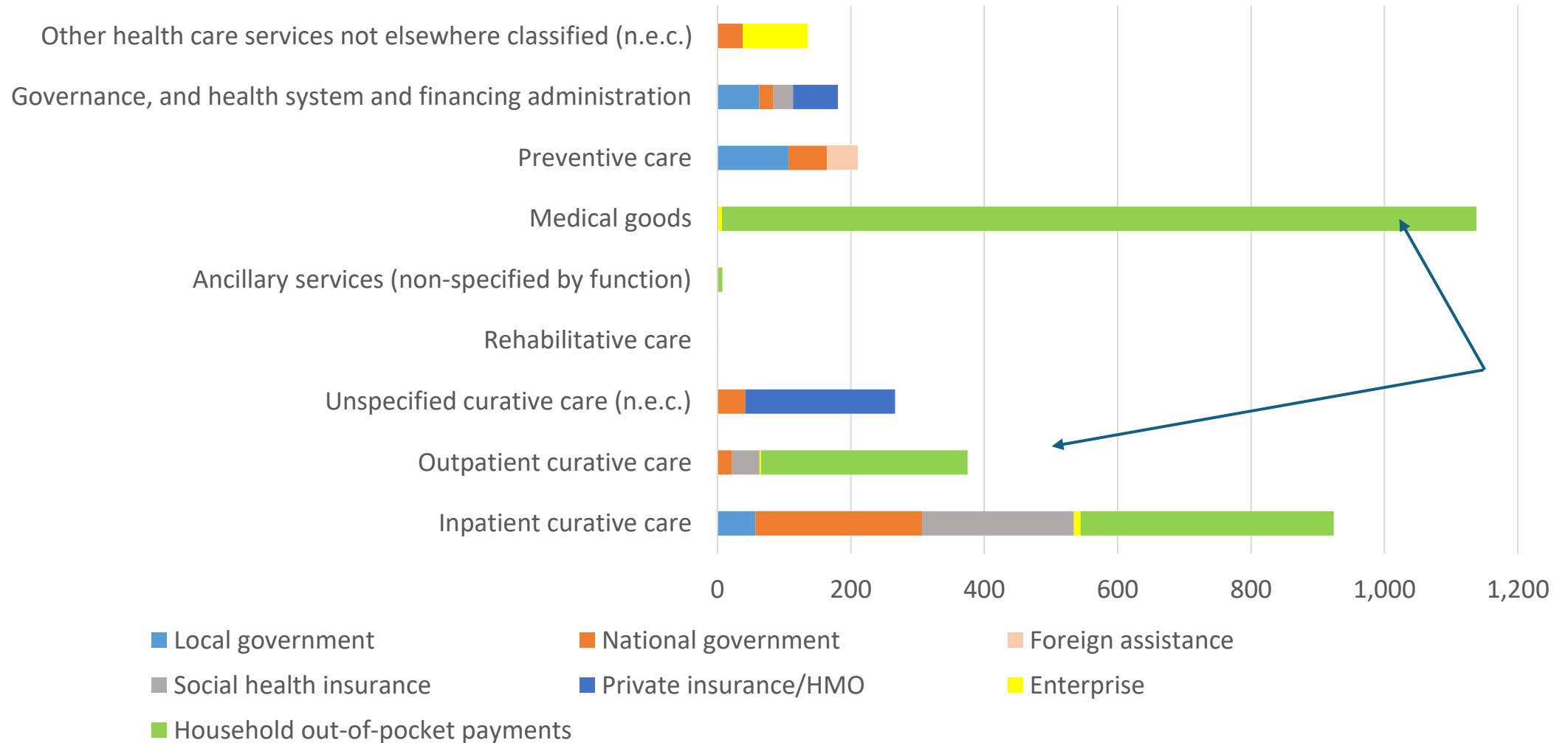
Determinants of household out-of-pocket expenditure on noncommunicable diseases

- Result: Public and private hospitals tend to be used more for outpatient care than RHUs//Health Centers
 - Note 1: Has this something to do with wider scope of services in hospitals compared to RHU/HC? Or perception of high quality (since use of private clinic is also higher than RHU/HC?)
 - Note 2: Implication for investment in RHU/HC – towards increasing the scope of services to include diagnostics and pharmacy, and additional staff.
- Result: For outpatient services, only private/HMO/GSIS/SSS insurance were found to significantly reduce outpatient OOP spending significantly (although more than half are covered by PhilHealth and only 2% by HMO/private insurance)
 - Note 1: Limited outpatient benefits from PhilHealth relative to HMO/private insurance? (Konsulta implemented only in 2020, earlier OPB package not widespread).
 - Note 2: Implication for complementation of PhilHealth and HMO/private insurance as mandated by UHC Act.

Complementation between NHES and PNHA

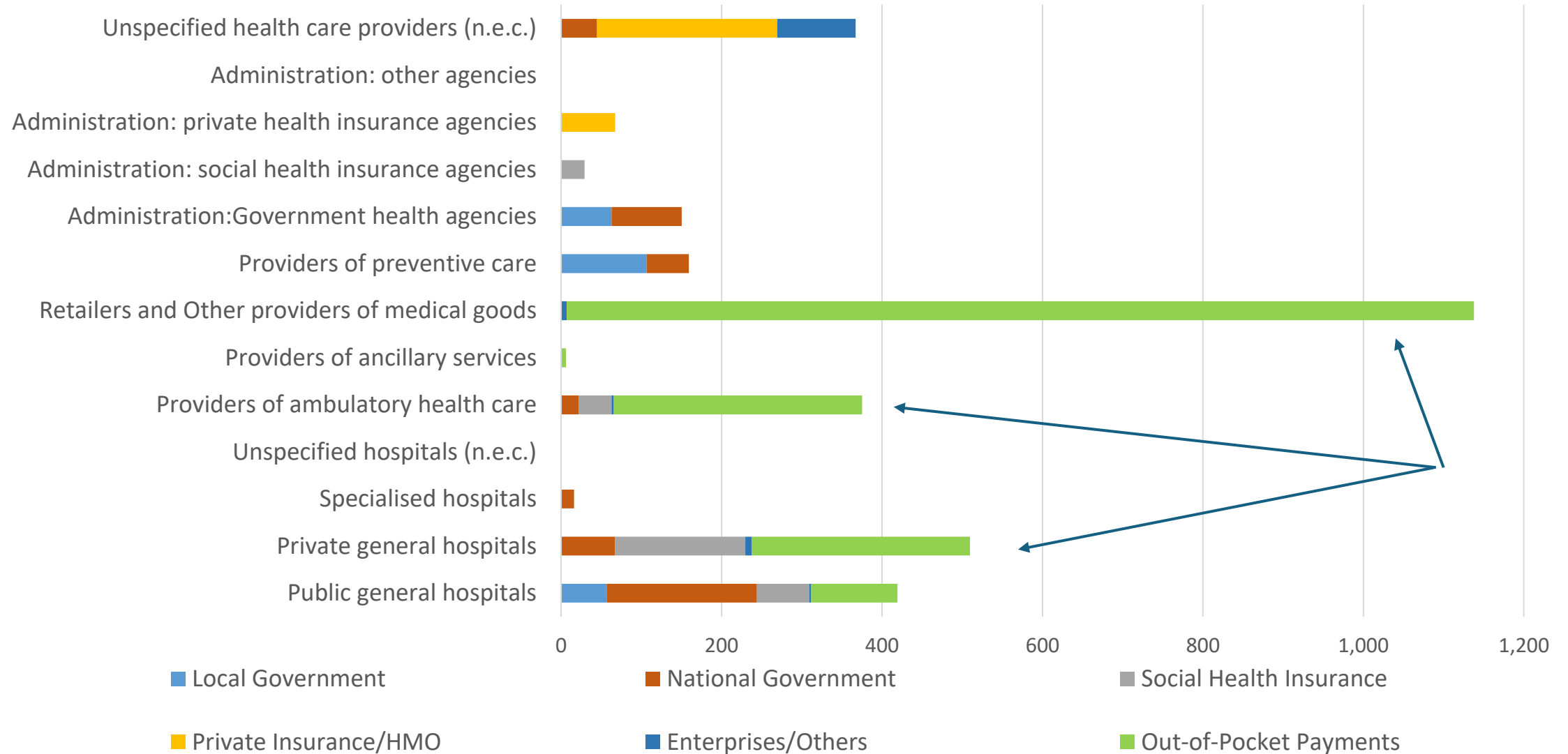
- PNHA has shifting to estimating NHA using WHO, OECD and Eurostat *System of National Accounts 2011* guidelines.
- This approach allows estimates of health expenditures by healthcare delivery system categories (e.g., provider, function, diseases) and financing agent.
- Prototype NHA estimates done for 2012 to 2014 used “distribution keys” to allocate total household expenditures into various categories of expenditures.
- More detailed data from NHES could allow more refined distribution keys.
- Examples of disaggregated NHA are shown in Slides 9-11

Per Capita Health Expenditures by Function and by Financing Agent, 2014 (in PHP at Constant 2000 Prices)

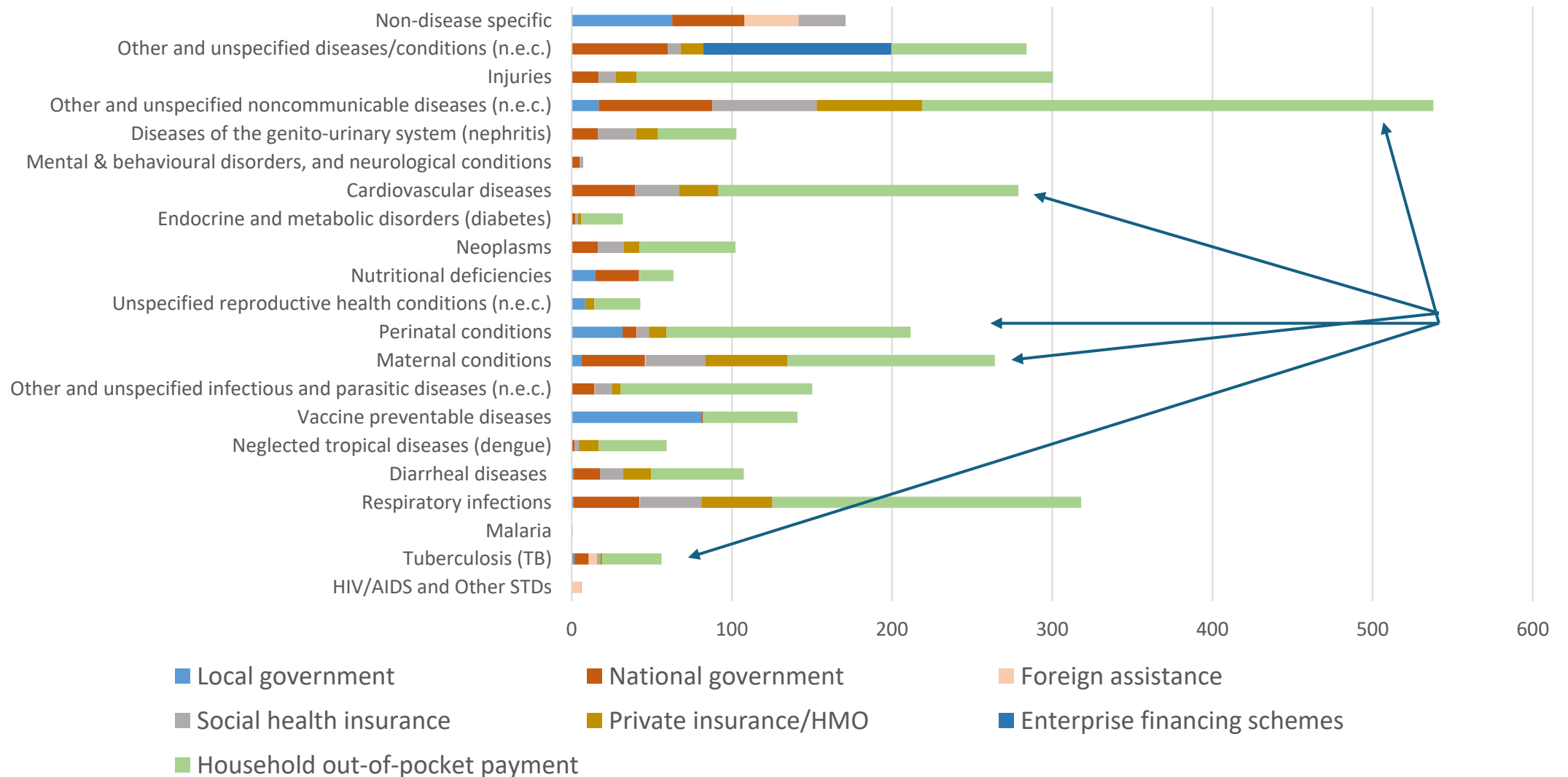



Source of basic data: Racelis et al., 2016

Per Capita Current Health Expenditures by Type of Provider and By Financing Agent, 2014 (in PHP at Constant 2000 Prices)



Per Capita Health Expenditures by Disease Group and by Financing Agent, 2014 (in PHP at Constant 2000 Prices)





Thank You
and
Mabuhay!