

A participatory, transparent  
explicit priority-setting process  
to maximize health outcomes

# PHILIPPINE HEALTH INSURANCE CORPORATION

# Outline

1. PhilHealth mandate, mission and vision
2. Types of membership
3. Classification of benefits
4. Context: Benefits design process problem
5. Policy Problems
6. Benefit pay-outs and challenges
7. Main goals of PhilHealth
8. Priority setting process and criteria
9. Lessons learned

# PhilHealth

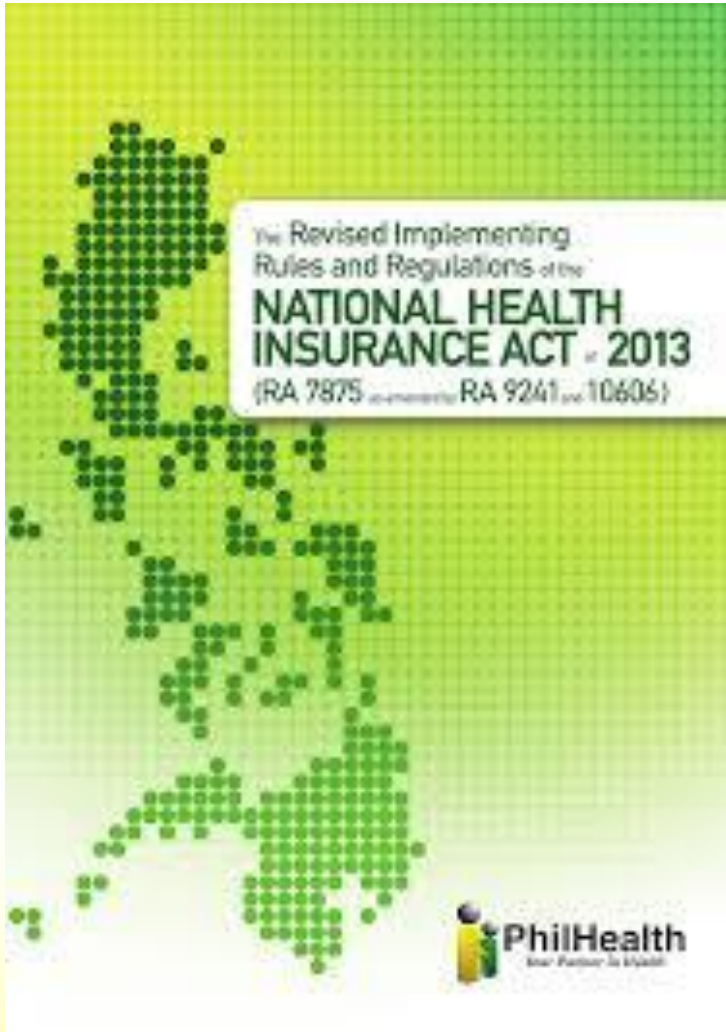
- Single Fund/Single Payer
- Coverage of about 92% percent of population



*\*Artwork by Filipino National Artist  
Carlos "Botong" Francisco*

## Mandate

- To provide health insurance coverage and ensure affordable, acceptable, available and accessible health care services for ALL FILIPINOS



# Vision and Mission



Bawat Pilipino **MIYEMBRO**  
Bawat miyembro **PROTEKTADO**  
Kalusugan natin **SEGURADO**

**SULIT NA BENEFISYO**  
Sa bawat Miyembro  
**DEKALIDAD NA SERBISYO**  
Para sa Lahat



# Member Categories



**Formal  
Economy**



**Informal  
Economy**



**Sponsored  
Members**



**Indigent  
Members**



**Lifetime  
Members**

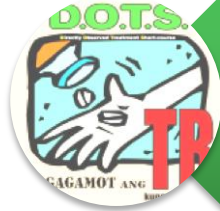


**Senior  
Citizen**

# PhilHealth Benefits



Primary care benefits



Outpatient benefits



Inpatient benefits



Z benefits

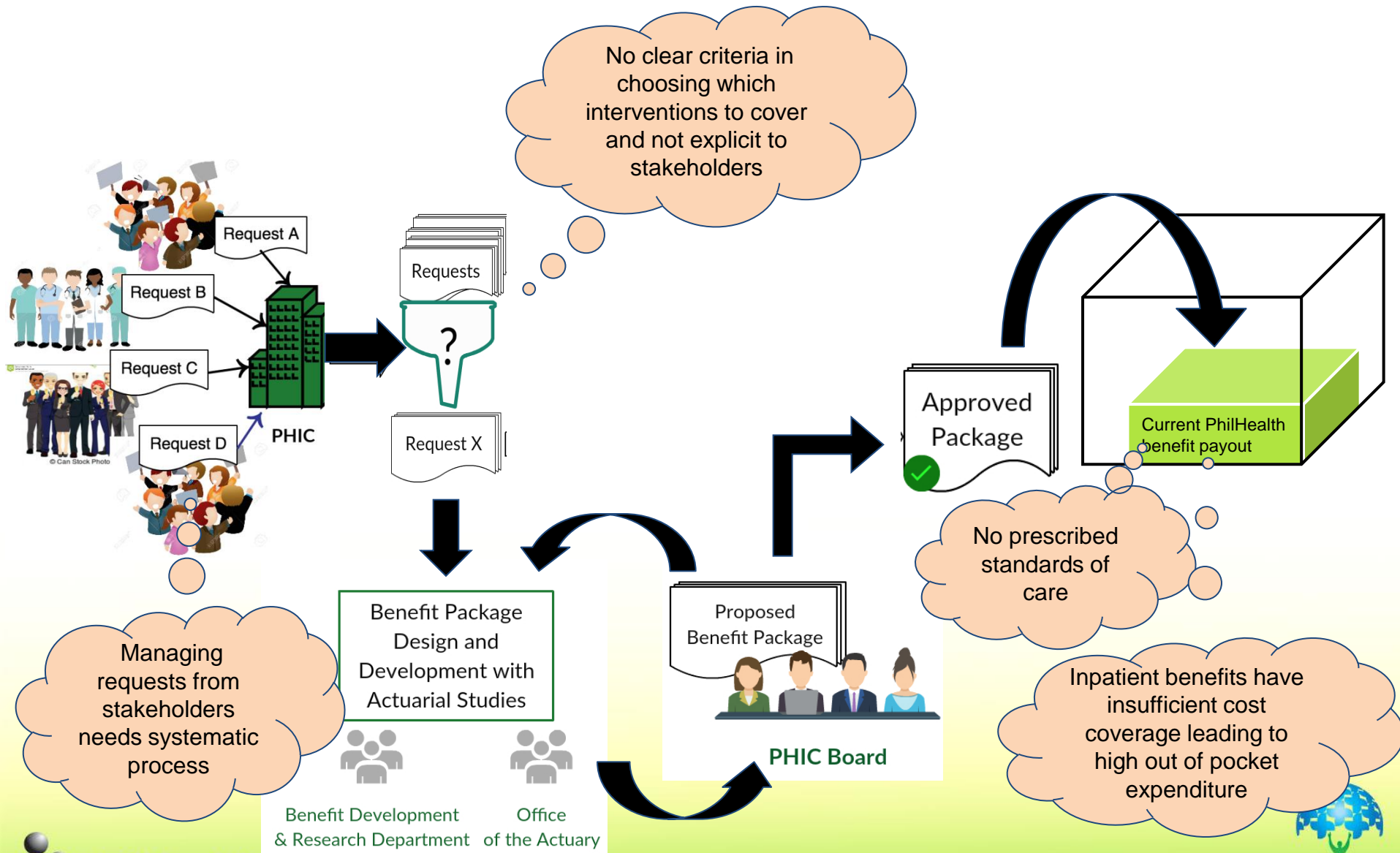


Other special benefit packages

# THE CONTEXT



# Benefits Design Process Problem



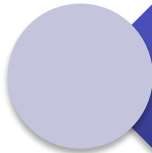
# Policy Problems



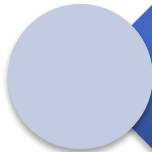
Priority-setting process NOT explicit



Unequal access and lack of transparency of benefit development process



No prescribed standards of care for inpatient benefits



Uncertain cost coverage



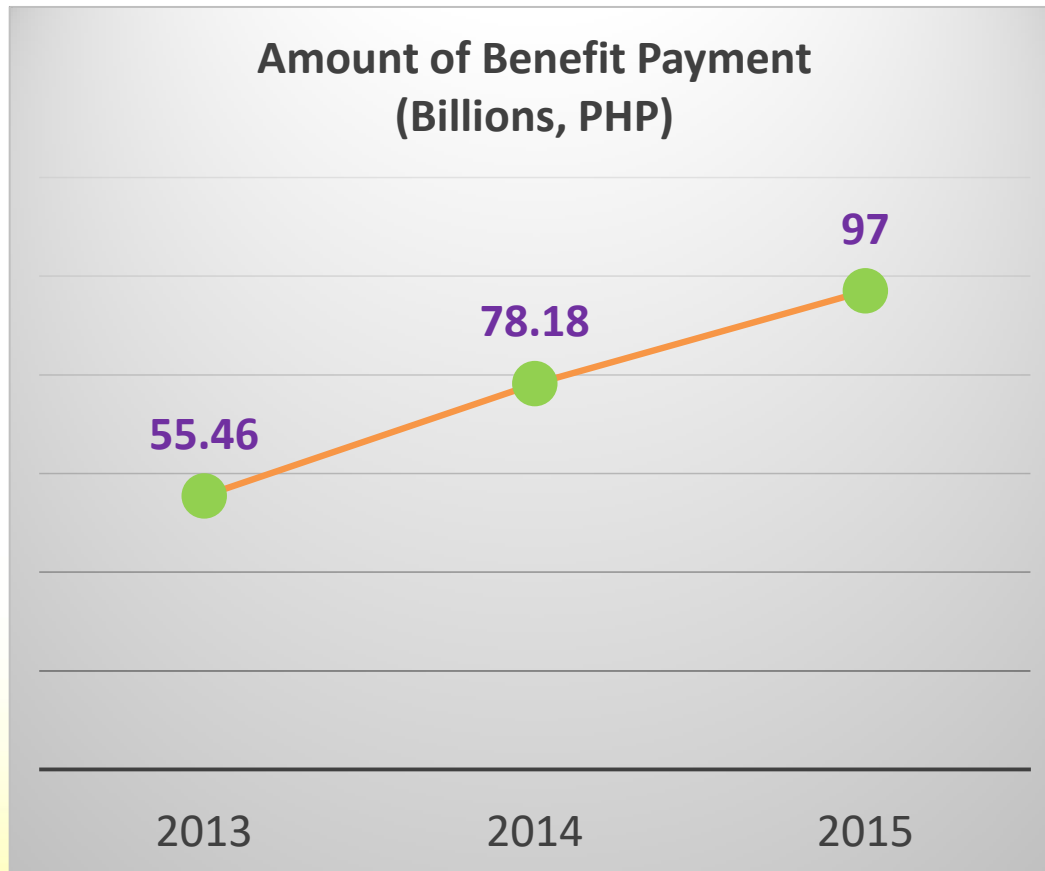
Insufficient focus on preventive clinical interventions



Lack of delineation of who pays for what

# PHILHEALTH BENEFIT PAY-OUTS

# Benefit payment



2013 ~ PHP 1.1B a week  
2014 ~ PHP 1.5B a week  
2015 ~ PHP 1.9B a week

# How much is PhilHealth paying for benefits?

PhilHealth benefit payouts are **increasing (CAGR = 8%)**





# Bigger payouts BUT how is money spent?

## *Mismatch of Burden and Claims*



### Top Burden DISEASES

% DALYs

2 Lower Respiratory Infections (6.11)

4 Preterm birth complications (3.6)

10 Ischemic heart disease (2.8)

Does **NOT**  
address **priority**  
**conditions**

covers only

**3 of the Top 10 Diseases**

Your Partner in Health



### Top CLAIMS in 2014

in BILLIONS

1 Pneumonia Moderate Risk (10.2)

6 Stroke (2.8)

7 Diabetes (2.5)

10 Routine Obstetric Care (1.7)

Too much  
spending for a  
**few diseases**

**Total**

PHP 30.2B or **40%** of total

claims

# MAIN GOALS OF PHILHEALTH

# Main Goals



**Financial support** to Filipinos, prioritizing the **most burdensome diseases**

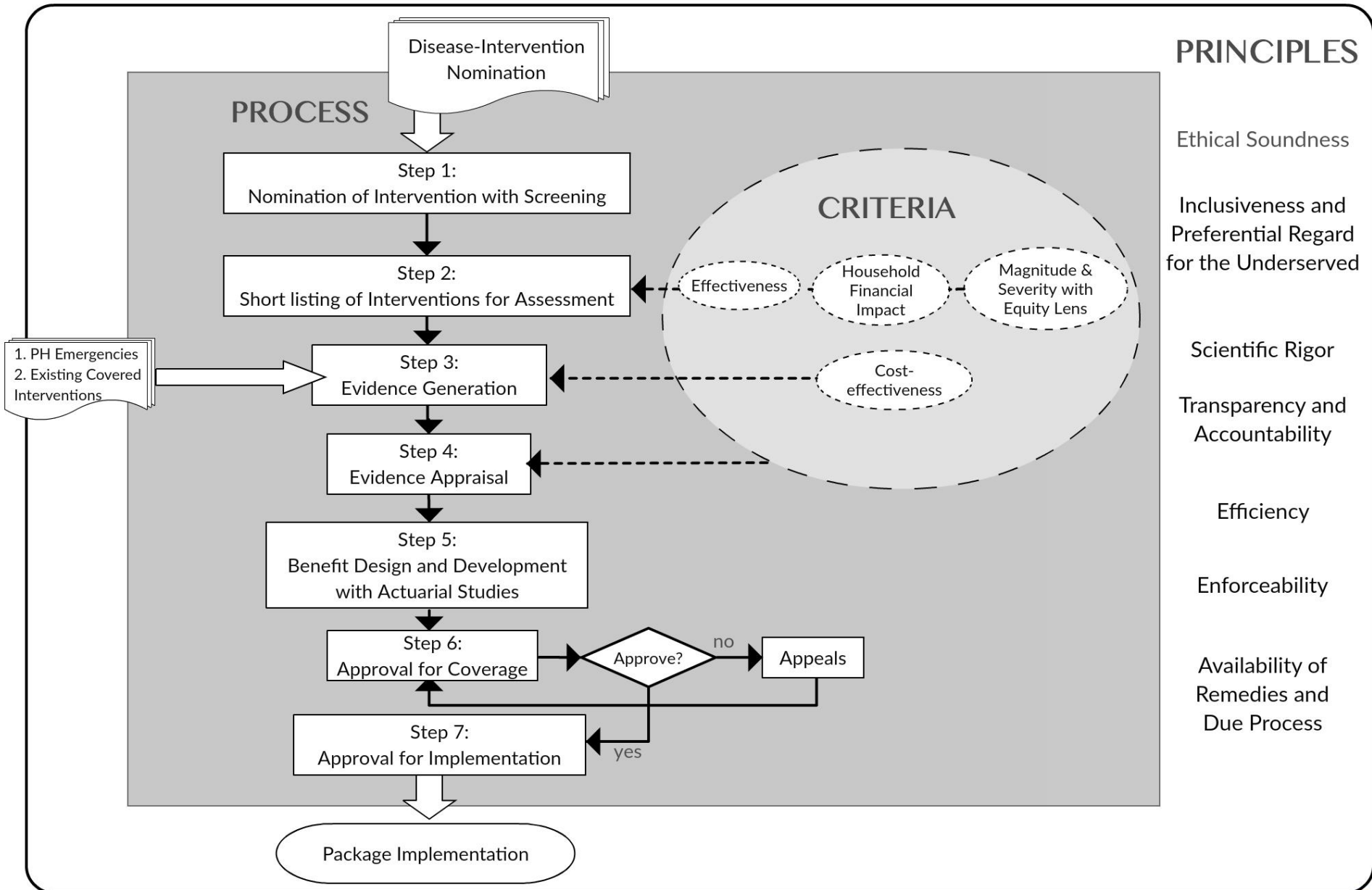
**Value for money!**



**BEST CARE** for the patient at the **BEST PRICE**  
-**Maximise** PhilHealth support by covering the **most cost-effective services**

# EXPLICIT AND TRANSPARENT PRIORITY SETTING PROCESS AND CRITERIA

# Explicit and Transparent Priority Setting Process and Criteria



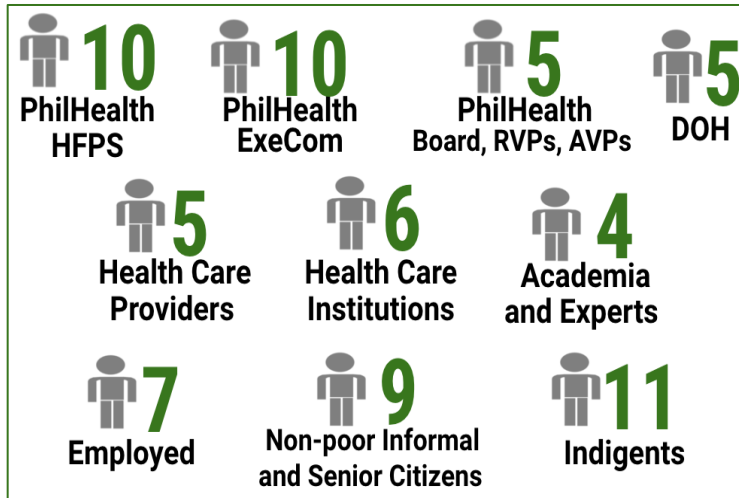


# Process of arriving at Process and Criteria

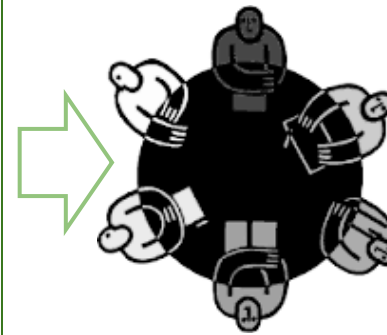
## Review of Literature



## Focus Group Discussions



## Round Table Discussion with Experts



Public Health  
Evidence Based  
Medicine  
Ethics  
Quality  
Health Policy  
Health



## Stakeholder Consultation and Feedback



omics  
miolog

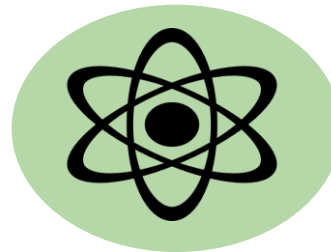
# Priority Setting Principles



Ethical Soundness



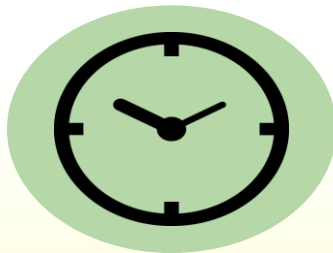
Inclusiveness and  
Preferential Regard  
to the Underserved



Scientific  
Rigor



Transparency  
and  
Accountability



Efficiency

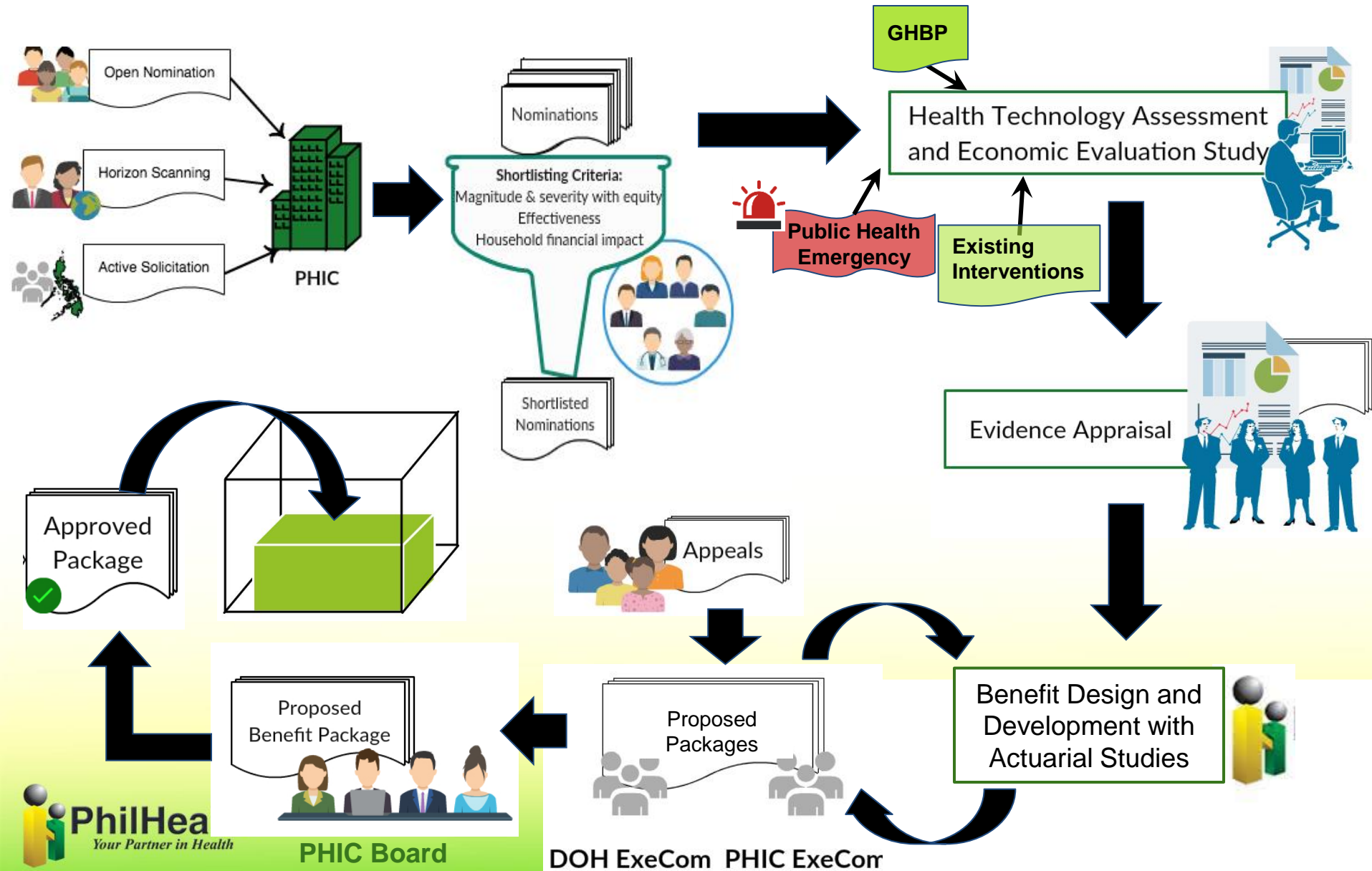


Enforceability



Availability of  
Remedies and Due  
Process

# Priority Setting Process



# Summary of Priority-Setting Process

1

**Nomination of Interventions**

2

**Shortlisting of Interventions**

3

**Generation of Evidence**

GHBP

**Public Health Emergencies**

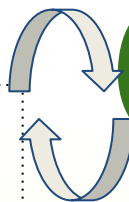
**Existing Interventions**

4

**Appraisal of Evidence**

5

**Benefit Package Design and Development**



6

**Approval for Coverage (Appeals)**

7

**Approval for Implementation**

# LESSONS LEARNED



# Lessons Learned



Improve the policy process - efficiency, transparency, consultation, evidence-base (use of both global and local data on burden of disease and cost-effectiveness intervention)



Ensure high level attention and broad networking and advocacy



Explicit criteria on what services to include in benefits packages



Promote use of Clinical Practice Guidelines to establish standards of care and promote quality

# We're on SOCIAL MEDIA



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[www.facebook.com./PhilHealth](http://www.facebook.com./PhilHealth)



[www.youtube.com/teamphilhealth](http://www.youtube.com/teamphilhealth)

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