

# SP4PHC

## Strategic Purchasing for Primary Health Care

### CERTIFICATION OF THE PRIMARY CARE PROVIDER

The Strategic Purchasing for Primary Health Care (SP4PHC) project aims to improve how governments purchase primary health care services, with a focus on family planning and maternal, newborn, and child health. The project is supported by the Bill & Melinda Gates Foundation and implemented by ThinkWell in collaboration with country governments and local research partners. The SP4PHC project is focused on purchasing reforms in five countries: Burkina Faso, Indonesia, Kenya, the Philippines, and Uganda.

In the Philippines, the project provides technical assistance to national and local governments to strengthen health purchasing policies and practices in support of the implementation of the Universal Health Care (UHC) Law enacted in 2019. To demonstrate applicability, incubate innovative ideas, and generate evidence, ThinkWell supports UHC Integration Sites in the provinces of Antique and Guimaras.

**The Philippine UHC Law aims to prioritize primary care, mandating that each citizen must be empaneled to a primary care provider within a health care provider network (HCPN). To ensure the quality of health care services, health professional training curricula will be redesigned to emphasize focus on primary care. In the interim, a certification process for primary care providers will be implemented to encourage health care providers to practice primary care following established competencies. ThinkWell and the Philippine Country Office of the World Health Organization (WHO) provided technical assistance to the Department of Health (DOH) to develop such a certification process. This brief presents the rationale and proposed design of this certification process.**

#### PRIMARY CARE IN THE PHILIPPINES

**The Philippine UHC Law aims to shift the focus of local health systems to prioritize primary care.**

Under the law, the DOH and local government units are mandated to set up HCPNs with a strong referral system. Referrals will be facilitated by primary care providers to help patients navigate the health system effectively. Such a gatekeeping and referral system can support a more rational and efficient delivery of health services. The law recognizes that bringing promotive, preventive, curative, and rehabilitative health services closer to communities is crucial for improving health outcomes.

**In the Philippines, primary care services are delivered at the most basic level of local health systems, in the country's 1,488 municipalities.** Serving as the community's first contact of care, primary care is delivered at rural health units (RHUs)

and barangay health stations (BHSs). These facilities are typically staffed by primary care providers who deliver preventive and promotive health care, and public health services to the community. In 2017, there was an average of one doctor, two nurses, and five midwives in every RHU. However, there were some RHUs that lack doctors, especially in geographically isolated and disadvantaged areas. These areas are prioritized by the health worker augmentation program of the DOH that deploys an average of 320 doctors to RHUs every year. (Dayrit, Lagarda, and Picazo et al. 2018)

**While primary care services are made available at the municipal level, patients may still opt to proceed to public or private infirmaries, clinics, or hospitals.** Bypassing primary care facilities is common, and patients cite dissatisfaction with the quality of care at public primary facilities as an important factor in their decision to seek care at

higher level facilities (Romualdez, Rosa and Flavier et al. 2011). Furthermore, although RHUs and BHSs are conveniently located, these facilities are underutilized due to unavailability of senior or specialized staff and the notion that primary health care staff are the least competent among government workers. Patients also cited the unavailability and poor maintenance of equipment, and the low quality and lack of medicines and supplies as additional reasons why primary care facilities are often bypassed (World Bank 2001).

**Health human resources for primary care are lacking specific training and competencies related to primary care.** Standard medical and nursing curricula currently do not include an intensive training on primary care, although postgraduate training and certification are available for specific primary care skills. Doctors also have the option to undertake a specialization in family or community medicine after their medical education, but uptake is limited.

**Primary care practice is not considered an attractive career option for health professionals.** In a 2016 survey done among medical students, only 14% would opt to practice in rural health settings (Nicodemus, Tabios, and Tantengco et al. 2018). In 2017, only 9% of doctors and 26% of nurses in the country worked in primary care settings (Dayrit, Lagarda, and Picazo et al. 2018). This reflects the country’s predominantly hospital-based and curative service delivery model, and its fragile primary care base.

## RATIONALE FOR CERTIFYING PRIMARY CARE PROVIDERS

**Strengthening the provision of primary care starts with providing appropriate training to the country’s health human resources.** The UHC Law mandates the DOH, with the help of professional societies, to realign undergraduate and graduate curricula for health professionals to focus on forming essential primary care competencies. While this long-term change is being pursued, the DOH and the Professional Regulation Commission (PRC) are tasked to develop a framework for certification of health professionals who wish to practice as primary care providers. This includes issuing guidelines on eligibility requirements, standard competencies, training mechanisms, and post-graduate certification process.

**The certification of primary care providers will be required to access the expanded primary care benefit package.** Under the UHC Law, the primary care and outpatient benefit package of the Philippine Health Insurance Corporation (PhilHealth) will be improved and expanded. Only those certified by the DOH as primary care providers will eventually be able to claim reimbursements for the expanded primary care benefit package, thus creating an incentive to become a certified primary care provider. These improvements in primary care training and added incentives are aimed at ensuring accessible, continuous, comprehensive, and coordinated care to the Filipinos.

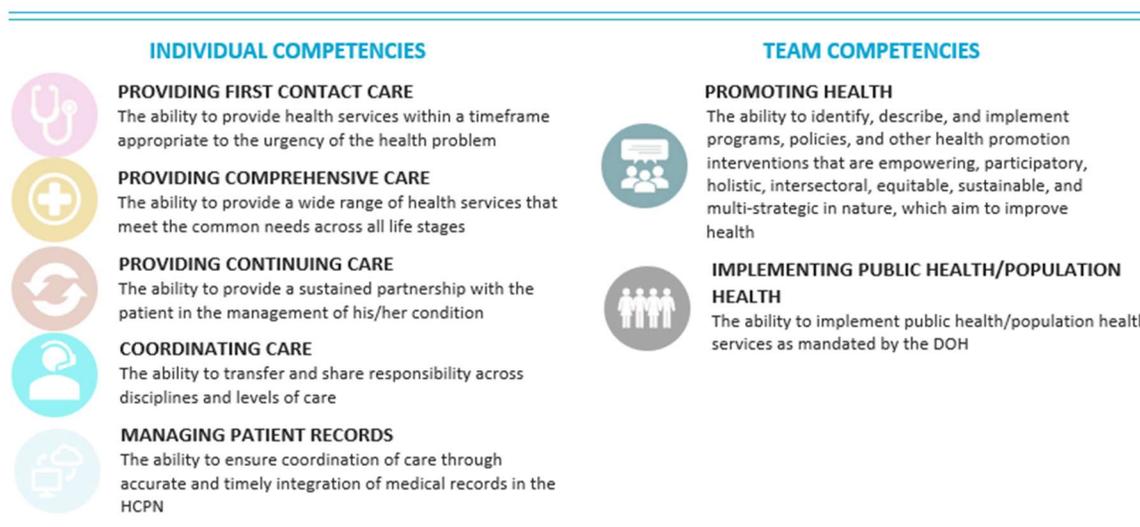


Figure 1. Seven primary care provider competencies identified and proposed by ThinkWell

## THE PROPOSED CERTIFICATION PROCESS

ThinkWell was asked by DOH to develop a primary care provider certification framework tailored and adapted to the Philippine context. We reviewed existing primary care provision models, which provided contextual information needed to develop a primary care certification framework and a competency assessment tool appropriate for the Philippine setting. Each phase involved desk reviews, key informant interviews, stakeholder discussions, and consultative meetings at the national and local levels. The resulting proposed framework includes the definition of primary care competencies, the process of certification, and the specification of institutional capacities required to carry out certification nationwide.

The existing and urgent needs of the Philippine health system were the main considerations in the identification of primary care provider competencies. These primary care competencies serve as input to primary care education and training and as the basis for competency assessment. We identified seven core competencies, applicable to physicians, nurses, midwives, as well as other primary care providers, such as dentists and medical technologists. There are five individual competencies, which should be performed and assessed individually, and two team competencies, which should be effectively performed by a multidisciplinary health team (Figure 1). We validated this list of core competencies through a series of consultative

workshops with primary care providers including physicians, nurses, midwives, and dentists.

ThinkWell proposed four essential phases for the process of certification: (1) education and training, (2) competency assessment, (3) issuance of certification, and (4) maintenance of certification. The DOH through the Health Human Resource Development Bureau will oversee this proposed certification process (Figure 2). Since this is a new mandate for the bureau, ThinkWell recommended the creation of a task force to set the criteria, screen, orient assessors, and conduct the certification process. The DOH can also accredit individuals, professional societies, and organizations as external assessors that will follow the certification standards.

**Education and Training.** To ensure that graduates of training programs are fit-for-purpose and ready for primary care practice, existing curricula need to be revisited and realigned to cover for the identified primary care competencies.

**Competency Assessment.** A feasible yet stringent certification tool should be used in assessing primary care providers. Ideally the assessor is of the same professional cadre as the provider being assessed to ensure that the assessor is aware of the language, scope of practice, and best practices specific to the cadre.

**Issuance of the Certificate.** The DOH will issue a certificate based on the assessment of the primary care provider. At least one primary care provider in every primary care facility must be certified in the next five years to allow time for training institutions

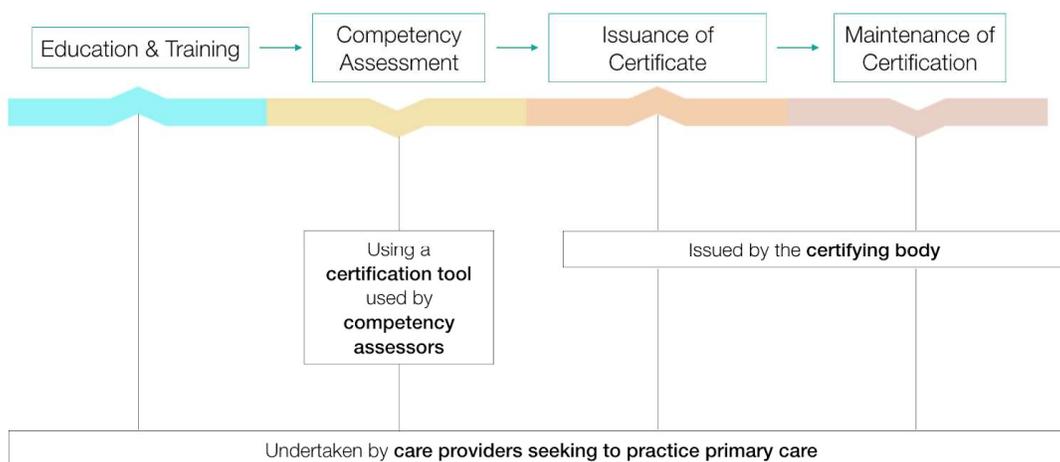


Figure 2. Process of certification for primary care providers proposed by ThinkWell

to adjust their curricula and produce practice-ready graduates. Other members of the primary care team can also use this period to acquire the necessary competencies through training before they are scheduled for assessment.

**Maintenance of the Certification.** Health professionals in the Philippines are required to acquire at least 15 Continuing Professional Development (CPD) units every three years for the renewal of their professional license through any accredited workshops, conferences, or courses. To reduce complications and to encourage primary care providers to comply, the renewal of the primary care certificate can be harmonized with professional license renewal. A specific number of CPD units can be allocated for primary care-specific learning activities and can serve as the basis for reissuance of the primary care certificate.

## CHALLENGES IN DESIGN AND IMPLEMENTATION

**While there is value in rigor, the identified primary care competencies must also be realistic and practical.** There is a need for a balance between certifying sufficient health care workers to ensure access to primary care services, and the drive for quality in primary care. Primary care providers should be able to learn these competencies through practical experience or training and be able to perform them in the field. This especially applies when there is a surge in demand for healthcare services, such as in response to emergency situations like disasters or pandemics.

**To ensure adherence to the policy, DOH should also consider how providers will view the value of certification.** During the development of the certification framework, providers expressed concerns about the need for additional certification. As part of its response to the UHC Law, PhilHealth is in the process of improving its benefits for primary care. Requiring primary care certification as part of the PhilHealth accreditation mechanism could be a powerful incentive for accreditation and help to ensure quality. The DOH must also ensure efficient certification processes to avoid imposing administrative barriers to certification.

**In July 2020, the DOH-PRC joint Administrative Order on the certification of primary care providers**

**was released.** The issuance follows the certification process proposed by ThinkWell, with an added requirement to submit a portfolio that contains documentary evidence of their performance on the identified competencies. The issuance also requires this certification for the accreditation and licensing of primary care facilities, which is an added incentive for health workers to get certified. However, the list of competencies and the assessment tool are yet to be released.

## CONCLUSION

**The Philippine UHC Law creates an opportunity to strengthen primary care.** The certification of primary care providers aims to ensure quality in the interim while training programs transition to focus on primary care. This will be implemented with the other provisions in the UHC Law, including that of improved benefits of PhilHealth for primary care, that will ensure that there will be enough motivation for primary care providers to participate in this certification process. As mandated, the DOH will usher in this transition, with the overall goal of producing primary care providers who will effectively promote health and make the health system more responsive to the needs of the population. This approach will only work if there is seamless coordination among DOH, PRC, and PhilHealth in terms of ensuring enough supply of certified primary care providers to meet the needs of the people. To this end, the UHC Law aims to support coherence among the different governing agencies.

**ThinkWell, through the SP4PHC project, supports national and local government efforts in the development of rules and regulations for operationalizing the reforms of the UHC Law.** Aside from this work on the development of the primary care certification framework, the team also provides technical assistance to DOH, PhilHealth, and other stakeholders in the development of supporting policies for the UHC Law. Particularly, the team has been aiding DOH and PhilHealth in aligning purchasing schemes for primary care and the development of a strategic plan to improve access to quality primary care. Lessons from these pieces of work will not only support in the improvement of health outcomes in the Philippines but will also

contribute to the global discussion on UHC and health systems development.

**Recommended citation:**

Ong, Madeline Mae, Jemar Anne Sigua, Pura Angela Co, Louella Carpio, Viviane Apostol, and Maria Eufemia Yap. 2020. "Certification of the Primary Care Provider. The Philippine UHC Law Series: Brief 2." Manila: ThinkWell.

SP4PHC is a project that ThinkWell is implementing in partnership with government agencies and local research institutions in five countries, with support from a grant from the Bill & Melinda Gates Foundation.

For more information, please visit our website at <https://thinkwell.global/projects/sp4phc/>.

For questions, please write to us at [sp4phc@thinkwell.global](mailto:sp4phc@thinkwell.global).

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