Current Priorities in Family Medicine
ASEAN perspective: Thailand

2nd ASEAN Conference for Family Medicine Educators
Building Bridge Across Borders In Family Medicine Education
April 11, 2018, Iliolo, the Philippines

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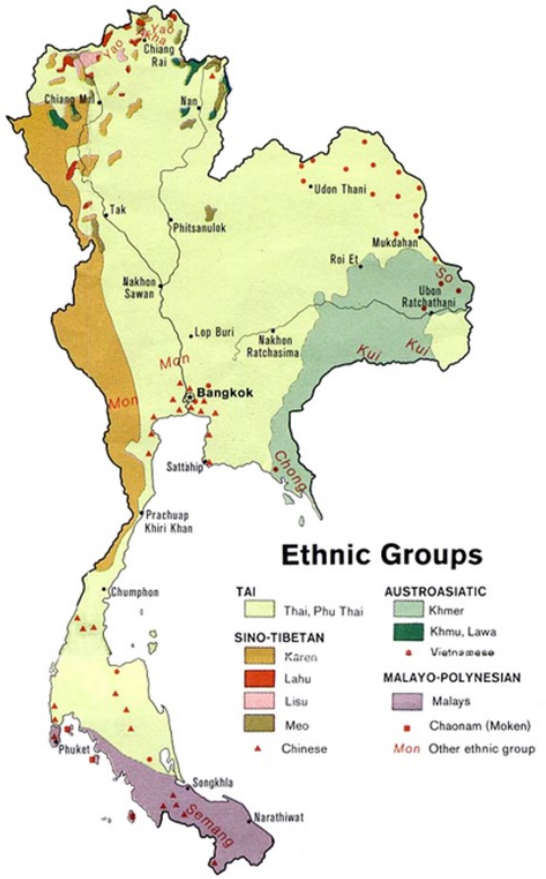
Thailand



Population: **68,683,680**

male 33,747,221; female 34,936,459

Life expectancy: 74.9 years

♀ 78 years ♂ 71.9 years

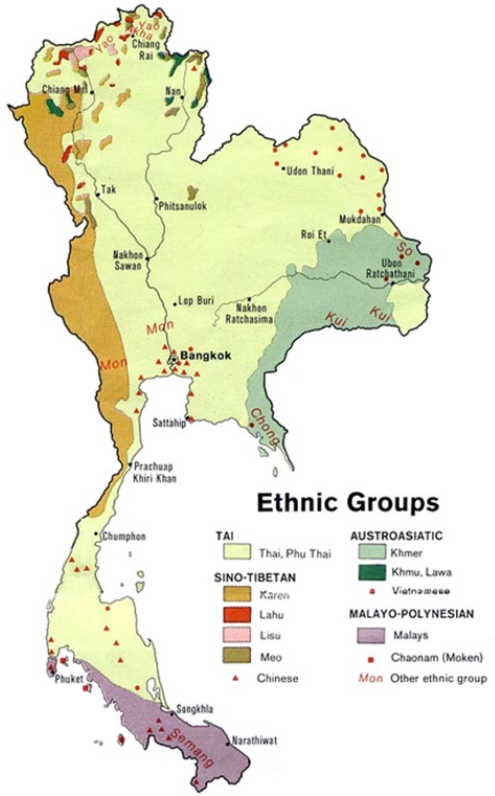
Distribution:

Urban (50.37%) Rural (49.63%)

Ethnicity: ***70 ethnic groups***

Overall 3.9 doctors per 10,000 inhabitants

Development of Thai Health Care System



- **1968 Solid Infra-structure**: Health Center in every sub-district: community health officers and midwifes
- **1996 Health Care Reform Project**: Improve in Health center capacity (multidisciplinary team), collaborate with community hospital
- **2001 Universal Health Care:** NHSO purchase services through contracting unit of primary care (CUP): services provided at primary care units (PCUs)

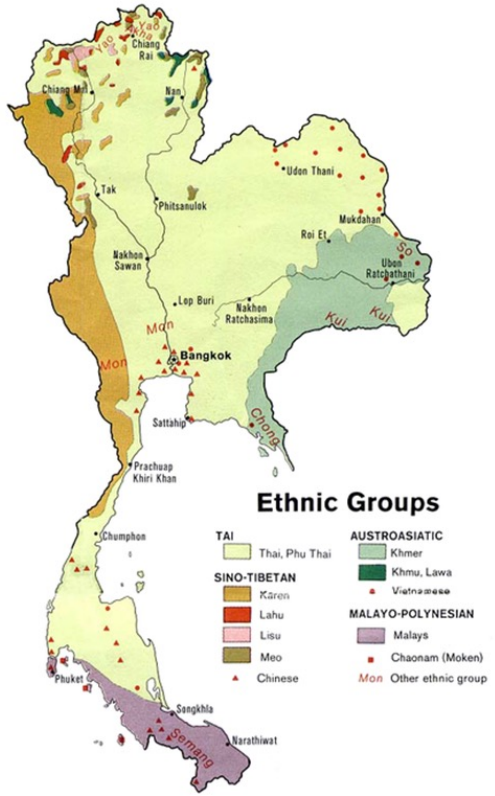
CUPs: Public: 937 CUPs, Private: 218 CUPs

PCUs: Public- 11,051 PCUs, Private 224 PCUs

- **Overall 3.9 doctors per 10,000 inhabitants**

UHC=Universal Health Care; NHSO = National Health Security Office

Three Main Schemes of Health Insurance



1. **Universal Coverage Scheme** **75.3% population**
2. **Social Security Scheme** **17.3% population**
3. **Civil Servants Scheme** **7.4% population**

Current Challenges – Primary Care-Family Medicine

- **Primary care unit: MOPH's implemented vertical programs VS integrated community oriented care**
- **Increased NCDs & demographic change: Increase need and demand on health care services**
- **Limited staff: family practitioner and multi-disciplinary team**

- **Disproportionate: work demand VS available resources:**
  - **Affects availability of required integrated and continuity of high quality primary care services**
  - **Depleted resources needed for health promotion/preventive/comprehensive primary care services**

How to Overcome Current Situation

- **Community based primary health care approach: community empowerment**

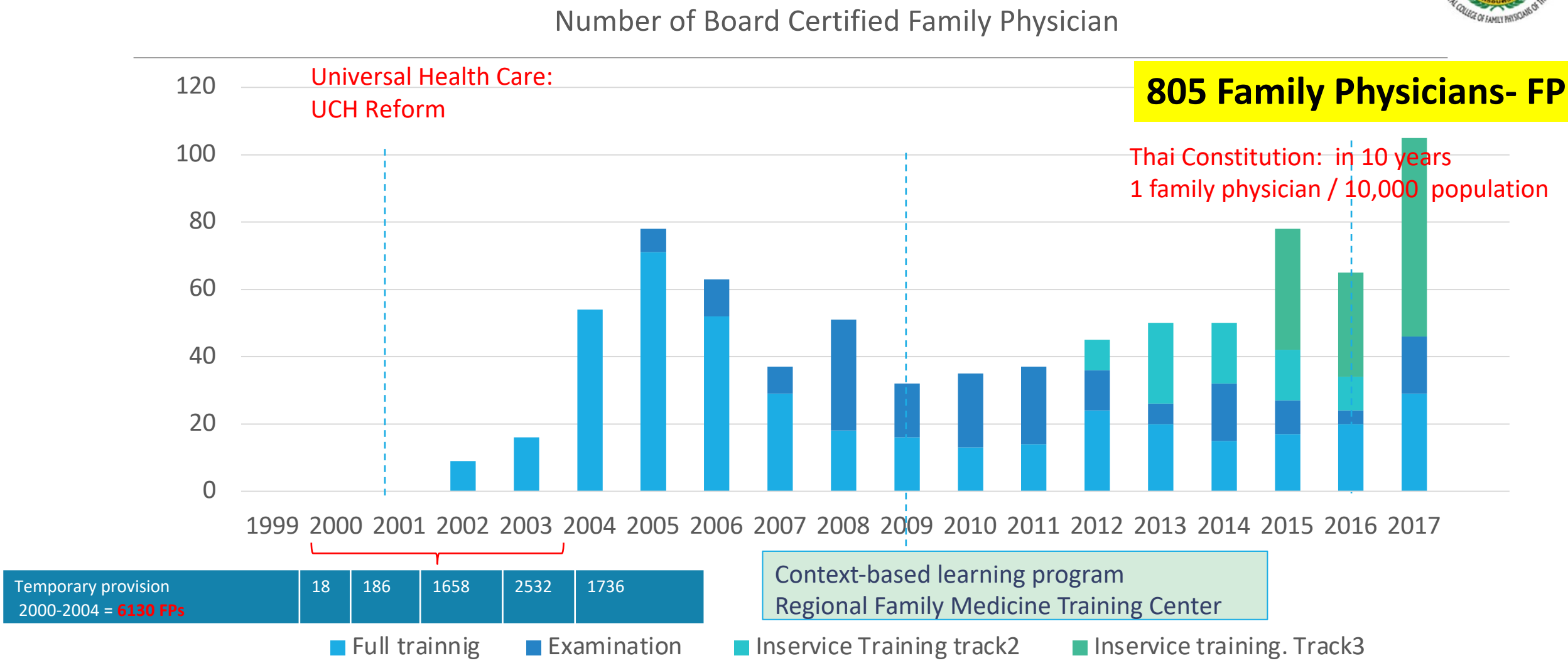
- **District Health approach has a key role to increase multi-sectoral collaboration/resource utilization for primary care and for the support on required social need**

- **Utilization of available community resources is the key for future development**

Development of  Health Care System

- Infrastructure in primary health care 1968
- Health Care Reform: Developing model of primary care services 1996
- **Family Medicine training Program** 1999: Thailand :Family Medicine-- Board Certification
- Universal Coverage 2001

Thailand :Family Medicine-- Board Certification



Current Training Provision

Family Physician Board Training

- Full training: 3 years training
- In-service Training: 3 years training
- Examination (self-learn): after 5 years of medical practices, a medical graduates can apply for board examination

Short Course in Family Medicine Certification: 6 months

- to increase capacity of current practitioners with sets of skills required for good primary care practice in Primary Care Cluster

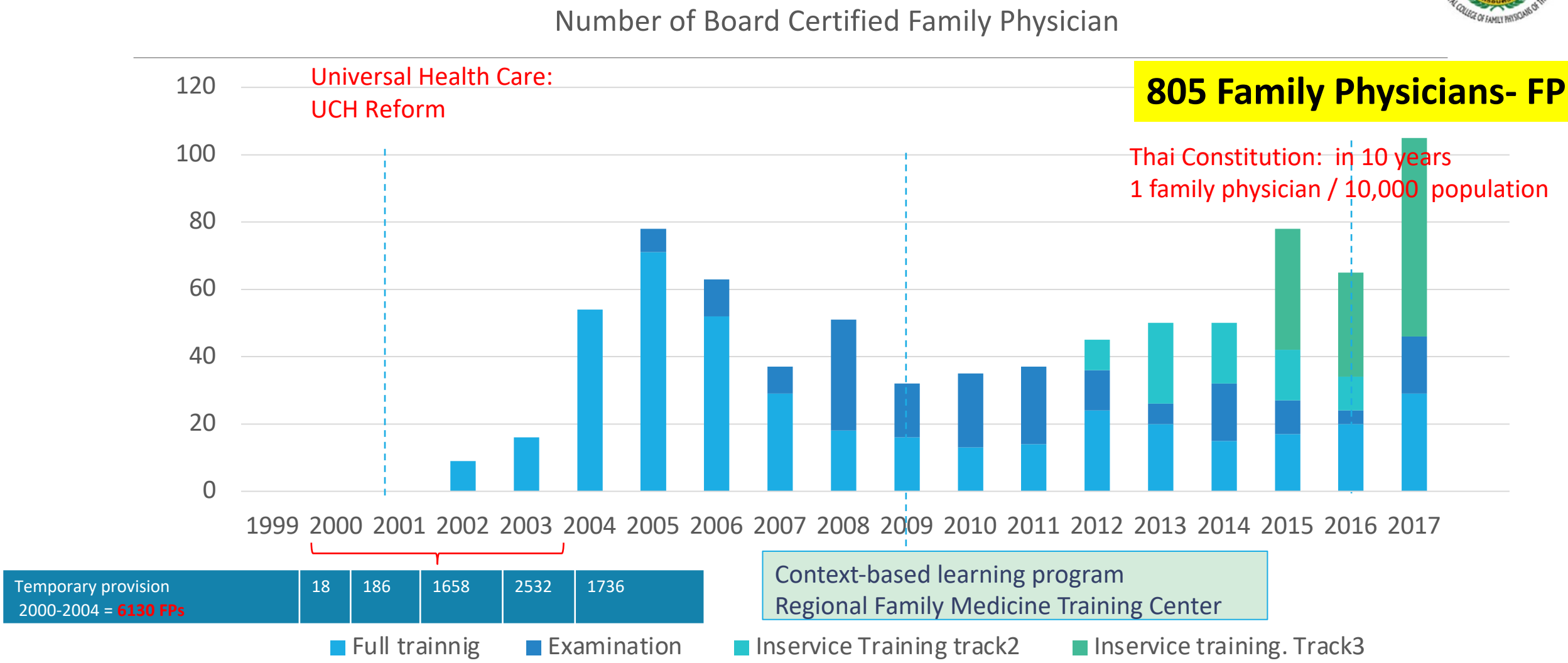
Health Reform

Current Constitution of the Kingdom of Thailand,
enacted on the 6th day of April B.E. 2560 (2017)

Chapter XVI, section 258: g(5)

"establishing a primary health care system in which
there are family physicians to care for the people in an appropriate ratio"

Thailand :Family Medicine-- Board Certification



Family Medicine Priorities

1. **Promote Professional Recognition: demonstrate academic strength through research and clinical evidence**
2. **Increase Number of Family Practitioners: Increase training capacity while maintaining standard**
3. **Strengthen Capacity of FPs: community orientation- health promotion-prevention of NCDs, services management**
4. **Maintain and Grow FPs' Academic Competencies: Continuous Professional Development**

Ways Forwards of Family Medicine

- ✓ **Research:** family medicine specific
- ✓ **Increase training capacity:**

  Training for Trainer & Quality Control
- ✓ **Provide Responsive Training →responsive to the need in the health system:** (community orientation, improve health promotion-prevention capacity, services management)
- ✓ **Broaden means of access to knowledge:** Capacity building CME training; Short course certificate training

Professional Recognition : Academic strength-

19 years :- 1999-2018

- **Research –evidence on academic competencies**
  - ✓ demonstrating value– contribution of family physician on health system
  - ✓ family medicine new knowledge- emerged in practice setting –context relevance

Value and Evidence based advocacy:
Komatra Chuengsatiansup lecture Mach 17th, 2018

Research -academic strengthening

"Our old mission was to train family physicians. Our new mission is to invent and study new models of primary care and teach learners from multiple disciplines to care for populations of people in community settings as teams. Patient-centered care is not about what physicians do; it is about how individuals and communities receive the care they need." Saultz, J 2013

- **Patient Oriented Evidence that matters: POEMs, improved patient outcomes(outcomes that matters to patient not disease oriented outcomes**
- **Community laboratory, community based research**
- **Participatory Action Research**
- **Incorporate Ethnography and other Qualitative methods.**

Increase training capacity:

Strengthen training Quality--Regional training centers

- **Principles, knowledge, skills in Family medicine for trainees**

Increase component of contemplative education

- **Humanistic sensibility**
  - **–scientific knowledge – sensibility & aesthetics**

Strengthen Capacity for Family Physicians:

Limited number of physician per population : team work with mixed skill – multidisciplinary Community work

- ✓**Community orientation- health promotion-prevention of NCDs**
- ✓**Blended science and art-holistic view**
- ✓**Leadership and team work**
- ✓**Health Services Management**
- ✓**Researching skills: knowledge synthesis through scientific research methodology**

Continuous Professional Development:

Diversify training channels for people practicing in primary care setting and board certified family physicians

- **Basic principle in Family Medicine--Short course for practicing in Primary Care Clusters**
- **Advance training for family physicians: Topic Specific Training courses**
- **Online training**

Key message from Research in Primary Health Care ASIA Pacific Region

- We need to explore ways to collaborate between public and private sectors.
- The Asia-Pacific region lacks research evidence on gatekeeping in health care.
- We need a more balanced approach to information-sharing in health care.
- Social determinants of health must be verified for better primary health care (PHC).
- Researches on cost-effectiveness and systems to evaluate quality of PHC are awaited.
- We need to promote community-based high-quality training programs in PHC.

Kassai, R et al. Primary health care policy implementation in the Asia Pacific region – experiences of six countries.

(Manuscript draft for publication) 2018.

References:

1. Prakongsai P , Srivanichakorn S & Yana T. Enhancing the primary care system in Thailand to improve equitable access to quality health care. 2009. Available from: SSRN Electronic Journal. 10.2139/ssrn.1527989[Accessed: August 26th, 2017]

2. Thoresen SH, Fielding A. Inequitable distribution of human resources for health: perceptions among Thai healthcare professionals. *Qual Prim Care.*2010; 18(1):49-56.

3. Kitreerawutiwong N, Jordan S, Hughes D. Facility type and primary care performance in sub-district health promotion hospitals in Northern Thailand*. PloS One.* 2017; 12(3):e0174055. doi: 10.1371/journal.pone.0174055. eCollection 2017.

4. Noknoy S. Delivery Primary Health Care in Thailand. presentation. Plenary panel session, WONCA Asia Pacific Meeting Pattaya, November 2017.

5. Herbert CP. Future of Research in Family Medicine: where to go from here? *Annals of Family Medicine,* 2004.

6. Saultz, J. Interdisciplinary Family Medicine. *Fam Med* 2013; 45(10)739-740.

7. Ebell MH. Top 20 Research Studies of 2012 for Primary Care Physicians. *American Family Physician* 2013; 88(6). 380-386.