

**WORKING EFFECTIVENESS OF THE SUB-BOARDS
CONSIDERING THE PAYMENT FOR THE REIMBURSEMENT
ACCORDING TO NATIONAL HEALTH SECURITY ACT,
B.E.2545**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
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MAJOR IN MEDICAL AND PUBLIC HEALTH LAW
ADMINISTRATION
FACULTY OF GRADUATE STUDIES
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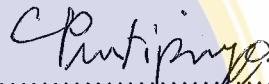
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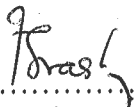
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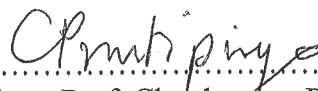
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Palida Thitapan

WORKING EFFECTIVENESS OF THE SUB-BOARDS CONSIDERING THE
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ABSTRACT

The objective of this research was to explain the characteristics, measure the knowledge, evaluate the effectiveness of the sub-board considering payments for reimbursement and find the relationship between the characteristics and the knowledge with the sub-board for the payment of reimbursements according to the National Health Security Act, B.E. 2545.(A.D.2002). The sample consisted of 186 sub-board members with experience in considering payments for reimbursement. The data was collected using a questionnaire from November 1, 2005 to February 28, 2006. Descriptive statistics used were frequency, percentage, mean and standard deviation. The analytical statistics were comprised of the χ^2 -test and the Fisher exact test.

Results of the study showed that most of the Sub-boards were male, they were older than 60 years, self employed and had an education level of Bachelor's degree. The concept of structure and coordination were high mean (4.07-4.34) and the knowledge of the Sub-boards were at a moderate level (61.8%). Working effectiveness of the Sub-boards considering payments for reimbursement according to the National Health Security Act,B.E.2545 (A.D.2002) were effectiveness (31.2%) and the relationships between the personal characteristics of the Sub-boards and working effectiveness were not related with a significance rate of 0.05 ($\chi^2= 0.511$, p-value=0.475), but the structure concept and the coordination concept were related at a significance rate of 0.05 with a working effectiveness of the Sub-boards considering payments for reimbursement according to the National Health Security Act B.E.2545 (A.D.2002). ($\chi^2=55.686$, p-value= 0.000) and the level of knowledge of the Sub-boards having a working effectiveness related at a significance rate of 0.05 ($\chi^2=6.784$, p-value= 0.034). The recommendations resulting from the research were that according to the conditions, damage is not caused by normal progression of disease pathology, complication of normal diagnosis and the knowledge of fairness of health service. They should be set up and a continuing seminar, at least twice a year, should be instituted.

KEY WORDS: WORKING EFFECTIVNESS / SUB -BOARDS / REIMBURSEMENT /
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ประสิทธิผลการดำเนินงานของคณะกรรมการพิจารณาวินิจฉัยคำร้องขอรับเงินช่วยเหลือเบื้องต้นตามพระราชบัญญัติหลักประกันสุขภาพแห่งชาติ พ.ศ. 2545 (WORKING EFFECTIVENESS OF THE SUB-BOARDS CONSIDERING THE PAYMENT FOR THE REIMBURSEMENT ACCORDING TO THE NATIONAL HEALTH SECURITY ACT., B.E.2545

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บทคัดย่อ

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อ อธิบายคุณลักษณะ วัตรระดับความรู้ ประเมินประสิทธิผลการดำเนินงานของคณะกรรมการพิจารณาวินิจฉัยคำร้องขอรับเงินช่วยเหลือเบื้องต้น และเพื่อหาความสัมพันธ์ระหว่างคุณลักษณะและความรู้ของคณะกรรมการ กับประสิทธิผลการดำเนินงานของคณะกรรมการ ตามพระราชบัญญัติหลักประกันสุขภาพแห่งชาติ พ.ศ.2545 กลุ่มตัวอย่าง คือคณะกรรมการพิจารณาจ่ายเงินช่วยเหลือเบื้องต้นที่มีประสบการณ์การพิจารณาจ่ายเงินช่วยเหลือ โดยใช้แบบสอบถาม ตอบได้สมบูรณ์จำนวน 186 ฉบับ คิดเป็นร้อยละ 76.2 เก็บข้อมูลระหว่าง วันที่ 1 พฤศจิกายน 2548 ถึง 28 กุมภาพันธ์ 2549 วิเคราะห์ข้อมูลด้วยสถิติพรรณนา ได้แก่ จำนวน ร้อยละ ค่าเฉลี่ย และส่วนเบี่ยงเบนมาตรฐาน สถิติวิเคราะห์ ได้แก่ χ^2 -test และ fisher exact-test

ผลการวิจัยพบว่าคณะกรรมการพิจารณาวินิจฉัยส่วนใหญ่เป็นเพศชาย มีอายุมากกว่า 60 ปีขึ้นไป ส่วนใหญ่มีอาชีพรับจ้าง มีการศึกษาระดับปริญญาตรี มีระดับความคิดเห็นด้านโครงสร้างและการประสานงาน โดยค่าเฉลี่ยระดับสูง(4.07-4.34) และ มีความรู้ทุกด้านระดับปานกลางร้อยละ 61.8 มีประสิทธิผลการดำเนินงานของคณะกรรมการในการพิจารณาจ่ายเงินช่วยเหลือเบื้องต้น พบว่าประสิทธิผลทั้งสามด้านคือประสิทธิผลด้านการจ่ายเงินช่วยเหลือเบื้องต้น ประสิทธิผลด้านเวลา และประสิทธิผลด้านการจ่ายเงินตามอัตราที่กำหนด พบว่ามีประสิทธิผลเป็นจำนวนร้อยละ 31.2 ส่วนความสัมพันธ์ระหว่างคุณลักษณะทางประชากรไม่มีความสัมพันธ์กับประสิทธิผลการดำเนินงานของคณะกรรมการ($\chi^2 = 0.511, p\text{-value} = 0.475$) แต่พบว่าความคิดเห็นด้านโครงสร้างและการประสานงานมีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติที่ระดับ 0.05 ($\chi^2 = 55.686, p\text{-value} = 0.000$) และ ระดับความรู้ของคณะกรรมการมีความสัมพันธ์อย่างมีนัยสำคัญทางสถิติที่ระดับ 0.05 ($\chi^2 = 7.060, p\text{-value} = 0.029$) ข้อเสนอแนะจากผลการวิจัย ควรนำไปปรับปรุงในการดำเนินงานของคณะกรรมการพิจารณาจ่ายเงินช่วยเหลือเบื้องต้นของคณะกรรมการ ควรจัดให้ความรู้แก่คณะกรรมการ จัดโครงการสัมมนาให้คณะกรรมการ โดยเฉพาะในเรื่องเกณฑ์ที่ใช้ในการพิจารณาจ่ายเงินช่วยเหลือเบื้องต้น ลักษณะความเสียหายต้องไม่เกิดจากสาเหตุการดำเนินไปตามพยาธิสภาพของโรค และลักษณะความเสียหายต้องไม่เกิดจากเหตุแทรกซ้อนที่เป็นผลจากการวินิจฉัยตามปกติและความรู้ด้านความเป็นธรรมทางสุขภาพ อย่างต่อเนื่องปีละ 2 ครั้ง

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CHAPTER I

INTRODUCTION

Background and significance of the problem

Public health service is considered as a social service aimed to enhance health security for all population according to their rights. The World Health Organization (WHO, 1946) states that “The highest Standard shall be provided for all human beings without any discrimination against nationality, religious, beliefs, politics, and socioeconomic conditions.” Likewise, the Constitution of the Kingdom of Thailand, B.E.2540 states in Section 52 and 82 regarding social and health welfares that Thai population shall have rights and liberties to receive free medical treatment. (Kanin Bunsuwan, B.E.2541: 253- 260) Section 52 prescribes that the Thai population shall enjoy an equal right to receive standard public health services and the indigent shall have the right to receive free medical treatment from public health centers of the State, as provided by law. Section 82 also indicates that the State shall thoroughly provide and promote standard and efficient public health service.

At present, health assessment is not judged by only the mortality rate yet other health dimensions and people’s wellbeing are also applied for consideration. The goal of Healthcare Coverage is regarded as health equality (various group of people give different terms and definitions for “health equity”). (Whitehead, 2002:429) According to the spirit of law stated in the Constitutional of the Kingdom of Thailand, B.E.2540, the National Health Security Act, B.E.2545 (A.D.2002) was enacted to protect the rights of the Thai population and enhance their access to the necessary and standard public health service. For this ground, public health service system essential to health and sustainability shall be organized to meet the medical treatment standard. There shall be a control and monitor organization implementing with the participation of public and civil sectors in order to establish the efficient medical treatment system

throughout the country. In addition, the Thai population shall have the right to receive the standard public health services. The National Health Security Office is mainly responsible for this ground under effectively administration system. The National Health Security Board was appointed to indicate policy; the Standard and Quality Control Board was set to control standard and quality of health care units and its networks that make the enrollment with the National Health Security Office. The Provincial Health Security Sub-boards have the power to set policy which must be conformable to the policy of the National Health Security Board.

Receiving public health service as per the National Health Security Act, B.E.2545 (A.D.2002), beneficiaries may be subject to damage caused by any service provided by the health care unit. Then the Board shall earmark an amount of money as preliminary assistance to reimburse a beneficiary in accordance with section 41. The National Health Security Office has an important role to provide the payment for preliminary assistance to the said beneficiary or its descendants. The National Health Security Act, B.E.2545 (A.D.2002) was enacted to be as a moral measure, to relief difficulties and conflicts without verifying. The Sub-boards at provincial level have investigated and judge the allegation or incrimination due to rules, all means and conditions on preliminary-assistance payment to the injured person caused by any service provided by health care unit. The provincial Sub-boards came from three groups of people—(1) experts who were respected by local people, (2) healthcare provider representatives, and(3) beneficiary representatives or clients. The drafting committees expected that the Sub-boards made understandable and created relationships between providers and beneficiaries whereas preliminary-assistance payment was paid to beneficiaries according to the spirit of law.

Since January 2004, the National Health Security Office had considered and preserved money to pay as the reimbursement—5 baht per capita (total of 230 million baht/year) and 0.2 baht per capita (total of 239.40 million baht/year) in 2005. Until September, 2005, a total of 7,190,000 baht was paid for preliminary assistance in accordance with section 41. (National Health Security Office, 2005:72-73) It can be

seen that the amount of money received by beneficiaries is so small when being compared to the preserved money for this purpose.

At present, a total of Thai population is 62,163,000 people (the Social and Population Research Institute, Mahidol University, 2005). About 47,226,392 beneficiaries are under Universal Health care Scheme. The survey showed types of 11,049 health care units and its networks enrolled with the National Health Security Office as follows: 25 hospital centers, 66 General hospitals, 722 Community hospitals, 19 Prayupparach hospitals and 71 government hospitals, non-affiliated to the Ministry of Public health (15 hospitals in Bangkok and 56 hospitals in the rural area), 8 hospitals not in the affiliated of the Office of Permanent Secretary of the Ministry of Public Health but in the affiliation of the Ministry of Public Health (3 hospitals in Bangkok and 5 hospitals in the rural area), 86 civilian hospitals (28 hospitals in Bangkok and 58 hospitals in the rural area), 9,736 public health centers, 314 community health centers, and 2 community medical centers (<http://www.nhso.go.th> , 2005 and the National Health Association of Thailand, 2005 :234-235)

The components of the Sub-boards will reflect the thinking process toward section 41 that can also affect the work effectiveness and considering for the reimbursement. The structure of each province is designed based on the point of view and public health framework of each province. Some may focus on those who used to give care service such as a physician or a health volunteer, the others may focus on a mix pattern such as an ex-mayor, an attorney, a village-chief, and a village headman. The characteristic of the Sub-boards is a key variable that affects the consideration of paying for the reimbursement. (Leuchai Sringenyueng, 2004: 198) It was found that some Sub-boards at the provincial level still get confused in the role of considering the payment for the reimbursement which leads to the non-standardized results of such consideration. Therefore, more beneficiaries or injured persons had lodged the appeals as shown after the consideration from January 2004 to the end of September 2005. There were 40 lodged appeals, excluding those 301 appellants who need the payment for the reimbursement twice amount. These cause them to receive the money for reimbursement more slowly.

From some research, it showed that the steps of considering the payment for the reimbursement was very slow and made the clients and their heirs felt more unsatisfied. The impact of section 41 on the work mechanism of the health facility can be seen when the damage caused by provided services of each health care unit. Usually the hospitals where the damages are occurred will manage by using the old method—settling a dispute. Since Ratchaburi contains many people that apply for health care coverage, it should have more beneficiaries or clients and their heirs come and ask for preliminary assistance. However, it was found that there were no obvious clients or their heirs coming and ask for preliminary assistance. Because the old mechanism is still used in many parts and the new one according to section 41 is not the way for problem solving. As it has many negative impacts to healthcare providers, those hospitals then try to manage these problems by using the process of the hospitals. If some cases were out of their control, those hospitals will let such cases to be in the process of section 41. In addition, the health providers were worried about relationships between physicians and patients and the management for any loss in the curative process. They mentioned that previously, the relationships between physicians and patients was about love and kind—a physician was like a giver whereas a client was like a sufferer who needed help. The relationship was in a form of sympathy and understanding. When some mistakes had occurred, the patient would accept the ability of such physician and the feeling toward the physician was still good as it used to be. When the use of section 41 has emerged, it transforms the relationship between the physician and the client into a “producer” and a “consumer”. When any service dissatisfies a client, he/she will lodge a complaint for reimbursement. It is a new form that changes the consumer in the Thai society to concern more about ability to lodge complaint (Leuchai Sringenyueng, et al., 2004: 198-200) From the workshop conference with the purpose to develop the working effectiveness of the Sub-boards considering the payment for the reimbursement at the provincial level in the central area of Thailand on 29th–30th September 2005 at the Amari Airport Hotel in Bangkok, some barriers were mentioned. They were (1) the consideration of the Sub-boards focusing more on preventing health care units than assisting patients, (2) some complaints were wrongly considered e.g.—it was a disease pathology or the treatment had already followed the standard of care, (3) the

Sub-boards had a share in the profit of the conference , (4) the economical status of the clients was rarely considered, and (5) the Sub-boards lacked of knowledge and understanding about considering the payment for the reimbursement.

The problems above interest the researcher to study working effectiveness of the Sub-boards considering the payment for the reimbursement at the provincial level according to section 41 of the National Health Security Act, B.E. 2545. The study about this topic will clarify if the work is achieved or not and what factors are related to work effectiveness and what problems and barriers are. Besides, the study will enhance understanding about considering the payment for the reimbursement of the Sub-boards, respond the people's expectation in regard to accessing health service with equity, reduce the conflict between the healthcare providers and the clients, as well as practically help relieve the suffers of the clients.

Research Questions

1. What is the working effectiveness of the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act, B.E.2545?
2. What are the characteristics of the Sub-boards in regard to their personal characteristics, structure and coordination?
3. What is the knowledge of the Sub-boards in regard to abiding by law as per section 41, health equity and damage caused by any service provided by a health care unit?
4. Are there any relationships between the characteristics of the Sub-boards, their knowledge and working effectiveness of the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act, B.E.2545?
5. What are problems and barriers in regard to the Sub-boards considering the payment for the reimbursement according to section 41

Research Objectives

1. To evaluate working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act B.E. 2545 (A.D.2002).
2. To explain the characteristics of the Sub-boards in regard to their personal characteristics, structure and coordination.
3. To measure the knowledge level of the Sub-boards in regard to abiding by law as per section 41, health equity and damage caused by any service provided by a health care unit.
4. To find out the relationships between the characteristics of the Sub-boards, their knowledge and working effectiveness of the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act, B.E.2545 (A.D.2002)
5. To collect problems and barriers in regard to the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act B.E.2545 (A.D.2002)

Hypothesis of research

1. The characteristics of the Sub-boards include the structure characteristics and coordination of the Sub-boards were related to working effectiveness about the payment for the reimbursement according to section 41 of the National Health Security Act, B.E.2545 (A.D.2002).
2. Knowledge of the Sub-boards about conditions prescribing the payment for the reimbursement according to section 41 of the National Health Security Act, B.E. 2545, health equity, and damage caused by any service provided by a health care were related to working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E.2545, (A.D.2002).

Scope of research

The study populations were the Sub-boards at provincial level who used to consider about the payment to reimburse a beneficiary who lodged the complaint from 1st January, 2004 to 30th September, 2005. It covered 62 out of 76 provinces.

Definitions of research

Working effectiveness about the payment for the reimbursement according to section 41 means the consideration on the payment for the reimbursement of the Sub-boards by following 7 conditions of the law. The beneficiary can receive money for reimbursement as the prescribed amount but not exceed twice amount and within a period deemed appropriate.

The Sub-boards means the 5-7 Sub-boards with appropriate characteristics (3 experts and the rest are from the representatives of healthcare providers and clients equally). Their duty is to consider about the payment to reimburse a beneficiary who is subject to damage or injury caused by any service provided by health care according to the condition stated in section 41 of the National Health Security Act, B.E. 2545.

Characteristics the Sub-boards refers to Demographic characteristics of the Sub-boards and the different sources Structure of the Sub-boards consideration on the payment for the reimbursement.

Demographic characteristics of the Sub-boards refers to sex, age, educational level, occupation, and experience in considering the payment to reimburse a beneficiary who lodges the complaint.

Structure of the Sub-boards refers to the different sources of the Sub-boards which lead to various response about the consideration on the payment for the

reimbursement as they are composed of many professions—experts in local area, representatives of healthcare providers and clients.

Coordination made by the Sub-boards refers to the cooperative and conformable work conducted among those three groups of the Sub-boards (experts, representatives of healthcare providers, and clients) through the secretary or organizations in order to collect all related facts for the benefits of considering the payment for the reimbursement as prescribed by the National Health Security Act, B.E. 2545 section 41.

Knowledge of the Sub-boards refers to understanding of each Sub-board about contents to abide by law focusing on section 41 (about the payment to reimburse a beneficiary who is subject to damage or injury caused by any service provided by health care or his/her heir) and understanding about health equity.

Money to be paid as reimbursement refers to money paid to a beneficiary or his/her heir in order to relieve suffers and reimburse a beneficiary for damage or injury caused by any service provided by health care without waiting for any proof of innocence.

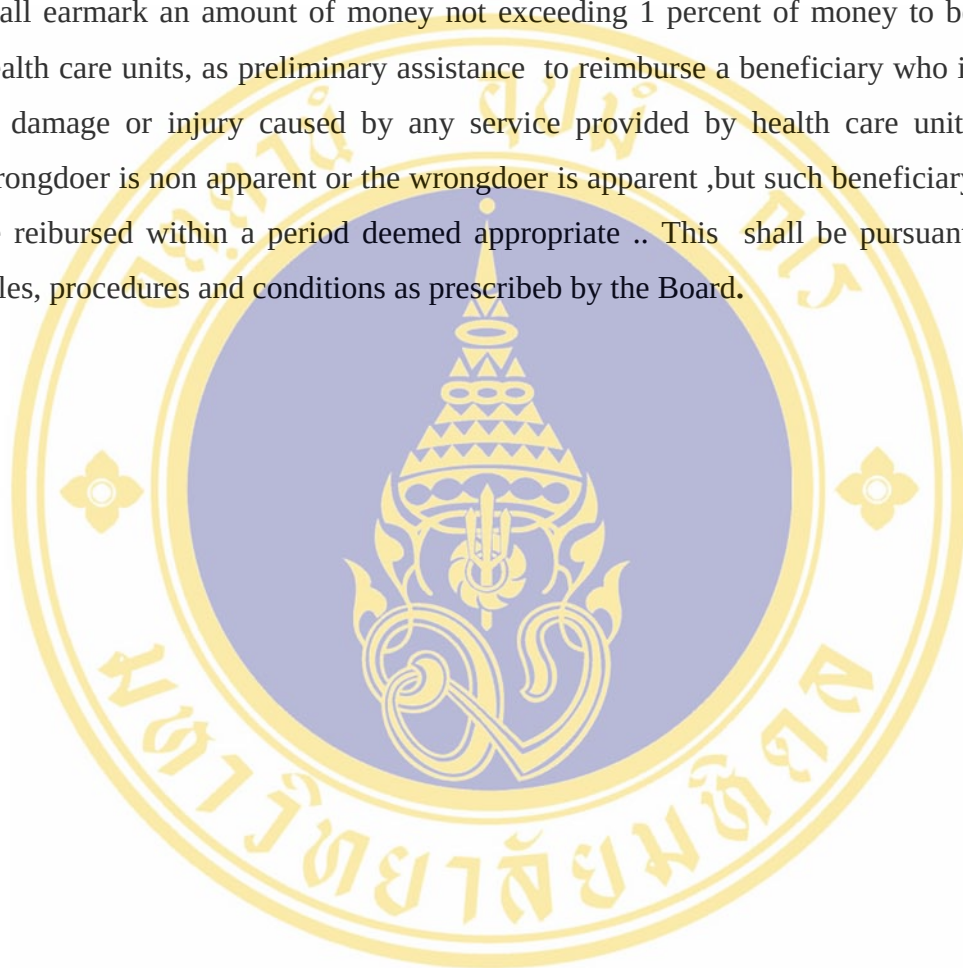
Health care unit means enrolled health care unit according to section 3 of the National Health Security Act, B.E. 2545 which include public and private health facilities, health facilities under Red Cross Association, and other health facilities

Knowledge about health equity means understanding the content about “Egalitarianism” and allocation of health service for population which is assured by section 52 of Chapter 3 and section 82 of Chapter 5 of the Constitution of the Kingdom of Thailand, B.E. 2540 and prescribed in section 41 of the National Health Security Act, B.E.2545 (A.D.2002).

Knowledge about damage caused by any service provided by a health care unit refers to understanding about content of health service stated in section 3 of

the National Health Security Act, B.E.2545 (A.D.2002) which could cause the clients with damage or injury or loss of body organs, handicaps, or death.

Knowledge about work implementation as per section 41 about the payment for the reimbursement refers to understanding about content the Board shall earmark an amount of money not exceeding 1 percent of money to be paid to health care units, as preliminary assistance to reimburse a beneficiary who is subject to damage or injury caused by any service provided by health care unit and the wrongdoer is non apparent or the wrongdoer is apparent ,but such beneficiary can not be reibursed within a period deemed appropriate .. This shall be pursuant to such rules, procedures and conditions as prescribep by the Board.



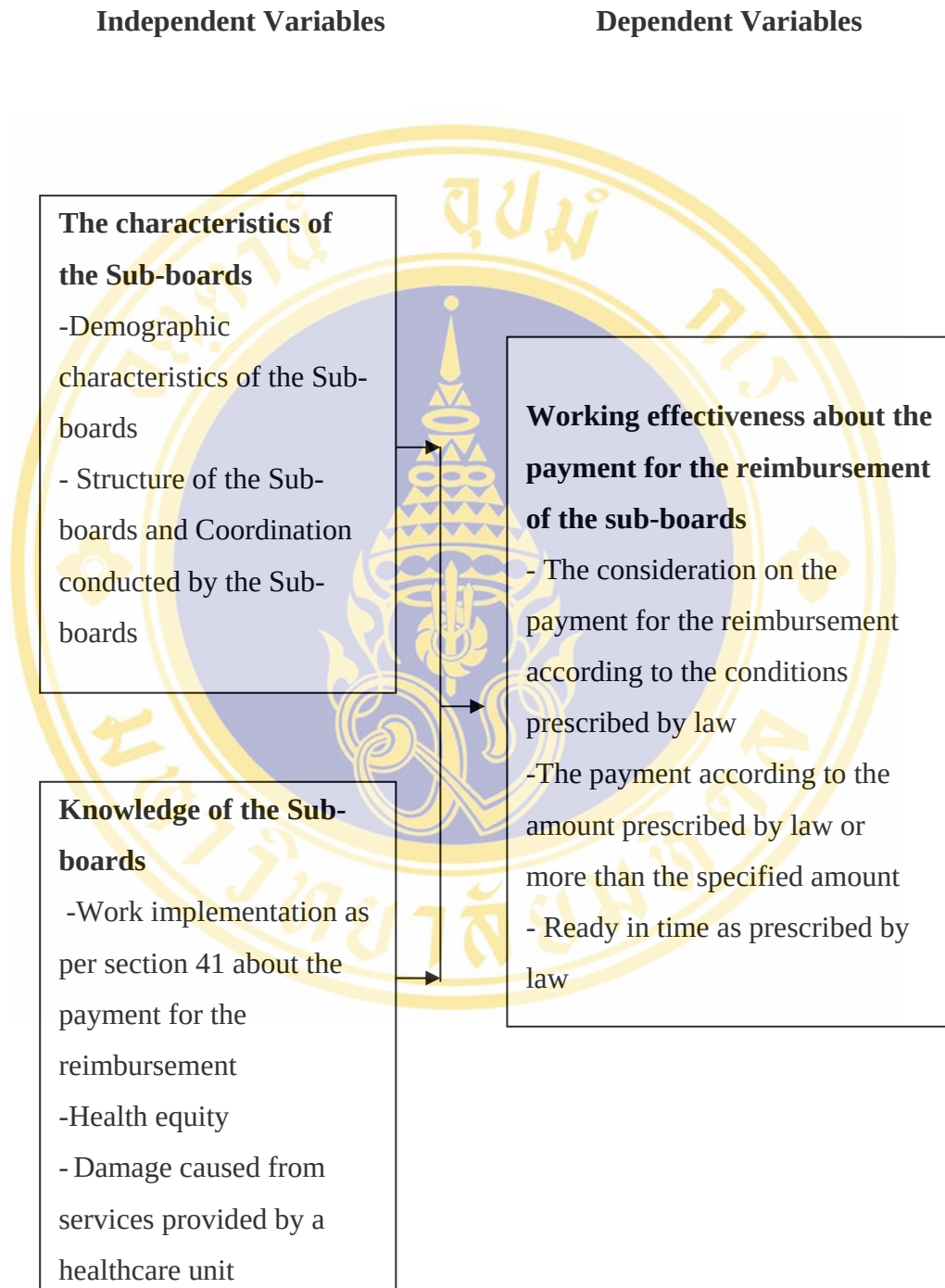


Figure 1 Conceptual Framework

CHAPTER II

LITERATURE REVIEW

The researcher had reviewed concepts, theories and related researches as follows:

Part1 Concepts and procedures of the payment for the reimbursement according to section 41 of the National Health Security Act, B.E. 2545

1.1 Concepts regarding payment

1.2 Concepts and theories of effectiveness and its measurements

Part2 Factors affecting working effectiveness of the Sub-boards on the payment for the reimbursement

2.1 Characteristics of Sub-boards who decide for the lodged complaint

2.1.1.Demographic characteristics of the Sub-boards who decide for the lodged complaint

2.1.2 Structure of the Sub-boards who decide for the lodged complaint

2.1.3.Coordination of the Sub-boards who decide for the lodged complaint

2.2 Concepts and related knowledge about the following issues

2.2.1 Procedure of considering the payment for the reimbursement, performed by the Sub-boards according to section 41.

2.2.2 Fairness of health service

2.2.3 Damage caused by any service provided by healthcare unit

Part3 Related researches

Part1 Concepts and procedures of the payment for the reimbursement according to section 41

1.1 Concepts regarding payment

World Health Organization (WHO, 1993: 45-46) categorizes 7 methods of payment mechanism in healthcare system, conducted to health facilities and healthcare providers as follows:

Table 1 Patterns of payment conducted to health facilities and health providers

Payment mechanism	Unit of services	Motivation of Healthcare providers
Fee- for service	One activity or a service received	Increase numbers of clients, service intensity and select to conduct only the high cost services.
Capitation	All services per one person within a year	Increase the number of the enrollment people but decrease visits and service intensity per capita
Diagnostic Related Group (DRGs)	Each illness must follow the table of severity cost.	Increase the number of the enrollment people but decrease visits and service intensity per capita and select the low cost of service
Global budget	All services per one person within a year	Decrease the numbers of both clients and services.
Salary	Pay in term of service per month	Decrease the numbers of both clients and services.
Daily cost	Number of patients per day	Increase the days of hospitalization (allow patients stay longer or increase patient numbers)
Flat rate	An investment or special service or disease prevention	Provide specific part of service with the bonus, but neglect other services.

Source: WHO (1993) in Bennett (1997)

Supasit Punnarunothai (2001: 207) mentioned that the source of budget for the health care coverage was mainly from taxation. Other sources were from government budget (taxation, tax and duties, income tax, excise tax, social security and others) and budget from private sectors/households (payment at a service point, advanced insurance and saving for health)

The National Health Security Office (NHSO) (2005:7) set the Fund with aims to (1) encourage access of persons to universal and efficient public health service, and (2) be spent by considering the development of public health service in local areas, in which health care units is insufficient or health care units are not appropriate distributed. The Fund shall be made up of money from; (1) annual expenditure budget; (2) local government organization as prescribed by law; (3) being earned by providing public health service pursuant to this Act; (4) administrative fine pursuant to this Act; (5) donated money or property to the Fund; (6) interest or benefit earned by money or property of the Fund; (7) other money or property earned by affairs of the Fund; and (8) other contribution as prescribed by law.

In fiscal year 2005, the NHSO received the per capita budget (1,396.30 baht per population) to support health care service among 47 million eligible people. The budget was allocated to support various types of health care service, making benefit of the fund and preliminary assistance to reimburse a beneficiary who is subject to damage or injury caused by any service provided by health care unit, as stated in the National Health Security Act, B.E. 2545. Details were shown in Table2.

Table 2 The comparison of the per capita budget receiving in fiscal year 2003-2005

Type of Services	FY2003	FY2004	FY2005
1. Out Patient (OP)	574	488.2	533.01
2. In Patient (IP)	303	418.3	435.01
3. Promotion & Prevention (PP)	175	206	210
4. Accident and emergency (AE)	25	19.7	24.73
4.1 Accident and emergency (Outpatients)	-	-	0.74
4.2 Accident and emergency (different branch fund)	-	-	14.37
4.3 Beneficiaries as per section 8	-	-	6.05
4.4 Newborn babies (different branch fund)	-	-	3.57
5. High cost care (HC)	32	66.3	99.48

Table 2 The comparison of the per capita budget receiving in fiscal year 2003-2005
(Cont.)

Type of services	FY2003	FY 2004	FY 2005
6. Emergency Medical Service (EMS)	6	10	6
7. Rehabilitation service	4	-	4
8. Making benefits of the fund	83.4	85	76.8
9. Budget allocated to poor area	-	10	7.07
10. Preliminary assistance (Section 41)	-	5	0.2
11.Total capitation (baht/cap)	1,202.4	1,308.5	1,396.3
12.Total budget of care services (OP+IP) received by branch fund (baht/cap)	877	906.50	968.02

Source: The National Health Security Office, (2005)

According to section 41 of the NHSO (2005: 127, the Board shall earmark an amount of money, not exceeding 1% of budget to be paid to healthcare units, as preliminary assistance to reimburse a beneficiary who is subject to damage or injury caused by any service provided by health care unit and the wrongdoer is non-apparent or the wrongdoer is apparent but such beneficiary cannot be reimbursed within a period deemed appropriate. This shall be pursuant to such rules, procedures, and conditions as prescribed by the Board.

The NHSO (2005: 72-73) has started to keep some of the total capitation since 2004 (5 baht/capita or the total of 230 million baht) and in 2005 (0.2 baht/capita or 239.40 million baht). The payment for the reimbursement according to section 41 until the end of September, 2005 was 17,190,000 baht as shown in Table 3.

The results of conducting the payment for the reimbursement according to section 41 of the National Health Security Act B.E. 2545 by the consideration of the Sub-boards at the provincial level are as follows:

Table 3 Results of notification of Sub-boards who decide for the lodged complaint at the provincial level.

Summary chart shows numbers and types of the payment for the reimbursement as per section 41 during fiscal year 2004-2005

Month	Total complaints (cases)	The results of consideration of the Sub-boards at provincial level					The decision of Quality Control Board		Amount of money for the reimbursement as per section 41 (baht)/ in thousand
		Unmatched the criteria (case)	Matched the criteria (case)	Death/ Permanent disabilities (case)	Loss of organs / handicap (case)	Injury/Chronic illness (case)	Twice (case)	Appeal (case)	
Fiscal year 2004 (230 million baht)									
Jan, 04	4	0	4	2	0	2	0	0	190
Feb, 04	8	2	6	3	1	2	1	0	285
Mar, 04	9	3	6	5	1	0	1	0	500
Apr, 04	8	4	4	2	1	1	0	1	160
May, 04	14	2	12	7	4	1	1	3	940
Jun, 04	13	5	8	7	1	0	0	1	558
Jul, 04	5	2	3	2	0	1	2	3	620
Aug, 04	15	4	11	9	0	2	0	1	680
Sep, 04	9	1	8	5	1	2	0	3	592
Total	85	23	62	42	9	11	5	12	4,525
Fiscal year 2005 (9.4 million)									
Oct,04	14	2	12	9	1	2	0	1	800
Nov,04	20	7	13	10	1	2	0	1	840
Dec, 04	20	7	13	7	4	2	3	5	1,030
Jan, 05	23	3	20	12	3	5	1	5	1,345
Feb, 05	18	4	14	8	3	3	2	3	955
Mar, 05	9	0	9	7	0	2	2	2	825
Apr, 05	23	1	22	13	3	6	4	2	1,490
May, 05	11	1	10	9	1	0	1	2	810

Source: The Bureau of legal affair, National Health Security Office, 2005

Table 3 Results of notification of Sub-boards who decide for the lodged complaint at the provincial level.(Cont.)

Summary chart shows numbers and types of the payment for the reimbursement as per section 41 during fiscal year 2004-2005

Month	Total complaints (cases)	The results of consideration of the Sub-boards at provincial level					The decision of Quality Control Board		Amount of money for the reimbursement as per section 41 (baht)/ in thousand
		Unmatched the criteria (case)	Matched the criteria (case)	Death/ Permanent disabilities (case)	Loss of organs / handicap (case)	Injury/Chronic illness (case)	Twice (case)	Appeal (case)	
Jun, 05	24	5	19	13	2	4	4	1	1,380
Jul, 05	17	4	13	11	1	1	3	3	1,050
Aug, 05	15	0	15	7	3	5	6	5	1,310
Sep, 05		5	17	10	4	3			830
Subtotal	194	39	177	116	26	35	26	29	12,665
Total	279	62	239	158	35	46	31	41	17,190
Subtotal	194	39	177	116	26	35	26	29	12,665
Total	279	62	239	158	35	46	31	41	17,190

Source: The Bureau of legal affair, National Health Security Office, 2005

The Ministry of Public Health had appointed the committees to prescribe rules, procedures, and conditions on payment for the reimbursement and offered to the National Health Security Board for decision. The Board consent and notify the prescribed rules procedures and conditions on payment for the reimbursement to reimburse a beneficiary who is subject to damage or injury caused by any service provided by a healthcare unit in 2003. And it was promulgated in the Royal Gazette on the 9th June, 2003 and it has come into force since 10th June, 2003. The essential contents of such rules are as follows:

1. The rights of beneficiaries have occurred since the date of the National Health Security Act, B.E. 2545 has come into force (19th November, 2002). Therefore, if a beneficiary is subject to damage or injury caused by any service

provided by healthcare unit since 19th November 2002, he/she shall have the right to lodge the complaint to get the payment for the reimbursement.

2. Indicate causes of damage form any care and treatments provided which lead to lodging the complaint. These causes are;

2.1 Disease pathology

2.2 Complication resulted from any usual diagnosis

2.3 Complication resulted from the standard of treatment

Thus, the beneficiary who received such damage resulted from one of those stated causes above cannot lodge any complaints for reimbursement.

3. Indicate types of damages caused by any service provided by healthcare unit. The payment rates for the reimbursement are classified into three types.

(1) Death or permanent disability, payment not exceeds 80,000 baht.

(2) Loss of body organ / handicap, payment not exceeds 50,000 baht.

(3) Injuries or chronic illness, payment not exceeds 20,000 baht

4. The decision for any payment to reimburse the beneficiary according to the rule above is divided into two main cases.

(1) Lodging for the first time

(2) Lodging the appeal is occurred in case that the clients do not approve the decision of the Sub-boards and then they lodge the complaints to the Standard and Quality Control Board. The results of decision exclude the decision on the double payment for the reimbursement starting from January 2004 to the end of September, 2005 (40 cases). The guideline of implementing the payment for the reimbursement is shown as the following flow chart.

Flow chart shows the procedures of implementing the decision for the lodged complaint about payment for the reimbursement.

(Lodging for the first time)

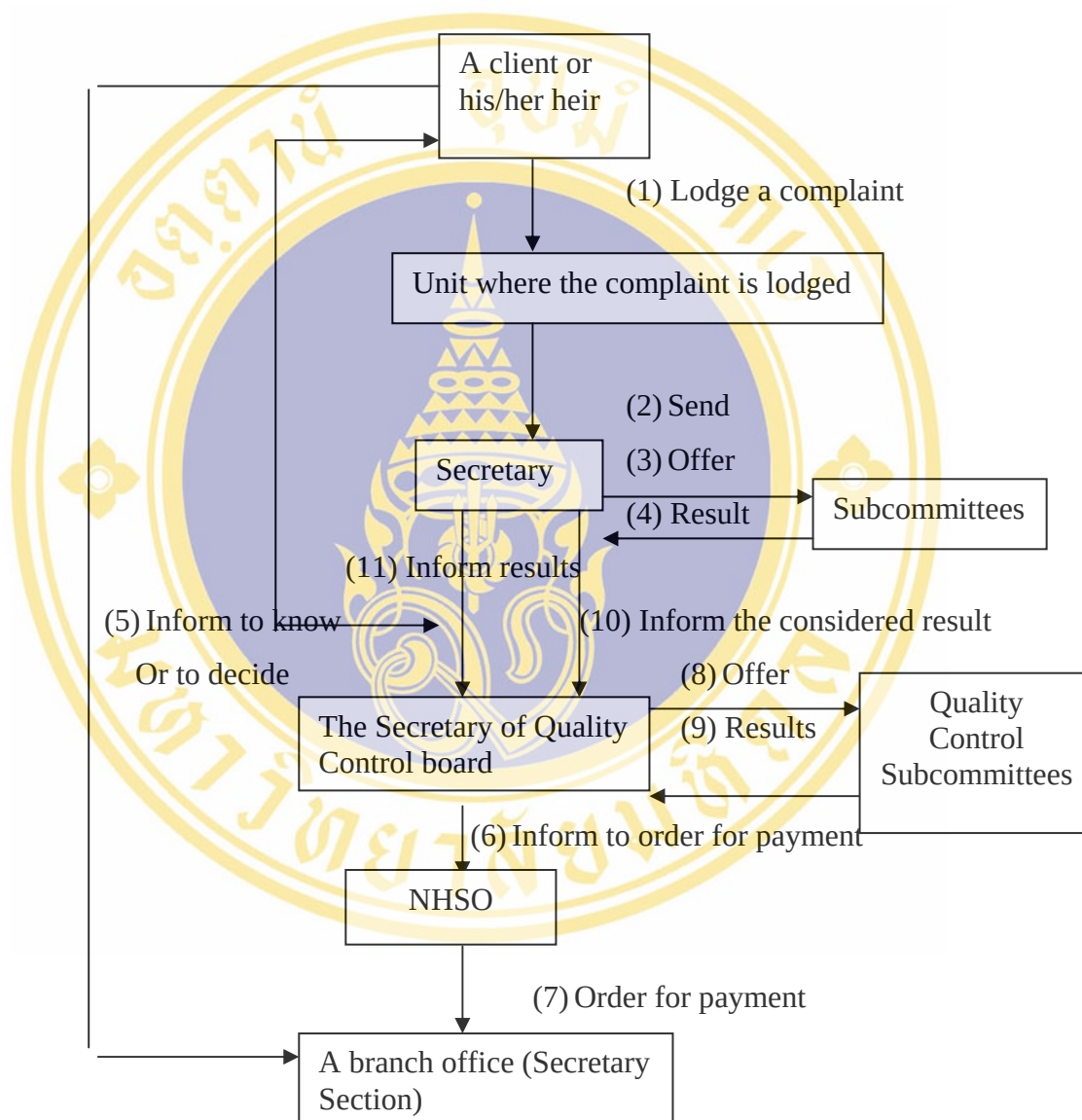


Figure 2 Procedures of implementing decision for the lodged complaint of the Sub-boards.

Source: National Health Security Office (2005)

Flow chart shows the procedures of implementing the decision for the lodged appeal about the payment for the reimbursement.

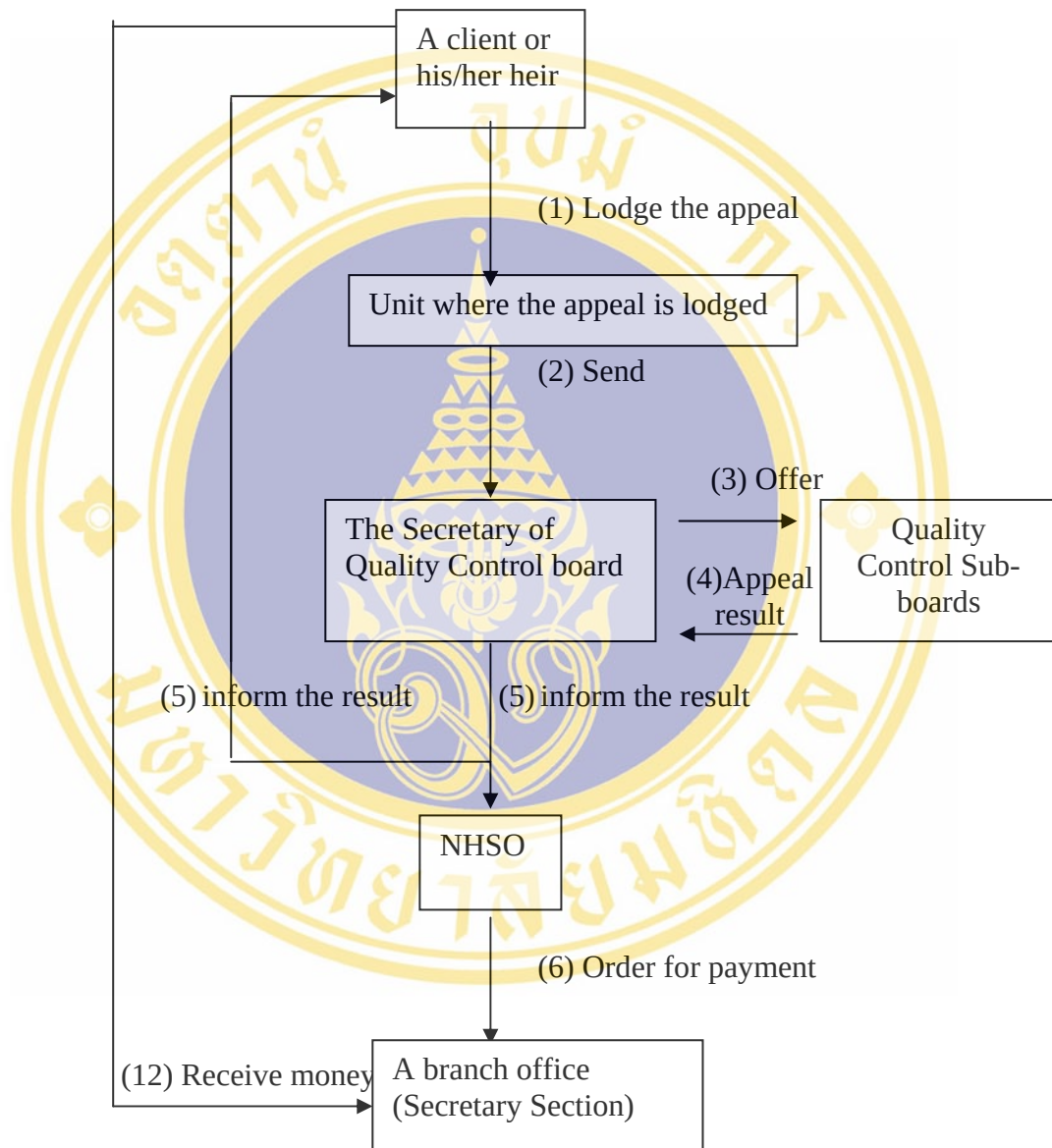


Figure 3 Procedures of implementing the decision for the lodged appeal about the payment for the reimbursement.

Source: The National Health Security Office (2005)

1.2 Concepts and theories of effectiveness and its measurements

The Organization

A human society is composed of various types of organizations. Each organization is emerged to serve human desires. Some contain an objective to provide services such as medical service, and public health services. Many scholars attempt to define the word “Organization”. For example, Etzioni (1961:1-3) defines “organization” as the structural gathering of people with an aim to achieve one or many purposes. Hicks H (1972: 23) mentions that the component of social organization comprises of (1) two or more people, (2) a person will perform something that is related to one another, (3) work relationships of people in the organization is indicated in an organization structure, (4) the work relationships will lead to achieve the goal. Thongchai Suntivong (1997:4) states about the three important characteristics include (1) a group of two or more people, (2) gathering together and working as a team by collecting some resources and cooperating with each other, (3) trying to achieve the set goal.

In conclusion, an organization means the gathering of people as a group to conduct some tasks to achieve the same goal. Although the Sub-boards who decide for the lodged complaint is not a juristic person as prescribed by the law, their structure and component are similar to an organization. Therefore, the researcher had applied the organizational theory to explain the work performance of such Sub-boards. In this research, the Sub-boards means the Sub-boards who are responsible for making a decision on the lodged complaint about receiving the payment for the reimbursement of a client or his/her heir.

Effectiveness Concept

Steers (1977:34) states that effectiveness means an organizational ability to obtain and effectively utilize resources so that the set goal can be achieved.

World Health Organization (WHO, 1981:17) defines “effectiveness” as indicators of desired plan, service or supporting activities conducted to reduce health dissatisfaction. It can be measured by comparing the results to the set goal.

Mukawan Suwannaraung (1993: 7) signifies the effectiveness as ability of an organization to achieve the set goal by worthily utilizing management resources with the overall satisfaction of its members. Besides, the organization should be able to adapt and develop so that it can sustainably exist.

Becker & Neuhauser (1995: 44-45) defines organizational effectiveness as management abilities of a group or an organization to achieve the set goal.

Surachat Na Nongkhai (2004:8) mentions that “Effectiveness” means the process of data collection received from comparing work performance to the standard or the set goal.

Effective Administration: EA (Surachat Na Nongkhai, 2004:9) means management process or resource management that insures the standard results not an experimental process. The administrative scholars offer various concepts regarding management or resource management for goal achievement. Some focus mainly on the material results, others focus on quality results. (Dave Ulrich) had collected many concepts and applied to result based management by the process which comprises four following characteristics.

1. Strategic Partners (SP) means all stakeholders participate in management or help indicate management strategy. The more they join together, the more effectiveness they get.

2. Administrative Expert (AE) means for those who take part in resource allocation or management with the purpose to achieve the goal need to have expertise in management process. The higher level of expertise, those people have, the greater effectiveness, they receive.

3. Change Agent (CA) means a person who is responsible for resource allocation or management must have ability to change ways of working. The more he/she holds this ability to match the situation, the more effectiveness the organization receives.

4. Employee Champion (EC) means nay methods that can motivate employees to reach a team working and produce the outcomes with quantity and quality. The more quality and quantity outcomes, the more effectiveness will occur.

In summary, “organizational effectiveness” means ability of a group or an organization in management to achieve the set goal by comparing the work

outcomes to the indicated standard. In this research, it implies to the implementation of the Sub-boards who are responsible for deciding the lodged complaint about receiving the payment for the reimbursement of a client or his/her heir as per the rules and goals prescribed in section 41 of the National Health Security Act, B.E. 2545.

Measurement of Effectiveness

Many scholars had studies indicators of effectiveness on work performance in an organization as follows:

Price (1968:1) had studied indicators of effectiveness. It was found that in the different of effectiveness in each organization derived from confounding factors. One of them was the commitment to follow the organizational rules.

Poranee Mahanon (1986:185) states that variables used to measure organizational effectiveness are composed of (1) organizational characteristics, (2) organizational behavior, and (3) producing ability.

Steer (1977: 5) studies the variables, influencing effectiveness of organization, which were organizational policy and following the organizational rules.

Steer (1977:16) motions about many forms to evaluate effectiveness which include indicating goals and setting priority. These will be used as a base to indicate necessary activities that support the organizational achievement.

Akachai Kisukphanth (1995:179-182) states that to obtain the effective of time management, we need to follow these three steps which are (1) indicate what is necessary or crucial and what to do first and later, (2) have a work plan to be a guideline of activities or performances that enhance to reach the goal, and (3) follow the table of contents that have already been set in the master plan.

Supavadee Vittayapraphanth (2002: 12) mentions that time management means to indicate or control working time to produce the desired results as much as possible. It includes (1) evaluating the importance of each work, (2) setting the

priority of work, (3) identifying the wasted time, (4) setting the goal & plan, (5) anticipating the results and (6) creating the good working attitudes.

Sompoch Rattoran (2003: 135) studied and found that managing the organizational working time will increase work effectiveness.

Covey (1994, cited in Famming, P. 2000: 152-153) suggests that when planning by using timetable, we need to classify type of work and set priority—the urgent one must be set first.

Wood (1991 cited in Famming, P. 2000: 151- 152) mentions about three components to effectively set time are (1) thinking about advantages of work and conducting the important one first to achieve the goal, (2) planning about how to conduct such work—it starts time consuming, and (3) seeking for cause of a mistake and redoing the plan to prevent such mistake.

The Constitution of the Kingdom of Thailand, B.E. 2540 (2004: 27) states in section 61 that a person shall have the right to present a petition and to be informed of the result of its consideration within the appropriate time, as provided by law.

Steer (1977: 4-6) offered the analysis concept to measure organizational effectiveness by using three relatives which were (1) goal optimization, (2) system perspective and (3) human behavior.

In summary, indicators of an organizational effectiveness mean all performances that follow rules and regulations of such organization in order.

Measuring the working effectiveness of the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act B.E. 2545

The working effectiveness of the Sub-boards considering the payment for the reimbursement according to section 41 means the result of consideration made by the Sub-boards as per the National Health Security Act, B.E. 2545 which is compared to the target as follows:

1. According to the condition

Using the following conditions

- 1.1. the beneficiary who has the right according to the National Health Security Act, B.E. 2545 (Gold card)
- 1.2. Any damage or injury caused by healthcare provided by the public health care unit.
- 1.3. that healthcare unit must be in the project of Healthcare coverage scheme.
- 1.4. the beneficiary must lodge the complaint to receive the payment for the reimbursement within 1 year after such damage or injuries had occurred and the received care before 19 November, 2002 will not be included.
- 1.5. the damage or injury is not caused by normal progression of disease pathology.
- 1.6. the damage or injury is not caused by any complications of normal diagnosis
- 1.7. the damage or injury with no need to wait for any proof of innocence

2 The amount of payment is prescribed by the law, not exceed the twice amount. The considerations are as follows:

- 2.1 Death or permanent disability, payment not exceeds 80,000 baht.
- 2.2 Loss of body organ /handicap, payment not exceeds 50,000 baht.
- 2.3 Injuries or chronic illness, payment not exceeds 20,000 baht.
- 2.4 Damage or injury that lead to permanent disability is considered

the same group as “Death”.

2.5 Damage caused by medical or systemic force majeure such as drug allergy that leads to injury or death. According to section 8 of the Civil and Commercial Code “force majeure” means any cause of damage or injury as cannot be helped or prevent although some careful prevention has been made as possible as normal human can do.

3. In case, an appeal is lodged, the consideration of the Standard and Quality Control Board is the final solution, the client and his/her heir cannot lodge the same appeal again.

The amount of payment depends on type of damage or injury as prescribed in the National Health Security Act, B.E. 2545. The work committees draft the criteria base on human right assistance, not the compensation. Therefore, the amount of payment for the reimbursement is indicated due to the necessary and appropriate need of the modern situation. The high money extend is indicated to be managed by the power of the Sub-boards who decide the case in each area. In case, the Sub-boards perceive the damage or injury causes huge negative impact to such clients of his/her heir, the payment can extend more than the amount indicated in section 41 of the National Health Security Act, B.E. 2545. The Sub-boards can offer their opinion to the Standard and Quality Control Board for consideration as prescribed by the law.

4. Ready and in time.

The NHSO (2004:16) will perform according to section 41 and the 7 regulations prescribed by the National Health Security Act. It indicates that the consideration of the Sub-boards must come to an end not exceed 30 days starting when the complaint is lodged. The result of consideration must be notified to the Standard and Quality Control Board.

In summary, the measurement of effectiveness implementation regarding the payment for the reimbursement as prescribed by the National Health Security Act, B.E. 2545 follows the 7 regulations and types of clients or their heir who lodge the complaint. The lodger will receive money as the prescribed amount or twice of the indicated amount and within the time prescribed by the law.

Part2 Factors affecting working effectiveness of the Sub-boards on the payment for the reimbursement

2.1 Characteristics of Sub-boards who decide for the lodged complaint

Steers (R.19:4-6) mentions that a component of organizational effectiveness is composed of characteristics of personnel, organization structure and coordination.

2.1.1 Demographic characteristics of the Sub-boards who decide for the lodged complaint

Steers (R.1977:8) believes that behavior of people in an organization directly affects the success of such organization.

Steers (R.1977:124-126) offers 3 factors supporting the excellent working effectiveness of people in an organization which are ability, goals and precise role.

Poranee Kitibut (1996: 93) mentions that characteristic of people in an organization is a key success of an organizational effectiveness because it enhances the job performance that indicates the success or failure of such organization.

Poranee Kitibut (1996: 95-96) studied the source of organizational relationship of Steers and Buchan. It was found that the key elements leading to organizational relationships are (1) personal characteristics of personnel such as sex and age, (2) work characteristics such as importance of work, opportunity to have relationships with colleague and (3) work experience such as trustworthiness of the previous organization and feelings about an organization of the others.

In summary, the characteristics of the Sub-boards who consider the payment for the reimbursement are success of implementation regarding the payment which depends on their behaviors, sex, age, educational level, and work experience.

2.1.2 Structure of the Sub-boards who decide for the lodged complaint

Paul and Loesch (1967:189) found that effectiveness of organizational management depended on the organization structure.

Steers (1977: 60-61) mentions that setting an organization structure by dividing special skills will lead to the higher effectiveness because such method

provides an opportunity that induces new activities that support the organizational achievement.

Gibson, et al. (1979: 27) states that an organization structure is a crucial variable leading to an organizational effectiveness.

Mondy and Premeaux (1993: 242) define the “Organization structure” as a formal relationship between a group and the individual in an organization.

Jones (1995: 87) explains the “Organization Structure” as formal rules, procedures, and relationships of power that push people’s cooperation to reach the utmost advantages in using resources.

Jirasak Jiyajun (1997: 255) defines an organization structure as a formal interaction of a human which is related to works, technologies, and personnel of an organization to assure the use of resource can produce the highest effectiveness and lead to the organizational success and its strategy.

Thong-law Dejthai (2002: 203-204) mentions about the concept of Mintbarga that the organization structure is classified into 5 characteristics as follows:

1. Simple Structure or small units that are controlled from the center.
2. Machine Bureaucracies is a type of huge organization with a traditional administration. Its products and services are standardized.
3. Professional Organization is a type of most common organization for specific professional group and public health organizations.
4. Divisional Organizations is a type of government organization assured by the law.
5. Adhocracies is the most popular type which avoids the standard as an indicator. It consists of many professional teams in a form of matrix organization and its personnel may be from many groups of committees.

Leuchai Sringenyueng, et al. (2004:198) explains about the structure and components of the Sub-boards who decide the lodged complaints for reimbursement.

He mentions that it reflects the thinking method toward section 41 that affects the work implementation of each province. The structure of each province is designed based on the point of view and public health framework of each province. Some may focus on those who used to be a physician, a village-chief, and a village headman *per se*. The characteristic of the Sub-boards is a key variable that affects the consideration for paying the reimbursement.

In summary, an organization structure means the differences of each human will reflect the different plan and response to work of those people. In this study, it means the different sources of the Sub-boards that create different response of consideration about the payment for the reimbursement. The Sub-boards are selected from many professional groups such as experts in the area of providers and clients.

2.1.3 Coordination of the Sub-boards who decide for the lodged complaint

Normally, coordination is needed within and between organizations. However, some problems may occur during the coordination process such as misunderstanding that can lead to the slow progress or conflict of work performance between people within and between organizations.

Coordination is one technique in the management process that both executives and practitioners need to understand and correctly put into practice for the maximum advantage. Conducting an activity to effectively achieve the goal, people need to coordinate and cooperate with each other so that the conflict in an organization can be reduced. The coordination also helps people create work with standard and quality by using low cost and resources (Sommai Jamaon, 1996: 25)

Steers (1977: 84-97) mentions that coordination is a process relating to people and other resources with an aim to achieve the set goal. The coordination may be occurred between person to person or between people to organization or between organizations. An effective coordination that creates organizational effectiveness need to consist of (1) precise powers and authorities of each organization, (2) joined

plan, (3) an effective, convenient and correct communication system, (4) an appropriate person to coordinate between organizations, and (5) good relationships among organizations.

Haimann, et al. (1982: 220) states that coordination is an attempt to cooperate all activities together to achieve the goal within the limited time.

Kast and Rosenzweig (1974: 222) define coordination as a factor influencing people's willingness and ability to seek for the best cooperation in an organization.

Nittaya Nguengprasertsri (1996: 58) mentions that effective coordination consists of (1) the understanding, good attitude, and willing to work as a team of people at all levels (2) the obvious responsibility of each person to prevent any overlapped work, (3) the policy and objectives to be used as a framework, (4) all workers' understanding about shared objectives between organizations, (5) good relationships among all workers focusing mainly on public interest more than own benefit, (6) continuous coordination at all levels, (7) effective communication, (8) the meeting that support people to share ideas and brainstorm as well as create good understanding, (9) creation of unity atmosphere within and between organizations, and (10) work instruction handbook.

In conclusion, "coordination" means the coordination of the three groups of Sub-boards regarding their work. The three groups of Sub-boards include experts in such area, healthcare providers, and clients. It includes the cooperation made to find out all related facts used in the process of consideration about the payment for the reimbursement according to section 41 of the National Health Security Act, B.E. 2545.

2.2 Concepts and related knowledge about the following issues

Definition of "knowledge"

Bloom B.& Selznick. (1971: 271) mentions that knowledge is related to recall memory on specific things or methods or process or objectives or the psychological process.

Good (1973: 325) defines knowledge as facts, truth, rules and details which people collected.

Prapapen Suwan (1983: 16) defines knowledge as the basic behavior or ability of a person to remember facts by training or seeing. The knowledge at this level includes knowledge about definitions, facts, theories, regulation, structures, and method of problem solving.

From the definitions of knowledge above, it is concluded that knowledge means the recall about facts, rules, regulations and details that a human collects and they can manifest in forms of noticeable behaviors which can be measured.

Level of knowledge

Bloom & Selznick. (1971:292) describe six levels of knowledge or cognitive domain from the simple to a difficult one as follows:

1. Knowledge means the knowledge that emphasizes on recall about thinking, material and phenomenon. It begins from the simplest one to the most complicated one and they are related to one another.

- 2 Comprehension is an ability to communicate with the other and to make them understand about your own intent whereas you need to know the other's desire as well.

3. Application is an ability to effectively apply knowledge and understanding in problem solving. The outcomes derived from what had been learned will be used to set the best solution.

4. Analysis is an ability to consider or distinguish contents into parts that are related to each other. The reason of finding out for relationships is to identify how such thing is assembled.

5. Synthesis is an ability to assemble each separated parts in to one topic. It is the process of how to put each part of the content together so that a draft model can

be designed. It must apply creative thinking within the set framework or the indicated problem frame.

6. Evaluation is an ability to make decision about value, thinking, work performance, answer, methods, and contents to achieve some objectives by following the set standard. Evaluation is a process that develops human thinking to the highest stage. It needs specific characteristics and competency to apply knowledge and understanding so that such thing can be analyzed and synthesized. Emotions, attitudes, and feelings are related within the evaluation process, especially an intellectual.

In conclusion, knowledge means the understanding of the working effectiveness of the Sub-boards considering the payment for the reimbursement according to section 41, health fairness and injuries caused by receiving healthcare service provided by any healthcare unit. The knowledge was measured by using close-ended questionnaires or yes-no question. The study about knowledge focused on the following topics.

2.2.1 Procedure of the payment for the reimbursement, performed by the Sub-boards who decide for the lodged complaint according to section 41 of the National Health Security Act, B.E. 2545.

The Office of National Health Security at a provincial level was managed by the Provincial physician, as a director. There are Sub-boards who administrate the work at provincial level. Their works include offering the name of experts to the Standard and Quality Control Board, so that the Board can appoint the Sub-boards who are responsible for any lodged complaints about the payment of preliminary assistance to reimburse a beneficiary.

In section 41 of the National Health Security Act, B.E. 2545 (The NHSO, 2005) states that the Board shall earmark an amount of money, not exceeding 1 percent of money to be paid to health care units, as preliminary assistance to reimburse a beneficiary who is subject to damage or injury caused by any service

provided by health care unit and the wrongdoer is non-apparent or the wrongdoer is apparent but such beneficiary cannot be reimbursed within a period deemed appropriate. This shall be pursuant to such rules, procedures, and conditions as prescribed by the Board.

The intentions of section 41 are classified as follows: (1) being an ethical measurement (2) relieving suffers, (3) reducing conflict between healthcare providers and clients, (4) no need to prove for innocence, and (5) focusing on speed of time.

The procedures and conditions on payment of preliminary assistance to reimburse a beneficiary are as follows: (National Health Security Office, 2004:22-25)

1. To lodge a complaint

1.1 The persons that have the right to lodge a complaint are a client or his/her heir shall lodge the complaint within one year starting from the date of loss occurred or informed.

1.2 Contents of a complaint

A complaint can be lodged by the lodger or in form of document; however, it must be composed of;

- (1) the name of the beneficiary
- (2) any risk derived from any given health service.
- (3) the name of the healthcare provider
- (4) the date that the loss occurred
- (5) an address that is easily to contact with the lodger
- (6) status of a beneficiary such as occupation, income or being the leader of a family.

1.3 Methods to lodge a complaint

The complaint can be lodged in two ways—(1) sending to a unit where receiving a complaint by oneself or (2) by registered mailing (the date of mailing will be the date of lodging such complaint.)

2. Data collection & verification about clients and healthcare providers relating to the payment for reimbursement will be conducted by the secretary.

3. Consideration

The Sub-boards at the provincial level will be responsible for making decision regarding the complaint about the payment for the reimbursement by using the following steps.

3.1 Follow the conditions prescribed by the law.

When considering from regulations, it may be divided into 6 related conditions as follows:

(1) A client must be a beneficiary in the public health service (having a gold card)) as stated by the National Health Security Act, B.E. 2545, and he/she must receive a damage or injury.

(2) The damage or injury must be caused by receiving healthcare service provided by the healthcare providers.

(3) The care received must belong to a healthcare unit registered to the NHSO.

(4) The damage or injury must not be caused by;

- * Disease pathology
- * Complication resulted from any usual diagnosis
- * Complication resulted from the standard of treatment

(5) No need to wait for any proof of innocence

(6) The complaint is lodged within one year after the damage has occurred or has been acknowledged.

After the Sub-boards have considered the lodged complaint according to the condition in 3.1 above, if the complaint meets all conditions, the client can receive the payment for the reimbursement as prescribed by the law.

3.2 Considering about types of damage or injuries

If any complaint matches 6 conditions above, the Sub-boards should consider which type the damage is (one of three types above as per the condition number 5). The Sub-boards have power to approve the money for the reimbursement not exceeds the prescribed rate.

3.3 Considering about severity and economical status of the injured person

Each injured persons may get the damage at different levels of severity, and the economical status of the injured person also affects the different amount of payment that such person can receive for reimbursement.

Holtz & Wenzel (1992: 206-213) mentions that the damages caused by getting infection in the hospital can cause both direct and indirect impacts to patients, families, health facilities and even a country.

Buisson, et al. (1996: 617- 624) points out that damage caused by infection in a hospital prolongs the treatment and hospitalization period. Besides, it increases morbidity and morality rate including the cost of treatment.

Darinwan Setthithum, et al. (2004: 1) states that damage caused by the service provided by government creates negative impacts to physical, mental, social and spiritual conditions.

The consideration about economical status means suffer or negative impacts of the clients or his/her heir. For example, if the injured person is a family leader, he must be responsible for all family members; the impact may be very severe.

After the Sub-boards have considered by following the three steps above, they will make the judgment about the amount of money that the injured person will receive as the reimbursement.

3.4 In case that the Sub-boards consider to pay for the reimbursement more than the prescribed amount.

If the Sub-boards consider that the damage is too severe and the amount of payment that they judge is higher than the indicated rate. They can offer such consideration to the Standard and Quality Control Board for further judgment. The result at this point will not be informed to the client until the consideration of the Standard and Quality Control Board will come to an end and the result is informed back.

3.5 Results of consideration

After the consideration of the Sub-boards has been made by following the steps above, the result can be;

- (1) An approval to pay for the reimbursement according to the following rates.

Death or permanent disability, payment not exceeds 80,000 baht.

Loss of body organ /handicap, payment not exceeds 50,000 baht.

Injuries or chronic illness, payment not exceeds 20,000 baht.

- (2) No approval

- (3) An approval for more money that higher than the prescribed amount

4. Notifying or informing the result

After the Sub-boards have considered about the payment for the reimbursement, any decision of them must be informed in the written form to the injured person. Besides, the rights to lodge an appeal must be informed. The informed letter should be a registered letter. Lastly the final consideration must be informed to the NHSO so that the NHSO will process the following steps.

4.1 In case the Sub-boards have voted according to 3.5(1) above—an approved money not exceed the prescribed amount, the NHSO must report the consideration to the Standard and Quality Control Board so that they will know and order for an approval to the Provincial Public Health Office. After that the Provincial Public Health office will inform the result of consideration to the NHSO. The content in the informed letter should contain the amount of approved payment from the Sub-boards and the name of injured person who receive the payment for the reimbursement.

4.2 If the Sub-boards have voted as 3.5(2) above—no approval for any payment for the reimbursement, the NHSO must report the consideration to the Standard and Quality Control Board. The report of meeting of the Sub-boards must be enclosed to the informed letter sending from the Provincial Public Health Office to the NHSO.

4.3 If the Sub-boards have voted as 3.5(3) above—an approval for more money that higher than the prescribed amount, the NHSO must report the consideration to the Standard and Quality Control Board for further consideration.

When the informed letter is sent from the Provincial Public Health Office to the NHSO, the report of meeting of the Sub-boards must be enclosed with the letter. After the final consideration of the Standard and Quality Control Board, the secretary of the Sub-boards must inform the result to the clients or injured person or his/her heir and report the result of consideration to the Sub-boards.

5 Lodging an Appeal

In case, the injured person had been informed about the result of consideration and disagrees with the judgment of the Sub-boards, He/she has a right to lodge an appeal to the Standard and Quality Control Board. The process of lodging an appeal are as follows:

5.1 A person who has a right to lodge an appeal

Those who have the right to lodge an appeal include the injured person or his or her heir. The appeal must be lodged within 30 days starting from the date of consideration of the Sub-boards is informed. The appeal can be lodged at the unit where any lodged is accepted. After the unit had received the appeal, such appeal should be sent to the NHSO as soon as possible.

5.2 The essential contents of an appeal

The appeal must be lodged in forms of paper and the statements in the appeal must include;

- (1) The name of the lodger
- (2) The date that consideration made by the Sub-boards is informed
- (3) The reason of disagreement
- (4) The available address for contacting the lodger

5.3 Methods of lodging the appeal

The appeal can be lodged by the lodger at the unit where receives the complaint, or by registered mailing.

5.4 To conduct the decision

After receiving the complaint from the unit where the complaint is lodged, the NHSO must summarize related facts of such issue or some previous decision, and collect necessary evidences to offer to the Standard and Quality Control Board.

5.5 The result of decisions

The Standard and Quality Control Board will decide for the final solution of the lodged appeal of the injured person. The decision of the the Standard and Quality Control Board may show in two forms as follows:

- (1) Order to pay for the reimbursement according to the prescribed amount but not exceed twice of such amount.
- (2) Dismiss the appeal

5.6 Informing the result

The final decision of Standard and Quality Control Board must be informed by the NHSO to the unit that received the lodged appeal (the Provincial Public Health Office) so that such unit will inform the result of decision to the appellant and the Sub-boards to know. In case, the Standard and Quality Control Board have the vote for the payment to reimburse the injured person, the NHSO will continue the process of ordering payment to the Provincial Public Health Office and to the injured person for the next step.

6. The decision of the Standard and Quality Control Board is considered as the final solution, the clients and his/her heir cannot lodge the appeal again.

In case, the Sub-boards have voted for the payment for the reimbursement more than the prescribed amount. After the NHSO is informed by the Provincial Public Health Office, the NHSO must conclude all facts about the decision of the Sub-boards and present to the Standard and Quality Control Board for further consideration.

The decision of the Standard and Quality Control Board can be;

6.1 Order to pay for the reimbursement as the prescribed amount in 5.

6.2 Order to pay for the reimbursement more than the prescribed amount according to the decision of the Sub-boards, but not exceed twice of the indicated amount in each type of damage. The conditions used for consideration is the same as the conditions used by the Sub-boards. The decision of the Standard and Quality Control Board may be conformable or different from the Sub-boards.

The result of consideration made by the Standard and Quality Control Board is the final solution, the injured person or his/her heir cannot lodge any appeal again.

In conclusion, knowledge on work performance according to section 41 which concerns about the payment for the reimbursement meant the understanding of the Sub-boards in the content of abiding by law as per section 41 of National Health Security Act, B.E. 2545 about the payment for the reimbursement.

2.2.2 Fairness of health service

Bryan S. Turner (1986: 43) concluded that the words “fairness” and “equity” cannot be substituted each other; some may be fair but not equal. For example, a patient can access healthcare services more than normal people; however, such inequity is considered for fairness.

Mooney G (1992: 103) used the concepts of equity to define the fairness of health service as following.

1. equality of expenditure per capita
2. equality of inputs per capita
3. equality of inputs for equal need
4. equality of access for equal need
5. equality of utilization for equal need
6. equality of marginal met need
7. equality of health

World Health Organization (WHO, 1996: 1) defined “health equity” as avoidable disparities regarding health and the supporting factors among various

groups of people. The differences of each group are social status, geography, gender, race, and age. Therefore, it can be concluded in two meanings—equity in health status and equity in health care. Thus, health equity means the condition that all people can achieve the highest health conditions both physical and mental and those people can continue living with happiness under the biological limitation. The equity of healthcare service means the allocation of health facilities according to people's need and ability to pay.

Sen., Amartya (2001: 4) stated about health equity in the concept of “Social fairness”. It is said that health should be managed for equity because health plays an important role in human life. If people lack opportunity to attain healthy condition because of social arrangement problem, not from their own selection (for example, choose to have a risk of cancer by smoking). It indicates the defect of social fairness. Besides, people can attain good or bad health depending on their own health potential.

The Constitution of the Kingdom of Thailand, B.E. 2540 (1997:25-32) prescribes the importance of equity regarding health as follows:

Section 52 “A person shall enjoy an equal right to receive standard public health service, and the indigent shall have the right to receive free medical treatment from public health centres of the State, as provided by law.

The public health service by the State shall be provided thoroughly and efficiently and, for this purpose, participation by local government organizations and the private sector shall also be promoted insofar as it is possible.

The State shall prevent and eradicate harmful contagious diseases for the public without charge, as provided by law.

Section 82 “The State shall thoroughly provide and promote standard and efficient public health service”

Suwajee Juntanom-Good (2000:12) offered a concept of equity based on fairness and justice by comparing to related issues, the result shows no gain or loss.

Supasit Punnarunothai (2000:4) mentions about some points of equity regarding health which are;

1. The public health scholars focus on health equity as the first priority.
2. The economists focus on fairness of healthcare cost.
3. The socialists focus on basic of human right and social class.

Somchai Suksiriserikul (2003:16-17) obviously concluded the meaning of health equity in relations to health resource management in countries with different economic systems. The main three related concepts are as follows:

1. Egalitarianism is to equally allocate health service to all members regardless of any factors such as gender, age and occupation.

2. Rawlsian Principle is based on freedom of allocation on health service regardless of social, economical, or political interest. The selection of some group in a society based on these factors may enhance advantage to those people more than the other group. In other word, for those who know their status will select the ways based on the poorest economical, social and political status. For example, those who are the poorest or the most lack of opportunity, and illiterate condition will receive the baseline of health service before the others in such society. It is because each person does not know his/her fate whether he/she will be in such poorest situation or not. Then, most of them think about offering compensation to the poorest group first. It is called “maximin rule” of Rawls. This principle is popular in the country that uses “Welfare state system”.

3. Utilitarianism means providing service to meet the utmost satisfaction of people in a society regardless of how many service they will receive or how social, economical and political factors will be. Usually, the Utilitarianism can be manifested in forms of willingness to pay and ability to pay which can be reflected by marketing demand and supply. This type of concepts tends to be used in a country with Market- oriented system.

For Thailand, knowledge of health equity means understanding about how to use Egalitarianism to manage healthcare service for people as prescribed in section 52 of Chapter 3 and section 82 of Chapter 5 of the Constitution of the Kingdom of Thailand, B.E. 2540. The payment to reimburse the beneficiary is considered by the Sub-boards according to section 41 of the National Health Security Act, B.E. 2545

depending on health equity, economical status, severity impacts to health of the clients or their heirs.

2.2.3 Damage caused by any service provided by healthcare unit

Health services according to the National Health Security, B.E. 2545

The damage or injury of clients may be caused by receiving healthcare services provided by the healthcare providers. Damage and injury of the client in this condition means damage and injury caused by healthcare services provided directly to the clients for the purpose of health promotion, disease prevention, medical care and treatment and rehabilitation. Such damage may be conducted by providers or healthcare units by many grounds as follows:

Vithoon Eungpraphanth (1993) concluded about violate actions as per section 420 of the Code of Civil and Commercial Law in two characters, in case of performing the professional medicine of the Thai physicians.

1. A willful violation meant an intended action that the doer is conscious about what is done and caused damage to other person. The doer does not have any right to do so. If a doctor has done the thing as like the above statement, his or her action is also considered as a willful violation.

2. A violation due to negligence meant any actions performed with careless at the spiritual level. In this situation, it means the cautiousness that is assumed to be a standard by comparing to normal human being that can be careful about his/her behavior as per status in a society.

However, when considering section 59 of the Criminal Code of Thailand, the careless actions include all unintended actions but it is occurred by carelessness of the doer or such doer has inadequate awareness until the damage has occurred. The careless actions are divided into 2 levels which are (1) no awareness at all, and (2) inadequate awareness.

Surachai Sukdapolchai (1993: 34) mentioned that violation is unlawful itself—without any law enacted to confirm this action. The important point is to

consider about the right of the doer. Any actions done with or without intentions but destroy the right of the other is illegal. As a result, if the doer has a right to do such thing but caused damage to the other is considered as inviolate because he/she has done according to his/her power.

Pijit Bunyaphanth (1998: 76-79) said that if the provision of the law had described obviously about “illegal”, it will not have any problem such as the Criminal Code of Thailand. However, the responsibility about violation needs no assurance by the law. The word “Illegal” stated in section 420 of Civil and Commercial Code of Thailand means only if a person has done without any right to cause any damage to the right of the others concerning life, body, health, freedom, properties or other rights of such person, it is unlawful according to section 420 of the Civil and Commercial Code of Thailand.

Vorapoj Vissarutpich (1998: 374) said that according to the Responsibility for Violation of Officials Act, B.E. 2539 stated about the condition for lodging a complaint with the government sector so that it will take responsibility together with its officials who do any violation to other people. This Act is different from the Civil and Commercial Code of Thailand (section 76 and section 425). When an official violate the third person, (1) such official needs to be responsible to pay value as for such damage himself without any responsibility of the government or (2) sometimes it will be the responsibility of only the organization not an official or (3) the value of damage must be shared among all officials, therefore, the complaint lodged to any person must be carefully consider as follows:

First case Only the official must be responsible for full value to reimburse the injured person as follows;

1. The violation of such official is not occurred during working—any actions in his/her personal life or it may happen during the work time but it is not related to the official work according to section 6 of the Responsibility for Violation of Officials Act, B.E. 2539. This principle is similar to the official theory regarding hire of the Civil law.

2. The violate of such official is occurred during working but such action is intentionally done or done with most careless according to section 8 of the Responsibility for Violation of Officials Act, B.E. 2539. That official has committed the offence intentionally; he did it consciously, desired and could foresee the effect of his doing. The he must be responsible for his willful default.

Second case Only the government unit whose member did any violation must be responsible for value as reimbursement for the injured person in case such violation is occurred during perform his/her duty and such violation is occurred at normal careless. The injured person can lodge a complaint to only the government unit not to a person.

Third case Both the government unit and the official need to share responsibility for all value caused by the violation as reimbursement for the injured person according to the ratio of their faults. In case the damage is occurred during working, but the action is intentionally done with serious careless and it is caused by the government system according to section 5 and section 8 paragraph three of the Responsibility for Violation of Officials Act, B.E. 2539.

Jid Seatabut (2002: 69) stated about three types of damage caused by violation are;

First, it must be a damage caused by the violate action and such damage can be calculate in form of amount of money according to section 446.

Second, the damage must be sated by law, the violate action that invade the other right is unlawful itself, so there is no need to be prescribed by law. Thus, the doer will not accept for any fault if he/she has power by the law to do such thing.

Third, the damage must destroy the other right as prescribed by section 420 of the Civil and Commercial Code of Thailand that the damage must be threatened to life body, health, freedom, properties or other rights of such person, it is unlawful.

The National Health Security Office (2004: 15) stated that who gets damage caused by medical force majeure or systemic force majeure such as drug allergy can

ask for the reimbursement. However, the force majeure according to section 8 of the Civil and Commercial Code of Thailand means any situation caused damage by force majeure although the doer has been careful for such procedure at that situation.

The National Health Security Act, B.E. 2545 (2005:1-2); section 3 stated that “Public health service” means medical and public health service directly provided to person aimed at promotive, preventive, and curative cares, diagnosis, rehabilitation, and the Thai traditional and alternative medicine pursuant to Medical Registration law

In summary knowledge on damage caused from health service provided by health facility means understanding about violation, in this research refers to section 3 of the National Health Security Act, B.E. 2545 or damage caused by medical force majeure which leads to injury or loss of body organs or handicap or death with no need to wait for any proof.

Part 3 Related Researches

There is no study about working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E. 2545. Therefore, the researcher had reviewed related researches as follows:

Porntip Puangon (2000) studied the working effectiveness regarding health promotion of a public health center in Aung-tong province. The samples were 76 public health officers who were responsible for health promotion in the public health center. Questionnaires were used for data collection. It was found that human resources, management resource, budget were positively related to work effectiveness on health promotion (such as numbers of officers, adequateness of officers and budget). However, the demographic, social and economical characteristics were not related to working effectiveness.

Pipat Sudchaipraparat (1999) did the research on working effectiveness of the committees who manage the project of developing a police station for people: a case study in 6 police stations affiliated to the Bureau of Metropolitan Police. A total of

222 samples were interviewed by using questionnaires. It showed that knowledge of the committees about people's participation was related to their working effectiveness.

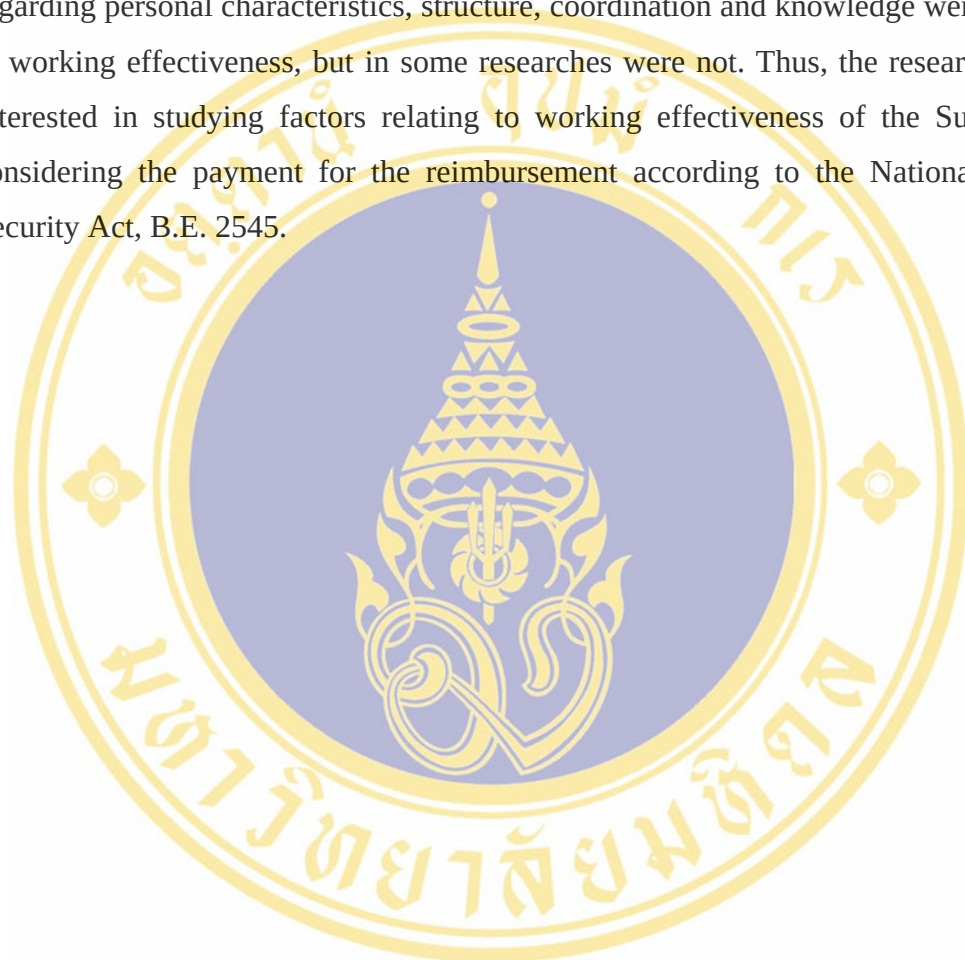
Vichien Aintein (2003) had studied the work effectiveness of executive committees on the project of developing a police station for people: a case study in police stations affiliated to the Bureau of Ratchaburi Provincial Police. A total of 251 samples were asked by using questionnaires. The results showed that knowledge and understanding of the executive committees was at a moderate level. There was no relationship between their knowledge and their work effectiveness.

Darinwan Setthithum, et al. (2004) had studied factors affecting health condition by collecting data and analyzing from the documents, researches and reports both in and off country. The results showed that the public health service had impacts on physical, mental, social and spiritual health.

Leuchai Sringenyueng, et al. (2004) studied and followed the impacts of policy and implementation about the payment for preliminary assistance to reimburse a beneficiary according to section 41 of the National Health Security Act, B.E. 2545. In-depth interview was conducted to evaluate the opinion of the Sub-boards at provincial level, of the provincial physicians, of health insurance officers, of all physicians in a hospital where the lodged complaint was occurred and in general hospitals that are related to section 41. The simple random sampling was applied to indicate a total of 9 provinces as the study area. Results showed that structure and components of the Sub-boards reflected thinking method about section 41 and affected working effectiveness about considering the payment for the reimbursement. The Sub-boards form non-treatment part perceived the advantages of this law whereas those from treatment part perceived this law in negative way. The impacts that most create a worry to the clients were the relationships between the clients and healthcare providers—more lodged complaints emerged. The weakness of health service system but strength of clients reflected the insufficient budget per capita, technologies and

medical personnel. If the health facilities are developed for readiness, the use of section 41 may not be worried any more.

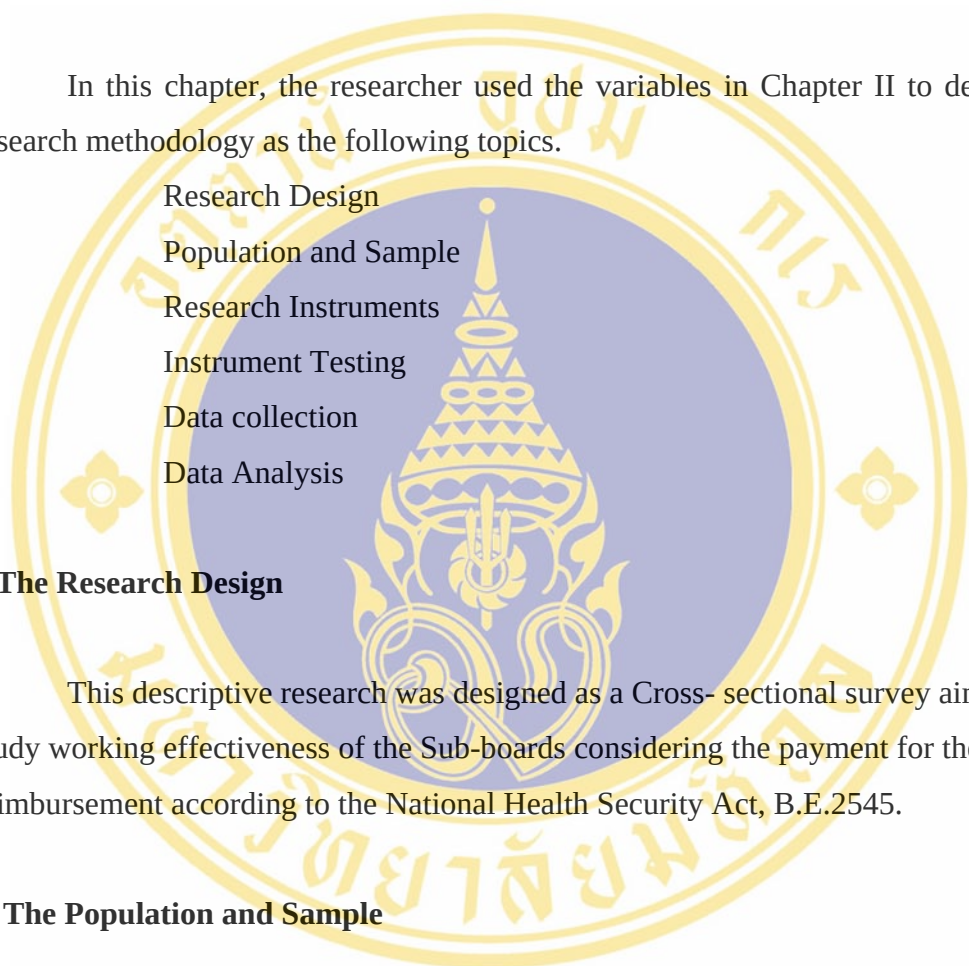
From related researches above, it showed that components of the Sub-boards regarding personal characteristics, structure, coordination and knowledge were related to working effectiveness, but in some researches were not. Thus, the researcher was interested in studying factors relating to working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E. 2545.



CHAPTER III

MATERIALS AND METHODS

In this chapter, the researcher used the variables in Chapter II to design the research methodology as the following topics.



Research Design
Population and Sample
Research Instruments
Instrument Testing
Data collection
Data Analysis

1.The Research Design

This descriptive research was designed as a Cross- sectional survey aimed to study working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E.2545.

2. The Population and Sample

The study population was the Sub-boards who used to consider about payment for preliminary assistance to reimburse a beneficiary from 1st January, 2004 to 30th September, 2005. It covered 62 provinces of Thailand except Phukek, Narathivas, Nakornsrihummarat, Aung-tong, Suphunburi, Trad, Prajuabkirikhun, Samutsongkam, Chaiyapum, Loie, Nongkai, Tak, Kumpangpet and Ranong. The processes used to indicate sample size are as follows:

1. Conducted the survey and seek for any provinces that used to perform consideration about preliminary assistance payment for beneficiaries. After that, sent a letter to the Provincial Public Health Office and asked for an approval of having the

name list of all Sub-boards. A total number of 434 Sub-boards from 62 provinces were the samples.

2. Purposive selection was made to indicate the Sub-boards from three representatives which were the experts in such local area, healthcare providers and clients. A total of 244 questionnaires were sent and only 186 returned questionnaires were complete or 76.2%. The rest of them or 23.8% was not returned or incomplete.

3. The Research Instruments

The researcher used questionnaires as research instruments. The questionnaire was constructed by the researcher based on the concepts and relevant researches. The study on working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E. 2545 and factors affecting work effectiveness of the Sub-boards as prescribed in section 41. The questionnaire was divided into five parts as follows:

Part1 consisted of demographic characteristics of the Sub-boards who consider the payment for preliminary assistance to reimburse a beneficiary such as age, sex, educational level, and work experience. It was close-ended question covering 6 items.

Part2 was about the characteristics of the Sub-boards, structure and their coordination. It covered 10 items. The questions were characterized as a rating scale with five choices—strongly agree, agree, uncertain, disagree, and strongly disagree.

Part3 was about working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E. 2545. It covered 14 items focusing on the payment that finished within the specified time. It was characterized in form of multiple choices.

Part 4 was about knowledge of the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act, B.E. 2545 and the knowledge about health equity. It covered 21 items and was characterized in 3 choices which were yes, no and uncertain.

Part 5 was about problems/barriers and recommendations about the payment for reimbursement according to section 41 of the National Health Security Act, B.E.2545. It was open-ended questions which covered 7 items.

4. Instrument Testing

1. Content Validity: The researcher had constructed the questionnaire and it was examined for the completeness of the content, clarity of the language and relevance of the issues by thesis advisors and three experts. Some corrections were made based on the provided recommendations.

2. Then the questionnaire was sent to the ethical committees of the Mahidol University to recheck for ethical issues concern.

3. Reliability: the questionnaires were tried out to 30 Sub-boards who had characteristics similar to the study population in Krabi, Pung-nga, Ratchaburi, Suphanburi, Singburi, Nonthaburi, Kanjanaburi, Nakornpratom, and Bangkok. The reliability was measured by using Cronbach's Coefficient of Alpha.

- The reliability regarding the components of the Sub-boards about structure and coordination characteristics of the Sub-boards was 0.71.

- The reliability regarding knowledge of the Sub-boards about section 41 of the National Health Security Act, B.E. 2545, Health fairness, and damage caused by care service provided by the health facilities was 0.67.

The questionnaire had corrected according to the advice of those experts and advisors before the process of trying out.

5. Data collection

The researcher started data collection by sending all 244 questionnaires by mail as well as the informed letter for cooperation and the paper approved from the research committees of Mahidol University. The process of data collection was as follows:

1. Asked for approval to collect data of the Sub-boards by arranging the letters of information and distributing to all hospital directors.

2. Sent the questionnaire and the informed consent document to the Sub-boards who were the samples and asked for the feedback within 30 days. In case, the questionnaire was not returned in 30 days, the researcher sent the follow up letter and made a phone call to some Sub-boards to reply and return the questionnaire within 15 days. If not, the researcher would contact and send the new questionnaire and ask for the feedback in another 15 days. Data collection started from 1st November 2005 to

28 February 2006. A total of 186 complete questionnaires or 76.2% were used for in the process of data analysis.

6. Statistical Analysis

1. Scoring criteria in Part 2

1.1 There were 8 questions (question number 8 to 15) about structure and coordination of the Sub-boards. The scoring criteria are as follows:

Statements	Score (points)
Strongly agree	5
Agree	4
Uncertain	3
Disagree	2
Strongly disagree	1

Data analysis in order to identify the opinion of the Sub-boards' structure and coordination was based on the scoring criteria of Best (1977) as follows:

$$\frac{\text{Maximum score} - \text{Minimum score}}{\text{Number of level}} = \frac{5 - 1}{3}$$

Average scores	Level of opinion
1.00 - 2.33	Low
2.34 - 3.66	Moderate
3.67 - 5.00	High

1.2 Scoring in Part 3 about the effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E. 2545 are as follows:

1.2.1 The question about date was stated in number 16 and the answer consisted two characters which were “answer within 30” meant 1 score and “answer more than 30 days meant 0 score.

1.2.2. Only one question about the type indicated by law and it was divided into four sub-topics as shown in question number 17.

17.1 Death or permanent disability, payment not exceeds 80,000 baht.

17.2 Loss of body organ / handicap, payment not exceeds 50,000 baht.

17.3 Injuries or chronic illness, payment not exceeds 20,000 baht.

17.4 considering the payment for the reimbursement, If a sample answered the sub-question one or more, from 17.1 to 17.3, one point was given if answer number 17.4, the point would be zero.

1.2.3 From questions number 18-24 or 7 questions, the choices were applied by using three rating scales as follows:

Always	=	3	Points
Sometimes	=	2	Points
Never	=	1	Points

Data analysis in order to recheck data of Sub-boards were divided into three scales such as high, moderate and low, the criteria was set based on Best as follows: (Best, 1977) as follows

$$\frac{\text{Maximum score} - \text{Minimum score}}{\text{Number of level}} = \frac{3 - 1}{3}$$

Average scores	Level of opinion
1.00 - 2.33	Low
2.34 - 3.66	Moderate
3.67 - 5.00	High

1.4. Scoring criteria in Part 4 about knowledge of the Sub-boards considering the payment for the reimbursement according to section 41 of the National Health Security Act, B.E. 2545 and the knowledge about health equity. It covered 16 items from question number 25-40. 1 score was for answering “yes” and 0 score for answering “no” or “uncertain”

The highest score was 16 points and the lowest score was 0 point.

Fourteen positive questions which were question number 25-26, 28-37, and 39-40, the scoring criteria were:

Yes	=	1	Points
No	=	0	Points
Uncertain	=	0	Points

Two negative questions which were question number 27 and 38, the scoring criteria were:

Yes	=	0	Points
No	=	1	Points
Uncertain	=	0	Points

The analysis of knowledge level based on the criteria of Sari Larchroj (1997: 65-68) which contained of 5 levels, but in this research was applied only three levels as follows:

Score	0-9	Points	= the level of knowledge was high	(<60%)
Score	10-13	points	= the level of knowledge was moderate	(60 -79%)
Score	14-16	points	= the level of knowledge was low	(80-100%)

When classifying knowledge by items, it can be as follows:

1. Knowledge about section 41 of the National Health Security Act, B.E. 2545
 - and 2. Knowledge about damage caused by services provided by the health care units.
- Each item contained the maximum score of 6 and the minimum score of 0 as follows:

Score	0 -3	points	= the level of knowledge was high	(<60%)
Score	4-5	points	= the level of knowledge was moderate	(60 -79%)
Score	6	points	= the level of knowledge was low	(80-100%)

3. Knowledge about health equity contained the maximum score of 4 and the minimum of 0 as the following criteria.

Score	0-2	Points	= the level of knowledge was high	(<60%)
Score	3	Points	= the level of knowledge was moderate	(60 -79%)
Score	4	Points	= the level of knowledge was low	(80-100%)

2. Statistical analysis

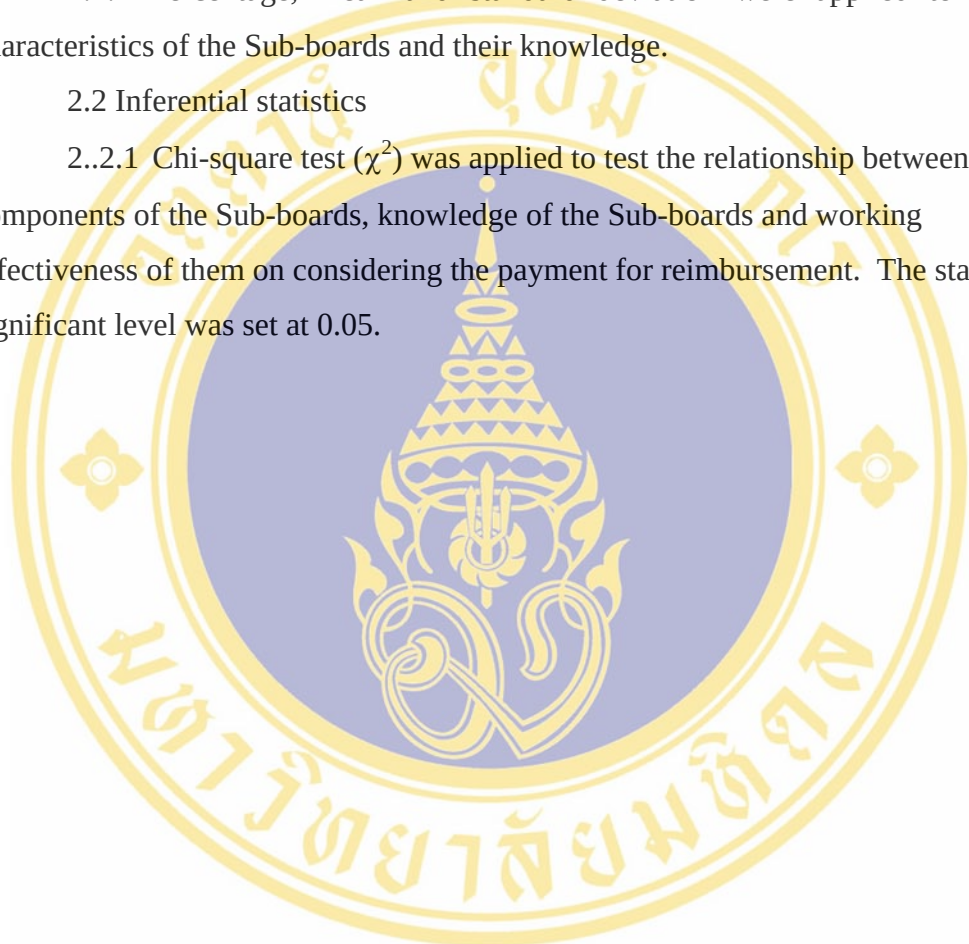
2.1 Descriptive statistics

2.1.1 Percentage was used to describe demographic characteristic data of the Sub-boards.

2.1.2 Percentage, mean and standard deviation were applied to describe characteristics of the Sub-boards and their knowledge.

2.2 Inferential statistics

2.2.1 Chi-square test (χ^2) was applied to test the relationship between the components of the Sub-boards, knowledge of the Sub-boards and working effectiveness of them on considering the payment for reimbursement. The statistical significant level was set at 0.05.



CHAPTER IV

RESULTS

This descriptive research was designed as cross-sectional survey with an aim to evaluate effectiveness of work performance of the sub-committees who considered the payment of preliminary assistance according to the National Security Health Act, B.E. 2545.

The researcher used the data, analyzed and presented the results in 6 parts as follows:

Part 1 Demographic characteristics of the Sub-boards

Part 2 Characteristics of the Sub-boards in relations to structure and coordination.

Part 3 Knowledge of the Sub-boards about section 41 of the National Health Security Act, B.E. 2545, knowledge about health equity and damages caused by services provided by the health care units.

Part 4 Working effectiveness of The Sub-board considering the payment for the reimbursement according to the National Health Security Act B.E.2545

Part 5 Relationships between characteristics of the Sub-boards, their knowledge and working effectiveness of the Sub-boards considering the payment for the reimbursement.

Part 6 Problems/barriers and recommendations about considering the payment for the reimbursement.

Details are as follows:

Part 1 Demographic characteristics of the Sub-boards

The demographics characteristics of the Sub-boards such as sex, age, educational level, occupation and training were studied.

Sex: most of the Sub-boards were male (82.8%).

Age: Most of the Sub-boards in all three groups or 72 people were aged more than 60 years old (38.7%), the minimum age was 40 years or 8 persons (4.3%).

Education: Most of the Sub-boards in all three groups mostly held Bachelor degree or 68 persons (36.6%), followed by Master degree 53 persons (28.5%), less than Bachelor degree 43 persons or about 23.2% and the Doctorate degree was the least or 22 persons (11.8%) respectively.

Occupation: Most of the Sub-boards had self employed occupation or 70 persons (37.6%).

Training: Most of the Sub-Boards (169 persons or 90.9%) used to be trained or attend the meeting to explain about their work relating to the payment for the reimbursement. Only sixteen of them (8.6%) had never been trained as shown in Table 4.

Table 4 Percentage of Sub-boards considering the payment for the reimbursement by demographic characteristics

Demographic characteristics	The Sub-boards considering the payment for the reimbursement			Total	
	Experts	Healthcare providers	Clients	Number	%
Number of population (n)	62	62	62	186	100.0
Sex					
Male	50	55	49	154	82.8
Female	12	7	13	32	17.2
Age (years)					
Less than 40	1	5	2	8	4.3
40 – 49	5	22	15	42	22.6
50 – 59	12	30	22	64	34.4
More than 60	44	5	23	72	38.7
Education					
< Bachelor degree	7	2	34	43	23.1
Bachelor degree	30	25	13	68	36.6
Master degree	18	22	13	53	28.5
Doctorate degree	7	13	2	22	11.8

Table 4 Percentage of Sub-boards considering the payment for the reimbursement by demographic characteristics (Cont.)

Demographic characteristics	The Sub-boards considering the payment for the reimbursement			Total	
	Experts	Healthcare providers	Clients	Number	%
Occupation					
Self employed	16	9	45	70	37.6
Government officer	6	50	5	61	32.8
Pensioned officials	40	3	12	55	29.6
Training					
Yes	55	55	60	169	90.9
No	7	7	2	16	8.6
No answer	1	0	0	0	0.5

Part 2 Characteristics of the Sub-boards in relations to structure & coordination.

Results showed that The Sub-boards in all three groups had opinion about structure and coordination at a high level with the mean score ranged from 4.07-4.34 as shown in Table 5.

Table 5 Mean and standard deviation of the opinion about structure and coordination. (n=186)

Sub-boards	Mean	S.D	Level of Opinion
1.Experts in local area	4.19	0.51	high
2.Healthcare provider representatives	4.07	0.42	high
3.Client Representatives	4.34	0.43	high

From the study, it was found that the Sub-boards were physicians (70.3%) were mostly in the group of health care provider representatives as shown in Table 6.

Table 6 Number and percentage of the Sub-boards who were physicians

Sub-boards	Number	Percentage (%)
1.Experts in local area	17	26.6
2.Healthcare provider representatives	45	70.3
3.Client Representatives	2	3.1
Total	64	100

Part 3 Knowledge of the Sub-boards about section 41 of the National Health Security Act, B.E. 2545, knowledge about health equity and damages caused by services provided by the health care units.

The overall knowledge in three aspects of the Sub-boards was at a moderate level. When considering by items, it was found that knowledge about the National Health Security Act B.E.2545 was at a moderate level, knowledge about damage caused by receiving health care service was at a high level and knowledge about health equity was at a moderate level as shown in Table 8.

Table 8 Mean, standard deviation, number and percentage of Sub-boards' knowledge

Knowledge of Sub-boards	Level of Knowledge			Mean	S.D.	Interpret
	High	Moderate	Low			
	Number (%)	Number (%)	Number (%)			
- Section 41 of the National Health Security Act, B.E.2545	50 (26.9)	62 (33.3)	74 (39.8)	3.76	1.30	Moderate
- Damage caused by service provided by healthcare units	106 (57)	31 (16.7)	49 (26.3)	4.37	1.49	High

Table 8 Mean, standard deviation, number and percentage of Sub-boards' knowl (Cont.)

Knowledge of Sub-boards	Level of Knowledge			Mean	S.D.	Interpret
	High	Moderate	Low			
	Number (%)	Number (%)	Number (%)			
- Health equity	35 (18.8)	73 (39.3)	78 (41.9)	2.60	1.00	Moderate
Total	24 (12.9)	115 (61.8)	47 (25.3)	10.73	2.56	Moderate

When considering the knowledge by items, it was found that knowledge about section 41 of the National Health Security Act B.E.2545 (A.D.2002) was correctly answered by more than half of the samples (50%). The Sub-board answered correctly only 42.7% on the question that “The Standard and Quality Control Board (SQCB) is a person who can decide the payment for the reimbursement more than the indicated amount but not exceed the twice of the indicated amount.” In regard to the knowledge on damage caused by service provided by healthcare units, most of the Sub-boards answered correctly (69.9% -76.9%). On knowledge about the health equity, most of them (61.8%) incorrectly answered on the statement “The health personnel in all level of health facilities have equal standard and quality of care” where as the other statements they had the right answer (71.5% -78.0%) as shown in Table 9.

Table 9 Percentage of the knowledge of the Sub-boards by items

Statements	Correct	Incorrect
Knowledge about section 41 of the National Health Security Act B.E.2545		
- The written document requested for the reimbursement according to section 41 must be lodged by the beneficiary within one year starting from the date of loss informed.	72.6	27.4

Table9 Percentage of the knowledge of the Sub-boards by items (Cont.)

Statements	Correct	Incorrect
Knowledge about section 41 of the National Health Security Act B.E.2545		
- The preliminary assistance to the beneficiary who is subject to damage or injury caused by service provided by the health care unit will cover preventive, promotive and rehabilitative care.	67.7	32.3
- The Sub-boards considering the payment for reimbursement can be in the position for four years.	61.8	38.2
- The Standard and Quality Control Board (SQCB) is a person who can decide the payment for the reimbursement more than the indicated amount but not exceed the twice of the indicated amount.	60.2	39.8
- If the Sub-boards had already approved the payment for the reimbursement, the National Health Security Office (NHSO) or the SQCB cannot oppose.	71.5	28.5
Damage caused by service provided by healthcare units		
- Damage caused by provided care service was originated by unintended action but the healthcare provider lack of awareness during performing such action.	76.9	23.1
-The injured person or beneficiary can claim the officials or the government agencies for their wrong conduct according to the Responsibility for Violation of Officials Act, B.E. 2539	74.2	25.8
- The beneficiary who is subject to damage or injury caused by disease prevention service can ask for the reimbursement according to the National Health Security Act B.E.2545.	71.5	28.5
- The beneficiary who is subject to damage or injury caused by medical majeure or allergy can ask for the preliminary reimbursement.	74.2	25.8
-The Sub-boards consider the payment for reimbursement to the beneficiary whose damage causes permanent disability is considered the same group as causes to "Death".	69.9	30.1

Table9 Percentage of the knowledge of the Sub-boards by items (Cont.)

Statements	Correct	Incorrect
-The Sub-boards consider the payment for reimbursement to the beneficiary or his/her heir when such beneficiary is subject to damage caused by medical force majeure or systemic force majeure and allergy.	70.4	29.6
Health Equity		
-The health personnel in all level of health facilities have equal standard and quality of care.	38.2	61.8
- It is not worth conducting any cure for those who have serious illness, if they are not recovered.	71.5	28.5
- No matter they are a worker or unemployed persons, the government provides equal budget for their health.	72.6	27.4
- Although the medicine is expensive, people with AIDS should be supported by the Government.	78.0	22.0

When considering knowledge of the Sub-boards about section 41 of the National Health Security Act, B.E.2545, damage caused by service provided by healthcare units, and health equity, it was found that most of Sub-boards had knowledge of (61.8%) at a moderate level. That means they answered the questions correctly between 10-13 items, followed by at a low level (25.3%) or they could answer the questions correctly 0-9 items. And few of them (12.9%) had knowledge at a high level or they did the correct answer ranged between 14-16 items as shown in Table10.

Table 10 Number and percentage of Level of knowledge of the Sub-boards.

Level of knowledge of the Sub-boards	Number	%
Low	47	25.3
Moderate	115	61.8
High	24	12.9
Total	186	100.0

The score of knowledge separated by the types of the Sub-boards, it was found that the Sub-boards who came from client representatives had the highest knowledge level (11.56), followed by representatives from the health provider (10.81) and the lowest mean score of knowledge was from the experts (9.84) as shown in Table 11.

Table 11 Mean and standard deviation of knowledge separated by types of Sub-boards

Types of Sub-boards	Mean	S.D
1.Experts in local area	9.84	2.78
2.Healthcare provider representatives	10.81	2.44
3.Client Representatives	11.56	2.46

Part 4 Working effectiveness of The Sub-board considering the payment for the reimbursement according to the National Health Security Act B.E.2545

The work effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act B.E.2545 was classified by items as follows:

Effectiveness on the payment for reimbursement as prescribed by law: it showed that the Sub-boards from the representatives of healthcare providers and clients had the consideration on the payment for reimbursement according to section 41 of the National Health Security Act, B.E.2545 at a high level with the mean scores of 2.48 and 2.41 respectively. That means those Sub-boards considers by following these conditions—(1) the client holds a gold card, (2) types and seriousness of damage caused by care services provided by the health care units, (3) services provided by the health facilities in the Healthcare Coverage Scheme, (4) the compliant must be lodged within 1 year after such damage or injuries had occurred and the received care before 19 November, 2002 will not be included, (5) damage or injury is not caused by normal progression of disease pathology, (6) damage or injury is not caused by any complications of normal diagnosis, and (7) damage or injury with no need to wait for any proof of innocence.

On the other hand, work effectiveness of Sub-boards from the experts in local area was at a moderate level with a mean score of 2.33. It was indicated that the sub-boards in this group considered the payment for reimbursement by following some criteria which was at a moderated level. When consider effectiveness level of work in all three groups, it was found that they had followed the payment as prescribe by law. There are only 2 levels of effectiveness which were a moderate and a high level or 74 and 111 cases respectively as shown in Table12.

Table 12 Effectiveness level of considering the payment for the reimbursement as prescribed by law.

The Sub-boards	Level of total effectiveness				Mean	S.D	Interpret
	Moderate		High				
	Number	%	Number	%			
1.Experts in local area	32	51.6	30	48.4	2.33	0.31	Moderate
2.Healthcare provider representatives	20	32.3	42	67.7	2.48	0.25	High
3.Client Representatives	22	35.5	40	64.5	2.41	0.22	High
Total	74	39.8	112	60.2	2.42	0.26	High

When considering by items, most of the Sub-boards (91.9%) in all three groups incorrectly answered the statement that “Damage or injury is not caused by normal progression of disease pathology.” And 80.6% of them had incorrect answer about “Consider from damage or injury is not caused by any complications of normal diagnosis” as shown in Table13.

Table 13 Percentage of the conditions using in the process of considering the payment for the reimbursement

Statements	Correct	Incorrect
- A client is a beneficiary according to the National Health Security Act, B.E.2545 (Gold card)	69.4	30.6
- Consider from damage or injury caused by service provided by the health care unit.	81.2	18.8

Table13 Percentage of the conditions using in the process of considering the payment for the reimbursement (Cont.)

Statements	Correct	Incorrect
- Consider from such healthcare unit must be in the project of Healthcare coverage scheme.	70.4	29.6
- A beneficiary must lodge the complaint to receive the payment for the reimbursement within 1 year after such damage or injuries had occurred and the received care before 19 November, 2002 will not be included	55.9	44.1
- Damage or injury is not caused by normal progression of disease pathology	8.1	91.9
- Consider from damage or injury is not caused by any complications of normal diagnosis	19.4	80.6
-Consider the damage or injury with no need to wait for any proof of innocence	76.3	23.7

About effectiveness on period of consideration, it showed that 64% of the Sub-boards had finished consideration within the period stated by law (within 30 days). More than one third of them (36%) consumed more time for consideration than indicated by law as shown in Table 14.

Table14 Number and percentage of effectiveness on period of consideration

Effectiveness on period of consideration	Number	%
Effective	119	64.0
Ineffective	67	36.0
Total	186	100.0

Effectiveness on payment by rate of payment and types of illness, it was found that most Sub-boards (89.3%) followed the conditions prescribed by law those

conditions included (1) death or permanent disability, payment not exceeds 80,000 baht, (2) loss of body organ /handicap, payment not exceeds 50,000 baht, (3) injuries or chronic illness, payment not exceeds 20,000 baht. Only 20 Sub-boards did not consider the payment for the reimbursement according to the conditions stated by law, it means that this group had ineffective work as shown in Table15.

Table15 Number and Percentage of effectiveness on payment by payment rate

Effectiveness on payment	Number	%
Effective	166	89.3
Ineffective	20	10.7

When considering the total effectiveness of work among three groups of Sub-boards, it was found that the total effectiveness in three aspects was only 31.2%.

Part 5 Relationships between characteristics of the Sub-boards, their knowledge and working effectiveness of the Sub-boards considering the payment for the reimbursement.

There were no relationships between demographic characteristics of the Sub-boards and their work effectiveness. When consider by item, it was found that time effectiveness, effectiveness about conditions on payment for the reimbursement, and effectiveness of payment by rate and type among sex, age group, education, occupation, and training were not related to each other. Details are shown in Table16, 17, 18 as follows:

Table 16 The relationships between demographic characteristics and Time effectiveness of the Sub-boards according to the National Health Security Act B.E.2545.

Demographic characteristics	Time Effectiveness		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number (%)	Number (%)	Number (%)			
Sex				0.327	1	0.961
Male	57 (37.3)	96 (79.3)	153 (100)			
Female	10 (28.1)	23 (71.9)	33 (100)			
Total	67 (36)	119 (64)	186 (100)			
Age group (years)				1.417	3	0.702
< 40	3 (37.5)	5 (62.5)	8 (100)			
40- 49	18 (40.5)	25 (59.5)	43 (100)			
50-59	24 (38.1)	39 (61.9)	63 (100)			
> 60	22 (30.6)	50 (69.4)	72 (100)			
Total	67 (36)	119 (64)	186 (100)			

Table 16 The relationships between demographic characteristics and Time effectiveness of the Sub-boards according to the National Health Security Act B.E.2545 (Cont.)

Demographic characteristics	Time effectiveness		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number (%)	Number (%)	Number (%)			
Education				1.140	3	0.767
< Bachelor degree	17 (39.5)	26 (60.5)	43 (100)			
Master degree	20 (38.5)	32 (61.5)	52 (100)			
Doctorate degree	8 (36.4)	14 (63.6)	22 (100)			
Total	67 (36)	119 (64)	186 (100)			
Occupation				1.583	5	0.903
Government officers	22 (36.7)	38 (63.3)	60 (100)			
Pensioned officials	18 (30.9)	38 (69.1)	56 (100)			
Self employed	27 (38.6)	43 (61.4)	70 (100)			
Total	67 (36)	119 (64)	186 (100)			
Training				1.057	1	0.304
Yes	58 (35.4)	110 (65.5)	168 (100)			
No	8 (47.1)	9 (52.9)	17 (100)			
Total	67 (36)	119 (64)	186 (100)			

Table 17 The relationships between demographic characteristics and work effectiveness about conditions on payment for the reimbursement of the Sub-boards according to the National Health Security Act B.E.2545

Demographic characteristics	Effectiveness about conditions on payment for the reimbursement		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number	Number	Number			
	(%)	(%)	(%)			
Sex				0.111	1	0.915
Male	61 (39.6)	93 (60.4)	154 (100)			
Female	13 (40.6)	19 (59.4)	32 (100)			
Total	74 (39.8)	112 (60.2)	186 (100)			
Age (years)				2.839	3	0.417
< 40	2 (25)	6 (75)	8 (100)			
40- 49	13 (31)	29 (69)	42 (100)			
50-59	28 (43.8)	36 (56.2)	64 (100)			
>60	31 (43.1)	41 (56.9)	72 (100)			
Total	74 (39.8)	112 (60.2)	186 (100)			
Education				2.383	3	0.497
< Bachelor degree	15 (34.9)	28 (65.1)	43 (100)			
Bachelor degree	32 (47.1)	36 (52.9)	68 (100)			

Table 17 The relationships between demographic characteristics and work effectiveness about conditions on payment for the reimbursement of the Sub-boards according to the National Health Security Act B.E.2545. (Cont.)

Demographic characteristics	Effectiveness about conditions on payment for the reimbursement		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number (%)	Number (%)	Number (%)			
Master degree	19 (35.8)	34 (64.2)	53 (100)	3.871	5	0.568
Doctorate degree	8 (36.4)	14 (63.6)	22 (100)			
Total	74 (39.8)	112 (60.2)	186 (100)			
Occupation						
Government officers	20 (38.2)	41 (67.2)	61 (100)			
Pensioned officials	24 (43.6)	31 (56.4)	55 (100)			
Self employed	30 (42.9)	40 (57.1)	70 (100)			
Total	74 (39.8)	112 (60.2)	186 (100)			
Training						
Received training	66 (39.1)	103 (60.9)	169 (100)	0.413	1	0.520
No training	8 (47.1)	9 (52.9)	17 (100)			
Total	74 (39.8)	112 (60.2)	186 (100)			

Table 18 The relationships between demographic characteristics and effectiveness of payment by rate and type of the Sub-boards according to the National Health Security Act B.E.2545

Demographic characteristics	Effectiveness of payment by rate and type		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number (%)	Number (%)	Number (%)			
Sex				*2.573	1	0.133
Male	20 (13.0)	134 (87.0)	154 (100.0)			
Female	1 (3.1)	31 (96.9)	32 (100.0)			
Total	21 (11.3)	165 (88.7)	186 (100.0)			
Age (years)				6.954	3	0.073
< 40	0 (0.0)	8 (100.0)	8 (100.0)			
40- 49	9 (21.4)	33 (78.6)	42 (100.0)			
50-59	4 (6.3)	60 (93.8)	64 (100.0)			
> 60	8 (11.1)	64 (88.9)	72 (100.0)			
Total	21 (11.3)	165 (88.7)	186 (100.0)			

Table 18 The relationships between demographic characteristics and effectiveness of payment by rate and type of the Sub-boards according to the National Health Security Act B.E.2545 (Cont.)

Demographic characteristics	Effectiveness of payment by rate and type		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number (%)	Number (%)	Number (%)			
Education				0.533	3	0.912
< Bachelor degree	4 (9.3)	39 (90.7)	43 (100)			
Bachelor degree	9 (13.2)	59 (86.8)	68 (100.0)			
Master degree	6 (11.3)	47 (88.7)	53 (100.0)			
Doctorate degree	2 (9.1)	20 (90.9)	22 (100.0)			
Total	21 (11.3)	165 (88.7)	186 (100.0)			
Occupation				1.747	5	0.883
Government officers	7 (11.5)	54 (88.5)	61 (100)			
Pensioned officials	6 (10.6)	49 (89.1)	55 (100.0)			
Self employed	8 (11.4)	62 (88.6)	70 (100.0)			
Total	21 (11.3)	165 (88.7)	186 (100.0)			

Table 18 The relationships between demographic characteristics and effectiveness of payment by rate and type of the Sub-boards according to the National Health Security Act B.E.2545 (Cont.).

Demographic characteristics	Effectiveness of payment by rate and type		Total	χ^2	df	p-value
	Effective	Ineffective				
	Number (%)	Number (%)	Number (%)			
Training				*0.004	1	1.000
Yes	19 (11.2)	150 (88.8)	168 (100.0)			
No	2 (11.8)	15 (88.2)	17 (100.0)			
Total	21 (11.3)	165 (88.7)	186 (100.0)			

* Fisher's Exact Test

5.2 The Relationship between opinion of the Sub-boards about structure and coordination and their work effectiveness. It was found that the significant level was 0.000 which was less than the indicated value or at 0.05. It implied that opinion of the Sub-boards about structure and coordination was significantly related to their work effectiveness according to the National Security Health Act, B.E. 2545 at level 0.05, as shown in Table19.

Table 19 The relationships between level of opinion about structure and coordination and total work effectiveness of the Sub-boards according to the National Health Security Act B.E.2545 (Cont.).

Level of opinion about structure and coordination	Total work effectiveness			χ^2	df	p-value
	Ineffective	Effective	Total			
	Number (%)	Number (%)				
Low	0 (0.0)	1 (100.0)	1 (100.0)	55.686	1	0.000
Moderate	14 (66.7)	7 (33.3)	21 (100.0)			
High	114 (69.5)	50 (30.5)	164 (100.0)			
Total	128 (68.8)	58 (31.2)	186 (100.0)			

5.3 The relationships between knowledge level of the Sub-boards and their work effectiveness according to the National Health Security Act B.E.2545

The p-value was 0.034 which was less than 0.05 that means there was a significant relationship between knowledge level of the Sub-boards and their work effectiveness according to the National Health Security Act B.E.2545 (see Table20).

Table 20 The relationships between knowledge level of the Sub-boards and their work effectiveness according to the National Health Security Act B.E.2545

Knowledge level of the Sub- boards	Total work effectiveness			χ^2	df	p-value
	Ineffective	Effective	Total			
	Number (%)	Number (%)	(%)			
Low	34 (72.3)	13 (27.7)	47 (100.0)	6.784	2	0.034
Moderate	83 (72.2)	32 (27.8)	115 (100.0)			
High	11 (45.8)	13 (54.2)	24 (100.0)			
Total	128 (68.8)	58 (31.2)	186 (100.0)			

Part 6 Problems/barriers and recommendations about considering the payment for the reimbursement.

The problems and recommendations about considering the payment for the reimbursement according to the National Security Health Act, B.E. 2545 were collected by using the questionnaires and phone as follows.

6.1 Demographic characteristics of the Sub-boards: it was found that 11 of them had problems (5.9%). Most of them had never been trained about how to consider the payment for the reimbursement; they then did not understand the principles or process of consideration. It was because they did not have time as they were too busy with work. They recommended that some training should be provided at least twice a year so that they could share experience about this topic and it would stimulate them to know the importance of such training.

6.2 Structure and coordination of the Sub-boards: it was found that duration of work of the Sub-boards caused most problems (4.3%) followed by the ratio of the Sub-boards (3.76%), coordination of the secretary (2.15%) and the work characteristics was under the control of the other organization (1.1%). They suggested that the Sub-boards should be in position for four years so that they would have more time to study their work and gained more experience in the process of consideration. For the problem about ratio of the Sub-boards, they suggested the selection of the Sub-boards need to balance in numbers so that the vote would be fair. They recommended that the related data should be sent to the Sub-boards for studying at least one week before the process of consideration. This would make them think about the suffering of the injured person and their economic problems.

As this organization was entrusted with the Provincial Public Health Office, it was then difficult to fully do this duty. The Sub-boards had suggested that the branch of the NHSO should be established in each province. This would make them freely do their work with no bias. Because the Provincial Public Health Office has to monitor all health facilities affiliated to the Ministry of Public Health, some bias may occur.

6.3 Knowledge of the Sub-boards: most of them lacked of knowledge on considering the payment for the reimbursement the most (19.4%). They suggested that some knowledge and training in relation to section 41 of the National Security Health Act, B.E. 2545, health equity and damage caused by services provided by the health care units should be provided at least twice a year so that they can share experience about their work.

6.4 Duration or period of consideration: it was found that the duration for consideration was too short (11.8%). They offered that the duration for this activity should be extended from 30 to 45 or 60 days. Moreover, the secretary must quickly provide the relevant data and send it to the Sub-boards as soon as possible.

6.5 Types of damage and amount of reimbursement money: They thought that the amount of money was too small (17.8%). Then they offered that the amount

of money for reimbursement should be increased twice of the old amount and this amount of money should be changed according to the economics every five years.

6.6 Criteria for considering the payment for the reimbursement: They found that the condition about the standard of care and medical majeure were not clear (14.5%). They suggested that the law should be reformed and indicate more details about this point. For example, how to consider the standard of care and treatment, and what the treatment caused by medical majeure is, it can be classified into groups and the written standard of care should be prescribed so that the Sub-boards without any background of public health can understand more. Besides, the conditions for consideration should be revised every four years.

6.7 Other problems: about 24.2% had problems e.g. people did not know their right according to section 41, and the Sub-boards quorum was not complete (5.4%). 2.2% of them found the problem about the readiness of health facility was not meet the standard, then the clients who received care at such health facility take risk to damage and injury and 1.1% mentioned the problem about the NHSO slowly allocated money to the provincial branch.

The Sub-boards suggested that knowledge about health insurance should be provided twice a year to promote and educate the clients about their rights. For the problem about the Sub-boards quorum at provincial level was not complete and caused the bias of consideration, they suggested that the Sub-boards should be selected from those who have enough time to conduct this activity. The amount of absent time should be indicated and those who were absent more than indicated should be retired. For the problem about standard and quality of the health facilities, it was suggested that there should be some organizations that are responsible about controlling the standard of care in each health facility and the health provides need to evaluate their abilities. If they cannot cure, they should refer to the health facility that has higher potentials. For the problem about the slowly sending money to the Provincial Public Health Office, they offered that the process of sending money at the NHSO should be improved. Details are shown in Table21.

Table 21. Number and percentage of problems/barriers and recommendations for the Sub-boards' work implementation (N=186)

Problems/barriers	Number	%	Recommendations of the Sub-boards
Demographic characteristics of the Sub-boards.			
- No problem	174	93.5	
- Have problems	11	5.9	
- No answer	1	0.5	
Problem: The Sub-boards had never been trained about considering the payment for the reimbursement; they then did not understand the condition for consideration.	11	5.9	- Most Sub-boards thought that it was good to have such training, but some of them suggested for more training at least twice a year.
Structure and coordination of the Sub-boards			
- No problem	164	88.2	
- Have problems	21	11.3	
- No answer	1	0.5	
Problems:			
-Duration in the position of the Sub-boards is too short when they start understanding their works, it's about time to change the new Sub-boards	8	4.3	- Most Sub-boards thought that duration to stay in the position is proper only few of them suggested the extension of 4 years.

Table 21. Number and percentage of problems/barriers and recommendations for the Sub-boards' work implementation (N=186) (Cont.)

Problems/barriers	Number	%	Recommendations of the Sub-boards
- The proportion of the Sub-board is improper.	7	3.8	
- The secretary slowly coordinates about the data.	4	2.2	
- The organization was entrusted with the Provincial Public Health Office; it was then difficult to fully do this duty.	2	1.1	
Knowledge of the Sub-boards			
- No problem	149	80.1	-Knowledge and training in relation to section 41 of the National Security Health Act, B.E. 2545 should be provided at least twice a year
- Have problems	36	19.4	
- No answer	1	0.5	
Problems:			
- Have little knowledge about considering the payment for the reimbursement	36	19.4	
Duration or period of consideration			
- No problem	164	88.2	-Some of the Sub-boards suggested that duration for this activity should be extended from 30 to 45 or 60 days
- Have problems	22	11.8	
Problems:			
- The duration for consideration was too short	22	11.8	

Table21. Number and percentage of problems/barriers and recommendations for the Sub-boards' work implementation (N=186) (Cont.)

Problems/barriers	Number	%	Recommendations of the Sub-boards
Amount of reimbursement money			
- No problem	152	81.7	- The Sub-boards thought that the amount of money should be twice of the old one and this amount of money should be changed according to the economics every five years.
- Have problems	33	17.8	
- No answer	1	0.5	
Problem:			
- The amount of money is too small.	33	17.8	
Criteria for considering the payment for the reimbursement			
- No problem	84.9	85	-The law should be reformed and indicate more details about this point.
- Have problems	27	14.5	
- No answer	1	0.5	
Problem:			
-The condition about the standard of care and medical majeure were not clear	27	14.5	-The conditions for consideration should be revised every four years.
Other problems			
- No problem	125	67.2	- knowledge about health insurance should be provided twice a year to promote and educate the clients about their rights
- Have problems	61	32.8	
Problem:			
- people did not know their right about the payment for the reimbursement according to section 41	45	24.2	

Table21. Number and percentage of problems/barriers and recommendations for the Sub-boards' work implementation (N=186) (Cont.)

Problems/barriers	Number	%	Recommendations of the Sub-boards
-The Sub-boards quorum was not complete	10	5.4	- The Sub-boards should be selected from those who have enough time to conduct this activity. The amount of absent time should be indicated and those who were absent more than indicated should be retired.
-The problem about the readiness of health facility was not meet the standard	4	2.2	-There should be some organizations that are responsible about controlling the standard of care in each health facility and the health provides need to evaluate their abilities. If they cannot cure, they should refer to the health facility that has higher potentials
-The NHSO slowly allocated money to the provincial branch and cause the late of consideration.	2	1.1	-The process of sending money at the NHSO should be improved.

The remark of the researcher during conducting this research, the National Health Security Board have voted about the preliminary assistance to reimburse the beneficiary who is subject to damage or injury caused by services provided by the health care unit according to section 41 of the National Health Security Act, B.E. 2545

which has come into force since 1st February, 2002 with the important content as follows:

1. Right to lodge a complaint

The old rule indicated only a client or a beneficiary and his/her heir has a right to lodge a complaint, but the new one states that a person who patronizes the injured person and a health care unit can also have a right to lodge a complaint.

2. A beneficiary

The old rule indicated that only a client and his/her heir can be a beneficiary but the new one includes a person who patronizes the injured person.

3. The rate of payment

- (1) Death or permanent disability, payment not exceeds 200,000 baht.
- (2) Loss of body organ / handicap, payment not exceeds 120,000 baht.
- (3) Injuries or chronic illness, payment not exceeds 50,000 baht

The new rule cannot indicate the amount higher than the amount stated above.

4. Conditions for the payment

The old one indicated that payment was conducted for only the damage caused by provided treatment but not for damage or injury is not caused by normal progression of disease pathology or caused by any complications of normal diagnosis, but the new rule indicates that the beneficiary can ask for payment if he/she gets any damage caused by the medical force majeure.

5. Right to lodge an Appeal

The old rule did not indicate the frame of the right to lodge an appeal, but the new one indicates that an appeal can be lodged in case the Sub-boards did not pay the full amount as indicated or wrongly paid the money that was not match the damage.

CHAPTER V

DISCUSSIONS

This research was aimed to evaluate working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E.2545. The research results will be discussed in this chapter.

1. Opinion about structure and coordination of the Sub-boards
2. Knowledge of the Sub-boards according to section 41 of the National Health Security Act, B.E.2545, health equity and damage caused by any service provided by the health care unit.
3. Working effectiveness of the Sub-boards according to the National Health Security Act, B.E. 2545.
4. Relationships between demographic characteristic of the Sub-board and their work effectiveness according to the National Health Security Act, B.E. 2545

1. Opinion about structure and coordination of the Sub-boards

In this research, it showed that all three groups of the Sub-boards had different background. The first group—representatives of experts were mostly male, aged more than 60 years, held bachelor degree and were Pensioned officials. The second group—representatives of healthcare providers were male, aged between 50-59 years, held bachelor degree, were most in profession of physician. The last group—representatives of clients were male, aged more than 60 years with education less than bachelor degree, were self employed (37.6%). It was conformable to the research of Leuchai Sringenyueng, et al., (2004: 6) about the structure and background of the provincial Sub-boards showed that those who were the experts tended to be from an ex-mayor, a pensioned official, a secretary of the Nursing Council, a secretary of Medical Council, an inspector of the Ministry of Public Health, a dean of any university, a lawyer, a director of a community hospital and the Sub-boards who were the representatives of clients tended to be from head of the villages, a provincial

pharmacist, a pensioned official of the Consumer Protection Foundation. Most of the Sub-boards had opinion about structure and coordination at a high level. It means that although they may have different backgrounds, they could well understand about the structure and coordination with the mean score of 4.07-4.34. It may be because most of them (90.9%) had been trained about considering the payment for the reimbursement before conducting the process of consideration.

2. Knowledge of the Sub-boards according to section 41 of the National Health Security Act, B.E.2545, health equity and damage caused by any service provided by the health care unit.

From this research, it was found that knowledge of the Sub-boards who were the representatives of clients was the highest (11.56%). It may resulted from the Sub-boards in this group were ready and interested in the consideration; they then understood and had knowledge more than the other two groups. However, in some topics such as specific treatment, the experts may be invited to be consultants. When measuring knowledge level of all three groups of the Sub-boards, it presented that 115 persons (61.8%) had knowledge level at a moderate level. And the knowledge by items was indicated that knowledge about health equity on the statement that the health personnel in all level of health facilities had equal standard and quality of care was incorrectly answered. In the statements about (1) The Sub-boards consider the payment for reimbursement to the beneficiary whose damage causes permanent disability is considered the same group as causes to “Death” and (2) The Sub-boards consider the payment for reimbursement to the beneficiary or his/her heir when such beneficiary is subject to damage caused by medical force majeure or systemic force majeure and allergy, were incorrectly answered 30.1%, and 29.6% respectively. It implied that the Sub-boards did not understand about the consideration for reimbursement. It maybe because the provision in section 41 of the National Health Security Act, B.E.2545 has no details about the conditions and it is still a new topic, and these Sub-boards were the first group who conducted the consideration about this topic. They have no experience and it is the new knowledge for them, especially an about standard treatment which is one of the conditions for consideration. Although the National Health Security Office (NHSO) had trained the Sub-boards about the

principle of consideration for reimbursement, they could not understand each disease in details and each disease need different treatment. Some Sub-boards may be too busy to join the consideration and others may not study the data before attend the meeting. These made them misunderstand the content and conditions for consideration and then led to dissatisfaction of the injured person. Later on the injured person would lodge an appeal. Thus, the knowledge of the Sub-boards affected the understanding of facts, rule, conditions, structure and problem solving. It was conformable to Prapapen Suwan (1983: 16) defines knowledge as the basic behavior or ability of a person to remember facts by training or seeing. The knowledge at this level includes knowledge about definitions, facts, theories, regulation, structures, and method of problem solving. Likewise, Good (1973: 325) defines knowledge as facts, truth, rules and details which people collected. And Bloom & Selznick (1971: 292) mentions that application is an ability to effectively apply knowledge and understanding in problem solving. The outcomes derived from what had been learned will be used to set the best solution

3. Working effectiveness of the Sub-boards according to the National Health Security Act, B.E. 2545.

The study on working effectiveness of the Sub-boards considering the payment for the reimbursement was divided into three parts—(1) effectiveness on the payment for reimbursement as prescribed by law, (2) effectiveness on payment by rate and types of damage and (3) effectiveness on period of consideration within 30 days as prescribed by law. The total work effectiveness of the Sub-boards according to the National Health Security Act, B.E.2545 was only 31.2%. Most Sub-boards did not consider the payment for the reimbursement as the conditions prescribed by law and only some considerations were finished within 30 days and the amount of payment was not matched some conditions. The work effectiveness of the Sub-boards can be summarized as follows:

Effectiveness of considering the payment for the reimbursement as prescribed by law consisted of 7 statements and was divided into two levels: a moderate and a high level. The Sub-boards from the representatives of healthcare providers and clients had a high level of work effectiveness. It may be because most of them were in

the public health profession, they can understand the consideration by using the indicated conditions. For those who from experts in local area had work effectiveness at a moderate level, this may resulted from they did not understand the conditions of consideration and it was still new for them. When considering by items, it was found that nobody had the full score of 7. Then, the work effectiveness of this group was based on mean score which showed that 32 experts had moderate work effectiveness (43.2%) and those who from those representatives of healthcare providers and clients had a high work effective levels (37.8% and 36% respectively). It can be seen that the Sub-boards at provincial level could not follow all conditions of the NHSO (2004:16), it implied that some of them did not understand some conditions. Most of them (91.9%) incorrectly answered the statement that “Damage or injury is not caused by normal progression of disease pathology.” And 80.6% of them had incorrect answer about “Consider from damage or injury is not caused by any complications of normal diagnosis.” For those who correctly answer these two questions had a professional background of physician, the other Sub-boards did not understand these two conditions because the details were not indicates in provision of section 41 of the National Health Security Act. It is conformable to Surachat Na Nongkhai (2004:8) who suggests that to evaluate effectiveness needs the process of data collection received from comparing work performance to the standard or the set goal. Price (1968:1) mentioned that the different of effectiveness in each organization derived from confounding factors. One of them was the commitment to follow the organizational rules. Likewise, Steer (1977: 5) studies various variables influencing effectiveness of organization, which were organizational rules. Therefore, considering effectiveness on the payment for reimbursement as prescribed by law is important. For this consideration, the Sub-boards may not understand the conditions prescribed by law; they then did not pay attention to this point. For the low effectiveness on payment by rate and types of illness showed in the study Leuchai Sringenyueng, et al., (2004) showed that the Sub-boards did not consider the payment for the reimbursement according to the set conditions. For example, in one province, the result of consideration explained about the case that had cesarean section faced the problem of non-healing wound. The patient must have many operations over and over which caused suffering to her and as the poor prognosis of a disease made her pay

more money. She did not have enough money because of her illness. She then asked for preliminary assistance. The Sub-boards approved for assistance as per the ethic principle. Another case was about a patient with anemia, he had to receive blood and he got AIDS from that situation. This situation originated since 2001 but the beneficiary asked for preliminary assistance this year, the consideration of the Sub-boards approved the payment of 40,000 baht based on human right and ethics. Therefore, the Sub-boards need to pay attention and understand the conditions prescribed by law otherwise many problems may be occurred e.g. more complaints and appeal would be lodged in the near future.

Time effectiveness as prescribed by law; section 61 of the Constitution of the Kingdom of Thailand B.E.2540 (2547: 27) states that a person shall have the right to present a petition and to be informed of the result of its consideration within the appropriate time, as provided by law. The result showed that time effectiveness was only 64% which means in 62 province that had experience of considering the payment for the reimbursement finished the consideration within 30 day only 64%. The rest of them or 36% consumed more time than 30 days. The reasons why they spent more time for consideration were (1) the secretary of the Provincial Public Health Office thought that this activity was not the main mission because it belonged to the NHSO, they then set this activity as inferior priority and slowly implement the work, (2) the health care unit that caused damage sent the documents to the Provincial Public Health Office very late because of being afraid of another complaint about violation, (3) the NHSO lately approved the money for preliminary assistance. Likewise, Sompoch Ratoran (2003: 135) studied and found that managing the organizational working time will increase work effectiveness. Similarly, Wood (1991 cited in Famming, P. 2000: 151- 152) mentions about three components to effectively set time are (1) thinking about advantages of work and conducting the important one first to achieve the goal, (2) planning about how to conduct such work—it starts time consuming, and (3) seeking for cause of a mistake and redoing the plan to prevent such mistake. Therefore, the Sub-boards should consider the complaint and finished within the indicated time to increase more work effectiveness.

Effectiveness on payment by types of damage according to section 41 of the National Health Security Act, B.E. 2545 (2548:127), it was found that 166 sample

reached this kind of work effectiveness (89.25%). It indicated that most of the Sub-boards considered the payment for the reimbursement as conditions prescribed by law, only few of them (20 person or 10.75%) did not. This group considered the payment based on economical status of the beneficiary—poorness and being the leader of a family who were responsible for all members. It may be because they based on the ethical principle. From the consideration of the Sub-boards in fiscal year 2004 starting from January 2004, it showed that the amount of payment for reimbursement was 4,525,000 baht and it was increased in fiscal year 2005 or about 17,190,000 baht was paid for preliminary assistance. The number of beneficiaries is gradually increasing.

From the data above, it can be seen that the Sub-boards still lack of understanding about the payment for the reimbursement. They lacked of information and they did not realize about the cause of problem because they lacked of experience about this issue. Moreover, they also lacked of good coordination until they could not put the policy into practice. The data showed the increase in numbers of lodged appeals from 12 cases in fiscal year 2004 to 29 cases in fiscal year 2005. This can imply that the clients did not believe the consideration of the Sub-boards at a provincial level so they lodged the appeal to the Standard and Quality Control Board for further judgment. In the future, tend of appeals will be higher and this may be because the Sub-board did not understand the condition for considering the payment for the reimbursement. Another thing may be because the working system is not a close system and it is not stay only in its frame but being affected by external environments both directly and indirectly. The systems that affect this consideration include political, economical systems and technologies or even nature in forms of an open system. (Thonglaw Dejthai, 1999) The result showed that the Sub-boards quorum was not complete (16.4%) because they had more own works or they related to other public position or community development such as a chairman of an NGO in the province. This caused them to be absent from the meeting of consideration process. (Leuchai Sringenyueng, 2004: 4) it was confirmed by the concept about the influence variables. Another factor that caused ineffectiveness work of the Sub-boards was the role as the Sub-boards was new to them, it lacked of obvious conditions and the Sub-boards lacked of skills in relation to this issue. Although some condition had

been prescribed, the details were not indicated. For example about the types of damage must not be caused by normal progression of disease pathology or by any complications of normal diagnosis. If the Sub-boards were not in medical field, they could rarely understand this point. This leads to the problems for the next consideration.

4. Relationships between demographic characteristic of the Sub-board and their work effectiveness according to the National Health Security Act, B.E. 2545

There were no relationships between demographic characteristics such as sex, age, educational level, occupation, training and the work effectiveness of the Sub-boards according to the National Health Security Act, B.E.2545. It was conformable to the study of Porntip Puangon (2000) which showed that demographic characteristics were not related to working effectiveness. Likewise, the study of Pataya Kaewpoung (1990) found that age of the committees was not related to local development in villages of Aung-tong. In contrast to the study of Kamol Piyapol on the study about village committees with high educational level would take part in administrative work more than those who had lower education (1994). Moreover he found that demographic characteristic indicated the effectiveness of school administration in Samutsakorn province. The study on working effectiveness of the Sub-boards considering the payment for the reimbursement, the samples were composed of many professions such as Ex-Dean assistance of the Ministry of Education, an attorney, businessman and other organizational representatives *per se*. Some of them may not understand the process of consideration and section 41 of the National Health Security Act, B.E.2545 was a new issue for them. They need to gain more experience, knowledge and understanding to apply in the process of consideration. Besides, it was found that some Sub-boards had to exercise their own business so they did not have time to join the consideration process. The research result showed that 16.4% did not have time. The study of Leuchai Sringenyueng, et al. (2004: 4) on the follow up about the policy impacts and the process of considering the payment for the reimbursement according to section 41, showed that some province had selected the Sub-boards without their advanced knowing. They did not prepare for work and did not understand the process of consideration. Some were

asked for Autobiography and two or three weeks later they received the letter of information to let them know that they must be the Sub-boards. This implied that some of the Sub-boards were not ready or understand the considering process but they needed to do so. It leads to the ineffective work.

There were significant relationships between opinion about structure and coordination and working effectiveness of the Sub-boards according to the National Health Security Act, B.E.2545 ($p < 0.05$). The Sub-boards had opinion about structure and coordination reached work effectiveness (31.2%) and 68.8% had not. It was in agreeable with the research of Leuchai Sringenyueng, et al. (2004:198) which indicated that a structure of each province was designed based on the point of view and public health framework of each province. Some may focus on those who used to be a physician, a village-chief, and a village headman *per se*. Structure and coordination characteristics of the Sub-boards were the variables of the consideration of them. It was conformable to the study of Kamol Piyapun (1994) which indicated that organizational structure was an indicators used to evaluate the effectiveness of schools in Samutsakorn affiliated to the Ministry of Education. Jones (1995: 87) mentioned that organization structure consisted of formal rules, procedures, and relationships of power that push people's cooperation to reach the utmost advantages in using resource. Likewise, the study of Jirasak Jiyasak (1997) indicated that organizational structure was pattern of human interaction which was related to various works, technologies, and personnel of other organizations to confirm that resource were used effectively to achieve the organizational goal.

The relationships between knowledge level of the Sub-boards and their work effectiveness according to the National Health Security Act B.E.2545, as the p-value was 0.034 which was less than 0.05 that means there was a significant relationship between knowledge level of the Sub-boards and their work effectiveness according to the National Health Security Act B.E.2545. The knowledge of most Sub-boards was at a moderate level because they were form many professions. Some of them did not know about the standard of care. However, when they were Sub-boards these people needed to understand about this topic so that they can do the judgment for the payment for preliminary assistance. Besides, this topic was new for them and they were the first group of Sub-boards. They had no experience about this activity.

Therefore, the NHSO should provide and educate them about this topic at least 2-3 times a year. It was conformable to the study of Pataya Kaewpoung (1990) that the village committees who had knowledge and understand about work implementation of such village would take part in administrating the local development more than those who had less knowledge. Similar to the study of Dungsuda Muangwong (1997) indicated that knowledge and understanding was related to work effectiveness of the Female development committees at provincial level. It was also conformable to Pipat Sudchaipaparat (1999), he found that knowledge of the subcommittees at police stations and people participation were related to work effectiveness of the subcommittees. Conversely, the study of Vichien Aintein (2003) had studied the work effectiveness of executive committees on the project of developing a police station for people: a case study in police stations affiliated to the Bureau of Ratchaburi Provincial Police. The results showed that knowledge and understanding of the administrative committees were not related to their work effectiveness. Consequently, the working effectiveness of the Sub-boards considering the payment for the reimbursement was based on their knowledge about consideration.

CHAPTER VI

CONCLUSIONS

This descriptive research on “Working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E.2545” was designed as a Cross-sectional survey aimed to (1) evaluate working effectiveness of the Sub-boards according to the National Health Security Act B.E. 2545 (A.D.2002), (2) explain the structure and coordination, (3) measure the knowledge level of the Sub-boards in regard to abiding by law as per section 41, health equity and damage caused by any service provided by a health care unit, (4) find out the relationships between the components of the Sub-boards, their knowledge and working effectiveness, and (5) collect problems and barriers. A total of 186 Sub-boards in 62 provinces who used to consider the payment for the reimbursement since 1st January 2004 to 30th September 2005 were the samples. Data were collected by using the questionnaires which contained the reliability regarding opinion about structure and coordination and knowledge at 0.71 and 0.67 respectively. And Data collection was conducted from 1st January to 28 January 2006. The 186 questionnaires or 76.2% were completed and then used in the process of data analysis. Percentage, frequency, mean, standard deviation (SD), Chi-Square, and Fisher Exact Test (when $E < 5$ more than 20%) were used to analyzed data. Research results can be summarized as follows:

Research conclusion

Demographic characteristic of the Sub-boards

Most of the Sub-boards were male (82.8%) aged more than 60 years (38.7%). Their occupations were self employed (37.6%) and most of them (90.9%) hold bachelor degree and used to be trained about principles for considering for the preliminary reimbursement.

Opinion of the Sub-boards about structure and coordination

All three groups of the Sub-boards such as experts in local area, representatives from health care providers and clients had a high level of opinion about structure and coordination.

Working effectiveness of the Sub-boards according to the National Health Security Act, B.E.2545

When considering by each aspect, it was found that;

Working effectiveness of the Sub-boards considering the payment for the reimbursement was at a moderate level (39.8%) and the Sub-boards from representatives of health care providers and clients (60.2%) had the high level of working effectiveness.

The effectiveness about time as prescribed by law was 64% and about payment according to the indicated rate was 89.25%.

Knowledge of the Sub-boards considering the payment for the reimbursement according to section 41, health equity and damage caused by the health care provider

It was revealed that all three groups of the Sub-boards had a moderate knowledge level (115 Sub-boards or 61.8%). When considering their knowledge by item, it showed that knowledge about section 41 of the National Health Security Act, B.E. 2545, about health equity, and about damage caused by service provided by the health care provider was at a moderate level. The mean knowledge of the Sub-boards from client representatives was the highest compared to the other two groups (11.56).

Relationship between demographic characteristics of the Sub-boards, their knowledge and work effectiveness of the Sub-boards according to the National Health Security Act, B.E.2545

The demographic characteristics of the Sub-boards such as sex, age group, educational level, occupation and training were not related to work effectiveness of the Sub-boards. Conversely, there was a significant relationship between opinion about structure and coordination of the Sub-boards and their work effectiveness

($p < 0.05$) then the first hypothesis was supported. Likewise, the second hypothesis was supported because structure, coordination and knowledge of the Sub-boards were significantly related to their work effectiveness ($p < 0.05$).

Problems/barriers and recommendations for the work implementation of the Sub-boards according to the National Health Security Act, B.E.2545

Structure and coordination: It was found most of the Sub-boards agreed that duration to be in the position of a Sub-board should be only two years and after that the new person should take turn. Few of them suggested that the Sub-boards should stay in their position for four years each with the same ratio about the original of the committees (from three groups as mentioned above). About coordination of the secretary who prepared data for the Sub-boards was very slow (2.2%). Some of the Sub-boards thought that the coordination should be improved and the related data should be always sent to the Sub-boards before the meeting.

Knowledge of the Sub-boards: it was found that about 19.4% of the Sub-boards had a low level of knowledge about section 41. Then they recommended that the training on the topic of section 41 of the National Health Security Act, B.E. 2545, health equity and damage caused by services provided by the health care provider should arranged at least twice a year so that they could share ideas more about their work.

Duration of conducting consideration: Most of the Sub-boards thought that the duration for consideration was too short; they suggested that it should be extended to 45 or 60 days.

Types of damage and amount of reimbursement money, 17.8% of the Sub-boards indicated that it was very little so they suggested that the amount of money for reimbursement should be twice of the old amount.

Criteria for considering the payment for the reimbursement: 14.5% of the Sub-boards thought that this topic was still unclear especially about the standard of care and medical majeure. They then recommended that some provisions of law should be revised for more details.

Other problems: About 32.8% of them found other problems. The most problem found was people did not know their right according to section 41 of the National Health Security Act, B.E.2545 about preliminary assistance to reimburse a beneficiary who is subject to damage or injury caused by services provided by the health care unit (24.2%). They offered some public relations should be continuously conducted so that those beneficiaries would know more about their right regarding this topic.

Recommendations from the research

1. Most of the Sub-boards misunderstood the knowledge about (1) damage should not be caused by disease pathology, (2) damage should not caused by complication resulted from any usual diagnosis and (3) health equity—all medical personnel had equal quality 91.9%, 80.6% and 61.8% respectively. Thus, some seminars should be set for the Sub-boards so that they can have more knowledge about these points as well as they can share ideas and have discussion among them.

2. Details should be added in section 41 to make clearer about the criteria used for considering preliminary assistance. For example the lodged complaints must not be about all damages caused by disease pathology and complication resulted from any usual diagnosis. This will help those Sub-boards who are not from medical personnel understand the process of problem solving.

3. The Sub-boards (11.8%) thought that the duration for consideration was too short; they suggested that it should be extended from 30 days to 45 days.

4. The Sub-boards (5.4%) found that some of them were absent during the meeting. Then they suggested that the Sub-boards should be selected from those who have enough time and the maximum times of absence should be indicated. The Sub-boards who are absent more than the maximum indicated time should be withdrawal.

Recommendations for the next researches

The researcher recommends that the next researches on related topics to “Working effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E. 2545 are as follows:

1. Other factors such as essential role and mission, bonding to duty, and clients’ satisfaction about work performance of the Sub-boards should be studied so that the received knowledge will enhance more work effectiveness of the Sub-boards.
2. Research instruments such as observation, in-depth interview, focus group and Delphi technique should be added.
3. The study samples such as clients should be asked for the opinion about work implementation of the Sub-boards.
4. The relationships between demographic characteristics, factors about structure and coordination, knowledge of the Sub-boards and work effectiveness of the Sub-boards considering the payment for the reimbursement according to the National Health Security Act, B.E.2545 should be evaluated to find out which factor mostly affects their work effectiveness.

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ในระดับสากลและในประเทศไทย ในการประชุมวิชาการสาธารณสุขแห่งชาติ ครั้งที่
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วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต , สาขาการบริหาร โรงพยาบาล คณะ
สาธารณสุขศาสตร์ บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล.

อรพิน ไชยพยอม.(2542) ความพึงพอใจของผู้รับบริการของบริการของแผนกผู้ป่วยนอก

โรงพยาบาลศิริราช วิทยานิพนธ์ปริญญาวิทยาศาสตรมหาบัณฑิต , สาขาบริหาร
สาธารณสุข คณะสาธารณสุขศาสตร์ บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล



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No. MU 2006-021

Documentary Proof of Ethical Clearance
The Committee on Human Rights Related to
Human Experimentation
Mahidol University, Bangkok

Title of Project. Working Effectiveness of the Sub-Board Considering the Payment for the Reimbursement According to National Health Security Act B.E. 2545 (Thesis for Master Degree)

Principle Investigator. Miss Palida Thitapan

Name of Institution. Faculty of Public Health

Approved by the Committee on Human Rights Related to Human Experimentation

Signature of Chairman.  (Professor Dr. Srisin Khusmith)

Signature of Head of the Institute.  (Professor Dr. Pornchai Matangkasombut)

Date of Approval. - 8 FEB 2006

Date of Expiration. - 7 FEB 2007

Questionnaire

WORKING EFFECTIVENESS OF THE SUB-BOARDS CONSIDERING PAYMENT FOR REIMBURSEMENT, ACCORDING TO NATIONAL HEALTH SECURITY ACT, B.E.2545

Instruction: This questionnaire was divided into 5 parts which are;

Part 1 Demographic data

Part 2 Characteristics of the Sub-boards in relation to structure and coordination.

Part 3 Working effectiveness of the Sub-boards considering payment for
reimbursement according to the National Health Security Act, B.E.2545

Part 4: Knowledge of the Sub-boards about section 41 of the National Health
provided by the health care units.

Part 5: Problems/barriers and recommendations about considering the payment
for reimbursement.

Part I Demographic Data

Instructions ;Please fill in the blank and mark (/) where you think it is the best match to your qualification.

1. Sex
☐ Male ☐ Female
2. Age.....years
3. Educational qualification (Please indicate all degrees equivalent to Bachelor and over)
☐ Below Bachelor's Degree: Field of study.....
☐ Bachelor's Degree: Field of study.....
☐ Master degree: Field of study.....
☐ Doctorate: Field of study.....
4. Occupation
☐ Self employed
☐ Government officer
☐ Pensioned officials
5. Have you been trained about considering payment for the reimbursement according to the National Health Security Act, B.E.2545?
☐ Yes ☐ No
6. What is your position of Sub-boards?
☐ Experts in local area
☐ Healthcare provider representatives
☐ Client Representatives
7. Where did you come from?
 Province.....

Part 2 Characteristics of the Sub-boards in relation to structure and coordination.

Please mark a thick $\checkmark$ in the box that corresponds to your opinion

Item	Content	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
8	Structure of Sub-boards came from the first experts in local area, the second Healthcare provider representatives and the third Client Representatives and the figure was 3:2:2					
9	Structures of Sub-boards were influenced for considering payment for the reimbursement.					
10	Conference of Sub-boards should meet at least 4 times/year					
11	The Sub-boards should have different knowledge.					
12	A chairman of the Sub-board has to schedule the conference.					
13	All Sub-boards have to know the knowledge about considering the payment for the reimbursement.					
14	Coordination about the data for considering the payment for the reimbursement should get done before the conference every time.					
15	The Secretaries have duty to collect the data and give it to the Sub-boards in time as prescribed by law.					

Part 3 Working effectiveness of the Sub-board considering the payment for the reimbursement according to the National Health Security Act, B.E.2545

16. Please tick ✓ in the box that corresponds to follow the fact and Answer more than one choice

The number of clients or his/her heir who the lodged complaint about payment for reimbursement.	The end time of considered about the payment for the reimbursement,		Informing the result	
	Within 30 days	More than 30days	To pay	Not to pay
1				
2				
3				
4				
5				
6				
7				
8				

(....) 17.1 The Sub-boards considered the payment for reimbursement to the beneficiary. Whose damage causes injuries illness. The decision for any payment to reimburse the beneficiary was according to the rule but did not exceed twice the indicated amount of the law. The case number

(....) 17.2 The Sub-boards considered the payment for reimbursement to the beneficiary whose damage caused loss of body organ or was handicapped. The decision for any payment to reimburse the beneficiary was according to the rule but did not exceed twice of the indicated amount of the law. The case number

(....) 17.3 The Sub-boards considered the payment for reimbursement to the beneficiary whose damage caused permanent disability. The decision for any payment to reimburse the beneficiary was according to the rule but did not exceed twice of the amount indicated by the law. The case number

(...) 17.4 If you and others considered the payment for the reimbursement please indicate. The case number

Reason.....

Please tick ✓ in the box that the corresponds to the Criteria for considering the payment for the reimbursement

Criteria for considering the payment for reimbursement	Always	Sometimes	Never
18. Considered that a client is a beneficiary according to the National Health Security Act, B.E.2545 (Gold card)			
19 Consider from such healthcare unit must be in the project of Healthcare coverage scheme.			
20. Considered that damage or injury was caused by service provided by the health care unit.			
21. Considered that a beneficiary must lodge the complaint to receive the payment for the reimbursement within 1 year after such damage or injuries had occurred and the received care before 19 November, 2002 will not be included.			
22. Considered that damage or injury is not caused by normal progression of disease pathology.			
23. Considered that damage or injury is not caused by any complications of normal diagnosis.			
24 Considered the damage or injury with no need to wait for any proof of innocence.			

Part 4 Knowledge of the Sub-boards about section 41 of the National Health Security Act, B.E. 2545, knowledge about health equity and damages caused by services provided by the health care units.

Please check ✓ in the box that corresponds to your knowledge or your opinion

Knowledge about section 41 of the National Health Security Act B.E.2545	Yes	No	Uncertain
25. The written document requested for the reimbursement according to section 41 must be lodged by the beneficiary within one year starting from the date of loss informed.	☐	☐	☐
26. The preliminary assistance to the beneficiary who is subject to damage or injury caused by service provided by the health care unit will cover preventive, promote, curative and rehabilitative care.	☐	☒	☐
27. The Sub-boards considering the payment for reimbursement can be in the position for four years	☐	☐	☐
28. The Standard and Quality Control Board (SQCB) is a person who can decide the payment for the reimbursement more than the indicated amount but not exceed the twice of the indicated amount.	☐	☐	☐
29. The Standard and Quality Control Board (SQCB) is a person who can decide the payment for the reimbursement more than the indicated amount but not exceed the twice of the indicated amount.	☐	☐	☐
30. The duty of Sub-boards have the law protection	☐	☐	☐
Damage caused by service provided by healthcare units			
31. Damage caused by provided care service was originated by unintended action but the healthcare provider lack of awareness during performing such action.	☐	☐	☐

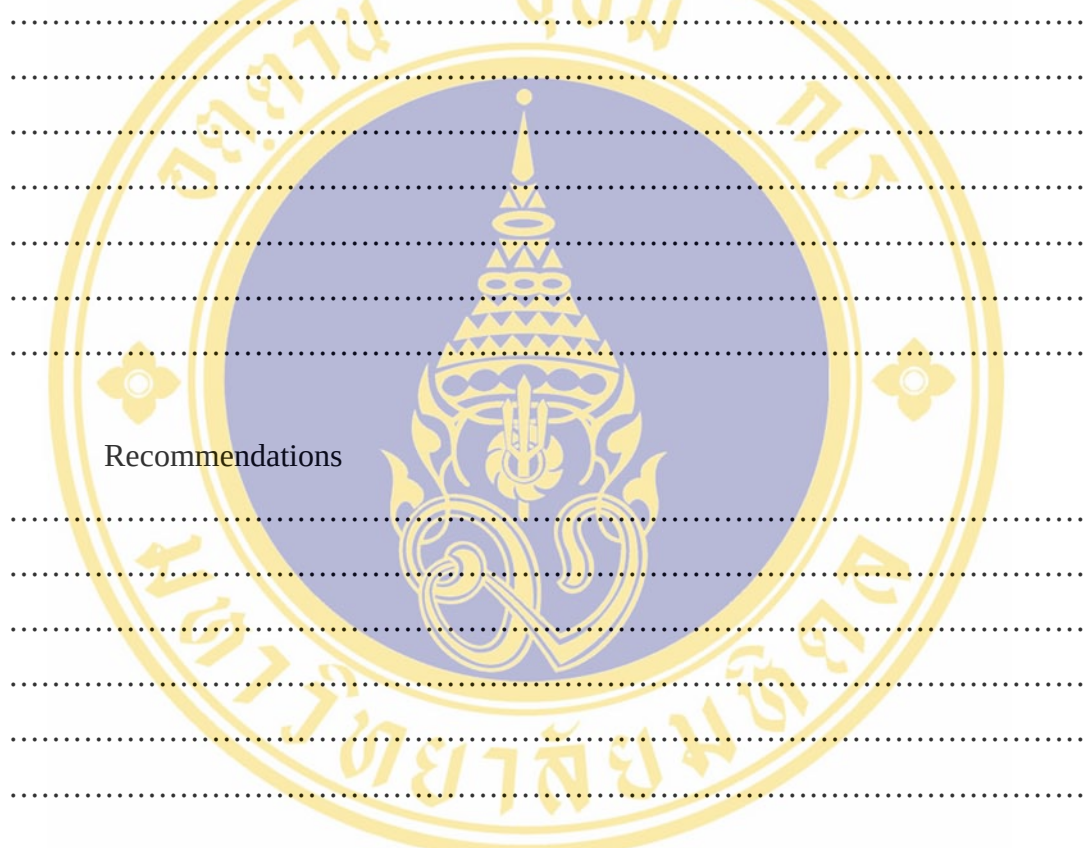
32. The injured person or beneficiary can claim the officials or the government agencies for their wrong conduct according to the Responsibility for Violation of Officials Act, B.E. 2539	☐	☐	☐
33. The beneficiary who is subject to damage or injury caused by disease prevention service can ask for the reimbursement according to the National Health Security Act B.E.2545. The beneficiary who is subject to damage or injury caused by medical majored or allergy can ask for the preliminary reimbursement.	☐	☐	☐
34. The beneficiary who is subject to damage or injury caused by medical majored or allergy can ask for the preliminary reimbursement.	☐	☐	☐
35. The Sub-boards consider the payment for reimbursement to the beneficiary whose damage causes permanent disability is considered the same group as causes to "Death".	☐	☐	☐
36. The Sub-boards consider the payment for reimbursement to the beneficiary or his/her heir when such beneficiary is subject to damage caused by medical force majored or systemic force majored and allergy.	☐	☐	☐
Health Equity			
37 The health personnel in all level of health facilities have equal standard and quality of care.	☐	☐	☐
38 It is not worth conducting any cure for those who have serious illness, if they are not recovered.	☐	☐	☐
39. It is not worth conducting any cure for those who have serious illness, if they are not recovered.	☐	☐	☐
40. It is not worth conducting any cure for those who have serious illness, if they are not recovered.	☐	☐	☐

Part 5 Problems/barriers and recommendations about considering the payment for the reimbursement

41 Demographic characteristics of the Sub-boards

Had they problems? (....) Yes (....) No

If they had problems please indicate



Recommendations

42. Structure and coordination of the Sub-boards

Had they problems? (.....) Yes (.....) No

If they had problems please indicate

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Recommendations

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43. Knowledge of the Sub-boards

43.1. Knowledge about section 41 of the National Health Security Act
B.E.2545

43.2 Knowledge about damage caused by service provided by healthcare units

43.3. Knowledge about Health Equity

. Had they problems? (.....) Yes (.....) No

If they had problems please indicate

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Recommendations

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44. Duration or period of consideration

. Had they problems? (.....) Yes (.....) No

If they had problems please indicate

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Recommendations

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45. Types of damage and amount of reimbursement money

45.1. Death or permanent disability, payment not exceeds 80,000 baht.

45.2. Loss of body organ / handicap, payment not exceeds 50,000 baht.

45.3. Injuries or chronic illness, payment not exceeds 20,000 baht.

. Had they problems? (.....) Yes (.....) No

If they had problems please indicate

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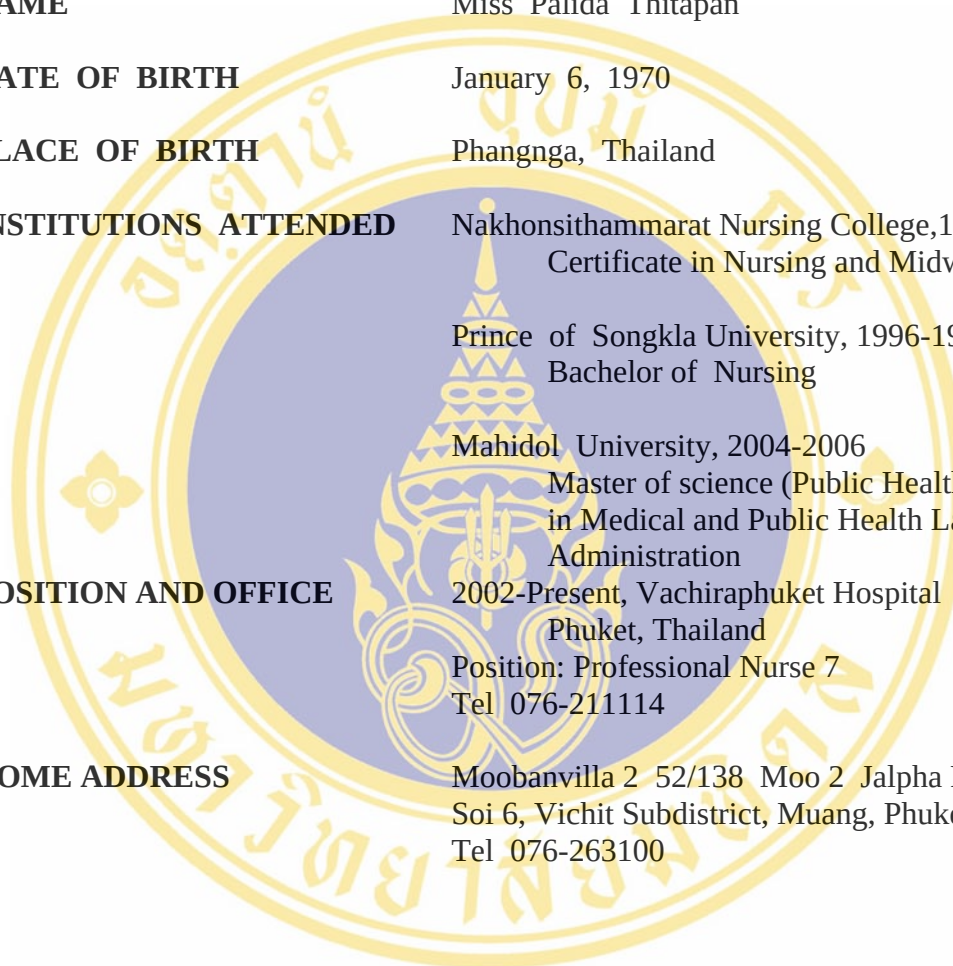
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BIOGRAPHY

NAME	Miss Palida Thitapan
DATE OF BIRTH	January 6, 1970
PLACE OF BIRTH	Phangnga, Thailand
INSTITUTIONS ATTENDED	Nakhonsithammarat Nursing College, 1989-1991 Certificate in Nursing and Midwifery Prince of Songkla University, 1996-1998 Bachelor of Nursing Mahidol University, 2004-2006 Master of science (Public Health) Major in Medical and Public Health Law Administration
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