Payment Development for Thai Traditional Medicine Inpatient Casemix, TTMIC

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Introduction

Background: Thai traditional medicine (TTM) is the practice of healing based on Thai wisdom that had not been thought of reimbursement process. **Objective:** To develop the payment method for Thai Traditional Medicine Inpatient Casemix (TTMIC).

Methods

**Method:** This action research employed 4 steps to develop TTMIC: 1) standard data identification, 2) data collection and edit, 3) classification-calibration and evaluation and 4) cost analysis and payment suggestion based on the final version of TTMIC. The study was conducted from fiscal year 2012 - 2014. Eleven hospitals voluntarily joined the study organized by the Department of Thai Traditional and Alternative Medicine (DTAM). Inpatients recruited from 11 hospitals were classified into three categories based on the extent of treatments taken part by Thai traditional medicine providers: minimal, moderate and exclusive. The independent variables for classification include the International Classification of Disease tenth revision with Thai modification (ICD-10-TM) code for Thai traditional medicine diagnosis. Dependent variables were length of stay and standardized charge as a proxy of cost to calculate relative weight (RW). Coefficient of variation (CV) and reduction in variance (RIV) were the main statistics used.

Results

**Results:** There were 18,198 inpatients with TTM only 16,930 inpatients data were analyzed dropping out inpatients with minimal treatment of TTM. Majority of cases (97.7%) were treated at community hospitals (16,045 cases), 60.8% were women (10,293 cases). Average age was 47.2 years (SD=25.2). Average day stay in hospital was 8.3 days (SD=22.3). The patients were classified into 22 groups as suggested by TTM providers from 11 hospitals. Most of TTMIC groups (72.7%) had CV of cost lower than 1.5 and RIV of cost was 25.3%. The most common TTMIC was the respiratory tract disease covered 4,369 cases (25.8%). The TTMIC that had the highest RW was patients with paralysis (3.4037). If the DTAM were to use TTMIC to pay 11 hospitals the cost of TTM services, the DTAM would need a budget of 17 to 49 million baht (1US$=32 baht).

Conclusions

**Conclusion:** TTMIC was appropriate in terms of clinical and statistical homogeneity. **Recommendations:** Development of the next TTMIC version should look for additional variables for classification, such as refined diagnosis and procedure codes according to the TTM approaches. Furthermore, cost data and standard data set for submission of data for reimbursement process should also be developed to set up sustainable mechanisms for reclassification and recalibration if TTMIC is to be formally included in the national health benefit package.

Keywords: Casemix, Thai traditional medicine, payment model

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