
SPECIAL ARTICLE

Health Services Under the National Health Security Act 2002

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Before the year 2002, the people in Thailand had no health insurance except for the civil servants who get low salary but had healthcare free of charge as fringe benefit from the government. Otherwise other Thai people who work in private sector or self-employed have to pay for their healthcare. Meanwhile the government set up public hospitals to provide standard healthcare services with low cost for the public. So public hospital is a part of social welfare for Thai population. For the poor people with income below the poverty line or cannot pay for their healthcare, there were social workers to take care for their hospital fee. In the year 1990, the government had enacted the Social Security Act 1990. This law required all the employee to pay 5% of their monthly salary to the social security fund while their employers have to contribute the same amount of money and the government have to pay 2.75% of the employee's salary to the social security fund. This fund will provide 7 categories of welfare including healthcare, sick leave, maternity leave, childcare, payment during job lost, and retirement.

In 2002, Prime Minister Thaksin Shinawatra, leader of Thai Rak Thai party (the name of the party means Thai love Thai) had enacted health insurance legislation name the National Health Security Act of 2002 (NHSA), in order to support for the poor and needy people to access to low cost healthcare services. Under this law Thai citizen who has no funding for healthcare services from civil servants welfare or social security fund would be included in this healthcare

services scheme by paying only 30 Baht for each hospital visit no matter what is the cause of illness or the cost of medical treatment. All other health service expense would be taken care of by the national budget provided from tax money to "National Health Security Fund".

The people benefit from NHSA are 47 million people while 9 million people are covered by social security fund and 5 million people are benefit from civil servants welfare scheme.

The National Health Security Office (NHSO) was set up by the NHSA. According to the law, the government has to allocate the money annually to NHSO for purchasing healthcare services for these 47 million people. The annual budget was planned that health expenditure for people per capita per year would be 2,400 Baht to be paid by the government and people equally. The people has to contribute 100 Baht per month and the government will pay equal amount to the fund. When the people heard about the plan that they have to pay 100 Baht every month, they objected this proposal. So Thaksin and his coworkers had to change the program according to the people's voice.

The doctor who proposed the idea about Health Security to Dr. Thaksin Shinawatra was Dr Sa-nguan Nitayarampong and he became the first secretary general of NHSO. He is the key person to promote and push for this legislation, and set guideline, rule and regulation for the management of the NHSO.

The NHSO had registered 47 million people out

of 63 million Thai citizen, for the right to received healthcare under the NHSA. After registration, people would get yellow card called “gold card.” People having gold card will benefit from NHSA healthcare scheme. The rights of access to healthcare services will enable the people to receive holistic healthcare, from promotion of health, prevention of diseases/ accidents, screening for diseases, treatment when become sick to rehabilitation. The registration will specify one hospital for primary healthcare. If they needed the care of specialist or higher hospital facility, the registered hospital would transfer the patient to secondary or tertiary care hospital.

At the beginning of the NHSA, of all 47 million people, 20 million of them registered as the poor people under poverty line, they do not have to pay for their hospital visits, and the rest 27 million people have to pay 30 Baht for each hospital visit for all medical services. So this healthcare scheme was well known as “30 Baht healthcare scheme”. This healthcare scheme won the heart of the poor people all over the country and enabled the Thai Ruk Thai party to a landslide win over other parties for the second term in power.

In the second term of the Thaksin government, there were rumor and evidence of corruption and abuse of power, human rights violation and killings of people suspecting of illegal drug trafficking without using judiciary system. These events led to prolong government protest and resulting in coup d’etat in September 2006. Thaksin Shinawatra was ousted and the new government set up by the coup d’etat had changed the policy of NHSO by giving healthcare free of charge for all 47 million people. Anyway this healthcare scheme still be called the same as “30 Baht healthcare scheme”

After the NHSA healthcare scheme went into effect, the people under this healthcare scheme are very happy at low cost healthcare spending. The rate of hospital visit are increasing at least 3 times because people have no worry about the cost of hospital expenditure. Thailand Developmental Research Institute (TDRI) had reported that this healthcare scheme is the only project of the government that

effectively reduce the poverty of the people (although it was not intend to be the project for solving the people’s poverty).

The impact of the NHSA seem to be very good for Thai citizens, but after the change that made people receiving healthcare free of charge, it showed that the people under the social security healthcare scheme is the only group of people having to pay for their healthcare bills.

The people may be satisfied with NHSO and enjoy the rights of receiving free medical services, but the truth may be painful because limitation of budget, drugs, medical equipment and technology, hospital beds, medical and nursing personnel have very grave impact on the result of medical treatment for the patients. There is a research survey in the year 2004 by NHSO revealed that the case fatality rate of the patients under NHSO scheme is the highest comparing to the two other healthcare schemes.

There are many pitfalls in budget allocation and standard of medical care for the patients. The per capita budget were allocated for only 1,200 Baht per year but the hospital did not get the whole amount for health services expenditure, because this amount of money also included the salary of health personnel. The budget from the NHSO was not enough for management of health services provided for the people. Almost all of the government hospital had to use the “hospital reserved money” to add up for the expenditure in delivery healthcare services.

The impact of health services under the NHSA which give only meager budget to the hospital made a grave impact to healthcare services. While the NHSO staffs had higher salary than health personnel giving services to the people under the Ministry of Public Health (MOPH). Most of the NHSO staffs are resigned health personnel from MOPH who get high paid average to 10 to 20 times of health personnel. While the hospital get limited budget, the NHSO has tremendous amount of money for the management and fringe benefit for their staffs and NHS committee.

The impact of NSHA to healthcare services especially the hospital under MOPH which are the main hospitals giving care for people under NHSA healthcare

scheme. These impacts are as follow:

1. Inadequate budget allocation, the per capita budget are increasing every year. Now the per capita budget are increasing to 2400 Baht per year (doubling the rate from the beginning), but many hospital are still in debt.
2. The number of hospital visits has been increased to 180 million visits per year while there are only 8,000 physician practicing medicine in the government hospitals in under the NHSA.
3. The physician working in the MOPH hospital have to work long hours without rest. From surveillance of the Medical Council, the doctors had 120 working hours per week. While the working hours of the doctors are 3 times of the normal working hours, the doctors had to see about 100 patients per day. This made the doctors having only 2- 4 minutes for each patients in the outpatients department. Although the doctors had to work hard but their salary is very low comparing to the private hospital salary for the same specialty.
4. There are increasing rate of malpractice complaints and lawsuit after the enactment of NHSA. Some of the malpractice lawsuit went to criminal court. There was one case that the patient got epidural anesthesia for appendectomy, and then she had complication from anesthesia and died after resuscitation. The patient's daughter brought the case to criminal court, and the judge gave 3 years jail term for the doctor citing negligence and unintentional murder of the patient.
5. Many doctors resigned from government hospital because of poor working condition and jail term as stated above. The resignation added more burden to the doctors who still hang on to their duty. The resigned doctors leaved for private hospital with lighter duties and higher paid.
6. The NHSO had violated the NSHA by not giving all the per capita budget directly to the hospital but manage the fund by keeping the money at the NHSO and manage the money according as the NHSO's decision, provision of medicine and

medical equipment to the hospital instead of paying the money for hospital services.

7. NHSO also violate the standard of medical practice by limitation of drugs of choice for some diseases with high cost treatment such as cancer and renal failure.

The medical Council had organized the seminar on the topic of 'Eight year under NHSA' on March 12th, 2010. The committee that organized the seminar had summarized the content from the speakers and participants as follow:

Mr. Sukrit Kittisriworapant, lawyer said that the NHSO is the foreign body to the public services because there is no connection of commandment from the Minister of Public Health. The minister cannot make the government policy into action because the NHSO can deny the order of the Minister who came from the election but the NHSO committee have no connection with the Thai people or their representative. Neither the minister nor the permanent secretary of the Ministry of Public Health has authority over the NHSO, they have only one voice each, as other member of the NHS committee. How can the Ministry fulfill their task in delivering the best public health services to the people.

Mr. Sukrit proposed that the NHSO should be downgrade to be one department in the Ministry of Public Health to make the public health services effective according to the government policy for the sake of the people.

He also pointed out that the money paid to compensate for the patient according to article 41 of NSHA without certification of either rights or wrong medical practices is weird. It should be clarified first before giving compensation, whether fault or no fault compensation.

Dr. Ittaporn Kanacharoen, talked about medical personnel that are far from enough in order to deliver standard medical services. There are higher rate of malpractice complaints to the medical council and malpractice lawsuit. There are 12,500 medical doctors in the MOPH but only 7,000 doctors are practicing in medicine while the rest are administrator

or being in residency training in medical school or teaching institution.

The shortage of doctors are in all specialty namely general practitioners, and specialist in all area especially OB-GYN and Anesthesiologist. There are only 1,000 anesthesiologists and 2,200 obstetrician. The obstetrician is the top leading specialist being sued by the patients.

Dr. Jirut Sriratanabul from the Faculty of Medicine, Chulalongkorn University said that the NHSA has made the poor people access to healthcare, but the fixed healthcare budget contribute to harmful effect to the patients for example from the eastern Europe that is a delay of treatment and transferring patients with risk of dying to other hospital setting.

He also said that the fixed health budget in NHSA contribute to high risk in poor quality healthcare, but if the budget of healthcare are open-end it would risk over spending and increasing budget to higher spending all the time.

Dr. Prateep Thanakijcharoen, Deputy Secretary General of NHSA said that the budget for NHSA increased from 27,612 million Baht in 2002 to 89,385 million Baht in 2008 thus it was increased in 224%. While the number of out patients increased in 32% and in-patients increased in 23%.

Miss Chumsri Pojanapreecha, the assistance to the director of the National Budget Bureau said that the annual budget for healthcare increase 12.46% each year while the total national budget increase only 7.63 % per year. She expressed her concern about the future increasing burden of the healthcare budget because of increasing health problem and aging society. She also suggested that the people should contribute to the NHSA fund and have responsibility in health promotion and prevention of diseases.

Dr. Somchai Nijpanich, Director of health insurance, MOPH said that the MOPH had to work in delivering of healthcare but no direct budget allocation, the MOPH had to ask for the money from NHSA including some amount of salary for the staff in MOPH. He also revealed that the hospital receive deficit budget from NHSA and left the hospital in debt to 1,600 million Baht.

There were many opinions and comments during the seminar. Almost the opinions are about the same. The committee organizing the seminar conclude the content of the seminar as follow:

1. To review and adjust the NHSA in order to improve the public health service for the better healthcare services by bilateral cooperation between the people and the government.

2. The health security and healthcare services should be reformed totally in order to provide proper budget, proper health personnel to improve health services in order to ensure standard healthcare and patient safety.

3. For sustainable development in healthcare services, all health personnel should be given the reasonable salary comparing to working in private sector in order to keep them working in public services.