

# Healthcare Service Systems in Thailand: Accessibility of Dependent Elders

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**Background:** Basically, elders face health problems both physically and mentally because of their health deterioration. Therefore, they need more healthcare services than other aged groups. For this reason, healthcare services for this aged group should be available, adequate and accessible.

**Objective:** The operation endeavors to review the accessibility of healthcare services for elders, especially dependent elders in Thailand.

**Materials and Methods:** The authors reviewed literatures in terms of the aging situation, the healthcare services system, the accessibility to healthcare services, and the challenges of the healthcare accessibility of dependent elders in Thailand.

**Results:** The accessibility to healthcare services for elders still have some limitations, especially in the oldest group (over 80 years of age) because of many issues, such as financial problems, lack of caregivers, and in terms of where they live. For these reasons, they cannot access those services even though the services are available and adequate.

**Conclusion:** There are multiple levels of healthcare services provided for all ages, but the services specifically for elders, especially dependent elders, have some limitations. Therefore, there are still many challenges that the government needs to work on to support the aging society.

**Keywords:** Healthcare services system, Accessibility to healthcare services, Dependent elders

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Like other developed countries, low- and middle-income countries around the world are moving towards universal care. By 2050 care-dependent older people will double due to the more rapid pace of population ageing<sup>(1)</sup>. Naturally, people tend to have health problems when they become older because of the deterioration of their health. Along with long-term chronic illnesses, older people face a variety of physiological changes, limited function, psychosocial changes, and specific health problems. In order to maintain their health, elders need more healthcare services. Consequently, all countries are facing challenges to ensure that all of these individuals are able to access healthcare services as needed for their health. The increasing number of the aging population is a major growing difficulty for families, communities, and the government. Consequently, the state government has a very important role in the organization and funding of appropriate healthcare services for this population. Access to healthcare should be a particular priority since older dependent persons have become an increasing proportion of the population. When elders get older, they

are more vulnerable to chronic conditions that need special care such as long-term care. Therefore, in order to ensure that they are able to access appropriate care comprehensively, policies must be designed to provide efficient and sufficient healthcare facilities as well as care that is easy to access for older people. Moreover, the coverage of health insurance for particular healthcare services for elders is also a very important issue.

## Aging in Thailand

In the last 200 years overall life expectancy has improved<sup>(2)</sup>. As stated by Viroj Tangcharoensathien, senior adviser for Thailand's International Health Policy Program, presently about 11% of the Thai population is above 60 years of age and the pattern is quickly climbing, with 19.8% in 2025 and nearly 30% by 2050<sup>(3)</sup>. In the future, the aging population will come about much more quickly and the number of elders will be over 20 million by 2035, when they will constitute over 30% of the total population<sup>(4)</sup>. Thailand is the second behind Singapore in the Southeast Asian nations in terms of the number of elders, which will be 25.2% or 17.8 million by 2030<sup>(5)</sup>. As Thailand has turned into a fast aging society, the change has shifted the load on the working age population from child dependency to elderly dependency<sup>(6)</sup>. Therefore, Thailand is now an ageing society. With its monetary and social advancement still progressing, Thailand,

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unlike developed nations, is a country “getting older before getting rich”<sup>(7)</sup>. However, the Thai government has made various developments at the national level to coordinate the assets for supporting older people, including the provision of the Second National Plan for Older Persons covering 2002 to 2021, the prominence of ageing issues in the 2012-16 National Economic and Social Development Plan, and the establishment of the Department of Older Persons in 2015. Moreover, in 2009 the Old Age Allowance program was expanded into a universal social pension for older adults who lacked other pension coverage<sup>(4)</sup>. Considering the aging structure of the Thai people, there are plans indicating the significance of supporting caregivers and ensuring older persons’ quality of life, implementing consistent guidelines, and advancing evidence-based practice.

By 2040, one in five older individuals will be over 80 years of age<sup>(8)</sup>. The older individuals become, the more they have a tendency to become impaired. Because of the physical deterioration of elders, they are more vulnerable to chronic diseases and are more dependent on others for their healthcare. Nevertheless, the aging population and the expanding number of aged people introduce both opportunities and challenges for the Thai society. Therefore, special attention needs to be paid to the availability of healthcare services for elders in order to maintain their quality of life.

### ***The healthcare service system in Thailand***

The Provincial Health Office (PHO) and the public hospitals of Thailand have a long history of de-convergence health service. Since the 1970s, the Thai health system has concentrated on the improvement of the health infrastructure of primary healthcare facilities, and district and provincial referral hospitals have joined the health services workforce<sup>(9)</sup>. By 2002, Universal Health Coverage regarding access to medical services and budgetary security was accomplished through three public health insurance schemes. All Thai people were covered by three public health insurance schemes: civil servants and their dependents by the Civil Servant Medical Benefit Scheme (CSMBS); private sector employees by the Social Health Insurance Scheme (SHI); and the rest of the population by the Universal Coverage Scheme (UCS)<sup>(10)</sup>. The accomplishment of universal health coverage in 2002 was joined by the expansion of public costs on health and a reduction in out-of-pocket money spent; the total public expenditure on health was substantially increased from 63% in 2002 to 77% in 2011, while out-of-pocket expenditure on health reduced from 27.2% to 12.4%<sup>(9)</sup>. As directed by law, the Ministry of Public Health (MOPH) is in charge of health promotion, prevention, disease control, treatment, and rehabilitation, along with other official functions. Therefore, the majority of health delivery systems are dominated by the public sector: 75% are public hospitals. Moreover, most private hospitals are small. Large private hospitals include some hospital chains located in Bangkok and mostly offer services to international patients. The extensive geographical coverage of primary healthcare (PHC) and public hospital

services provided by the Ministry of Public Health are the foundation for successful implementation of universal health coverage<sup>(9)</sup>. However, primary care is not yet fully set up in Thailand<sup>(11)</sup>.

In addition, Thailand has supportive resources for accessing healthcare services, such as village health volunteers and local administrative organizations. The village health volunteers work closely with the Primary Healthcare Unit (PCU) and work cooperatively with social advancement and human security to enhance access to services and to improve the quality of life of people with disabilities and older individuals in the communities. The local administrative organizations take an important role in providing health emergency vans for the communities and arranging transportation for poor elders to access healthcare services<sup>(12)</sup>.

However, Thailand still faces many difficulties regarding the demographic changes in becoming an aging society. The demands for healthcare services to retain the well-being of elders have increased substantially. The healthcare services for elders are complicated and they require long-term, multidimensional care involving multidisciplinary teams. Thailand has multiple levels of healthcare services provided for all ages, but the services specifically for elders, especially dependent elders, are limited. Therefore, comprehensive and qualitative healthcare services are very important for elders, especially dependent ones, in order to promote and maintain their health, prevent and manage disease, reduce unnecessary disability and premature death, and to achieve health equity.

### ***Healthcare accessibility of the dependent elders in Thailand***

Healthcare service accessibility is the ability to gain entry to and to receive care and services from the healthcare system. High usage of healthcare services is particularly common in elders with the geriatric condition of frailty. When considering access to healthcare services, it is also important to include all levels of health care services—primary, secondary, and tertiary care. In order to enhance the geographical access of the population, Thailand has a multilevel health services framework. In addition, supportive resources such as village health volunteers and local administrative organizations are also necessary in terms of helping elders access healthcare services. The village health volunteers provide health-related support to elders in communities, particularly through home visits and local administrative organizations to arrange transportation for poor elders to access health services<sup>(12)</sup>.

Under the Universal Coverage Scheme in Thailand, primary healthcare (PHC) is carried out through the primary care units (PCU), which have the least staffing prerequisites and comprise a few health centers and hospital facilities. Access to restoration services and supporting devices has expanded, though major environmental disparities remain in urban areas having significantly more noteworthy access than in rural areas. According to the Thai tradition, taking care of older individuals is the responsibility of their children and grandchildren<sup>(13)</sup>. Thai older individuals that require long-term

care typically receive informal care by their families and relatives at their homes. Therefore, the health framework should be encouraged to help at the community level for long-term care, particularly at the PHC level. However, the long-term care of the dependent elderly 2014 to 2018, “The National Health Security Board” has strategies focused with set up frameworks in the community with the help of local governments and local healthcare service offices, including community clinics. Long-term care requires coordinated health and community care, but the health service frameworks in Thailand are mostly arranged for intensive care. Basically, long-term institutional care is expensive and this may be a barrier for elders to access the services, especially for poor elders. However, some elders have adequate money and resources to help themselves and do not need to depend on their families. A noteworthy number of more aged individuals are care dependent that limit them in terms of access to healthcare services. The accessibility to these services for elders still have some limitations, especially for elders who are in the oldest group, over 80 years of age, and have financial problems. Sometimes they cannot access those existing services because of some barriers.

### ***Challenges of healthcare accessibility***

Dependent elders often confront aggravating dangers. They are substantial clients of social insurance administrations and frequently confront noteworthy cost-sharing loads. Older people have social care needs that cannot be met by relatives and companions alone<sup>(14)</sup>. Females are unassumingly more prone to report a need or wish for help; however, there is little contrast between urban and rural older people<sup>(4)</sup>. Therefore, aging presents considerable difficulties, especially concerning the way in which one ends his or her life. This implies keeping individuals strong for the length of time that is conceivable, and giving them the chance to do the things they need to do and that society needs<sup>(3)</sup>.

Elders, especially dependent elders, have limitations in terms of access to healthcare services because of many issues, such as financial problems, lack of caregivers, and in terms of where they live. These issues are related to each other. Mostly, elders do not work. Therefore, they have limited income, and some of them have only a monthly allowance from the government. Even if they do not have to pay for medical services because of the coverage of health insurance, they still cannot afford transportation to the healthcare facilities due to their limited income. Rich elders can access healthcare services more than the poor elders<sup>(12)</sup>. Normally, elders tend to face chronic conditions and disability, especially those in the oldest group, who are over 80 years of age. Therefore, caregivers are really needed for these groups. In the past, Thai elders were taken care of by their children or grandchildren. Nowadays, this nice tradition substantially varies due to the result of economic and social changes. Elders are left alone or live with young grandchildren, especially elders living in rural areas, because their children have moved to work in the big cities. Therefore, elders do not have caregivers to bring them to health facilities. However, some

elders, the rich ones, have adequate money and resources to pay for caregivers so they do not need to depend on their families. Regarding where the elders live, this is related to transportation, as transportation is an important barrier regarding the access to healthcare services for elders that live in rural areas far away from major highways and roads on which public buses operate<sup>(12)</sup>. The poor elders do not have personal cars and do not have enough money to pay for travel to health facilities, which prevents them from accessing and utilizing healthcare services as needed, even the healthcare services that are free for them.

Moreover, the coverage of universal health care insurance is beneficial for people, but there are still gaps, however, some diseases, treatments, and special investigations are not covered or are incompletely covered. Patients have to pay for advanced medical technologies or some medicines that are not on the national list of essential medicines<sup>(12)</sup>. Normally, elders have chronic conditions that need special treatment or treatment from a specialist. Most of these special treatments are not covered by universal health insurance. Moreover, special investigations are also not covered by universal health insurance. These extra payments are normally expensive and that is big financial burden for patients. These limitations of coverage lead to financial problems for individuals, especially poor elders.

Although there are village health volunteers to help older adults in the communities, they are not health professionals and cannot work on complicated health problems. For local administrative organizations, there are different policies in providing support for older adults in communities depending on the interest of the administrators.

There are still many challenges that the government needs to work on to support the aging society. The long-term care of dependent elders needs to set up adequately, and there is still inequity of access to and utilization of healthcare services between poor and rich elders. Moreover, supportive resources for accessing health services are good options, but there are still limitations in this regard that require attention.

### **Conclusion**

Thailand accomplished universal health coverage in 2002; all Thai people are covered by three public health insurance schemes. These health benefit schemes have helped increase access to health services and have reduced the financial burden and risks of impoverishment associated with healthcare expenses. However, there are still disparities of accessibility to healthcare services on the part of poor elders, especially those in the oldest group that are over 80 years old and that live in rural areas. In recognition of the demographic and epidemiological transitions, health and social welfare systems should prepare for long-term care policies. In terms of improving access to and utilization of healthcare services, the government of Thailand should be concerned not only about the gaps in universal health coverage, but also about non-medical costs and social support. The fewer the barriers to accessing and utilizing these provided services, the greater will be the quality of the life of Thai elders.

### What is already known on this topic?

1) Thailand accomplished universal health coverage. All Thai people are covered by three public health insurance schemes: civil servants and their dependents by the Civil Servant Medical Benefit Scheme (CSMBS); private sector employees by the Social Health Insurance Scheme (SHI); and the rest of the population by the Universal Coverage Scheme.

2) Thailand has multiple levels of healthcare services provided for all ages.

3) Thailand has supportive resources for accessing healthcare services, such as village health volunteers and local administrative organizations to help supporting the healthcare accessibility.

### What this study adds?

1) There are still disparities of accessibility to healthcare services in elders, especially those in the oldest group that are over 80 years old who have financial problem, lack of caregiver, and live in rural areas.

2) Even the coverage of universal health care insurance is beneficial for people, there are still gaps. Patients have to pay for advanced medical technologies or some medicines.

3) Even though there are supportive resources such as village health volunteers and local administrative organization, these resources still have some limitations.

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### Potential conflicts of interest

The authors declare no conflicts of interest.

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## ระบบบริการสุขภาพในประเทศไทย: การเข้าถึงของผู้สูงอายุที่มีภาวะพึ่งพิง

บุญใจ ศรีสถิตยรากร, นุชนาถ บรรทมพร

**ภูมิหลัง:** โดยทั่วไปแล้วผู้สูงอายุต้องเผชิญปัญหาทางด้านสุขภาพทั้งทางร่างกายและจิตใจ เนื่องจากการเสื่อมถอยทางของสุขภาพ ดังนั้นผู้สูงอายุจึงมีความต้องการบริการ การดูแลสุขภาพมากกว่ากลุ่มอายุอื่นๆ จากเหตุผลดังกล่าวบริการทางด้านสุขภาพสำหรับผู้สูงอายุจึงควรต้องหาได้ง่าย มีอย่างเพียงพอและสามารถเข้าถึงได้

**วัตถุประสงค์:** เพื่อทบทวนการเข้าถึงบริการทางด้านสุขภาพในผู้สูงอายุ โดยเฉพาะอย่างยิ่งผู้สูงอายุที่มีภาวะพึ่งพิงในประเทศไทย

**วัสดุและวิธีการ:** การศึกษานี้เป็นการทบทวนวรรณกรรมเกี่ยวกับ สถานการณ์ผู้สูงอายุ ระบบบริการสุขภาพ การเข้าถึงบริการทางด้านสุขภาพ และสิ่งท้าทายต่างๆ ในการเข้าถึงบริการทางด้านสุขภาพของผู้สูงอายุที่มีภาวะพึ่งพิงในประเทศไทย

**ผลการศึกษา:** การเข้าถึงบริการทางด้านสุขภาพสำหรับผู้สูงอายุยังมีข้อจำกัดบางประการ โดยเฉพาะอย่างยิ่งในกลุ่มผู้สูงอายุที่มีอายุมากกว่า 80 ปี เพราะผู้สูงอายุเหล่านี้ มีข้อจำกัดหลายอย่าง เช่น ปัญหาทางด้านเศรษฐกิจ การขาดผู้ดูแล และภูมิภาคหรือพื้นที่ที่ผู้สูงอายุเหล่านั้นอาศัยอยู่ ซึ่งสิ่งต่างๆ เหล่านี้ทำให้พวกเขาไม่สามารถเข้าถึงบริการ การดูแลสุขภาพได้ ถึงแม้ว่าบริการเหล่านี้จะหาได้ง่ายและมีอย่างเพียงพอ

**สรุป:** ถึงแม้ว่าจะมีบริการในการดูแลสุขภาพในหลายระดับสำหรับทุกช่วงอายุ แต่บริการเหล่านี้สำหรับผู้สูงอายุ โดยเฉพาะอย่างยิ่งผู้สูงอายุที่มีภาวะพึ่งพิงยังมีข้อจำกัดอยู่บางประการ ดังนั้นจึงเป็นสิ่งที่ท้าทายสำหรับรัฐบาลในการดำเนินการจัดการกับข้อจำกัดต่างๆ ในยุคปัจจุบันที่เป็นสังคมผู้สูงอายุ

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