

Executive Summary: The Universal Coverage for Emergency Patients (UCEP) Policy

Since April 1, 2017, the government of Thailand has a resolution to endorse and execute the Universal Coverage for Emergency Patients (UCEP) Policy, a social protection policy to reduce equity gaps in public emergency medical care of Thailand. With UCEP, emergency patients are ensured of their full accessibility to essential and safe emergency medical care at government and private hospitals without having any conditions or service fee being charged on the patients within the first 72 hours of their first admission or until their conditions are fit for being transferred to their registered hospitals. Following their treatment, hospitals can reimburse service fees being stated in a regulated fee for service or fee schedule from healthcare schemes that the patients are entitled to. With UCEP, not only that emergency patients have greater access to compulsory healthcare and minimize equity gaps, but it also pushes for a greater quality of medical services and marks the reformation of the emergency medical service system.

UCEP was introduced to overcome challenges posted from public healthcare coverage of the country and improve the pilot project being developed to solve such shortfall. Before the time of UCEP, systematically, emergency patients (patients whose conditions might lead to death or failures of important organs) are compelled to get access of emergency medical interventions from hospitals registered under their healthcare schemes (Universal Healthcare Coverage Scheme, Social Security Scheme, Civil Servant Medical Benefits Scheme), if they want to reimburse the expenses. However, due to medical necessity, these patients have to be transported to any hospital which is nearest to the scene of illness or hospital with matching capacity. And as a consequence, the patients have to pay for services fee. Therefore, policy-makers and health authorities suggested that with this condition, emergency patients were prevented of having full access to timely and necessary emergency medical care; or more importantly, lose their lives and lead to disabilities. In 2012, Emergency Claim Online (EMCO) was introduced as a pilot project to overcome mentioned shortfall of healthcare governance. However, it was found that EMCO lacks several significant components that could make the policy sustainable; including, legal enforcement, participation from private sector and public awareness. Therefore, UCEP was introduced to improve EMCO with lesson learned from its operation.

To execute UCEP, the Health Facility Act was revised, while subordinate laws had been issued and enforced to increase policy compliance. Emergency medical criterion was developed to categorize emergency patients and their urgencies embedded with the computerized program called pre-authorization (PA) program used by each hospital. A regulated fee for service (fee schedule) indicating prices of each medical intervention and drugs used to deliver emergency medical care was designed and developed with the agreement from stakeholders to become reimbursement rates. Consultation regarding diagnosis of hospitals were delivered by the UCEP Coordination Center, hosted by the National Institute for Emergency Medicine (NIEM), as a channel for hospitals to seek advisories and for the patients who have inquiries on their UCEP rights or file any complaints.

From April 2017 to October 2019, more than 446,702 emergency patients had accessed to UCEP policy and being analyzed through the PA program at government and private hospitals. Out of these number, 58,484 emergency patients met the criterion and granted their UCEP rights, constituting thirteen percent of the total accessibility. 84 percent of the patients who met the

criterion survived from their critical illnesses. Majority of the emergency patients are the citizens who have healthcare coverage of the Universal Healthcare Coverage Scheme. Around 1.2 billion baht (approximately 40 billion US Dollar) were being reimbursed from the healthcare schemes. Around 300 complaints have been submitted constituting less than 0.1 percent of all emergency patients which is a small percentage comparing to the total number of emergency patients.

Issues for Improvement towards Sustainable Development

Analyzing from opinions received from stakeholders of UCEP policy, to promote the sustainability of UCEP policy, several issues surrounding UCEP are as follows;

1. What is the scope of the 72 hours-period? If the patients recover from the criticality before 72 hours of admission, does the policy cover them?
2. In the case in which some patients had refused to go through UCEP system, but later requested to be reimbursed, who will make the decision?
3. Procedures of appealing over the results of categorizing medical urgency had not been addressed in any official documents.
4. Which agency should carry out the pre-authorization?
5. When stating that any hospitals can be accessed, what would be the scope of the area?
6. The proposal to have a central fund to be financial sources for reimbursement, before the actual process can be officially performed.
7. Revision of the fee schedule

Policy Recommendations

The following points are suggested to be carried out in the policy level;

1. Revise the announcements of the Ministry of Public Health to be clearer and just for the emergency patients and health facilities.
2. Promote and encourage each healthcare funds to revise their rules and regulations to be correspondence with UCEP.
3. Establish a central fund to perform reimbursement to hospitals when some healthcare funds are not affordable.
4. Improve the criterion embedded to PA program to cover more high-risk patients.
5. Raise public awareness to promote mutual understanding on UCEP and definition of medical emergencies.