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**Working Paper**

## Interim Assessment of the PhilHealth CARES Project

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Philippine Institute for Development Studies  
*Surian sa mga Pag-aaral Pangkaunlaran ng Pilipinas*

## Interim Assessment of the PhilHealth CARES Project

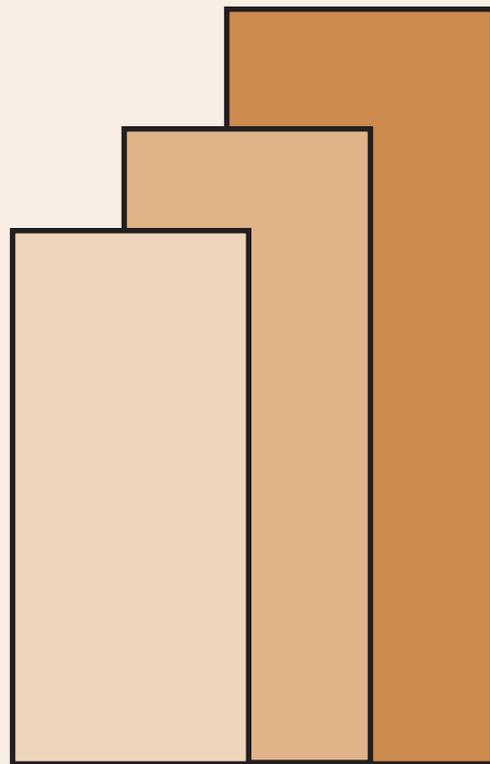
*Nina T. Castillo-Carandang et al.*

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**Interim Assessment of the  
PhilHealth CARES  
(*Customer Assistance, Relations and  
Empowerment Staff*) Project**

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A Study Commissioned by the Department of Health  
*through* the Health Research Management Program of the Philippine Institute of  
Development Studies

FINAL REPORT

## **ABSTRACT**

The PhilHealth **C**ustomer **A**ssistance, **R**elations and **E**mpowerment **S**taff (**CARES**) project was launched in 2012 to help members and their families navigate the complex Filipino healthcare system.

### Objectives

The study assessed the design and quality of implementation of the PhilHealth **CARES** project in selected hospitals in PhilHealth's National Capital Region. The specific objectives were:

1. Understand the overall goals and objectives of the project and how these are being understood by the project managers, implementers, and staff in selected areas in NCR
2. Evaluate to what extent project objectives are being met
3. Identify the project strengths, weaknesses, opportunities and threats as perceived by CARES managers, implementers and staff
4. Craft appropriate policy and programmatic responses to improve project implementation

### Methodology

Focus group discussions and desk review (i.e., documents and records review) were the main methods for the study. Observations and mystery client visits to 4 PhilHealth-accredited hospitals in NCR (private and public, Level 2 and 3) were also done.

### Results and Conclusions

PhilHealth CARES was a well-conceived project meant to primarily assist PhilHealth members and their dependents at the point of care. The CARES nurses were the "face of PhilHealth" and acted as patient navigators who helped members access their healthcare benefits. The project also addressed the need to provide gainful employment to many unemployed and underemployed nurses. The programmatic structure and operational elements of CARES were likewise excellently conceived. There were a few critical gaps (weak technical support, discrepancies among offices in policy implementation/interpretation, problematic claiming procedures, etc.) in the execution and operation of the project which needed to be addressed so as to fully maximize the benefits of the project and ensure its sustainability not just as a project but as a program in the future.

### Key words:

Social health insurance. Service delivery. Patient navigation

## **EXECUTIVE SUMMARY**

The PhilHealth **C**ustomer **A**ssistance, **R**elations and **E**mpowerment **S**taff (**CARES**) project from inception to the roll-out year is timely as being member-focused. The project has to some extent helped dispel common negative perceptions of government institutions being unresponsive to the public's needs most especially with regard to important issues such as the cost of health care, delivery of quality healthcare services at the point of need, and optimal use of benefits through efficient systems for making patient claims. The project is also well conceived to help urgently address the unemployment and underemployment of qualified registered nurses.

The CARES project appears to work well during the "acid test" phase of whether the operational strategy of Universal Health Care for All Filipinos (*Kalusugan Pangkalahatan*) is indeed attainable or not, and if UHC will result in the "health system goals of financial risk protection, better health outcomes and a responsive health system"<sup>1</sup>. By design, the CARES project provides a member/patient focused service which mediates between the individual and the huge government machinery as well as with stakeholders such as hospitals and healthcare providers. To the many nurses wanting of employment opportunities, PhilHealth CARES is very promising.

On a larger perspective --- from the implementation of the PhilHealth CARES Project emanates the ideals of what a government social health insurance program *can* and *should be*. This in turn strengthened the thrust of the three-pronged Universal Health Care plan which aims to provide financial risk protection, better health outcomes, and a responsive health system. With increased utilization of PhilHealth benefits for the members and service incentives for the providers, PhilHealth accredited hospitals and health centers will also increase, furthermore, the achievement of the MDGs will likewise improve.

*"CARES is the face of PhilHealth"* specially at the point of care. Members and their dependents together with other stakeholders have expressed overall satisfaction with the CARES project. Consequently, PhilHealth stands to earn more public trust and hopefully increased membership, making this project largely sustainable especially if it is transformed into a program with adequate resources, and not remain as a mere project.

A study was recently completed in the National Capital Region to assess the extent of how the PhilHealth CARES project objectives are being met, particularly in the areas of: Customer Assistance, Relations and Empowerment of Staff.

The training program for and deployment of PhilHealth CARES aims to create a pool of registered nurses with comprehensive knowledge about PhilHealth policies, programs, and benefits. The project further aims to enable the CARES nurses to effectively assist PhilHealth members regarding their membership, benefits and claims. CARES nurses help members/patients navigate among government agencies, hospitals, healthcare providers, sources of healthcare financing (e.g., local government units, health maintenance organizations, etc). Members (specially the elderly and indigent) are confronted with the challenges posed by lack of access to technology and low levels of computer literacy. Members also have to deal with online systems and databases which are not fully functional nor are always readily accessible.

At the heart of this project is an obvious need for the government agencies to effectively integrate among other government, private, and non-government institutions for the continued success of this worthy project. Moreover, both public and private institutions have to update and modernize their online systems and equipment, and update the skills of employees to facilitate communications, processing of membership queries, and claims. CARES nurses need to be urgently equipped with online devices and reliable internet connections as well.

The CARES project by and large is positively viewed and accepted by the stakeholders. However, some problems have been identified and opportunities for improvement likewise raised for action in areas such as recruitment of staff; their access to correct and consistent information on PHIC policies and programs; formal and in-service training; actual client service; interactions between the hospitals, PHIC and patients; and monitoring and evaluation of the project and its staff.

Moreover, the CARES Project (as a mechanism for patient navigation) is aimed to be more “member-centric” by helping PhilHealth members hurdle bottlenecks to care. It is thus in the spirit of the law that whenever there is a conflict of policy interpretation---it should be generally resolved in favor of the member.

Qualitative methods were employed in the study to give a more personalized expression of the perceptions shared by participants. The verbatim quotes from study participants reveal insights crucial to the improvement of the project elements. Top line items gleaned from the study are as follows:

1. Applicant’s view of the CARES job. Much desired over a clinical nursing job or an RN Heals position in terms of better pay (CARES gross monthly income of P15,356.00 vs. monthly allowance of Php 8,000 for RN Heals), more regular working hours, less exposure to diseases. *“Better than a call center job.”*
2. Weak information technology (I.T.) system. The application process for CARES was challenged because of the weak online system of PHIC. *“Paulit-ulit kami nag-aapply hanggang makapasok kasi nagha-hang ang system.”*
3. Hospitals were encouraged to provide the PhilHealth CARES nurses with a computer and network connection to be able to access the PhilHealth online systems. In the actual work situation of the staff, the weak I.T. system of PHIC and the poor logistical support of hospitals also took up the time of CARES nurses in getting back to patients. It was not uncommon for CARES nurses to use their personal mobile devices which impact on their personal costs as well.
4. A need for integration among government agencies. The required documentation and forms need to be streamlined. A variety of documents (e.g., NBI clearance, Transcript of Records, Medical Examination, PRC Rating, CV, Birth Certificate, TIN) were required from CARES job applicants. With members/patients (especially the indigents and elderly plan holders) most are uninformed about forms and supporting documents.
5. CARES staff expressed different views of their job.
  - As “patient advocate”  
*“Madami sa mga PhilHealth members hindi alam mga benepisyo nila, rights nila. Minsan na nga lang o first time nila gagamitin, ibigay naman namin ang serbisyo namin nang masulit naman nila benepisyo nila.”*
  - As “defender of the rights of members”  
*“Pinaglalaban po namin ang karapatan ng mga members. May circular kaming pinapakita.”*
  - As the “face of PhilHealth”
  - “Spies of PhilHealth” as far as the hospitals are concerned.
6. PHIC/Hospital/CARES interaction. Most hospitals preferred to have a say in who will be the CARES staff assigned to them. The CARES staff, on the other hand, opted for a fair deployment and rotation system, between “toxic” or high volume inquiries and patients, and benign or low volume of inquiries and patients. According to study participants, there were *“No set criteria for the rotation process.”*
7. Improvement of training, service delivery, team relationships, monitoring and evaluation. The ToT (training of trainers) is still in need of close monitoring as in

some cases, the training doesn't happen at all. *"This is the first internal training (training of CARES) conducted by PhilHealth kasi kami hanggang ngayon walang training pag pumasok ka sa PhilHealth."* The Buddy-buddy system of the new CARES with an "old" cares for training (before the new one was deployed) was seen as an advantage. A Task Leader system has been put into place. *"There are no additional perks when you get to be a Task Leader. But the task leader is a welcome thing for the region. At least meron na isang nakatutok, to assist...to monitor."*

Focus Group Discussions were conducted among the various PhilHealth CARES stakeholders: executives and managers; CARES nurses who had been successfully hired from the recruitment program, brought into training, then deployed to their various assignments. The study looked into all aspects to see how the execution of each segment was conducted, and identify problems and opportunities for improvement. According to the PHIC executives and managers who participated in an FGD for the present study, and as stated in PhilHealth Advisory No. 03-03-2012 (*Updates on PhilHealth CARES*) — there were an estimated 23,000 applications for the 530 CARES job openings.

The reactions of the applicants for the CARES were positive. However, the application process was stymied by the slowdown of the PHIC's online system, and information gaps. Others had to repeat their online applications. On the matter of information on PHIC: *"Wala naman kaming alam sa PhilHealth. We researched the answers online. Wala naman kasi time limit."* *"Gino-Goggle ko pa ang sagot."* Moreover, not all applicants had access to computers, just as the CARES need technical on-line support.

The PhilHealth CARES staff need to be equipped with online facilities which would quickly and efficiently help the processing of information needed to respond to members' queries. Patients had high expectations for quick delivery of services with lower income groups seemingly more tolerant of delays, and more demands from well-off patients.

PhilHealth may be enjoying a high positive perception from the public, by and large, it can do well to keep this trust and further improve and strengthen its programs and projects such as PhilHealth CARES.

The study provided detailed data tables and matrices for deeper perusal of possible questions or explanations. The random verbatim quotations which were cited are key to understanding the personal and professional insights of the CARES nurses. The sequence of presentation of findings was based on the study's conceptual framework, and the nature of the design and implementation of the CARES project. The comparative matrices covered various issues and concerns which are presented in the following sequence:

- A. Motivation, Recruitment, Hiring, Training & Deployment of CARES Nurses
- B. Working Conditions, Duration of Work, Specific Work Locations & Functions
- C. Duties & Responsibilities, Usual Services Provided, Most Common Queries & Complaints Received
- D. Performance Evaluation, & Monitoring & Evaluation of the CARES Project

## **Issues and Concerns**

### **A. MOTIVATION, RECRUITMENT, HIRING, TRAINING & DEPLOYMENT of CARES Nurses**

#### **1. Motivation for joining PhilHealth CARES**

- Have employment, have a job.
- Opportunity for a decent paying job.
- *“Ayoko kasi ng volunteer. Gusto ko may sahod.”*
- A CARES staff receives a relatively higher salary than a clinical nurse (e.g. RN Heals).
- *“Practicality -- since I have two kids na kasi hindi na practical magtrabaho as a nurse now a days”* (because of the low income).
- Competitive salary with Call Center
  - 2-3 out of 10 CARES staff from NCR worked as a call center agent before entering the project.
- Regular office hours.
- *“Mas gusto ko ang clinical perspective. Mas gusto ko nga may adrenalin rush.”*

#### **2. Recruitment, Hiring, Training of CARES Staff**

- No work experience necessary to be hired as CARES.
- Given the thousands of applicants a cutoff of at least 80% in PRC board rating was used to short list applicants.
- Qualified applicants were notified (through text, email, and calls) for interview and further examinations.
- CARES training conducted by regional trainers who attended the Training of Trainers.
  - *“I think the region is more apt to conduct the training. Sa Head Office everything is theoretical, walang hands-on. The actual processing, in my opinion, should be at regional level.”*
- 1 week for classroom training. 1 week for immersion in the different offices/processes. Purely didactic. (They noted that the 1<sup>st</sup> batch had inadequate hospital immersion.)
- The buddy system of new CARES with an “old” CARES for training.
  - The 1<sup>st</sup> batch – *“walang mapagtatanganan”* unlike the succeeding batches who could ask the Pioneer batch.

### **B. WORKING CONDITIONS, SPECIFIC WORK LOCATIONS, SPECIFIC FUNCTIONS and DURATION of ASSIGNMENT CARES LOCATION and WORK SCHEDULE**

- Allocation of CARES by area
- *“There is a problem in the cascading of information.”*
- *“Some policies are fast changing and there is a problem of updating the staff.”*
- *“Ang pag-ro-rotate dapat ng CARES ay from petiks to toxic, hindi yung petiks to petiks para mas fair.”*
- *“Madami sa mga PhilHealth members hindi alam mga benipisyo nila, rights nila.”*
- *“Ipaglaban ang claims ng members sa billing section.”*
- *“Pinaglalaman po namin ang karapatan ng member. May circular kaming pinapakita.” “Dahil don nagpapasalamat sila. Nagbibigay sila ng suman.”*
- CARES are the liaison between the Hospital, PhilHealth and the Members for the interpretation and implementation of the policies.

## **C. DUTIES & RESPONSIBILITIES, USUAL SERVICES PROVIDED, MOST COMMON QUERIES & COMPLAINTS RECEIVED**

### **1. Duties and Responsibilities**

- To educate, advocate, update, link hospital and member (liaison for all information about PhilHealth)
- Serves as a communication hub
- Face of PhilHealth – PhilHealth became more accessible to the members; change in the profiling of PhilHealth to the people (*“always smiling and accommodating”*).
- Fight for the rights of the Members *“Ipaglaban ang claims ng members sa Billing Section”*.
- Facilitate and help the Members accomplish their claims amidst the differences in transmittal and variability of the interpretation of policies on availment per branch
  - Some common concerns: where the patient lives, where benefit will be claimed, and where the patient is confined.
  - For example, it was shared by the participants that the actual claiming of benefits differed from area to area.
    - There was a big problem if the patient lived in the North (for example) and was admitted in the South.
    - There was a standard policy on claiming but each area had their own internal process within the LHIO.
    - Differences in policy interpretation might be attributed to practicality or familiarity (or non-familiarity) with updated policies.

### **2. Most common services rendered, queries and complaints**

- Updating of membership
- Handles complains/queries
- Contribution information
- Assist in documentation and completion of documents
- Verification of accreditation for doctors and hospital
- Patient socioeconomic demographics and degree of CARES assistance.
  - Patients of lower socioeconomic demographics are “easier clients” unlike patients of higher socioeconomic classes (private patients) who are “more demanding”.

## **D. PERFORMANCE EVALUATION, & MONITORING & EVALUATION of the CARES PROJECT**

### **1. Performance Evaluation, Monitoring and Evaluation of CARES Project**

- Performance evaluation is problematic.
- High customer satisfaction rate
- Presence of “Mystery Client”
- Change in the customer feedback form
- CARES are given tokens as a sign of appreciation for a job well done.
- Task Leaders play a crucial role
- Utilization of Group Chat

## 2. Strength, Weaknesses, Opportunities, Threats of the CARES Project

<p><b>S</b></p> <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• PhilHealth in the Point-of Care</li> <li>• "CARES are catalysts for change"</li> <li>• CARES empowers the members</li> <li>• More efficient PhilHealth availment system</li> <li>• Decrease in number of Return to Hospital claims</li> <li>• High level of customer satisfaction</li> <li>• Improvement in the members' perspective with regard to PhilHealth</li> <li>• CARES as a Project manned by nurses</li> <li>• Helps in decreasing unemployment rate for nurses</li> <li>• CARES as a communication hub among stakeholders</li> </ul>	<p><b>W</b></p> <p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• PhilHealth CARES is a Project (not a program)</li> <li>• No job tenure</li> <li>• Poor technical support</li> <li>• CARES have limited access to the database</li> <li>• Task Leaders lack the resources to do their job efficiently</li> <li>• Some Hospitals don't provide their CARES with adequate logistics to function</li> <li>• Disproportional distribution of CARES to Hospitals</li> <li>• Poor monitoring of performance</li> <li>• High expectations of members</li> <li>• Problematic cascade of Policy information from making to implementation</li> <li>• Discrepancy in Policy implementation and interpretation</li> </ul>
<p><b>O</b></p> <p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Point of care</li> <li>• Project recognition</li> <li>• High satisfaction</li> <li>• Increase in membership enrolment</li> <li>• Formulation of new policies</li> <li>• CARES in surveys</li> <li>• Self-fulfillment</li> <li>• Loyalty to PhilHealth</li> </ul>	<p><b>T</b></p> <p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Poor work delineation</li> <li>• Poor technical support</li> <li>• Poor support from some hospitals</li> <li>• No job tenure</li> <li>• Not a program</li> <li>• CARES perceived as spies</li> </ul>

## 3. What do CARES nurses like the most and the least about their job?

Liked the Most	Liked the Least
Good compensation	Decentralization of the project
Good working schedule	Stress of hospital rotation
High personal satisfaction on their job	Policy interpretation gaps
Patient interaction	Handling irate patients
Fulfillment in helping other people	Blame for problems related to the Corporation
Appreciation of the 4Ps program	Stress in scope of work
Belongingness to a team	A lot of paper work
	Job insecurity
	No family time on weekends

## 4. Proposed Changes, Barriers, and Facilitating Factors of the CARES Project

- The CARES Service will improve if the nurses will be given resources to access the database
- Using *Return To Hospital (RTH)* as an evaluation tool
- Revision of CARES Training Program to focus on Customer Relations
- CARES as a Program (not just a project)
- Policy interpretation gaps
- Regularity of employment
- Internal conflict with other personnel in PhilHealth who are also on Job Order status like the CARES nurses
- Poor hospital support for the CARES Project
- Being a nurse helps CARES staff to do their job well

**5. In general, what has been the feedback about the CARES project from various stakeholders, other observations, concerns, issues and suggestions?**

- Initially, hospitals didn't want the presence of PhilHealth CARES, feeling they were spies.
- HMOs like the service of PhilHealth CARES because it makes their work easier.
- It is a good project because of its service delivery. *"It is beyond numbers and figures."*
- Staff see a future in CARES.
- *"I want to prove to PhilHealth—You need CARES".*
- *"Five years from now, gusto ko na sa CARES. Ayoko na mag nurse."*

**General Recommendations which specifically apply to the CARES project in NCR<sup>A</sup>:**

1. This study was confined to CARES in NCR. The study needs to be expanded to cover all regions of the country to assess local implementation of the CARES project.
2. PhilHealth should revisit the project and if deemed appropriate and timely --- elevate it to a program for sustainability.
3. The PhilHealth CARES project can be developed as a longstanding program.
4. Hand-in-hand with the "client-centeredness" thrust of a Health Insurance Corporation is the need for "workforce-centeredness" of the Corporation, wherein employees should be given fair remuneration and appropriate employment status. Addressing these twin thrusts will help ensure the sustainability of the CARES project and in the future -- the CARES Program.
5. The PhilHealth CARES Project is a *"promising" Program* that should be further streamlined to meet the discrepancies that were mentioned in this study such as, but not limited to, monitoring, evaluation, technical IT support, and policy implementation.
6. Clearer policies should be developed to address the weaknesses in the implementation of the project such as monitoring and evaluation schemes.
7. The model used for the PhilHealth CARES project that of bringing PhilHealth in the frontline of patient care in the hospitals, is a vital concept which made it successful.
  - 7.1 The PhilHealth CARES model can be replicated in Inter Local Health Zones wherein PhilHealth Accredited Rural Health Units of different Local Government Units can be covered by a CARES nurse. This can increase the enrolment of Individually Paying Members, increase utilization of PhilHealth benefits, and improve health financial risk protection and health seeking behaviour of the clients (among others).
8. Actuarial science studies can be done to monitor the improvement in the utilization of the PhilHealth benefits and improvements in the membership enrolment.

In summary, the study is deeply detailed, if not exhaustive, and will provide the reader with ample information, fair conclusions, and appropriate recommendations for action and policy.

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<sup>A</sup>General recommendations are prioritized according to importance.

PhilHealth CARES nurses can be likened to Patient Navigators (someone who helps patients surmount difficulties to accessing appropriate and timely care) in the complex health care systems of Philippine hospitals. PhilHealth has to some extent adapted the view that Patient Navigation (as represented by the PhilHealth CARES Project and its staff) facilitates “*Higher Performance through Patient Navigation*” which translates into “*Reaching more patients, boosting revenues and creating jobs*” --- a view espoused by Dr. Harold P. Freeman (a leading proponent of Patient Navigation).

To optimize the potentials of patient navigation it is crucial to identify the objectives of the CARES project, its key stakeholders, and the needs of patients, needs of PhilHealth as the organization providing navigation services. Metrics to assess the effect of patient navigation services and exhibit its value, and return of investment must also be integrated in the project.

PhilHealth CARES was a well-conceived project meant to primarily assist PhilHealth members and their dependents at the point of care. The CARES nurses were the “face of PhilHealth” and acted as patient navigators who helped members access their healthcare benefits. The project also addressed the need to provide gainful employment to many unemployed and underemployed nurses. The programmatic structure and operational elements of CARES were likewise excellently conceived. There were a few critical gaps (weak technical support, discrepancies among offices in policy implementation/interpretation, problematic claiming procedures, etc) in the execution and operation of the project which needed to be addressed so as to fully maximize the benefits of the project and ensure its sustainability not just as a project but as a program in the future.

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**Interim Assessment of the PhilHealth CARES  
(Customer Assistance, Relations and Empowerment Staff) Project**

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**LIST OF ACRONYMS, ABBREVIATIONS**

4Ps	Pantawid Pamilyang Pilipino Program
Accre	Accreditation Department
AMA	American Medical Association
AR	Accomplishment Report
ARTA	Anti-Red Tape Act
ARTA RCS	Anti-Red Tape Act Report Card Survey
CARES	Customer Assistance, Relations and Empowerment Staff
CARES-PMT	CARES Project Management Team
CDC	Centers for Disease Control
CIO	Chief Information Officer
CF1	Claim Form 1
COO	Chief Operating Officer
CV	Curriculum Vitae
DOH	Department of Health
DM	Department Memorandum
DSWD	Department of Social Welfare and Development
DTR	Daily Time Record
FAQ	Frequently Asked Questions
FGD	Focus Group Discussion
GA	General Assembly
HCDMD	Health Care Delivery Management Division
HFPS	Health Finance Policy Sector
HRD	Human Resource Department
IAG	Internal Audit Group
ICD	International Classification of Diseases
IEC	Information, Education and Communication
KI	Key Informant
KII	Key Informant Interview
KP	<i>Kalusugan Pangkalahatan</i>
LGU	Local Government Unit
LHIO	Local Health Insurance Office
M&E	Monitoring and Evaluation
MCS	Mystery Client Survey
MDG	Millennium Development Goals
MDR	Membership Data Record
MMG	Member Management Group
HMO	Health Maintenance Organization
NCR	National Capital Region
NBB	No Balance Billing
NDHS	National Demographic and Health Survey
NHIP	National Health Insurance Program
OSDO	Organizational Systems Development Office
PAD	Public Affairs Department
PHCF	PhilHealth CARES Form
PI	Principal Investigator
PHILHEALTH, PHIC	Philippine Health Insurance Corporation
PIN	PhilHealth Identification Number
PIDS	Philippine Institute of Development Studies
PCARES	PhilHealth CARES
PCC	PhilHealth Citizen's Charter
PCF1	PhilHealth CARES Form 1
PMAC	PhilHealth Member Assistance Center
PN	Patient Navigation/Navigators
PhROs/PROs	PhilHealth Regional Offices
PRC	Professional Regulation Commission

PRO-HRU	PhilHealth Regional Office-Human Resource Unit
PRO-RVP	PhilHealth Regional Office – Regional Vice-President
RHMPP	Rural Health Midwife Placement Project
RHTPP	Rural Health Team Placement Program
RHU	Rural Health Unit
RN HEALS	Registered Nurses for Health Enhancement and Local Services
RTH	Return To Hospital
TIN	Taxpayer Identification Number
TL	Task Leader
TOT	Training of Trainers
UHC	Universal Health Care
UPM REB	University of the Philippines Manila’s Research Ethics Board

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## SECTION 1 – INTRODUCTION, RELATED LITERATURES AND METHODOLOGY

### SUBSECTION 1.1 - BACKGROUND AND RATIONALE OF THE STUDY

The Aquino Health Agenda: Achieving Universal Health Care for All Filipinos (better known as Universal Health Care -- UHC; or *Kalusugan Pangkalahatan* -- KP) as embodied in the Department of Health's (DOH) Administrative Order No. 2010-0036 identified three strategic thrusts to achieve KP: (1) Financial risk protection through expansion in enrollment and benefit delivery of the National Health Insurance Program (NHIP); (2) Improved access to quality hospitals and health care facilities; and (3) Attainment of health-related Millennium Development Goals (MDGs)<sup>2</sup>. There have been some improvements in health policy reforms and health outcomes in support of the achievement of the aforementioned strategic thrusts. However, much more needs to be done.

The Department of Health has identified the “main obstacles to attaining universal health care”:

“(1) The two national healthcare financing mechanisms of direct government subsidy through DOH and LGU budgets, and the National Health Insurance Program (NHIP) have not been able to adequately provide financial risk protection for the poor; (2) As a result, poor households have inadequate access to quality outpatient and inpatient care from health care facilities. Rural Health Units (RHUs) and City Health Units in municipalities and cities, district and provincial hospitals, and even DOH-retained regional hospitals and medical centers do not have the necessary provisions to meet the needs of poor families; and (3) Owing to the failure of the financing and health care delivery systems to address the needs of poor Filipinos, it is unlikely that the Philippines will meet its MDG commitments by 2015. This is especially problematic for our targets to reduce maternal and infant mortality.”<sup>3</sup>

Improving access to and utilization of the Philippine Health Insurance Corporation's (PhilHealth) services by its members is crucial to the achievement of the goals of the *Kalusugan Pangkalahatan* (KP) Initiative.

“One of the main objectives in the deployment of the PhilHealth CARES (Customer Assistance, Relations and Empowerment Staff) is to facilitate the availment of benefits by PhilHealth members and dependents.”<sup>4</sup>

The purpose of this study was to assess the design and quality of implementation of the PhilHealth **C**ustomer **A**ssistance, **R**elations and **E**mpowerment **S**taff (**CARES**) Project in selected hospitals in PhilHealth's National Capital Region.

“**Reaching out through PhilHealth CARES**” is how PhilHealth addresses concerns related to customer service, and empowers members and non-members alike. “*The CARES are PhilHealth's eyes and ears on the ground*” as they monitor compliance with and implementation by health care providers of various policies. Membership availment of benefit packages is also being assessed. All these efforts are part of what the PhilHealth CARES team has described as the “*battle of making UHC not only a vision, but a reality*”.<sup>5</sup>

Some regional offices had assigned staff at PHIC accredited hospitals so as to help PHIC members at the point-of-care. It was initiatives such as these for patient navigation that gave impetus to the CARES project. The former PHIC President acknowledged that:

“The ease by which a member is able to go through the availment process at point-of-service can really make or break their PhilHealth experience, that is why we want to be where we will matter most”<sup>6</sup>.

Further to this, PhilHealth also wanted to hire registered nurses for CARES to so they can help give employment opportunities for health professionals. Hopefully, the hospitals will also benefit from the project because their billing sections will have fewer queries related to PhilHealth.

The CARES Project aimed to initially deploy 530 registered nurses in all accredited Level 3 and Level 4 hospitals, as well as, accredited Level 1 and Level 2 government hospitals, on a rotation basis from 2 May 2013 until December 2013. The project is still currently underway, and has been cited among PhilHealth's 18 achievements in its 18 years of existence.<sup>7</sup> As per information from the CARES Project Management Team (PMT) there were 554 CARES staff nationwide (as of October 2013).

The present assessment focused on describing the organizational context; process of delivery; on-going implementation activities, and assessing the effectiveness and relevance of such activities in selected parts of the geographic area covered by the offices of PhilHealth's National Capital Region (NCR Central, South, North). Review of documents and records; and interactions with stakeholders (primarily through group discussions, observation during the general assembly of NCR CARES, and through a few interviews, mystery client visits) were done. Site visits to a few selected hospitals were also undertaken. Strengths and areas for improvement as well as barriers and facilitating factors for effective project implementation were identified to further contribute to the improvement of the PhilHealth CARES Project.

## **SUBSECTION 1.2 - REVIEW OF RELATED LITERATURE**

The first part of this subsection talks about the Utilization of Social Health Insurance Benefits in the Philippines; and the second part looks into the Need to Enhance Access of Members to Their Benefits. The last part of the discussion focuses on PCARES as Patient Navigators in the Complex Health Care Systems of Hospitals.

### **Utilization of Social Health Insurance Benefits in the Philippines**

The social health insurance system in the Philippines has to contend with issues of coverage (an estimated 82% as of end December 2011)<sup>8</sup>. Limited benefit packages, high out of pocket payments, cumbersome administrative and reimbursement procedures, shortage of accredited health facilities, and insufficient knowledge of healthcare benefits<sup>1</sup> all contributed to underutilization.

The average underutilization of health insurance (i.e., not filing claims despite having legitimate coverage) was observed to be 15 percent in 30 selected sites in central Philippines from 2004-2007<sup>9</sup>. Quimbo et.al. concluded that:

“The surprisingly high level of insurance underutilization by insured patients . . . . undermines the potentially positive impact of social health insurance on the health of the marginalized. In the Philippines, where the largest burden of health care spending falls on households, underutilization suggests ineffective distribution of public funds, failing to reach a significant proportion of households which are by and large poor. Interventions that improve benefit awareness may combat the problem of underutilization and should be the focus of further research in this area.”

Reasons for non-utilization of PhilHealth benefits were elicited as part of the 2003 National Demographic and Health Survey (NDHS). The absence of a nearby accredited health facility, no money for excess billing, and the fact the PHIC only covered in-patient benefits were among the identified barriers. However, lack of information on PHIC benefits along with the presence of too many requirements were also cited among the reasons for not filing PHIC claims<sup>10</sup>.

There have been continuous enhancements in PhilHealth's benefits. However, it was also acknowledged in 2009 that policy interventions were needed to address "gaps in the way the NHIP benefits are managed, availed and delivered". These gaps included (among others): "Low member awareness on PhilHealth benefits, Obstacles to claims processing (erroneous ICD-10 codes, documentary deficiencies, signature verification), Long turn-around time for claims processing, Fraudulent claims and supplier-induced demand"<sup>11</sup>. The preliminary results from a 2009-2010 study showed similar findings as the 2003 NDHS. Difficulties in complying with documentary requirements were cited by PhilHealth members as a reason for their "failure to claim their PhilHealth insurance benefits"<sup>12</sup>

In a study of 147 households in selected barangays in Manila it was found that female members and paying members used their PhilHealth inpatient benefits more frequently while those in the lowest income groups tended to use their benefits less. Underutilization of inpatient benefits was also traced to "*Lack of knowledge on filing claims* (p-value<0.001) and *on benefits* (p-value<0.001)"<sup>13</sup>

### **Need to Enhance Access of Members to Their Benefits**

DOH issued a Department Memorandum (DM 2011-0184) in July 2011 mandating the "Establishment of PhilHealth desks in all DOH retained hospitals". As per the provisions of the DM, these "PhilHealth Desks shall be primarily responsible for:

- a. Facilitating and assisting the enrolment of indigents and individually paying members;
- b. Providing information on the benefits, entitlements, as well as the obligations of PhilHealth members; and
- c. Providing assistance in clarifying/explaining PhilHealth processes in the hospitals"<sup>14</sup>

Through its 18 years of existence PhilHealth has also implemented various initiatives to improve the delivery of services to its members. It opened the PhilHealth Member Assistance Center (PMAC) "a one-stop shop for all member and provider concerns" in July 2001. In February 2004 it launched *PhilHealth Ko! 2960* which was intended "to enable members to get immediate feedback on various membership concerns, contributions, benefits and claims status, among others".<sup>15</sup>

The Corporation has regional offices as well as service offices, and PhilHealth desks (in private malls, in government agencies such as the Overseas Workers Welfare Administration, etc.) throughout the country, and in some key cities overseas. These service points enable PhilHealth to assist its members.

The Anti-Red Tape Act (ARTA) of 2007 (Republic Act No. 9485) mandated government agencies to post in their main entrance or at the most noticeable place(s) in their office "their Citizen's Charter which lists the frontline services offered, step-by-step procedures, time needed to complete the transaction, requirements, amount of fees, among others. It also covers the observance of the "No Noon Break" policy, presence of a public assistance desk/center, availability of basic facilities such as comfortable waiting areas and comfort rooms, and special lane for persons with disabilities, pregnant women, and the elderly".<sup>16</sup>

In compliance with R.A. 9485, the PhilHealth Citizen's Charter (PCC) for 2013<sup>17</sup> specified frontline as well as special services and their clientele for such services. Service Standards (for frontline services such as membership registration and enrollment, updating of records, etc.), Process Flow Charts, Feedback and Redress Mechanisms, and PhilHealth's Anti-Fixer Campaign are described in the PCC. Various offices/branches of PhilHealth have been cited for the quality of service they render to their clients. Thirteen of PhilHealth's offices/branches ranked excellent in the 2012 Anti-Red Tape Act Report Card Survey (ARTA RCS).<sup>18</sup>

The establishment and implementation of the PhilHealth Customer Assistance, Relations and Empowerment Staff (CARES) Project was approved by the PhilHealth Board (Resolution No. 1583, s-2012). This initiative was in further compliance with and support of ARTA. The Guidelines for Hospitals Covered by the PhilHealth CARES Project (PhilHealth Circular 012-s2012)<sup>19</sup> further described the project:

“The training and deployment of PhilHealth CARES aim to create a pool of registered nurses with comprehensive knowledge about PhilHealth policies, programs and benefits and able to effectively assist PhilHealth members regarding their membership, benefits and claims, among others. Specifically, the program aims to:

- Empower members by providing essential information on benefits, membership, eligibility and accreditation process;
- Educate members on the importance of commitment to the sustainability of the NHIP; and
- Conduct surveys and studies developed by the Corporation.”

### **PCARES as Patient Navigators in the Complex Health Care Systems of Hospitals**

The name of the PhilHealth project “*Customer Assistance, Relations and Empowerment Staff*” clearly states the overall mandate of PhilHealth CARES nurses as the Corporation’s front liners for customer service. PCARES nurses are “Patient Navigators” (PN) as they help ensure that patients can access hospital services in the most convenient, time-saving, and cost-effective means.

*What is Patient Navigation?*

Freeman and Rodriguez in a 2011 article on *History and Principles of Patient Navigation* cited that poor, uninsured, and underinsured Americans suffered not only because of cancer but also due to the disparities brought about by differential access to efficacious medical treatments. It was in such a context that patient navigation was developed as an approach to “improve outcomes in vulnerable populations by eliminating barriers to timely diagnosis and treatment of cancer and other chronic diseases”<sup>20</sup>. It was conceived in 1990 by Dr. Harold P Freeman in New York City’s Harlem Hospital Center to help improve access to cancer screening and address the delays in clinical follow-up and hurdles to cancer care that poor people encounter.

It is important to note that most of the documented experiences with patient navigation programs have mostly been with cancer patients. The complexity of cancer as a disease and its impact (physical, socio-emotional, financial) on the patient and his family makes it a particularly challenging health concern to address.

Freeman and Rodriguez enumerated the Principles of Patient Navigation as based on their over 2 decades experience serving cancer patients and their families<sup>20</sup>:

1. Patient navigation is a patient-centric healthcare service delivery model.
2. Patient navigation serves to virtually integrate a fragmented healthcare system for the individual patient.
3. The core function of patient navigation is the elimination of barriers to timely care across all segments of the healthcare continuum.
4. Patient navigation should be defined with a clear scope of practice that distinguishes the role and responsibilities of the navigator from that of all other providers.
5. Delivery of patient navigation services should be cost-effective and commensurate with the training and skills necessary to navigate an individual through a particular phase of the care continuum.
6. The determination of who should navigate should be determined by the level of skills required at a given phase of navigation.

7. In a given system of care there is the need to define the point at which navigation begins and the point at which navigation ends.
8. There is a need to navigate patients across disconnected systems of care, such as primary care sites and tertiary care sites.
9. Patient Navigation systems require coordination.

#### *Who Is a Patient Navigator?*

A Patient Navigator is generally defined as someone who helps assist patients overcome barriers to care.<sup>21</sup> In a more service-based definition -- it refers to the assistance offered to underserved population in “navigating” through the complex health-care system to overcome barriers in accessing quality care and treatment.<sup>22</sup>

The American Medical Association (AMA) described the patient navigator (also called a patient advocate) as “someone whose primary responsibility is to provide personalized guidance to patients as they move through the health care system”<sup>23</sup>. Persons with “clinical, legal, financial or administrative experience” or with “personal experience facing health care-related challenges” may perform in either an official or informal capacity the functions of PNs. AMA further described the nature of the employment status of PNs as:

“Navigators can be employed by community groups, hospitals or insurance companies, or they may be independent consultants who offer fee-based services to people who are unwilling or unable to manage complex medical issues on their own”.<sup>23</sup>

Patient navigators can be a trained health care professional (social worker, nurse) or a lay individual who can coordinate the needed health care services. They are trained to anticipate, address and overcome barriers to care and guide patients through the health care system during a very difficult time. PNs can help improve the quality care of patients receive and may even extend or save patients’ lives.

PNs are trained in patient advocacy skills and appropriate qualities (e.g., enthusiasm, openness to learning, connectedness to the community and its culture, and a lot of energy) to act as compassionate, effective guides in bridging the gaps to help patients, their caregivers, and their families.<sup>24</sup>

Most of the PNs in Canada are nurses which is the same situation for PCARES in the Philippines. Walkinshaw in a 2011 article for the Canadian Medical Association Journal compared the situation for PNs in Canada vis-à-vis the U.S.:

“Unlike the United States, where patient navigation is a somewhat helter-skelter unregulated occupation, in Canada, it’s slightly more regulated, with often-defined roles and responsibilities . . . . Unlike the US, where community and private models of patient navigation have flourished, Canada has adopted a more regulatory approach to the profession, although programs do vary from province to province.”<sup>25</sup>

#### *What Do Patient Navigators Do?*

In countries such as the United States and Canada, patient navigation is an effective service that guides cancer patients.

In the Canadian context, the usual responsibilities of PNs were described by Walkinshaw as:

“Connecting patients who have cancer with the right doctors and ensuring that they have access to the host of available therapies and resources. Navigators are also there to ensure continuity of care and to get answers to questions patients have about their diagnosis. . . . Navigators provide a measure of familiarity and security for patients. In addition to connecting

patients to resources and specialists, navigators also help patients obtain financial resources to cover such costs as transportation to a cancer centre and chemotherapy.”<sup>25</sup>

The aims of services for patient navigation/advocacy were classified by the American Medical Association as follows<sup>23</sup>:

- “Reducing health care disparities and increasing access to care
- Improving patient outcomes for a specific illness or chronic disease
- Helping patients effectively negotiate the complex web of administrative and clinical decisions associated with the health care system”

The Harold P. Freeman Patient Navigation Institute identified some common impediments which Patient Navigation can help address<sup>26</sup>:

- “Financial barriers (including uninsured and under insured)
- Communication barriers (such as lack of understanding, language/cultural)
- Medical system barriers (fragmented medical system, missed appointments, lost results)
- Psychological barriers (such as fear and distrust)
- Other barriers (such as transportation and need for child care)”

In June 2005, the United States enacted into law the Patient Navigator Outreach and Chronic Disease Act of 2005.<sup>27</sup> The program is designed to provide patient navigator services with the goal of reducing barriers and improving healthcare outcomes. Funded entities will be required to recruit, train, and employ patient navigators to provide services to health disparity populations.<sup>28</sup> More than the “medical network assistance” (i.e., guide through the complex treatment ‘maze’; help in identifying local resources; communicate with health care practitioners; encouragement and emotional support) which PNs can provide, they assist in filing out insurance documents and other paper work.<sup>29</sup> Patients have stacks of medical reports, bills, insurance statements, claim forms and payment records piling up causing them more stress and failure to maximize insurance benefits.<sup>30</sup>

A PN in the U.S. described her experience as: “*We usually tell the patients we’re going to be their ‘quarterback’. We’re the person who assesses the situation and says, ‘This is where we’re going to help you.’*” Successful program implementation yielded positive results such as arranging transportation and connecting patients with physicians who take them (patients) without insurance. PNs go further to spend time with physicians, nurse and case managers to identify patients who need extra assistance.<sup>31</sup>

Significant benefits were noted from the improvement of morbidity and mortality through the proper direction offered by the PN as “Patient Advocates” upon recommendation of breast biopsies to patients with suspicious clinical findings.<sup>32</sup> PNs were utilized primarily with cancer patients because of the multidisciplinary approach to treatment which involves multiple subspecialized physicians (oncologist, internist, surgeons, radiologists, etc), social workers, therapists, and nurses.

#### *Optimizing the Potentials of Patient Navigation*

The National Patient Navigation Toolkit asserted that:

*“Navigation is not one-size-fits all. If you are a program administrator or supervisor, it is important to recognize how patient navigators will function in the big picture and to understand in what ways the current system will change and benefit from the introduction of a navigation program.”*<sup>32</sup>

A private entity (*The Advisory Board Company* which described itself as a “global research, technology, consulting firm; and performance improvement partner”)

advocated for “*Maximizing the Value of Patient Navigation*” and identified “Lessons for Optimizing Program Performance”. They said that there is a need to re-assess the objectives of patient navigation programs for cancer patients. Only a few cancer programs have been able to demonstrate the benefits (and thus, justify the costs) of hiring navigators to “assist patients and families access the care and services that they need”. These programs have been marked by what has been described as “a disciplined approach to designing and implementing their navigation programs”.

#### **Success depends on careful role definition**

Best practice institutions have found that in order to maximize the impact of the navigator role, they must define the position relative to the needs of the organization and patient population. To that end, they conduct rigorous assessments to identify patients’ needs and programmatic improvement opportunities. Armed with this information, they are then able to develop the navigator role to reflect their organization’s unique circumstances.

#### **Best practice institutions invest in ongoing process improvement**

Leading institutions additionally acknowledge that inadequate processes can undermine staff productivity and effectiveness. Consequently, they have made a commitment to ongoing process improvement with the goals of minimizing gaps in patient care and streamlining inefficient procedures. As a result, navigators at these institutions are able to direct all of their efforts to improve upon an already high-functioning system, rather than struggling against ineffective processes.

#### **Maximizing the return on investment**

Given that navigation is not a reimbursed service, cancer programs must be diligent about measuring the impact of this service. Starting with well-defined goals and a measure of baseline performance on key metrics can make the process significantly easier. In addition, cancer programs should be careful to select metrics that directly measure navigator activities and quantify the impact on program revenues.<sup>33</sup>

Pratt-Chapman et al. identified the following best practices for the navigation team of the George Washington University Cancer Institute’s Patient Navigation Program:

- “Communication!
- Weekly team meetings to share cases.
- Open door policy to troubleshoot challenging cases.
- Sensitivity to time-pressure demands on all navigators.
- Knowing when to refer to other team members.
- Strong professional boundaries.
- Adhering to established scope of practice.”<sup>34</sup>

In 2012, Dr. Freeman described the Harold P. Freeman Patient Navigation Institute as facilitating “*Higher Performance through Patient Navigation*” which translates into “*Reaching more patients, boosting revenues and creating jobs*”.<sup>35</sup> This description can also be seen to apply to the Philippine Health Insurance Corporation.

To optimize the potentials of patient navigation it is crucial to identify the objectives of the program, its key stakeholders, and the needs of patients, the organization providing navigation services. Metrics to assess the effect of PN services and exhibit its value, and return of investment must also be integrated in the program.

The preceding discussion has shown that although of a lesser scope and magnitude --- the PCARES project has similar aims as the patient navigation programs in North America which focus mainly on cancer care vis-à-vis PCARES which aims to assist PhilHealth members and their dependents access hospital-based services.

### SUBSECTION 1.3 - STUDY OBJECTIVES<sup>B</sup> AND CONCEPTUAL FRAMEWORK OF THE STUDY

1. Understand the overall goals and objectives of the project and how these are being understood by the program managers, implementers, and staff in selected areas in NCR
2. Evaluate to what extent project objectives are being met
3. Identify the program strengths, weaknesses, opportunities and threats as perceived by CARES managers, implementers and staff
4. Craft appropriate policy and programmatic responses to improve project implementation

The study can only provide a partial response to objective no.2. The lack of the clients' perspective makes this assessment of the CARES project incomplete.<sup>C</sup>

### SUBSECTION 1.4 CONCEPTUAL FRAMEWORK OF THE STUDY

The study adapted the Centers for Diseases Prevention and Control's recommended framework for program evaluation<sup>36</sup>. Stakeholder engagement (i.e., stakeholder analysis and consultation) were crucial steps in the interim assessment of the CARES Project, and this was done as early as the informal planning stage for the study when the principal investigator was being invited by the Philippine Institute of Development Studies (PIDS) to submit a research proposal for the study<sup>D</sup>. This qualitative study (to the extent possible) espoused the approach of *formative evaluation* which aimed to support the collective learning of selected project actors (PhilHealth management, CARES project managers, implementers, and staff) in their efforts to improve the delivery of services to PhilHealth members. The assessment focused on describing the organizational context (recruitment, selection, training, deployment of personnel); process of delivery (structures and procedures); on-going implementation activities, and assessing the effectiveness (to the extent possible) and relevance of such activities.



Figure 1: CDC Framework for Program Evaluation in Public Health (1999)

<sup>B</sup> These objectives are as stated in the Terms of Reference prepared by DOH-PIDS Health Research Management Program (6 Dec 2012)

<sup>C</sup> It is important to note that the notice of award sent to the research team by DOH-PIDS HRMP stated (6 Dec 2012): "The studies under this project do not involve primary data gathering (surveys) but will require desk research, analysis of secondary data, analysis of institutional data (financial and service statistics), key informant interviews, and (if necessary), focus group discussions". The possibility of including members' feedback in a follow-up study had been explored during a meeting with Mr. Valerie Gilbert Ulep of PIDS (12 March 2013).

<sup>D</sup> The principal investigator (P.I.) attended the plenary session of the PhilHealth CARES Congress 2012 (14 Nov 2012 morning). The P.I. had informal preliminary discussions with the former PhilHealth President and CEO (Dr. Eduardo P. Banzon), former CARES Project Manager (Ms. Susan Abad Defensor), former Area Vice President for NCR and Southern Luzon (Mr. Ruben John A. Basa who is now Vice President - Corporate Planning Department, OSD, Task Force Informatics & Technology and Management Department), and the Regional Vice President for NCR (Dr. Shirley B. Domingo) about the conduct of the evaluation.

## **SUBSECTION 1.5 - RESEARCH METHODOLOGY AND ANALYSIS**

The use of multiple data sources, methods, and the transdisciplinary perspectives of the research team (with backgrounds in health social science, environmental health, operations research, banking, clinical and public health medicine, management) maximized opportunities for triangulation in the study.

Focus group discussions (FGDs) and desk review (i.e., documents and records review) were the main methods for the study. Site visits to a few selected hospitals were also done. A team member also observed the general assembly of CARES in NCR.

### *Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)*

The perspectives and feedback of various stakeholders (project managers, implementers, CARES team leaders and staff) were elicited through qualitative methods (e.g., focus group discussions, and a few key informant interviews,). The FGDs and/or KIIs covered topics such as the design of the CARES project, recruitment and training of CARES staff, core functions of CARES staff (assistance to members, address issues and queries on membership, eligibility & benefits availment and conduct surveys and studies developed by the Corporation)<sup>37</sup>, rotating assignments of staff, common problems encountered by managers and staff, monitoring and performance evaluation, perceptions of the project (strengths, weaknesses, opportunities, barriers, facilitating factors).

On the average, each FGD took approximately 3-4 hours. A few informal Key Informant Interviews with hospital executives and managers; and with CARES staff assigned to the hospitals were also conducted. These interviews were of shorter duration (20-30 minutes) as compared to the FGDs.

The informal interviews with the CARES staff took place while they were manning their posts in the hospitals. Interviews were halted every time a client came up to the CARES desk. This was done so as not to disrupt the rendering of services, and to allow for opportunities to observe an actual interaction between the CARES staff and a client.

Five FGDs (with from 5-6 participants each) were carried out. There was 1 FGD for each of the 3 areas of NCR (North, Central, South), 1 FGD with the CARES Project Management Team PMT), and 1 FGD with PhilHealth executives and managers.

The FGD with PHIC executives and managers (including the CARES project manager) was conducted to elicit information and insights on CARES. These executives and managers were purposively selected for the FGD because of their official responsibilities in relation to the CARES project.

Selection of FGD participants (CARES staff), and 2 hospitals (1 private, 1 government) included in the study was done in consultation with PhilHealth management. Efforts were made to include CARES staff with various positions (team leader, team member), duration of employment in the CARES project (at least 3 months, 6 months, over 1 year employment), sex (male, female), age groups<sup>E</sup> (staff who are in their 20s, 30s, 40s), and geographical area of assignment in selected areas of NCR (North, Central, South).

### *Review of Documents; and Mystery Client Visits*

Documents and records review as well as site visits to selected hospitals were also done. Existing guidelines, structures and procedures along with routine monitoring and administrative data for CARES were analyzed.

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<sup>E</sup> The CARES staff members were generally aged from early twenties with a few in their late 30s/early 40s.

Observational techniques were employed to describe the adaptation of CARES to local conditions in 4 selected hospitals. An innovation done for the study was the conduct of Mystery Client Visits by trained observers using a standardized observation checklist<sup>F</sup>. Four hospitals in different parts of PhilHealth's NCR were visited. These hospitals included: (1) NCR Central - a private Level 3 hospital (300 bed capacity) (2) NCR North - a private Level 3 hospital (300 bed capacity ); (3) NCR South – a government Level 3 hospital (300 bed capacity); (4) NCR South – a government Level 2 hospital (149 bed capacity) which is run by a local government unit.

### *Analysis*

A multi-level, comparative analysis of the perspectives of PHIC internal stakeholders (project managers, implementers, and staff) alone with the exclusion of external stakeholders such as the PhilHealth members<sup>G</sup> was undertaken for the following:

- a. Overall goals and objectives of the CARES project as stated in documents (reports, monitoring data, etc.) vis-à-vis how these were grasped and implemented by stakeholders (project managers, implementers, and staff)
- b. If and how project objectives were being met
- c. Project strengths, weaknesses, opportunities and threats

Existing guidelines, structures and procedures in addition to routine monitoring and administrative data for CARES were analyzed.

Descriptive statistics (when appropriate) was used for routine monitoring and administrative data<sup>H</sup> (e.g., average number of PhilHealth members served per day, kind and number of hospitals with CARES staff, etc.) in 2 selected hospitals as well as for socio-demographic data of study participants (key informants and/or FGD participants) and CARES team leaders and staff. Summaries and comparative matrices of the data (from the FGDs, KIIs, documents and records review) were prepared.

An iterative process of reading, analyzing, and reviewing the text was done to enable content analysis. Such analysis was initially done by individual team members and then further validated through a data analysis workshop wherein all team members reviewed and discussed the data together. Data from different sources (FGDs, interviews, review of documents, mystery client visits) were compared and contrasted; and common themes together with unique/singular observations were identified.

## **SUBSECTION 1.6 - LIMITATIONS OF THE STUDY**

This study was only confined to NCR as per the official scope of work with PIDS. Insights and recommendations from the study must be interpreted with caution as they can be seen to apply to NCR only. Limited resources (time, personnel, funds) only allowed the inclusion of a small number of FGD participants and hospitals in NCR. Two Level 3 hospitals (1 private, 1 government) were visited in NCR for key informant interviews and observations. Four hospitals (private and government, Level 2 and 3) were visited by mystery clients. The so-called Hawthorne effect (observer-expectancy effect) could have also affected the actual interaction between the CARES staff and the client because the CARES staff in the few selected hospitals knew they were being observed. Resource constraints also precluded the inclusion of the feedback of PhilHealth members in the present study. Their feedback will be elicited in a follow-up study.

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<sup>F</sup> The mystery client visits were *not* part of the original approved protocol for the study. The visits were done mainly in response to feedback obtained during the FGD with PhilHealth executives and managers. They expressed interest in having their Head Office staff conduct mystery client visits to all CARES staff.

<sup>G</sup> Please refer to the earlier explanation with regard to the exclusion of PhilHealth members in the present study.

<sup>H</sup> IF available --- routine monitoring and administrative data were collected and analyzed.

## **SUBSECTION 1.7 - ETHICAL CONSIDERATIONS**

Informed consent was obtained by the research team from participants prior to the conduct of FGDs and/or KIIs.

There were no foreseeable or expected risks in participating in the study. Participants were informed that confidentiality will be maintained to the extent possible but complete confidentiality cannot be assured due to the nature of information sharing involving numerous participants in a group. No identifying information was used in any written report resulting from the research.

Participants were also informed that while there was no direct benefit, financial or otherwise, intended for the participant, the information that might be obtained from this study may help identify appropriate policy recommendations for further improvement in the design and implementation of the PhilHealth CARES, and in the efficiency with which PhilHealth responds to the needs of its members. PhilHealth prepared the meals that were served during the FGDs. There was no honorarium given, and gift certificates from a popular coffee shop (worth 200 pesos each) were given as a token of appreciation to each participant. Participants were not provided with any incentive to take part in the research, and their decision to take part in the study was voluntary.

The study was approved by the University of the Philippines Manila's Research Ethics Board (UPM REB registration number 2013-280-01).

## SECTION 2 - RESULTS and DISCUSSION

### SUBSECTION 2.1 - The CUSTOMER ASSISTANCE, RELATIONS and EMPOWERMENT STAFF (CARES Project) in PHILHEALTH'S NATIONAL CAPITAL REGION (NCR)

PhilHealth's National Capital Region (NCR) was divided into 3 regional offices as follows:

1. PRO NCR North – Manila with its regional office in Caloocan City, and Local Health Insurance Offices (LHIO) in the cities of Manila, Caloocan, and Mandaluyong.
2. PRO NCR Central - Quezon City with its regional office in Quezon City, and LHIOs in Quezon City, and the municipality of Cainta in Rizal province.
3. PRO NCR South - Las Piñas with its regional office in Pasig City, and LHIOs in Pasig, Makati, and Las Piñas.<sup>38</sup>

The CARES project covered both government (n=36) and private hospitals (n=39) which were classified as Level 1 (primary), Level 2 (secondary), Level 3 (tertiary)<sup>1</sup>. There were 75 hospitals covered by the CARES project (as of June 2013).

**Table 1. Total Number of NCR Hospitals Covered by CARES Project**

Breakdown of Hospitals Covered by PhilHealth CARES Project (as of June 2013) <sup>39</sup>								
Government				Private				Grand TOTAL
Primary	Secondary	Tertiary	Sub-Total	Primary	Secondary	Tertiary	Sub-Total	
6	7	23	36	0	11	28	39	<b>75</b>

#### Profile of CARES NCR vis-à-vis Study Participants

As of October 2013 -- there were 77 CARES staff in NCR with North (n=31) having the most number, followed by Central (n=26), and lastly by South (n=20). On average, CARES staff members were 24.3 years old. The youngest CARES staff was 21 years old while the oldest was 50 years old. The youngest and oldest CARES staff members were both from NCR Central. Majority of CARES were female (67.5%); and single (72.7%). All were registered nurses of whom 5 reported having post-graduate education.

Sixty-one percent of CARES had been employed in PhilHealth for over a year although there were nearly 12 percent who had only been working for 3 months. Range of length of employment was from 3 to 15 months.

Fifty-two percent were unemployed prior to joining CARES with the same proportion (52%) having CARES as their 1<sup>st</sup> paid job. Nearly 9 out of 10 (87%) had already served as CARES staff in 2 hospitals. The number of clients served per day by each CARES staff member ranged from as few as 16 to as much as 150 clients per day.

There were 17 CARES who participated in the study (15 for FGDs, 2 KIIs). In general, study participants had similar socio-demographic profile as the other CARES in NCR.

<sup>1</sup> DOH New Hospital Classification to Improve Health Care (2012):

"Among others, a *Level 1* hospital must have an operating room to be able to provide surgical services.

A *Level 2* hospital has all of Level 1 capacity and must be departmentalized, equipped to be able to provide services in the specialties of medicine, surgery, pediatrics and obstetrics-gynecology and has an intensive care unit.

A *Level 3* hospital has all of Level 2 capacity plus a residency or teaching program."<sup>40</sup>

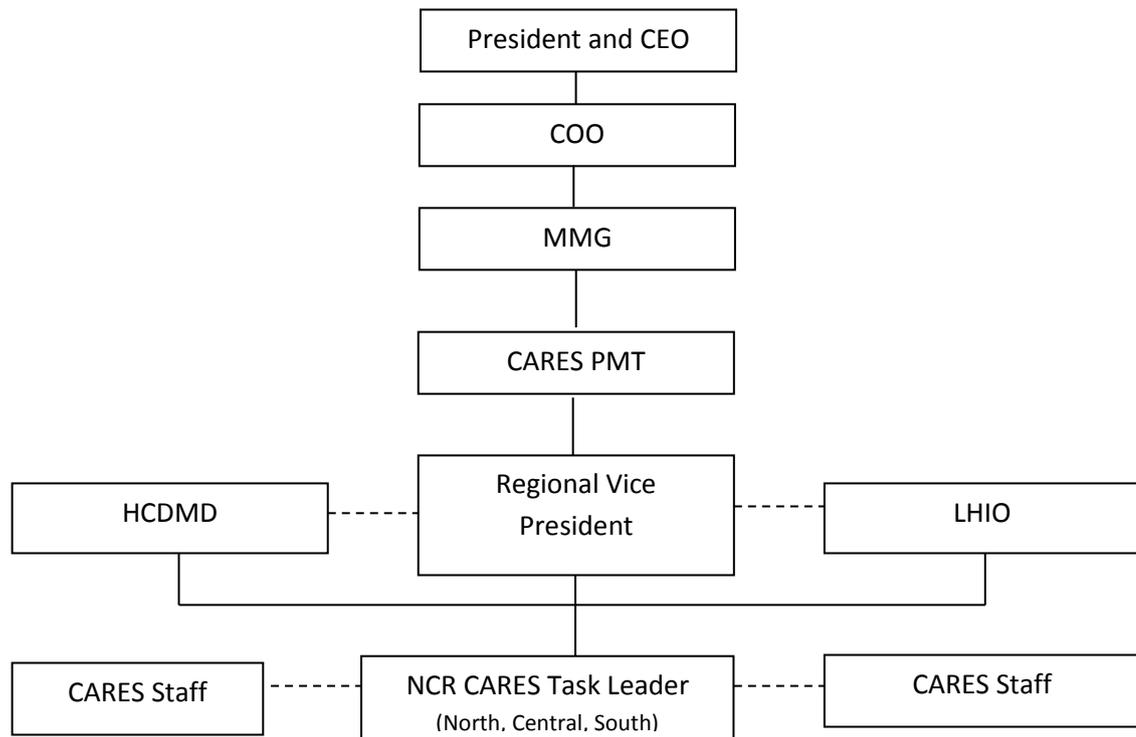
On average, the FGD participants were aged 26.5 years old (vs. 24.3 years for other CARES); and predominantly female, single. Nine of the 15 FGD participants had been employed in PhilHealth for over a year. Nine were unemployed prior to joining CARES. Six said that CARES was their 1<sup>st</sup> paid job. The number of clients served per day by each CARES staff member ranged from as few as 3 to as much as 39 clients per day.

**Table 2. Socio-demographic Profile of NCR PhilHealth CARES**

Demographics of CARES NCR		NCR North	NCR Central	NCR South	Ave	Total (%)
Number of CARES in NCR		31	26	20	25.7	77
Average age		24	23	27	24.3	-
Age Range (youngest, oldest)		22-46	21-50	21-41	21-50	-
Sex	Male	11	9	5	8.33	25 (32.5%)
	Female	20	17	15	17.3	52 (67.5%)
Civil Status	Married	4	1	16	7	21 (27.3%)
	Single	27	25	4	18.7	56 (72.7%)
Highest Level of Educational Attainment	BS Nursing	31	24	22	-	75
	Post Graduate Course	3	2	0	-	5
Number of Months Working in PhilHealth	0-3 months	3	1	5	-	9 (11.7%)
	4-6 months	0	2	1	-	5 (6.5%)
	7-9 months	5	4	1	-	10 (13 %)
	10-12 months	4	0	4	-	8 (10.4%)
	More than 12 months	19	19	9	-	47 (61%)
	Range in months	3 months to 15 months for all 3 areas in NCR				
Previously employed	Yes	21	2	14	-	37 (48%)
	No	10	24	6	-	40 (52%)
CARES as first paid job?	Yes	10	24	6	-	40 (52%)
	No	21	2	14	-	37 (48%)
Number of clients served per day	Range	16-60	40-100	20-150	16-150	-

### **CARES Organogram (Draft)**

The researchers formulated an organogram based on the data gathered from the actual FGDs and KIIs vis-à-vis the policies that are available. An organogram was asked from the Corporation however, no existing diagram was available for reference. Figure 2 represents the researchers' interpretation of the organizational hierarchy of the PhilHealth CARES project.

**Figure 2. PhilHealth CARES Project Organogram** (Unofficial. Draft based on study results)

The project is under a linear hierarchy of the President and CEO of PhilHealth, Chief Operating Officer (COO), and Member Management Group (MMG). The CARES Project Management Group (PMT), which is based in the Central Office, oversees the implementation of the whole project. The dashed lines between the Health Care Delivery Management Division (HCDMD), Regional Vice President and the Local Health Insurance Office (LHIO) represent the provisions of Office Order 0053 series of 2012 – Implementing Guidelines of the PhilHealth CARES Project, that the Regional Vice President through the HCDMD in coordination with the LHIO shall monitor the performance of the CARES<sup>41</sup>. The NCR has 3 regional offices which consequently, require 3 different CARES Task Leaders. Task Leaders are the focal person that links the Corporation and the CARES staff. The dashed lines between the CARES staff and the NCR CARES Task Leaders connote the “absence of hierarchy” among the PhilHealth CARES Staff.

## SUBSECTION 2.2 - MOTIVATIONS FOR JOINING PHILHEALTH CARES

A desire for a stable job (“*Simply to seek/have employment*”) and preferably one with decent and regular compensation were the most often-cited reasons as to why registered nurses decided to join PhilHealth CARES (Table 3).

**Table 3. Reasons why registered nurses decided to join PhilHealth CARES**

<p>Have employment, Have a job with decent pay</p> <ul style="list-style-type: none"> <li>• Have employment, have a job</li> <li>• Competitive salary, decent paying job</li> <li>• Regular compensation, stable job</li> </ul>
<p>Career advancement</p> <ul style="list-style-type: none"> <li>• Self-fulfillment</li> </ul>
<p>Prestige of working in PHIC</p> <ul style="list-style-type: none"> <li>• “<i>It is also a stepping stone for them to be absorbed by PhilHealth.</i>”</li> </ul>
<p>Working hours</p> <ul style="list-style-type: none"> <li>• Better job as compared to working in a call center</li> <li>• Regular office hours</li> </ul>
<p>Nature of work is related to nursing</p> <ul style="list-style-type: none"> <li>• Work as CARES staff is related to nursing</li> <li>• Work in hospital setting but no bedside work</li> <li>• No specialized clinical training (such as Basic Life Support, etc) are needed</li> </ul>
<p>Nature of work requires interaction with many people</p> <ul style="list-style-type: none"> <li>• Likes interaction with people</li> </ul>

### ***Thousands of Unemployed/Underemployed Registered Nurses***

Just how many unemployed/underemployed registered nurses are there in the Philippines? *No one really seems to know.*

House Bill No. 151 (AN ACT PROVIDING FOR A COMPREHENSIVE NURSING LAW TOWARDS QUALITY HEALTH CARE SYSTEM, REPEALING FOR THIS PURPOSE RA 9173 OTHERWISE KNOWN AS THE PHILIPPINE NURSING ACT OF 2002) was filed in the 16<sup>th</sup> Congress on 1 July 2013 by ANG NARS party-list representative Leah Primitiva Samaco-Paquiz. The Explanatory Note for HB 151 emphasized that there were an estimated 300,000 unemployed nurses in the country (1998-2012). These unemployed nurses were:

“Vulnerable to exploitation and unfair labor practices such as job orders, contractualization, ‘false volunteerism’ or doing ‘volunteer’ work in hospitals without pay and ‘false trainings’ or paying for ‘training fees’ just to be able to work; practices which are not only abusive and unjust but also illegal”<sup>42</sup>.

A counterpart bill (Senate Bill No. 1264) was filed by Senator Maria Lourdes Nancy Binay. It was cited in the bill’s Explanatory Note that the Professional Regulations Committee and the Board of Nursing estimated that there were 219,617 unemployed/underemployed nurses (as of December 2009)<sup>43</sup>.

FGD participants echoed what was stated in the Explanatory Notes for the aforementioned pending bills. The CARES staff expressed their dissatisfaction with being a volunteer nurse as well as being a call center agent.

- Approximately 3 out of 10 CARES staff in NCR worked in call centers before they joined CARES
- More assurance in work stability compared to volunteer nurse or call center
- Regular pay compared to unpaid volunteer work
- No vacancy as a nurse
- Previously worked as a volunteer nurse. No salary.
- Difficult to get a hospital slot. Need to pay training fee to be hired by hospital
- *“Ayoko kasi ng volunteer. Gusto ko may sahod.”*
- *“Mas ok kaysa mag-call center agent”*

According to the PHIC executives and managers who participated in an FGD for the present study -- there were an estimated 23,000 applications which were submitted to PhilHealth for the 530 CARES job openings. The sheer number of applications for CARES was a reflection of the lack of job opportunities for thousands of unemployed and underemployed registered nurses.

### ***Good Working Hours***

CARES were offered regular work hours.

- Office hours only (plus Saturdays)
- Work schedule shall be 40 hours per week from Monday to Friday (7 hours) and Saturday (5 hours).
  - Monday to Friday time-in from 8-9 am. Time-out 4-5 pm.
  - Saturday time-in 8-9 am. Time-out 1-2 pm.
- Without graveyard shifts
- A number of nurses had prior jobs in call centers and worked graveyard shifts thus, a regular working day job made it more ideal for them.

### ***Stable Job with Competitive Salary***

A stable and decent paying job with a competitive salary is what most Filipino employees (not only CARES staff) aspire for.

- Regular pay compared to volunteer work
- Assured regular compensation at least for 6 months duration of contract
- More assurance in work stability compared to volunteer or call center
- Better job option as a nurse compared to volunteer or call center

### ***CARES vis-a-vis Clinical Nursing***

Work as CARES was related to nursing BUT workload as CARES was lighter as compared to being a nurse.

- “Feeling nurse pa rin ako kasi nasa hospital ang work ko”
- Less workload compared to being a nurse
- Gets to work as a nurse by providing “care” to the clients
- They have an opportunity to work in a hospital setting without needing to engage in clinical practice or to get exposed to diseases.
- Doesn’t like bedside work
- No specialized clinical trainings (Intravenous Training, Basic Life Support) are required for CARES
- Health advocacy as part of nursing job
  - “One of the function po ng CARES is to advocate which is function din ng nurse.”

### **Registered Nurses for Health Enhancement and Local Services (RN HEALS): A Learning and Deployment Project**

The Department of Social Welfare and Development (DSWD), Department of the Interior and Local Government (DILG), and Department of Health (DOH) executed a Joint Memorandum Circular No. 2011-0044 in support of the *Pantawid Pamilyang Pilipino* Program. As part of the *Project RN Heals (Registered Nurses for Health Enhancement and Local Services)* 10,000 nurses were initially deployed in poor communities in February 2011.

There was also an identified need to build up the health human resources (specially the nursing workforce) in hospitals and other health care facilities, and a second group of nurses was thus organized.

“The Rural Health Team Placement Program (RHTPP) is a composite of several human resources for health that utilizes **learning cum deployment approach** designed for **unemployed registered health professionals.**”<sup>44</sup>(emphasis supplied)

The general objective for the RN HEALS 2 and Rural Health Midwife Placement Project (RHMP) (wherein 11,500 nurses were deployed to DOH hospitals and health facilities, and 1,000 midwives were sent to remote communities as part of Batch 2) was as follows:

“The nurses and midwives learning and deployment aims to create a pool of registered health professionals with enhanced clinical and public health competencies towards the improvement of health care service delivery”<sup>44</sup>

The Secretary of Health further contended that:

“As part of our effort to achieve *Kalusugan Pangkalahatan (KP)*, I am confident that these programs will help contribute to rapid increase in PhilHealth enrolment [and] improved access to quality care in hospitals and other healthcare facilities and in the attainment of our Millennium Development Goals (MDG)”<sup>J</sup>

The guidelines for RN HEALS 2 stipulated that the nurses would receive a monthly allowance (Php 8,000); PhilHealth Insurance (Php1,200 per year); Group Accident Insurance (Php 500 per year); and a Certificate of Completion if they successfully finished the requirements of the project. The DOH hospitals shall provide meals (equivalent to at least Php 2,000 per month) for the nurses during their tour of duty while nurses assigned in Rural Health Units were entitled to an additional monthly allowance of Php 2,000. The RN HEALS II nurses were in effect “pre-service trainees”

<sup>J</sup> DOH recruitment and deployment of nurses and midwives was ongoing (Jan 2014).<sup>45</sup>

and those who had a Certificate of Completion would be prioritized for hiring in the event that there were vacant posts in government health facilities.

DOH had announced plans to absorb half of the almost 20,000 RN HEALS nurses and give them higher compensation (not just allowances) of 16,000 pesos by January 2014. These nurses were currently serving in barangay health stations, rural health units and government hospitals. DOH's support for the RN HEALS program would be phased out in 2 years time. The expansion of PhilHealth would help LGUs and district hospitals improve their financial status and capacitate them to pay for the salary of the RN HEALS nurses<sup>46</sup>.

### **CARES vis-a-vis RN HEALS 2**

There were some CARES staff who previously worked with RN HEALS (Registered Nurses for Health Enhancement and Local Services). They decided to apply at CARES because of higher pay as compared to RN HEALS.

A CARES staff received a relatively higher salary than a clinical nurse such as those who worked in private hospitals or in RN HEALS. CARES staff received a gross monthly remuneration of Php 15,356.00 (vs. monthly allowance of Php 8,000 for RN HEALS) inclusive of PhilHealth Premium and Group Accident Insurance (similar to RN HEALS). CARES had contracts which were renewable every 6 months as compared to the contract for RN HEALS which was non-renewable after a year of service.

RN HEALS who worked in hospitals had the opportunity to practice nursing skills because of direct bed side care.

### **Social Interaction and Self-Fulfillment**

Financial concerns were indeed important considerations for applying as CARES. But financial concerns aside --- CARES staff also expressed their desire for social interaction with people.

Working as CARES staff offered an opportunity to help others, and this was something which the CARES staff welcomed.

- Fulfillment and happiness of helping someone
- Happy to help people in need of assistance
- *“Magandang trabaho siya para sa akin kasi nakakatulong ka.”*
- *“Gumagaan ang loob nila kasi natutulungan namin sila”*
- *“Magandang trabaho siya para sa akin kasi nakakatulong ka.”*

Personal and family reasons were also cited by participants as their motivations for having applied for CARES.

- *“Mas gusto ko ang clinical perspective. Mas gusto ko nga may adrenalin rush. Practicality-wise, since I have two kids na kasi hindi practical magtrabaho as a nurse nowadays kasi as we know ang income ng nurse ay only minimal.”*
- Have time to do graduate school because of regular office hours

### **Career Advancement**

Pride in working in a decent-paying job in a “prestigious” corporation such as PhilHealth was also valued by some FGD participants. Others viewed their job as CARES as an opportunity for career advancement.

- A stepping-stone for a career in clinical nursing
- Some of the PhilHealth CARES staff are absorbed by the hospital they work with because of good performance
- Change of job because nursing enrolment is decreasing (41 year-old previous nursing teacher)
- In search of a more fulfilling job (CARE staff was previously a clinical nursing instructor)

Executives and managers said that employment in CARES *“is also a stepping stone for them to be absorbed by PhilHealth.”*

### ***The Case of a Nursing Medic***

One of the members of the research team met a former specialist physician who was a registered nurse, and who now worked as a CARES staff member in a private Level 3 hospital.

This key informant (KI) was a physician with a certified clinical specialty as well as training in a sub-specialty. Nineteen years after graduating from medical school, and after completing residency and sub-specialty training this physician decided to take up nursing with the dream to work in New Zealand. Working overseas did not materialize so the physician decided to work in occupational medicine as a health maintenance organization (HMO) physician. The KI then decided to put up a medical transcription business which unfortunately, did not become viable. Broke and looking for other opportunities --- the physician was informed by his/her brother about the CARES job opening.

The story of this former specialist physician turned nurse turned CARES staff was a classic example of the phenomenon of so-called “nursing medics” whose ambition was to work overseas as a nurse (not as a physician). Various setbacks (e.g., failure of plans to work overseas as a nurse, business losses as an entrepreneur for medical transcription business, inability to thrive working as a physician in HMOs, etc.) caused the nursing medic to rethink her/his career path.

Currently the nursing medic was very happy because as CARES he/she got to help people. The KI now saw a different perspective (in the patient's shoes) on the patients' inability to pay their bills. The KI got to understand the patients' dilemma on how they can meet the financial requirements of getting sick. This physician turned nurse saw her/himself in PhilHealth in the next 5 years but with a desk job and a work location which is nearer to her/his residence. Common problems encountered as CARES staff were dealing with irate doctors who complained about the processes and requirements for claiming and accreditation.

### SUBSECTION 2.3

#### RECRUITMENT, HIRING, TRAINING AND DEPLOYMENT OF CARES STAFF

An official *Call for Registered Nurses* was issued via PhilHealth Advisory No. 02-01-2012 (see below). The Advisory stated the manner and period of application (strictly online and for 3 days only from 12-14 February 2012) as well as the desired professional background (registered nurses only); expertise and abilities (communication skills, personality, software/application skills). Information for the email address where to send resumes, and the telephone number of the PHIC Call Center to contact for further queries were also stipulated in the Advisory.

##### **Communication Skills**

- Excellent communication skills, oral and written
- Ability to listen actively to customer concerns

##### **Personality**

- Customer-focused, passionate about results and patient when dealing with customer concerns
- Resourceful, familiar with PhilHealth services, programs and regulations

##### **Software/Application Skills**

- Well-versed in MS Office applications
- Experienced in using online application systems using wireless communication device<sup>47</sup>

The job openings for CARES were announced nationwide through quad media (print, online, radio, television), and this resulted in thousands of applications. As per the PhilHealth Advisory No. 02-01-2012 these applications were all supposed to be completed online. However, as the FGD participants shared this was not possible for everyone. The sheer number of interested nurses who wanted to apply caused a slowdown in PHIC's online system. Some applicants could not successfully finish their online application because of the lag in the system.

The slow connection pushed some applicants to apply and personally pass their resume in the main PHIC office. Some people said they applied for all vacant positions in PhilHealth (not only for CARES).

There were applicants who spent the whole day to finish their online application while others tried to do this multiple times.

- |   |
|---|
| <ul style="list-style-type: none"> <li>• <i>“Paulit-ulit kami nag-aapply hanggang makapasok kasi nagha-hang ang system.”</i></li> </ul> |
|---|

FGD participants recounted that they took an online examination about the Corporation. Online applicants answered 10 multiple choice questions related to PhilHealth (Vision Mission, rationale of PHIC corporate thrusts, etc.). Succeeding batches had no online application and examination.

There was reportedly no time limit for the online exam so some applicants searched online for answers to the question while others said that they did not do this.

- |  |
|--|
| <ul style="list-style-type: none"> <li>• <i>“Wala naman kami alam sa PhilHealth. We researched the answers online. Wala naman kasi time limit.”</i></li> <li>• <i>“Gino-Google ko pa ang sagot”</i></li> </ul> |
|--|

There was another PhilHealth document (Office Memorandum 0054 series of 2012) which also reiterated the stipulation that the CARES staff should be a resident of the region/province of his/her assignment.

*“Procedures in the Recruitment and Selection of Applicants*

As published in nationwide dailies, applications were received from Feb 12-14, 2012. Out of the total number of applicants received, the office of the President and the CEO through the PhilHealth CARES Project team, together with the Human Resource Department (HRD) and the Organizational Systems Development Office (OSDO), shall provide the PhROs not later than March 12, 2012 (Friday), the list of pre-qualified applicants per region based on the following criteria:

- Registered nurse
- Not more than 50 years old
- Resident of the identified region of choice
  - Preferably a resident of the identified province/region of choice or willing to be assigned to the province/region
  - There is no provision for board and lodging if the CARES is not a resident of the province/region of his/her assignment
  - No affiliation with the hospital or its employees/staff (up to 4<sup>th</sup> degree of consanguinity)

The HR Unit of the PhRO shall rank the applicants on a per province basis. The HR Unit of the PhRO may base their ranking on the following parameters.

- Interview covering the following competencies: communication skills, personality and electronic communication skills. The HRD shall provide an interview guide for this purpose.
- Rating in the Nursing Licensure exam
- Educational Background
- Hospital Training (especially in Level 3 and 4 hospitals), seminars and/or workshops attended”<sup>48</sup>

No previous work experience was necessary to be hired as CARES as per the Advisory (see above) and information gathered in the FGDs and KIIs. Executives and managers shared that:

*“Wala kami requirement na may work experience. Talagang sa board rating lang kami nag-base don sa 23,000 applicants.”*

FGD participants said that a PRC rating of 80 percent was reportedly used for ranking and short-listing. They said that there was no mention of a cut-off PRC rating but they surmised that it was 80 percent. When asked if they themselves had PRC ratings of 80 and above, and therefore were “good” --- none of the participants readily admitted to having such a high rating.

As per the study team’s review of documents --- there appeared to be no official written requirement for a PRC rating of 80 percent and above. The executives, managers explained that it was decided to have a cut-off rating so as trim down the thousands of applicants. It was then decided that the PRC rating should be given a weight of 5 percent in ranking the applicants as per the *Suggested Guide in Ranking the PhilHealth CARES Applicants* (Office Memorandum No. 0075, series 2012)<sup>49</sup>

“For purposes of uniformity in the evaluation of applicants under the PhilHealth CARES Project, the following parameters are suggested as guide for HR staff:

1. Sixty per cent (60%) shall be obtained automatically if included in the shortlist
2. The remaining forty per cent (40%) shall be assigned weight distribution as follows:

- o Interview - 20%
- o Relevance of previous work experience and professional training – 15%
- o PRC Rating – 5%”

A subsequent PhilHealth Advisory No. 03-03-2012 gave *Updates on PhilHealth CARES* (see below) which included the number of applications received (23,000), types of hospitals where CARES nurses will be assigned and when such will occur, primary duties of CARES, and training.

“From February 12-14, 2012, we accepted 23,000 online applications nationwide for the PhilHealth Customer Assistance, Relations and Empowerment Staff (CARES) Project. The PhilHealth CARES nurses will be deployed to All Levels 3 & 4 accredited hospitals and Levels 1 to 2 accredited government hospitals only. They will provide onsite assistance to members, address issues and queries on membership, eligibility & benefits availment and conduct surveys and studies developed by the Corporation.

The PROs were provided with the list of pre-qualified applicants per region based on the selection criteria set by the Corporation and transmitted the final matrix with ranking of applicants last March 23, 2012.

The Training of Trainers (TOT) was conducted by the Human Resource Department in coordination with the PhilHealth CARES Project Team last March 20-22, 2012, while the ten-day Competency Training Program for the PhilHealth CARES will be conducted simultaneously in the regions from April 16-27, 2012.

The deployment of trained PhilHealth CARES will start on May 2, 2012.”<sup>50</sup>

For ***SUBSEQUENT batches*** it was stipulated that the: “PhilHealth Regional Officer –HR shall facilitate posting of vacancies and initial screening of applicants”<sup>36</sup>. This was corollary to an earlier Office Memorandum (No. 0145, s. 2012) entitled, “*Clarification in the Implementation of the PhilHealth CARES Project*”

***“On Pre- Termination, Termination and Resignation of CARES Staff***

There should be ten (10) days written notice on either of the parties in case of pre-termination or termination of the contract or resignation of CARES staff.

***On Replacement and Orientation/ Training of New CARES Staff***

Replacements of resigned/terminated CARES staff shall be decentralized in the region. Orientation and Training of the new CARES staff shall be done by the region before deploying them to their place of assignments.”<sup>51</sup>

## **HIRING**

There appeared to be no official guidelines on how applicants were to be contacted to inform them to report for interviews and/or further examinations. Participants recalled

having been notified through various means (i.e., email, text messages, calls) if they qualified for the interview. Some of the applicants who initially had qualified eventually backed out. Subsequently, some of the applicants who did not make the initial cut were notified through email that they should report to PHIC.

They also recounted that:

- Not everyone was interviewed.
- There were a varied number of interviews.
- Content of interviews was not the same for all those who were interviewed

## Interviews

Pre-qualified applicants were endorsed for ranking by the PhilHealth Central Office to the regional offices. An Interview Guide (Annex A of the memo), Interview Assessment Form (Annex B), and a ranking matrix (Annex C) were prepared for their guidance and reference.

Office Memorandum No. 0056 Series of 2012

### Endorsement of Pre-Qualified Applicants for CARES Project<sup>52</sup>

#### Annex A. INTERVIEW GUIDE QUESTIONS

##### General Questions

1. How would you describe yourself? Tell me/us something about yourself?
2. What is your greatest strength and how it will help your performance in this position?
3. What is your greatest weakness?
4. How do you handle stress and pressure?
5. What was it like working in your previous job?/Give me/us a general description of your responsibilities in your current or last job.
6. Do you prefer working independently or on a team?
7. Describe the most significant or creative presentation that you have had to complete?
8. What computer skills do you have? Wht types of programs do you you prefer to use?
9. What are the goals that you have established for you career?
10. Why do you think we have to hire you for this job?
11. Why do you want to work in PhilHealth?

##### Competency Questions

1. Think of a problem or a situation where you had to deal with a difficult person, describe the situation and tell me/us how you handled it. (People Orientation)
2. How do you handle a situation wherein you had to communicate unpleasant feelings to your supervisor? (People Orientation)
3. In your currnet position/previous job, what sort of decisions do you make without consulting your supervisor? (Accountability)
4. How do you deal with mistakes? What are the steps you had to undertake to correct a mistake? (Accountability)
5. What has been your experience in dealing with your company's client/customers? (Customer Focus)
6. Give an example when you had to decline a client's request for a good reason. How did you handle it ? (Customer Focus)
7. How do you handle negative feedback from very angry clients? How do you respond to him/her (Customer Focus)

8. Can you tell me about a time when you did some thing extra, which was not part of the routine activities assigned to you, but you did it for the benefit of the cutomer? (Customer Focus)
9. Explain with as example, how would you handle a situation where a customer is asking for something, which is not in the interest of the company or w/c would violate a policy of the company?(Customer focus)
10. Have you ever felt, during course of your work, that the existng systems and solutions are not sufficient to meet the needs of customers properly and/or that they need to be changed? If so, tell me more. (Customer Focus)
11. Can you explain how you contact or initiate communications with customer (Customer Focus)
12. If you had to turn down a request from a valued client, what would you do? (Customer Focus)
13. How do you handle differences between your teammates? (Teamwork)
14. How open-minded are you about other members of the team's ideas? (Teamwork)
15. Have you had a situation in which you had to make a difficult choice between your personal and professional life? What did you learn frim the experience? (Commitment)
16. What do you think are the key values a government employee should possess? (Integrity)
17. Do you pay attention to details when doing a job? (Drive for Excellence)

### Skills

1. Tell me about a time when you had to be very careful in communicating delicate information. What was the possible risk involved and how did you go about it?
2. What steps do you take to establish a rapport with others?
3. Give me an example when you had to present complex information in a simplified manner in order to explain it to someone.
4. How do you explain a complex technical issue to someone who has less technical knowledge than you?
5. How computer literate are you, and which software programs are you familiar with?
6. What is your level of experience with software used in your job? What resources do you use when faced with a PC problem?
7. Have you ever used software to make a work related presentation?

### Annex B: CARES INTERVIEW ASSESSMENT FORM

**Name of applicant:** \_\_\_\_\_

**PhRO Assignment:** \_\_\_\_\_

**Instruction:** You are to rate the applicant on certain personality traits which can be observed when you talk with him/her face to face. Consider whether his/her personal characteristics as manifested during the interview will be an asset or liability to the position being considered. Make your rating of the applicant's characteristics solely on evidence observed during the interview using scale 1-3 with 3 as the highest and 1 as the lowest. The total point score that a qualified applicant could get is 30 points.

<b>PERSONALITY TRAITS</b>	<b>RATING</b>
1. <b>APPEARANCE</b> – neat; well-groomed; presentable; attire suitable and well kept	
2. <b>COMMUNICATION ABILITY</b> – expresses himself/herself assertively, accurately, convincingly and logically	
3. <b>ALERTNESS</b> – Readily grasps the meaning of a question; understands ideas/questions quickly though difficult or complicated	
4. <b>ASSESSIVENESS</b> - does not hesitate to clarify or ask question if called for; shows awareness of his/her rights/privileges as well as his/her duties as employee, takes a definite position on given issues/situation.	
5. <b>SELF-CONFIDENCE</b> – well poised; not intimidated by the presence of authority.	
6. <b>COMPETENCE AND KNOWLEDGE OF THE JOB</b> – is familiar with the technology, principles and processes of the job, suggests and effects improvements in quality and quantity of work.	
7. <b>READINESS ON THE JOB</b> – is equipped with the necessary skills, fit to do the job and knows how to deal with the situations surrounding his/her job	
8. <b>PROFESSIONAL INTERPERSONAL RELATIONS</b> – gets along well with others; communicates facts clearly and completely in a tactful manner; gets work done without adverse feelings	
9. <b>RESPONSIBILITY</b> – responds to problems and situations with innovative solutions; result-oriented individuals who are known to make things happen and get things done.	
10. <b>LEADERSHIP ABILITY</b> – possess the ability to coordinate and direct plans and strategies as well as optimally utilize the available resources based on good decision making to achieve the most effective and efficient outcomes.	
<b>TOTAL POINT SCORE</b>	

**Observations:**


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**Printed Name and Signature of Rater** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Annex C - Ranking Matrix**

<b>Names</b>	<b>PRC RATING</b>	<b>EDUCATIONAL BACKGROUND</b>	<b>HOSPITAL TRAINING</b>	<b>INTERVIEW RESULTS</b>	<b>RANKING</b>	<b>REMARKS</b>

CARES staff recalled that interviews were conducted in 2 venues: the Central Office for the 1<sup>st</sup> interview, and the Branch Office for the 2<sup>nd</sup> interview. Some of the applicants had 2 interviews while others only had one interview. Some of the applicants were not interviewed and instead answered a 20-item open ended questionnaire for 30 minutes.

There were many applicants for interview. CARES staff described their feelings of anxiety, nervousness as they waited for their turn to be interviewed. They looked at the

faces of everyone who came out of the room where interviews were conducted. Some of them asked those who were just interviewed how their interviews went.

Psychometric exams were administered to applicants according to the executives and managers. CARES staff recounted that interviews in the Central Office were more about basic/personal information vs. the interviews in the Branch Office which were more hypothetical, more on questions on “how will you handle situations”.

The more basic personal questions (which were usually asked in the Central Office) included such queries as:

- Tell me about yourself
- Educational background?
- Personal traits
- What are your strengths and weaknesses?
- How do you overcome your weakness?
- What is your edge over other applicants?

Queries which directly pertained to PhilHealth and CARES were also asked. Some examples of these questions are as follows:

- What do you know about PhilHealth?”
- Meaning of CARES
- *“Hindi ko alam na may meaning ang CARES nung nag apply ako”*

The more hypothetical questions (which were usually asked in the Branch Office) included queries related to customer service.

- How will you handle situations (scenarios were given)?
- What is your orientation to customer service?
- How to can you assist the members?

They were also asked questions pertaining to controversial health issues such as the Reproductive Health Bill, euthanasia. While these questions were not specifically listed in the official Interview Guide Questions (See Annex A above) --- they can perhaps be considered as part of the “Skills” component which had some queries such as “presenting complex information in a simplified manner in order to explain it to someone”; “explaining a complex technical issue to someone who has less technical knowledge”<sup>52</sup>

When told by the PhilHealth interviewer that she was over qualified, one of the FGD participants recalled telling the interviewer to hire her because she can help in the improvement of PhilHealth. This participant was eventually hired as CARES nurse and then given the additional assignment of Task Leader.

### **Time from Application to Notification, and Requirements for Employment**

CARES staff narrated that the time from application to notification ranged from 1 to 3 months for Batch 1 (“Pioneer Batch” is how the CARES staff referred to them), and 1 week for the succeeding batches. The executives, manager said it took 2-3 months to process applications for Batch 1 given the sheer number of applications. There was shorter time lag for succeeding batches as these staff members were replacements for those who had left PhilHealth.

Applicants were asked to submit different sets of requirements (i.e., NBI clearance, Transcript of Records, Medical Examination, PRC Rating, CV, Birth certificate, TIN). They recalled that they did not have much time to prepare all the documentary requirements as the 10-day training was to commence shortly. A few said that they were able to complete the requirements while they were undergoing training while for others it was right after they finished the training.

### **DEPLOYMENT/ALLOCATION of CARES BY AREA**

Executives and managers who participated in the FGDs said that:

- “Different regions have different allocations”.
- There were smaller regions where applicants were only a few thus they were immediately accepted.
- NCR, Regions 3 and 4 had the most number of applicants.

The allotment of CARES staff by region and type of hospital (all accredited Level 3 and Level 4 hospitals, as well as, accredited Level 1 and Level 2 government hospitals) on a rotation basis were described in the *Guidelines in the Implementation of the PhilHealth CARES Project* (Office Order 0053 series of 2012)<sup>41</sup>

#### II. Regional Distribution

A total of 530 PhilHealth CARES shall be deployed in all accredited government hospitals in the respective PROs as follows

	All level 3 and 4 Hospitals	Level 1 and 2 Government Hospitals	Total
PRO NCR and Central Office	73	5	78
PRO CAR	5	13	18
PRO I	26	11	37
PRO II	8	9	17
PRO III	38	19	57
PRO IV-A	34	14	48
PRO IV-B	20	21	41
PRO V	18	7	25
PRO VI	15	18	33
PRO VII	22	12	34
PRO VIII	7	17	24
PRO IX	6	7	13
PRO X	20	9	29
PRO XI	21	4	25
PRO XII	14	8	22
PRO ARMM	5	10	15
PRO CARAGA	7	7	14
<b>Total</b>	<b>339</b>	<b>191</b>	<b>530</b>

The hospital assignment of each CARES shall be provided by their respective PROs. The PRO shall prepare the list of CARES and specify their hospital assignments whether on a fixed basis in Level 3 and 4 facilities or on rotation in Level 1 and 2 government hospitals. If on rotation, the PRO will determine the number of facilities that will be covered by each CARES and the duration in each facility. The PRO shall furnish the PMT-CARES of the monthly assignment.”

The *Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment* (Office Order No. 0063, series of 2013<sup>53</sup>) covered the hiring and deployment of additional CARES nurses.

## II. Regional Deployment

1. A total of additional sixty (60) PhilHealth CARES Nurses shall be hired by PhilHealth Regional Offices (PROs) for deployment, as follows:

Office/PRO	Number of Task Leaders <sup>K</sup>	For Deployment to accredited Hospitals <sup>L</sup>	Total
PRO NCR	3	4	7
PRO CAR	1	1	2
PRO I	1	3	4
PRO II	1	2	3
PRO III	2	5	7
PRO IV - A	1	3	4
PRO IV - B	1	3	4
PRO V	1	2	3
PRO VI	1	2	3
PRO VII	1	2	3
PRO VIII	1	0	1
PRO IX	1	1	2
PRO X	1	2	3
PRO XI	1	3 <sup>M</sup>	4
PRO XII	1	3	4
PRO ARMM	1	3	4
PRO CARAGA	1	1	2
Total	20	40	60

FGD participants and KIIs said their deployment to hospitals was done in various ways. One group described their deployment as “hit or miss”. At times the CARES staff were accompanied by PHIC staff and/or managers, and were formally introduced to hospital management who in turn formally oriented them about the hospital. Sometimes in addition to personal endorsement to the hospital, PHIC also sent a letter to hospital management to introduce the CARES staff. In other instances, they said that they were given the name and address of the hospital, and they went to the hospital by themselves.

The hospital managers who were interviewed by the researchers recalled that PHIC sent them letters to introduce the CARES staff, and/or to inform them of an upcoming rotation of staff. But this was not done consistently such that the managers recounted that they were at times surprised that their hospital had been assigned a new CARES staff. The managers expressed their preference that they should be informed in advance of any changes in hospital assignments of CARES staff.

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<sup>K</sup> Formula used: Number of PRO/Branches

<sup>L</sup> Formula Used: (No of Accredited IHCPs as of Dec 2012) – (No. of existing PCARES) = N  
N x (nationwide figures) / (available slot) = No. of additional CARES

<sup>M</sup> Always filled-up 1 slot and deployed as PRO XI

## TRAINING

### Training With Pay

The pioneer batch had 2 weeks training with pay. FGD participants noted that PhilHealth's policy of paying prospective staff while they were undergoing training was unlike other training programs wherein no compensation was given for the time spent in capacity building.

### Training of Trainers (ToT)

The executives and managers said that representatives from the different regions were sent to attend a Training of Trainers workshop. Training of CARES was then conducted by these regional trainers.

- *“This is the first internal training [training of CARES] conducted by PhilHealth kasi kami hanggang ngayon walang training pag pumasok ka sa PhilHealth.”*
- *“I think the region is more apt to conduct the training. Sa Head Office, everything is theoretical, walang hands-on. The actual processing, in my opinion, should be at the regional level.”*

It is important to note that as per the information (see above) from the executives and managers there was no existing training program offered for newly hired PhilHealth staff. A new training program was developed for CARES nurses.

Materials from the Training of Trainers (TOT) of PhilHealth CARES indicated the following objectives of the TOT<sup>54</sup>:

#### “Objectives of the Training of Trainers Program

- Understand fully the PhilHealth CARES Project
- Identify and understand the key concepts and framework of excellent customer service
- Conduct and facilitate the ten-day orientation of the PhilHealth CARES
- Use the assessment tools to evaluate performance of the CARES, and
- Input the assessment results to the placement/assignment of the CARES (hospital-based or roving)”

### Duration and Mode of Training: Pioneer and Second Batch

The officially prescribed training period for the pioneer batch was 10 days<sup>54,55</sup> to include:

1. lectures
2. immersions
3. feedback session
4. assessment

The executives and managers said that 1 week was for classroom training and 1 week for immersion in the different offices/processes. The CARES staff said that their training was interspersed with lectures (2 days) and immersion at LHIO (2 days) in 4 departments/processes (Membership, Contributions, Accreditation, Benefits Administration Service) and in Service Offices. Observation at the frontlines of the PHIC service offices was part of the training program.

Role playing was done for some batches but not for all. In 1 of the FGDs the participants said that only 3 of the 5 of them had role playing during their training for customer service.

The 2<sup>nd</sup> batch of CARES staff also had 10 days training. Five days were for lectures, 3 days were with a CARES buddy, and 2 days for hands-on training.

### **Duration and Mode of Training: Subsequent Batches**

Subsequent batches had variable duration and content of training. They all had to be deployed quickly as they were replacements for CARE who had left PhilHealth. Guidelines for 2013 stated that:

“The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012”<sup>56</sup>.

One FGD participant who was not from the pioneer batch said she only had 2 days of training. She was deployed immediately with a buddy Pioneer CARES staff for guidance and with the Task Leader for 2 weeks.

Another said he only had 5 days (3 days of lecture on core processes + 2 days for Local Health Insurance Office – LHIO- exposure) while another reported having 6 days of training.

The “Buddy-buddy system” of new CARES with an “old” CARES for training (before the new CARES were deployed) was seen as an advantage. The 1<sup>st</sup> batch – “*walang mapagtatantuan*” unlike the succeeding batches who can freely ask questions to the Pioneer batch.

FGD participants shared that the current Training Program was shortened to 1 day technical lecture, 2 days public hospital immersion, and 2 days private hospital immersion with “old” CARES guiding the new ones.

### **Content of Training**

There were variations in topics covered as part of the training

- CARES staff noticed differences and discrepancies in trainings
- It was perceived that trainings of the succeeding batches were not as intensive as that of the pioneer and second batch

CARES staff all agreed that their training lacked actual and/or more intensive exposure to PHIC members who approached the CARES desk. This lack of exposure was more evident for the pioneer and second batch than for the subsequent batches that rotated in public and private hospitals with a CARES buddy.

- The training is sufficient for the “basics”, but not that helpful in the actual setting
  - “*Iba kapag kausap na yung clients!*”
- It would be helpful to add 1 week for more exposure to actual hospital setting

What were included in the training?

<p>Basic information on 4 processes:</p> <ol style="list-style-type: none"> <li>1. Membership</li> <li>2. Benefit</li> <li>3. Collection</li> <li>4. Accreditation</li> </ol> <p>Customer Care/Service</p> <ul style="list-style-type: none"> <li>• How to handle customer inquiries</li> <li>• How to handle irate clients</li> </ul> <p>Grooming</p> <ul style="list-style-type: none"> <li>• Uniform to be worn</li> <li>• Grooming and decorum was based on hospital/health facility rules</li> </ul> <p>Immersion</p> <ul style="list-style-type: none"> <li>• They are required to work in the Service Office and other departments of the health facility.</li> </ul> <p>In Deployment</p> <ul style="list-style-type: none"> <li>• Documents used are shown and explained to the CARES staff</li> <li>• Processes are explained</li> <li>• The iCARES system is explained</li> <li>• Time standards are taught based on the Citizen's Charter</li> </ul>
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What were the suggestions from CARES staff on what can be improved and/or what can be included in training?

<ul style="list-style-type: none"> <li>• Increase number of training days <ul style="list-style-type: none"> <li>○ Varied suggestions for this: <ul style="list-style-type: none"> <li>○ 3 weeks to 1 month</li> <li>○ 1 week lecture, 1 week immersion to hospital</li> <li>○ 2 weeks technical lecture, 1 day exposure to LHIO, 4 days in hospital</li> <li>○ 1 week didactics, 1 week immersion (1 government, 1 private) with some LHIO front lining and exposure to understand the 4 core processes</li> <li>○ Add 5 days hospital deployment in 1 private and 1 public and LHIO</li> </ul> </li> </ul> </li> <li>• Rational allocation of time per department like longer time to discuss claims and accreditation because of the broader coverage</li> <li>• Have longer technical lectures for them to have more confidence to answer the queries of the clients</li> <li>• There should be more hospital exposure</li> <li>• Give them briefing about the “backdoor” (or unwritten) rules to better equip them with information to explain to clients (e.g., why there is an 8-day turnaround time)</li> </ul>
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## **SUBSECTION 2.4**

### **WORKING CONDITIONS, SPECIFIC WORK LOCATIONS AND FUNCTIONS, AND DURATION OF ASSIGNMENT**

#### **RESIDENCE PROXIMITY IS THE BASIS FOR HOSPITAL ASSIGNMENT<sup>N</sup>**

The allotment of CARES staff by region and type of hospital on a rotation basis for 2012 and 2013 were already previously discussed<sup>O</sup>. Documents for 2012 and 2013 stated that CARES staff members should be:

“Preferably a resident of the identified province/region of choice or willing to be assigned to the province/region”<sup>48, 53</sup>

The Guidelines for 2013 on the “*Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment*” further stated that:

“However, it is recommended that the CARES must be deployed to hospitals that are not too far from their residences. If travel must be undertaken to reach the hospitals, the travel expense incurred by the CARES must not be exorbitant and their duty schedule must be ascertained to maximize the CARES stay in the said hospital”<sup>53</sup>.

Proximity of the residence of the CARES staff to the hospital of assignment was deemed essential as there were no provisions for allowances (transportation, board and lodging) if in case the CARES lived far from the hospital. The executives and managers said that accessibility in terms of distance and means of transportation were particularly important in the provinces where accessibility was oftentimes problematic.

Participants in the FGDs and KIIS confirmed that proximity, ease of accessibility were important. It did not matter if the CARES applicant or employee was highly ranked or not as these were not considered in giving hospital assignments. However, some consideration was given to a few CARES staff members who lived in adjoining provinces (e.g., Cavite) but worked in NCR.

- Proximity is still the rule in the provinces
- Accessibility by means of public transportation is a main concern
- Top applicants have no privilege to choose an assignment
- There are some considerations given to those who live in farther places

Task Leaders were asked to recommend hospital assignments but the final decision was still up to the managers in the Regional Office.

- Task leaders recommend new hospital assignments based on residence proximity
- Distance from the residence of the CARES staff is one of the parameters in determining the hospital assignment (e.g. if CARES staff is from Manila then that CARES staff will be assigned in Manila area)
- No maximum distance noted

<sup>N</sup> Please refer to earlier discussion on *DEPLOYMENT/ALLOCATION of CARES BY AREA*

<sup>O</sup> See discussion on “*Deployment/Allocation of CARES by Area*”.

## HOSPITAL ASSIGNMENT ROTATION

There were specific guidelines in 2012 and 2013 on how hospital assignments would be determined and how rotations were to take place.

“The hospital assignment of each CARES shall be provided by their respective PROs. The PRO shall prepare the list of CARES and specify their hospital assignments whether on a fixed basis in Level 3 and 4 facilities or on rotation in Level 1 and 2 government hospitals. If on rotation, the PRO will determine the number of facilities that will be covered by each CARES and the duration in each facility. The PRO shall furnish the PMT-CARES of the monthly assignment”<sup>41,53</sup>

Guidelines for 2013 on the “*Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment*”<sup>53</sup> specified the following:

On Work Schedule:

### *Deployment and Hospital Assignment*

1. Hospitals covered by the PhilHealth CARES Project shall be determined by the PROs, subject to the following prioritization:
  - 1st priority: DOH retained hospitals and all Level 3 and Level 4 government hospitals;
  - 2nd priority: Level 3 and Level 4 private hospitals;
  - 3rd priority: Level 2 government hospitals;
  - 4th priority: Level 1 government hospitals and Level 1 and Level 2 private hospitals.
2. A quarterly report on the deployment schedule of CARES and a list of hospitals covered by the project and list of designated task leader/s shall be submitted by the PRO-HCDMD to the PMT-CARES for information and reference of all concerned departments/sections/units within the Head Office. Said report must be submitted at least 15 days prior to the start of the calendar quarter.
3. Hospital assignment/rotation of CARES shall be determined by the PROs subject to the following provisions:
  - a. Assignment of CARES in L3 and L4 hospitals must be fixed/permanent in nature for a period of one month and not exceeding 3 months;
  - b. Assignment of CARES in L2 government hospitals shall be fixed/permanent (1 month to 3 months) or rotational in nature, to be determined by PROs;
  - c. Assignment of CARES to L2 private hospitals and LI private and government hospitals shall be on a rotational/roving basis  
 However, it is recommended that the CARES must be deployed to hospitals that are not too far from their residences. If travel must be undertaken to reach the hospitals, the travel expense incurred by the CARES must not be exorbitant and their duty schedule must be ascertained to maximize the CARES stay in the said hospital.
4. Special arrangements pertaining to hospital deployment and/or hospital assignment due to the following: (1) number of claims filed by hospitals; (2) distance of hospital to the nearest PhilHealth Office; and (3) number of patients, among other reasons, the PRO-HCDMD shall submit recommendations for approval of the PRO-RVP. Said

special arrangements shall be accordingly reflected in the attached quarterly report, as mentioned in item number 2.”<sup>41</sup>

The rationale for regular rotation was to maintain “*Strict professional relationship*”. However, it was commonly expressed during the FGDs and KIIs that the, “*CARES hospital rotation policy is problematic*”. The participants (in the course of the FGDs), in general, recommended to “*Give a chance to what is mandated in the policy*”.

CARES should be rotated every 3 months according to the policy. But there were hospitals that opted to retain the CARES staff member assigned to them. On the other hand, there were some hospitals who requested to rotate the CARES assigned to them. It was further noted in the discussions that, “*Military hospitals don’t want rotation because of security concerns*”.

There were regions that followed the rotation policy as stipulated in the guidelines. Variations in the implementation of the policy were said to have occurred also because of nuances related to the geographical location of the place of assignment. Some hospitals were not readily accessible so rotation took longer as compared to hospitals which were more accessible.

According to participants, there were “*No set criteria for rotation process*”. Nonetheless, place of residence was always considered when hospital assignment was given.

All CARES participants agreed that, “*If they were to be rotated, they would prefer to rotate every 6 months*”, and not every 3 months as mandated in the policy. Some participants recalled that it took 14 months before they had their first rotation. They were assigned to a different hospital each time they were rotated.

### ***Fairness in Assignment of CARES Staff to Hospitals***

It was suggested that having some criteria for rotation in NCR would help ensure fairness in assignments. Factors such as type of hospital (government, private), volume of transactions, nature of assignment (benign, toxic), and kind of clients, patients served should be taken into consideration.

- Some CARES staff rotated from hospitals which were “toxic” (high volume of inquiries/transactions and patients) to those which were “benign” (low volume of inquiries and patients).
- Some CARES staff rotated from a hospital with a high volume of patients to another hospital with high volume of patients
- Some CARES rotated from a hospital with low volume of patients to another similar hospital with low volume of patients
- “Older” CARES staff should be rotated from government to private while new CARES staff should be rotated from private to public

### ***Bawal ang Papetiks-petiks!***

The Tagalog slang “*petiks*” was used by the CARES staff members who participated in the FGDs. The meaning of “*petiks*” was defined by the Urban Dictionary<sup>57</sup> as:

*(slang) noun:* in Filipino (Tagalog), referring to a procrastinator or a person who habitually unwinds.

can also be used as an adjective.

*verb:* to procrastinate; to take a break from work or study; to unwind; relax.

An online chat forum<sup>58</sup> gave more information on “*PETIKS. noun. (PEH-teeks)*”.

*Definition:* [a] Doing nothing or resting when one is supposed to be busy working. [b] Surfing the internet, emailing friends, chatting, updating a

blog, or playing computer games during paid work hours--and successfully managing to look busy. [c] Being non-productive to the institution.

*Etymology:* From the Filipino term "*pipitik-pitik*"; used when one merely flicks his fingers and wastes time. Through time, the words were eventually picked-up by yuppie coños until it evolved into the more stylish "*petiks*", which is most commonly heard in sossy call centers where fake accents are rampant.

It is important to note that most of the CARES staff members who participated in the study were in their 20s, and that some were former call center agents. Hence, their familiarity with the slang "petiks", and their ease in using the slang in conversation.

A desire for fairness in allocation of hospital assignments was expressively articulated in the following statements:

- *"Ang pag ro-rotate dapat ng CARES ay from petiks to toxic, hindi yung petiks to petiks para mas fair. Pwede ring from toxic to petiks para kahit papano, makabawi naman sa katoxickan."*
- *"Pwede ring maging rotation yung from public hospital na benign na malilipat sa private hospital na benign or vice-versa"*

#### ***Perceived Advantages and Disadvantages of Rotation in Hospital Assignment***

The CARES staff members who participated in the study said that at first they were reluctant to have rotations in their hospital assignments. The participants said that an assignment of 6 months was deemed alright vis-à-vis a 3 month assignment which they said was too short. They cited some pros and cons of rotation (Table 4).

**Table 4. Pros and Cons of Hospital Rotation**

<b>Advantages</b>	<b>Disadvantages</b>
<ul style="list-style-type: none"> <li>• Rotation promotes check and balance of policies of the hospital and the Corporation</li> </ul>	<ul style="list-style-type: none"> <li>• Rotation not beneficial because one may not be able to fulfill responsibilities/tasks required</li> </ul>
<ul style="list-style-type: none"> <li>• Want to try to have hospital assignment rotation to be more flexible, to have wider exposure, and to experience different environments</li> </ul>	<ul style="list-style-type: none"> <li>• You may not be cut out for the job in the new hospital</li> </ul>
<ul style="list-style-type: none"> <li>• Rotation provides a wider exposure to both private and government hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• Issues of adjustment to the policies of the new hospital</li> </ul>
<ul style="list-style-type: none"> <li>• No hospital rotation contributes to boredom</li> </ul>	<ul style="list-style-type: none"> <li>• Issues related to need to establish self-confidence and credibility as far as the hospital is concerned.</li> </ul>
<ul style="list-style-type: none"> <li>• Rotation is more synergistic</li> </ul>	<ul style="list-style-type: none"> <li>• No to rotation – selfish</li> <li>• If with rotation – more personal growth</li> </ul>

On the other hand, the hospital managers who were interviewed for the study said that they preferred that the length of assignment be at least 1 year as they deemed 6 months too short. One manager said that he did not care who was sent to their hospital just as long as the necessary services were provided by PhilHealth through its CARES staff.

## **WORKING CONDITIONS of CARES**

### ***Official Jurisdiction/Responsibility for CARES***

CARES used to be under the regional vice-president as per previous guidelines.

“The regional vice President through the HCDMD is coordination with the LHIO head shall monitor the performance of the CARES”<sup>53</sup>

On 01 August 2013, the administrative responsibility for CARES was transferred to the branches. Such a move was deemed beneficial for closer monitoring of CARES according to the executives and managers who participated in the study.

### ***Logistical and Administrative Support Required from Hospitals Covered by CARES***

The *Guidelines for Hospitals Covered by the PhilHealth CARES Project*<sup>59</sup> specified the required administrative and logistic support by the hospitals for the CARES project.

#### C. Hospital Logistics and Business Processes

1. The hospital administrator shall have discretion in identifying the optimal physical location of an office space for the CARES staff within the hospital premises. However, the following strategic attributes of an ideal location are suggested:
  - a. Accessibility (within the acceptable radius from the center of activity)
  - b. Adequate lighting and ventilation
  - c. Sufficient space to serve at least 5 people on queue at any one time

For DOH-retained hospitals, the CARES shall be stationed in dedicated PhilHealth Desk, as mandated in DOH Memorandum 2011-0184 dated July 4, 2011

For other government hospitals, it is recommended that the PhilHealth CARES be stationed near the DSWD office or any social worker agency within the hospital.

2. Hospitals are encouraged to provide the PhilHealth CARES with a computer and network connection to be able them to access the PhilHealth online systems for member record verification such as, but not limited to, the following data:
  - a. PIN
  - b. Member Data Record (MDR)
  - c. Member Eligibility
  - d. List of Accredited Hospitals”

Ideally, CARES Desk should be placed in a conspicuous place which was easily accessible to members. Area assignment was dependent on the space and location given by the hospital. The researchers visited 6 hospitals and the CARES desks in these hospitals were generally located in accessible areas (near the Billing Section, Admissions Office) BUT not necessarily the most optimal location as far as patients and/or CARES staff member were concerned.

One of the CARES staff we interviewed said that her/his PhilHealth CARES desk was in an inconspicuous place in the hospital. The bulk of the patients were in the charity building but the CARES desk was in the new building with less clients. The CARES staff member had placed a CARES sign on the office window but this was asked to be

removed by the Hospital Director. The staff member also requested the Hospital Director for placement of collaterals but this did not materialize.

There were some hospitals which do not follow the stipulated guidelines (above).

- *“Nasa basement po ako ng hospital. Hindi talaga napupuntahan ng mga patients. Pero na-endorse na po ako ng hospital staff ng humahawak sa PhilHealth. Nagward to ward na ako para sa info dissemination.”*

In relation to the above need for adequate administrative and logistic support from hospitals --- it was striking that the CARES Task Leaders were not provided such support within the premises of the PhilHealth offices where they were assigned. They had to scout around for a vacant desk (in case an office employee was absent) and computer (in case the employee was not using the unit assigned to her/him).

### ***Working Schedule is Flexible Time***

Flexitime is defined as: *“a system permitting flexibility of working hours at the beginning or end of the day, provided an agreed period of each day (**core time**) is spent at work”*<sup>60</sup>. The *“Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment”*<sup>53</sup> specified what would be considered as flexitime.

“Following the intent of Office Order No. 0095 ser. 2011, with subject: Guidelines on the Grant of Flexible Work Schedule, all CARES Nurses shall observe the following schedule:

- a. Work schedule shall be 40 hours per week from Monday to Fridays (7hours) and Saturdays (5 hours);
- b. For Monday to Fridays, CARES shall time-in at any time from 8:00am to 9:00am and shall time-out at any time from 4:00 pm to 5:00 pm. Full one-hour flexi-time is accorded to CARES, provided that they meet the prescribed number of working hours per day;
- c. On Saturdays, CARES shall time-in at any time from 8:00 am – 9:00 am and shall time-out at any time from 1:00pm-2:00pm, provided that they meet the prescribed number of working hours for those with Saturday schedules.
- d. Failure to meet the prescribed number of working hours shall be tantamount to tardiness and/or absence.”

CARES may be provided a Monday-Friday work schedule as determined by the PROs. Such arrangement may be granted due to any of the following reasons: (1) religious considerations, (2) adverse peace and order situation, (3) access/unavailability of transport, provided that the daily 8-hour work schedule shall be strictly followed.

The study participants said that there was no overtime pay given for work beyond the official work schedule.

### ***CARES Staff Members Have A Prescribed Weekly Uniform***

According to study participants, there were no official written guidelines specifically on personal appearance and/or grooming of CARES staff. A yellow and green t-shirt with collar, and the PhilHealth CARES logo is the official uniform for CARES to wear from Monday to Friday. Wash day was on Saturday, and this meant that they could wear their own clothes.

When asked how about they felt about their uniform --- all of the participants said they were proud to wear their green and yellow uniform. But they also recalled previous experiences wherein they were mistakenly identified as personnel of a large chain of supermarkets. The uniforms of the supermarket’s staff were of the same colors as the CARES uniform.

A few expressed their wish for smarter looking uniforms --- more of a corporate look, and preferably with a blazer/jacket. The corporate attire would in their opinion give their clients the impression that they were professionals. When the issue of costs of new uniforms was raised – the CARES staff members agreed that this was an important consideration.

## **TASK LEADERS**

Nationwide, there were only 20 Task Leaders (TLs) with NCR having 3 TLs, followed by Region 3 with 2 TLs, and all other regions had 1 TL each<sup>41</sup>. The rationale for designation of Task Leaders, and their roles and functions were specified in the *“Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment”* (Office Order No. 0063, series of 2013)<sup>53</sup>

### **Roles and Functions of Task Leader/s**

1. Due to the expansion of PhilHealth CARES Project in terms of number of hospitals covered and the strengthened member-centric roles of CARES Nurses, it is imperative that relayed customer feedback, issues and concerns are duly and promptly elevated as inputs to both project implementers and policy makers. This will ensure that policies remain evidenced-based and responsive to the needs of our members and certain field realities.
2. Designation of Task Leaders per PRO is necessary to further strengthen monitoring and evaluation mechanisms. Task Leaders shall have the following deliverables, under the immediate supervision of the PRO-HCDMD Chief or his/her designated CARES Focal Person:
  - a. Shall assist the HCDMD Chief/CARES Focal Person in cascading information to deployed CARES;
  - b. Shall collate and consolidate CARES submitted reports for review of HCDMD Chief;
  - c. Shall assist in the preparation and finalization of the Regional Monthly Report pertaining to the implementation of the PhilHealth CARES Project using the prescribed reporting format;
  - d. Shall assist in rendering Technical assistance/guidance pertaining to the operationalization and implementation of specific policies to CARES
  - e. Other tasks as may be assigned in relation to PhilHealth CARES project.
3. The Regional Office, through the HCDMD, shall determine designation of Task Leader, whether as permanent or rotational amongst all CARES deployed in the field. The Task Leader shall report to the PhilHealth Regional Office during the period of his/her designation his/her designation.
4. A separate guideline will be issued covering the revised and simplified monthly reporting format and protocols, both for regional and national levels.

*What is a Task Leader?* May (n.d.) in an article in the Small Business Chronicle<sup>61</sup> provided the following description which equated a task leader as being the same as a team leader:

“A task leader, also known as a team leader, plays a critical role in ensuring that a group of people complete a task or project as expected. The task leader's specific responsibilities might vary depending on the

context and unique situation, but the individual and role should have some general characteristics common to all task leaders.”

Get Ahead-Direct (a global training provider and interactive business training company) provided additional information of the role and selection of task leaders<sup>62</sup>:

#### Role of the TL

Task Leaders (TLs) are effectively the front line in project management. They are often appointed on the basis that they have specialist knowledge of an area of work which they are then made responsible for. However, this is often less important than leadership ability, communication skills and tenacity - which is useful in the progress chasing function of this role. The TL will usually be in a position of authority over a project team, or some section within a team. For this reason they may well be called a team leader, or something similar - but the role of the TL remains the same. Where this is the case, they should have supervisory skills and their appointment should be decided by the manager that they will report to. . . . .

#### Selection of TLs

The role of the TL requires good organizational and communication skills. The promotion of staff to any management position on the basis of their professional or technical competence but with no regard to their management ability is likely to create a frustrating environment for their peers. Not only can the appointment of technical specialists lead to the creation of a poor leader, it can also render their technical skills increasingly obsolete or create a shortage of technical skills in their department. In recognizing that an acknowledged expert and valuable team member is not suited to the specialist demands of this role and by-passing them to appoint a more junior colleague, great care will need to be taken to avoid creating resentment and dissatisfaction. In some cases this will not cause problems as experienced technical personnel are often quite happy to occupy senior technical roles and have no desire to be appointed to positions of leadership.

The above descriptions emphasized that TLs do occupy positions of leadership, and require not only technical knowledge but “good organizational and communication skills”. Task leadership is goal-oriented leadership which is necessary to ensure that the group accomplishes the specific objectives it has set to accomplish.

#### ***Task Leader and NOT Team Leader for the CARES Project***

When asked why the term “Task Leader” was used, and not “Team Leader”, the study participants said that this was the preference of the former CARES project manager. The use of the term “Task Leader” avoided the connotation of hierarchy which was associated with the term “Team Leader”.

According to study participants, the perceived differences between Task vs. Team Leader were as follows (Table 5):

**Table 5. Differences of Task Leader vs. Team Leader**

<b>Task Leader</b>	<b>Team Leader</b>
Responsible for the CARES staff with “operational” functions <ul style="list-style-type: none"> <li>• Reminds CARES of requirements</li> <li>• Does text blasts</li> <li>• Coaching for new CARES Staff and other special concerns</li> </ul>	More on managerial, guidance, coaching functions with no reports
Mandated by the Service Office Defined task, official capacity	More informal duty assignment (verbal)
Connotes hierarchy among the CARES Staff	

**Who Wants to be a CARES Task Leader, and . . . . Why NOT?**

From the discussions it appeared that there were no defined criteria for selection of Task Leaders. The previously cited Guidelines were also silent on how the TLs were to be selected. When the 3 TLs (all vocal females) who participated in the FGDs were directly asked why they think they were chosen – all 3 decided to be modest, and did not give any definite answer.

One of the TLs (single, a former faculty member with administrative duties in a nursing school) said that her previous work experience helped with her current duties as TL. The fact that she was single and older than her team mates was also seen as beneficial to her role and duties as TL as she had more time and energy to focus on her job. Another TL (married with children) said that her being a mother helped her express a more caring attitude and exercise patience with her colleagues. The 3rd TL (single) said that she was persistent and paid attention to details.

Their colleagues were asked why their TL was appointed as such. They responded as follows:

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Task leader should be vocal and proactive</li> <li>• “<i>Sila talaga ang nararapat na maging Task Leader</i>”</li> </ul> |
|---|

No one among the CARES staff who participated in the FGDs expressed a desire to become a task leader because it entailed a lot of qualities (self-confidence, negotiating skills) and travelling within the branch’s jurisdiction. Such travel often entailed personal expenses as there were no travel allowances for TLs.

Task Leaders did not have enough resources to do their jobs as efficiently as they wished. They did not have ready access to computers, and used their personal laptops if they had one. They also did not have their own desk and had to check if someone was away for the day so that they could sit at a desk and perhaps use the desktop computer. Resources for communication and travel were limited.

Most of the participants also did not want the job of Task Leader to be rotated among them. They felt that the position of TL should only be for those who deserved it, and therefore, should not be rotated among everyone. BUT the participants said that TLs should rotate among different hospitals (and probably also among different teams) so that they were familiar with the differences among the hospitals in NCR.

There was no formal training offered by PhilHealth to its Task Leaders. However, as had been described above -- the personal and professional experiences of the TLs were seen as having helped them with their new role.

Task leaders had neither extra benefits nor additional perks.

- *“There are no additional perks when you get to be a Task Leader. But the task leader is a welcome thing for the region...at least meron na isang nakatutok.to assist...to monitor.”*

### **Role of CARES Task Leaders**

The official “deliverables” of TLs were already previously stated. The study participants were asked on what they thought were the duties and responsibilities of TLs. Participants said that Task Leaders were the point person/focal point of the:

1. PhilHealth Branch to oversee and supervise the CARES staff
2. CARES project

Executives and managers specifically mentioned the following duties of TLs:

- Task leaders assists HCDMD for the supervision and implementation of CARES
- The creation of a Task leader is an innovation to respond to the need for timely and complete reports
- Monitoring and supervision of CARES staff
- Assigned for consolidation of reports on performance evaluation
- No particular hospital handled (roving)
- In October, before the renewal of the contracts, there will be a review of the efficiency of the task leaders
- No time line for the decision of the task leader

There was strong agreement among all participants that having a task leader was important. CARES staff also said that:

- *“Kung may concerns kami, bago i-forward sa taas, ipapadaan muna sa kanya. Para din po wala kaming bina-bypass.”* [referring to having a Task Leader]
- *“As TL I make sure na nag-cocomply ang hospital. May mga CARES ako na pangit ang pwesto. Pinapalipat ko talaga.”*

The following were enumerated as among the functions of Task leaders:

- Roving to all hospitals under the branch
- Monitoring of CARES Staff
- Guiding new CARES Staff
- Reliever for absent CARES staff
- Allocate assignments
- Takes note of concerns of members
- Streamlining of operations
- Protection of the welfare of CARES Staff
- “Lifeline” for queries that can’t be answered by the CARES Staff
- Information updates to CARES Staff (text blast)
- Give reminder of deliverables
- Answers queries of CARES Staff by Google Chat, text, email (wifi through personal phone)

## **SUBSECTION 2.5**

### **DUTIES and RESPONSIBILITIES of CARES**

The general and specific objectives of the PhilHealth CARES Project<sup>59</sup> were described as follows:

“The training and deployment of PhilHealth CARES aim to create a pool of registered nurses with comprehensive knowledge about PhilHealth policies, programs and benefits and able to effectively assist PhilHealth members regarding their membership, benefits and claims, among others. Specifically, the program aims to:

- Empower members by providing essential information on benefits, membership, eligibility and accreditation process;
- Educate members on the importance of commitment to the sustainability of the NHIP; and
- Conduct surveys and studies developed by the Corporation.”

The primary and secondary responsibilities of CARES were explained in the *Guidelines in the Implementation of the PhilHealth CARES Project*<sup>41</sup>. The Guidelines also specifically stated what functions CARES were not supposed to undertake (see below).

#### Primary Responsibilities

1. Give personalized customer care to members and provide them with essential information of their PhilHealth membership, eligibility, benefits and availment
2. Facilitate the completion of the PhilHealth CARES Form or PHCF- (Annex A of the Office order)
3. Encourage and assist the enrolment of prospective members
4. Assist members in the verification of vital information which can only be accessed through the PhilHealth database, such as but not limited to the following PhilHealth Identification Number (PIN), Member Profile (Name, Birthday, Place of birth, Sex, marital Status, Address, Member, Member Category, List of Dependents, Member eligibility, List of accredited professionals, list of accredited facilities)
5. Conduct surveys developed by PhilHealth in aid of policy formulation

The CARES shall not be given functions such as updating of membership, collection of contributions, screening, and processing of claims, receiving and screening of applications for accreditation, and receiving of compliance Return to Hospital (RTH).

#### Secondary Responsibility

The PROs may also assign additional tasks that may be deemed necessary to achieve the objectives of the CARES Project. However, the PROs are to inform the PMT-CARES of such, and provided that these supplementary assignments will not hinder the CARES in performing their primary functions.”

The executives and managers who participated in an FGD summarized the duties and responsibilities of CARES staff and their Task Leaders as follows:

CARES staff members were expected to:

- Assist
- Inform
- Guide

Task Leaders duties included:

- Reporting
- Monitoring of CARES staff (performance evaluation)
- Roving
  - *“Walang tinututukan na hospital”*

When asked about what their duties and responsibilities were --- the CARES staff who participated in the FGDs and KIIs gave responses similar to the responses of the executives and managers, and what were officially stipulated in the aforementioned Guidelines.

- To assist and guide members
- For information dissemination and advocacy
- To handle/answer queries and complaints
- Marketing of enrolment to PhilHealth at public hospitals
- Inquiry or verification of status, contribution of self-employed via command center when there is no internet access

The CARES staff members were unequivocal in stating what they perceived to be a major part of their role which was to **“defend the rights of members”**.

- The task of CARES goes to the extent of “defending/fighting for the rights of the members”
- *“Madami sa mga PhilHealth members hindi alam mga benepiso nila, rights nila. Minsan na nga lang o first time nila gagamitin, ibigay naman namin ang serbisyo namin nang masulit naman nila benepisyo nila.”*
- *“Pinaglalaman po namin ang karapatan ng member. May circular kaming pinapakita.”*
  - *“Dahil don nagpapasalamat sila. Nagbibigay sila ng suman.”*

The role of CARES to safeguard the welfare of members was emphasized in the General Assembly (GA) for NCR CARES (6-7 August 2013) wherein there were discussions that:

- The CARES Project is more “member-centric”
- **It is in the law that whenever there is a conflict of policy interpretation --- it should generally be resolved in favor of the member.**

In turn, it was also discussed in the same GA that since *“CARES is the face of PhilHealth”* therefore, the Corporation is obliged to protect the CARES at all times.

### **Confusion on Policy Interpretation**

The aforementioned issue was raised by CARES staff because their credibility was questioned in relation to Return to Hospital (RTH) claims. Oftentimes, the hospitals had different interpretations of what were the benefits due to the members, and what claims can rightfully be submitted by the hospital to PhilHealth for reimbursement. These varying interpretations arose because of the discrepancies in the claims policies and protocols as provided by the CARES to the members and the hospitals vis-a-vis the claims policies and protocols from the Benefit and Administration Section of the Local Health Insurance Office (LHIO). CARES staff were oftentimes more updated with regard to policies as compared to LHIO staff.

The FGD with the executives and managers (with regard to confusion on the interpretation of policies) elicited the following information:

- *“..... Centralized yung cascading of information. As far as the policy is concerned—it is happening nationwide. In terms of actual implementation, it may vary.”*
- *“Ang request ng region is that cascading of information can be done by the Head Office. However, interpretation is inherent-- as supervisors you need to ensure that your staff are updated.”*
- *“The CARES staff should not go directly to the Command Center in terms of policy interpretation. They should go to the supervisor of the region.”*

As far as the CARES staff members were concerned their other important roles included:

- CARES as the liaison between the Hospital, PhilHealth and the Members for the interpretation and implementation of the policies
- Pacifier of irate patients
- Run surveys
- Other ad hoc functions as may be assigned (e.g., PhilHealth caravan)

These roles will be examined further in the succeeding discussion.

#### **FACILITATE AVAILMENT OF BENEFITS**

- Facilitate and help the Members accomplish their claims amidst the difference in transmittal and variability of claiming procedure per branch
- Common concerns which are addressed by CARES in relation to availment:
  - Where the patient lives, where it will be claimed, and where the patient is confined)

PhilHealth members were required to submit their Member Data Record (MDR) in order to avail of benefits. The role of CARES in making the use of such benefits easier for members and their dependents (especially if they do not have their Member Data Record) was explicitly stated in PhilHealth Circular No. 021, series of 2012 wherein the use of PhilHealth CARES Form 1 was authorized.

“To facilitate the availment of benefits by PhilHealth members and dependents in cases when the member does not have a copy of his/her MDR, a properly filled up PhilHealth CARES Form 1 can be attached to the Claims Form”<sup>63</sup>

#### **ADVOCATE FOR THE NO BALANCE BILLING (NBB) POLICY IN HOSPITALS**

CARES staff said that advocating for the implementation of NBB in hospitals was also among their responsibilities. They recalled that in the course of their advocacy they often had to show a printed copy of Circular 2011–11 (New PhilHealth Case Rates for Selected Medical Cases and Surgical Procedures and the No Balance Billing Policy)<sup>64</sup> to healthcare facilities and professionals.

In 2011, PhilHealth implemented its policy for No Balance Billing (NBB).

“NBB means that no other fees shall be charged or paid for by the PhilHealth patients beyond the identified case rates. NBB

policy generally covers the Sponsored member/dependents of PhilHealth”<sup>65</sup>

In general --- with the exception of hospitals which were implementing NBB --- health care facilities and professionals were relatively free to charge whatever user fees it deemed suitable for inpatient care. Hence, there was an identified need for the NBB policy.

“PhilHealth began implementation of the NBB policy as a means to reduce medical care inflation, thus preventing financial catastrophic spending, especially among the poor. NBB effectively eliminates any out-of-pocket payments at the time of service delivery.”<sup>66</sup>

### **LIAISON BETWEEN THE HOSPITAL, PHILHEALTH AND THE MEMBERS FOR THE INTERPRETATION AND IMPLEMENTATION OF POLICIES<sup>P</sup>**

Various PhilHealth documents (series of 2012) already previously cited (Office Order No. 0053, Circular No. 021) emphasized the CARES’ role of communication and coordination among different stakeholders (members and dependents, hospitals, healthcare providers, PhilHealth) in the country’s social health insurance program.<sup>41</sup>

CARES staff members got updates on policies and programs through their Task Leaders, through participation in General Assemblies, and through official channels of communication as specified in Office Memorandum No. 0145, series of 2012.

“The Health Care Delivery Management Division (HCDMD) in coordination with the Public Affairs Unit in the PRO shall be in charge of giving updates/information on the new programs of the Corporation to the CARES staff.”<sup>67</sup>

CARES staff who participated in the study identified the following issues in relation to their role as liaison:

#### *Familiarity with and Correct Interpretation of Policies*

- To confirm carefully the circulars, and share information to the hospital and the members
  - Minimize conflict between CARES, members and hospital particularly with regard to the interpretation of circulars
- When asked how they are updated in the new policies they answered
  - Through initiative of asking questions to the Command Center; and text blasts from the task leaders

#### *Facilitating Availment of Benefits*

- Checking of profile of members, MDR, contribution of employer/member
- Access the Database for the patients (slow connection)

#### *CARES as the Face of PhilHealth*

- PhilHealth became more accessible to the members
- Change in the profiling of PhilHealth to the people
  - Always smiling and accommodating
- PhilHealth services are more utilized
- Customer service regarding various issues between hospital, members and the Corporation

<sup>P</sup> See preceding discussion on discrepancies on interpretation of policies

### **EMPOWERED TO ANSWER THE QUERIES OF THE CLIENTS**

The CARES staff members shared that they have devised a way to empower their team to respond to queries. They had assigned respective packages/services to a specific point person for mastery and efficiency. This was done so that whenever the Task Leader was not accessible, the team can look for the point person for the specific question instead.

- The task leader had trained the CARES staff members for independent functions and special assignments
- If a team member was absent, the staff helped each other by asking help from the CARES who was previously assigned in the hospital
- CARES staff members tried to resolve the queries themselves before calling for help as they knew that other people were also busy

### **DO WARD VISITS FOR BETTER INFORMATION DISSEMINATION**

There was no official document supporting the “ward to ward” visits of CARES. But if they were endorsed by the hospital staff (especially those in charge of PhilHealth concerns in the hospital) the CARES staff members did their ward visits.

- Some hospitals don’t allow ward visits for the patients’ privacy (*if patient interaction is unnecessary, don’t do it*)
- CARES in the government hospitals can’t do ward-to-ward visits because of the bulk of the patients
- Some CARES Staff don’t leave their posts because clients may come unexpectedly

### **PACIFIER OF IRATE PATIENTS**

The adjective “irate” kept on being mentioned by the CARES staff who participated in the study as well as the CARES staff who joined the NCR General Assembly. But what did the word “irate” mean? The dictionary defined irate as “extremely angry; enraged”<sup>68</sup>

One of the official primary responsibilities of CARES (as had been discussed earlier) was to:

“Give personalized customer care to members and provide them with essential information of their PhilHealth membership, eligibility, benefits and availment”<sup>41</sup>

Providing such “personalized customer care” often entailed dealing with irate members and dependents who needed to be accommodated. In the NCR General Assembly it was pointed out that it was important to know the most common reasons why clients were irate.

When asked how they dealt with irate clients, CARES staff shared their common dialogue:

- “*Huwag niyo po unahin ang galit. Hindi ko po kayo matutulungan kung puro galit ang sasabihin niyo sa akin.*”
- “*Kung papakinggan niyo po ang side ko, mas mapapabilis at matutulungan ko po kayo ma-avail ang benefits niyo.*”

### **ASSIST CLIENTS AS PER THEIR NEED and PATIENT SOCIOECONOMIC PROFILE**

CARES staff noted that clients in higher social demographic classes (private patients) were more demanding, and were often irate clients. These clients expected “more quality” since they were paying more for the hospital’s services.

Government employees were demanding clients because of their feeling of self-entitlement since they were public officers.

Patients in the lower socio demographic classes were “easier clients” because they followed instructions very well and that they were easier to interact with. They were also more appreciative. Nevertheless, the sheer quantity volume of patients in public hospitals was a constant challenge.

If there were indigent patients, the CARES staff often extended their service up to photocopying of necessary forms. The cost for such services oftentimes came from their own pockets.

Older patients were harder to instruct because of their limited physical mobility, and difficulty in instruction and comprehension.

- *“Mas toxic ang mayayaman na cliente. Mas sumusunod kapag mas mahirap.”*
- *“Kapag mas matanda, siyempre mas mabagal. Kapag magpapa-xerox, ako na ang gumagawa.”*
- *“Mas matitigas ang ulo ng government employee kaysa sa private employee. Dapat daw kasi government employee sila kaya walang bayad.”*
- *“Mas sumusunod sila. Yung sa mga private, sila pa yung mas demanding at gusto halos ikaw na ang mag-process for them.”*
- *“Parang ang work ng CARES hindi ko maramdaman kasi nasa private ako noon. Ngayon nasa government ako. Yung lunch break mo halos hindi mo ma consume kasi tatayo ka pa lang may lalapit na. Mahirap naman i-reject at alangan naman sabihin mo ‘mamaya na po kasi maglunch muna ako.’”*

### **RUN SURVEYS FOR PHILHEALTH**

One of the official primary responsibilities of CARES (as had been enumerated earlier) was to:

*“Conduct surveys developed by PhilHealth in aid of policy formulation”<sup>41</sup>*

A survey of NBB Implementation in government hospitals was mandated through Office Memorandum 0141-2013 which stated that:

*“All Regional Offices are hereby directed to conduct said Survey by tapping their respective PhilHealth CARES during the period of implementation”<sup>69</sup>*

### **OTHER AD HOC FUNCTIONS**

CARES staff also had secondary responsibilities which entailed their taking on additional tasks as “may be deemed necessary to achieve the objectives of the CARES Project”<sup>41</sup> The priority of CARES will still be the performance of their primary responsibilities (as discussed earlier). Any ad hoc tasks needed to be coordinated by the regional offices with the Project Management Team (PMT) of CARES.

The CARES staff recalled that they were pulled out from their hospital duties for the PhilHealth information caravan.

### **Project Management Team (PMT) for PhilHealth CARES**

The mandate of the Project Management Team (PMT) was detailed in Special Order 0204 (series of 2012) on the Creation of PhilHealth CARES Project Team.

#### *Functional Statement*

The PhilHealth CARES Team is mandated to take responsibility for the planning, execution, monitoring and evaluation of the programs/initiatives relating to the PhilHealth CARES Project, and to do all acts /things as may be necessary, incidental or advantageous to fully and expeditiously accomplish the objectives of the Project. Specifically, the team shall discharge/accomplish the following functions, duties, responsibilities among others:

- a. In coordination with the Human Resource Department
  - Screen applicants and recommend to the President and CEO the nominees for hiring
  - Develop and implement a deployment plan among accredited providers in line with the policy directions of the Board of Directors and management
  - Develop and implement an effective and practicable performance monitoring tool that will be utilized for evaluating the individual and collective accomplishment of the PhilHealth CARES.
- b. In coordination with the Public Affairs Department (PAD), Member Management Group (MMG), and the Health Finance Policy Sector (HFPS)
  - Develop the training module which would include the key areas on membership (enrolment, eligibility) and benefits availment
  - Oversee the production and proper dissemination of information, education and communication (IEC) materials
- c. In coordination with the Chief Information Officer
  - Assist the CIO together with the other concerned offices, in developing the reporting protocol including the template and the most efficient means of transporting reports for consolidation and analysis.

#### *Deliverables*

The team shall regularly prepare and submit relevant accomplishment and other reports as may be appropriate or as may be required by management, including monthly reports as may be required by management, including monthly reports consolidating the reports of the PhilHealth CARES nationwide incorporating the following:

- Issues and concerns raised by the members in terms of membership, eligibility, and benefits availment
- Results of the studies and surveys management has instructed the CARES to undertake
- Member utilization reports of the benefit packages particularly case payments and No Balance Billing (NBB)<sup>70</sup>

The PMT members were asked during an FGD to enumerate their functions and duties (Table 6). Their responses were grouped as follows:

1. Coordination Functions
  - Monitoring and Responding to Queries
  - Policy Clarification and Policy Interpretation
  - Expertise for Specific Programs
  - Different Mechanisms for Coordination
2. Administrative functions

3. Monitoring functions
  - Monitoring Reports
  - Client Feedback

### Functions and Duties According to PMT Members

**Table 6. PMT Functions and Duties According to PMT Members**

<p><b>Coordination Functions</b></p> <p><i>Monitoring and Responding to Queries</i></p> <ul style="list-style-type: none"> <li>• Monitor queries, and ensures all queries are answered</li> <li>• Most common queries: database record, and policy reference</li> </ul> <p><i>Policy Clarification and Policy Interpretation</i></p> <ul style="list-style-type: none"> <li>• At first, PMT tend to give policy interpretation and cite the circular then refer to the specific region for policy interpretation</li> <li>• Regions have requested that it is the region who should give the policy interpretation as they know more about the local situation in their region</li> </ul> <p><i>Expertise for Specific Programs</i></p> <ul style="list-style-type: none"> <li>• Each of the members has a specific program expertise (NHTS, Information Caravan, Onsite Rapid Enrolment, PCB, Claims) but the other team members know a significant amount of information so that even if one is not around, they can still function well</li> </ul> <p><i>Different Mechanisms for Coordination</i></p> <ul style="list-style-type: none"> <li>• Each of the CARES handlers (who are also part of the pioneer batch of CARES) have their respective assignments for mobile networks (Sun, Globe, Smart) and regions they will be responsible for</li> <li>• They answer queries nationwide through G-talk, text messages and calls</li> </ul>
<p><b>Administrative Functions</b></p> <ul style="list-style-type: none"> <li>• The PMT has 7 handlers for the Command Center and technical staff</li> <li>• The 7 handlers are not undermanned and can deliver the service they are expected to give – “Lean and Mean Team”)</li> <li>• Administrative officer – day to day operation, administrative function</li> <li>• Budget Officer           <ul style="list-style-type: none"> <li>○ Assists to oversee day to day activity in the command center</li> <li>○ Prepares budget of the project</li> <li>○ Occasionally answers queries in the station</li> <li>○ Reports in the command center</li> </ul> </li> <li>• IT Support           <ul style="list-style-type: none"> <li>○ Disseminate information through email and text blasts</li> <li>○ Consolidate national reports</li> <li>○ Coordination of the PCARES</li> <li>○ IT support regarding the system</li> <li>○ Also handles regional assignments</li> </ul> </li> <li>• The PRO is accountable on how they will use the budget for the General Assembly</li> </ul>

**Table 6. PMT Functions and Duties According to PMT Members (Continued)**

<b>Monitoring Functions</b>
<p><i>Monitoring Reports</i></p> <ul style="list-style-type: none"> <li>• Task leaders should consolidate the reports then submit to NCR branch office</li> <li>• Branch office should proof read the accomplishment report, tallies, issues and concern, and feedback.)</li> <li>• Consolidated report should be signed by the RVP</li> </ul> <p><i>Client Feedback</i></p> <ul style="list-style-type: none"> <li>• There should be further improvement in the feedback of the clients</li> <li>• Patient evaluation form monitoring and consolidation should be done by the HCDMD</li> <li>• Flow of Patient feedback consolidation <ul style="list-style-type: none"> <li>○ Patient Feedback Form → PCARES → HCDMD → PMT</li> </ul> </li> </ul>

PMT members were also asked about problems they frequently encountered in the course of their work (Table 7). They cited the following major concerns:

1. Clarification, interpretation, implementation of policies varies within and across regions
2. Accountability should be with the region
3. Need for regular conduct of regional general assembly
4. Value-added tax
5. Incomplete data for monitoring

### **PROBLEMS FREQUENTLY ENCOUNTERED**

**Table 7. Problems Frequently Encountered by PMT**

<p><i>Clarification, Interpretation, Implementation of Policies Varies Within and Across Regions</i></p> <ul style="list-style-type: none"> <li>• There are different interpretations and operationalization of the policies by regions</li> <li>• There should be a blanket policy statement</li> </ul> <p><i>Accountability Should Be With the Region</i></p> <ul style="list-style-type: none"> <li>• If there are problems in the field, the accountability should be in the HCDMD Chief in the PRO</li> </ul> <p><i>Need for Regular Conduct of Regional General Assembly</i></p> <ul style="list-style-type: none"> <li>• All regions have budget for General Assembly <ul style="list-style-type: none"> <li>○ Some regions convene a GA but some don't</li> </ul> </li> <li>• There is a quarterly budget at the PRO level for the GA <ul style="list-style-type: none"> <li>○ HCDMD chief should relay this to the PCARES</li> </ul> </li> <li>• PRO should hold the assembly for answering the questions and clarification of policies</li> </ul> <p><i>Value-added Tax</i></p> <ul style="list-style-type: none"> <li>• Issue of VAT inclusion whether before or after PhilHealth deduction</li> </ul> <p><i>Incomplete Data for Monitoring</i></p> <ul style="list-style-type: none"> <li>• They have a hard time monitoring the PCARES Staff and the project if they receive incomplete data</li> <li>• PMT should only do monitoring and evaluation of CARES <ul style="list-style-type: none"> <li>○ But they even do data collection if the submissions are incomplete</li> </ul> </li> </ul>
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## SUBSECTION 2.6

### PERFORMANCE EVALUATION; MONITORING AND EVALUATION OF CARES PROJECT

A performance evaluation (or performance review) is a formal assessment of a staff member's work-related behavior and actions vis-à-vis objectives and expectations.

“The science of performance appraisal is directed toward two fundamental goals: to create a measure that accurately assesses the level of an individual's job performance and to create an evaluation system that will advance one or more operational functions in an organization.”<sup>55</sup>

*Monitoring* is a “type of evaluation which is performed while a project is being implemented, with the aim of improving the project design and functioning while in action” while “An *evaluation* studies the outcome of a project (changes in income, housing quality, benefits distribution, cost-effectiveness, etc.) with the aim of informing the design of future projects”<sup>71</sup>.

Bamberger and Hewitt (1986)<sup>72</sup> further stated that:

“Evaluation and monitoring systems can be an effective way to:

- **Provide constant feedback** on the extent to which the projects are achieving their goals.
- **Identify potential problems** at an early stage and propose possible solutions.
- **Monitor the accessibility of the project** to all sectors of the target population.
- **Monitor the efficiency** with which the different components of the project are being implemented and suggest improvements.
- **Evaluate the extent to which the project is able to achieve its general objectives.**
- **Provide guidelines** for the planning of future projects.
- **Influence sector assistance strategy.** Relevant analysis from project and policy evaluation can highlight the outcomes of previous interventions, and the strengths and weaknesses of their implementation.
- **Improve project design.** Use of project design tools . . . in systematic selection of indicators for monitoring project performance. The process of selecting indicators for monitoring is a test of the soundness of project objectives and can lead to improvements in project design.
- **Incorporate views of stakeholders.** . . . . .
- **Show need for mid-course corrections.** A reliable flow of information during implementation enables managers to keep track of progress and adjust operations to take account of experience.”

When asked about **performance evaluation of CARES staff** --- executives, managers, and the CARES staff themselves described this as “*problematic*”. The situation was described by a manager as:

“*Problem talaga namin ang pag monitor sa CARES in terms of performance — in terms of simple guidelines.*”

This was despite the existence of guidelines (PhilHealth Circular No. 0012, series of 2012) and performance evaluation tools (Office Order No. 0053, series of 2012) for the CARES project (see below).

The **Guidelines for Hospitals Covered by the PhilHealth CARES Project**<sup>59</sup> specified the official work schedule of CARES, attendance monitoring, and the required documents (Certificate of Attendance, Accomplishment Report, Monitoring Report) for processing of salaries.

- The work schedule of PhilHealth CARES shall be from Monday-Fri, 9am – 5pm and Saturdays from 9:00am-2:00pm
- The attendance shall be monitored using CSC Form No. 43 or Daily Time Record (DTR), use of bundy clock if available or an attendance logbook which shall be maintained with the signature of the Chief Nurse-on-Duty affixed on that particular day as reference to log the time-in and time-out entries.
- To support payment of compensation, a certificate of accomplishment of tasks and certificate of attendance shall be prepared/signed by the PhilHealth CARES. This shall be verified and certified by the HCMD Officer
- The PhilHealth Cares shall submit a narrative Accomplishment Report together with the corresponding monitoring tools/reports at the end of each month for data analysis, evaluation and other purposes

Performance evaluation was deemed by executives and managers to be “*problematic*” because of:

- Lack of uniformity in performance evaluation
- Poor monitoring scheme
- The need for a performance matrix to distinguish the good performing vs. the poor performing staff
- Poor performance of out-of-post, tardiness, absence, non-compliance with the contract, behavioral problems
- There are problems in monitoring whereabouts of CARES staff (e.g. patient was to be discharged and there was a need for the patient’s MDR but there was no CARES on site)

CARES staff also shared similar views:

- There is no formal performance evaluation
- Performance evaluation of the PCARES is very loose and should be more stringent and structured

### **What were the existing performance evaluation tools?**

In addition to what was previously stated in Circular No. 0012 above, there was Office Order No. 0053 wherein details for the evaluation tools were also described:

“CARES shall submit an Accomplished Report together with the corresponding monitoring tools/reports at the end of each month for performance evaluation and data analysis.

A tally sheet (monitoring tool per client inquiry) shall be accomplished by the PhilHealth CARES (available under the tally sheet feature of CSIS; HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR)

CARES PRO shall encourage customer to accomplish Service Satisfaction Survey to evaluate CARES performance”<sup>41</sup>

Key informants said the reports were submitted monthly to the Health Care Delivery Management Division (HCDMD) as was stipulated in Office Order No. 0053 (see above).

Study participants were asked for more details about the performance evaluation tools. Executives and managers said that:

- *“There is a need for us to come up with a performance metrics standard.”*
- *“There is a need for performance metrics to distinguish the performing staff from the non-performing/poor performing staff”*
- Reports are used to evaluate performance
  - These reports included a monthly accomplishment report, and a report on common issues and concerns

Turbit (2008)<sup>73</sup> suggested that project metrics should be measured using a “mix of criteria” such as:

- Time (How are we going against schedule)
- Cost (How are we going against budget)
- Resources (How much time are we spending on the project)
- Scope (Is the scope keeping in line with expectations)
- Quality (Are we reviewing and fixing quality problems)
- Actions (Do we have action items outstanding)

Turbit went on and argued that: *“There is a saying that if it cannot be measured, it cannot be managed”*.

In projects such as CARES, the status of project management needed to be assessed using criteria such as what Turbit had suggested. Such a need was articulated by PhilHealth executives and managers (see above).

### ***Accomplishment Report and Tally Sheet***

The executives and managers said that the Accomplishment Report indicated the *“number of clients, most common inquiries, critical issues, compliance of hospitals to the policies of PhilHealth”*. These Accomplishment Reports were to be submitted to the Head Office.

As per official documents, the Consolidated Accomplishment Report required the following information to be supplied by CARES staff members:

Region

Month

	Issues/ Concerns	Action Taken/ Recommendations
Membership		
Claims and Benefits		
Collection		
Accreditation		
Others		

Best Practice	Name of CARES	Hospital Involved

#### HOSPITAL ISSUES

Hospital Name	Report/ Complaints	Name of CARES

There was also “a tally sheet (monitoring tool per client inquiry)”<sup>41</sup>

When asked for further information re: the Accomplishment Report and the Tally Sheet --- the CARES staff members said that:

- Accomplishment reports with a tally of the services they rendered were required.
- The tally of inquiries is dependent on the number of census per day.

One of the groups shared that they were required to serve a minimum of 7 clients daily. The basis for the 7 clients was unclear to them.

- In 7 hours --- CARES should be able to have served at least 7 patients.
- Less than that, they are considered “*inefficient*”.
- However, they did not agree with this since the flow of clients depends on the kind of hospital.
  - Private hospitals may have lesser clients served

An important observation the CARES staff members made was:

*“Tally sheets show the number of client encounters but does not show quality”*

The need for good quality of service was also recognized by executives and managers who in addition noted that:

- *“The number of clients served will not be given higher value in terms of performance. It is the quality of service. They were hired to provide service.”*

### **Customer Feedback Form for CARES**

It was stipulated in the Guidelines that:

“CARES PRO shall encourage customers to accomplish Service Satisfaction Survey to evaluate CARES performance”<sup>41</sup>

It was only NCR South which reported that they still regularly used the said form. Most of the PCARES in the South area had their clients answered the client feedback form. They said that they politely asked the clients to please answer the feedback form before discharge or after fixing other important documents in the hospital.

CARES from Central and North said that they were informed that the form was to be revised. They were also advised that they can stop using the form since it was due to be changed.

All CARES staff members who participated in the study agreed that indeed the said Customer Feedback Form for CARES needed improvement.

The existing Customer Feedback Form for CARES was printed on ¼ sheet of paper. It asked for the following information from the client:

CUSTOMER FEEDBACK FORM	
PANGALAN NG CARES NURSE:	
HOSPITAL:	
Lagyan ng tsek ang bilang ng napili mong sagot	
1 - hindi nasiyahan 2 – di gaanong nasiyahan 3 – tama lang 4- nasiyahan 5 – lubos na nasiyahan	
1. Nasiyahan ka ba sa serbisyo na iyong natanggap mula sa CARES nars	1__ 2__ 3__ 4__ 5__
2. Nasiyahan ka ba sa pagtugon ng CARES nars sa iyong suliranin?	1__ 2__ 3__ 4__ 5__
3. Naibigay ng CARES nars ang tamang impormasyon na iyong kailangan?	1__ 2__ 3__ 4__ 5__
4. May sapat na kaalaman ang CARES Nars sa pagtugon sa iyong suliranin	1__ 2__ 3__ 4__ 5__
5. Sa iyong palagay paano mapapabuti ang serbisyo ng CARES?	

The following were observations and suggestions of the CARES staff members:

<ul style="list-style-type: none"> <li>• Customer Satisfaction Form is difficult to comprehend</li> <li>• The reading and comprehension of the instructions is time consuming</li> </ul> <p><i>Response Options</i></p> <ul style="list-style-type: none"> <li>• Current response options requires client to refer back to legend as to what the numbers 1 to 5 mean.</li> <li>• Change response options to emoticons/smileys instead of numbers for easy reference of clients.</li> </ul>
<p><i>Questions</i></p> <ul style="list-style-type: none"> <li>• 1st and 2nd item of the form are almost the same and was suggested to be fused and revised <ul style="list-style-type: none"> <li>Q1. Nasiyahan ka ba sa serbisyo na iyong natanggap mula sa CARES nars?</li> <li>Q2. Nasiyahan ka ba sa pagtugon ng CARES nars sa iyong suliranin?</li> </ul> </li> <li>• Question number 3 is problematic in terms of how will the client know that the PCARES has the right answer to the client's query <ul style="list-style-type: none"> <li>Q3. May sapat na kaalaman ang CARES Nars sa pagtugon sa iyong suliranin</li> </ul> </li> <li>• Retain question number 4 <ul style="list-style-type: none"> <li>Q4. May sapat na kaalaman ang CARES Nars sa pagtugon sa iyong suliranin?</li> </ul> </li> </ul>

In general, all study participants said that customer satisfaction with CARES was high, and that no complaint letter about CARES was received by PhilHealth. It was observed that the “complaints” communicated by clients to CARES were more about the clients’ frustrations with PhilHealth as a Corporation but about the services rendered by the CARES Staff.

CARES staff members recalled that they were sometimes given tokens of gratitude (usually food) by clients as a sign of appreciation for a job well done. There appeared to be no PhilHealth memo/written policy on acceptance of gifts/token from clients<sup>Q</sup>.

### ***Presence of Mystery Client and/or Surprise Visits of PhilHealth Employees to Validate the Performance of the CARES***

The CARES staff members who participated in the study said that were surprise visits of the PhilHealth employees/supervisors usually from HCMD. These employees, managers did spot checks on the CARES in various hospitals.

At times, PhilHealth employees (not in uniform, no I.D. card) approached the CARES desk and asked questions first before they revealed that they were PhilHealth staff.

In addition to these surprise visits, the CARES thought that there were “mystery clients” who posed as clients to actually observe the performance of CARES. When asked how they came to the conclusion that there were mystery client visits, the participants recounted that:

- A client cut out an advertisement from the newspaper regarding the new policy of PhilHealth, brought it to the PCARES, and then asked questions.
- They hypothesized that there was a mystery client who is knowledgeable on the corporation as they had very difficult queries to gauge the performance of CARES.

There was no official PhilHealth Memo/Circular on a Mystery Client Survey (MCS).

*Is having a Mystery Client Survey a good idea?* CARES staff members said that:

- They are receptive to the idea that having a mystery client is good because it keeps them on their toes.
- Having a mystery client as a means of evaluation entails that the evaluator should be objective, and questions should be uniform.

### ***Mystery Client Survey for CARES***

The research team conducted mystery client visits to 4 hospitals (private and public, Level 2 and 3). The visits were done upon the request of the executives and managers who participated in this study. It is important to note that such visits were NOT part of the original protocol which had been approved by PIDS, and the research team did the visits to accommodate the request of PhilHealth<sup>R</sup>. The hospitals were selected with the concurrence of CARES PMT. Two of the 4 hospitals were visited twice on separate dates by trained observers.

The 1<sup>st</sup> and 2<sup>nd</sup> trained observers (1 female, 1 male – both middle-aged) who visited the same 2 hospitals made independent observation and ratings, and did not confer with each other. A 3<sup>rd</sup> observer (male, in his 20s) made 1 visit each to 2 hospitals.

The team developed an observation checklist for the visits. Most of the items in the observation checklist were adapted from a customer service checklist which was used to evaluate performance of staff in a private Philippine bank. Client interactions in the

<sup>Q</sup> See later discussion on “*Feedback about CARES*”

<sup>R</sup> The protocol which had been approved by PIDS had been sent to PhilHealth for their feedback before the study commenced. PIDS and/or the research team did not receive any feedback re: the protocol, and thus, the study proceeded with the scope of work and study design as approved by PIDS.

banking industry had similarities with that of interactions of CARES with PhilHealth members and their dependents. The correct information had to be given to the client, and transactions had to be completed in a reasonably short period of time.

A standard script/scenario for the mystery client's interaction with the CARES staff member was also developed. Below is the standard scenario which was used for the visits to a few selected NCR hospitals:

- How can I avail of my PhilHealth benefits for the cataract surgery of my mother?
- What forms are needed to file PhilHealth claims for confinement?
- Self-employed member
- Missed paying 1 quarter
- Can I still avail of my benefits for the cataract surgery of my mother?

Visits were conducted on different days of the week and at different times of the day. Interaction ranged from as short as 3 minutes to as long as 14 minutes. The shortest interaction was with a hospital staff member (not CARES) who was assigned for PhilHealth matters. All observers noted that the staff they talked to were courteous, and were able to respond to their queries. In general, the CARES staff asked the client if he/she understood the explanations, and if the client had other queries before winding up the transaction.

Two other members of the research team (P.I. and Co-P.I.) were present during 2 separate visits of one of the observers (a male physician) to 2 different hospitals. The research team went ahead to interview the CARES staff member, and then the observer walked up to the CARES desk to make an inquiry. The observers and the research team pretended not to know each other. Such a strategy allowed the research team to observe the interaction between the trained observer (also a member of the research team) and the CARES staff member. The research team waited for the observer to finish his transaction before continuing with the key informant interview of the CARES staff member.

The identity of our physician colleague was unmasked when he was introduced by the CARES project manager during the CARES General Assembly (5-6 August 2013). Our colleague gave us feedback about what happened and reported that: *"The CARES Staff was primed that they should be good to me so that the research will have good and favourable results, hence, the continuity of the CARES Project"*.

Thus, there was the possibility of the Hawthorne effect<sup>S</sup> influencing the productivity of CARES. These events precluded the team from continuing with additional mystery client visits as the CARES staff had already been forewarned that such visits would take place. In October 2013 (more than 2 months after the CARES GA, and during which time we hoped that there would already be 'memory decay' among CARES), we hired and trained a male observer (external to the research team) to visit 2 additional hospitals.

Below are the feedback of the 3 trained observers (2 males, 1 female) who made the 6 mystery visits:

Hospital No. 1 (NCR Central, Level 3, Private)

- Duration of inquiry/interaction with CARES staff: 3 minutes
- Probed on my dependents and my sibling's dependents to check if mother can avail benefits
- Very courteous and pleasant, but got back working on her computer after answering my questions

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<sup>S</sup> "The stimulation to output or accomplishment that results from the mere fact of being under observation; *also* : such an increase in output or accomplishment"<sup>74</sup>

- It turned out that the lady who I talked to is NOT the PhilHealth CARES personnel, but the regular hospital employee assigned to the PhilHealth concerns<sup>T</sup>.
- The PhilHealth Cares personnel resigned about a week before this encounter. When she was still with the hospital she stayed in the same booth with the person who answered my queries.

#### Hospital No. 2 (NCR South, Level 2, Public)

- Duration of inquiry/interaction with CARES staff: 14 minutes
- When I told her that I was not updated on my contributions she probed on my other siblings who were also employed. She left her station to go to a computer to check on the database and came back informing me that my sister has my mother as her dependent and can avail of benefits through her.
- Very courteous and pleasant, and asked if I had more queries and if I understood her explanation

#### Hospital No.3A (NCR South, Level 3, Public)

- Total time of interaction – 7 minutes, 18 seconds
- Excused herself from the ongoing conversation with the researchers to cater to the client
- No access to a computer
- Called using a mobile phone to ask a co-CARES Staff to check on his system for the dependent eligibility status
- Gave adequate attention to details in filling out the forms
- Asked the client if there were any questions after he answered the query of the participant

#### Hospital No.3B (NCR South, Level 3, Public)

- Duration of inquiry/interaction with CARES staff: approx. 6-8 minutes
- No access to a computer
- Called using a mobile phone to ask a colleague to check my dependent/s; was told to wait for a few seconds
- While waiting – the CARES staff was asking about the condition of my mother:
- *“Kamusta naman po ang mother niyo ngayon? Nahihirapan ba ho siya makakita na?”*

#### Hospital No. 4A (NCR North, Level 3, Private)

- Total time of interaction – 6 minutes and 23 seconds
- Excused herself from the ongoing conversation with the researchers to cater the customer
- Probed the history of dependent eligibility by asking the PhilHealth enrolled brothers and sisters to check if mother was included in the list of dependents
- Gave adequate attention to details in filling out the forms

#### Hospital No. 4B (NCR North, Level 3, Private)

- Duration of inquiry/interaction with CARES staff: approx. 8-10 minutes
- Probed on my dependents and my sister’s dependents to check if mother can avail benefits
- Very courteous and pleasant and asked if I had more queries and if I understood her explanation

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<sup>T</sup> This particular visit allowed our observer to compare the service provided by CARES vs. that of hospital personnel assigned for PhilHealth matters. (See succeeding discussion on *serendipity in qualitative research*).

The succeeding matrices (Table 8) show the results of the mystery client visits using the customer satisfaction checklist which was developed for the study. The checklist focused on the following areas:

1. PhilHealth counter service
2. Grooming and corporate image projection
3. Service advisory and problem handling
4. PhilHealth experience made pleasant

In general and as per the reports made by trained observers, the CARES staff performed well in all 4 above-mentioned components. There was some room for improvement in the area of "*PhilHealth experience made pleasant*" specifically for:

1. Borrowed client's ID for identification (n=2, not asked from client)
2. Informed the client of the benefits/services of PhilHealth (n=4<sup>U</sup>, not done)

The 2 aforementioned tasks were not consistently performed in all interactions.

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<sup>U</sup> The interaction in the NCR Central, Level 3, Private hospital was not with a CARES staff member but with a hospital staff member who was assigned to attend to PhilHealth concerns.





		1		2		3a		3b		4a		4b		5		TOTAL	
		NCR Central Level 3, Private		NCR South Level 2, Public		NCR South Level 3, Public		NCR South Level 3, Public		NCR North, Level 3, Private		NCR North, Level 3, Private		IV-A Level 2, Private			
No.	PARAMETERS	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
24	Informed the client of the benefits/services of PhilHealth		1	1		1			1		1		1	1		3	4
	<b>TOTALS</b>	<b>22</b>	<b>2</b>	<b>24</b>	<b>0</b>	<b>23</b>	<b>1</b>	<b>23</b>	<b>1</b>	<b>23</b>	<b>1</b>	<b>23</b>	<b>1</b>	<b>24</b>	<b>0</b>		
		92%	8%	100%	0%	96%	4%	96%	4%	96%	4%	96%	4%				

### ***Serendipity in Qualitative Research***

“.....New ways of analyzing, theorizing, and understanding qualitative research also develop from unexpected findings, surprising experiences in the field, or even the subtle metamorphoses of a given research project during its methodological journey. Serendipity, or “*happy accidents*,” is an inevitable aspect of qualitative research. . . . Curiosity seems to be a prerequisite for serendipity, yet curiosity is not enough for granting serendipity; only the prepared mind will be able to recognize, and realize the meaning of a happy accident when it occurs . . . . .”<sup>75</sup>

Fine and Deegan (1996) were of the position that they:

“Reject the perspective that it is the divine roll of the dice that determines serendipity and argue that serendipity is the interactive outcome of unique and contingent “mixes” of insight coupled with chance.”<sup>76</sup>

Viewed from a sociological perspective the fact that the youngest daughter of the principal investigator (P.I.)<sup>v</sup> was hospitalized for 5 days last October 2013 was a “serendipitous event” (*but* expectedly a troubling experience as a parent). Here was an unexpected opportunity to actually have to consult a CARES member staff for a real life concern.

The P.I. (a PhilHealth member) went to see the CARES staff in a Level 2, private hospital in Region IV-A. This was day 1 of the confinement. The CARES staff member was absent the 1<sup>st</sup> time (Thursday afternoon) I went to see the CARES staff. The hospital staff informed the P.I. that the CARES staff member was on leave for the day, and that she would be back the next day. The hospital staff reassured me (the P.I.) that there was enough time to process the PhilHealth requirements prior to the patient’s discharge, and that I should just return the next day to see the CARES staff member.

The P.I. returned to see the CARES staff member on the 2<sup>nd</sup> day (Friday morning) of confinement. The CARES desk was in the Admitting Office in the ground floor of the hospital. The large room was well-lit with a large glass panel wall on 1 side, airconditioned, and had a sofa set where clients can sit and comfortably wait while finishing their transactions. There was a long built-in table where on 1 side the CARES staff and hospital staff sat behind their computers (embedded at the bottom of the table). Clients sat in chairs with armrests across the table.

The real life scenario which the P.I. (a PhilHealth member) consulted the CARES staff was as follows:

- The P.I. and her husband were employed sector members of PhilHealth.
- Their daughter had been declared as a dependent of both her parents for PhilHealth.
- The P.I. could not personally go to Manila to have her employer sign her Claims Form 1 nor was the member able to bring a copy of her Member Data Record.
- The P.I.’s spouse was away on a trip and could not process his PhilHealth documents
- Offices were closed the next day as it was a weekend.
- No official confirmed diagnosis was available on the 2<sup>nd</sup> day of confinement but the patient had been told that she would have to be confined for at least 3 days which meant that there was a possibility of discharge during the weekend.

The female CARES staff member (in PhilHealth CARES uniform) politely greeted me and asked for my complete name, PhilHealth I.D. number, and birthday. I gave her my

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<sup>v</sup> For ease of telling the narrative – the descriptions herein will switch from 3<sup>rd</sup> person formal to 1<sup>st</sup> person and vice-versa

PhilHealth I.D. card. She then encoded the information in her computer to check the status of membership, and the information needed for PhilHealth CARES Form 1(PCF1). She also asked for my daughter's name and birthday.

The CARES staff member gave me a copy of Claim Form 1, and explained the information which was needed from me (the member) and my employer for CF1. She filled up PCF1 and then gave it me, and then explained that PCF1 needed to be submitted with an accomplished CF1. She informed me that documents could be submitted within 60 days from discharge if we did not time to process what was required prior to discharge. She then asked if I have other queries, and when I said "No" she politely thanked me. The transaction took around 10 minutes. There was another client who waited for his turn after me.

## **MONITORING and EVALUATION (M&E) of the CARES PROJECT**

### ***“Monitoring and evaluation are loose”***

If performance evaluation for individual CARES staff members was described as “*problematic*” a similar and related problem was also true for monitoring and evaluation of the CARES Project. As had been previously cited there were existing guidelines for the implementation of the CARES project<sup>41</sup>.

#### *What M&E are you talking about?*

- Monitoring and evaluation are loose
- Poor monitoring scheme
- Monitoring system is inadequate
  - Hasty generalizations can be made even with small mistakes
- There should be a numerical evaluation like a report card
- No hospital-based monitoring of the performance of CARES
- Only monitored through monthly reports and tally sheets provided by CARES staff
  - Inadequate validation of such reports
- Weakness in monitoring of DTRs
  - Some CARES staff falsify their attendance

#### *Need for closer monitoring and supervision*

- There should be closer monitoring of the performance of the PhilHealth CARES

#### *More frequent supervisory visits on a regular basis are needed*

- CARES should be visited by supervisor more often
- They suggest that there should at least be quarterly visits of the supervisors

### ***HCDMD should regularly visit the CARES Staff Members***

“HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR”.<sup>41</sup>

This particular provision in the Guidelines was not strictly followed as supposedly the HCDMD was very busy and understaffed. The need for regular monitoring visits was one of the reasons why the position of Task Leader was created in mid-2013 (more than a year into the implementation of the CARES project).

### ***Task Leaders play a crucial role in monitoring and evaluation of the CARES Project***

“Designation of Task Leaders per PRO is necessary to further strengthen monitoring and evaluation mechanisms”.<sup>41</sup>

Much was expected from Task Leaders including M&E. This was despite the fact that the Tls had no formal training as Tls, and that they did not have tenured positions.

- Task leaders have no formal training as Tls
- They are chosen from the Pioneer batch
- Task leaders guide the new batches through buddy-buddy system

***Utilization of Group Chat to answer questions, and update the status of every CARES with one another***

There was no official document to support the use of group chat as an official means of communication among CARES.

- The teams have a Group Chat for posting of queries, simple greeting
- The Group Chat serves as a support group for CARES
- Group Chat prevents the feeling of isolation for the team members
- They suggested the formalization of the group chat as a learning tool however, nobody synthesizes the group chat
- Some of the topics posted in the group chat are common queries with their respective common answers (started by the pioneer batch)
- Group chat can be synthesized as a Frequently Asked Questions (FAQ) guide/manual

**Validation of Daily Time Records (DTRs)**

“HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR”.<sup>41</sup>

Daily Time Records (DTRs) were required to be submitted by CARES. However, no regular validation was done. It was suggested by FGD participants to have an attendance sheet with an attesting signature of hospital personnel, and/or a bundy clock and/or an attendance logbook so attendance can be validated.

The hospital managers who were interviewed said that they were often asked to sign documents certifying that the CARES staff member assigned to their hospital did report for duty and on time. But since the CARES staff member was not a hospital employee per se -- - the managers expressed hesitation in signing documents. They did still sign the DTRs of the CARES staff members as they knew it was required for the processing of the salary of CARES.

One of the hospital directors and his 3 managers said that they have had 4 CARES assigned to their private hospital. Apparently, the rotation of CARES was supposed to be every 3 months. They noted that attendance and punctuality of the CARES staff members assigned to their hospital needed improvement. They noted that CARES were only on duty from Monday to Friday, and half day on Saturday. There were more queries in their Billing and Admissions sections on Saturdays, and less on Wednesdays. The hospital administrators raised the query if CARES can also render full day duty on Saturday to be offset by half day duty on Wednesday.

**Return to Hospital (RTH) Claims**

Significant decrease in the Return to Hospital (RTH) claims might be one of the indicators of good performance BUT can such a decrease be solely attributed to the good work of CARES? Probably not.

A hospital director (NCR South, Level 3, Public hospital) observed that one of the common causes of RTH was the lack of the physician’s signature especially for service patients. To solve this problem --- the hospital director allotted time to sign for service patients especially since 65 percent of the hospital’s income came from PhilHealth. In the key informant’s estimate only 30 percent of OPD patients were PhilHealth members with current eligibility to utilize services of PhilHealth.

Another hospital director (NCR North, Level 3, Private hospital) said that their RTH used to be around 300 cases, and the cause of RTH was most due to lack of complete operative records. Their RTH had now decreased to approximately 60-100 cases only.

## **SUBSECTION 2.7**

### **USUAL SERVICES PROVIDED**

The general and specific objectives of the PhilHealth CARES Project; and the duties and responsibilities of CARES were already discussed in an earlier part of this report<sup>W</sup>.

In summary, the primary responsibilities of CARES revolved around PhilHealth membership, eligibility, benefits and availment<sup>41</sup>. CARES were not supposed to perform functions such as “updating of membership, collection of contributions, screening, and processing of claims, receiving and screening of applications for accreditation, and receiving of compliance Return to Hospital (RTH)”.

The executives and managers described CARES as:

The “gel” of hospital policies and PhilHealth policies

PhilHealth in the hospital → Protects the hospital

PhilHealth CARES in the hospital → Protects the members

CARES participants in the FGDs (from the 3 different areas NCR, and from the PMT) felt strongly about being patient advocates. Services they provided as part of advocating for the welfare of patients included:

- Being a bridge between PhilHealth and its members
- Asserting for client’s rights
- Empowerment of members
- Acting as a shock absorber for client’s grievances

According to the executives and managers, “*The services provided by CARES depends on the respective regulations of the assigned hospital*”. For example, not all hospitals allow CARES to do ward visits.

Participants from NCR South said that:

- Their functions should only be delineated according to the scope of their job so as to have harmonious relationship with the stakeholders.

<sup>W</sup> See section on “Duties and Responsibilities”

The study participants were asked on the common services rendered by CARES.

### **Membership**

- Updates on membership
- Empowering/encouraging non-members to enroll in PhilHealth
- Marketing of PhilHealth services

### **Eligibility**

- Assist in eligibility requirements
- Checking contribution information/history to determine eligibility
- Inquiry or verification of status, contribution of self-employed via phone call to the command center when there is no internet access

### **Availment**

- Provision/Issuance of PhilHealth Cares Form 1 (PCF1) in lieu of Member Data Record (MDR)
  - The executives and managers commented that perhaps *“CARES can print an MDR because other hospitals don’t accept PCF1”*.
- Facilitating availment of benefits
- Assisting non-member and members alike in availing point of care services
- Verification of benefit availment
- Case compensability checking
- Verification of accreditation for doctors and hospitals

### **Assist in Completion of Required Documents**

- Assist with procedures and completion of required documents
- Checking of requirements

### **Responding to Queries**

- Answering clients’ inquiries
- Handles complaints/queries
- Shock absorber

### **Information Dissemination**

- Communication hub for the member, hospital, and the Corporation
- Information dissemination (including ward visits if permitted by hospital)
- Providing information regarding policies, benefits, case rates, documentation requirements, reimbursement, etc.

### **Health education**

### **Referral and Coordination**

- Ensuring proper referral to offices within the hospital (e.g., Billing section, etc.) and outside the hospital (e.g., LHIO, etc)
- Facilitating coordination with the concerned offices regarding specific queries

### **Surveys**

- Do surveys NBB (6000 respondents)

Updating of records was not a function of CARES but they still did it for the clients.

- *“Mas maganda na bigyan na kami ng function ng updating of records.”*
- *“Kami na po ang pumupunta sa LHIO para ma-update yung records kasi kami din po ang mahhirapan. Kami ang to-toxickin pag hindi na update. Kung sila ang pupunta pagbalik hindi pa din na update kasi kung anu-ano ang hinihingi whereas kung kami ang pumupunta na-uupdate.”*

The specific responses of study participants re: services provided by CARES were listed in Table 9.

**Table 9. MOST COMMON SERVICES RENDERED**

SERVICES	NCR North	NCR Central	NCR South	Managers	PMT	KIIs
Assistance to members with regard to procedures and completion of documentary requirements.	Assistance in documentary requirements for claims	Assistance in completion of requirements	Assisting members regarding procedure and documentary Informing member about their benefits for professional fees of doctors. requirements.	Assistance at Point of Care (completion of requirements)	Documentary requirements	Updating documentary requirements and processes
Updated and verified the status of membership either online or via a call to the command center	Updating and verification of profile	Verification of member profile Updating of records	Updating MDR - add dependents, validity periods and OWP members.		Assist in checking, accessing, verifying membership info	Inquiry or verification of status, contribution of self-employed via command center when the no internet access
Checking contribution history to determine eligibility checking	Checking and verification of contributions	Contribution history (employed and voluntary member) Checking of eligibility requirements	Contribution history	Eligibility checking		
Issuance of PCF1 in lieu of MDR	Issuance of PCF 1		Releasing of PCF as temporary Member Data Record (MDR)	Issuance of PCF	Issuance of PCF1 in lieu of MDR	
Facilitating availment of benefits		Assisting non-member and members in availing point of care/ORE.			Assist in eligibility requirements and availment Verification of benefit availment Case compensability checking	

SERVICES	NCR North	NCR Central	NCR South	Managers	PMT	KIIs
					Doctor's accreditation status and checking	
Information for Processing of Reimbursements and Claims	Reimbursement process				Claims tracking	
Information dissemination	Explaining of benefits and availment Explaining and screening of eligibility	People's day (educating and encouraging members and non-members).	Informing clients about the benefits for the patient's bill.	Information dissemination	Information dissemination of programs, services, benefits, new circulars & policies Provide updates regarding new policies to members and hospitals	Availment procedure
Referral and coordination		Proper referral and coordination to offices concerned regarding queries	Accompanies them to billing section if they have concerns.	Coordination		
Enrolment in PhilHealth			Empowering/encouraging non-members to enroll in PhilHealth.	Membership	Marketing of PhilHealth services	
Patient advocate	Shock absorber  Bridge between the company and the member.		Assert for client's rights - client advocate.		Empowerment of members	
Surveys					Tapping the CARES for the implementation of NBB survey & researches	

## SUBSECTION 2. 8

### MOST COMMON QUERIES

As with the most common services which CARES provided ---- the most common queries which CARES received were also with regard to PhilHealth membership, eligibility, benefits and availment. Questions on benefit packages and how to avail of such benefits were most common as well as queries on eligibility (Table 10).

Common queries answered

<p><b>Membership</b></p> <ul style="list-style-type: none"> <li>• How to enroll</li> <li>• Updating records</li> <li>• How to add dependents</li> </ul> <p><b>Eligibility</b></p> <ul style="list-style-type: none"> <li>• <i>“Covered ba ako?”</i></li> <li>• <i>“Am I eligible?”</i></li> <li>• Eligibility concerns</li> <li>• Contributions made</li> </ul> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• What are the benefits?</li> <li>• Benefit packages</li> <li>• <i>“Magkanong discount ang makukuha ko?”</i></li> <li>• PhilHealth and HMO combined benefits</li> </ul> <p><b>Availment</b></p> <ul style="list-style-type: none"> <li>• Availment requirements</li> <li>• Documentary requirements</li> <li>• MDR provision/utilization</li> <li>• How to use the MDR</li> <li>• How to use PhilHealth Care Form 1 in the absence of MDR</li> <li>• Is the doctor accredited by PhilHealth?</li> <li>• Professional Fee of Doctors in Private Hospitals</li> <li>• <i>“Going the extra mile to help the member claim”</i></li> </ul> <p><b>Queries from Physicians and Hospitals</b></p> <ul style="list-style-type: none"> <li>• Handling Doctor’s Complaints about Accreditation, Fees</li> <li>• Questions of the Hospital and Doctors regarding Corporation policies</li> </ul> <p><b>Utilization of No Balance Billing in Government Hospitals</b></p> <ul style="list-style-type: none"> <li>• Case Rates utilization</li> <li>• If a case rate does it require an accredited doctor?</li> </ul>
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**Table 10. TOP FIVE COMMON QUERIES**

Rank	NCR North	NCR Central	NCR South	Managers	PMT	KIIs
1	Benefit packages	Benefit packages and availment and entitlement (in patient & outpatient)	Benefit availment (case rates, special benefits, availment of dependents)	Computation of benefits/case rates	Benefit availment	
	Membership eligibility and requirements	Contribution history & verification	Documentary requirements and procedures for claims		Membership info	<ul style="list-style-type: none"> <li>• “Covered ba ako?”</li> <li>• “Magkanong discount ang makukuha ko?”</li> <li>• Question if the doctor is accredited by PhilHealth</li> <li>• Does a case rate require an accredited doctor?</li> </ul>
	5 out of 5	5 out of 5	5 out of 5	5 out of 5	6 out of 9	
2	Contribution verification	Eligibility requirements	PIN inquiry	Verification of declared dependents and enrolment of dependents	Contribution history	
					Eligibility	
	4 out of 5	4 out of 5	3 out of 5	4 out of 5	5 out of 9	
3	Updating of member records & profile	Updating and verification of profile	Contribution history	Contribution & premium history	Doctors accreditation	
	Requirements for claims	Reimbursement status	Case rates (percentage of hospital bill covered by PhilHealth)		Claim status	
	3 out of 5	2 out of 5	2 out of 5	3 out of 5	4 out of 9	

Rank	NCR North	NCR Central	NCR South	Managers	PMT	KIIs
4	Verification/adding of dependents	PIN inquiry	Accreditation of doctors	Member eligibility	Processing of claims	
			Status of claims	PIN of member	Verification of declared dependents	
			Membership verification	MDR inquiry and subsequent request for PCF 1	PIN of member	
				Enrolment and updating of membership		
	2 out of 5	1 out of 5	1 out of 5	2 out of 5	3 out of 9	
5	Status and process of reimbursement			Availment policies	Documentary requirements	
				Cataract pre-authorization	Case compensability	
	1 out of 5			1 out of 5	2 out of 9	
Others					MDR issuance	
					Validity coverage period	
					1 out of 9	

## SUBSECTION 2. 9

### MOST COMMON COMPLAINTS

A complaint is an expression or statement that one is dissatisfied or displeased with something. On the other hand, one makes a query when one asks a question or needs more information. The distinction between a complaint vis-à-vis a query seems straightforward. However, the executives and managers pointed out that sometimes the CARES staff were unable to “*delineate inquiries from complaints*”. This sometimes happened when the client was “irate” (as the CARES staff oftentimes described their clients). Such an emotional state was frequently attributed to the fact that the client may not be feeling well (if he/she was the patient) or he/she was anxious about a sick family member.

#### Common Complaints

- Documentary requirements
  - Some hospitals don’t accept attachments
  - Wrong spelling of names in the MDR
  - Use of PCF in the absence of MDR
- Long turn-around time of the claims
- Out of pocket expenses due to under deduction
- Case rates are not sufficient
- Refund of drugs bought outside of the hospital
  - Issues with regard to the authenticity of the receipts presented
- Problem with requirement like less than 6 months contribution
  - “Actually we only need 3 months of contribution for all cases”
- Complaints about the Corporation

The executive and managers said that the complaints of stakeholders were about PhilHealth corporate policies, and not about the CARES Staff/Project. They described the situation as follows:

- *“One of the characteristics of the complaints is not about the CARES but about PhilHealth as a whole.*
- *The CARES are just messengers of the policies or stand of the corporation“*

#### Complaints about PhilHealth Corporate Policies

CARES staff were supposed to take note of all complaints and list them down in their Accomplishment Reports (AR). The FGD participants said that they all did this. However, this was not a guarantee that prompt action would be taken on the complaints listed in the AR. The lack of action oftentimes put CARES in a difficult position as they were the frontline workers for PhilHealth at the point of care.

- *“That is one of my disappointments. We’ve been writing it in our AR but there were no actions taken.” [referring to the computation/payment of PF of doctors]*

The common complaints about PhilHealth included the following

**Complaints of doctors to the Corporation**

- Professional Fees of Doctors (conflict in 10%-15% VAT-able services)
- Sometime hospitals don't give the professional fees component of the case rates

**Case Rates utilization**

- Low utilization
- Insufficient coverage of case rates for Dialysis, Chemotherapy

**Slow turn-around time for processing of claims****Variations in Policy Interpretation**

- Different interpretation of the policies
- Hospital confusion of the 3/6; 9/12 claiming policy in respect to the member's contribution

Table 11 showed a list of the most common complaints received by CARES.

**Table 11. Top Five Most Common Complaints**

Rank	NCR North	NCR Central	NCR South	Managers	PMT	KII
1	Documentary requirements (too many; MDR still needed even if member; unable to complete requirements due to location or absence of companion)	Eligibility requirements (lacking in contribution, inactive members with years of contribution)	Problems with LHIO (offline most of the time, unapproachable staff, long lines)	Not really on CARES, but corporate policies as a whole	Non-compensability of some cases	
	5 out of 5	5 out of 5	5 out of 5	1 out of 5	7 out of 9	
2	Underpayment of benefits and claims	Documentary requirements	Reimbursements (long wait, delayed posting)		Out of pocket expenses (lacking or no hospital supplies, meds)	
					Inconsistent policies and information (different interpretation of circulars)	
					RTH/Denied claims (no MDR or ID)	
					Prolonged processing of claims	
	3 out of 5	4 out of 5	4 out of 5		6 out of 9	
3	Long reimbursement period	Single period of confinement (45 days hosp confinement per yr not enough)	Hospital concerns (they have their own policies regarding availment, incomplete docs given to clients, no full explanation re disapproval/approval of availment)		Poor info dissemination (lack of media campaign)	
	Return to Hospital (RTH) concerns					
	Posting of payments for contributions					
	2 out of 5	3 out of 5	3 out of 5		3 out of 9	

Rank	NCR North	NCR Central	NCR South	Managers	PMT	KII
4	Prof fees not reflected on patients' bill	Discrepancies in member profile	Member info not updated		Payment made in Bayad Center, not posted in system	
	Different rules per hospital	Out of pocket expenses (medicines not avail in hospitals, implants [ortho], lens [cataract])				
	Claims filing eligibility					
	Out of pocket drug expenses					
	System denies claims					
	Preventive measures (exec checkups) not covered					
	Discrepancies in MDR					
	Issues of double declaration of dependents					
	1 out of 5	2 out of 5	2 out of 5		3 out of 9	
5		Delayed posting of contribution				
		Disease not compensable				
		Implants (ortho) and lens (cataract) are not covered				
		Crowded PhilHealth offices & poor customer service of officers				
		2 out of 5				

## SUBSECTION 2.10

### WHAT DO CARES STAFF LIKE THE MOST AND LEAST ABOUT THEIR JOB, STRENGTHS AND WEAKNESSES, OPPORTUNITIES, THREATS, PROPOSED CHANGES, BARRIERS, FACILITATING FACTORS OF THE CARES PROJECT

In this subsection, the discussion on what the CARES staff liked the most and the least about their job will be presented first. These likes and dislikes influence the state of the project in terms of its strengths, weaknesses, opportunities, and threats (SWOT). The succeeding discussion then focuses on a SWOT analysis of the CARES project. Proposed changes as well as factors which will help and hinder such changes are also discussed.

#### WHAT DO CARES STAFF LIKE THE MOST AND LEAST ABOUT THEIR JOB?

CARES staff members were asked about what they liked the most and the least about their job. Their responses were summarized as follows (Table 14):

**Table 12. What CARES staff members liked the most and liked the least about their job**

Liked the Most	Liked the Least
Good compensation	Decentralization of the project
Good working schedule	Stress of hospital rotation
High personal satisfaction on their job	Policy interpretation gaps
Patient interaction	Handling irate patients
Fulfillment in helping other people	Blame for problems related to the Corporation
Appreciation of the 4Ps program	Stress in scope of work
Belongingness to a team	A lot of paper work
	Job insecurity
	No family time on weekends

#### LIKED THE MOST

CARES staff members appreciated the fact that they received a good salary which was better as compared to other PhilHealth staff who were also on Job Order appointments. Their compensation was also higher than what RN HEALS nurses and many registered nurses received from hospitals and/or clinics wherein they had to do clinical work, and worked on shift schedule.

The CARES staff had regular working hours like office employees, and no graveyard shift unlike other nurses who did clinical work. One key informant said, *“May time ako to attend graduate school”*.

In general, the CARES staff said that they were satisfied and enjoyed their job. They were happy that they had opportunities to interact with PhilHealth members in addition to many other people from different walks of life. Such experiences had helped them become more flexible in relating with other people.

The fulfillment which the CARES staff felt was mainly because they were able to help *“poor members of PhilHealth, patients in need to service, a lot of members, a lot of people”*. They also had a better appreciation of the 4Ps program (Pantawid Familyang Pilipino Program) of the government. One of the perks of their job was to receive appreciation, commendations from the people who they have helped.

Belonging to a team was something which CARES staff members also valued. They enjoyed the company of their teammates as they not only gained new friends. In some cases, they also felt that their teammates were also their family.

### **LIKED THE LEAST**

The CARES staff did not like the decentralized set-up of the project because they lacked good supervision which was necessary to do their work better. They shared that they experienced stress whenever they had to rotate hospitals. There was the *“stress of adjustment, and lack of familiarity with the personnel and systems of a new hospital assignment”*.

Policy interpretation gaps were also cited among the concerns of CARES staff. There were differences, variability in how policies were interpreted. Such variability oftentimes led to confusion, and at times disagreements among the CARES staff member, the hospital where she/he was assigned, and/or the LHIO.

Handling irate patients posed a challenge to the CARES staff (as had been previously discussed). It was stressful when they handled stubborn or difficult client. They noted that: *“Mga mayayaman na clients sa private hospital – mahirap silang i-handle”*

Their scope of work was already stipulated in various guidelines (as had been previously discussed). The staff said that they had *“feelings of helplessness for responsibilities not aligned to their scope of work”*. They experienced stress whenever they had to perform tasks not within their official scope of work.

Being the only presence of PhilHealth at the point of care it was not unexpected that any and all queries and complaints about PhilHealth were directed to CARES staff. The CARES staff shared that they were sometimes blamed for problems of PhilHealth/the Corporation. *“Kami yung pinuputukan”* was how the CARES staff described their experience.

*“A lot of paper works, many documentary requirements”* were necessary aspects of the work of CARES. However, sometimes the volume of such documents posed a challenge to them.

As had been previously discussed, CARES staff did not have security of tenure. This was something which the CARES staff were very concerned about.

No family time on Saturdays when they had to work in the mornings was also something which the staff did not relish.

## STRENGTHS AND WEAKNESSES OF THE CARES PROJECT

Participants were asked for what they perceived to be the strengths and weaknesses of the CARES project. Their responses are summarized below (Table 12):

**Table 13. Strengths and Weaknesses of the CARES Project**

Strengths	Weaknesses
PhilHealth in the Point-of Care	PhilHealth CARES is a Project
<i>“CARES are catalysts for change”</i>	No job tenure
CARES empowers the members	Poor technical support
More efficient PhilHealth availment system	CARES have limited access to the database
Decrease in number of Return to Hospital claims	Task Leaders lack the resources to do their job efficiently
High level of customer satisfaction	Some Hospitals don't provide their CARES with adequate logistics to function
Improvement in the members' perspective with regard to PhilHealth	Disproportional distribution of CARES to Hospitals
CARES as a Project manned by nurses	Poor monitoring of performance
Helps in decreasing unemployment rate for nurses	High expectations of members
CARES as a communication hub among stakeholders	Problematic cascade of Policy information from making to implementation
	Discrepancy in Policy implementation and interpretation

### STRENGTHS of the CARES Project

#### *PhilHealth at the Point-of Care*

The fact that there was PhilHealth presence where it mattered most --- at the point of care --- was viewed as a major strength of the CARES project. Executives and managers said that the CARES project was an *“innovation for providing point of care service”*; and that the innovation was even more significant because it came from *“a situation of nothing (at point of care) to something”*.

- **“Face of PhilHealth”** (Point of Care Service)
- *“The project has helped a lot of people”*
- Easier access to PhilHealth products and services
- *“A relative of a PhilHealth employee was confined. Wala sang ready na MDR. Sa CARES din siya limpet—to think na toga PhilHealth na siya. If it is happening to a PhilHealth employee, it is happening to everyone. I think it is just the presence that someone is there. “*

#### **“CARES are catalysts for change”**

The CARES PMT viewed the CARES staff as *“catalysts for change”*

- CARES can see details that are overseen by management because they are in the front line and point of care.
- They can suggest different policy interpretation based on their actual experience in the hospitals.

### **CARES empowers the members**

The empowerment of PhilHealth members was seen as a benefit brought about by the CARES project. As had been stated in the preceding discussions --- the CARES staff members viewed their role as advocates for the welfare of patients, members and their dependents.

### **More efficient PhilHealth availment system**

Since the PhilHealth members were empowered by the CARES project this also contributed to greater efficiency in the processes and requirements for the availment of PhilHealth benefits. It became easier for members to access their benefits since they were assisted by CARES with the various requirements for availment. Such efficiencies have also redounded to the benefit of hospitals. The CARES project was seen to have *“lessened the burden of the members”*.

- Increased utilization of services
- Help facilitate the requirements and documents of the members and the Hospital
- More efficient service of the Corporation
- *“Ang strength ng CARES project--na le-lesser ang burden ng members.”*

### **Decrease in number of Return to Hospital (RTH) claims**

Efficiencies in the processes and requirements also redounded to the benefit of hospitals. Improved filing of claims by hospitals led to a decrease in Return to Hospital claims. There was *“lesser turnaround time”*. The improvement of RTH was attributed to the fact that CARES were able to assist members: (1) submit complete requirements; (2) access benefits they were entitled to; (3) negotiate with hospitals with regard to availments included in the benefit packages of PhilHealth. Lesser RTH meant earlier reimbursement of hospital claims which also improved their cash flow.

### **High level of customer satisfaction**

The study participants (including hospital executives and managers) all reported a high level of client satisfaction with the services provided by CARES staff members. Participants said that stakeholders (patients, members and their dependents; hospital managers and staff) reported satisfaction with CARES.

### **Improvement in the members’ perspective with regard to PhilHealth**

In general, the typical PhilHealth member from the employed sector usually only got a chance to use their PhilHealth benefits when they or their dependents were hospitalized. They did not appreciate what their benefits were until they were hospitalized. Having the CARES staff member assist members to access their benefits when they needed it (at point of care) had helped improve the public’s perception of PhilHealth.

- PhilHealth now is viewed as something that can be utilized and not just an area in the pay slip that should be paid with monthly contributions
- *“Ok pala ang PhilHealth”*

### **CARES as a project manned by nurses**

#### **Helps in decreasing unemployment rate for nurses**

CARES was a project whose frontline workers were health professionals. This was viewed as advantageous because of the training, exposure, and experience of nurses in healthcare settings. They were not only familiar with PhilHealth policies but more so with health conditions and medical terminology. Patients, members and their

dependents were not the only ones who benefitted from the nurse's expertise. The nurses themselves found an opportunity for gainful employment.

- CARES is manned by nurses who know how hospitals are operated
  - *"CARES is manned by nurses. Alam nila makisama sa kapwa nilang healthcare professional."*
- Nurses have compassion for patients
  - *"It is innate in nurses...may compassion. May medical background. Nakaka-relate at nadedeliver ng tama."*
- *"CARES bridges the need for employment of nurses"*

### **CARES as a communication hub among stakeholders**

CARES were seen as the *"Conduit for communication among the members, hospitals and the Corporation"*.

Supporting the CARES staff members assigned in the hospitals were the members of the CARES Project Management Team who were based in the Corporate Headquarters. The PMT assisted the CARES staff members in the following ways:

- The voice of PCARES to the Central Office
- The bridge of CARES to the higher authorities
- Protects the members and CARES Staff in the field, and sometimes the hospitals if they bend the policies
- Takes care of the CARES

### **WEAKNESSES of the CARES Project**

#### ***"PhilHealth CARES is just a project, and not a program"*<sup>X</sup>**

What is the difference between a project and a program? Westland (2013) in an article on ProjectManager.com defined:

*"A program as a temporary organization created to coordinate, direct the work and supervise the delivery of a number of related projects that all contribute to a particular outcome. A project, on the other hand, is a temporary organization designed to deliver a particular output."*<sup>77</sup>

The Independent Consulting Bootcamp provided similar definitions:

*"A project is a temporary entity established to deliver specific (often tangible) outputs in line with predefined time, cost and quality constraints. A program is a portfolio comprised of multiple projects that are managed and coordinated as one unit with the objective of achieving (often intangible) outcomes and benefits for the organization."*<sup>78</sup>

Study participants (including hospital executives and managers) asserted that the fact that *"PhilHealth CARES is just a project, and not a program"* was a weakness of CARES. Issues of sustainability and limited resources for expansion of CARES were brought up during the FGDs and interviews.

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<sup>X</sup> It is important to note that in discussions and interviews for the study --- the terms "project" and "program" were used interchangeably by various stakeholders.

The CARES project (as with most other projects as defined above) was designed to deliver specific outputs. The gains brought about by the CARES project (such as the empowerment of patients, improved efficiency with regard to availment and processing of claims, etc.) could all be eroded if the project were to be terminated.

### **CARES staff members had no job tenure**

Absence of security of tenure was to be expected as CARES was designed as a project, and not as a program (*see discussion above*). Staff members had contracts of 6 months duration. The contractual period of employment of 6 months was similar to that of other jobs in the service sector where competition for jobs was fierce, and employers had their choice of whom to hire among thousands of applicants. In the case of CARES, there were a reported 23,000 registered nurses who applied for the 530 positions which were initially offered for a 6 month period of employment.

### **Poor technical support**

#### **CARES have limited access to the database**

#### **Task Leaders lack the resources to do their job efficiently**

The problem of poor technical and logistical support posed limitations to the range of services and efficiency of delivery of such services to stakeholders by the CARES staff members. Limited internet access (if any at all) in some hospitals hampered the work of CARES because they could not readily access the PhilHealth members' database. The extent and quality of services which CARES staff members could provide their clients was greatly influenced by the kind of technical support they were given. Oftentimes, they had to call the Command Center to access specific information for a member. It was not uncommon for CARES to spend their own funds for many of the calls.

The task leaders had difficulty in coordination because they themselves had neither internet access nor a computer which was dedicated for their use. One of the Task Leaders said that she used her personal laptop for work. Unfortunately, the laptop needed repairs and she had to spend for the repairs from her own funds even if she was using the laptop for work.

- Logistics problems – limited internet access in some hospitals
- Not all PCARES have internet and computer access
- Service is dependent on the database
- Poor access to Information Technology
- Poor technical support for the database
- Inability to provide the MDR to the client

### **Some hospitals don't provide their CARES with adequate logistics to function**

PhilHealth guidelines stipulated what hospitals had been requested to provide for the CARES staff member assigned to them. These guidelines were not strictly implemented nor were the stipulated requests granted by some of the hospitals. In some hospitals, CARES were provided with adequate working space, an accessible work location, internet access and a computer for their use. But this was no true for all hospitals.

- Accessibility of CARES in the hospital premises – they are stationed in inconspicuous places thereby making them inaccessible to most clients
  - *“Nakapwesto po kasi ako sa basement. Hindi talaga ako nakikita. Pero na-endorse na ko ng PhilHealth staff kaya nag wa-ward to ward ako.”*
- Some hospitals don't take responsibility for providing a good work place for the CARES Staff
- Not all Hospitals provided their CARES with computers and internet access

### Disproportional distribution of CARES to hospitals

It was suggested that government hospitals should have more than 1 CARES staff member assigned to these hospitals. There were more patients in government hospitals and many of these patients availed of charity services. It was asserted that private hospitals could do with just 1 CARES staff member given the lesser number of clients in these hospitals.

- Not all hospitals have CARES Staff
- There should be more CARES staff in government hospitals
- *“Isang weakness na nakikita ko is the proportion of clients to the CARES.”*

### High expectations of members

In the absence of any other PhilHealth employee at the point of care --- it was up to the CARES staff members to respond to all sorts of queries from members as well as from the hospitals they were assigned to. Their clients expected that CARES could answer all their queries which was not always possible. At times, CARES said that they were forced to make decisions which were not within their scope of authority and scope of work. They took this personal risk in order to respond to requests of members and hospitals. Hospital managers and staff expected that CARES would have answers to their concerns particularly with regard to eligibility and availment of benefits in addition to processing of claims.

- High expectation of Members – not all questions can be answered by the PCARES staff
- CARES should know where to delineate the line of service because they can have liabilities and can be abused

### Poor monitoring of performance

It was also acknowledged by study participants that the absence of a fully functional performance evaluation system for the CARES staff, and a monitoring and evaluation system for the CARES project may have contributed to gaps in service delivery, and unmet expectation of clients.

- Poor monitoring because CARES are deployed in the field
- Poor supervisory arm of the project

### Discrepancies in policy implementation and interpretation

Each hospital had its own set of unique policies, guidelines, and operation systems. It was up to the CARES staff members to adjust to the different work environments; and to try and interpret PhilHealth circulars as they applied to particular cases they encountered. **The CARES staff said that they were “biased” in favor of the clients (members and their dependents).** They did this because they interpreted their role as that of being patient advocates, and as such they tended to side more with the patient than with the hospital. At times this preferential option for the patient has led to misinterpretation of circulars. On the other hand, the CARES felt that the hospitals wanted to interpret the circulars to the benefit of the hospitals instead of the patients’ benefit.

- Differences in the operating rules and environment of assigned hospital
- Wrong information can spread faster
  - Wrong interpretation of circulars
- Poor communication system

### **Problematic cascade of policy information from making to implementation**

Related to the aforementioned problem of differences in policy implementation and interpretation was the fact that there was a poor communication system which in turn made the cascade of information more challenging. One of the major causes of confusion is the fact that:

- *“Policy-making is done by the Central Office while policy interpretation is dependent on the Regional Offices.”*
- *“Ang request ng region is that cascading of information can be done by the head office. However, interpretation is inherent- as supervisors you need to ensure that your staff are updated.”*
- *“Centralized yung cascading of information. As far as the policy is concerned—it is happening nationwide. In terms of actual implementation, it may vary.”*

It was explained that such a set-up was upon the request of the Regional Offices who argued that they knew best the situation in their area, and thus were in the best position to determine the policy interpretation that was appropriate and feasible for their area and their stakeholders. The Regional Offices just asked the Central Office for clarifications re: policy interpretation and operationalization when they deemed it necessary to do so.

- *“There is a problem in the cascading of information”.*
- *“Some policies are fast changing and there is a problem in the updating of the staff”*

CARES staff members were updated through 2 modes of communication – PRO and Command Center. The dissemination of the circulars was supposed to be done by the Command Center. The supervisor should direct queries to the Command Center regarding policy interpretation

*The CARES staff should not go directly to the Command Center in terms of policy interpretation. They should go to the supervisor of the region.”*

### **OPPORTUNITIES and THREATS to the CARES PROJECT**

Opportunities and Threats were defined as:

*“Factors which contribute to the success or failure of achieving the organization's mission, and which are outside of the organization's direct control”.<sup>79</sup>*

*“Agents, factors, or forces in an organization's external environment that are out of its control, and can directly or indirectly affect its chances of success or failure”<sup>80</sup>*

PhilHealth’s mission was stated as follows:

*“Sulit na Benepisyo sa Bawat Miyembro,  
Dekalidad na Serbisyo para sa Lahat”*

Study participants identified the opportunities and threats to the CARES project. These opportunities and threats had the potential to affect the possibility of achieving the objectives of the CARES project and PhilHealth’s mission (see above).

**Table 14. Opportunities and Threats of the CARES Project**

<b>OPPORTUNITIES</b>	<b>THREATS</b>
Point of care	Poor work delineation
Project recognition	Poor technical support
High satisfaction	Poor hospital support
Increase in Membership enrolment	No job tenure
Formulation of new policies	Not a program
CARES in surveys	CARES perceived as spies
Self-fulfillment	
Loyalty to PhilHealth	

### **OPPORTUNITIES for the CARES Project**

The opportunities which had been identified for the CARES Project focused on the fact that the Project was the only PhilHealth presence at the point of care; and that CARES had received good reviews.

#### **Point of care**

#### **Formulation of new policies reflecting frontline experience**

The CARES project was PhilHealth's only presence at the point of care. Thus, it gave more visibility to the Corporation where it mattered most, and to whom it mattered most (patients, members and dependents, health care providers and facilities). The possibility of integrating the services of PhilHealth with the services of DOH all at the point of care was identified by study participants. It was hoped that such integration would help lessen the fragmentation of the Philippine healthcare system. New policies which incorporated the experiences at the point of care could be formulated

- Service at the point-of-care
- Frontliner of the corporation to render customer service to members
- Integration with DOH at the point of care
- Formulation of policies with the perspective of the experiences happening in the grassroots level

#### **CARES in evaluation surveys**

CARES staff members can be utilized to conduct surveys necessary for evaluation of Corporation's programs and services

### **Project recognition**

The CARES project had contributed not only to the greater visibility of PhilHealth but also to its good public image. One group of participants said that, **“PhilHealth needs CARES!”**

- PhilHealth CARES Project is slowly becoming recognized
- Good image of PhilHealth
- PhilHealth needs CARES

### **High satisfaction**

In general, there was a high degree of satisfaction among different stakeholders (members, hospitals, healthcare providers, and among CARES staff members) with the CARES project. The relationships and interaction between PhilHealth and physicians, hospitals were not always smooth. The CARES project gave an opportunity to “*maximize relationships with healthcare providers*”. There was a possibility that the goodwill generated by the CARES project could be leveraged for the mutual benefit of all stakeholders.

- Very happy and satisfied members, and hospital
- High satisfaction from the hospital/members
- Maximize relationship with healthcare providers
- Positive feedback from the concerned stakeholders

### **Increase in membership enrolment**

It was argued that the increasing recognition of the CARES project and greater satisfaction of PhilHealth members with its services could lead to a potential increase in the enrolment of new members. The heightened visibility of PhilHealth through the CARES project was a good way to attract new members.

### **Least financial return but most fulfilling Loyalty to PhilHealth**

The CARES staff members described their involvement in the project as not necessarily financially rewarding but with a high level of personal fulfillment. Majority of the CARES staff members said that they still saw themselves working for PhilHealth in 5 years time.

## **THREATS to the CARES Project**

The threats which had been identified for the CARES Project revolved on the main points that: (1) CARES was a project (not a program); and (2) CARES had inadequate technical & logistical support.

### **CARES is a project, not a program**

CARES was not institutionalized within PhilHealth. This gave rise to another risk in relation to the project’s human resources.

### **CARES staff members had no security of tenure, and were appointed on the basis of Job Orders (JO) of 6 months duration<sup>Y</sup>.**

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<sup>Y</sup> In the Philippine government bureaucracy --- it is not uncommon to have JO appointments which are renewed every 6 months, year after year. JO staff are not entitled to benefits such as GSIS membership.

It was perceived that continuing to offer positions only on JO status would cause instability in the delivery of services. There was no guarantee that trained CARES staff (who were registered nurses) would remain in their current job. Their training and experience would be lost if many of them left the Corporation

#### **Poor work delineation**

There was a perceived need to clarify the nature and scope of the work of CARES. This was despite the presence of official guidelines on what the CARES were supposed to do, and what they were not supposed to do<sup>z</sup>.

**Poor technical support** particularly with regard to the access of CARES staff members to the PhilHealth members database was also cited as a threat.

The aforementioned threat coupled with **poor support from hospitals** to provide CARES with a computer, internet connection and a conspicuous location of the CARES desk limited the extent and quality of services provided by CARES.

#### **CARES staff members were perceived as spies.**

This perception was not uncommon during the initial implementation of the CARES project when most hospitals were still skeptical of what the project was all about. A few hospitals had initially refused to participate in the project. However, when they saw that the project was beneficial these few hospitals changed their mind and requested that a CARES nurse be posted in their hospitals.

#### **Falsification of Daily Time Records, reports etc.**

As had been mentioned before --- the CARES project lacked a performance evaluation system, and a functional monitoring and evaluation system. The absence of such systems gave a chance to a few errant CARES staff members to commit fraud.

## **PROPOSED CHANGES**

### **CARES as a Program, and not just a project**

There was consensus that CARES should no longer remain as a project but should be expanded and institutionalized as program. CARES was initiated as a project by the previous head of PhilHealth. When asked about the level of support of the current PhilHealth President and CEO for the CARES project, one of the managers said that:

- *“The CARES is very close to his heart [PhilHealth President]. It is the social welfare component that won the hearts of the Board for its renewal.”*

**It was believed that the services rendered by CARES would improve if they were given adequate resources (computer, internet access) and technical support to access the database.** There were identified problems with the PhilHealth database such as those related to its infrastructure in addition to issues of accuracy and confidentiality of the information contained therein.

<sup>z</sup> Refer to: (1) Guidelines in the Implementation of the PhilHealth CARES Project. Office Order No. 0053, series of 2012<sup>41</sup>. (2) Guidelines for Hospitals Covered by the PhilHealth CARES Project. PhilHealth Circular 012-s2012. 26 Mar 2012<sup>59</sup>.

- Provide resources (computer/internet)
- If given access to the internet, then CARES can perform many other tasks
  - Authority to access database
- Database problems
  - Infrastructure
  - Accuracy
- Lack of technical resources

### **Use the number of Return To Hospital (RTH) claim as an evaluation tool**

A decrease/increase in RTH was seen as a possible gauge of the success of the intervention of CARES. If the CARES staff member was able to adequately assist the members and hospitals with the documents needed for availment and processing of claims --- there would a decrease in RTH. While this suggestion seemed logical it was also pointed out that there were other factors beyond the control of the CARES staff member which influenced RTH. The decision to approve/disapprove claims was not within the purview of the CARES project.

### **Improve training for the CARES project**

#### **Conduct more seminars/capacity building sessions**

It was suggested that on the job training (OJT) should be unpaid. Performance would then be evaluated after the training. Some trainees may not be fit for the job. Those who passed the OJT would be the ones who would be hired.

It was also suggested that CARES staff members should be involved in revising the training program. The actual stories and experiences of the 1<sup>st</sup> batch of CARES could be compiled and disseminated. Such insights should be used to improve the training, monitoring and evaluation of the CARES project.

Another proposal was for training to focus on Customer Service; and more real life scenarios should be used. Other topics such as on stress management, ICD-10, case rates can also be incorporated in the training program or in separate capacity building seminars.

The possibility of the regions developing and conducting their own training program was raised. This was because as per the regions' request policy interpretation should be left up to the regions, and policy clarification with the Central Office will be done as needed.

- CARES Training should be revised with consideration on focusing in Customer Relations
  - How to be graceful under stress/difficult situation
  - Role playing of different scenarios
- Experiences of the 1<sup>st</sup> batch will be compiled to have amendments on the training program, monitoring and evaluation of the project
- Compile actual stories/experiences and disseminate (case digest)
- Involvement of CARES in revising the project
- More trainings (Stress management, ICD-10, case rates)
- Training may be best done by the region

### **Other Suggestions:**

- Assignment of specific staff in LHIO to answer PCARES inquiries
- Increase PhilHealth premiums

## **BARRIERS**

The proposed changes (as discussed above) would be difficult to implement because of the following barriers:

1. Policy interpretation gaps
  - a. Many nuances involved in the interpretation of policies
  - b. Not everything is “black and white”
2. Lack of security of tenure
3. Internal conflict within PhilHealth of other staff who are also on Job Order appointments
  - a. High compensation given to CARES nurses was questioned by other staff who are also on J.O. status
4. Organizational problems of the Project
  - a. Poor organizational structure of PCARES
  - b. No specific focal person to ask in the HCDMD
5. Poor hospital support for the CARES Project
  - a. Poor accessibility of CARES within the hospital premises
    - i. Stationed in “tango” areas of the hospital

## **FACILITATING FACTORS**

Being a nurse helped the CARES staff to do their job well. According to study participants it helped that CARES staff were nurses because they were familiar with hospital operations and were also able to share compassion to their clients.

The fact that the CARES Project was positively received (in general) was also seen as a factor which will help push for the desired changes.

## SUBSECTION 2.11

### FEEDBACK ABOUT THE CARES PROJECT FROM VARIOUS STAKEHOLDERS AND OTHER OBSERVATIONS, CONCERNS, ISSUES, AND SUGGESTIONS

#### General feedback of stakeholders

There were many stakeholders for the CARES Project including the following (among others):

- PhilHealth members and their dependents
- PhilHealth management at various levels (Central Office, Regional Office, LHIO, etc)
- CARES Project Management Team (PMT)
- CARES staff members/nurses
- Health care facilities and providers (hospitals, physicians, hospital managers and staff, etc)
- Health maintenance organizations (HMOs)
- Employers

The study team had the opportunity to explore the perspectives of some of these stakeholders through various methods (FGDs, key informant interviews, mystery client visits, observation, documents review).

There was agreement among stakeholders that feedback about the CARES project has been generally positive. There had been a few complaints but it was felt that these complaints were more about PhilHealth as a Corporation rather than about the CARES nurses and the services they rendered.

The executives and managers said that, ***“PhilHealth CARES is necessary at the point of care”***. Related to this was the consensus among stakeholders that since CARES was the only presence of the Corporation at point of care --- ***“CARES is the new face of PhilHealth”***. The CARES nurses functioned as patient navigators and advocates who assisted patients, PhilHealth members and their dependents in addition to working with hospital and health care professionals for healthcare service delivery.

As one group of CARES staff members recalled:

- *“Dati wala pang CARES. Ang PhilHealth ang parating minumura. Tinatadtad ni Tulfo...ngayon wala na kasi kami yung buffer.”*

#### Feedback from PhilHealth members

Study participants said that PhilHealth members had positive feedback and liked the service of the CARES nurses. The members were reportedly grateful and appreciative for the services. Members sometimes showed their appreciation by giving the CARES staff some food (suman, pastries, etc). CARES staff members gauged the positive feedback from members by these simple gifts that the staff have received.

- *“Nung wala pa ang CARES nahirapan daw sila mag-apply o mag-file. Ngayon ang lagi nila sinasabi -- ‘Buti na lang may CARES na.’”*
- *Mas maganda ang serbisyo madaling kumuha ng MDR/PCF1*

Strictly speaking, the CARES staff members were just rendering the services due to the PhilHealth members and their dependents. Therefore, CARES staff members should not be receiving small gifts for their services<sup>AA</sup>.

### **Feedback from hospitals**

As had been discussed earlier --- hospitals initially regarded CARES as spies of PhilHealth. In fact, some hospitals initially refused to participate in the CARES Project because of this perception. This perception changed when they saw the nature of the services rendered by the CARES Project.

Hospitals noted that they have had a significant decrease in their RTH claims, and they attributed this to assistance of CARES nurses. There was less confusion as what could be considered as a “legitimate claim” as the CARES staff member guided the clients and the hospitals.

The PhilHealth sections of the hospitals had lesser work as the CARES nurse did tasks which they used to do such as interview and screening of clients, interpretation of policies, etc. It was observed by the research team that in the absence of the CARES nurse --- the regular hospital staff took charge of attending to queries regarding PhilHealth. But these hospital staff did not have access to the PhilHealth database which the CARES nurse had.

There had been a few cases when the hospital was not very pleased with the CARES staff member assigned to them so they asked for a replacement.

### **Feedback from Health Maintenance Organizations**

PhilHealth and HMOs are partners and work with the healthcare facility to facilitate availment of healthcare services. According to executives and managers --- HMOs had positive feedback and liked the services of the PhilHealth CARES. Other study participants said that the HMO liaison officers had lesser work load because of the services which CARES provided. One group said that they had no idea if HMOs appreciated their services because there was no direction interaction between CARES and the HMOs.

### **Feedback from CARES Staff Members**

The CARES Staff Members who were all registered nurses said that they saw a future in CARES. This feedback was not surprising given the lack of opportunities for paid jobs in clinical nursing. The good compensation given to CARES was of course another reason for their interest in continued employment in CARES.

- *“I want to prove to PhilHealth--You need CARES.”*
- *“Five years from now, gusto ko na sa CARES. Ayoko na mag nurse.”*

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<sup>AA</sup> From the documents reviewed --- there appeared to be no official PhilHealth guidelines for CARES staff members receiving small gifts for the services they rendered. This has to be verified. However, Republic Act No. 6713 (AN ACT ESTABLISHING A CODE OF CONDUCT AND ETHICAL STANDARDS FOR PUBLIC OFFICIALS AND EMPLOYEES, TO UPHOLD THE TIME-HONORED PRINCIPLE OF PUBLIC OFFICE BEING A PUBLIC TRUST, GRANTING INCENTIVES AND REWARDS FOR EXEMPLARY SERVICE, ENUMERATING PROHIBITED ACTS AND TRANSACTIONS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF AND FOR OTHER PURPOSES. <http://excell.csc.gov.ph/cscweb/RA6713.html> (accepted 10 Dec 2013) had the following stipulation:

“Solicitation or acceptance of gifts. - Public officials and employees shall not solicit or accept, directly or indirectly, any gift, gratuity, favor, entertainment, loan or anything of monetary value from any person in the course of their official duties or in connection with any operation being regulated by, or any transaction which may be affected by the functions of their office.<sup>81</sup>”

## **OTHER OBSERVATIONS, CONCERNS, ISSUES, AND SUGGESTIONS**

### **Long term plans for the CARES project**

CARES was (at the time of the study) a project and not a program. Questions were raised by executives and managers with regard to the future of CARES such as:

- Until when will it remain a project? (possible institutionalization)
- Operations aspect –will it be maintained by the Head Office?
- CARES is important to the PHIC President and has his full support
- It is a good project because of its service delivery.
- Should the project be expanded:
  - 24/7 service?
  - Include service until Sundays?
  - Support the NBB program?

### **Compensation and benefits of CARES staff members**

It was recognized by the CARES staff members that there were internal problems with regard to compensation of CARES vs. that of other Job Order personnel in PhilHealth. There was an identified need to rationalize the plantilla specially because CARES received higher compensation.

CARES were also aware that they were being compared to RN Heals (discussed in earlier sections) specially because CARES had regular working hours with no shift duty, and no clinical care but had higher compensation than RN Heals.

The CARES staff members raised their concerns about security of tenure the provision of benefits.

- Regularization must be secured
- Hazard pay for front-liners of service
  - Exposure to persons who have communicable diseases
- Communication allowance

### **Training and capacity building**

Executives and managers suggested that training for CARES can be done by the region while the training for customer service can be done by the head office. It was recognized that there was a need for uniformity in content of training. Thus, a core curriculum would be best. Regional training would allow customization of training content to best suit the prevailing local conditions in the region specially since the regions have asserted that policy interpretation was within their purview.

The staff expressed their desire for more capacity building opportunities. They wanted more trainings, seminars for updates (circulars and policies), case rates, and customer service

### **Problems in IT Technical Support**

Executives, managers, and CARES nurses had repeatedly expressed their concerns about inadequate technical support for the CARES project. This concern was particularly important if the project was to be expanded and/or made into a program.

- How will the technical support of their Information technology system respond to the demands of the project?
- Faster Processing of I-CARES system
  - *“iCARES? Mas mabilis pa tumawag o mag text ka na lang.”*
- Only 8 out of 32 Hospitals in the North Branch have internet access provided by the hospital. Other PCARES Staff just asks favour to an online co-staff to look onto the database for client queries
- *“50% of the CARES staff have access to the internet. They don’t need to call the head office.”*
- *“Sa head office ang tawag ng CARES. Although titingnan namin kung pwede sa region na lang ang access ng database.”*

Related to the above concern was the disappointment among CARES that the electronic tablet they were promised in a previous General Assembly did not push through. As had been previously discussed – the CARES staff members oftentimes had to use their personal electronic equipment (phone, laptop) and resources (cell phone load) so that they could do their work.

- *“Nasan na po yung tablet na pangako nila?”*
- The PCARES are the frontliners of PhilHealth so they should be provided with a technology to provide such services
- If the tablet provision will be approved, the Task Leaders should receive it first for more efficient delivery of service

### **Problems in policy interpretation**

Variations in policy interpretation were an often repeated concern of CARES (previously discussed). As frontliners, they were very much aware of their precarious position due to the variations in policy interpretation. They were often asked why some hospitals, some LHIOs

- They hope there will only be 1 policy interpretation/ implementation
- Sometime the LHIO are not updated on the new policies. This is the reason why PCARES are blamed because of discrepancy in information dissemination
- Sometime the policy gets leaked first in media before CARES
- Not all PhilHealth offices are in sync with each other – discrepancy in information dissemination
- Security blanket (uniform policy interpretation) is needed to protect CARES

### **Evaluation and Monitoring should be implemented strictly**

- Quarterly updates/meetings suggested
- Tally sheets should be supported with a logbook to make it more reliable
- *“The PMT is responsible for monitoring and evaluation, performance standard and policy guidance.”*

### **Other suggestions:**

- More CARES should be assigned to bigger hospitals specially government hospitals. These hospitals should be a priority when CARES are deployed.
- Change uniform to a more corporate look (previously discussed)

## **SECTION 3 – CONCLUSIONS AND RECOMMENDATIONS**

### **CONCLUSIONS:**

In conclusion, the study focused on selected areas of the National Capital Region and confirmed PhilHealth CARES as a well-conceived project meant to primarily assist PhilHealth members and their dependents at the point of care. The project also addressed the need to provide gainful employment to many unemployed and underemployed nurses. The programmatic structure and operational elements of CARES were likewise excellently conceived. The study further revealed a few critical milestones in the execution and operation of the project which needed to be addressed so as to fully maximize the benefits of the project and ensure its sustainability.

PhilHealth CARES (as far NCR is concerned) is an effective project that made PhilHealth more accessible to its clients. Generally, the PhilHealth CARES Project is a success not only from the perspective of the Corporation and its external stakeholders (healthcare providers, hospitals) but also for the CARES nurses themselves. The nurses had opportunities for paid employment and actual work experience in customer service, customer care.

More than a quick-fix solution, the PhilHealth CARES project can likewise stimulate membership enrolment in PhilHealth because of the overall satisfaction with the nature of service rendered by the project staff, and the focus on members which the project has espoused. In the long-term, PhilHealth CARES may even contribute revenues for PhilHealth rather than the obvious costs in operating and maintaining the project. Healthcare facilities and professionals have also benefitted from the project as processing of claims has been facilitated (e.g., CARES staff, and not hospital staff personally attend to queries of members; decrease in Return to Hospital forms, etc).

To date, there remains a huge number of Filipinos who still need to sign up for and maintain their eligibility for availment of PhilHealth benefits. Some perceptions about PhilHealth being a huge impersonal government entity may still remain. The PhilHealth CARES project was designed and implemented to assist in patient navigation and be "member-centric", and this helps address these negative perceptions and rally more citizen enrolment.

On a larger perspective --- from the implementation of the PhilHealth CARES Project emanates the ideals of what a government social health insurance program *can* and *should be*. This in turn strengthened the thrust of the three-pronged Universal Health Care plan which aims to provide financial risk protection, better health outcomes, and a responsive health system. With increased utilization of PhilHealth benefits for the members and service incentives for the providers, PhilHealth accredited hospitals and health centers will also increase, furthermore, the achievement of the MDGs will likewise improve.

Most of the project staff of PhilHealth CARES (as far as NCR was concerned) were geared up toward improving the delivery of social health insurance services for Filipinos. From what were gleaned from the FGDs and KIIs, it can be concluded that the CARES project, became the showcase and the "heart" of the Corporation's vision, mission, and core values (Table 15) and the 2012 Corporate Thrusts (Satisfied and Empowered Beneficiaries and Stakeholders, Excellent Business Processes, Viable Social Health Insurance Fund, Adequate Organizational Capability)<sup>82</sup>.

Table 15: PhilHealth’s Vision, Mission and Core Values

Vision	Mission	Core Values
<p><i>"Bawat Pilipino, Miyembro,</i> <i>Bawat Miyembro,</i> <i>Protektado,</i> <i>Kalusugan Natin,</i> <i>Segurado"</i></p>	<p><i>"Sulit na Benepisyo sa</i> <i>Bawat Miyembro,</i> <i>Dekalidad na Serbisyo para</i> <i>sa Lahat"</i></p>	<p>Innovation</p> <p>Quality Service</p> <p>Utmost Integrity</p> <p>Equity</p> <p>Social Solidarity &amp;</p> <p>Total Care</p>

Discrepancies in the implementation of the project vs. the “practicality” and pressures of the everyday situation in each hospital yielded scenarios akin to that of a double-edged sword. On the positive side, CARES staff and their Task Leaders (who were appointed by PhilHealth management upon the advice of the Project Management Team) on their own initiative tried to fill in the gaps of what was not written in the implementing rules and regulations. They oftentimes resorted to (among others) technical improvisation if computers and internet connection were not provided for; and/or their own take on the interpretation of PhilHealth and hospital policies specially if such policies were not in the favor of the members. “*Diskarte*”<sup>BB</sup> (“one’s effective way of doing things”) was how it was described. This hinted at commitment and resourcefulness on the part of the CARES staff. On the other hand, the misaligned operationalization of the policies (as expected) sometimes led to occasional cases of fraud; or generated confusion in efficient monitoring and evaluation, and delays in service delivery.

Integration. This study brought to light the urgent need for all coordinating bodies of the government to seamlessly integrate swift access and exchange of information needed for processing claims of PhilHealth members. Integration is also critical for healthcare facilities to likewise hasten the processing of claims for members as well as the maximizing the allowable services members may avail and charge as part of their coverage.

Information Exchange and Online Connectivity. The weakest point is in the exchange of information from member → PhilHealth CARES staff → hospital → PhilHealth offices (local, regional, national). This crucial information nexus requires accuracy, speed, and quick turnaround time. This study revealed that the highest dissatisfaction levels were in the long wait for information, the lack of accessible and reliable information technology systems and facilities to reach the needed parties, and the cost of communication.

Even the online facilities of hospitals, most especially government health centers are sorely ill-equipped, most especially in underprivileged areas. The access to computers is very low especially among indigent and elderly PhilHealth members. Indigent members/patients rely on PhilHealth CARES staff to deliver all needed information and quick coordination results at no cost to them.

The government’s online facilities are often challenged by under capacity to serve the huge demand which emanates not only from PhilHealth members but also from CARES nurses, hospitals and coordinating government bodies. PhilHealth CARES staff had to rely on their own mobile devices, and this often entailed out of pocket expenses as they

<sup>BB</sup> “This is a Filipino slang word that can mean different things in different contexts. From the Spanish word *descarte* (*descartar* means to discard)<sup>83</sup>

were not equipped with the electronic tablets which they were initially informed would be issued to them.

The study provides a highly detailed body of information. The verbatim quotes from participants provide insights which decision makers can quickly review and recommend implementation of changes which will get the PhilHealth CARES project moving forward from a mere project to a program while building on its current strengths and opportunities. This research mirrors not only what is the actuality of the PhilHealth CARES Project, but also the challenges that the Corporation should address such as, but not limited to, the weak technical IT backbone, policy implementation/interpretation discrepancy among offices, and problematic claiming procedures.

**General Recommendations which specifically apply to the CARES project in NCR<sup>CC</sup>:**

1. This study was confined to CARES in NCR. The study needs to be expanded to cover all regions of the country to assess local implementation of the CARES project.
2. PhilHealth should revisit the project and if deemed appropriate and timely --- elevate it to a program for sustainability.
3. The PhilHealth CARES project can be developed as a longstanding program.
4. Hand-in-hand with the “client-centeredness” thrust of a Health Insurance Corporation is the need for “workforce-centeredness” of the Corporation, wherein employees should be given fair remuneration and appropriate employment status. Addressing these twin thrusts will help ensure the sustainability of the CARES project and in the future -- the CARES Program.
5. The PhilHealth CARES Project is a “*promising*” Program that should be further streamlined to meet the discrepancies that were mentioned in this study such as, but not limited to, monitoring, evaluation, technical IT support, and policy implementation.
6. Clearer policies should be developed to address the weaknesses in the implementation of the project such as monitoring and evaluation schemes.
7. The model used for the PhilHealth CARES project that of bringing PhilHealth in the frontline of patient care in the hospitals, is a vital concept which made it successful.
  - 7.2 The PhilHealth CARES model can be replicated in Inter Local Health Zones wherein PhilHealth Accredited Rural Health Units of different Local Government Units can be covered by a CARES nurse. This can increase the enrolment of Individually Paying Members, increase utilization of PhilHealth benefits, and improve health financial risk protection and health seeking behaviour of the clients (among others).
8. Actuarial science studies can be done to monitor the improvement in the utilization of the PhilHealth benefits and improvements in the membership enrolment.

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<sup>CC</sup> General recommendations are prioritized according to importance.

Table 16. Findings and Recommendations for the PhilHealth CARES Project

**Socio-Demographic Profile of Study Participants from CARES in NCR**

In general, CARES staff who participated in the study had similar socio-demographic profile as the other CARES in NCR. On average, the study participants were aged 26.5 years old (vs. 24.3 years for other CARES in NCR); and predominantly female, single. Most had been employed in PhilHealth for over a year. Similar to other CARES in NCR --- about half of study participants were unemployed prior to joining CARES, and CARES was their 1<sup>st</sup> paid job. The number of clients served per day by each CARES staff member ranged from as few as 3 to as much as 39 clients per day (vs. as few as 16 to as much as 150 clients per day for other CARES in NCR).

**Key Findings and Recommendations**

Key findings and recommendations are presented in the following sequence which is consistent with the study's conceptual framework and more importantly, with the design and implementation of the PhilHealth CARES Project:

- A. Motivation, Recruitment, Hiring, Training & Deployment of CARES Nurses
- B. Working Conditions, Duration of Work, Specific Work Locations & Functions
- C. Duties & Responsibilities, Usual Services Provided, Most Common Queries & Complaints Received
- D. Performance Evaluation, & Monitoring & Evaluation of the CARES Project

<b>A. Motivation, Recruitment, Hiring, Training &amp; Deployment of CARES Nurses</b>	
<b>Key FINDINGS</b>	<b>Recommendations</b>
<b>MOTIVATION</b>	
1. The main motivation of the CARES staff upon application was pushed upon them by the high supply of registered nurses vs. the low demand for nurses in the country. The relatively “higher” salary of the PhilHealth CARES attracts unemployed and underutilized nurses (i.e., Nurses not rendering clinical care or not working in a clinical/hospital setting).	1. Nursing curriculum needs to be reviewed and strengthened vis-à-vis the oversupply of nursing graduates amidst the low internal demand for nurses. Discussions about other career paths in nursing (such as hospital administration, research, etc.) can be introduced as part of the nursing curriculum.
2. Many applicants were unfamiliar with social health insurance programs, and about PhilHealth.	2. Nursing curriculum needs to be reviewed. Discussions about social health insurance programs and about PhilHealth can be introduced as part of the nursing curriculum.
3. PhilHealth CARES staff are contented with their remuneration but not entirely with their job status which is that of a Job Order or Individual Contract of Service (renewable every 6 months) wherein no employer-employee relationship exists between the CARES nurses and PhilHealth.	3. If the project will be made into a program, the issue of having registered nurses continue working on Job Order status needs to be re-examined particularly in relation to: <ul style="list-style-type: none"> <li>• Need to ensure sustainability of the CARES project</li> <li>• Current PhilHealth staff who are also on Job Order status but are not registered nurses</li> </ul>
4. The work of the PhilHealth CARES nurses is a unique opportunity that provided work in a “hospital setting” (with “real” patient interaction) while working as a corporate employee, which only requires regular office hours (i.e., no rotating schedules, no night shifts).	4. The present scope of work of CARES nurses should be reviewed. They have the technical capacity to perform clinical nursing tasks. Thus, these nurses can be called upon to assist PhilHealth, DOH, healthcare facilities when there is an urgent need for trained healthcare professionals (such as in the case of emergencies and/or disasters) who can be quickly mobilized by government entities.

<b>RECRUITMENT, HIRING, TRAINING and DEPLOYMENT of CARES</b>	
<b>Key Findings</b>	<b>Recommendations</b>
1. Recruitment for the pioneer batch was done thru quad media and generated a lot of excitement among the thousands of unemployed and underemployed registered nurses in the country. Subsequent recruitment for new CARES nurses was not as well organized.	1. Processes and procedures for recruitment and hiring for replacements or augmentations to the pool of CARES nurses need to be formalized and standardized.
2. The processes and procedures in the recruitment and hiring (i.e., interviews, notifications of applicants and prospective staff, etc.) of PhilHealth CARES staff were not uniform across different areas vs. time of application (i.e., pioneer batch, succeeding new hires).	2. Data from FGDs, KIIs and documents showed that there were protocols to follow in the recruitment and hiring of the first batch of PhilHealth CARES but no formal policy has yet to be forwarded to address the recruitment and hiring of new CARES as replacement or augmentation to the pool of CARES staff.
3. The core baseline knowledge and skills of each staff member is different from the other because of variations in content, amount and length of CARES training. Differences in training protocols, such as actual observation vs. theoretical learning, yielded discrepancies in service delivery	3. Current training module used for pioneer batch needs to be reviewed and updated. Training module for replacements or augmentations to the pool of CARES staff needs be developed and strictly implemented for the incoming CARES staff with fixed amount of days, curriculum and on-the-job training in different workstations (LHIO, hospital, etc).
4. New hires (after the pioneer batch) were paired with an “older” CARES nurse and/or Task Leader as part of a buddy system for training.	4. Buddy system for training should be retained but should not be a replacement for a standardized formal training program for replacements or augmentations to the pool of CARES staff.
5. Group chats were resorted to as fora for exchange of information among CARES nurses.	5. Contents of group chats can be reviewed and synthesized. Key points can be compiled as “Frequently Asked Questions” (FAQs).

<p>6. Deployment of the CARES nurses among the hospitals is not rationalized according to the number and demands of the clients served in the various hospitals.</p> <p>A desire for fairness in allocation of hospital assignments was expressively articulated in the following statements:</p> <ul style="list-style-type: none"> <li>• <i>“Ang pag ro-rotate dapat ng CARES ay from petiks to toxic, hindi yung petiks to petiks para mas fair. Pwede ring from toxic to petiks para kahit papano, makabawi naman sa katoxickan.”</i></li> <li>• <i>“Pwede ring maging rotation yung from public hospital na benign na malilipat sa private hospital na benign or vice-versa”</i></li> </ul>	<p>6. The individual needs of each hospital as far as assistance from PhilHealth CARES nurse is concerned should be examined. Some hospitals may require more than one CARES nurse because of the bulk of clients while other hospitals may not really need a fulltime CARES nurse because of very small census. PhilHealth should develop a formula to determine the right proportion of CARES to clients per hospital for a more rational and efficient distribution of personnel.</p>
<b>B. WORKING CONDITIONS, SPECIFIC WORK LOCATIONS and FUNCTIONS, and DURATION of WORK</b>	
<b>Key Findings</b>	<b>Recommendations</b>
<p>1. Rotation of the CARES Staff is both a learning opportunity and a source of adjustment anxiety. Both of which should be addressed properly to fully achieve holistic service delivery.</p>	<p>1. The policy regarding the rotation of the staff should be appended with an explanation so the CARES staff will better understand the rationale for rotation, criteria, and the timing of such changes in assignment. The policy needs to be revisited to determine the most effective time to rotate assignments to maximize what the staff has already contributed and learned from her/his current assignment, and weigh these against possible losses, disruptions in service delivery due to the need for staff to learn and adjust to rules and processes in the new hospital of assignment. Professional growth of the staff should also be taken into consideration so as not to sacrifice stagnation over holistic career learning.</p>

<p>2. Hospitals have expressed their preference to be consulted regarding the assignment of specific CARES nurses in their hospitals.</p>	<p>2. Preferences of hospital management can be taken into consideration in deciding on assignments of CARES nurses. However, this should be balanced with the main intention of hospital rotation which is to ensure relationships between the CARES nurses and the hospitals are maintained at the professional level. This intention is harder to achieve once the CARES nurses and hospitals have achieved a certain level of familiarity with each other.</p>
<p>3. Some hospitals (as well as PHIC offices as far as the Task Leaders are concerned) cannot provide the required adequate and accessible workspace, access to a computer, and reliable internet connection.</p>	<p>3. The Corporation can strongly advocate (again) with hospitals wherein CARES will be assigned re: the pressing need for workspace and access to information technology systems.</p>

<b>C. Duties &amp; Responsibilities, Usual Services Provided, Most Common Queries &amp; Complaints Received</b>	
<b>DUTIES and RESPONSIBILITIES</b>	
<b>Key Findings</b>	<b>Recommendations</b>
1. The staff have a defined scope of work with limited duties and responsibilities as per the implementing rules and regulations of the project. However, there have been some instances wherein hospitals give the CARES nurses additional workload such as, but not limited to, computing the total claims of the clients.	1. The Task Leaders and PMT need to pay closer attention to the CARES nurses to assist them in carrying out their officially prescribed duties and responsibilities so as to protect them from pressures from the hospital management and staff.
2. Task Leaders were functioning as de facto Team Leaders despite the absence of additional compensation and resources (computer, internet access, etc.) for their expanded scope of work and responsibilities. It was not clear how the performance of Task Leaders was being monitored and evaluated.	2. The scope of work, compensation, and resources given to Task Leaders; and their performance need to be reviewed to enable them to function more efficiently.
<b>USUAL SERVICES PROVIDED</b>	
1. In summary, the primary responsibilities of CARES revolved around PhilHealth membership, eligibility, benefits and availment. They also rendered the following services: <ul style="list-style-type: none"> <li>• Assist in Completion of Required Documents</li> <li>• Responding to Queries</li> <li>• Information Dissemination</li> <li>• Health education</li> <li>• Referral and Coordination</li> </ul>	1. A functional monitoring and evaluation (M&E) system needs to be designed and implemented to assess what CARES nurses actually do, and to determine if they are functioning <i>within</i> their scope of work (SoW) or scope of authority (SoA), or <i>going beyond</i> their SOW or SoA.
2. PhilHealth CARES provides services that are sometimes beyond the scope of their job description.	2. If a functional M&E system is in place --- actual performance can be closely monitored <ul style="list-style-type: none"> <li>• Areas for improvement can be identified.</li> <li>• Services provided which are beyond scope of work can be identified.</li> <li>• Incentives can be given to best performing PhilHealth CARES staff.</li> </ul>



<b>MOST COMMON QUERIES</b>	
<p>1. In summary, the CARES responded to queries about PhilHealth membership, eligibility, benefits and availment. They also responded to queries from physicians and hospitals.</p>	<p>1. A list of Frequently Asked Questions (FAQs) needs to be compiled from group chat, feedback from staff, etc. FAQs need to be disseminated and regularly updated. These FAQs also need to take into consideration the local context wherein the CARES staff are working as the regional, local offices of PhilHealth have insisted that policy interpretation is within their purview while policy formulation can emanate from the Head Office.</p>
<p>2. Often times the clients approach the CARES staff and ask for revision in the MDR or other pertinent records just to claim</p>	<p>2. The possibility of CARES nurses being given the authority to access PhilHealth’s member database can be explored while putting measure into place to assure data privacy and confidentiality. Giving the CARES nurses such an authority to amend, extract, and check clients’ file will save time and will be moiré convenient for the clients.</p>
<b>MOST COMMON COMPLAINTS</b>	
<ul style="list-style-type: none"> <li>• In general, common complaints received by CARES nurses were related to:               <ul style="list-style-type: none"> <li>• Documentary and eligibility requirements</li> <li>• Long turn-around time of the claims</li> <li>• Complaints about PhilHealth’s corporate policies</li> </ul> </li> </ul>	<p>1. PhilHealth should develop a faster means of evaluating the claims and releasing the incentives of the health provider.</p>

<b>D. PERFORMANCE EVALUATION; and MONITORING and EVALUATION of the CARES Project</b>	
<b>Key Findings</b>	<b>Recommendations</b>
1. The monitoring scheme of PhilHealth CARES is problematic, and does not really capture a comprehensive picture of what is really going on the project.	1. A policy should address the monitoring and evaluation of the staff and the project. The toll should be easily implemented for convenience and easily be compiled for feedback.
2. The form for the Client Satisfaction Survey needs to be revisited. Study participants gave specific suggestions on how the form can be improved.	2. The form should easily be answered by the clients to increase the turn-out of returned evaluation forms. The use of smiley face/frowny face may help in decreasing reading time and increasing the comprehension of every client, likewise, the time spent for each evaluation transaction will be lessened too since the Likert scale is indicated in descriptive pictures.
3. The idea of having a Mystery Client as a means of evaluation elicited a desire of CARES nurses to do better than usual in the performance of their job.	3. The inclusion of a Mystery Client might be an effective tool to incorporate in an evaluation tool for monitoring staff, and the CARES project. The CARES nurse can be informed of the Mystery Client evaluation but the schedule for the visit should not be announced so that everyone is kept on their toes all the time, and for each and every client.

**STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS of the CARES Project**

The strengths, weaknesses, opportunities and threats (SWOT) of the CARES project are summarized below. Specific recommendations addressing these SWOTs were addressed in the preceding discussions.

<div data-bbox="219 406 320 486" style="background-color: #0070C0; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 24px; margin-bottom: 10px;">S</div> <div data-bbox="338 432 456 461" style="font-weight: bold;">Strengths</div> <ul style="list-style-type: none"> <li>• PhilHealth in the Point-of Care</li> <li>• “CARES are catalysts for change”</li> <li>• CARES empowers the members</li> <li>• More efficient PhilHealth availment system</li> <li>• Decrease in number of Return to Hospital claims</li> <li>• High level of customer satisfaction</li> <li>• Improvement in the members’ perspective with regard to PhilHealth</li> <li>• CARES as a Project manned by nurses</li> <li>• Helps in decreasing unemployment rate for nurses</li> <li>• CARES as a communication hub among stakeholders</li> </ul>	<div data-bbox="808 406 909 486" style="background-color: #808080; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 24px; margin-bottom: 10px;">W</div> <div data-bbox="927 427 1075 453" style="font-weight: bold;">Weaknesses</div> <ul style="list-style-type: none"> <li>• PhilHealth CARES is a Project (not a program)</li> <li>• No job tenure</li> <li>• Poor technical support</li> <li>• CARES have limited access to the database</li> <li>• Task Leaders lack the resources to do their job efficiently</li> <li>• Some Hospitals don’t provide their CARES with adequate logistics to function</li> <li>• Disproportional distribution of CARES to Hospitals</li> <li>• Poor monitoring of performance</li> <li>• High expectations of members</li> <li>• Problematic cascade of Policy information from making to implementation</li> <li>• Discrepancy in Policy implementation and interpretation</li> </ul>
<div data-bbox="219 906 320 986" style="background-color: #008000; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 24px; margin-bottom: 10px;">O</div> <div data-bbox="338 933 506 960" style="font-weight: bold;">Opportunities</div> <ul style="list-style-type: none"> <li>• Point of care</li> <li>• Project recognition</li> <li>• High satisfaction</li> <li>• Increase in membership enrolment</li> <li>• Formulation of new policies</li> <li>• CARES in surveys</li> <li>• Self-fulfillment</li> <li>• Loyalty to PhilHealth</li> </ul>	<div data-bbox="808 922 909 1002" style="background-color: #808080; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 24px; margin-bottom: 10px;">T</div> <div data-bbox="927 951 1021 976" style="font-weight: bold;">Threats</div> <ul style="list-style-type: none"> <li>• Poor work delineation</li> <li>• Poor technical support</li> <li>• Poor support from some hospitals</li> <li>• No job tenure</li> <li>• Not a program</li> <li>• CARES perceived as spies</li> </ul>

**PROPOSED CHANGES, BARRIERS, and FACILITATING FACTORS of the CARES Project**

There were **changes** proposed for the CARES project

1. CARES as a Program, and not just a project
2. Provide adequate resources and technical support to access the database
3. Use Return To Hospital (RTH) claims as an evaluation tool
4. Improve training and conduct more seminars/capacity building sessions for staff

**Barriers** to the proposed changes (as discussed above) included the following:

1. Policy interpretation gaps
2. Lack of security of tenure
3. Internal conflict within PhilHealth of other staff who are also on Job Order appointments but not Registered Nurses
4. Organizational problems of the Project
5. Poor hospital support for the CARES Project

**Facilitating factors**

Being a nurse helped the CARES staff to do their job well. According to study participants it helped that CARES staff were nurses because they were familiar with hospital operations and were also able to share compassion to their clients. The fact that the CARES Project was positively received (in general) and had support from various levels of PhilHealth management (including the current President and CEO, Board Members) was also seen as a factor which will help push for the desired changes.

In summary, the study is deeply detailed, if not exhaustive, and will provide the reader with ample information, fair conclusions, and appropriate recommendations for action and policy.

There was an earlier discussion on *PCARES as Patient Navigators in the Complex Health Care Systems of Hospitals*<sup>DD</sup>. PhilHealth has to some extent adapted Dr. Harold P. Freeman's view that Patient Navigation (as represented by the PhilHealth CARES Project and its staff) facilitates "*Higher Performance through Patient Navigation*" which translates into "*Reaching more patients, boosting revenues and creating jobs*".<sup>16</sup>.

To optimize the potentials of patient navigation it is crucial to identify the objectives of the CARES project, its key stakeholders, and the needs of patients, needs of PhilHealth as the organization providing navigation services. Metrics to assess the effect of patient navigation services and exhibit its value, and return of investment must also be integrated in the project.

PhilHealth CARES was a well-conceived project meant to primarily assist PhilHealth members and their dependents at the point of care. The CARES nurses were the "face of PhilHealth" and acted as patient navigators who helped members access their healthcare benefits. The project also addressed the need to provide gainful employment to many unemployed and underemployed nurses. The programmatic structure and operational elements of CARES were likewise excellently conceived. There were a few critical gaps (weak technical support, discrepancies among offices in policy implementation/interpretation, problematic claiming procedures, etc) in the execution and operation of the project which needed to be addressed so as to fully maximize the benefits of the project and ensure its sustainability not just as a project but as a program in the future.

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<sup>DD</sup> See earlier section on Review of Literature

### **POSTSCRIPT for the Interim Assessment of the PhilHealth CARES Project**

The study team submitted a draft report (14 January 2014) and received feedback on 8 March 2014. The draft report was revised to incorporate the external reviewer's feedback. The final report for the study was submitted on 2 April 2014 prior to the conduct of the 8 April seminar. To date (27 April 2014) --- there has been no feedback from PIDS about the final report nor the seminar. It is important to note that as per advice of PIDS --- feedback received during the seminar is not required to be integrated with the final report<sup>EE</sup>.

A postscript is "*a note or series of notes appended to a completed letter, article, or book*"<sup>84</sup>. This postscript is being written as an offshoot of the *Knowledge-Sharing Seminar 3* which was conducted on April 8, 2014 for the DOH Health Systems Research Management Program which is managed by PIDS. Dr. Beverly Lorraine Ho, MD (independent consultant and external reviewer for the CARES study) and Mr. Harold Lapuz (project manager of PhilHealth CARES) were discussants for the study on the *Interim Assessment of the PhilHealth CARES Project*.

### **GENERAL RECOMMENDATIONS**

- ✓ **Expand scope of study.**
- ✓ **Identify best practices across the regions.**

The study team in its presentation during the seminar pointed out the limitations of the study:

- Selected areas of PhilHealth's National Capital Region only
- Patient feedback not included in PIDS scope of work (SoW)

The team recommended that the scope of the study be expanded to include other regions of the country and that client feedback should also be elicited. Both discussants agreed on the need to expand the study and include client feedback. Dr. Ho recommended to "*Consolidate all best practices. All regions have made their innovations. It should be consolidated and be applied to on a national scale*".

### **Insights from Dr. Beverly Lorraine Ho, MD**

Main challenges for PhilHealth

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<sup>EE</sup>"For the public presentation, it is your discretion if you wish to incorporate the feedback from the pulong to be held on Feb. 27 or not and just stick to the comments of your peer reviewer." (Excerpt the email message received from Ms. Nina Ashley dela Cruz on 21 January 2014).

1. CARES project need not be turned into a program wherein the position of the CARES nurses will be made permanent.
  - Philhealth CARES is a response to PhilHealth policies which are difficult to understand.
  - The challenge for PhilHealth is to make CARES irrelevant when its policies and procedures are clearer and availment be made easier for the members.
    - *“Dapat hindi na kailangan ng may nag eexplika pa”.*
  - There was a time when case rates are being introduced and other cases where paid in a Fee For Service (FFS) scheme, when patients don't know how much they are supposed to get from a certain admission.
2. PhilHealth as a true strategic purchaser. Based from the study, there are many provider conditions that prevented CARES in performing their functions well or based on their job description.
  - *“Kung ang PhilHealth a totoong strategic purchaser at nakikinig ang provider sa kanya, dapat wala na masyadong provider conditions that will hinder them to perform their job”.*
3. Need for PhilHealth to act as a strategic purchaser.
  - PhilHealth and hospital do not always have a good relationship, and this has sometimes resulted to failure of efforts to help each other.
  - *“Kami (PhilHealth) naman ang naglalagay ng CARES dyan which is actually helping your hospital as well as helping the members. It should work both ways. Hindi pwedeng providers lang ang masusunod”.*
4. Balance need for professional growth of the CARES Nurses while providing the intended service for the client.
  - There is no career growth in PhilHealth CARES – “stagnant naman talaga siya”.
  - Explore possibilities with RN HEALS which is more clinical while in CARES which is more administrative.
  - RN HEALS deployed in the RHUs and Government Hospitals are more clinically-inclined so when they are asked about PhilHealth, they don't know anything.
    - i. *“Baka pwedeng may interchange with the RN HEALS that after clinical exposure they can go to CARES and vise versa.”*

### **Insights from Mr Harold Lapuz**

#### **PhilHealth CARES Status Updates and Future Directions**

1. There is a recent Board resolution for the renewal and subsequent institutionalization of the PhilHealth CARES which means that the project is here to stay. BUT, it may evolve.
2. The project is here to stay but it might take another form.
  - This will address the issue of job tenure.
  - The CARES might have a chance to become casual employees.

3. PhilHealth is now undergoing an organizational study.
  - No job tenure and PCARES as a Project and not as a Program - will be addressed by the organizational study.
4. CARES is a reaction to the difficulty in empowering the members in terms of the benefits and explaining membership requirements.
  - Even in developed countries with SHI, patient empowerment at the point-of-care exists but they are doing a different approach. They provide the patient information on what is the best option for treatment.
  - In Germany for example, there are many cases that patients are advised hip replacement even if it is not needed. What the CARES do is to advise the patient – “you might want to have a second opinion”.
  - Some countries hire specialists to man their “service centers” to provide medical and treatment advice to the patients. This might be the shape that the CARES is heading to.
5. PhilHealth already “reduced the membership requirements and protocols. PhilHealth already change the payment scheme from FFS to case rates – *“so mas madaling mag explain ang benefits”*. Depending on the case, the members already know how much they will get from PhilHealth unlike before that the benefit is unknown until the claims document arrives.
6. Poor technical support – the Corporation is continually addressing it
7. Poor work delineation
  - PhilHealth already issued an office order that mandates that the CARES should be in the provider level. They should not be assigned to work other than that.
  - They should not be assigned to LHIO or regional offices to do other jobs.
8. CARES have limited access to the database - this depends on the availability of IT infrastructures but there are other means like text messaging.
  - The CARES are recommended to be able to amend membership document but PhilHealth is not comfortable with that.
  - The PhilHealth database is very big and opening it to be amended by a single person might be dangerous for PhilHealth members. *“Baka biglang may lumipad na Harold Lapuz sa Spain o magkaroon ako ng pneumonia kahit wala naman akong pneumonia”*.
9. Poor support from hospitals – unfortunately, this will remain. This is something the PhilHealth should manage.
  - Hospital should provide CARES with required logistics to functions – this is something PhilHealth is slowly trying to improve on.
  - *“Hindi naman kaya yan gawin ng mabilisan”*.
10. PhilHealth will soon implement a scheme to distribute CARES in different hospitals.
11. After the FGD done by the researchers, PhilHealth implemented a monitoring and evaluation program for the CARES.
  - This includes what is expected in the project, what is expected from the CARES Nurse.
    - i. They are now rated based on their attendance, how well they relate to the customers, and their knowledge.
    - ii. PhilHealth has an online exam for the CARES which includes recent issuances and frequently asked questions from the field.
  - Mystery Client visit is already embedded in monitoring and evaluation along with supervisory visits.

- i. Supervisory visits include interviews with the health care providers' satisfaction on the performance of the PhilHealth CARES.
12. CARES perceived as spies – (of course) this will remain. PhilHealth already improved its relationship with hospital providers because they welcome the CARES Nurses with open arms.
  - *“Kung mapapansin niyo, kung maganda ang relationship ng PhilHealth sa Hospitals, maganda rin ang client service ng CARES”.*
  - In other hospitals who marginalized the CARES Nurses – these hospitals perceived CARES nurses as someone who looked over their practices.
13. Regarding the study, it would be better to look at similar point-of-care projects done by South America, Mexico, Thailand. At what level did they localize (decentralize) health services? How much impact have these initiatives made and how can Philippines learn and adapt from those SHI system/project?

## SECTION 4 – REFERENCES AND ANNEXES

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## **ANNEXES 1A-3**

## ANNEX 1-A

### Informed Consent for Focus Group Discussion – Managers and Executives

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#### Interim Assessment of the PhilHealth C.A.R.E.S.

#### (Customer Assistance, Relations and Empowerment Staff) Program

#### I. Information Sheet

I am \_\_\_\_\_. I belong to a group of researchers from the University of the Philippines Manila. We are conducting a study entitled, **“Interim Assessment of the PhilHealth CARES (Customer Assistance, Relations and Empowerment Staff) Program” (CARES Study)**. You are being invited because you are a manager who has oversight over the PhilHealth CARES program. I am going to give you information and invite you to be part of this study by participating in a focus group discussion. *Please do not hesitate to ask me or any of the researchers regarding words or concepts that you do not understand.*

The CARES study is being conducted by Prof. Nina T. Castillo-Carandang of the Department of Clinical Epidemiology (DCE) of the College of Medicine, and Dr. Emmanuel S. Baja of the Institute of Clinical Epidemiology (ICE) of the National Institutes of Health, University of the Philippines Manila. The Department of Health (DOH) has commissioned this study through the Health Research Management Program of the Philippine Institute of Development Studies (PIDS).

The objectives of the study are as follows:

1. to understand the overall goals and objectives of the program and how these are being understood by the program managers, implementers, and staff in the National Capital Region;
2. to evaluate to what extent program objectives are being met
3. to identify the program strengths, weaknesses, opportunities and threats as perceived by CARES managers, implementers and staff; and
4. to craft appropriate policy and programmatic responses to improve program implementation

We believe that your experience as a PhilHealth manager who oversees the CARES program can contribute to our understanding of the PhilHealth CARES program. You will be asked about the following topics: some personal information (your educational background, work experience, etc), the design of the CARES program, recruitment and training of CARES staff, core functions of CARES staff, assignments of staff, common problems encountered by managers and staff, monitoring and performance evaluation, perceptions of the program (strengths, weaknesses, barriers, facilitating factors).

It is estimated that 85 percent of Filipinos are currently enrolled in PhilHealth. The results of the study may help improve the CARES program which aims to promote actual utilization of PhilHealth services by its members.

If you decide to participate in the study, we would like to ask you to be a part of a focus group discussion (FGD) composed of 4-6 participants. Depending on the flow, the discussion may take 2-3 hours. You may speak in either English or Tagalog (whichever language you prefer). If you agree, we will record the discussion and handwritten notes will be taken. In addition to the 4-6 participants during the FGD, there will also be 2-3 researchers from the side of the study group, who will serve as facilitator/moderator, note-taker, and/or observer.

There are no foreseeable nor expected risks in participating in this study, however it will require some time on your part to join this discussion. Confidentiality will be maintained to the extent possible but complete confidentiality cannot be assured due to the nature of information sharing involving numerous participants in a group. However, we will ask you and other participants not to talk to individuals outside the focus group about what was discussed in your group. You should know that the researchers cannot stop or prevent participants who were in the group from sharing things that should be kept confidential. No information that could identify you personally will be used in any written report resulting from the research.

While there is no direct benefit, financial or otherwise, intended for the participant, the information we will get from this study may help identify appropriate policy recommendations for further improvement in the design and implementation of the PhilHealth CARES, and in the efficiency with which PhilHealth responds to the needs of its members. There will be no honorarium given, but snack/lunch will be served. You will not be provided any incentive to take part in the research. However, we will provide you meals during the FGD, and reimburse you for any reasonable travel expenses you may incur (maximum of 150 pesos for roundtrip expenses via usual means of public transportation such as jeep, bus, tricycle).

Your decision to take part in the study is voluntary and you are under no obligation to answer any question that makes you uncomfortable. You may also interrupt or terminate the discussion at any time. You are likewise free to choose not to take part in the study. Your decision whether or not to participate will in no way affect your relationship with the hospitals/health facilities, DOH, PhilHealth, PIDS, DCE, and ICE.

The results of this study will be submitted to DOH, PhilHealth, and PIDS. There is also a possibility that the results will be used for publication in academic journals.

If you have questions regarding the study and/or would like a copy of the summary of the study results, please feel free to contact Prof. Castillo-Carandang by phone at +632.525.5049, send an e-mail message at [nina.castillo@gmail.com](mailto:nina.castillo@gmail.com), or write or visit her at the Department of Clinical Epidemiology, Room 103, Paz Mendoza Building, UP College of Medicine, 547 Pedro Gil Street, Ermita, Manila 1000.

You may also contact Dr. Jacinto Blas Mantaring, the Chair of UP Manila's Research Ethics Board (UPM REB) if you have any questions regarding your rights as a research participant. You can send an e-mail message to UPM REB at [upmreb@post.upm.edu.ph](mailto:upmreb@post.upm.edu.ph) or contact them by phone at +632.522.2684, or write or visit at 2/F Paz Mendoza Building, 547 Pedro Gil St, Ermita, Manila 1000.

You will be provided with a signed copy of this form to keep. Your signature indicates that you have decided to be part in this study, and that you have read/heard and understood fully well the information given above.

**II. Certificate of Consent**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

\_\_\_\_\_  
Signature over printed name of Participant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature over printed name of Witness

\_\_\_\_\_  
Date Signed

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential FGD participant, and to the best of my ability made sure that the participant understood the 1) objectives of the study, 2) details of their participation, 3) confidentiality and anonymity, and 4) risks and benefits of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant.

Informed Consent obtained by:

\_\_\_\_\_  
name                      Date Signed

\_\_\_\_\_

Signature over printed

**ANNEX 1-B****Informed Consent for Focus Group Discussion – Staff**

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**Interim Assessment of the PhilHealth C.A.R.E.S.****(Customer Assistance, Relations and Empowerment Staff) Program****I. Information Sheet**

I am \_\_\_\_\_. I belong to a group of researchers from the University of the Philippines Manila. We are conducting a study entitled, **“Interim Assessment of the PhilHealth CARES (Customer Assistance, Relations and Empowerment Staff) Program” (CARES Study)**. You are being invited because you are a staff member of the PhilHealth CARES program. I am going to give you information and invite you to be part of this study by participating in a focus group discussion. *Please do not hesitate to ask me or any of the researchers regarding words or concepts that you do not understand.*

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We believe that your experience as a CARES staff member can contribute to our understanding of the PhilHealth CARES program. You will be asked about the following topics: some personal information (your educational background, work experience, etc), the design of the CARES program, recruitment and training of CARES staff, core functions of CARES staff, assignments of staff, common problems encountered by managers and staff, monitoring and performance evaluation, perceptions of the program (strengths, weaknesses, barriers, facilitating factors).

It is estimated that 85 percent of Filipinos are currently enrolled in PhilHealth. The results of the study may help improve the CARES program which aims to promote actual utilization of PhilHealth services by its members.

If you decide to participate in the study, we would like to ask you to be a part of a focus group discussion (FGD) composed of 4-6 participants. Depending on the flow, the discussion may take 2-3 hours. You may speak in either English or Tagalog (whichever language you prefer). If you agree, we will record the discussion and handwritten notes will be taken. In addition to the 4-6 participants during the FGD, there will also be 2-3 researchers from the side of the study group, who will serve as facilitator/moderator, note-taker, and/or observer.

There are no foreseeable nor expected risks in participating in this study, however it will require some time on your part to join this discussion. Confidentiality will be maintained to the extent possible but complete confidentiality cannot be assured due to the nature of information sharing involving numerous participants in a group. However, we will ask you and other participants not to talk to individuals outside the focus group about what was discussed in your group. You should know that the researchers cannot stop or prevent participants who were in the group from sharing things that should be kept confidential. No information that could identify you personally will be used in any written report resulting from the research.

While there is no direct benefit, financial or otherwise, intended for the participant, the information we will get from this study may help identify appropriate policy recommendations for further improvement in the design and implementation of the PhilHealth CARES, and in the efficiency with which PhilHealth responds to the needs of its members. There will be no honorarium given, but snack/lunch will be served. You will not be provided any incentive to take part in the research. However, we will provide you meals during the FGD, and reimburse you for any reasonable travel expenses you may incur (maximum of 150 pesos for roundtrip expenses via usual means of public transportation such as jeep, bus, tricycle).

Your decision to take part in the study is voluntary and you are under no obligation to answer any question that makes you uncomfortable. You may also interrupt or terminate the discussion at any time. You are likewise free to choose not to take part in the study. Your decision whether or not to participate will in no way affect your relationship with the hospitals/health facilities, DOH, PhilHealth, PIDS, DCE, and ICE.

The results of this study will be submitted to DOH, PhilHealth, and PIDS. There is also a possibility that the results will be used for publication in academic journals.

If you have questions regarding the study and/or would like a copy of the summary of the study results, please feel free to contact Prof. Castillo-Carandang by phone at +632.525.5049, send an e-mail message at [nina.castillo@gmail.com](mailto:nina.castillo@gmail.com), or write or visit her at the Department of Clinical Epidemiology, Room 103, Paz Mendoza Building, UP College of Medicine, 547 Pedro Gil Street, Ermita, Manila 1000.

You may also contact Dr. Jacinto Blas Mantaring, the Chair of UP Manila's Research Ethics Board (UPM REB) if you have any questions regarding your rights as a research participant. You can send an e-mail message to UPM REB at [upmreb@post.upm.edu.ph](mailto:upmreb@post.upm.edu.ph) or contact them by phone at +632.522.2684, or write or visit at 2/F Paz Mendoza Building, 547 Pedro Gil St, Ermita, Manila 1000.

You will be provided with a signed copy of this form to keep. Your signature indicates that you have decided to be part in this study, and that you have read/heard and understood fully well the information given above.

**II. Certificate of Consent**

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

\_\_\_\_\_  
Signature over printed name of Participant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature over printed name of Witness

\_\_\_\_\_  
Date Signed

**Statement by the researcher/person taking consent**

I have accurately read out the information sheet to the potential FGD participant, and to the best of my ability made sure that the participant understood the 1) objectives of the study, 2) details of their participation, 3) confidentiality and anonymity, and 4) risks and benefits of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant.

Informed Consent obtained by:

---

name                      Date Signed

---

Signature over printed

**ANNEX 1-C****Informed Consent for Key Informant Interview**

---

**Interim Assessment of the PhilHealth CARES****(Customer Assistance, Relations and Empowerment Staff) Program****I. Information Sheet**

You are invited to participate in a research entitled, **“Interim Assessment of the PhilHealth CARES (Customer Assistance, Relations and Empowerment Staff) Program”** by Prof. Nina Castillo-Carandang of the Department of Clinical Epidemiology (DCE) of the College of Medicine, and Dr. Emmanuel S. Baja of the Institute of Clinical Epidemiology (ICE) of UP National Institutes of Health, UP Manila. The objectives of the study are as follows:

1. to understand the overall goals and objectives of the program and how these are being understood by the program managers, implementers, and staff in the National Capital Region;
2. to evaluate to what extent program objectives are being met
3. to identify the program strengths, weaknesses, opportunities and threats as perceived by CARES managers, implementers and staff; and
4. to craft appropriate policy and programmatic responses to improve program implementation

You will be asked about the following topics: the design of the CARES program, recruitment and training of CARES staff, core functions of CARES staff (assistance to members, address issues and queries on membership, eligibility and benefits availment and conduct surveys and studies developed by the Corporation), rotating assignments of staff, common problems encountered by managers and staff, monitoring and performance evaluation, perceptions of the program (strengths, weaknesses, barriers, facilitating factors).

The results of the study may help improve the CARES program thereby the high level of enrollment in PHIC may translate to actual utilization of PhilHealth services by its members.

If you decide to participate, we would ask you to involve yourself to a face-to-face interview lasting approximately one hour in a quiet place in the area. You may speak in any dialect as you prefer. If you agree, we will record the interview or handwritten notes will be taken. Confidentiality will be maintained. No information that could identify you personally will be used in any written report resulting from the research.

Although there are no direct benefits from your participation in this research, the results might be used to improve the NBS program. Your decision to take part in the study is voluntary and you are under no obligation to answer any question that makes you uncomfortable. You may also interrupt or terminate the interview at any time. You are likewise free to choose not to take part in the study. Your decision whether or not to participate will in no way affect your relationship with health facilities, Department of Health (DOH), PhilHealth, DCE, and ICE.

If you have questions regarding your rights as a research participant, please feel free to contact Prof. Carandang by phone at +632.525.4098, send e-mail message at [nina.castillo@gmail.com](mailto:nina.castillo@gmail.com), or write or visit her at Room 103, Paz Mendoza Building, UP College of Medicine, 547 Pedro Gil Street, Ermita, Manila. You may also contact the UP Manila Research Ethics Board via e-mail at [upmreb@post.upm.edu.ph](mailto:upmreb@post.upm.edu.ph) or by phone at +632.522.2684.

You will be provided with a signed copy of this form to keep. Your signature indicates that you have decided to be part in this study, and that you have read/heard and understood fully well the information given above.

## II. Certificate of Consent

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

---

Signature over printed name of Participant

---

Date Signed

---

Signature over printed name of Witness

---

Date Signed

## Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential FGD participant, and to the best of my ability made sure that the participant understood the objectives of the study, details of their participation, confidentiality and anonymity and risks, and benefits of the study.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant.

Informed Consent obtained by:

\_\_\_\_\_

name

\_\_\_\_\_

Date Signed

Signature over printed

**ANNEX 2-A**

**Guide Questions for FGD with PhilHealth Executives and Managers**

---

**Interim Assessment of the PhilHealth CARES**

**(Customer Assistance, Relations and Empowerment Staff) Program**

***Focus Group Discussion<sup>FF</sup> with PhilHealth Executives and Managers***

**FGD Number:**  (To  up by study team)

**Participant Number:**  (To be filled up by study team)

**PROFILE**

**OF FGD PARTICIPANTS**

Please place a "X" mark  in the box corresponding to your answer.

**1. Participant's Nickname:** \_\_\_\_\_

**2. Age (as of last birthday):** \_\_\_\_\_ (Please write your age in the box.)  **years**

---

<sup>FF</sup> Same questions for Key Informant Interviews (KIIs)

**3. Sex:**        **Female**                      **Male**

**4. Civil Status:**    **Single**         **Married**         **Widow/er**         **Live-in**

**5. Highest Level of Education**

College graduate in \_\_\_\_\_ *(Please specify field)*

With graduate degree in \_\_\_\_\_ *(Please specify field)*

Others *(Please specify)* \_\_\_\_\_

**6. Number of Years Working in PhilHealth** \_\_\_\_\_ years

**7. Please list the Top 5 most common QUERIES received from PhilHealth members who are served by CARES staff.**

<b>Top 5 Most Common QUERIES Received by CARES staff from PhilHealth Members</b>
1.
2.
3.
4.
5.

**8. Please list the Top 5 most common SERVICES provided by CARES staff to PhilHealth members**

<b>Top 5 Most Common SERVICES Provided by CARES staff to PhilHealth Members</b>
1.
2.
3.
4.
5.

**9. Please list the Top 5 most common COMPLAINTS received by CARES staff from PhilHealth members who they serve.**

<b>Top 5 Most Common COMPLAINTS Received by CARES staff from PhilHealth Members</b>
1.
2.
3.
4.
5.

**Summary of TOPICS<sup>GG</sup> for FGD with PhilHealth Executives and Managers**

1. Motivation of CARES staff for Joining PhilHealth CARES Program
2. Recruitment, Hiring, Training of CARES Staff
3. Assignment of CARES Staff to Specific Work Locations, and to Specific Functions
  - Criteria for assignment of CARES staff to Specific Work Locations and Specific Functions (e.g., Team Leader)
4. Duration of Assignment
5. Duties and Responsibilities of Individual CARES staff members and team leaders
6. Performance Evaluation
7. Monitoring and Evaluation of CARES Program
8. Most common SERVICES you provide to PhilHealth members?
9. Most common QUERIES you receive from PhilHealth members who you serve?
10. Most common COMPLAINTS you receive from PhilHealth members who you serve?
11. Strengths and Weaknesses of CARES Program
12. Opportunities and Threats
13. Proposed Changes, Barriers and Facilitating Factors
14. What do CARES staff like the Most and Least about their job?
15. Feedback about the CARES program from stakeholders
16. Are there any other observations, issues, concerns, suggestions about the PhilHealth CARES Program which you would like to share?

---

<sup>GG</sup> Same topics for Key Informant Interviews (KIIs)

## **Questions for FGD<sup>HH</sup> with PhilHealth Executives and Managers**

### **1. Motivation for Joining PhilHealth CARES**

1.1 What is the usual motivation of staff members who applied to work in the PhilHealth CARES program?

### **2. Recruitment, Hiring, Training of CARES Staff**

2.1 Recruitment and hiring of staff

- a. How are staff recruited for PhilHealth CARES?
- b. How are staff hired for PhilHealth CARES?

2.2 Training of staff

- a. How are staff trained for PhilHealth CARES?

*Probe: Details of CARES training*

- ? Duration
- ? Curriculum/Topics covered in training program
- ? Training Faculty
- ? Feedback about training
  - Liked the most?
  - Liked the least?
- ? Suggestions for improvement

### **3. Assignment of CARES Staff to Specific Work Locations, and to Specific Functions**

3.1 Are there any criteria for assignment of CARES staff to:

- a. Specific Work Locations

---

<sup>HH</sup> Same questions for Key Informant Interviews (KIIs)

- b. Specific Functions (e.g., Team Leader)

*Probe:* Feedback about criteria

- ? If YES, what are these criteria?
- ? What do you think about these criteria?  
(e.g., reasonable criteria, easy/difficult to achieve)

#### **4. Duration of Assignment**

4.1 What is the usual duration of assignment for:

- a. Specific Work Locations
- b. Specific Functions (e.g., Team Leader)

*Probe:* Feedback about Duration of Assignment

- ? What do you think about the duration of assignment? (e.g., too long, just right, etc)

#### **5. Duties and Responsibilities**

5.1 What are the duties and responsibilities of:

- a. CARES Teams
- b. Individual CARES staff members?
- c. Individual CARES team leaders?

5.2 In your opinion, has the training program of PhilHealth CARES responsibilities as:

adequately prepared them for the duties and

- a. CARES Team
- b. Individual CARES staff members?
- c. Individual CARES team leaders?

**6. Performance Evaluation**

6.1 How is the performance of CARES staff evaluated?

- a. Performance evaluation of each staff member
- b. Performance evaluation of each team

6.2 What do you think of the way the performance of CARES staff is evaluated? (e.g., fair, adequate, can be improved, etc)

*Probe:* Areas for improvement in Performance Evaluation

- ? How can performance evaluation be improved?
- ? Any suggestions?

**7. Monitoring and Evaluation of CARES Program**

7.1 How is monitoring and evaluation of the CARES Program done?

*Probe:* Areas for improvement in Monitoring and Evaluation

- ? How can Monitoring and Evaluation be improved?
- ? Any suggestions?

**8. What are the most common SERVICES provided by CARES staff to PhilHealth members?**

*Probe:* Can you please describe these SERVICES?

**9. What are the most common QUERIES received by CARES staff from PhilHealth members who they serve?**

*Probe:* Can you please describe these QUERIES?

**10. What are the most common COMPLAINTS received by CARES staff from PhilHealth members who they serve?**

*Probe:* Can you please describe these COMPLAINTS?

## **11. Strengths and Weaknesses of CARES Program**

*In your opinion . . .*

### **11.1 What are the major STRENGTHS of the CARES Program?**

*Probe:* Can you please describe these STRENGTHS?

*Example:* Provides PhilHealth members with easier access to benefits, helps PhilHealth reach out to its members, etc.

*In your opinion . . .*

### **11.2 What are the major WEAKNESSES of the CARES Program?**

*Probe:* Can you please describe these WEAKNESSES?

*Example:* Only a few members avail of CARES services, long queue for members waiting to be served by CARES staff, etc.

## **12. Opportunities and Threats**

*In your opinion . . .*

### **12.1 What are the major OPPORTUNITIES of the CARES Program?**

*Probe:* Can you please describe these OPPORTUNITIES?

*Example:* Opportunities for expanding services, hiring more staff members, etc.

*In your opinion . . .*

12.2 **What are the major THREATS to the CARES Program?**

*Probe:* Can you please describe these THREATS?

*Example:* Services will be reduced, no security of tenure for staff, changes in management, etc.

**13. Proposed Changes, Barriers and Facilitating Factors**

13.1 **Are there any CHANGES which you would like to propose for the improvement of the CARES Program?**

*Probe:* Can you please describe these CHANGES you would like to propose?

*Example:* Expansion of services, changes in kinds of services offered, changes in duties and responsibilities of staff members, changes in program management, changes in policies, etc.

13.2 **Do you foresee any BARRIERS to the proposed changes?**

*Probe:* Can you please describe these BARRIERS to the changes you would like to propose?

*Example:* Lack of resources (money, personnel, etc), changes in program management, changes in policies, etc.

13.3 **What would make the proposed changes possible (FACILITATING FACTORS)?**

*Probe:* Can you please describe these **FACILITATING FACTORS** which will make your proposed changes possible?

*Example:* Additional resources (money, personnel, etc), good cooperation from hospital, improvements in the members' database, etc.

**14. What do the CARES staff like the . . . . ?**

- a. Most about their job?
- b. Least about their job?

**15. In general, what has been the feedback about the CARES program from various stakeholders?**

- a. PhilHealth members
- b. Hospitals where CARES staff are assigned
- c. Other PhilHealth staff members and managers
- d. Health insurance companies
- e. Other partners *(please specify)*

**16. Are there any other observations, issues, concerns, suggestions about the PhilHealth CARES Program which you would like to share?**

*Maraming salamat po!*

**ANNEX 2-B**

**Guide Questions for FGD with PhilHealth CARES Staff**

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**Interim Assessment of the PhilHealth CARES**

**(Customer Assistance, Relations and Empowerment Staff) Program**

***Focus Group Discussion with PhilHealth CARES Staff***

**FGD Number:**  (To be filled up by study team)

**Participant Number:**  (To be filled up by study team)

**PROFILE OF FGD PARTICIPANTS**

***Please place a "X" mark  in the box corresponding to your answer.***

**1. Participant's Nickname:** \_\_\_\_\_

**2. Age**(as of last birthday): \_\_\_\_\_ (Please write your age in the box.) **ye**

3. Sex:            **Female**                      **Male**

4. Civil Status:  **Single**     **Married**     **Widow/er**     **Live-in**

**5. Highest Level of Education**

College graduate in \_\_\_\_\_ (Please specify field)

With graduate degree in \_\_\_\_\_ (Please specify field)

Others (Please **specify**) \_\_\_\_\_

6. Number of Months Working as PhilHealth CARES staff \_\_\_\_\_ months

7. Were you previously employed (with pay, not a volunteer)? Yes  No

8. Is this your 1<sup>st</sup> paid job?     Yes     No

If no, what was your previous *paid* employment? \_\_\_\_\_

<b>9. Location of CURRENT Assignment as CARES Staff</b>	
Region	
Local Health Insurance Office	
City/Town	

10. Location of PAST Assignment as CARES Staff	
Region	
Local Health Insurance Office	
City/Town	
<i>Not applicable (This is my only assignment as CARES staff)</i>	

**11. Name and Address of Hospital Where You Are Currently Assigned:**

Name of Hospital	Address of Hospital	Type of Hospital	
		Public <input type="checkbox"/>	Level 1 <input type="checkbox"/>
		Private <input type="checkbox"/>	Level 2 <input type="checkbox"/>
			Level 3 <input type="checkbox"/>
			Level 4 <input type="checkbox"/>

**12. Number of Hospitals You Have Served as CARES Staff:** \_\_\_\_\_

**13. Please provide an estimate of the average number of PhilHealth members you serve per day in the facilities that you are assigned in:**

\_\_\_ Average Number of PhilHealth Members You Serve Per Day

**14. Please list the Top 5 most common QUERIES you receive from PhilHealth members who you serve.**

<b>Top 5 Most Common QUERIES You Receive from PhilHealth Members</b>
1.
2.
3.
4.
5.

**15. Please list the Top 5 most common SERVICES you provide to PhilHealth members**

<b>Top 5 Most Common SERVICES You Provide to PhilHealth Members</b>
1.
2.
3.
4.
5.

**16. Please list the Top 5 most common COMPLAINTS you receive from PhilHealth members who you serve.**

<b>Top 5 Most Common COMPLAINTS You Receive from PhilHealth Members</b>
1.
2.
3.
4.
5.

**Summary of TOPICS for FGD with CARES Staff**

1. Motivation for Joining PhilHealth CARES
2. Recruitment, Hiring, Training of CARES Staff
3. Assignment of CARES Staff to Specific Work Locations, and to Specific Functions
  - Criteria for assignment of CARES staff to Specific Work Locations and Specific Functions (e.g., Team Leader)
4. Duration of Assignment
5. Duties and Responsibilities of Individual CARES staff members and team leaders?
6. Performance Evaluation
7. Monitoring and Evaluation of CARES Program
8. Most common SERVICES you provide to PhilHealth members?
9. Most common QUERIES you receive from PhilHealth members who you serve?
10. Most common COMPLAINTS you receive from PhilHealth members who you serve?
11. Strengths and Weaknesses of CARES Program
12. Opportunities and Threats
13. Proposed Changes, Barriers and Facilitating Factors
14. What do like the Most and Least about your job?
15. Feedback about the CARES program from various stakeholders
16. Are there any other observations, issues, concerns, suggestions about the PhilHealth CARES Program which you would like to share?

## **Questions for FGD with CARES Staff**

### **1. Motivation for Joining PhilHealth CARES**

1.1 Why did you decide to work in the PhilHealth CARES program?

### **2. Recruitment, Hiring, Training of CARES Staff**

2.1 Recruitment and hiring of staff

- a. How were you recruited for PhilHealth CARES?
- b. How were you hired for PhilHealth CARES?

2.2 Training of staff

- a. How were you trained for PhilHealth CARES?

*Probe:* Details of CARES training

- ? Duration
- ? Curriculum/Topics covered in training program
- ? Training Faculty
- ? Feedback about training
  - Liked the most?
  - Liked the least?
- ? Suggestions for improvement

### **3. Assignment of CARES Staff to Specific Work Locations, and to Specific Functions**

3.1 Are there any criteria for assignment of CARES staff to:

- c. Specific Work Locations
- d. Specific Functions (e.g., Team Leader)

*Probe:* Feedback about criteria

- ? If YES, what are these criteria?
- ? What do you think about these criteria?  
(e.g., reasonable criteria, easy/difficult to achieve)

#### **4. Duration of Assignment**

4.1 What is the usual duration of assignment for:

- c. Specific Work Locations
- d. Specific Functions (e.g., Team Leader)

*Probe:* Feedback about Duration of Assignment

- ? What do you think about the duration of assignment? (e.g., too long, just right, etc)

#### **5. Duties and Responsibilities**

5.1 What are the duties and responsibilities of:

- a. Individual CARES staff members?
- b. Individual CARES team leaders?

5.2 In your opinion, has the training program of PhilHealth CARES responsibilities as:

adequately prepared you for the duties and

- d. Individual CARES staff members?
- e. Individual CARES team leaders?

#### **6. Performance Evaluation**

6.1 How is your performance evaluated?

- a. Performance evaluation of each staff member
- b. Performance evaluation of each team

6.2 What do you think of the way your performance is evaluated?

(e.g., fair, adequate, can be improved, etc)

*Probe:* Areas for improvement in Performance Evaluation

- ? How can performance evaluation be improved?
- ? Any suggestions?

**7. Monitoring and Evaluation of CARES Program**

7.1 How is monitoring and evaluation of the CARES Program done?

*Probe:* Areas for improvement in Monitoring and Evaluation

- ? How can Monitoring and Evaluation be improved?
- ? Any suggestions?

**8. What are the most common SERVICES you provide to PhilHealth members?**

*Probe:* Can you please describe these SERVICES?

**9. What are the most common QUERIES you receive from PhilHealth members who you serve?**

*Probe:* Can you please describe these QUERIES?

**10. What are the most common COMPLAINTS you receive from PhilHealth members who you serve?**

*Probe:* Can you please describe these COMPLAINTS?

## **11. Strengths and Weaknesses of CARES Program**

*In your opinion . . .*

### **11.1 What are the major STRENGTHS of the CARES Program?**

*Probe:* Can you please describe these STRENGTHS?

*Example:* Provides PhilHealth members with easier access to benefits, helps PhilHealth reach out to its members, etc.

*In your opinion . . .*

### **11.2 What are the major WEAKNESSES of the CARES Program?**

*Probe:* Can you please describe these WEAKNESSES?

*Example:* Only a few members avail of CARES services, long queue for members waiting to be served by CARES staff, etc.

## **12. Opportunities and Threats**

*In your opinion . . .*

### **12.1 What are the major OPPORTUNITIES of the CARES Program?**

*Probe:* Can you please describe these OPPORTUNITIES?

*Example:* Opportunities for expanding services, hiring more staff members, etc.

*In your opinion . . .*

12.2 **What are the major THREATS to the CARES Program?**

*Probe:* Can you please describe these THREATS?

*Example:* Services will be reduced, no security of tenure for staff, changes in management, etc.

**13. Proposed Changes, Barriers and Facilitating Factors**

13.1 **Are there any CHANGES which you would like to propose for the improvement of the CARES Program?**

*Probe:* Can you please describe these CHANGES you would like to propose?

*Example:* Expansion of services, changes in kinds of services offered, changes in duties and responsibilities of staff members, changes in program management, changes in policies, etc.

13.2 **Do you foresee any BARRIERS to the proposed changes?**

*Probe:* Can you please describe these BARRIERS to the changes you would like to propose?

*Example:* Lack of resources (money, personnel, etc), changes in program management, changes in policies, etc.

13.3 **What would make the proposed changes possible (FACILITATING FACTORS)?**

*Probe:* Can you please describe these FACILITATING FACTORS which will make your proposed changes possible?

*Example:* Additional resources (money, personnel, etc), good cooperation from hospital, improvements in the members' database, etc.

**14. What do like the . . . . ?**

- a. Most about your job?
- b. Least about your job?

**15. In general, what has been the feedback about the CARES program from various stakeholders?**

- a. PhilHealth members
- b. Hospitals where CARES staff are assigned
- c. Other PhilHealth staff members and managers
- d. Health insurance companies
- e. Other partners *(please specify)*

**16. Are there any other observations, issues, concerns, suggestions about the PhilHealth CARES Program which you would like to share?**

*Maraming salamat po!*

**Annex 2-C**

**Guide Questions for Key Informant Interview with PhilHealth Managers**

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**Interim Assessment of the PhilHealth CARES**

**(Customer Assistance, Relations and Empowerment Staff) Program**

***Key Informant Interviews with PhilHealth Managers***

**Key Informant Number:** (To be   by research staff)

**Participant Number:**   (to be filled up by research staff)

**PROFILE of KEY INFORMANT**

***Please place a check mark in the box corresponding to your answer.***

**Age** (as of last birthday): (Please write your age in the box.)   **years**

1. Sex:            **Female**            **Male**

2. Civil Status:  **Single**             **Married**             **Widow/er**             **Live-in**

**3. Highest Level of Education**

a. College graduate in \_\_\_\_\_ *(Please specify field)*

b. With graduate degree in \_\_\_\_\_ *(Please specify field)*

c. Others, please specify. \_\_\_\_\_

4. How long have you been working in PhilHealth? \_\_\_\_\_ years

5. Number of Months You Have Been Involved in the PhilHealth CARES Program \_\_\_\_\_ months

**Questions for KEY INFORMANT**

**1. How many hospitals currently have CARES Staff assigned in the facility?**

a. \_\_\_\_\_ No. of hospitals with CARES Staff

*Probe:* How are these hospitals chosen?

? Any requirements for hospitals to have a CARES staff member assigned in their facility?

**2. What is average number of PhilHealth members served per week in the facilities where you have CARES staff assigned?**

a. \_\_\_\_ Average Number of PhilHealth Members You Serve Per Week

**3. What are the Top 5 most common QUERIES your CARES staff receive from PhilHealth members who they serve?**

<b>Top 5 Most Common QUERIES Received by CARE Staff</b>
1
2
3
4
5

**4. What are the Top 5 most common SERVICES provided by CARES Staff to PhilHealth Members?**

<b>Top 5 Most Common SERVICES Provided by CARES Staff to PhilHealth Members</b>
---

1.
2.
3.
4.
5.

**5. What are the Top 5 most common COMPLAINTS which CARES Staff receive from PhilHealth members who they serve?**

<b>Top 5 Most Common COMPLAINTS Received by CARES Staff from PhilHealth Members</b>
1.
2.
3.
4.
5.

**6. Motivation for Joining PhilHealth CARES**

6.1 What are the most common reasons why CARES Staff decide to program?

work in the PhilHealth CARES

**7. Recruitment, Hiring, Training of CARES Staff**

7.1 Recruitment and Hiring of Staff

- a. How are staff recruited for PhilHealth CARES?
- b. How are staff hired for PhilHealth CARES?

7.2 Training of staff

b. How are staff trained for PhilHealth CARES?

*Probe:* Details of CARES training

- ? Duration
- ? Curriculum/Topics covered in training program
- ? Training Faculty
- ? Feedback from CARES staff about training
  - Liked the most?
  - Liked the least?
- ? Suggestions for improvement

**8. Assignment of CARES Staff to Specific Work Locations, and to Specific Functions**

8.1 Are there any criteria for assignment of CARES staff to:

- a. Specific Work Locations
- b. Specific Functions (e.g., Team Leader)

*Probe:* Feedback about criteria

- ? If YES, what are these criteria?
- ? What do you think about these criteria?  
(e.g., reasonable criteria, easy/difficult to achieve)

**9. Duration of Assignment**

9.1 What is the usual duration of assignment for:

- a. Specific Work Locations
- b. Specific Functions (e.g., Team Leader)

*Probe:* Feedback about Duration of Assignment

? What do you think about the duration of assignment? (e.g., too long, just right, etc)

## 10. Duties and Responsibilities

10.1 What are the duties and responsibilities of:

- a. Individual CARES staff members?
- b. Individual CARES team leaders?

10.2 In your opinion, has the training program of PhilHealth CARES duties and responsibilities as:

adequately prepared CARES staff for the

- f. Individual CARES staff members?
- g. Individual CARES team leaders?

## 11. Performance Evaluation

11.1 How is the performance of CARES staff evaluated?

- a. Performance evaluation of each staff member
- b. Performance evaluation of each team

11.2 What do you think of the way their performance is evaluated?

(e.g., fair, adequate, can be improved, etc)

*Probe:* Areas for improvement in Performance Evaluation

- ? How can performance evaluation be improved?
- ? Any suggestions?

## 12. Monitoring and Evaluation of CARES Program

12.1 How is monitoring and evaluation of the CARES Program done?

*Probe:* Areas for improvement in Monitoring and Evaluation

- ? How can Monitoring and Evaluation be improved?
- ? Any suggestions?

**13. What has been the feedback from hospitals where CARES staff are currently assigned?**

*Probe:* Areas for improvement of CARES Program from Hospitals' Perspective

- ? How can the CARES program be improved?

**14. Are there any other observations, issues, concerns, suggestions about the PhilHealth CARES Program which you would like to share?**

**15. Given the experience with the PhilHealth CARES program– do you think it should be made as part of the core on-going programs/ services of PhilHealth?**

*Probe:* Why? or Why not?

*Maraming salamat po!*

**Annex 3 - Mystery Client Checklist**

Hospital: \_\_\_\_\_

Mystery Client: \_\_\_\_\_

<b>No.</b>	<b>PARAMETER</b>	<b>YES</b>	<b>NO</b>
<b>PhilHealth Counter Service</b>			
1	Manned by at least 1 staff		
2	Client acknowledged within 1 minute from approaching the counter (either with the verbal greeting or smile)		
3	Other employees not smoking/not eating/not texting/not chatting loudly		
4	Acknowledged the client with a welcoming smile		
5	Greeted the client (Should be a verbal greeting like “good morning/afternoon, Ma’m/Sir”; “Hi/Hello Ma’m/Sir”)		
6	Established eye contact with the client (May be done while greeting the client, investigating or probing client’s inquiry, and/or thanking the client)		
7	Posture demonstrates alertness and enthusiasm for the job (Employees should not slouch or exhibit non-verbal signs that implies boredom or irritability)		
8	Sustained cheerfulness in voice and facial expression		
9	Polite in dealing with client (Client should be addressed as Ma’m/Sir or converse with clients with po/opo. Employee should excuse himself/herself properly when there is a need to consult or discuss work-related matters with fellow employees)		
10	Gave client his/her undivided attention (While processing a transaction, employee should not unnecessarily chat/talk with others. Employee should not be checking mobile phones or looking elsewhere such as other clients’ transactions)		
11	Said thank you with a smile (Employee should smile while verbally saying thank you as PhilHealth documents are handed to the client)		
<b>Grooming and corporate image projection</b>			
12	Wears prescribed uniform/proper corporate clothes		
13	Wears I.D. (either with I.D. lace or I.D. pin)		
14	Wears minimal and conservative accessories		

	(For <i>female</i> employees: max. of 5 accessories = pair of earrings as 1, wedding and engagement rings worn on the same finger, counted as 1, watch. For <i>male</i> employees: Earrings not acceptable)		
15	Female: wears natural looking make-up Male: facial appearance neat including facial hair		
16	Female: hair neatly combed, away from the face Male: hair neat and conservative		
17	Female: nails clean not too long; Male: nails clean and trimmed		
<b>Service advisory and problem handling</b>			
18	Investigated or probed the client's needs		
19	Demonstrated capability in addressing the client's needs (Right services, product offered)		
20	Knowledgeable about the services of PhilHealth		
21	Satisfied the client's needs (Problem resolved, convinced with the service)		
<b>PhilHealth experience made pleasant</b>			
22	Borrowed client's ID for identification		
23	Guided client in filling out PhilHealth forms		
24	Informed the client of the benefits/services of PhilHealth		
	<b>TOTAL</b>		

Other Comments:

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**ANNEXES 4A-4I**  
**COMPARATIVE DATA MATRICES**

**Annex 4-A - Comparative Matrix Question no.1: Motivation for joining PhilHealth CARES**

COMMON THEME	Managers	NCR North	NCR Central	NCR South	KII	Review of Documents, Circulars
Have employment, have a job	<ul style="list-style-type: none"> <li>• Simply to seek employment</li> <li>• Most seek employment. There were numerous unemployed nurses (23,000 applicants).</li> </ul>		<ul style="list-style-type: none"> <li>• Practicality</li> <li>• <i>"Mas gusto koang clinical perspective. Mas gusto konga may adrenalin rush. Practicality-wise, since I have two kids nakasihindi practical magtrabaho as a nurse nowadays kasi as we know ang income ng nurse ay only minimal."</i></li> <li>• Simply to seek employment</li> </ul>	<ul style="list-style-type: none"> <li>• Looking for a job</li> </ul>	<ul style="list-style-type: none"> <li>• No vacancy as a nurse/need to pay training fee to be hired by hospital</li> <li>• Difficult to get a hospital slot</li> </ul>	<ul style="list-style-type: none"> <li>• PhilHealth Board Resolution # 1583 s 2012. Resolution approving the hiring and deployment of PhilHealth CARES to all accredited Hospitals for CY 2012 and providing funds therefore</li> <li>• Office Memorandum No. 0054, Series of 2012 Implementing Guidelines on the Selection Process of PhilHealth CARES</li> </ul>
Competitive salary Decent paying job	<ul style="list-style-type: none"> <li>• Competitive salary with Call-Center (2-3/10 CARES staff from NCR worked as a call center agent before entering the project)</li> <li>• A CARES staff receives a relatively higher salary than a clinical nurse (e.g. RN Heals)</li> </ul>	<ul style="list-style-type: none"> <li>• Big salary</li> <li>• Good Salary (previously worked as volunteer-no pay)</li> <li>• <i>"Ayokokasi ng volunteer. Gusto ko may sahod."</i></li> </ul>		<ul style="list-style-type: none"> <li>• Opportunity for a decent paying job</li> <li>• No stable job</li> <li>• Previously with RN Heals. Applied at CARES because of higher pay</li> </ul>	<ul style="list-style-type: none"> <li>• Unemployed</li> <li>• Higher salary (worked for 3 months as volunteer)</li> </ul>	<ul style="list-style-type: none"> <li>• PhilHealth Board Resolution # 1583 s 2012 Resolution approving the hiring and deployment of PhilHealth CARES to all accredited Hospitals for CY 2012 and providing funds therefore</li> <li>• Office Order No. 0053, Series of 2012 Guideline in the Implementation of the PhilHealth CARES Project</li> <li>• Gross remuneration Php 15,356.00</li> </ul>

Common Theme	Managers	NCR North	NCR Central	NCR South	KII	Review of Documents, Circulars
						inclusive of PhilHealth Premium and Group Accident Insurance
Regular compensation, stable job		<ul style="list-style-type: none"> <li>Assured regular compensation at least for 6 months</li> <li>More assurance in work stability compared to volunteer or call center</li> <li>Renewable contract compared to RN HEALS which is non-renewable after a year</li> </ul>	<ul style="list-style-type: none"> <li>Regular pay compared to volunteer work</li> </ul>		<ul style="list-style-type: none"> <li>Better than being a volunteer with no salary</li> </ul>	<ul style="list-style-type: none"> <li>Office Order No. 0053, Series of 2012 Guideline in the Implementation of the PhilHealth CARES Project</li> <li>Gross remuneration Php 15,356.00 inclusive of PhilHealth Premium and Group Accident Insurance</li> <li>PhilHealth Board Resolution # 1583 s 2012 Resolution approving the hiring and deployment of PhilHealth CARES to all accredited Hospitals for CY 2012 and providing funds therefore</li> </ul>
Views about the RNHEALS Program	A CARES staff receives a relatively higher salary than a clinical nurse (e.g. RN Heals)	<ul style="list-style-type: none"> <li>Renewable contract compared to RN HEALS which is non-renewable after a year</li> </ul>		<ul style="list-style-type: none"> <li>CARES more preferred compared to RN HEALS because of heftier salary with lighter work load and more control of their time</li> <li>RN HEALS has Php 8,000 salary without benefits with the</li> </ul>		

Common Theme	Managers	NCR North	NCR Central	NCR South	KII	Review of Documents, Circulars
				<p>same work load of tenured nurses</p> <ul style="list-style-type: none"> <li>• No policy if RN HEALS will be tenured</li> <li>• Suggestion to extend RN HEALS contract to 2 years</li> <li>• RN HEALS has opportunity to practice nursing skills because of direct bed side care</li> </ul>		
<p>Better job as compared to working in a call center</p> <p>Regular office hours</p>	<ul style="list-style-type: none"> <li>• Office hours only (plus Saturdays) without graveyard shifts</li> <li>• They were offered regular work hours.</li> <li>• A number of nurses had prior jobs in call centers and worked graveyard shifts thus a regular working day job made it more ideal for them.</li> </ul>	<ul style="list-style-type: none"> <li>• Better job option as a nurse compared to volunteer or call cent</li> </ul>		<ul style="list-style-type: none"> <li>• No shifting compared to a clinical nurse</li> <li>• Less workload compared to being a nurse</li> </ul>	<ul style="list-style-type: none"> <li>• <i>"Mas ok kaysa mag-call center agent"</i></li> <li>• Have time to do graduate school because of regular office hours</li> </ul>	<ul style="list-style-type: none"> <li>• Office Order No. 0053, Series of 2012 Guideline in the Implementation of the PhilHealth CARES Project</li> <li>• Work schedule shall be from Mondays to Fridays (9-5 pm) and Saturday (9-2 pm)</li> <li>• Office Order No. 0063, Series of 2013 Implementing Guidelines on the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment and Deployment</li> </ul>

Common Theme	Managers	NCR North	NCR Central	NCR South	KII	Review of Documents, Circulars
						<p>be 40 hours per week from M-F (7 hours) and S (5 hours).</p> <ul style="list-style-type: none"> <li>o M-F time-in from 8-9 am. Time-out 4-5 pm.</li> <li>Sat time-in 8-9 am. Time-out 1-2 pm.</li> </ul>
Self-fulfillment Likes the fact that they are able to help others		<ul style="list-style-type: none"> <li>• Fulfillment and happiness of helping someone</li> <li>• <i>"Gumagaanangloobnilakasinatutulungan naminsila"</i></li> <li>• <i>"Magandangtrabahosiya para saakinkasinakatulongka."</i></li> </ul>				
Work is related to nursing BUT workload as CARES is lighter as compared to being a nurse				<ul style="list-style-type: none"> <li>• Less workload compared to being a nurse</li> </ul>		
Career advancement	<ul style="list-style-type: none"> <li>• A stepping-stone for nursing career (some of the PhilHealth CARES staff are absorbed by the hospital they work with because of good performance)</li> </ul>	<ul style="list-style-type: none"> <li>• Career advancement opportunity</li> </ul>		<ul style="list-style-type: none"> <li>• Change of job because nursing enrolment is decreasing (41 year-old previous nursing teacher)</li> <li>• In search of a more fulfilling job (previously clinical instructor)</li> </ul>		

Common Theme	Managers	NCR North	NCR Central	NCR South	KII	Review of Documents, Circulars
Work as CARES staff is related to nursing	<ul style="list-style-type: none"> <li>Gets to work as a nurse by providing "care" to the clients</li> </ul>		<ul style="list-style-type: none"> <li>Work is still related to Nursing (which is their training)</li> <li>Health advocacy as part of Nursing Job</li> <li><i>"One of the function po ng CARES is to advocate which is function din ng nurse."</i></li> </ul>		<ul style="list-style-type: none"> <li><i>"Feeling Nurse pa rinakokasinasa hospital ang work ko"</i></li> </ul>	<ul style="list-style-type: none"> <li>Office Memorandum No. 0054, series of 2012</li> <li>Implementing Guidelines on the Selection Process of PhilHealth CARES</li> <li>Provide members with the essential information on availment benefits, membership and eligibility requirements, premium contribution, and accredited health care providers;</li> <li>Empower members of their rights to maximize benefit/s in claims reimbursement process; educate members of the importance of commitment to the sustainability of NHIP</li> </ul>
Work in hospital setting but no bedside work	<ul style="list-style-type: none"> <li>They have an opportunity to work in a hospital setting without clinical practice.</li> </ul>		<ul style="list-style-type: none"> <li>Prefers interacting with people without clinical exposure</li> <li>Clinical work not preferred because it is not practical for someone with children</li> <li><i>"Mas gusto koang clinical perspective. Mas gusto kong may adrenalin rush. Practicality-wise, since I have two kids nakasihindi practical magtrabaho as a nurse nowadays kasi as we know ang income ng nurse ay only minimal."</i></li> </ul>	<ul style="list-style-type: none"> <li>Don't like bedside work</li> </ul>		<ul style="list-style-type: none"> <li>PhilHealth Circular 12 s 2012. Guidelines for Hospitals Covered by PhilHealth CARES project. Deploy registered nurses in all accredited Level 3 and 4 hospitals, as well as, accredited Level 1 and 2 government hospitals, on a rotation basis</li> </ul>

Common Theme	Managers	NCR North	NCR Central	NCR South	KII	Review of Documents, Circulars
Likes interaction with people		<p><i>"Magandangtrabahosiya para saakinkasinakakatulongka."</i></p> <p><i>"Sinabikopomasmalakiangsweldo. At saka mas gusto ko may client interaction." (referring to why applicant wanted to transfer to the CARES program when he was already with PhilHealth [as encoder])"</i></p>	<ul style="list-style-type: none"> <li>• More interaction with people by therapeutic communication technique</li> <li>• A chance to get close with the members/clients</li> <li>• To enhance interaction with people</li> </ul>		Happy to help people in need of assistance	
Prestige of working in PHIC			<ul style="list-style-type: none"> <li>• Gets to work in a decent-paying job in a "prestigious" corporation</li> <li>• There is a certain prestige of working in PhilHealth</li> </ul>			
No specialized training required			<ul style="list-style-type: none"> <li>• No trainings (Intravenous Training, Basic Life Support) required</li> </ul>			

**Annex4-B - Comparative Matrix Question no. 2: Recruitment, Hiring, Training of CARES Staff**

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Allocation of CARES by area	<ul style="list-style-type: none"> <li>NCR, Regions 3 and 4 had more applicants</li> </ul>				<p>Office Order 0053 series 2012 Guidelines in the Implementation of the PhilHealth CARES Project</p> <p>Highest deployed in 2012 recruitment</p> <p>NCR – 78 Region 3 – 57 Region 4 - 48</p> <p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>60 additional PhilHealth CARES nurses for deployments</p> <p>Highest deployed in 2013 Additional recruitment</p> <p>NCR – 7, PRO III – 7</p>	allocation of CARES by area

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Slow online access for application		<ul style="list-style-type: none"> <li>• Slow connection which pushed some applicants to apply personally in the main office</li> <li>• Some applicants didn't finish online application because of the lag in the system</li> </ul>	<ul style="list-style-type: none"> <li>• 2/5 applied in the offices because they can't finish the complete application online</li> <li>• Online application site was difficult to access because of thousands of other online applicants</li> <li>• 1 of the applicant had 4 tries to complete online application</li> <li>• 1 of the applicant took the whole day to complete online application</li> </ul> <p><i>"Paulit-ulit kami nag-aapplyhanggangmakapasokkasinaghang ang system."</i></p>	<ul style="list-style-type: none"> <li>• Those who cannot have a decent access to the online application passed their resumes in the Central Office</li> </ul>	<p>PHIC call for registered nurses adv. 02-01-2012</p> <p>Office Order 0054 series 2012: Implementation</p> <p>Published in nationwide dailies, application received online from 12-14 Feb. 2012</p>	<ul style="list-style-type: none"> <li>• Applied online and took 1 day to finish the application</li> </ul>
Online examination about the corporation		<ul style="list-style-type: none"> <li>• Online applicants answered 10 Multiple Choice PhilHealth Related Questions (Vision Mission, rationale of PHIC corporate thrusts, etc.)</li> <li>• Succeeding batches had no online application and examination</li> </ul>	<ul style="list-style-type: none"> <li>• no time limit, therefore, applicants looked for answers in the internet</li> </ul> <p><i>"Walanaman kami alamsaPhilHealth. We researched the answers online. Walanamankasi time limit."</i></p>	<ul style="list-style-type: none"> <li>• Some of the respondents didn't look for answers in the internet</li> </ul>		<ul style="list-style-type: none"> <li>• Exam online</li> <li>• Googled the answers to the questions</li> </ul>
Walk in application		<ul style="list-style-type: none"> <li>• Applied for all positions in vacant positions in PhilHealth (not only CARES)</li> </ul>			No memo/circular regarding walk in application	

## APPLICATION REQUIREMENTS

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
No work experience necessary to be hired as CARES	Work experience is not necessary <i>"Wala kami requirement na may work experience. Talagangsa board rating lang kami nag base donsa 23,000 applicants."</i>				Office Memorandum No. 0054, series of 2012 Implementing Guidelines on the Selection Process of PhilHealth CARES No Work Experience necessary	
At least 80% in PRC board rating to be included in the short list	Since a lot of nurses are applying (app 22,000-23,000), they should put a limit for short listing	No mention of Board – rating cut-off score (80% allegedly is the cut-off score to be included in the short-list)	They don't know the cut-off PRC rating but they thought it is 80%	Only asked board rating	Office Memorandum No. 0054, series of 2012 Implementing Guidelines on the Selection Process of PhilHealth CARES  Rating in the Nursing Licensure Exam is a parameter used by the HR unit to rank applicants (no 80% minimum)	
Documentary requirement upon passing the preliminary application	<ul style="list-style-type: none"> <li>• NBI/police clearance was only requested once the applicant was accepted</li> <li>• Transcript of records</li> </ul>	<ul style="list-style-type: none"> <li>• NBI clearance</li> <li>• Transcript of records</li> <li>• Medical Examination</li> <li>• PRC Rating</li> <li>• CV</li> </ul>		<ul style="list-style-type: none"> <li>• NBI clearance</li> <li>• TIN</li> <li>• Birth certificate</li> </ul>	Office Memorandum 0145 series 2012. Clarification on the Implementation of the PhilHealth CARES Project  On submission of documents to the HRD central office:  Job Order (JO) contract of CARES staff, resume shall be submitted to the HRD Central Office for documentation and records purposes.	<ul style="list-style-type: none"> <li>• NBI</li> <li>• TOR</li> <li>• Birth certificate</li> </ul>

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
<p>Qualified applicants were notified (through text, email, and calls) for interview and further examinations</p>	<ul style="list-style-type: none"> <li>• Applicants took psychometric exams</li> </ul>	<ul style="list-style-type: none"> <li>• Some answered essay questions, some were interviewed once/twice</li> <li>• Central Office Interview Questions were about personal views</li> <li>• Branch Office Interview Questions are more hypothetical</li> <li>• Some of the applicant were not interviewed, instead, answered a 20-item open ended questionnaire for 30 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Applicants were notified through email, texts, calls if they qualified for the interview</li> <li>• Some of the applicants had 2 interviews</li> <li>• Central office – more on basic/personal information</li> <li>• Regional Office – more on “how will you handle situation” questions</li> </ul>	<ul style="list-style-type: none"> <li>• Qualified applicants were notified through call and text messages.</li> <li>• Some of the qualified applicants backed out Subsequently, some of the applicants who did not make the initial cut were notified through email that they should report to PHIC</li> </ul>	<p>No memo / guidelines issued on notification of applicants for interview and further examinations</p>	<ul style="list-style-type: none"> <li>• Text and call info applicant that she/he is hired</li> </ul>

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Venue of interviews		Those interviewed twice had their 1 <sup>st</sup> interview in the Central Office and the 2 <sup>nd</sup> is in the Branch Office	<ul style="list-style-type: none"> <li>Some of the applicants had 2 interviews (Central office + Regional Office)</li> </ul>		<p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>PhilHealth Regional Officer – HR shall facilitate posting of vacancies and initial screening of applicants.</p>	
1-3 months from time of application to notification	<ul style="list-style-type: none"> <li>Selection of applicants to assessment took 2-3 months</li> </ul>	<ul style="list-style-type: none"> <li>After a month, applicants received a text to report after two days and submit:                             <ul style="list-style-type: none"> <li>Medical exam,</li> <li>NBI clearance</li> <li>CV</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>It took one month from the time of application to time of interview</li> </ul>	<ul style="list-style-type: none"> <li>It took one month from time of application to time of notification</li> <li>In 2 days applicant was notified to report</li> <li>1 week (for replacement)</li> </ul>		Took 3 months from application to hired

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Content of Interviews		<p>Central Office Interview Questions</p> <ul style="list-style-type: none"> <li>• More personal questions               <ul style="list-style-type: none"> <li>○ “Tell me about yourself?”</li> <li>○ Educational background?</li> <li>○ What are your strengths and weaknesses?</li> <li>○ How do you overcome your weakness?”</li> </ul> </li> </ul> <p>Branch Office Interview</p> <ul style="list-style-type: none"> <li>• More hypothetical questions               <ul style="list-style-type: none"> <li>○ “What is your orientation to customer service?”</li> <li>○ How to can you assist the members?</li> <li>○ What do you know about PhilHealth?”</li> <li>○ What is your stand regarding euthanasia?</li> </ul> </li> </ul>	<p>Central office interview</p> <ul style="list-style-type: none"> <li>• More on basic/personal information</li> </ul> <p>Regional Office</p> <ul style="list-style-type: none"> <li>• “<i>how will you handle situation</i>” questions,</li> <li>• Strengths and weaknesses</li> <li>• Fundamental knowledge about PhilHealth</li> <li>• One of the respondents was asked about his opinion about the RH Bill</li> </ul>	<p>Interview questions</p> <ul style="list-style-type: none"> <li>▪ Euthanasia</li> <li>▪ Controversial health issues</li> <li>▪ Background on PhilHealth</li> <li>▪ Personal trait</li> <li>▪ Situational analysis</li> <li>▪ Edge among other applicants</li> <li>▪ Meaning of CARES – “<i>hindikoalamna may meaning ang CARES nung nag apply ako</i>”</li> <li>• One of the participants told the interviewer to hire her because she can help in the improvement of PhilHealth (over qualified applicant according to PhilHealth interviewer)</li> </ul>	<p>Office Memorandum No. 0056 Series of 2012</p> <p>Endorsement of Pre-Qualified Applicants for CARES Project</p> <p>Interview guide questions were given including a CARES INTERVIEW ASSESSMENT FORM.</p> <p>Annex C was used to rank all the applicants according to</p> <ol style="list-style-type: none"> <li>1. PRC rating (20%)</li> <li>2. Relevance of previous work experience and professional Training (20%)</li> <li>3. Interview results (60%)</li> </ol> <p>Office Order 0063 series 2013</p> <p>Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>Head of PRO-HRU and HCDMD Chief and/or their duly designated rep. shall interview applicants using the Interview Guide Questions and the Interview Assessment Form, and rank the applicants based on the following parameters</p> <ol style="list-style-type: none"> <li>1. Interview (60%)</li> <li>2. PRC rating (20%)</li> <li>3. Relevance of previous work experience, professional training, and potential (20%)</li> </ol>	KII

## TRAINING

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
CARES training conducted by Regional trainers who attended the Training of Trainers	<ul style="list-style-type: none"> <li>Representatives from the different regions were sent to attend a Training of Trainers workshop</li> <li>These trainers were then responsible in training the CARES staff in their region</li> </ul> <p><i>"This is the first internal training [training of CARES] conducted by PhilHealthkasi kami hanggangngayonwalang training pagpumasokkasaPhilHealth."</i></p> <p><i>"I think the region is more apt to conduct the training. Sa head office, everything is theoretical, walang hands-on. The actual processing, in my opinion, should be at the regional level."</i></p>				<p><b>PowerPoint Presentation: Training of Trainers (PhilHealth CARES)</b></p> <p><b>Objectives of the Program</b></p> <ul style="list-style-type: none"> <li>Understand fully the PhilHealth CARES Project</li> <li>Identify and understand the key concepts and framework of excellent customer service</li> <li>Conduct and facilitate the ten-day orientation of the PhilHealth CARES</li> <li>Use the assessment tools to evaluate performance of the CARES, and</li> <li>Input the assessment results to the placement/assignment of the CARES (hospital-based or roving)</li> </ul> <p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012.</p>	
Paid Training			<ul style="list-style-type: none"> <li>Pioneer batch have 2 weeks training with pay</li> </ul>	<ul style="list-style-type: none"> <li>Pioneer batch have 2 weeks training with pay</li> <li>Other training programs have no compensation for the time incurred for the capacity building</li> <li>2-day training because she was a replacement</li> </ul>		<ul style="list-style-type: none"> <li>two weeks of training</li> </ul>

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Variable Duration of Training	<ul style="list-style-type: none"> <li>1 week for classroom training</li> <li>1 week for immersion in the different offices/processes</li> </ul>	<ul style="list-style-type: none"> <li>Pioneer batch – 2 weeks (10 days)</li> </ul> <p>Other batches had 6 days training only because of immediate need for replacement</p>	<ul style="list-style-type: none"> <li>1<sup>st</sup> batch of CARES staff – 10 days: interspersed with lecture days (2) and immersion at LHIO (2); <ul style="list-style-type: none"> <li>Immersion in four (4) departments/ processes membership, collection, claims, accreditation, accounting</li> </ul> </li> <li>2<sup>nd</sup> batch of CARES staff - 10 days <ul style="list-style-type: none"> <li>5 days lecture</li> <li>3 days with CARES buddy</li> <li>2 days hands on</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Present training program had 5 days only <ul style="list-style-type: none"> <li>3 days of Core Processes lecture</li> <li>2 days LHIO exposure</li> </ul> </li> <li>One of the participants had a 2-day training only because of urgent replacement. <ul style="list-style-type: none"> <li>She was deployed immediately with a buddy Pioneer CARES staff for guidance (with Team leader for 2 weeks)</li> </ul> </li> </ul>	<p><b>Training Agenda PhilHealth CARES – NCR</b></p> <p>Pioneer Batch 10 days of training which includes:</p> <ol style="list-style-type: none"> <li>lectures</li> <li>immersions</li> <li>feedback session</li> <li>assessment</li> </ol>	10 working days of training
Insufficient training coverage  Variations in topics covered as part of training		<ul style="list-style-type: none"> <li>Pioneer batch – 2 weeks (10 days) <ul style="list-style-type: none"> <li>Discussion and immersion in different PhilHealth departments (Membership, Contributions, Accreditation, Benefits Administration Service, LHIO, and Service Offices)</li> </ul> </li> <li>Some training had role playing, others don't</li> <li>They noted that that the 1<sup>st</sup> batch had inadequate hospital immersion</li> <li>Present Training Program is shortened-1 day technical lecture, 2 days public hospital immersion, and 2 days private hospital immersion with old CARES guiding them</li> </ul>	<ul style="list-style-type: none"> <li>3/5 of the participants had role playing in the training regarding customer relations</li> <li>Participants noted that the training is sufficient for the "basics", but not that helpful in the actual setting – <i>"Ibakapagkausapnayung clients!"</i></li> <li>The first deployment of PhilHealth CARES was more of a hit-and-miss</li> <li>5 days of training (2 days lectures, 1 day hospital exposure) is not enough. It would be helpful to add 1 week for more exposure to actual hospital setting</li> <li>Trainings of the succeeding</li> </ul>	<ul style="list-style-type: none"> <li>One of the participants had a 2-day training only because of urgent replacement. She was deployed immediately with a buddy Pioneer CARES staff for guidance (with Team leader for 2 weeks)</li> <li>Present training program had 5 days only – 3 days of Core Processes lecture and 2 days LHIO exposure</li> </ul>	<p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012.</p>	<ul style="list-style-type: none"> <li>Training lacks actual exposure to members in the hospitals</li> </ul>

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
		<ul style="list-style-type: none"> <li>• CARES Staff noticed differences and discrepancies in trainings</li> </ul>	<p>batches were not intensive</p>			
Training Design	<ul style="list-style-type: none"> <li>• Classroom training for one week and immersion in the different offices/processes</li> <li>• One week immersion</li> <li>• Purely didactic</li> </ul>		<ul style="list-style-type: none"> <li>• Role playing (not applicable to all batches)</li> <li>• Observed at the frontlines</li> </ul>		<p><b>Training Agenda PhilHealth CARES – NCR</b></p> <p>Pioneer Batch 10 days of training which includes:</p> <ol style="list-style-type: none"> <li>1. lectures</li> <li>2. immersions</li> <li>3. feedback session</li> <li>4. assessment</li> </ol> <p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012.</p>	

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents	KII
Training inclusions	<p>Basic information: membership, contribution, etc</p> <ul style="list-style-type: none"> <li>• Customer service training                             <ul style="list-style-type: none"> <li>○ They are also trained to handle customer inquiries.</li> </ul> </li> <li>• Uniform to be worn</li> <li>• Grooming and decorum was based on hospital/health facility rules</li> <li>• They are required to work in the Service Office and other departments of the health facility.</li> <li>• In Deployment</li> <li>• Documents used are shown and explained to the CARES staff</li> <li>• Processes are explained</li> <li>• The iCARES system is explained</li> <li>• Time standards are taught based on the Citizen's Charter</li> </ul>		<p>1<sup>st</sup> batch of CARES staff</p> <ul style="list-style-type: none"> <li>• Immersion in four (4) departments/ processes membership, collection, claims, accreditation, accounting</li> </ul> <p>2<sup>nd</sup> batch of CARES staff</p> <ul style="list-style-type: none"> <li>• Lecture on the 4 processes                             <ol style="list-style-type: none"> <li>1. membership</li> <li>2. Benefit</li> <li>3. Collection</li> <li>4. accreditation</li> </ol> </li> <li>• Lecture on customer care</li> </ul>		<p><b>Training Agenda PhilHealth CARES – NCR</b></p> <p>Pioneer Batch 10 days of training which includes:</p> <ol style="list-style-type: none"> <li>1. lectures</li> <li>2. immersions</li> <li>3. feedback session</li> <li>4. assessment</li> </ol> <p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012.</p>	

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Buddy-buddy system of new CARES with an old CARES for training	<ul style="list-style-type: none"> <li>The CARES staff has a "buddy" with them before they are deployed.</li> <li>CARES staff have a buddy (buddy-buddy system) before they are deployed</li> </ul>	<ul style="list-style-type: none"> <li>The 1<sup>st</sup> batch – "<i>walangmapagtatanganan</i>" unlike the succeeding batches who can freely ask questions to the Pioneer batch</li> </ul>		<ul style="list-style-type: none"> <li>One of the participants had a 2-day training only because of urgent replacement. <ul style="list-style-type: none"> <li>She was deployed immediately with a buddy Pioneer CARES staff for guidance (with Team leader for 2 weeks)</li> </ul> </li> </ul>	<p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012.</p>	
Suggestions for Inclusion in Training		<p><i>Duration of training</i></p> <ul style="list-style-type: none"> <li>2 weeks technical lecture, 1 day exposure to LHIO, 4 days in hospital</li> <li>3 weeks to 1 month</li> <li>1 week lecture, 1 week immersion to hospital</li> <li>Rational allocation of time per department like longer time to discuss claims and accreditation because of the broader coverage</li> <li>They suggest to have longer technical lectures for them to have more confidence to answer the queries of the clients</li> </ul>	<p><i>Duration of training</i></p> <ul style="list-style-type: none"> <li>1 week didactics, 1 week immersion (1 government, 1 private) with some LHIO frontlining and exposure to understand the 4 core processes</li> <li>Add 5 days hospital deployment in 1 private and 1 public and LHIO</li> </ul> <p>There should be more hospital exposure Give them briefing about the "backdoor" rules to better equip them with information to explain to clients (e.g. why there is an 8-day turnaround time)</p>		<p>Office Order 0063 series 2013 Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>The PRO can customize the training program for newly-hired nurses based on the initial competency training program utilized in 2012.</p>	

**Annex4-C - Comparative Matrix Question nos. 3 and 4: Working Conditions, Specific Work Locations, Specific Functions, and Duration of Assignment (CARES Location and Work Schedule)**

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Allocation of CARES by area	<ul style="list-style-type: none"> <li>• Different regions have different allocations.</li> <li>• There were smaller regions where applicants were only a few thus they were immediately accepted.</li> </ul>				<p>Office Order 0053 s. 2012  <b>Implementing Guidelines of the PhilHealth CARES Project II.</b> Regional Distribution  A total of 530 PhilHealth CARES shall be deployed in all accredited government hospitals in the respective PROs as follows (see distribution of CARES/region table)</p>	
Residence proximity is the basis for hospital assignment	<ul style="list-style-type: none"> <li>• Distance from the residence of the CARES staff is one of the parameters in determining the Hospital assignment (e.g. if house is from Manila then that CARES staff will be assigned in Manila area)</li> <li>• No maximum distance noted</li> <li>• Proximity is still the rule in the provinces</li> <li>• Top applicants have no privilege to choose an assignment.</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital assignments are based on the proximity from residence</li> <li>• There are area preference for those who live in farther places</li> <li>• Accessibility by means of transportation is a main concern</li> </ul>	<ul style="list-style-type: none"> <li>• Task leaders recommend new hospital assignments based on residence proximity</li> </ul>		<p>Office Order 0053 s. 2012  Implementing Guidelines of the PhilHealth CARES Project</p> <p>Preferably a resident of the identified province/region of choice or willing to be assigned to the province/region</p> <p>Office Order 0063 series 2013  Implementing guidelines on the selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>Preferably a resident of the identified province/region of choice or willing to be assigned to the province/region</p>	Proximity to home address

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Hospital Assignment Rotation	<ul style="list-style-type: none"> <li>• CARES Hospital rotation policy is problematic</li> <li>• CARES should be rotated every 3 months according to the policy</li> <li>• Other Hospitals opted their CARES stay</li> <li>• Other hospital requested for rotation CARES</li> <li>• Regular Rotation – for strict professional relationship</li> <li>• The body recommends to give chance to what the policy mandates</li> <li>• Other regions followed the rotation policy</li> <li>• Sometimes variation occur because of the Geographic nuances (2 weeks, 3 months)</li> <li>• Military hospitals – don't want rotation because of security <i>"Let's give chance to the policy"</i></li> </ul>	<ul style="list-style-type: none"> <li>• 2<sup>nd</sup> assignment CARES staff are based on inquiries from "toxic" (high volume of inquiry and patients) to "benign" (low volume of inquiry and patients) hospitals.</li> <li>• Some CARES staff rotated from high volume patients to another high volume patients</li> <li>• Some CARES rotated from low volume patients to another low volume patients</li> </ul> <p><i>"Angpagro-rotate dapat ng CARES ay from petiks to toxic, hindi yung petiks to petiks para mas fair. Pwede ring from toxic to petiks para kahit papano, makabawinamansakatoxickan." Pwede ring maging rotation yung from public hospital na benign namalilipatsa private hospital na benign or vice-versa"</i></p>	<ul style="list-style-type: none"> <li>• There is no set criteria for rotation process</li> <li>• If they will be rotated, they suggested to be reassigned every 6 months</li> <li>• Old CARES staff should be rotated from government to private while new CARES staff are from Private to public</li> <li>• Rotation period is 6 months and all agree that it is a good thing</li> <li>• They are assigned to a different hospital each time they are rotated</li> <li>• Place of residence is always considered when hospital assignment is given</li> </ul>		<p>Office Order 0053 s. 2012 Implementing Guidelines of the PhilHealth CARES Project</p> <p>The hospital assignment of each CARES shall be provided by their respective PROs. The PRO shall prepare the list of CARES and specify their hospital assignments whether on a fixed basis in Level 3 and 4 facilities or on rotation in Level 1 and 2 government hospitals. If on rotation, the PRO will determine the number of facilities that will be covered by each CARES and the duration in each facility. The PRO shall furnish the PMT-CARES of the monthly assignment.</p> <p>Office Order No. 0063, s. 2013 – Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>Assignment of CARES in L3 and L4 hospitals must be fixed/permanent in nature for a period of one month and not exceeding 3 months</p>	14 months before first rotation

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Perceived Advantages and Disadvantages of Rotation in Hospital Assignment		Rotation not beneficial because one may not be able to fulfill responsibilities/tasks required; may not be cut out for the job	<ul style="list-style-type: none"> <li>• Most of the respondents don't want to have rotation of hospital assignments because of adjustment issues</li> <li>• Some of the respondents may want to try to have hospital assignment rotation to be more flexible, to have wider exposure and to enhance themselves to different environment</li> <li>• One noted the disadvantage of no hospital rotation – boredom</li> <li>• Rotation provides a wider exposure to both private and government hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• At first, some are resistant to rotation, but now, it is more acceptable</li> <li>• Some respondents don't want to have hospital assignment rotation because of hospital policy adjustment and confidence-building issue.</li> <li>• Rotation is more synergistic</li> <li>• Rotation promotes check and balance of policies of the hospital and the Corporation</li> </ul>		Ok to rotate after 6 months, 3 months too short

**Task Leaders**

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents
<p>Task Leaders are the point person of the Branch PhilHealth CARES who oversee and supervise the staff</p>	<ul style="list-style-type: none"> <li>• Task leaders – monitoring, reporting, no handled hospital, consolidation of performance evaluation</li> <li>• The creation of a Task leader is an innovation to review the need for necessary reports</li> <li>• No time line for the decision of the task leader</li> <li>• On October, before the renewal of the contracts, there will be a review of the efficiency of the task leaders</li> <li>• No particular hospital handled (roving)</li> </ul>			<p><i>"As TL I make sure na nag-cocomplyang hospital. May mga CARES akanapangitangpwesto. Pinapalipatkotalaga."</i></p>	
<p>No Training to be a Task Leader</p>			<ul style="list-style-type: none"> <li>• There is no training to be a task leader</li> <li>• No training for task leader (Previously a Faculty member – administrative officer of college of nursing)</li> </ul>		
<p>Task leaders have no extra benefits</p>	<p>No additional perks for a task leader <i>"There are no additional perks"</i></p>		<ul style="list-style-type: none"> <li>• Most of the CARES Staff don't want to be a task leader</li> </ul>	<ul style="list-style-type: none"> <li>• No one wants to be a task leader because it entails a lot of qualities (self-confidence, negotiating</li> </ul>	<p><b>Office Order No. 0063, s. 2013 – Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY</b></p>

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents
	<p><i>when you get to be a Task Leader. But the task leader is a welcome thing for the region...at least meronnaisangnakatutok..to assist...to monitor."</i></p>			<p>skills) and travelling within the branch jurisdiction</p>	<p><b>2013 and Hospital Assignment/Deployment</b></p> <p>No extra benefits mentioned in the office memo.</p>
<p>Task Leaders don't have enough resources to do their jobs</p>		<ul style="list-style-type: none"> <li>Task Leaders have no own information system means</li> </ul>	<ul style="list-style-type: none"> <li>Task Leaders bring their own laptop (if they have 1)</li> <li>Task Leaders communicate through the hub</li> </ul>		
<p>Task leaders are the point person of the CARES</p>	<ul style="list-style-type: none"> <li>Task leaders are for monitoring and supervision- the point person</li> <li>Task leaders assists HCDMD for the supervision and implementation of CARES</li> </ul>	<ul style="list-style-type: none"> <li>Task Leaders are the focal person</li> <li>Task leaders – assigned for consolidation of reports and monitoring of CARES staff</li> <li>Task leaders functions                             <ul style="list-style-type: none"> <li>Roving to all hospitals under the branch</li> <li>Monitoring of CARES Staff</li> <li>Guiding new CARES Staff</li> <li>Reliever for absent CARES staff</li> <li>Answers queries of CARES Staff by Google Chat, text, email (wifi through personal phone)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Having a task leader is important</li> <li>Task leaders assignments:                             <ul style="list-style-type: none"> <li>allocate assignments</li> <li>Information updates to CARES Staff (text blast)</li> <li>Give reminder of deliverables</li> <li>Consolidation of reports which are submitted to branch manager then to the HCDMD</li> <li>Reliever</li> <li>Takes note of concerns of members</li> <li>Streamlining of operations</li> <li>Guide of new CARES Staff</li> <li>Protection of CARES Staff from the corporation and client</li> </ul> </li> </ul>		<p><b>Office Order No. 0063, s. 2013 – Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</b></p> <p>Shall assist the HCDMD Chief/CARES Focal Person in cascading information to deployed CARES;</p> <p>Shall collate and consolidate CARES submitted reports for review of HCDMD Chief;</p> <p>Shall assist in the preparation and finalization of the Regional Monthly Report pertaining to the implementation of the PhilHealth CARES Project using the prescribed reporting format;</p>

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents
			<ul style="list-style-type: none"> <li>• “lifeline” for queries that can’t be answered by the Staff</li> </ul>		<p>Shall assist in rendering Technical assistance/guidance pertaining to the operationalization and implementation of specific policies to CARES.</p> <p>Other tasks as may be assigned in relation to PhilHealth CARES project</p>
<p>Team leader became task Leader to prevent hierarchy amongst the CARES</p>			<ul style="list-style-type: none"> <li>• Task leaders – responsible to the CARES staff with “operational” functions while Team Leaders are more on managerial, guidance, coaching functions with no reports</li> <li>• Team leader labeling was deleted by Ms. Cheng because it connotes hierarchy among the CARES Staff <i>“Kung may concerns kami, bagoi-forward sataas, ipapadaanmunasakanya. Para din powalakamingbina-bypass.” [referring to having a Task Leader]</i></li> </ul>	<ul style="list-style-type: none"> <li>• Difference of Team leader vs. Task leader</li> <li>• Team leader – more informal duty assignment (verbal); reminds requirements; does text blasts; coaching for new CARES Staff and other special concerns</li> <li>• Promotes hierarchy</li> <li>• Task Leader – mandated by the Service order, defined task, official capacity</li> </ul>	
<p>Most of the respondents don’t want the rotation of being a Task Leader</p>		<ul style="list-style-type: none"> <li>• CARES Staff members didn’t want the job of Task Leader be rotated among them (task leaders should be deserving for the position)</li> </ul>	<ul style="list-style-type: none"> <li>• Most of the CARES Staff don’t want to be a task leader</li> </ul>	<ul style="list-style-type: none"> <li>• No one wants to be a task leader because it entails a lot of qualities (self-confidence, negotiating skills) and travelling within the branch jurisdiction (no travel expense)</li> </ul>	

COMMON THEME	Managers	NCR North	NCR Central	NCR South	Review of Documents
				<ul style="list-style-type: none"> <li>As a task leader, there should be rotation for familiarity of differences in hospitals</li> </ul>	
No criteria set to be a task leader	<ul style="list-style-type: none"> <li>No criteria to be a task leader</li> </ul>	<ul style="list-style-type: none"> <li>Task leader should be vocal and proactive</li> <li><i>"Silatalagaangnararapatnamaging Task Leader"</i></li> </ul>			

## Work Details

Common theme	Managers	NCR North	NCR Central	NCR South	Documents Review
Working Schedule is flexible time		<ul style="list-style-type: none"> <li>• Flexible working schedule 8am-4pm or 9am-5pm from Monday to Friday</li> <li>• Saturday schedule is 8am-1pm or 9am-2am</li> <li>• No overtime pay</li> </ul>	<ul style="list-style-type: none"> <li>• Monday-Friday (8 hours)</li> <li>• Saturdays (5 hours)</li> </ul>		<p><b>Office Order No. 0063, s. 2013</b>  <b>Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</b></p> <p>Following the intent of Office Order No. 0095 ser. 2011, with subject: Guidelines on the Grant of Flexible Work Schedule, all CARES Nurses shall observe the following schedule:</p> <ul style="list-style-type: none"> <li>• Work schedule shall be 40 hours per week from Monday to Fridays (7hours) and Saturdays (5 hours);</li> <li>• For Monday to Fridays, CARES shall time-in at any time from 8:00am to 9:00am and shall time-out at any time from 4:00 pm to 5:00 pm. Full one-hour flexi-time is accorded to CARES, provided that they meet the prescribed number of working hours per day;</li> <li>• On Saturdays, CARES shall time-in at any time from 8:00 am – 9:00 am and shall time-out at any time from 1:00pm-2:00pm, provided that they meet the prescribed number of working hours for those with Saturday schedules.</li> <li>• Failure to meet the prescribed number of working hours shall be tantamount to tardiness and/or absence;</li> <li>• CARES may be provided a Monday-Friday work schedule as determined by the PROs. Such arrangement may be granted due to any of the following reasons: (1) religious considerations, (2) adverse peace and order situation, (3) access/unavailability of transport, provided that the daily 8-hour work schedule shall be strictly followed;</li> </ul>
Jurisdiction of the CARES is under the VP	<ul style="list-style-type: none"> <li>• On August 1, 2013, the CARES was</li> </ul>				<p><b>Office Order 0053 s. 2012</b>  <b>Implementing Guidelines of the PhilHealth CARES Project</b></p>

Common theme	Managers	NCR North	NCR Central	NCR South	Documents Review
	<ul style="list-style-type: none"> <li>transferred to the branch</li> <li>CARES was under the Regional VP in the policy</li> <li>In NCR, CARES is under the branch with overall supervision of the VP</li> </ul>				The regional vice President through the HCDMD is coordination with the LHIO head shall monitor the performance of the CARES
CARES has a weekly prescribed uniform		<ul style="list-style-type: none"> <li>One uniform from Monday to Friday</li> <li>Wash day on Saturday</li> <li>No specifications in fashion and beauty tips</li> </ul>			
CARES Desk should be placed in a conspicuous place which is easily accessible to members. However, some hospitals don't follow this policy		<ul style="list-style-type: none"> <li>Hospital location – near billing, admission office,</li> <li>One hospital has their PhilHealth CARES desk in a non-conspicuous place. They placed a Desk Name on the Window but was asked to be removed by the Hospital Director. They requested the Hospital</li> </ul>	<p>"Nasa basement poako ng hospital. Hindi talaganapuntahan ng mga patients. Perona-endorse napoako ng PhilHealth officer. Nagwa-ward to ward naako." [AFP Med Car</p>		<p><b>PhilHealth Circular No. 12, s. 2012</b>  <b>Guidelines for Hospitals Covered by the PhilHealth CARES Project</b>  C. Hospital Logistics and Business Processes  1 .The hospital administrator shall have discretion in identifying the optimal physical location of an office space for the CARES staff within the hospital premises. However, the following strategic attributes of an ideal location are suggested:</p> <ol style="list-style-type: none"> <li>Accessibility (within the acceptable radius from the center of activity)</li> <li>Adequate lighting and ventilation</li> <li>Sufficient space to serve at least 5 people on queue at any one time</li> </ol>

Common theme	Managers	NCR North	NCR Central	NCR South	Documents Review
		<p>Director for placement of collaterals but didn't materialize. The bulk of the patients are in the charity building but the CARES desk is in the new building with less clients.</p> <ul style="list-style-type: none"> <li>• Area assignment is dependent on the post given by the hospital</li> </ul>			<p>For DOH-retained hospitals, the CARES shall be stationed in dedicated PhilHealth Desk, as mandated in DOH Memorandum 2011-0184 dated July 4, 2011</p> <p>For other government hospitals, it is recommended that the PhilHealth CARES be stationed near the DSWD office or any social worker agency within the hospital.</p> <p>2. Hospitals are encouraged to provide the PhilHealth CARES with a computer and network connection to be able them to access the PhilHealth online systems for member record verification such as, but not limited to, the following data:</p> <ol style="list-style-type: none"> <li>a. PIN</li> <li>b. Member Data Record (MDR)</li> <li>c. Member Eligibility</li> <li>d. list of Accredited Hospitals</li> </ol>
CARES do ward-to ward visits for better Information dissemination		<ul style="list-style-type: none"> <li>•Some Hospitals don't allow ward visits for the patients' privacy (if patient interaction is unnecessary, don't do it)</li> <li>•CARES in the Government Hospitals can't do ward-to-ward visits because of the bulk of the patients</li> <li>•Some CARES Staff don't leave their posts because clients may come unexpectedly</li> </ul>	Endorsed by PhilHealth staff thus allowed to go ward-to-ward		<p>There is no document supporting the "ward to ward" visits of CARES, however according to</p> <p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>Secondary Responsibility The PROs may also assign additional tasks that may be deemed necessary to achieve the objectives of the CARES Project. However, the PROs are to inform the PMT-CARES of such, and provided that these supplementary assignments will not hinder the CARES in performing their primary functions.</p>

**Annex4-D- Comparative Matrix Question no. 5: Duties and Responsibilities**

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Basic duties and responsibilities of CARES	<ul style="list-style-type: none"> <li>• Assist</li> <li>• Inform</li> <li>• Guide</li> </ul>	<ul style="list-style-type: none"> <li>• To assist and guide members to comply with requirements</li> <li>• Info dissemination</li> <li>• Task goes to the extent of "defending" members</li> </ul> <p><i>"MadamisamgaPhil Healthmembershind ialammgabeneponila, rights nila. Minsannangalang o first time nilagagamitin, ibigaynamannamina ngserbisyona minna ngmasulitnamannila benepisyona."</i></p>		<ul style="list-style-type: none"> <li>• To educate and advocate</li> <li>• Defend the rights of the member</li> <li>• To handle queries and complaints</li> </ul>	<p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b> Primary Responsibilities</p> <ol style="list-style-type: none"> <li>Give personalized customer care to members and provide them with essential information of their PhilHealth membership, eligibility, benefits and availment</li> <li>Facilitate the completion of the PhilHealth CARES Form or PHCF- (Annex A of the Office order)</li> <li>Encourage and assist the enrolment of prospective members</li> <li>Assist members in the verification of vital information which can only be accessed through the PhilHealth database, such as but not limited to the following PhilHealth Identification Number (PIN), Member Profile (Name, Birthday, Place of birth, Sex, marital Status, Address, Member, Member Category, List of Dependents, Member eligibility, List of accredited professionals, list of accredited facilities)</li> <li>Conduct surveys developed by PhilHealth in aid of policy formulation</li> </ol> <p>The CARES shall not be given functions such as updating of membership, collection of contributions, screening, and processing of claims, receiving and screening of applications for accreditation, and receiving of compliance Return to Hospital (RTH).</p> <p>Secondary Responsibility The PROs may also assign additional tasks that may be deemed necessary to achieve the objectives of the CARES Project. However, the PROs are to inform the PMT-CARES of such, and provided that these supplementary assignments will not hinder the CARES in performing their primary functions.</p>	<ul style="list-style-type: none"> <li>• Marketing of enrolment to PhilHealth at public hospitals</li> <li>• Information dissemination (benefit availment)</li> <li>• Inquiry or verification of status, contribution of self employed via command center when the no internet access</li> </ul>

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
CARES fight for the rights of the members		<ul style="list-style-type: none"> <li>• Fight for the rights of the Members <i>"Ipaglabanang claims ng members sa billing section"</i></li> <li>• Facilitate and help the Members accomplish their claims amidst the difference in transmittal and variability of claiming procedure per branch (common concerns – where the patient lives, where it will be claimed, and where the patient is confined)</li> <li>• Advocate the No Balance Billing in the Hospitals <i>"Pinaglalamanonamin angkarapatan ng member. May circular kamingpinapakita."</i> <i>"Dahil don nagpapasalamatsila. Nagbibigaysila ng suman."</i></li> </ul>			<p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>Primary Responsibilities</p> <p>Give personalized customer care to members and provide them with essential information of their PhilHealth membership, eligibility, benefits and availment</p> <p><b>PhilHealth Circular No. 021 s. 2012</b> <b>PhilHealth CARES Form 1</b> To facilitate the availment of benefits by PhilHealth members and dependents in cases when the member does not have a copy of his / her MDR, a properly filled up PhilHealth CARES Form 1 can be attached to the Claims Form</p>	<ul style="list-style-type: none"> <li>• Rapid enrolment of the critical poor – ORE (onsite rapid enrolment)</li> </ul>

Common Theme	Managers	NCR North	NCR Central	NCR South	Reviews of Documents, Circulars	KII
<p>CARES are the liaison between the Hospital, PhilHealth and the Members for the Interpretation and implementation of the policies</p>		<ul style="list-style-type: none"> <li>• To confirm carefully the circulars and share it to the hospital and the members</li> <li>• When asked how they are updated in the new policies they answered 1) through initiative of asking questions to the Command Center; and 2) Text blasts from the task leaders</li> <li>• Checking of profile of members, MDR, contribution of employer/member</li> <li>• Access the Database for the patients (slow connection)</li> </ul>	<ul style="list-style-type: none"> <li>• To educate, advocate, update, link hospital and member (liaison for all information about PhilHealth),</li> <li>• Serves as a communication hub</li> <li>• Face of PhilHealth – PhilHealth became more accessible to the members; change in the profiling of PhilHealth to the people (always smiling and accommodating); PhilHealth services are more utilized</li> </ul>		<p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p><b>PhilHealth Circular No. 021 s. 2012</b>  <b>PhilHealth CARES Form 1</b>            To facilitate the availment of benefits by PhilHealth members and dependents in cases when the member does not have a copy of his / her MDR, a properly filled up PhilHealth CARES Form 1 can be attached to the Claims Form</p> <p><b>Office Memorandum No. 0145, s. 2012</b>  <b>Clarification on the Implementation of the PhilHealth CARES Project</b>            The Health Care Delivery Management Division (HCDMD) in coordination with the Public Affairs Unit in the PRO shall be in charge of giving updates/information on the new programs of the Corporation to the CARES staff.</p>	<ul style="list-style-type: none"> <li>• Customer service regarding various issues between hospital, members and corporation</li> <li>• Conflict between CARES, members and hospital (interpretation of circular)</li> </ul>

Common Theme	Managers	NCR North	NCR Central	NCR South	Reviews of Documents, Circulars	KII
Pacifier of Irate Patients			<ul style="list-style-type: none"> <li>• Pacifier of Irate patients <i>Huwagniyopoun ahinanggalit. Hindi kopo kayo matutulongan kung purogalitangas abihinniyosa akin. Kung papakingganniyo poang side ko, mas mapapabilis at matutulunganko po kayo ma-avail ang benefits niyo."</i></li> </ul>		<p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>Give personalized customer care to members and provide them with essential information of their PhilHealth membership, eligibility, benefits and availment</p>	
Run Surveys			<ul style="list-style-type: none"> <li>• Run a survey- No Balance Billing Survey in Government Hospitals</li> </ul>		<p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>Conduct surveys developed by PhilHealth in aid of policy formulation</p> <p><b>Office Memorandum 0141-2013</b></p> <p><b>Survey of NBB Implementation</b></p> <p>All Regional Offices are hereby directed to conduct said Survey by tapping their respective PhilHealth CARES during the period of implementation</p>	
Other ADHOC functions			<ul style="list-style-type: none"> <li>• Got pulled out from work for PhilHealth Caravan</li> </ul>		<p><b>Office Order No. 0053, s 2012: Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>Secondary Responsibility</p> <p>The PROs may also assign additional tasks that may be deemed necessary to achieve the objectives of the CARES Project. However, the PROs are to inform the PMT-CARES of such, and provided that these supplementary assignments will not hinder the CARES in performing their primary functions.</p>	

## Duties and responsibilities of PMT

PMT Functions and Duties	
Category	Specific Detail from the PMT FGD
Coordination functions	<ul style="list-style-type: none"> <li>• Monitor queries, and ensures all queries are answered database record, and policy reference)</li> <li>• Each of the handlers have respective network (Sun, Globe, Smart) and Regional assignment</li> <li>• Each of the member have a program expertise (NHTS, Information Caravan, Onsite Rapid Enrolment, PCB, Claims) but the other team members know a significant amount of information so that even if one is not around, they can still function well</li> <li>• They answer queries nationwide through G-talk, text messages and calls</li> <li>• At first, PMT tend to give policy interpretation and cite the circular then refer to region for interpretation</li> </ul>
Administrative functions	<ul style="list-style-type: none"> <li>• The PMT has 7 handlers for the Command Center and technical staff (The 7 handlers are not undermanned and can deliver the service they are expected to give – “Lean and Mean Team”)</li> <li>• Administrative officer – day to day operation, administrative function</li> <li>• Budget Officer – oversee day to day activity in the command center, prepares budget of the project, answers queries in the station (sometimes), reports in the command center</li> <li>• IT support – disseminate information through email and text blasts, consolidate national reports, coordination of the PCARES, IT support regarding the system (also handle Regional assignments)</li> <li>• The PRO is accountable on how they will use the budget for the GA</li> </ul>
Monitoring Functions	<ul style="list-style-type: none"> <li>• Task leaders should consolidate the reports then to NCR branch office</li> <li>• Branch office should proof read the accomplishment report, tallies, issues and concern, and feedback.)</li> <li>• Consolidated report should be signed by the RVP</li> <li>• There should be further improvement in the feedback of the clients</li> <li>• Patient evaluation form monitoring and consolidation should be done by the HCDMD</li> <li>• Flow of Patient feedback consolidation – Patient Feedback Form → PCARES → HCDMD → PMT</li> </ul>
Problems	<ul style="list-style-type: none"> <li>• They have pressing concerns regarding the different interpretation and operationalization of the policies by regions</li> <li>• There should be a Blanket policy statement</li> <li>• PRO should hold the assembly for answering the questions and clarification of Policy</li> <li>• All regions have budget for General Assembly and some regions do it but some don't</li> <li>• Issue of VAT inclusion whether before or after PhilHealth deduction</li> <li>• There is a quarterly budget at the PRO level for convention – the HCDMD chief should relay this to the PCARES</li> <li>• They have a hard time monitoring the PCARES Staff and the project if they receive incomplete data</li> <li>• They should do the monitoring and evaluation only but they even do data collection</li> <li>• If there are problems in the field, the accountability should be in the HCDMD Chief in the PRO</li> </ul>
others	PMT handlers are previous PCARES Staff (Pioneer batch)

## Document Review for PMT Functions

### Special Order 0204 series of 2012: Creation of PhilHealth CARES Project Team

#### Functional Statement

The PhilHealth CARES Team is mandated to take responsibility for the planning, execution, monitoring and evaluation of the programs/initiatives relating to the PhilHealth CARES Project, and to do all acts /things as may be necessary, incidental or advantageous to fully and expeditiously accomplish the objectives of the Project. Specifically, the team shall discharge/accomplish the following functions, duties, responsibilities among others:

- a. In coordination with the Human Resource Department
  - Screen applicants and recommend to the President and CEO the nominees for hiring
  - Develop and implement a deployment plan among accredited providers in line with the policy directions of the board of directors and management
  - Develop and implement an effective and practicable performance monitoring tool that will be utilized for evaluating the individual and collective accomplishment of the PhilHealth CARES.
- b. In coordination with the Public Affairs Department (PAD), Member Management Group, and the Health Finance Policy Sector (HFPS)
  - Develop the training module which would include the key areas on membership (enrolment, eligibility) and benefits availment
  - Oversee the production and proper dissemination of information, education and communication (IEC) materials
- c. In coordination with the Chief Information Officer
  - Assist the CIO together with the other concerned offices, in developing the reporting protocol including the template and the most efficient means of transporting reports for consolidation and analysis.

#### Deliverables

The team shall regularly prepare and submit relevant accomplishment and other reports as may be appropriate or as may be required by management, including monthly reports as may be required by management, including monthly reports consolidating the reports of the PhilHealth CARES nationwide incorporating the following:

- Issues and concerns raised by the members in terms of membership, eligibility, and benefits availment
- Results of the studies and surveys management has instructed the cares to undertake

Member utilization reports of the benefit packages particularly case payments and No Balance Billing (NBB)

**Annex 4-E Comparative Matrix Question nos. 6 and 7: Performance Evaluation; and Monitoring and Evaluation of CARES Project**

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Performance evaluation is problematic	<ul style="list-style-type: none"> <li>• The performance evaluation should be uniform</li> <li>• Performance evaluation is problematic</li> <li>• Call for the need for performance matrix to distinguish the good performing vs. the poor performing Staff</li> <li>• Poor performance of Out-of-Post, tardiness, absence, non-compliance with the contract, behavioural problems have poor monitoring scheme</li> <li>• There are problems in monitoring whereabouts of CARES staff (e.g. patient was to be discharged and there was a need for the patient's MDR but there was no CARES in site)</li> </ul>	<ul style="list-style-type: none"> <li>• There is no formal performance evaluation</li> <li>• Performance evaluation of the PCARES is very loose and should be more stringent and structured</li> </ul>			<p><b>PhilHealth Circular No. 0012 s. 2012 Guideline for Hospitals Covered by the PhilHealth CARES Project</b></p> <p>The work schedule of PhilHealth CARES shall be from Monday-Fri, 9am – 5pm and Saturdays from 9:00am-2:00p</p> <p>The attendance shall be monitored using CSC Form No. 43 or Daily Time Record (DTR), use of Bundy clock if available or an attendance logbook which shall be maintained with the signature of the Chief Nurse-on-Duty affixed on that particular day as reference to log the time-in and time-out entries.</p> <p>To support payment of compensation, a certificate of accomplishment of</p>	

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
					<p>tasks and certificate of attendance shall be prepared/signed by the PhilHealth CARES. This shall be verified and certified by the HCMD Officer</p> <p>The PhilHealth Cares shall submit a narrative Accomplishment Report together with the corresponding monitoring tools/reports at the end of each month for data analysis, evaluation and other purposes</p>	
Performance evaluation tools	<ul style="list-style-type: none"> <li>• Evaluation: Reports (monthly accomplishment report, common issues and concerns)</li> <li>• Accomplishment Report – Number of clients, most common inquiries, critical issues, compliance of hospital to the policies of PhilHealth</li> <li>• There is a need for 'performance metrics' to distinguish the performing staff from</li> </ul>	<ul style="list-style-type: none"> <li>• There is a feedback form accomplished however 1/10 clients answer it (clients busy attending to their patients, no privacy in filling out the form.</li> <li>• Accomplishment Report are Submitted to the Central Office</li> <li>• There is a tally of inquiries which is dependent on the number of census per day</li> </ul>	<ul style="list-style-type: none"> <li>• They make accomplishment reports with a tally of the services they rendered</li> <li>• Tally sheets show the number of client encounters but does not show quality</li> <li>• In 7 hours they should be able to have served at least 7 patients.</li> <li>• Less than that, they are considered</li> </ul>	<ul style="list-style-type: none"> <li>• Most of the PCARES in the south area have their clients answer the client feedback form (they ask politely the clients to please answer the feedback form before discharge or after fixing other important documents in the hospital)</li> </ul>	<p><b>Office Order No. 0053, s. 2012 Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>CARES shall submit an Accomplished Report together with the corresponding monitoring tools/reports at the end of each month for performance evaluation and data analysis. A tally sheet</p>	Monthly reports to healthcare delivery management division (HDMD)

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
	<p>Non- performing/poor performing staff.</p> <ul style="list-style-type: none"> <li>• Reports are used to evaluate performance.</li> </ul>		<p>"inefficient". However, they do not agree to this since flow of clients depends on the hospital. (Private hospitals may have lesser clients served)</p>		<p>(monitoring tool per client inquiry) shall be accomplished by the PhilHealth CARES (available under the tally sheet feature of CSIS; HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR)</p> <p>CARES PRO shall encourage customer to accomplish Service Satisfaction Survey to evaluate CARES performance</p>	
<p>High Customer Satisfaction Rate</p>	<ul style="list-style-type: none"> <li>• Customer satisfaction is high</li> </ul>		<ul style="list-style-type: none"> <li>• No complaint letter received</li> </ul>	<ul style="list-style-type: none"> <li>• Problems are more on the Corporation but not on the service rendered by the PCARES Staff</li> </ul>	<p><b>Office Order No. 0053, s. 2012 Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>CARES PRO shall encourage customer to accomplish Service Satisfaction Survey to evaluate CARES performance</p> <ul style="list-style-type: none"> <li>○ No Memo/policy on standards for customer service</li> </ul>	

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
Presence of Mystery Client and/or PhilHealth Employee to Validate the performance of the CARES		<ul style="list-style-type: none"> <li>• They hypothesized that there is a mystery client (knowledgeable on the corporation with very difficult queries) to gauge their performance</li> <li>• They are receptive to the idea that having a mystery client is a good idea because it keeps them on their toes</li> <li>• There are surprise visits of the PhilHealth employees/supervisors</li> </ul>	<ul style="list-style-type: none"> <li>• There was spot checking c/o Dr. Valbuena</li> <li>• They noted that there is a mystery client (client cut out an advertisement from the newspaper regarding the new policy in PhilHealth brought it to the PCARES and asked questions)</li> <li>• Some times PhilHealth employees asked questions first before they reveal their real identity</li> </ul>	<ul style="list-style-type: none"> <li>• They know that there is a mystery client</li> <li>• There were surprised visits by the HCDMD</li> <li>• Having a mystery client as a means of evaluation entails that the evaluator should be objective and uniform</li> </ul>	No Memo/circular on Mystery Client Survey (MCS)	Mystery client present to check CARES staff
Change in the Customer Feedback form format and content > response options		<ul style="list-style-type: none"> <li>• Change in the patient feedback with smiley, frowny and poker face instead of number for easy reference</li> </ul>	<ul style="list-style-type: none"> <li>• Customer Satisfaction Form is difficult to comprehend (Smiley/Frowny/Poker Face instead of numbers)</li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> and 2<sup>nd</sup> item of the form is almost the same and was suggested to be fused and revised</li> <li>• The reading and comprehension of the instructions is time consuming</li> <li>• Replacement of the scale into smiley, frowny and poker face</li> <li>• Question number 3 is problematic in terms of how will the client knows that the PCARE has the right answer to the query</li> </ul>	<p><b>Office Order No. 0053, s. 2012</b>  <b>Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>CARES PRO shall encourage customer to accomplish Service Satisfaction Survey to evaluate CARES performance</p>	

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KII
				Retain question number 4		
CARES are given token as a sign of appreciation for a job well done		<ul style="list-style-type: none"> <li>• Sometimes the PCARES are given food as token of gratitude for helping the clients</li> </ul>			No Memo/policy on Acceptance of gifts/token from clients	

## Monitoring and Evaluation of CARES Program

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KI
Task Leaders play a crucial role	<ul style="list-style-type: none"> <li>• Task leaders have no training. They are chosen from the Pioneer batch</li> <li>• Task leaders guide the new batches through buddy-buddy system</li> </ul>				<p>Office Order No. 0063, s. 2013 – Implementing Guidelines in the Selection Process of Additional PhilHealth CARES Nurses for CY 2013 and Hospital Assignment/Deployment</p> <p>Designation of Task Leaders per PRO is necessary to further strengthen monitoring and evaluation mechanisms.</p>	
Regular visits of HCDMD to the CARES	<ul style="list-style-type: none"> <li>• Regular visits of HCDMD as needed (one reason why Task Leaders are created)</li> </ul>				<p>Office Order No. 0053, s. 2012 Guidelines in the Implementation of the PhilHealth CARES Project</p> <p>HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR</p>	
Utilization of Group Chat to answer question and update the status of every CARES with one another	<ul style="list-style-type: none"> <li>• The teams have a Group chat for posting of queries, simple greeting (support formal/informal group)</li> <li>• Group Chat prevents the feeling of isolation for the team members</li> <li>• They suggested the formalization of the group chat as a learning tool however,</li> </ul>					

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KI
	<p>nobody synthesizes the group chat</p> <ul style="list-style-type: none"> <li>Some of the topics posted in the group chat are common queries with their respective common answers (started by the pioneer batch)</li> </ul>					
<p>Monitoring and evaluation are loose</p>	<ul style="list-style-type: none"> <li>poor monitoring scheme</li> </ul>		<ul style="list-style-type: none"> <li>Monitoring and evaluation are loose</li> <li>There should be a numerical evaluation like a report card</li> <li>None of the colleagues from the hospital assignment provides the monitoring tool for evaluation</li> <li>Cares should be visited by supervisor more often</li> <li>They suggest that there should at least quarterly visits of the supervisors</li> <li>There should be close monitoring of the performance of the PhilHealth CARES</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring system is inadequate because of hasty generalization even with small mistakes</li> <li>Weakness in monitoring of DTRs (some CARES staff falsify their attendance)</li> </ul>	<p><b>Office Order No. 0053, s. 2012 Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>CARESShall submit an Accomplished Report together with the corresponding monitoring tools/reports at the end of each month for performance evaluation and data analysis.</p> <p>A tally sheet (monitoring tool per client inquiry) shall be accomplished by the PhilHealth CARES (available under the tally sheet feature of CSIS; HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR)</p> <p>CARES PRO shall encourage customer to accomplish Service Satisfaction Survey to evaluate CARES performance</p>	<p>Only monitored through monthly reports and tally sheets provided by CARES staff</p>

Common Theme	Managers	NCR North	NCR Central	NCR South	Review of Documents, Circulars	KI
Validation of DTRs by signature of a Hospital personal or use of Bundy clock				<ul style="list-style-type: none"> <li>• They suggested to have attendance with signature, a Bundy clock so attendance will be validated</li> <li>• Everyone in the group wants to have an attendance logbook</li> </ul>	<p><b>Office Order No. 0053, s. 2012 Guidelines in the Implementation of the PhilHealth CARES Project</b></p> <p>HCDMD will be responsible in gathering CARES PRO monitoring tools and CSC form # 43 or DTR every month for PRO-HR</p>	

### Annex 4-F - Comparative Matrix Question nos. 8, 9, and 10: Most common services rendered, queries and complaints

#### Most Common Services Rendered

Managers	NCR North	NCR Central	NCR South	KII
<ul style="list-style-type: none"> <li>• Updates on membership</li> <li>• Provision/Issuance of PhilHealth Cares form 1 in lieu of MDR</li> <li>• Information dissemination (ward visits – outbound)</li> <li>• Do surveys NBB (6000 respondents)</li> <li>• Service depends on the respective regulation of the assigned hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Information dissemination</li> <li>• Availment of Claims</li> <li>• Checking of requirements</li> <li>• Contribution information</li> <li>• Assist in documentation and completion of documents</li> <li>• Verification of accreditation for doctors and hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Updating of records is not a function of CARES but they still do it for the client</li> <li>• Answering clients' inquiries</li> <li>• Providing information regarding benefits, case rates, documentation requirements, etc</li> <li>• Updating of records is not a function of CARES but they still do it for the client</li> </ul> <p><i>"Mas magandanabigyanna kami ng function ng updating of records."</i></p> <p><i>"Kami napoangpumupuntasa LHIO para ma-update yung records kasi kami din poangmahhirapan. Kami ang to-toxickinpaghindina update. Kung silaangpupuntapagbalikhindi pa din na update kasi kung anoanghinihingi whereas kung kami angpumupuntana-uupdate."</i></p>	<ul style="list-style-type: none"> <li>• Updating of membership</li> <li>• Availment of services</li> <li>• Handles complains/queries</li> <li>• Communication hub for the member, hospital, and the corporation</li> <li>• Health education</li> </ul>	<ul style="list-style-type: none"> <li>• Availment procedure</li> <li>• Updating document requirements and processes</li> <li>• Answers all inquiry of members and hospital</li> <li>• Inquiry or verification of status, contribution of self-employed via command center when the no internet access</li> </ul>

#### Others

- The "Gel" of hospital policies and PhilHealth policies (PhilHealth in the Hospital -protects the hospital; PhilHealth CARES -protects the member)
- Coordinates with the concerned offices regarding specific queries
- They suggested that they can print an MDR because other hospitals don't accept PCF1
- Their functions should only be delineated according to the scope of their job so as to have harmonious relationship with the stakeholders

## Most Common Queries

Common Themes	Managers	NCR North	NCR Central	NCR South	KII
Common queries answered	<ul style="list-style-type: none"> <li>• Questions on how to use the MDR and how to replace it with PhilHealth Care Form 1</li> <li>• Eligibility concerns</li> <li>• Availment requirements</li> <li>• Documentary requirements</li> <li>• Benefit packages</li> <li>• Contribution</li> <li>• Enrolment/updating records</li> </ul>	<ul style="list-style-type: none"> <li>• What are the documentary requirements?</li> <li>• Questions on Benefits, Eligibility, adding of dependents</li> <li>• Handling Doctor's Complaints</li> <li>• Case Rates utilization</li> <li>• contributions</li> </ul>	<ul style="list-style-type: none"> <li>• Questions of the Hospital and Doctors regarding Corporation policies</li> <li>• Professional Fee of Doctors in Private Hospitals</li> <li>• PhilHealth and HMO combined benefits</li> <li>• New Balance Billing utilization in Government Hospitals</li> <li>• For Case Rates – are they free of service (NBB?) if with co-morbids</li> </ul>	<ul style="list-style-type: none"> <li>• MDR provision/utilization</li> <li>• Use of PCF in the absence of MDR</li> <li>• Goes the extra mile to help the member claim</li> </ul>	<ul style="list-style-type: none"> <li>• <i>"Kung covered baako?"</i></li> <li>• <i>"Magkanong discount angmakukuhako?"</i></li> <li>• Question if the doctor is accredited by PhilHealth</li> <li>• If a case rate does it require an accredited doctor?</li> </ul>
Patient socioeconomic demographics and degree of CARES assistance		<ul style="list-style-type: none"> <li>• CARES staff noted that clients in higher social demographic classes (private patients) are more demanding (irate clients)</li> <li>• Patients in the lower socio demographic classes are "easier clients" because they follow instructions very well and that they are easier to interact with</li> <li>• Private hospitals – "quality" (more demanding) patients</li> </ul>	<ul style="list-style-type: none"> <li>• Private patients are more demanding (higher expectations to the CARES Staff service and to the corporation)</li> <li>• Low profile patients are easier to instruct</li> </ul>		<ul style="list-style-type: none"> <li>• <i>"Mas madalingkausapangmagan asa public hospital kaysasa private hospital"</i></li> </ul>

Common Themes	Managers	NCR North	NCR Central	NCR South	KII
		<p>Public hospital-quantity (volume) of patients</p> <ul style="list-style-type: none"> <li>• Older patients are harder to instruct because of mobility and difficulty in instruction and comprehension</li> <li>• If there are Indigent Patients, the CARES staff extends their service up to photocopying of necessary forms which may come from their pockets</li> <li>• Government employees are demanding clients because of self-entitlement that they are public officers</li> </ul>			<ul style="list-style-type: none"> <li>•</li> </ul>

### Most Common Complaints

Common Themes	Managers	NCR North	NCR Central	NCR South	KII
Delineation of complaints vs. queries	<ul style="list-style-type: none"> <li>• Sometime they can't delineate inquiries from complaints</li> </ul>				
Common complaints	<ul style="list-style-type: none"> <li>• Most of the complaints are about the documentary requirements</li> <li>• Wrong spelling in the MDR</li> <li>• Long turn-around time of the claims</li> <li>• Case Rates are not sufficient</li> <li>• Corporation complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Update of documentary requirements (some hospitals don't accept attachments)</li> </ul>	<ul style="list-style-type: none"> <li>• Case rates coverage are not enough</li> </ul>	<ul style="list-style-type: none"> <li>• Use of PCF in the absence of MDR</li> <li>• Lot of documentary requirements</li> <li>• Refund of Drugs bought outside of the hospital (issues in the authenticity of the receipts)</li> </ul>	<ul style="list-style-type: none"> <li>• Out of pocket expenses due to under deduction</li> <li>• Problem with requirement like less than 6 months contribution (actually we only need 3 months of contribution for all cases)</li> </ul>
Complaints of stakeholders is about PhilHealth's corporate policies, and not about the CARES Staff/Program	<p><i>"One of the characteristics of the complaints is not about the CARES but about PhilHealth as a whole. The CARES are just messengers of the policies or stand of the corporation."</i></p>	<ul style="list-style-type: none"> <li>• Complaint of Doctors to the corporation</li> <li>• Case Rates utilization</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient coverage of case rates (Dialysis, Chemotherapy)</li> <li>• Slow turn-around time of claims</li> </ul>	<ul style="list-style-type: none"> <li>• Different interpretation of the policies</li> <li>• Professional Fees of Doctors (conflict in 10%-15% VAT-able services)</li> <li>• Hospital confusion of the 3/6; 9/12 claiming policy in respect to the member's contribution</li> <li>• Sometime Hospitals don't give the Professional Fees component of the Case Rates</li> <li>• <i>"That is one of my disappointments. We've been writing it in our AR but there were no actions taken."</i> [referring to the computation/payment of PF of doctors]</li> </ul>	

**Annex no. 4-G Comparative Matrix Question nos. 11, 12, and 13: Strengths, Weaknesses, Opportunities, Threats, Proposed changes, barriers, and facilitating factors of the CARES Project**

**Strengths**

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
PhilHealth in the Point-of Care	<ul style="list-style-type: none"> <li>point of care service (innovation) stakeholders coming from nothing to something</li> </ul> <p><i>"A relative of a PhilHealth employee was confined. Walasyang ready na MDR. Sa CARES din siyalumapit—to think natagaPhilHealthnasiya. If it is happening to a PhilHealth employee, it is happening to everyone. I think it is just the presence that someone is there."</i></p>	<ul style="list-style-type: none"> <li>Face of PhilHealth (Point of Care Service)</li> </ul>	<ul style="list-style-type: none"> <li>The project has helped a lot of people</li> </ul>		<ul style="list-style-type: none"> <li>Presence of PhilHealth in the hospitals where all concerned stakeholders are there (Members, Doctors, and Hospital administration)</li> <li>Point of Care Presence of PhilHealth</li> <li>Catalyst for change</li> <li>PCARES can see details that are overseen by management because they are in the front line and point of care-different policy interpretation</li> </ul> <p>The members can now feel the presence of PhilHealth (Nurses Cares)</p>	<ul style="list-style-type: none"> <li>Easier access to PhilHealth products and services</li> </ul>
High Level of customer satisfaction	<ul style="list-style-type: none"> <li>Stakeholders are satisfied with the performance of CARES</li> </ul>					
CARES as a Project manned by nurses	<ul style="list-style-type: none"> <li>Manned by nurses – knows how the operation of hospital with compassion to the patients</li> </ul>	<ul style="list-style-type: none"> <li>Manned by nurses – knows how the operation of hospital with compassion to the patients</li> </ul>		<p><i>"It is innate in nurses...may compassion. May medical background. Nakaka-relate at nadedeliver ng tama."</i></p>		

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
	<p><i>"It is manned by nurses. Alamnilamakisamasakapwa nilang healthcare professional."</i></p> <ul style="list-style-type: none"> <li>•</li> </ul>					
More efficient PhilHealthavailment system	<ul style="list-style-type: none"> <li>• More efficient service of the Corporation</li> </ul>		<ul style="list-style-type: none"> <li>• Increased utilization of services</li> <li>• Help facilitate the requirements and documents of the members and the Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Lessen the burden of the members</li> </ul> <p><i>Ang strength ng CARES program--na le-lesenang burden ng members."</i></p> <p>More efficiency in accomplishing the claims</p>		
Helps in decreasing unemployment rate for nurses	<ul style="list-style-type: none"> <li>• Bridges the need for employment rate</li> </ul>					
Decrease in number of Return to Hospital claims	<ul style="list-style-type: none"> <li>• Improve filing of hospitals and decreased the Return to Hospital claims</li> </ul>		<ul style="list-style-type: none"> <li>• Decrease in RTH</li> </ul>			<ul style="list-style-type: none"> <li>• Less turnaround time for hospital claims</li> </ul>
Empowers the members		<ul style="list-style-type: none"> <li>• Empowerment of Members</li> </ul>				
Improvement in the members' PhilHealth perspective		<ul style="list-style-type: none"> <li>• PhilHealth now is viewed as something that can be utilized and not just an area in the pay slip that should be paid with monthly contributions</li> </ul>				<ul style="list-style-type: none"> <li>• <i>"Ok palaangPhilHealth"</i></li> </ul>
CARES as a communication hub among stakeholders			<ul style="list-style-type: none"> <li>• Conduit for communication among the member, Hospital and the Corporation</li> </ul>		<ul style="list-style-type: none"> <li>• The "voice: of PCARES to the Central Office</li> <li>• Protects the members</li> </ul>	

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
					and CARES Staff in the field and sometimes the Hospitals if they bend the policies <ul style="list-style-type: none"> <li>• The bridge of CARES to the higher authorities</li> <li>• Takes care of the CARES</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

## Weaknesses

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
Poor monitoring of performance	<ul style="list-style-type: none"> <li>Poor Monitoring because CARES are deployed in the field</li> </ul>				<ul style="list-style-type: none"> <li>Poor supervisory arm of the project</li> </ul>	
Discrepancy in Policy implementation and interpretation	<ul style="list-style-type: none"> <li>Difference in the operating rules and make-up of assigned hospital</li> </ul>	<ul style="list-style-type: none"> <li>Wrong information can spread easier (wrong interpretation of circulars)</li> </ul>			<ul style="list-style-type: none"> <li>Poor communication system</li> </ul>	
Poor Technical Support	<ul style="list-style-type: none"> <li>Poor Technical support (half of the CARES has no access to internet)</li> <li>Service is dependent on the Database</li> </ul>					<ul style="list-style-type: none"> <li>Logistics problems – limited internet access in other hospitals</li> </ul>
CARES have limited access to the database	<ul style="list-style-type: none"> <li>Not all PCARES have internet and computer access</li> </ul>					
Task Leaders lack the resources to do their job efficiently	<ul style="list-style-type: none"> <li>Task leaders have difficulty in coordination because they themselves have no internet/computer portal</li> </ul>					
Disproportional Distribution of CARES to Hospitals	<ul style="list-style-type: none"> <li>Disproportion of clients served by one CARES Staff (Government Hospitals)</li> <li>Uneven work load wherein quality of service will be a problem</li> <li>Irrational distribution of CARES in the Region</li> </ul> <p><i>"Isang weakness nanakikitako is the proportion of clients to the CARES."</i></p>	<ul style="list-style-type: none"> <li>Not all hospitals have CARES Staff</li> </ul>	<ul style="list-style-type: none"> <li>Poor access to Information Technology</li> <li>Poor Technical Support of the Database</li> <li>Inaccessibility to provide MDR to the client</li> </ul> <p><i>"Nakapwestopokasiakosa basement. Hindi talagaakonakikita. Perona-endorse nako ng PhilHealth staff kaya nag wa-ward to ward ako."</i></p>			

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
No job tenure		<ul style="list-style-type: none"> <li>Contractual Tenure of Service</li> </ul>		<ul style="list-style-type: none"> <li>Project has no security of Tenure to the PCARES Staff</li> </ul>	<ul style="list-style-type: none"> <li>no security of job tenure</li> </ul>	
Some Hospitals don't provide their CARES with adequate logistics to function	<ul style="list-style-type: none"> <li>Accessibility of CARES in the hospital premises – they are stationed in inconspicuous places thereby making them inaccessible</li> </ul>		<ul style="list-style-type: none"> <li>Some Hospitals don't take responsibility of the work place of the CARES Staff</li> <li>Not all Hospitals provided their CARES With computers and internet access</li> </ul>			
PhilHealth CARES is a Project				<ul style="list-style-type: none"> <li>CARES is just a Project and not a program</li> <li>No resources for sustainability and expansion</li> </ul>		
High expectations of members					<ul style="list-style-type: none"> <li>High expectation of Members – not all questions can be answered by the PCARES staff</li> <li>They should know where to delineate the line of service because they can have liabilities and can be abused</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
<p>Problematic cascade of Policy information from making to implementation</p>	<ul style="list-style-type: none"> <li>• Policy-making is done by the Central Office while Policy-Interpretation is dependent on the Regional Offices</li> </ul> <p>“..... centralizedyung cascading of information. As far as the policy is concerned—it is happening nationwide. In terms of actual implementation, it may vary.”</p> <ul style="list-style-type: none"> <li>• There is a problem in the cascading of information</li> <li>• Some policies are fast changing and there is a problem in the updating of the staff</li> <li>• Requisition of the policy-interpretation/operationalization from the Central Office is provided when needed by the Regional Office</li> <li>• There are 2 modes of communication – PRO and Command Center</li> <li>• The dissemination of the Circulars is done by the Command Center</li> <li>• The supervisor should direct queries to the Command Center regarding Policy Interpretation</li> </ul> <p><i>“Ang request ng region is that cascading of information can be done by the head office. However, Interpretation is inherent-- as supervisors you need to ensure that your staff are updated.”</i></p> <p><i>“The CARES staff should not go directly to the Command Center in terms of policy interpretation. They should go to the supervisor of the region.”</i></p>					

## Opportunities

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
High satisfaction	Good satisfaction from the hospital/ members	Maximize relationship with healthcare providers	Positive feedback from the concerned stakeholders	Least financial return but most fulfilling		Very happy and satisfied members and hospital
Point of care	Opportunity at the point of care Integration with DOH for the point of CARE	Service at the point-of-care				Frontliner of the corporation to do customer service to members
Increase in Membership enrolment	Potential increase in the Enrolment of new members					
Project recognition			PhilHealth CARES Project is slowly becoming recognized	Good image of PhilHealth (PhilHealth needs CARES)		
Formulation of new policies		Formulation of policies with the perspective of the experiences happening in the grassroots level				
CARES in surveys					CARES can be utilized to conduct surveys necessary for evaluation of corporation's programs and services	
Self-fulfillment				Least financial return but most fulfilling		
Loyalty to PhilHealth				5/5 expressed their intent to be in PhilHealth even after 5 years		

**Threats**

Common Themes	Managers	NCR North	NCR Central	NCR South	PMT	KII
Poor work delineation	Clarification of the work of CARES					
Poor technical support	Access and technical support on the database					
Poor Hospital support	Counterpart of the Hospital to provide computer, internet connection and a conspicuous place of the desk					
No job tenure		no assurance of tenure	No regular position Job Orders will open instability for the corporation	Job Order		Not permanent
Not a program		Not institutionalized				
CARES perceived as spies	CARES seen by hospital as "spies"					Staff are spied according to hospital
Others					Falsification of DTRs, reports etc.	

## Proposed Changes

Common Theme	Manager	NCR North	NCR Central	NCR South	KII
The CARES Service will improve if they will be given resources to access the database	If given the access to the net, then what other tasks can they perform Database problem (infrastructure problem) Provide resources (computer/ internet) Database accuracy Authority to access database	No access to the database	Lack of technical resources		
RTH as an evaluation tool			Use of RTH to gauge the success of the intervention of CARES	Increase premiums	
Revision of CARES Training Program to focus on Customer Relations	CARES Training should be revised with consideration on focusing in Customer Relations (how to be graceful under stress/difficult situation) and role playing of different scenarios Experiences of the 1 <sup>st</sup> batch will be compiled to have amendments on the training program, monitoring and evaluation of the project				
CARES as a Program	<i>"The CARES is very close to his heart [PhilHealth President]. It is the social welfare component that won the hearts of the board for its renewal."</i>		From project to program		
Unpaid on the job training	Evaluate staff after training (assess if staff passed training; may not be fit for the job)				

Common Theme	Manager	NCR North	NCR Central	NCR South	KII
More seminars/capacity building sessions	Inclusion of role playing and more customer relations topics in trainings Improve training program Compile actual stories/experiences and disseminate (case digest) Training may be best done by the region Involvement of CARES in revising the program	More trainings (Stress management, ICD-10) Assignment of LHIO to answer PCARES inquiries		Increase premiums	Training in all case rate and in customer service

## Barriers

Common Theme	Manager	NCR North	NCR Central	NCR South	KII
Policy interpretation Gaps	Nuances in the interpretation of the policies				
Regularity of employment		Regularity of employment	Status of employment	Job Order only	regularization of employment
Poor Hospital support on CARES Project	Accessibility of CARES within the hospital premises (stationed in "tango" areas of the hospital)				
Internal conflict of other Job Order Personnel in PhilHealth		Disagreement of other PhilHealth contractors and employees to the compensation of the PCARES			
Organizational Problem of the Project		<ul style="list-style-type: none"> <li>• Poor organizational structure of PCARES</li> <li>• No specific focal person to ask in the HCDMD</li> </ul>			

**Facilitating Factors**

Common Theme	Manager	NCR North	NCR Central	NCR South	KII
Being a nurse helps CARES staff to do their job well		<ul style="list-style-type: none"> <li>• It helps to be a nurse in executing the functions of the PhilHealth CARES because they are familiar with Hospital Operations and they can give compassion to the clients as well</li> </ul>			

### Annex 4-H - Comparative Matrix Question no 14: What do you like the most and least?

Like the most

Common Theme	Managers	NCR North	NCR Central	NCR South	KII
Good compensation	Good salary				
Good working schedule	No graveyard shift				No unusual work shift <i>"May time ako to attend graduate school"</i>
High Personnel Satisfaction on their job	CARES enjoy their job (8/10)				
Patient Interaction	Opportunity to interact with patients/ clients			Dealing with other people flexibility relating with people	Interaction with PhilHealth members
Fulfillment in helping other people	PCARES helped a lot of members	Help a lot of people	Fulfillment in helping other people  Feeling of appreciation commended by the people PCARES helped	Helping the patient in need service	Helping the poor members of PhilHealth
Appreciation of the 4Ps Program				Appreciation of the 4 Ps Program of the government	
Belongingness to a team		Company of teammates	Gain new friends and family		

**Liked the least**

Common Theme	Managers	NCR North	NCR Central	NCR South	KII
Decentralization of the Project	Poor supervision				
Policy interpretation gaps	Variability in the interpretation of the policies	Difference in policy interpretation			
Handling irate patients		Handling stubborn clients		Stress when there are difficult clients	<i>"mgamayayamanna clients sa private hospital – mahirapsilangi-handle"</i>
A lot of paper works		Many documentary requirements			
Stress of hospital rotation		Hospital Rotation because of the stress of adjustment and familiarity with the personnel and system of a new hospital assignment			
Blame of corporation problem		Getting the blame of the problems in the corporation <i>"Kami yungpinuputukan"</i>			
Job Insecurity				Job Order	Not a permanent position
Stress in scope of work				Feeling of helplessness for responsibilities not aligned to the scope of work	
No Family Time on Weekends				No Family time on Saturdays	

**Annex no. 4-I - Comparative Matrix Question nos. 15 and 16: In general, what has been the feedback about the CARES program from various stakeholders, other observations, concerns, issues, and suggestions?**

Common Theme	Managers	NCR North	NCR Central	NCR South	KII

<p>Hospitals regard CARES as spies of PhilHealth</p>	<ul style="list-style-type: none"> <li>• Some hospitals don't want CARES because of they thought they are spies of PhilHealth</li> </ul>				
<p>Hospital Administration Perspective of CARES</p>	<ul style="list-style-type: none"> <li>• Initially, other hospitals didn't want the presence of PhilHealth CARES because they thought they are spies which is now resolved because of the assistance rendered by the staff</li> <li>• Sometimes the hospital doesn't want the CARES Staff so they ask for a replacement</li> </ul>	<ul style="list-style-type: none"> <li>• Hospitals appreciate the service because of the significant decrease in the RTH, and PhilHealth Sections have lesser work load because PCARES does the interview, screening and sometimes the computation</li> </ul>			<p>very happy and satisfied due to fewer RTH</p>

HMOs like the service of the PhilHealth CARES	<ul style="list-style-type: none"> <li>HMOs like the service of the PhilHealth CARES because it makes their work easier</li> </ul>	<ul style="list-style-type: none"> <li>They have no idea if HMOs appreciate their service because there is no interaction between the two</li> </ul>	<ul style="list-style-type: none"> <li>HMOs have positive feedback. The liaison officers had lesser work load because of the service they provide- PhilHealth and HMOs are partners and tandem</li> </ul>		
<b>Common Theme</b>	<b>Managers</b>	<b>NCR North</b>	<b>NCR Central</b>	<b>NCR South</b>	<b>KII</b>
Members like the service of the PhilHealth CARES	<ul style="list-style-type: none"> <li>PhilHealth members are grateful for the service given by PhilHealth CARES</li> </ul>	<ul style="list-style-type: none"> <li>PhilHealth Members appreciate the service of the PCARES</li> </ul>	Members and stakeholders have positive feedback on the service rendered by the PCARES	<p><i>"Nungwala pa ang CARES nahirapandawsila mag-apply o mag-file. Ngayon ang laging nilasinasabi- 'Butinalang may CARES na'."</i></p>	<p><i>Mas maganda ang serbisyong madaling kumuha ng MDR/PCF1</i></p>
CARES as the Face of PhilHealth	<ul style="list-style-type: none"> <li>CARES is the new face of PhilHealth</li> </ul>			<p><i>"Datiwala pang CARES. Ang PhilHealth ang parating minumura. Tinatadtad ni Tulfo... ngayon wal anakasi kami yung buffer."</i></p>	
Expansion of the Project	<ul style="list-style-type: none"> <li>Expansion proposal to extend the service until Sundays and to support the NBB program</li> </ul>				

CARES received simple gifts of appreciation				<ul style="list-style-type: none"> <li>Some of them measured the positive feedback by the simple gifts they receive (Red Ribbon pastries)</li> </ul>	
Internal Problems of other Job Order Personnel in PhilHealth				<ul style="list-style-type: none"> <li>Internal problem with PhilHealth regarding the high compensation issue of the PCARES staff compared to other PhilHealthContractual</li> </ul>	
<b>Common Theme</b>	<b>Managers</b>	<b>NCR North</b>	<b>NCR Central</b>	<b>NCR South</b>	<b>KII</b>
Training inclusions	<ul style="list-style-type: none"> <li>Suggested that training be done by the region; training re customer service can be done by the head office</li> <li>For level of uniformity, there must be a core curriculum</li> </ul>				
Others	<ul style="list-style-type: none"> <li>CARES should be</li> </ul>			<ul style="list-style-type: none"> <li>Comparison with RN HEALS</li> </ul>	

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## Other Observations, Concerns, Issues, and Suggestions

Common theme	Managers	NCR North	NCR Central	NCR South
Weekend hospital rotation	<ul style="list-style-type: none"> <li>Weekend rotation for the CARES</li> </ul>			
Long term plan for the project	<ul style="list-style-type: none"> <li>Making CARES a Project to Program</li> <li>Until when will it remain a project? (possible institutionalization)</li> <li>Operations aspect –will it be maintained by the Head Office?</li> <li>CARES is important to the PHIC Director and has his full support</li> <li>It is a good project because of its service delivery. "It is beyond numbers and figures."</li> <li>Rationalize plantilla (compensation is higher)</li> </ul>			<ul style="list-style-type: none"> <li>They see a "future" in CARES</li> <li>"I want to prove to PhilHealth-- You need CARES."</li> </ul> <p><i>"Five years from now, gusto konasa CARES. Ayokona mag nurse."</i></p>
CARES as PhilHealth's point of CARE	<ul style="list-style-type: none"> <li>PhilHealth CARES is necessary at the point of care</li> </ul>			
Problems in IT Technical Support	<ul style="list-style-type: none"> <li>How will the technical support of their Information technology System respond to the demands of the Project?</li> </ul> <p><i>"Sa head office ang tawag ng CARES. Although titignannamin kung pwedesa region nalangang access ng database."</i></p> <p><i>"50% of the CARES staff have access to the internet. They won't need to call the</i></p>	<ul style="list-style-type: none"> <li>Only 8 out of 32 Hospitals in the North Branch only have internet access provided by the hospital. Other PCARES Staff just asks favour to an online co-staff to look onto the database for client queries</li> </ul>	<ul style="list-style-type: none"> <li>Faster Processing of I-CARES system</li> </ul>	
Common theme	Managers	NCR North	NCR Central	NCR South
	<i>head office."</i>			

	<ul style="list-style-type: none"> <li>• <i>"iCARES? Mas mabilis pa tumawag o mag text kana lang."</i></li> </ul>			
Electronic Tablet provision last General Assembly didn't pushed thru		<ul style="list-style-type: none"> <li>• They are looking for the tablet that they were promised in a General assembly</li> </ul> <p><i>"Nasannapoyung tablet napangakonila?"</i></p> <ul style="list-style-type: none"> <li>• The PCARES are the frontliners of PhilHealth so they should be provided with a technology to provide such services</li> <li>• If the tablet provision will be approved, the Task Leaders should receive it first for more efficient delivery of service</li> </ul>		
Problem in Policy interpretation		<ul style="list-style-type: none"> <li>• They hope there will only be 1 policy interpretation/ implementation</li> <li>• Sometime the LHIO are not updated on the new policies. This is the reason why PCARES are blamed because of discrepancy in information dissemination</li> <li>• Sometime the policy gets leaked first in Media before CARES</li> </ul>	<ul style="list-style-type: none"> <li>• Not all PhilHealth offices are in sync with each other – discrepancy in information dissemination</li> </ul>	<ul style="list-style-type: none"> <li>• Security blanket</li> </ul>
More CARES requisition for bigger hospitals		<ul style="list-style-type: none"> <li>• They requested to have more PCARES in bigger/government hospitals</li> <li>• Prioritization of bigger hospitals for PCARES deployment</li> </ul>		
<b>Common theme</b>	<b>Managers</b>	<b>NCR North</b>	<b>NCR Central</b>	<b>NCR South</b>
Security of Job Tenure and provision of		<ul style="list-style-type: none"> <li>• Regularization must be secured</li> </ul>	<ul style="list-style-type: none"> <li>• Hazard pay for front-liners of service (more</li> </ul>	

benefits			interaction with communicable diseases)	
More capacitation and trainings			<ul style="list-style-type: none"> <li>• More trainings/seminars for updates (circulars and policies), capacitation</li> </ul>	
Evaluation and Monitoring should be implemented strictly	<ul style="list-style-type: none"> <li>• Quarterly updates/meetings suggested</li> </ul> <p><i>"The PMT is responsible for monitoring and evaluation, performance standard and policy guidance."</i></p>		Tally sheets should be supported with a logbook to make it more reliable	
Change in Uniform				<ul style="list-style-type: none"> <li>• Change uniform to a more corporate look (they are thought to be employees of Puregold Supermarket) – noted to be costly</li> </ul>