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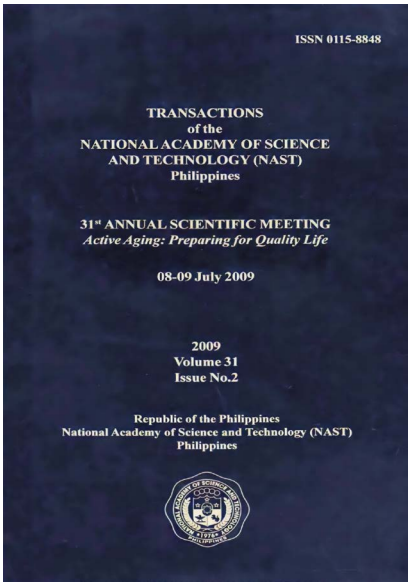

Healthcare Quality, Workforce, and Financing Roundtable Discussion Summary

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HEALTHCARE FINANCING

The elderly population is burdened by existing policies of the government. The following observations were identified: 1) of the 20% senior citizen discount, the elderly receives only 8% because of the 12% E-VAT; 2) Philhealth only pays for drugs in the Philippine National Drug Formulary (PNDF) and unfortunately, most of the medicines of the elderly are not included in the formulary; 3) elderly use food supplements but there is a lack of scientific data on the safety and efficacy of these food supplements.

There is a discussion on the difference between the economically poor vs. politically indigent elderly. It seems that there is discrimination between these two groups. Who determines who are indigent? And who can use the sponsored programs of Philhealth and the Gloria cards?

The recommendations are: 1) advocacy for E-VAT exemption for senior citizens(SC); 2) compliance of companies in giving the 20% discounts to the elderly; 3) awarding of incentives to companies who comply with the 20% discounts; 4) strict implementation of the generic drug law; 5) enhancement and sustainability of community based programs like the *botika sa baranggay*; 6) review of the PNDF to include the drugs that are safe and beneficial for the elderly with professional organizations taking care of the elderly to present an addendum to the PNDF; 7) review of safety of food supplements before they are commercially sold; 8) provision of 20% discounts for food supplements; 8) provision of innovative payment schemes to avoid discrimination between the economically and politically poor; and 9) community based monitoring of beneficiaries by the National Anti-Poverty Commission (NAPC).

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On the Office of Senior Citizens Affairs (OSCA) card utilization, there are Local Government Units (LGUs) that do not have OSCA offices. Some exist "in name only" and some are not functional. As a result, not all of the SCs have their discount cards. Also, many are abusing the card by allowing their relatives to use it. There are no remedial actions for the violators. There is also a call for doctors to lessen or make their prescription refills free. Some doctors charge PhP150 for prescription refills. The National Coordinating and Monitoring Board (NCMB) of which the Department of Justice (DOJ) is a member, is in charge of implementing and monitoring RA 9257. There is a counterpart Regional Coordinating and Monitoring Board (RCMB) headed by the DSWD. A possible program to address this problem is the creation of a "senior citizen arrest program" which can be a tie up between the LGU and the DILG or the establishment of a hotline where they can report violators of RA 9257. There is a strong need for the elderly to be made aware of their rights. There should be advocacies to teach the elderly their healthcare benefits through information dissemination and education campaign materials.

HEALTHCARE QUALITY AND WORKFORCE

Republic Act 9257 states that medical consultation in government hospitals is free and consultations in private clinics and hospitals are subject to a 20% discount.

On preventive healthcare, there is a lack of wellness programs for the elderly. The prevalence of chronic illness is increasing and adherence to maintenance medications is a problem because of the high cost of drugs.

The recommendations are: 1) negotiation of a tie up with PhilHealth for payment schemes with vaccination programs given a priority; 2) full implementation of the Philippine Plan of Action for Senior Citizens (PPASC) which includes a comprehensive wellness package as one of its proposed programs; 3) final approval of a Philhealth program for take home medication (for diabetes, hypertension) and hemodialysis; 4) improvement of information dissemination to increase awareness of healthcare rights. People should be aware that to have a healthy old age,

one should invest in the young and advocate for annual medical checkups for middle aged workers. .

As to accessibility issues there is a law on providing an enabling environment for the disabled. However, monitoring and implementation of this law should be felt by the people. The recommendation is for a full implementation of the law.

There is a lack of healthcare providers trained in the care for the elderly. There is a lack of training and low wages because taking care of the elderly is seen as a vocation. In medical schools and schools for healthcare providers, there is a lack of knowledge in geriatrics. There is still little information on geriatrics as a specialty. The recommendations are: 1) inclusion of knowledge on healthy and active lifestyle, as well as inculcating the value of taking care of the elderly in the curriculum for primary and secondary education; 2) integration of geriatric medicine in the undergraduate curriculum of medicine and allied professions; 3) provision of additional training in geriatric medicine and gerontology for general practitioners in the provinces; 4) establishment of tie ups with the specialty societies, the LGU, and other elderly groups for training and to foster geriatrics as a specialty; 5) finalization of a proposal by DOH to conduct trainings; 6) implementation of *Geria Para sa Bayan* which will deploy geriatrics specialists to DOH and government in collaboration with the Philippine Society of Geriatric Medicine and 7) full implementation of a National Geriatric Hospital, of which there has been a groundbreaking ceremony.

There is still a conception that taking care for the elderly is not a profession - that it is just "volunteer work". Indeed it is - in some sense. But there are people who have taken it as a career and profession. Let us discuss separately, homecare as volunteer work and homecare as a profession. The recommendation is to finalize homecare guidelines.

There is an ongoing policy paper on volunteer homecare by DSWD, COSE, DOH and UP Manila-NIH. For this to be sustainable, the recommendation is to support community programs that are implementing homecare service as volunteer work.

In contrast, home care as a profession is a form of long-term care. The recommendation is to standardize home care practices. The government, DOH, Philhealth, professional organizations, and the academe should jointly discuss issues on training, compensation, and regulation of homecare and other long-term care practices such as congregate housing for the elderly, nursing homes, institutions, etc. The question is who will pay for these long-term care practices? We need to look for answers by engaging in feasibility studies for financing by third party payors such as insurance agencies and other pooled efforts.

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