

From Fragmented to Coordinated

How Operationalizing a Province-Wide Referral System Improved Local Health Governance in the Province of Batangas, Philippines

RTI International and Batangas Provincial Health Office



HEALTH SYSTEMS
STRENGTHENING
ACCELERATOR

Context

In a local health systems assessment in 2015, Batangas, one of the biggest provinces in the Philippines, with 30 component municipalities and 4 cities, was found to have weak health governance and to suffer from poor health outcomes.



WEAK HEALTH GOVERNANCE

- Fragmented health care. Health programs are disconnected and service delivery does not complement the programs.
- Weak care coordination. Referral protocols are not properly implemented, leading to conflicts among health service providers.
- Low investment for health.



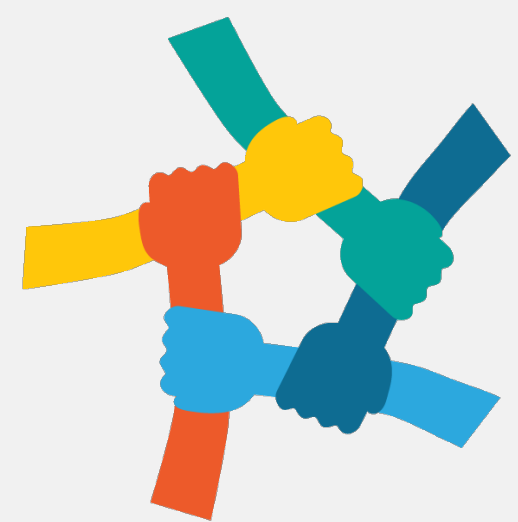
POOR HEALTH SYSTEM OUTCOMES

- High maternal mortality ratio – 86 deaths per 100,000 live births in 2015.
- High incidence of delayed, uncoordinated, and inappropriate referrals.
- Congestion of hospitals with cases that could be managed in lower-level facilities.
- Persistence of out-of-pocket costs for health services in government facilities.

INITIAL SOLUTION: Operationalizing the referral system in the province-wide health service delivery network using maternal and child health (MCH) as a tracer program to address pressing health governance gaps that cause poor health system outcomes, including high incidence of maternal deaths.

Activity Description

Understanding that health care gaps in Batangas could not be addressed at the service delivery level alone, the province harnessed systems-level interventions – from initially operationalizing the province-wide referral system for MCH, to gradually expanding efforts on other weak health governance components that impede quality health service delivery.



PHASE 1: STRENGTHENING COLLABORATION AMONG HEALTH CARE ORGANIZATIONS

- Guiding principle: "Ang pasyente ng isa ay pasyente ng lahat" (The patient of one facility is a responsibility of the entire network).
- Established common understanding of the health systems gaps in the province to promote collaboration among health care organizations and local governments to address these gaps.
- Secured the commitment of various stakeholders (47 primary care facilities, 16 public hospitals, 4 private hospitals, and local health offices) through a service-level agreement to collaborate in establishing a province-wide service delivery network – a unified network of health care organizations that collaborate in strengthening various health systems components, including health governance and service delivery.
- Forged a partnership among public and private health facilities in care complementation, especially in diagnostic and laboratory services, through a memorandum of agreement.



PHASE 2: OPERATIONALIZING THE PROVINCE-WIDE REFERRAL SYSTEM

- Standardized referral processes by (1) developing a referral manual that considers the local service delivery context; (2) harmonizing referral tools; (3) categorizing patient conditions, particularly for MCH, and matching them with appropriate facilities; and (4) securing a local resolution supporting the implementation of the referral system.
- Formed a provincial referral committee to serve as the orchestrator of referrals.
- Installed a monitoring and evaluation (M&E) system for referrals that helps assess the functionality of the referral system, promotes continuous learning within the network, and informs decision-making for health system strengthening. This built and maintained the network's momentum in the earlier stages of the system's operationalization.
- Installed a feedback mechanism and incident reporting system on issues and challenges being encountered in the implementation of the referral system.
- Strengthened communication systems for care coordination.



PHASE 3: IMPROVING SERVICE DELIVERY CAPACITIES OF HEALTH FACILITIES

- Built the capacity of health service providers (HSPs) in various health services (e.g., family planning, maternal and child care) through collaboration by clinical and program experts in the network.
- Hired additional staff for local government hospitals as a response to the M&E from the referral system.
- Provided communication equipment for referrals.
- Instructed health service providers (HSPs) on the proper conduct of referrals.

Activity Impact

Operationalizing the province-wide health referral system facilitated the gradual integration of the Batangas province-wide health system as the Philippines gears up for Universal Health Care. It facilitated the strengthening of health governance in the province and improved health care quality within the service delivery network.

STRENGTHENED HEALTH GOVERNANCE

- Gradually integrated the province-wide health system: technical, managerial, and financial integration.
- Developed and implemented service-level agreements on health service delivery.
- Expanded partnerships with private health facilities and civil society organizations.
- Strengthened referral mechanisms with neighboring provinces.

IMPROVED HEALTH CARE QUALITY

- Increased access to both primary and hospital care by expanding the functional capacities of health facilities.
- Improved care coordination capacities and practices ensured management of cases in the appropriate health facilities.
- Increased attention to quality of care through network-wide implementation of quality improvement mechanisms (supported by a local resolution enjoining health facilities to establish continuous quality improvement programs).

HEALTH SYSTEMS RESILIENCE

Making the local health system more responsive, through stronger collaboration among health care organizations and local governments, helped Batangas to adapt promptly during disasters and health emergencies.

- Strong collaboration within the network facilitated the establishment of a command center for coronavirus disease 2019 (COVID-19) facilities.
- A Disaster Risk Reduction and Management in Health Plan that the network, codeveloped enabled local governments and health facilities to prevent interruptions in service delivery during public health emergencies.
- The activity strengthened communication systems for health service delivery through teleconsultation and tele-referral installation.

The Batangas method of addressing health governance problems, beginning with operationalizing the province-wide referral system using a tracer program, has been adopted by many local governments across the Philippines.

Evidence



Maternal mortality ratio decreased

2015	2020
86	16



Coordinated referrals increased

28%	74%
-----	-----



Declined referrals decreased

15%	1%
-----	----

Increased Funding for Health

Increased the total budget for health by 54% in 2022 compared to 2015. Increased the total budget for service delivery network and referral system activities by 194% in 2022 compared to 2017.

Human Resource Augmentation

Hired 37 additional human resources for health for the Provincial Health Office and 12 local government hospitals within 2016–2020.

Facilitators



- Collaborative leadership of Batangas Provincial Health Office and Batangas Medical Center (the apex referral hospital of the province), with the Health Office leading policy and systems activities and Medical Center overseeing the technical and clinical aspects of the referral system.
- Support of various external organizations: Department of Health, PhilHealth, USAID projects (LuzonHealth and ReachHealth).
- Participation of private health facilities.
- Utilization of a tracer program in operationalizing the referral system.
- Practice of CLA (collaborating, learning, and adapting), which ensured continuous referral system M&E.

Challenges

SERVICE-DELIVERY-CENTRIC SILOED THINKING

Handled by:

- Addressing health care gaps as a network. Health facilities collaborated in developing and implementing interventions.
- Intentionally and consistently applying systems thinking in all initiatives.
- Utilizing a progressive approach to address health governance gaps, starting with strengthening the referral system using a tracer program.

RESISTANCE TO CHANGE AND FINGER-POINTING WHEN PROBLEMS ARISE

Handled by:

- Tapping champions and securing the buy-in of local health leaders.
- Ensuring participation of HSPs in crafting referral guidelines and tools.
- Standardizing the process of managing disputes and resolving conflicts.

Lessons Learned

IMPROVE HEALTH GOVERNANCE GRADUALLY

- Avoid overwhelming stakeholders and causing them to disengage because of too many tedious tasks.
- Start by addressing the most pressing issue. Start small to avoid wasting resources, then build on gains and successes.
- When operationalizing the referral system, using a tracer program can help maintain focus and momentum of stakeholders.

MANAGE THE PROCESS OF CHANGE TO INSTITUTIONALIZE REFORMS

- Communicate a mutual understanding on gaps, problems, and directions to ensure unity in vision.
- Secure, promote, and implement locally driven solutions through collaboration.

ENSURE COLLABORATION AMONG AUTONOMOUS LOCAL GOVERNMENTS

- Address problems that affect everyone and need each government's participation to be resolved.
- Help stakeholders understand why collaborating on certain interventions, like improving care coordination to ensure quality care, is more efficient and effective than addressing them as individual local governments.
- Formalize collaboration through partnership agreements and policies to ensure sustainability.

UTILIZE M&E RESULT AS A GUIDEPOST

- Ensure continuous M&E to build and maintain momentum in efforts.
- Utilize M&E data to guide all actions.