



Evaluation of PHILHEALTH KONSULTA PROGRAM Implementation: Perspective of Selected Accredited Konsulta Providers in Nueva Ecija

Giezel M. Pelayo¹, Trisha T. Dela Cruz², Irene, Claire D. Israel ³, Maila A. Jacinto ⁴, Felipe E.Balaria, PhD⁵

¹Philippine Health Insurance Corporation ²Good Samaritan Colleges ³Philippine Rice Research Institute ⁴Department of Education ⁵Nueva Ecija University of Science and Technology

Received: 17 Dec 2024; Received in revised form: 14 Jan 2025; Accepted: 20 Jan 2025; Available online: 26 Jan 2025

Abstract — This study entitled Evaluation of the implementation of PHILHEALTH KONSULTA PROGRAM: perspective of selected accredited konsulta providers in Nueva Ecija utilized descriptivequantitative research design. The researchers selected twenty-two PhilHealth Konsulta accredited providers in Nueva Ecija using purposive sampling. According to the report, the PhilHealth Konsulta Program in Nueva Ecija reveals a complicated terrain of implementation, efficacy, and areas for improvement. Even though the program can potentially improve healthcare quality and access, especially in impoverished areas, issues including system dependability, timely reimbursements, and financial management still exist. Stakeholders stress the need for evidence of better health outcomes, adherence to clinical guidelines, and increased patient satisfaction. To guarantee equal access to high-quality healthcare, the study promotes targeted initiatives to improve care standards and operational effectiveness, emphasizing the value of cooperation between communities, governmental organizations, and medical professionals. Effective program adaptation to changing public health requirements and goal achievement depends on ongoing monitoring and assessment.

Keywords – Financial Sustainability, Konsulta Program, Konsulta Provider, Primary Care, System Efficiency

I. INTRODUCTION

For many developing countries, including the Philippines where healthcare is rationed to the unfortunate and rich worthy of greater responsibilities, shared access to healthcare is still an aspiration. The Philippines is home to over 100 million people so providing equal opportunity to ones in need isn't a simple task. Amongst the steps taken to resolve health insurance issues, the PhilHealth Konsulta Program aims to improve all citizens' access to primary healthcare services including its overall quality. Philippines Health Insurance Corporation (PhilHealth) rolled out the PhilHealth Konsulta Program, which seeks to enhance the availability and standard of primary health care for all Filipinos. Accredited Konsulta providers play a significant role in the implementation of this program because they serve as the frontline healthcare professionals committed to delivering services to communities. This research

20

This article can be downloaded from here: <u>www.ijaems.com</u>

evaluates the PhilHealth Konsulta Program from the perspective of accredited Konsulta providers, providing insights into its efficiency, challenges and potential areas for improvement.

In an attempt to achieve universal healthcare coverage by 2022, the Philippine Health Insurance Corporation (PhilHealth) launched the Konsulta Program in 2020. The PhilHealth Konsulta Program aims to remove the systemic barriers that have previously prevented millions of Filipinos from accessing high-quality healthcare services, building on the progress made by previous healthcare initiatives such as the National Health Insurance Program (NHIP), which was created in 1995. The program's particular goals are to improve health outcomes and prevent and control health inequities. It targets the country's primary healthcare systems and reaches out to underserved areas.

Recent studies emphasize the importance of primary healthcare in achieving universal health coverage and improving health outcomes. Kruk et al. (2018) found that countries with strong primary healthcare systems have better health outcomes, including lower infant mortality rates and higher life expectancy. Mwai D, Hussein S, Olago A, Kimani M, Njuguna D, Njiraini R and others. (2023) pointed out that, more spending on primary health care has allowed for better accessibility to necessary medical services and overall better health around the world. These researches only emphasize the importance of primary healthcare in the attainment of health equity and universal coverage, but then again, so does the study done by Gizaw, Zemichael Astale, Tigist Kassie, and Getnet. (2022) looked at the effects of primary healthcare interventions on patterns of healthcare utilization and concluded that primary healthcare strengthening and tertiary care facilities. Similarly, a study by Callaghan, K.A. (2019) examined whether community-oriented primary care programs could improve health status and eliminate medical inequities. That research stresses the community-based approaches to eliminating health inequities and access to services. It calls for the full involvement of the community in the planning and implementation of primary health care. The results show that primary health care interventions such as the PhilHealth Konsulta Program can make a big difference in solving problems of accessibility and quality of health care. In Nueva Ecija, the health care system is both progressive and problematic, as it is in much of the province. Nueva Ecija has the responsibility of delivering health care services to a great variety of communities ranging from the urban city to the remote rural areas. Although the doctors hospitals and facilities are much better, there are still inequalities in healthcare in the sense that not everyone has access to it, not all of it is good, and not all of it is cheap, especially in poorer communities. Knowing this, The Assessment of the PhilHealth Konsulta Program to the Selected Accredited Providers in Nueva Ecija becomes a very important study. This is a program that is supposed to improve the delivery of primary care and erase the inequities in health care, hopefully, this will help with the immediate healthcare crisis that many residents of the province are experiencing. The purpose of this research is to provide some insight into the direction of targeted interventions, to assure some equality in healthcare access, and to contribute to the general betterment of the Nueva Ecija healthcare system through an analysis of its application and effect.

II. RESEARCH METHODOLOGY

The approach to this research was the quantitative method. Quantitative research is the process of collecting data and analyzing numerical data to describe and explain various phenomena. That's because all of this is based on established standards and quantifiable elements and statistical analysis to come up with these determinations. The questionnaire was distributed through Google Forms and the Google URL was posted on various social media like Messenger for the respondents to fill in. That was the easiest way to get primary data. This will be a good survey to see some statistically sound information about how well the Konsulta health program is working, how efficient the Konsulta system is, and if the program is being fiscally responsible. That's because the survey instrument was constructed that way, some of the questions were worded that way just so that it would be convenient and easy and brief for the respondent to answer, but at least it would make sense to the analysis Taherdoost, Hamed. (2022). The research took place in Nueva Ecija, specifically targeting

21

This article can be downloaded from here: <u>www.ijaems.com</u>

^{©2025} The Author(s). Published by Infogain Publication, This work is licensed under a Creative Commons Attribution 4.0 License. <u>http://creativecommons.org/licenses/by/4.0/</u>

districts 1 and 4. The subjects of the study were the PhilHealth Konsulta accredited providers which also were the samples of the study and they all have attended the PhilHealth Konsulta Program. Purposive sampling is a type of sampling in which the researchers select the participants because of some characteristic that is of interest in the study. This sampling method allowed the sampling of healthcare workers from different towns in districts 1 and 4 of Nueva Ecija. This information was then coded and tabulated and was analyzed and computed using appropriate statistical tools.

III. RESULTS AND DISCUSSION

Table 1: Distribution of Respondents as to Age

Age	Frequency	Percentage
18-25	2	9.10
26-35	11	50
36-45	6	27.30
46-55	1	4.50
56 and above	2	9.10

The table above shows the age distribution of respondents indicating that the largest group, comprising 50% of the total, falls within the 26-35 age range. Following this, 27.30% are aged 36-45, while smaller percentages are distributed across the 18-25 and 56 and above age brackets, with 9.10% each, and 4.50% in the 46-55 age group.

Table 2: Distribution of Respondents as to Sex

Sex	Frequency	Percentage
Male	7	31.82
Female	15	68.18

The table shows that the majority of respondents, constituting 68.18%, are female, while 31.82% are male. This indicates a higher representation of females

among the respondents surveyed.

Table 3: Distribution of Respondents as to Years ofExperience as Healthcare Providers

Years of Experience as a Healthcare Providers	Frequency	Percentage
Less than a year	2	9.10
1 – 5 years	12	54.50
6 – 10 years	2	9.10
11 – 15 years	4	18.20
16 years and above	2	9.10

The table illustrates the distribution of respondents based on their years of experience as healthcare providers. The majority (54.50%) have 1-5 years of experience, followed by 18.20% with 11-15 years. There's relatively low representation for those with less than a year and 16 years and above of experience, both at 9.10%.

 Table 4: Distribution of Respondents as to Years of

 Experience as Accredited Konsulta Provider

Years of Experience as an Accredited Konsulta Provider	Frequency	Percentage
0 – 6 months	6	27.30
6 – 12 months	-	-
13-24 months	6	27.30
25 – 36 months	6	27.30
36 months and above	4	18.20

The table presents the distribution of respondents based on their years of experience as accredited Konsulta providers. A significant portion (27.30%) has 0-6 months of experience, as well as those with 13-24 months and 25-36 months, each also at 27.30%. There's a smaller representation (18.20%) for those with 36 months and above of experience.

22

Table 5:	Evaluation	of Kons	ulta Health	Program	Quality

	Item		Description	Rank
1.	Patients can easily access Konsulta healthcare services.	3.68	Always	4.5
2.	Konsulta services reach underserved communities effectively.	3.45	Always	12

This article can be downloaded from here: <u>www.ijaems.com</u>

3.	Effective outreach efforts and community engagement initiatives are in place.	3.54	Always	11
4.	Patients can easily find Konsulta centers within a reasonable distance from their residences.	3.59	Always	9.5
5.	Medical services provided by Konsulta are consistently adequate.	3.64	Always	7.5
6.	Patients are generally satisfied with the healthcare services received from Konsulta.	3.77	Always	2.5
7.	There is continuity and coordination of care across healthcare providers in Konsulta	3.59	Always	9.5
8.	Clinical guidelines and standards of care are consistently followed in Konsulta.	3.82	Always	1
9.	Healthcare outcomes for patients treated under the Konsulta program are positive.	3.68	Always	4.5
10.	There is evidence of improved health outcomes among patients enrolled in the Konsulta program.	3.77	Always	2.5
11.	Konsulta interventions effectively address the healthcare needs of the target population.	3.64	Always	7.5
12.	The Konsulta program demonstrates a measurable impact on the overall health of the communities served.	3.68	Always	4.5
	Average Weighted Mean	3.65	Always	

The table above shows the distribution of respondents in the following items. The highest-ranked item, "Clinical guidelines and standards of care are consistently followed in Konsulta" (Rank: 1), suggests that adherence to clinical guidelines is considered a top priority, indicating a strong emphasis on quality assurance. "Patients are generally satisfied with the healthcare services received from Konsulta" (Rank: 2.5) and "There is evidence of improved health outcomes among patients enrolled in the Konsulta program" (Rank: 2.5) are ranked similarly, indicating that patient satisfaction and evidence of improved health outcomes are highly valued within the program. "Patients can easily access Konsulta healthcare services" (Rank: 4.5) and "The Konsulta program demonstrates a measurable impact on the overall health of communities served" (Rank: 4.5) are ranked equally, suggesting that ease of access to

services and measurable impact on community health are considered important but not as high a priority as adherence to clinical guidelines and patient satisfaction. "Patients can easily find Konsulta centers within a reasonable distance from their residences" (Rank: 9.5) and "There is continuity and coordination of care across healthcare providers within the Konsulta" (Rank: 9.5) are ranked similarly, indicating that ensuring proximity to centers and continuity of care are moderately important but not as high a priority as other aspects. "Konsulta services reach underserved communities effectively" (Rank: 12) and "Effective outreach efforts and community engagement initiatives are in place" (Rank: 11) are ranked the lowest, suggesting that while reaching underserved communities community engagement is valued.

Table 6.	Fraluation	of Konsulta	Sustam	Efficiency
<i>Tuble</i> 0.	гоппании	of Konsulta	system	Бунсиенсу

Item		Description	Rank
1. The Konsulta system is user-friendly and easy to navigate.	3.36	Always	8.5

This article can be downloaded from here: www.ijaems.com

2.	System response time is satisfactory	3.23	Often	10
3.	System features are easy to understand and use.	3.59	Always	3.5
4.	The Konsulta system provides a consistent user experience across different devices.	3.45	Always	6
5.	The Konsulta system is always available when needed.	3.36	Always	8.5
6.	Technical glitches or errors in the Konsulta system occur rarely.	2.91	Often	11
7.	The Konsulta system is compatible with various devices and browsers.	3.55	Always	5
8.	Security measures ensure the safety of data within the Konsulta system.	2.73	Often	12
9.	Electronic health record management in the Konsulta system is accurate and reliable.	3.68	Always	1.5
10.	Patient data in the Konsulta system is easily accessible and well- organized.	3.59	Always	3.5
11.	Customization options in the Konsulta system meet specific practice needs effectively.	3.68	Always	1.5
12.	The appointment scheduling process in the Konsulta system is efficient	3.41	Always	7
	Average Weighted Mean	3.38	Always	

The table above shows the distribution of respondents as to their experience in utilizing the Konsulta system. "The Konsulta system is user-friendly and easy to navigate" (Rank: 8.5) indicates that users find the system intuitive and straightforward to use, which is a significant strength. "System response time is satisfactory" (Rank: 10) suggests that while response time meets basic expectations, there's room for improvement to enhance user experience. "System features are easy to understand and use" (Rank: 3.5) reflects positively on the system's feature design and usability, indicating that users find the features intuitive and easy to utilize. "The Konsulta system provides a consistent user experience across different devices" (Rank: 6) highlights that while consistency across devices is valued, there may be some variability in user experience across platforms. "The Konsulta system is always available when needed" (Rank: 8.5) is a strong indicator of reliability, suggesting that the system is consistently accessible, which is critical for uninterrupted service delivery. "Technical glitches or errors in the Konsulta system occur rarely" (Rank: 11) signifies a need for improvement in system stability and reliability to minimize disruptions in user

experience. "The Konsulta system is compatible with various devices and browsers" (Rank: 5) reflects positively on the system's compatibility, ensuring accessibility across different platforms. "Security measures ensure the safety of data within the Konsulta system" (Rank: 12) suggests a need for bolstering security measures to protect user data effectively. "Electronic health record management in the Konsulta system is accurate and reliable" (Rank: 1.5) highlights the system's strength in managing electronic health records effectively, which is crucial for maintaining data integrity. "Patient data in the Konsulta system is easily accessible and wellorganized" (Rank: 3.5) indicates that users can efficiently access and navigate patient data, contributing to improved workflow efficiency. "Customization options in the Konsulta system meet specific practice needs effectively" (Rank: 1.5) suggests strong adaptability and customization features, enabling tailored use according to specific practice requirements. "The appointment scheduling process in the Konsulta system is efficient" (Rank: 7) indicates that while the scheduling process is functional, there may be opportunities for improving and enhancing

2

This article can be downloaded from here: <u>www.ijaems.com</u>

efficiency.

	Item	WM	Description	Rank
1.	Reimbursements for services rendered by Konsulta are timely and reliable.	3.00	Often	12
2.	Reimbursement rates adequately cover service costs in Konsulta.	3.23	Often	11
3.	Reimbursement processes and criteria are transparent	3.27	Always	10
4.	Funding sources for Konsulta are stable and predictable	3.32	Always	9
5.	Resources and funds in Konsulta are utilized efficiently.	3.41	Always	7.5
6.	Budget allocation for program administration and support services in Konsulta is appropriate.	3.5	Always	6
7.	Financial resources and funding opportunities in Konsulta are maximized effectively.	3.55	Always	3.5
8.	Cost-saving measures or strategies in Konsulta are implemented successfully	3.55	Always	3.5
9.	Konsulta's impact on practice revenue and financial viability is significant.	3.41	Always	7.5
10.	Konsulta demonstrates long-term sustainability and adaptability to financial challenges.	3.68	Always	1.5
11.	Financial stability in Konsulta is maintained amidst changes in healthcare policies and regulations.	3.55	Always	3.5
12.	Additional revenue streams or diversification efforts in Konsulta are explored consistently.	3.68	Always	1.5
	Average Weighted Mean	3.43	Always	

Table 7: Evaluation of Konsulta Financial Sustainability

The table above shows the distribution of respondents as to the financial sustainability of Konsulta. "Reimbursements for services rendered by Konsulta and reliable" timely (Rank: 12) and are "Reimbursement rates adequately cover service costs in Konsulta" (Rank: 11) both receive lower rankings, suggesting challenges in timely reimbursements and ensuring adequate coverage for service costs. "Reimbursement processes and criteria are transparent" (Rank: 10) and "Funding sources for Konsulta are stable and predictable" (Rank: 9) receive slightly higher rankings, indicating relatively transparent processes and stable funding sources, though there's still room for improvement. "Resources and funds in Konsulta are utilized efficiently" (Rank: 7.5) and "Budget allocation for program administration and support services in Konsulta is appropriate" (Rank: 6) both receive moderate rankings, indicating effective resource utilization and appropriate budget allocation. "Financial resources and funding opportunities in Konsulta are maximized effectively" (Rank: 3.5) and "Cost-saving measures or strategies in Konsulta are implemented successfully" (Rank: 3.5) rank higher, highlighting effective maximization of financial resources and successful implementation of cost-saving strategies. "Konsulta's impact on practice revenue and financial viability is significant" (Rank: 7.5) receives a moderate ranking, indicating a notable impact on revenue and financial viability. "Konsulta demonstrates long-term sustainability and adaptability to financial challenges" (Rank: 1.5) and "Financial stability in Konsulta is

This article can be downloaded from here: <u>www.ijaems.com</u>

^{©2025} The Author(s). Published by Infogain Publication, This work is licensed under a Creative Commons Attribution 4.0 License. <u>http://creativecommons.org/licenses/by/4.0/</u>

Pelayo et al.

maintained amidst changes in healthcare policies and regulations" (Rank: 3.5) both receive higher rankings, indicating strong long-term sustainability and adaptability to policy changes. "Additional revenue streams or diversification efforts in Konsulta are explored consistently" (Rank: 1.5) also receives a high ranking, suggesting proactive efforts to explore additional revenue streams and diversification.

IV. CONCLUSION

Selected authorized providers in Nueva Ecija offer views regarding the PhilHealth Konsulta Program's implementation, effectiveness, difficulties, and possible areas for development. The study offers a thorough grasp of the program's many facets, such as the standard of care, the Konsulta system's user experience, and its long-term viability. The study's conclusions emphasize how crucial it is for the program to prioritize patient satisfaction, clinical guidelines, and proof of better health outcomes. Although the Konsulta system's functionality and user-friendliness have their advantages, there is always room for improvement, especially in system security and dependability.

The significance of financial management and resource allocation is further highlighted by issues with timely reimbursements and the suitability of reimbursement rates to cover service costs. Notwithstanding these obstacles, the PhilHealth Konsulta Program shows great promise in closing gaps in healthcare quality and access, especially in underprivileged areas. Building on the study's strengths and addressing areas for development would allow the program to further increase its impact and help improve healthcare services in Nueva Ecija and beyond.

Additionally, implementing focused interventions to raise the standard of care, boost the Konsulta system's dependability and efficiency, and guarantee the system's financial stability. Achieving its goals would require cooperation from all parties involved, including communities, government organizations, and medical experts, to bring about positive change and give every Filipino fair access to high-quality healthcare. The study's conclusions offer information that can guide evidence-based policymaking, decision-making, and policy actions meant to improve primary healthcare delivery and health outcomes in the Philippines. Through ongoing monitoring and evaluation of this program's implementation, stakeholders may collaborate to create a healthcare system that is more responsive and resilient and can meet the changing demands of the populace.

REFERENCES

- Adler-Milstein, J., Everson, J. and Lee, S. (2015) 'EHR adoption and hospital performance: time-related effects', Health Services Research, Vol. 50, No. 6, pp.1751–1771.
- [2] Bae, J. and Encinosa, W. (2016) 'National estimates of the impact of electronic health records on the workload of primary care physicians', BMC Health Services Research, p.16, Retrieved 21 March, 2019, from https://doi.org/10.1186/s12913-016-1422-6
- [3] Callaghan, K.A. (2019). Establishing Community-Based Primary Health Care. In: Arxer, S., Murphy, J. (eds) Community-Based Health Interventions in an Institutional Context. International Perspectives on Social Policy, Administration, and Practice. Springer, Cham. https://doi.org/10.1007/978-3-030-24654-9_3
- [4] Creswell, J. W., & Creswell, J. D. (2017). Research design: Qualitative, quantitative, and mixed methods approaches (4th ed.). Sage Publications.
- [5] Das, J., Woskie, L., Rajbhandari, R., Abbasi, K., & Jha, A. (2018). Rethinking assumptions about delivery of healthcare: implications for universal health coverage. BMJ, 361, k1716. https://doi.org/10.1136/bmj.k1716
- [6] Galla, A. (2021). "SIN-TAX" As Primary Health Financing Mechanism in The Philippines: An Analysis.
- [7] Gizaw, Z., Astale, T. & Kassie, G.M. What improves access to primary healthcare services in rural communities? A systematic review. BMC Prim. Care 23, 313 (2022). https://doi.org/10.1186/s12875-022-01919-0
- [8] Gleißner, W., Günther, T., & Walkshäusl, C. (2022).
 Financial sustainability: Measurement and Empirical Evidence. J Bus Econ, 92, 467–516. https://doi.org/10.1007/s11573-022-01081-0
- [9] Kruk, M. E., et al. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Health, 6(11), e1196-e1252. doi:10.1016/S2214-109X(18)30386-3
- [10] Langlois, E., Barkley, S., Kelley, E., & Ghaffar, A. (2019). Advancing the science and practice of primary health care as a foundation for universal health coverage: a call for papers. Bull World Health Organ, 97(8), 515–515A. https://doi.org/10.2471/BLT.19.239889
- [11] Mwai D, Hussein S, Olago A, Kimani M, Njuguna D, Njiraini R, et al. (2023) Investment case for primary

This article can be downloaded from here: www.ijaems.com

^{©2025} The Author(s). Published by Infogain Publication, This work is licensed under a Creative Commons Attribution 4.0 License. <u>http://creativecommons.org/licenses/by/4.0/</u>

health care in low- and middle-income countries: A case study of Kenya. PLoS ONE 18(3): e0283156

- [12] Patton, M. Q. (2002). Qualitative research and evaluation methods (3rd ed.). Sage Publications.
- [13] Philippine Health Insurance Corporation. (2020). Annual Report 2020. Retrieved from https://www.philhealth.gov.ph/about_us/annualrep ort/2020/annualreport2020.pdf
- [14] Rifkin, S. (2014). Examining the links between community participation and health outcomes: a review of the literature. Health Policy Plan, Suppl 2, ii98–106. https://doi.org/10.1093/heapol/czu076
- [15] Taherdoost, Hamed. (2022). Designing a Questionnaire for a Research Paper: A Comprehensive Guide to Design and Develop an Effective Questionnaire. Asian Journal of Managerial Science. 11. 8-16. 10.51983/ajms-2022.11.1.3087.
- [16] Tsai, C. H., Eghdam, A., Davoody, N., Wright, G., Flowerday, S., & Koch, S. (2020). Effects of Electronic Health Record Implementation and Barriers to Adoption and Use: A Scoping Review and Qualitative Analysis of the Content. Life (Basel), 10(12), 327. https://doi.org/10.3390/life10120327
- [17] World Health Organization. (2010). "Handbook on health inequality monitoring: With a special focus on low- and middle-income countries." World Health Organization.