Design of a National Health Insurance Program Benefit Package to Improve Access to Rehabilitation Services Among Children with Developmental Disabilities in the Philippines

Dr. Raoul Bermejo III
Dr. Josephine R. Bundoc
Dr. Donna Isabel S. Capili
Mr. Manuel Alexander Haasis
Ms. Merla Rose D. Reyes
Dr. Melanie C. Santillan
Dr. Ramona Luisa P. Santos
Dr. Pura Angela Wee-Co
Dr. Willibald Zeck
Diana Beatriz S. Bayani
Dr. Paula Melizza V. Valera

Background Information:

In partnership with the United Nations Children's Fund (UNICEF) and Physicians for Peace (PFP), multiple government agencies worked together to develop the first National Health Insurance Program (NHIP) Benefit Package that would make rehabilitation services accessible to Filipino children with developmental disabilities. Three other health benefit packages were simultaneously created to provide assistive technologies and related training to children with visual, hearing and mobility impairments. As a Z-benefit package it is meant to provide financial risk protection for the underprivileged Philippine Health Insurance Corporation (PhilHealth) members, and provide cost-efficient interventions that are based on approved clinical guidelines and protocols[1]. The creation of the health benefit package effectuates the three objectives of the WHO Global Disability Action Plan 2014-2021 (GDAP) to improve access to health and rehabilitation services, and support research on disability[5]. Other rights of children with disabilities (CWD) that were considered in the design of the package were the right to non-discrimination and the right to express their views in matters that concern them, and access to information.

Objectives:

1. Describe the development and design of the NHIP Z-benefit package for children with developmental disabilities.
2. Identify the strengths and challenges of the package based on the goals and objectives of the World Health Organization's (WHO) Global Disability Action Plan 2014-2021.
3. Assess how the package promotes and hinders the rights of children with developmental disabilities to social inclusion.

Methodology:

Steps in the development of the package

1. Creation of a Steering Committee made-up of government agencies vital to the successful completiom of the health benefit package
2. Creation of a technical team to coordinate activities, document, and conduct review of literature
3. Multisectoral and stakeholder consultations that included targeted beneficiaries
4. Estimate the prevalence of children with developmental disability through a modeling study
5. Conduct a costing survey of rehabilitation services and fees in select public and private health care facilities in different regions of the country
6. Detail the content of the health benefit package: inclusion criteria, pathway of care, standards of care, included services, needed service providers, supplies and equipment, costing, actuarial analysis, pre-authorization and discharge checklists
7. Endorsement of the Z-benefit package by key government officials

Design of the Z-benefit package

Inclusion criteria
1. Chronological age 0 to 18 years old
2. Has functional problems due to delays, regressions or deviations in any of the developmental domains: cognitive-adaptive, motor, communication, social, emotional or behavioral

Annual Services
1. Initial and discharge assessments by a developmental pediatrician, physiatrist (rehabilitation medicine specialist), physiotherapist (PT), speech therapist (ST) and/or occupational therapist (OT) using standardized tools
2. Ninety (90) rehabilitation therapy sessions based on a rehabilitation plan designed by the team with the children and their families.

Value of included services: Php 55,000.00 (US$ 1,200.00)
Minimum & maximum annual PhilHealth contribution needed: Php 2,400.00 to 5,250.00 (US$ 50.00-105.00)
Delivery of service: Through contracted public health care institutions (HCI)

Results:

STRENGTHS

1. Uses the WHO-ICF conceptual framework (disability-based and not disease-based)
2. Required annual PhilHealth contribution is affordable for most Filipino families[2].
3. Involves the child and parent in making the rehabilitation plan of care.
4. Requires reporting of discharge status with quantitative measures of functional gains and effect on quality of life for both child and primary caregiver.

CHALLENGES

1. Has no provision for the prevention of disability through early diagnosis of a disabling disease
2. Services in the package are based on stakeholder opinions
3. Financially inaccessible to families in the bottom 20% of the income group[2]
4. Selection of contracted HCI and actuarial analysis are not based on prevalence data on children with developmental disability
5. Health facilities capable of providing the packaged services are geographically inaccessible to CWD in rural and remote areas[3].

Lessons Learned

1. The use of functional limitations as the entry criterion, instead of a medical diagnosis, prevented discrimination against children with non-neurological and contextual causes of disability. On the other hand, the prevalence data, evidence-based interventions and clinical guidelines that are available were based on studies of children with a specific developmental disorder and not developmental disability or functional problems.
2. Accurate data on the prevalence of developmental disability is needed to ensure sound financial planning. It also forms a basis for prioritizing the type of services to be given.
3. Choosing the contracted HCI based on the availability of the needed health providers could make the rehabilitation service geographically inaccessible to those who need it most. Presently, medical specialists and therapists, especially ST and OT, are concentrated in urban and more developed areas near the country's National Capital Region[3].
4. The availability of a NHIP benefit package with a zero out-of-pocket policy guarantees financial risk protection for the qualified indigents, but will not guarantee financial accessibility for all the underprivileged, particularly the families who cannot afford to pay the insurance premiums.
5. A variety of contextual factors can lead to continued disability[4] and hinder the full participation of the CWD in educational, leisure and other activities even after they have gained function through rehabilitation.

Recommendations

1. Include the screening test for child disability in the Primary Care Benefit Package of PhilHealth.
2. The proper and complete recording of information in the pre-authorization and discharge checklists, and rate of utilization, are valuable sources of data on developmental disability. Compliance with this requirement should be strictly monitored by PhilHealth. A system of processing and sharing this data should be part of the implementing rules.
3. An incentive system can be added into the design of the health benefit package to encourage contracted HCI to coordinate with other agencies and the communities to ensure compliance with prescribed rehabilitation programs, and provide opportunities for the full participation of the children in their desired activities.

In conclusion, the design of the first NHIP health benefit package for children with developmental disabilities will make rehabilitation assessment and treatment financially accessible to most Filipino families. It engages the children in their own care and can generate research data needed to strengthen the current program. Collaboration with the community of the CWD and other support systems are needed to continue the functional gains from the rehabilitation program, and provide opportunities for full participation in school and other desired activities.

References:
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