Health Innovations-
the Leyte Province Experience
Profile of Leyte

Land Area: 5,712.8 sq.km.
No. of Municipalities: 40
City: 1
Chartered: 1
HUC: 1

Total Population 2012: 1.5 M
The Province of Leyte operates 12 hospitals (9 districts & 3 community hospitals) 1 hospital devolved to LGU 1 hospital converted into a home for the mentally-challenged

- **District Hospital (9)**
- **Community Hospital (3)**
Situationer
## Comparative Budget and Income of Provincial Hospitals

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget</strong></td>
<td>227,310,344.00</td>
<td>233,780,634.00</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>7,285,060.10</td>
<td>10,361,726.34</td>
</tr>
<tr>
<td><strong>Subsidy</strong></td>
<td>220,025,283.90</td>
<td>223,418,907.66</td>
</tr>
<tr>
<td><strong>Census</strong></td>
<td>5,867</td>
<td>5,531</td>
</tr>
</tbody>
</table>
Condition of Provincial Hospitals in 2004

1. Dilapidated hospital buildings
2. Poor facility and service
3. Tagged as Monalisa and Pasa-load hospitals
4. Shortage of doctors
5. Doctors on-duty are nowhere to be found
6. Hospital employees lacks motivation to work
7. Lacks medicine and medical supplies.
8. Only the indigents seek admission
Leyte Provincial Hospital in 2005
1. Shortage of doctors
2. Doctors are normally private practitioners
3. Private doctors practicing on both private and government hospitals
4. Private hospitals are making money but gov’t hospitals are losing money
5. On the average, 1/3 of the PLGU’s budget is spent on hospitals and it is increasing.
6. Hospital subsidy is haemorrhaging.
Interventions
Creation of the Provincial Adhoc Committee on Health and creation of the Hospital Enhancement for Leyte’s Progress (HELP) Program in August 2004.
Hospital = Doctors

“No hospital can operate without proper doctors.”
SOLUTION

Hire full-time government doctors
Lessen private doctors or remove them

You can do this by

Incentivizing the doctors
Maximize Philhealth Collection
Hospital should not be free except for the indigents
Hospital Incentive Schemes
Hospital Income Distribution

INCOME – BENCHMARK = NET INCOME

NET INCOME

50% PROVINCE

50% HOSPITAL

MOOE 30%

CAPITAL OUTLAY 30%

EMPLOYEE SHARE 40%

80% NON-MEDICAL HOSPITAL STAFF

20% HOSPITAL DOCTORS
Executive Order No. 08-2008

dated September 18, 2008

“An Order providing additional incentives to medical doctors rendering twenty four (24) hours duty in a hospital operated and maintained by the Provincial Government of Leyte.”

P5,000/ mo 24-hrs Differential for MDs
Patient Flow Chart of Special Service Fee (SSF) Availment

**PATIENT**

**DOCTOR**

**Authorized Representative/Monitoring**

**PATIENT** Agree to avail SSF will sign SSF Consent Form

**Authorized Representative/Monitoring** will issue SSF Slip
Republic of the Philippines
Province of Leyte
Provincial Health Office
Pawing, Palo, Leyte

SPECIAL DONATION CONSENT FORM

I, ________________________ a resident of __________________________ (name of patient/guardian) and a resident of __________________________ (complete Address) with legal age of __________________________ voluntary submit myself to the care of __________________________ (state age) __________________________ (status) __________________________ (Attending Physician) at the __________________________ (Name of Hospital)

I fully understand that I can have my delivery/operation for a minimal charge and yet I still prefer to be under the care of the above physician and willingly willing to give a special donation in the amount of:

For OB Normal Case: P_________ (Amount in Words)
Or
For OB CS Case: P_________ (Amount in Words)
And/or
Ligation: P_________ (Amount in Words)
Other Operation(s): P_________ (Amount in Words)

for over and above of the hospital bills.

I further agree that I will settle all my hospital bills before giving my Special Donation/ Special Donation will not be subject to any deduction in the amount.

I do this in my own free will without mental reservation or purpose of evasion.

Signature of Client/Patient/Guardian
Over Printed Name
Contact No. ____________
Evaluated by:

Signature of the Attending Physician
Over Printed Name

Signature of the Authorized Representative
Over Printed Name

Date Accomplished

NOTE: This form is given to the patient after signing the above SDF Consent Form which will serve as the basis of the doctor to delivery room or operating room upon patient confinement.
Special Services Fee Distribution Scheme

Cash Donation

- 70% for the Attending Physician
- 10% Retention for the Province
- 20% Support Staff

- 50% Physician Assist &/or OR/DR Nurses
- 30% Chief Nurse, AO, Monitoring, Billing & Pharmacist
- 20% COH & Chief of Clinics
Executive Order No. 06-2011
dated December 28, 2011

“PHILIPPINE HEALTH INSURANCE “TRUST FUND” DISTRIBUTION AND UTILIZATION SCHEME IN ALL HOSPITALS ADMINISTERED AND MANAGED BY THE PROVINCIAL GOVERNMENT OF LEYTE.”

- **PHILHEALTH PF FEE**
  - 85% OB/IM or 75% Surgical cases w/ assist
  - 10% for the assist doctor or nurse
  - 5% Chief of Hospital
  - 10% POOL for all doctors

- **20% PROVINCIAL PHILHEALTH DEVT FUND**
- **80% PROFESSIONAL FEE**
### Changes on Incentives due to Income Share and PHIC (average per quarter)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctor:</strong></td>
<td></td>
<td></td>
<td>As of June '13</td>
</tr>
<tr>
<td>PHIC INCOME</td>
<td>12,000 – 180,000</td>
<td>20,000- 190,000</td>
<td>28,000-200,000</td>
</tr>
<tr>
<td>SHARE</td>
<td>12,215.70</td>
<td>14,222.00</td>
<td>12,551.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>24,000 – 200,000</td>
<td>34,222- 204,222</td>
<td>40,551-212,551</td>
</tr>
<tr>
<td><strong>Non-MD:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHIC INCOME</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>SHARE</td>
<td>7,188.22</td>
<td>7,980.50</td>
<td>10,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7,188.22</td>
<td>7,980.50</td>
<td>10,000.00</td>
</tr>
</tbody>
</table>
# Average Monthly Income of Doctors

*(actual Aug. '13 payroll)*

<table>
<thead>
<tr>
<th>Medical Specialty</th>
<th>Lowest Share</th>
<th>Highest Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrician</td>
<td>Dr. Sheila Estorninos 182,020.00</td>
<td>Dr. Eden Bague 273,463.00</td>
</tr>
<tr>
<td>OB-GYNE</td>
<td>Dr. Solita Lerios 212,649.00</td>
<td>Dr. Lydia Jayobo 264,892.00</td>
</tr>
<tr>
<td>Surgeon</td>
<td>Dr. Ford Villarente 87,483.00</td>
<td>Dr. Arman Manejas 115,060.00</td>
</tr>
<tr>
<td>Medicine</td>
<td>Dr. Bernardita Yu 142,660.00</td>
<td>Dr. Elisa Acuin 193,465.00</td>
</tr>
<tr>
<td>Anesthesiologist</td>
<td>Dr. Julius Cera 128,440.00</td>
<td>Dr. Alma Narrido 178,460.00</td>
</tr>
</tbody>
</table>
To increase availment and utilization of the Philhealth benefits
Partnership with a Government Corporation

Partnership with the Philippine Health Insurance Corporation (PhilHealth)
PHILLINK & PHILHELP Program

cum

PhilHealthLINK

Linking patients and health care facilities to PhilHealth in partnership with Local Government Units
**PHILLINK** is a provincial employee stationed at Philhealth office who serves as call agent for all the 12 hospitals managed and operated by the Province.

**PHILHELP** is a provincial employee stationed in the different hospitals who assist and ensure total patient care from admission to discharge as well as completeness of requirements for claims to Philhealth.
If the patient's name is not found, **PhilHelp** facilitates the enrollment of the patient for future availment and refers to the hospital's social worker.

If the patient's name is found, **PhilHelp** assist and ensures the compliance and completeness of requirements of claims and forward it to the billing section.
## Comparative PhilHealthLINK Status in Leyte

<table>
<thead>
<tr>
<th>YEAR</th>
<th>CALLS/INQUIRIES</th>
<th>MEMBERS FOUND</th>
<th>% FOUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>5,815</td>
<td>4,856</td>
<td>83.50%</td>
</tr>
<tr>
<td>2012</td>
<td>37,487</td>
<td>25,033</td>
<td>67%</td>
</tr>
<tr>
<td>2013</td>
<td>24,994</td>
<td>18,918</td>
<td>76%</td>
</tr>
</tbody>
</table>

As of June 2013
## Comparative Budget and Income of Provincial Hospitals

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
<th>2004</th>
<th>2012</th>
<th>2013 as of June '13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budget</strong></td>
<td>227,310,344.00</td>
<td>233,780,634.00</td>
<td>272,216,909.00</td>
<td>136,108,454.50</td>
</tr>
<tr>
<td><strong>Income</strong></td>
<td>7,285,060.10</td>
<td>10,361,726.34</td>
<td>118,380,756.82</td>
<td>85,230,252.12</td>
</tr>
<tr>
<td><strong>Subsidy</strong></td>
<td>220,025,283.90</td>
<td>223,418,907.66</td>
<td>153,836,152.18</td>
<td>50,878,202.38</td>
</tr>
<tr>
<td><strong>Census</strong></td>
<td>5,867</td>
<td>5,531</td>
<td>9,973</td>
<td>5,356</td>
</tr>
<tr>
<td>Year</td>
<td>General Fund</td>
<td>Drugs &amp; Medicines</td>
<td>Professional Fees</td>
<td>TOTAL</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>2011</td>
<td>43,754,122.69</td>
<td>14,009,749.06</td>
<td>26,819,761.70</td>
<td>84,583,633.45</td>
</tr>
<tr>
<td>2012</td>
<td>74,272,955.76</td>
<td>43,020,084.10</td>
<td>51,689,498.66</td>
<td>168,982,538.52</td>
</tr>
<tr>
<td>2013 as of June ‘13</td>
<td>56,008,028.29</td>
<td>36,731,348.68</td>
<td>44,361,569.95</td>
<td>137,100,946.92</td>
</tr>
</tbody>
</table>
### Comparative Hospital Collections

<table>
<thead>
<tr>
<th>Year</th>
<th>General Fund</th>
<th>Drugs &amp; Medicines</th>
<th>Professional Fees</th>
<th>Special Services Fee</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>90,418,415.77</td>
<td>26,110,352.00</td>
<td>26,819,761.70</td>
<td>3,878,453.67</td>
<td>147,226,983.14</td>
</tr>
<tr>
<td>2012</td>
<td>118,380,756.82</td>
<td>53,237,331.00</td>
<td>51,689,498.66</td>
<td>4,164,800.00</td>
<td>227,472,386.48</td>
</tr>
<tr>
<td>2013 (as of June '13)</td>
<td>85,230,218.12</td>
<td>44,595,213.84</td>
<td>44,361,569.95</td>
<td>2,850,566.00</td>
<td>177,037,567.91</td>
</tr>
</tbody>
</table>
Benefits
1. Improved customer care by doctors and other hospital staff
2. Doctors are encouraged to take specialization in order to earn more
3. All doctor-plantilla positions are filled and we have pending applications of residency-trained doctors
4. Non medical staff are now inspired to work
5. Improved infrastructure and equipment due to various assistance from private and public agencies especially DOH
6. More funds for the purchase of medicine and medical supplies
Leyte Provincial Hospital Constructions
To declog hospitals for normal deliveries and Help attain the MDG 2016
Public-Private Partnership

Partnership with

KAKAK Foundation Inc.
“Ang Nanay na nagbibigay buhay ay hindi dapat mabawian ng buhay”
Mother Bles Birthing Clinic

is a project of the KAKAK Foundation, Inc. and the Province of Leyte, with Sister Eloisa David, OSB, M.D., as Health Reforms Consultant.

MBBC was created to address the need of a patient to avail of accessible maternal and infant health care services in the most affordable manner in a given locality.
Services offered in Mother Bles Birthing Clinics

- Delivery services: Prenatal and Post natal care
- Care of newborn: New born screening.
- Health education: family planning, counseling & nutrition
- Promotion breast feeding.
Services offered in Mother Bles Birthing Clinics

- Provides food packs fortified with vitamins and minerals to malnourished children and mothers.
- Assistance in live birth registration.
- Free marriage validation for unwed couples.
- Free baptism to newborn infants.
With the determination to provide affordable and quality maternal and infant health care services to the poor, KAKAK was able to establish 50 clinics in 3 years.
Coverage of Mother Bles Birthing Clinics

50 clinics (2010 – 2013)
<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013 (Jan-Aug 2013)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Prenatal Visits</td>
<td>3,369</td>
<td>5,778</td>
<td>6,104</td>
<td>4,878</td>
<td>19,745</td>
</tr>
<tr>
<td>No. of Deliveries</td>
<td>727</td>
<td>1,180</td>
<td>1,526</td>
<td>1,098</td>
<td>4,531</td>
</tr>
<tr>
<td>PhilHealth</td>
<td>517</td>
<td>882</td>
<td>1,164</td>
<td>705</td>
<td>3,268</td>
</tr>
<tr>
<td>Non-PhilHealth</td>
<td>210</td>
<td>298</td>
<td>362</td>
<td>393</td>
<td>1,263</td>
</tr>
<tr>
<td>Referrals</td>
<td>75</td>
<td>47</td>
<td>54</td>
<td>92</td>
<td>268</td>
</tr>
<tr>
<td>Year</td>
<td>Income</td>
<td>Expense</td>
<td>Balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
<td>------------</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>652,500.00</td>
<td>1,248,140.76</td>
<td>(595,640.76)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>4,085,700.00</td>
<td>2,229,311.54</td>
<td>1,856,388.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>9,741,718.00</td>
<td>7,502,344.81</td>
<td>2,239,373.19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>8,215,787.00</td>
<td>4,894,683.04</td>
<td>3,321,133.96</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>22,695,705.00</td>
<td>15,874,450.15</td>
<td>6,821,254.85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mother Bles Birthing Clinics Benefits

- Positive influence on RHUs and BHS
- Increase facility-based delivery
- Increase employment of midwives
- Reduce maternal & infant mortality thru timely referrals
- Prevent child abandonment & neglect by imbibing the value of life & hope while being cared for in the clinic
- Constructions of classrooms and granting of scholarships to deserving indigent students
Mother Bles Learning Center

Constructed school buildings for host LGUs as its Corporate Social Responsibility
Multi-Media room donated to Palo Central Public School
Turn-over of Vehicle

Donated a multicab for a far flung barangay in Lonoy, Maasin, Southern Leyte
Sharing the Gift

Scholarship Grant to 43 Midwifery Students
MBBC is a program that compliments government program on maternal and child health.
MBBC is less political, so sustainability does not depend on politicians, and does not require perennial subsidy.
Importance of Innovations
Health Program

Sustainability =

Financial Sustainability
Life of the hospital depends on the availability of doctors which lies on the survival/viability of the hospital.
Requires heavy involvement of the Governor at the start, but will run better without politicians in the future.
Good health = Good Politics
Drastically reduce cash dole-outs with Philhealth
Increased productivity
Why should Philippine hospitals innovate?
Before, LGU is both the SUPPLY and DEMAND provider
Now, LGU should focus on the SUPPLY as DEMAND is c/o Philhealth
Thank You!
The SUCCESS of any private hospital is a PERFORMING government hospital
Thank You!