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Utilization of Universal Health Care Coverage in the Outpatient Consultation in a Level II Health Facility in East Pampanga: A Basis for Operational Development Framework

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ABSTRACT

This study examined the utilization of Universal Health Care (UHC) coverage for outpatient consultations in a Level II health facility in East Pampanga and used the findings as the basis for an Operational Development Framework. A quantitative, retrospective design was employed using all available facility records of UHC outpatient patients from 2023 to 2024. Data were extracted from hospital records and analyzed through frequencies, percentages, trend comparison, and financial analysis using SPSS. The findings showed that adults constituted the largest group of service users, with 1,989 patients or 62.51%, followed by senior citizens with 808 or 25.39% and minors with 414 or 13.01%. Male patients accounted for 55.69% of utilization, while female patients comprised 44.31%. First consultations were considerably more frequent than follow-up consultations, with 2,488 and 694 cases, respectively. UHC reimbursements increased from ₱550,660 in 2023 to ₱3,771,160 in 2024, resulting in a total reimbursement of ₱4,321,820. The findings indicate broad utilization of UHC outpatient services and increasing financial support for their implementation; however, incomplete patient records limited the analysis of several intended variables. The study concludes that improved health information systems, patient-centered services, continuity-of-care mechanisms, barangay coordination, claims management, and strategic budget allocation are necessary to enhance the accessibility, efficiency, and financial sustainability of UHC outpatient services.

Keywords: *Universal Health Care, outpatient consultation, healthcare utilization, Level II health facility, reimbursement, operational development framework*

INTRODUCTION

Access to quality healthcare services remained a fundamental concern in the implementation of Universal Health Care (UHC) in the Philippines. Although Republic Act No. 11223 sought to ensure that all Filipinos could access affordable and quality health services without financial hardship, the actual utilization of outpatient benefits still needed to be examined at the facility level, especially in rural and semi-urban communities.

This completed study examined the utilization of UHC outpatient consultation services in a Level II Health Facility in East Pampanga using available records from 2023 to 2024. The facility served as an important provider of outpatient consultations, laboratory-related services, ancillary procedures, and UHC-supported care for patients from different barangays in the province.

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The results showed that adults were the largest group of UHC outpatient users, with 1,989 patients or 62.51% of the recorded cases. Senior citizens followed with 808 patients or 25.39%, while minors accounted for 414 patients or 13.01%. In terms of sex, male patients slightly outnumbered female patients, representing 55.69% and 44.31%, respectively. The consultation records also showed that first consultations were more frequent than second consultations, with 2,488 first consultations compared with 694 follow-up consultations.

Financially, the facility recorded increasing UHC reimbursements during the covered period. The reimbursement total was PHP 550,660 in 2023 and increased to PHP 3,771,160 in 2024, for a combined two-year reimbursement of PHP 4,321,820. This increase suggested stronger outpatient utilization, improved claims processing, and greater financial support under UHC.

These completed findings provided the basis for an Operational Development Framework focused on improved health information systems, patient-centered services, continuity of care, barangay-level coordination, claims management, budget planning, and financial sustainability. The study also showed that stronger documentation and budget-based strategic planning are necessary to make UHC outpatient services more efficient, accessible, and sustainable.

Literature Review

The Universal Health Care (UHC) system aims to provide fair access to healthcare services, ensuring that financial constraints do not prevent people from receiving necessary medical care. Various studies have explored the implementation of UHC in the Philippines, highlighting both its benefits and challenges. The following literature provides insights into the utilization of outpatient services under UHC, financial implications, healthcare infrastructure, and policy recommendations.

The Impact of PhilHealth on Healthcare Use

Delloro, Marciano, and Calub (2021) conducted an empirical analysis of PhilHealth's influence on healthcare use in the Philippines, using data from the 2017 National Demographic and Health Survey. Their results suggest that PhilHealth membership significantly increases the likelihood of people seeking medical care, both for outpatient and inpatient services. The study also revealed that those with PhilHealth insurance were more likely to access preventive care and medical consultations, reinforcing the importance of social health insurance in promoting early diagnosis and treatment. However, despite its benefits, the study noted that some beneficiaries still faced financial challenges due to out-of-pocket expenses, indicating gaps in the full implementation of UHC.

Use of Outpatient Benefits in Primary Care

A study by Navarro and Pascual (2021) assessed the use of outpatient benefits in primary care settings across different geographical locations in the Philippines. The study found significant disparities in outpatient service utilization between urban, rural, and remote areas. Use rates were notably lower in remote areas, where access to healthcare facilities remained a major challenge. The study also highlighted that financial constraints and lack of awareness about UHC benefits contributed to lower utilization rates. Patients in remote areas had higher out-of-pocket expenses for consultations compared to those in urban areas, despite the availability of UHC services. These results emphasize the need for targeted efforts to improve access to outpatient services, particularly in underserved regions.

Developing a High-Quality Health System Plan

Lagrada, Tan, and Jabay (2020) explored the development of a detailed plan to improve healthcare quality in the Philippines. Their study emphasized that Universal Health Care must go beyond providing financial protection—it should also ensure that services are of high quality and accessible to all. They proposed an integrative approach, where healthcare quality is embedded in all aspects of UHC implementation. Their plan includes strengthening primary healthcare, ensuring the availability of essential medicines and services, and

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improving healthcare governance. This study provides valuable insights for policymakers and healthcare administrators working to enhance service delivery under UHC.

Health Facility Development and Infrastructure Planning

The Philippine Department of Health (DOH) developed the Philippine Health Facility Development Plan 2020-2040, outlining long-term strategies to improve healthcare infrastructure. This plan aims to upgrade existing health facilities, establish specialty centers, and expand healthcare services in rural and underserved areas. One of the key aspects of the plan is to ensure that healthcare facilities are equipped to handle the increasing demand for outpatient services under UHC. By improving infrastructure and expanding service availability, the plan seeks to bridge gaps in healthcare access, particularly for marginalized populations.

Global Perspectives on Universal Health Care

The World Health Organization (WHO) has provided an action plan for Universal Health Care in the Western Pacific Region, which includes the Philippines. This plan outlines key strategies for countries to strengthen healthcare systems, ensure financial protection, and improve service quality. WHO emphasizes that achieving UHC requires a combination of healthcare financing reforms, workforce development, and improved service delivery models. The plan serves as a guide for countries developing their own UHC strategies, including efforts to optimize outpatient services and ensure sustainability.

Synthesis

The reviewed studies provide valuable insights into the utilization of outpatient services under Universal Health Care (UHC) in the Philippines. One of the key results across multiple studies is that while UHC increases healthcare access, challenges remain in ensuring full use of benefits. Research by Delloro et al. (2021) and Navarro & Pascual (2021) highlight that patients with PhilHealth coverage are more likely to seek medical care, yet financial constraints still play a role in healthcare decisions.

Geographical disparities also emerge as a significant concern. Studies indicate that patients in remote and rural areas face greater barriers to accessing outpatient services, with lower utilization rates compared to urban areas. Navarro & Pascual (2021) found that patients in remote regions have higher out-of-pocket expenses, despite the supposed financial protection offered by UHC. This suggests that while UHC policies exist, implementation gaps remain, particularly in ensuring that services reach all eligible beneficiaries.

The quality of healthcare services is another important factor in UHC effectiveness. Lagrada et al. (2020) emphasize that achieving true Universal Health Care requires not only financial access but also improvements in service quality, healthcare governance, and infrastructure. The DOH Health Facility Development Plan (2020-2040) supports this by outlining strategies for expanding and upgrading healthcare facilities, ensuring that hospitals and clinics are equipped to handle the increasing demand for outpatient services.

Finally, insights from WHO (2020) place the Philippines' UHC efforts in a broader global context, showing that the challenges faced in outpatient service utilization are not unique to the country. Many nations struggle with balancing affordability, accessibility, and quality of care, and addressing these issues requires continuous policy refinement and investment in healthcare infrastructure.

The reviewed literature and the completed findings both supported the need for an operational development framework that includes demographic profiling, service utilization monitoring, facility readiness, claims management, and budget planning. Since the study showed increasing outpatient use and a substantial rise in reimbursements from 2023 to 2024, the framework should not only focus on service delivery but also on how funds are strategically allocated for staffing, supplies, diagnostic services, information systems, and community outreach.

Philosophical Underpinning

The study "Utilization of Universal Healthcare Coverage on the Outpatient Consultations in a Level II Health Facility in East Pampanga: A Basis for Operational Development Framework" was grounded in philosophical perspectives that shaped its inquiry into healthcare access, equity, and system efficiency. The study

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primarily aligned with pragmatism, positivism, and social justice theory, which collectively provided a foundation for evaluating UHC outpatient service utilization and translating the results into practical administrative actions.

Pragmatism: A Focus on Practical Solutions

The pragmatist philosophy, as proposed by scholars such as John Dewey and William James, emphasizes practical solutions to real-world problems. Pragmatism asserts that knowledge should be applied to solve pressing societal issues, making it highly relevant to this study. The research seeks to assess real-world application and effectiveness of UHC in outpatient consultations, ensuring that policies and healthcare plans respond to community needs. The study aims to develop an operational development framework that enhances the healthcare access and delivery.

Positivism: An Empirical Approach to UHC Use

The study also adheres to positivist philosophy, which emphasizes empirical, measurable, and objective realities. Rooted in the works of Auguste Comte, positivism asserts that scientific inquiry and quantitative data are essential for understanding societal phenomena. This study employs quantitative research methods to examine the background of UHC beneficiaries, their use of outpatient consultations, and the scope of services covered. By using number-based study, the research m

Make sure that results are based on objective evidence rather than subjective interpretation, thus contributing to evidence-based policy recommendations.

Social Justice Theory: Equity in Healthcare Access

At its core, UHC is driven by the principle of social justice, which advocates for fair healthcare access for all people, regardless of socioeconomic status. This study is anchored in the theories of John Rawls (Theory of Justice) and Amartya Sen (Capabilities Approach), both of which emphasize the moral obligation of societies to provide equal access to basic services, including healthcare. By examining UHC utilization in outpatient consultations, the study seeks to identify potential disparities in access and usage. The results will help ensure that healthcare policies align with principles of fairness, inclusivity, and fair distribution of medical resources.

Conceptual/Theoretical Plan

The study "Utilization of Universal Health Coverage on the Outpatient Consultations in a Level II Health Facility in East Pampanga: A Basis for Operational Development Framework" was guided by conceptual and theoretical frameworks that explained the utilization of healthcare services under UHC. These frameworks provided a systematic basis for analyzing access, utilization patterns, financial coverage, and operational planning for improved UHC implementation.

Theoretical Plan

Andersen’s Behavioral Model of Health Services Use (1968, 1995)

One of the primary theories underpinning this study is Andersen’s Behavioral Model of Health Services Use, which explains how different factors influence people’ access to and use of healthcare services. According to this model, three key determinants affect healthcare use:

- Predisposing Factors – Characteristics that make an individual more or less likely to seek healthcare, including demographics (age, gender, marital status), social factors (education, occupation), and beliefs about healthcare.
- Enabling Factors – Conditions that help or hinder access to healthcare, such as insurance coverage (UHC), financial resources, transportation, and healthcare facility accessibility.
- Need Factors – The individual’s perceived and actual need for healthcare services, which include medical history, existing health conditions, and the severity of symptoms.

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This model is highly relevant to the study, as it helps assess who is utilizing UHC outpatient services and what factors influence their healthcare-seeking behavior in a Level II health facility in East Pampanga.

Universal Healthcare Coverage and Health System Plan (WHO, 2010)

The World Health Organization (WHO) UHC Plan outlines three core dimensions of UHC implementation:

- Population Coverage – The proportion of the population covered by health services (e.g., insured vs. uninsured patients).
- Service Coverage – The availability and extent of health services, including outpatient consultations, laboratory tests, and ancillary procedures.
- Financial Coverage – The extent to which costs are covered by the UHC system, reducing out-of-pocket expenditures.

This plan is used to evaluate the level of UHC utilization, ensuring that the healthcare system is effectively providing accessible, affordable, and quality healthcare services to the community.

Conceptual Plan

The conceptual plan of the study illustrated the relationship among demographic factors, UHC utilization, budget allocation, and operational efficiency in outpatient consultations.

Conceptual Model

Independent Variables (IV) → Mediating Variables → Dependent Variables (DV)

Demographic Profile of UHC Users (IV)

- Age
- Gender
- Marital Status
- Insurance Coverage
- Address
- Occupation
- Medical History

UHC Use (Mediating Variables)

- Free Consultations
- Laboratory Tests
- Ancillary Procedures
- Cost Coverage
- Medications

Operational Efficiency, Budget Planning, and Development (DV)

- Accessibility of UHC Benefits
- Quality of Outpatient Services
- Strategic Budget Allocation and Financial Sustainability of UHC

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This conceptual model provided a structured approach for examining how patient demographics influenced UHC utilization and how utilization affected operational efficiency and financial sustainability. The results served as the foundation for designing an Operational Development Framework that included service improvement, claims management, and strategic budget allocation for outpatient healthcare services.

Statement of the Problem

The implementation of Universal Health Care (UHC) aimed to provide fair access to essential healthcare services and to reduce the financial burden of seeking medical care. However, the actual utilization of UHC outpatient services in Level II health facilities required evaluation, particularly in East Pampanga.

This completed study examined the profile of patients who utilized UHC outpatient consultation services in a Level II Health Facility in East Pampanga from 2023 to 2024. Specifically, it determined the distribution of patients based on the available facility records, including age, sex/gender, address, insurance coverage, consultation type, and reimbursement data.

The study also determined the level of utilization of UHC benefits in outpatient consultations based on consultations availed and costs covered or reimbursed under UHC. Where complete data were available, the study examined the relationship between patient profile and utilization of UHC outpatient services.

Based on the findings, the study developed an Operational Development Framework that addressed service accessibility, continuity of care, records management, claims management, financial sustainability, and budget-based strategic planning for outpatient UHC implementation.

Hypothesis

This completed study included only the null hypothesis in line with the statistical testing of relationships between patient profile and UHC outpatient service utilization.

Null Hypothesis

H0: There was no significant relationship between the demographic profile of patients and the level of utilization of Universal Health Care outpatient consultation services in a Level II Health Facility in East Pampanga from 2023 to 2024.

Assumptions of the Study

The study assumed that the available facility records accurately reflected the outpatient UHC services availed during the covered period.

The study assumed that the recorded patient profile and reimbursement data were sufficient to describe utilization patterns and to serve as a basis for operational planning.

The study assumed that variations in outpatient utilization could guide improvements in staffing, service delivery, records management, claims processing, and budget allocation.

The study assumed that an Operational Development Framework based on the results could help maximize UHC benefits while maintaining efficient, accessible, and financially sustainable outpatient services.

Significance of the Study

This study was significant to various stakeholders in the healthcare sector:

- Healthcare Administrators and Policymakers – The study's results can help improve the efficiency, budget allocation, and sustainability of UHC implementation in outpatient services.
- Medical Practitioners – The study provides insights into patient demographics and utilization trends, aiding in better resource allocation and patient management.
- PhilHealth and Other Insurance Providers – The study evaluated UHC coverage, reimbursement trends, and financial sustainability, which can guide future policy revisions.

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- Patients and Beneficiaries – The research highlighted gaps in healthcare access and utilization, ensuring that outpatient services become more responsive to patient needs.

Scope and Limitations

Scope:

- Focuses on outpatient consultations in the only Level II health facility in East Pampanga.
- Covers UHC utilizations from 2023 to 2024.
- Used a fully quantitative retrospective approach with facility records review.
- Looks at patient demographics and UHC service utilization.
- Applied statistical tests to determine relationships between available demographic variables and UHC utilization.

Limitations:

- Excludes inpatient and emergency services under UHC.
- Limited to one health facility, so results may not be generalizable to all Level II facilities in the Philippines.
- Relied on available secondary facility records; therefore, incomplete or non-encoded variables limited the scope of analysis.
- Did not evaluate long-term patient outcomes and was limited to outpatient utilization and reimbursement data within the study period.

Definition of Terms

- Universal Health Care (UHC): A government-mandated system that ensures fair access to healthcare services without financial hardship.
- Outpatient Consultation: A medical visit where patients receive treatment without hospital admission.
- Level II Health Facility: A hospital with specialized services, including general surgery and intensive care.
- Ancillary Procedures: Additional medical services such as imaging and diagnostic tests.
- Operational Development Framework: A strategic and budget-informed plan designed to optimize UHC implementation, outpatient service delivery, records management, claims processing, resource allocation, and financial sustainability.

Research Design

This study employed a quantitative, retrospective research design to examine the utilization of Universal Health Care (UHC) in outpatient consultations at a Level II health facility in East Pampanga from 2023 to 2024.

The retrospective analysis summarized past facility records to identify patterns, trends, and outcomes in UHC outpatient utilization in a Level II health facility in East Pampanga.

Research Site

The study was conducted in the only Level II health facility in East Pampanga that provided outpatient services under UHC. This facility was chosen because:

- It has a high outpatient volume, ensuring sufficient data for analysis.
- It provides diverse patient demographics, making it a representative sample for UHC utilization trends.
- It offers accessible hospital records, allowing for accurate secondary data collection.
- Focusing on this facility provides a localized yet in-depth analysis of UHC outpatient service utilization.

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Sample and Sampling Design

A purposive total population sampling approach was used based on the availability of records from UHC patients who availed outpatient consultation services during the covered period.

Target Population: UHC patients who availed outpatient consultations from 2023 to 2024 at the Level II health facility.

Sampling Strata: Patients were grouped based on available variables such as age, sex/gender, address, insurance coverage, consultation type, and reimbursement data.

Sample Size Determination:

Total population sampling was used based on data availability. All available outpatient UHC records within the study period were included to ensure comprehensive data collection and analysis.

This method strengthened the representativeness of the findings for the hospital's outpatient UHC patient base.

Research Instruments

Adapted Questionnaire/Data Extraction Tool – The research instrument was adapted from the outpatient benefit utilization indicators discussed by Navarro and Pascual (2021) and aligned with the Universal Health Care dimensions of the World Health Organization (2010), particularly population coverage, service coverage, and financial coverage. The adapted tool was modified to fit the available records and outpatient UHC context of the Level II health facility in East Pampanga.

Facility Records Review – The tool extracted numerical data on:

1. Monthly UHC outpatient volume from 2023 to 2024;
2. Services availed, including consultations and available laboratory or ancillary service records;
3. Consultation type, including first and follow-up consultations;
4. Financial coverage and reimbursement data per month; and
5. Available demographic variables such as age, sex/gender, address, and insurance coverage.

Validation of Instruments:

Expert Panel Review – The adapted instrument was reviewed by healthcare professionals and research experts to ensure that the items were relevant, clear, and aligned with the objectives of the study.

Facility Records Review

Secondary data were collected from hospital records to validate and complete the information gathered through the adapted tool. These included:

1. Patient volume per month;
2. Utilization rates of outpatient consultations and available diagnostic services under UHC;
3. Percentage or amount of costs covered and reimbursed under UHC; and
4. Documentation gaps that affected the completeness of the analysis.

Validation of Instruments

Expert Panel Review: The adapted tool and available data fields were evaluated by healthcare professionals and research experts to ensure content validity and relevance to UHC outpatient utilization.

Data Gathering Procedure

- Ethical clearance and permission from the health facility were secured before data gathering.
- Facility records on UHC outpatient patient volume, consultation type, service utilization, and reimbursement data were collected and reviewed.
- Available data were encoded, cleaned, and organized according to the variables included in the adapted tool.
- The dataset was processed using SPSS to generate descriptive and inferential statistics.

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- This systematic process helped ensure organized, accurate, and unbiased data collection from the available records.

Data Analysis Procedure

Collected data were processed and analyzed using SPSS (Statistical Package for the Social Sciences) software.

Descriptive Statistics:

- Frequency and Percentage – Used to describe patient profile, consultation type, and UHC utilization trends.
- Trend and Comparative Analysis – Used to examine changes in UHC reimbursements and utilization from 2023 to 2024.
- Inferential Statistics:
- Chi-Square Test – Used, where applicable, to determine the relationship between available demographic variables and UHC utilization.
- Financial Analysis – Used to describe reimbursement patterns and their implications for budget planning and operational sustainability.
- The null hypothesis was tested at the appropriate level of significance based on the available data.
- By applying appropriate statistical tests, the study generated objective and data-driven conclusions based on the available facility records.

Ethical Considerations

This study ensured compliance with ethical research guidelines by following these protocols:

- Permission to access facility records was secured from the concerned institution, and only approved data fields were reviewed.
- Confidentiality and Anonymity: All patient records were anonymized, and no personally identifiable information was included in the analysis.
- Data Minimization: Only data needed for the research objectives were collected and analyzed.
- Data Security Measures:
  - Electronic data were stored in password-protected files.
  - Hard copies and extracted data sheets were secured in locked storage.
- Data Retention Policy: Collected data will be stored only within the approved retention period and will be permanently deleted afterward.
- Conflict of Interest Disclosure: No external funding influenced this research, ensuring an unbiased and independent study.

RESULTS AND DISCUSSION

This chapter presents, analyzes, and interprets the data gathered regarding the utilization of Universal Health Care (UHC) in outpatient consultations at a Level II Health Facility in East Pampanga. The findings are organized according to the Statement of the Problem and are presented using tables with corresponding explanations.

The results focus on the available patient data reflected in the records provided, particularly Age, Gender, Address, Insurance Coverage, and Reimbursements per Month. While the original study intended to examine additional variables such as Marital Status, Occupation, Medical History, Consultation Type, Laboratory Tests, Ancillary Procedures, Cost Covered under UHC, and Medications, these were not fully available in the retrieved records. Therefore, only the accessible and complete data sets were included in the present analysis.

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This limitation does not lessen the value of the study. Instead, it highlights the need for stronger health information management systems and more comprehensive patient documentation. Moreover, the available findings remain useful as a basis for the development of an Operational Development Framework aimed at improving healthcare delivery, patient management, and administrative efficiency in the facility.

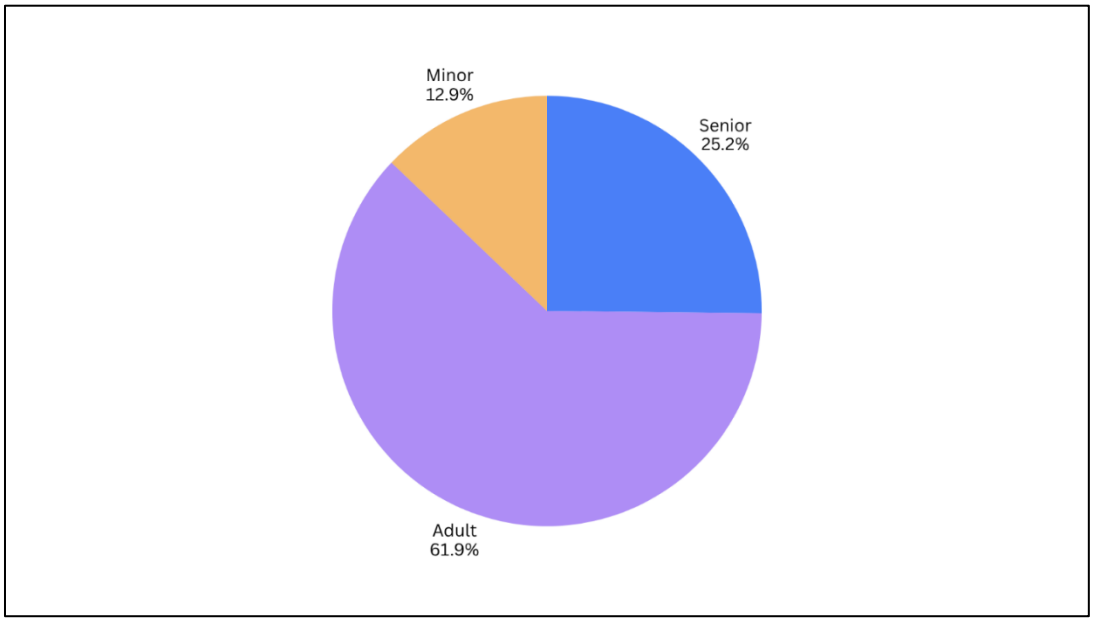

Table 1. *Distribution of Patients According to Age Bracket*

Interpretation

The majority of patients belong to the adult age bracket with 1,989 patients (62.51%), followed by Senior citizens with 808 patients (25.39%), while Minors recorded the lowest with 414 patients (13.01%). This indicates that adults are the primary users of outpatient healthcare services under the UHC program.

The high number of adults may be associated with common health concerns such as chronic illnesses, preventive consultations, and work-related health needs. Meanwhile, the significant number of senior citizens reflects the continuous need for monitoring age-related conditions.

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Basis for Operational Development Framework

The age profile may guide the facility in designing age-specific healthcare services. Adult wellness programs, chronic disease management, senior citizen priority services, and pediatric support systems may be strengthened based on patient demand.

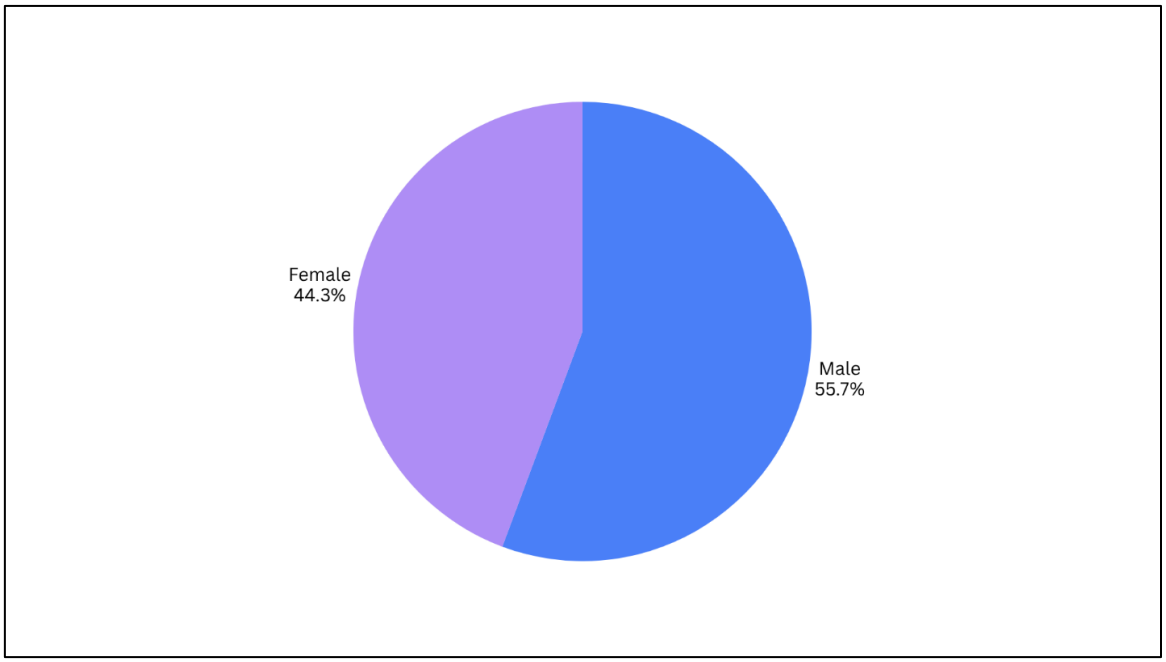

Table 2. *Distribution of Patients According to Gender/Sex*

Interpretation

The data shows that male patients comprised 55.69%, while female patients accounted for 44.31% of the total outpatient consultations. This suggests that male patients slightly outnumbered female patients during the covered period.

The result may indicate increased health-seeking behavior among men or a higher prevalence of certain conditions requiring consultation.

Basis for Operational Development Framework

The gender profile may help the institution develop gender-responsive health programs, including targeted awareness campaigns, screening programs, and services addressing the specific needs of both male and female patients.

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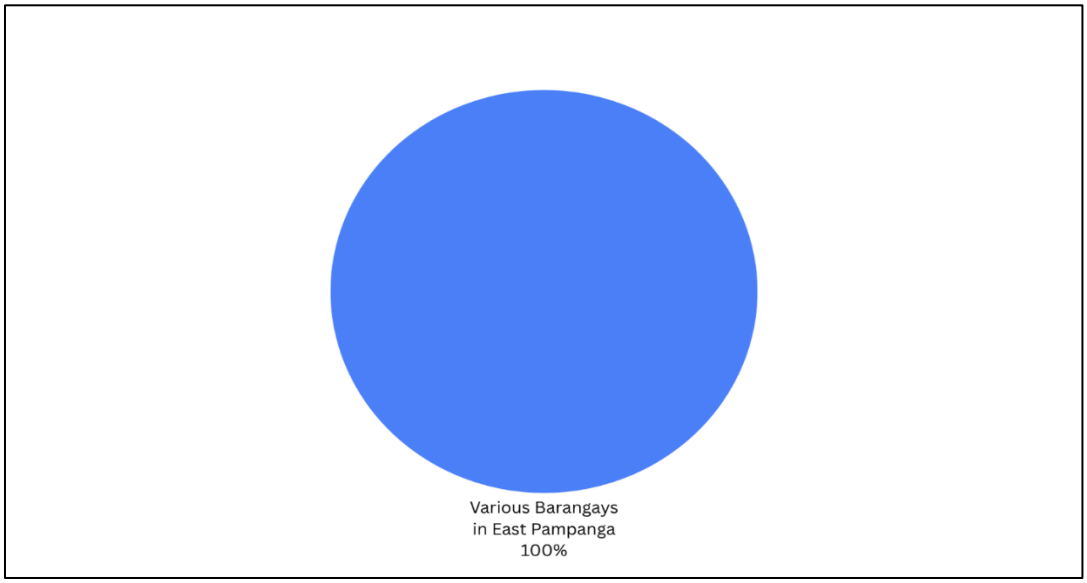

Table 3. *Distribution of Patients According to Address*

Interpretation

Patients came from different barangays in East Pampanga, showing that the facility caters to a broad service area. This reflects the accessibility and importance of the hospital in providing outpatient healthcare services to nearby communities.

Basis for Operational Development Framework

The address data may guide outreach planning, referral systems, and coordination with barangay health units. Areas with higher patient volume may need stronger partnerships, while distant communities may benefit from mobile health services or improved referral pathways.

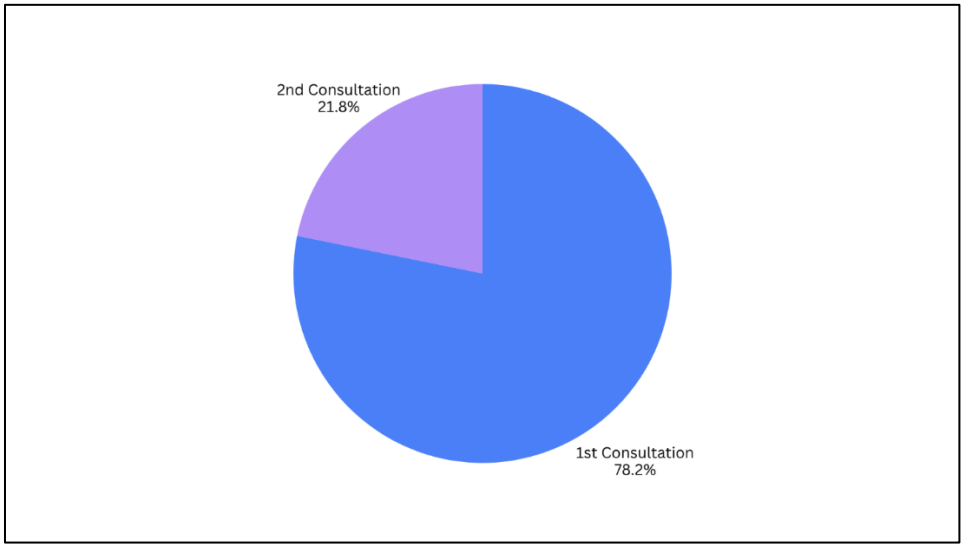

Table 4. *Consultations*

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Interpretation

The findings reveal that 1st consultations were more frequent with 2,488 cases, while 2nd consultations recorded 694 cases. This means that initial consultations are more common than follow-up visits.

This may suggest that while many patients access healthcare services, continuity of care and return visits may still be improved.

Basis for Operational Development Framework

The facility may establish patient follow-up systems, reminder mechanisms, and health education programs to encourage continuity of care and better treatment outcomes.

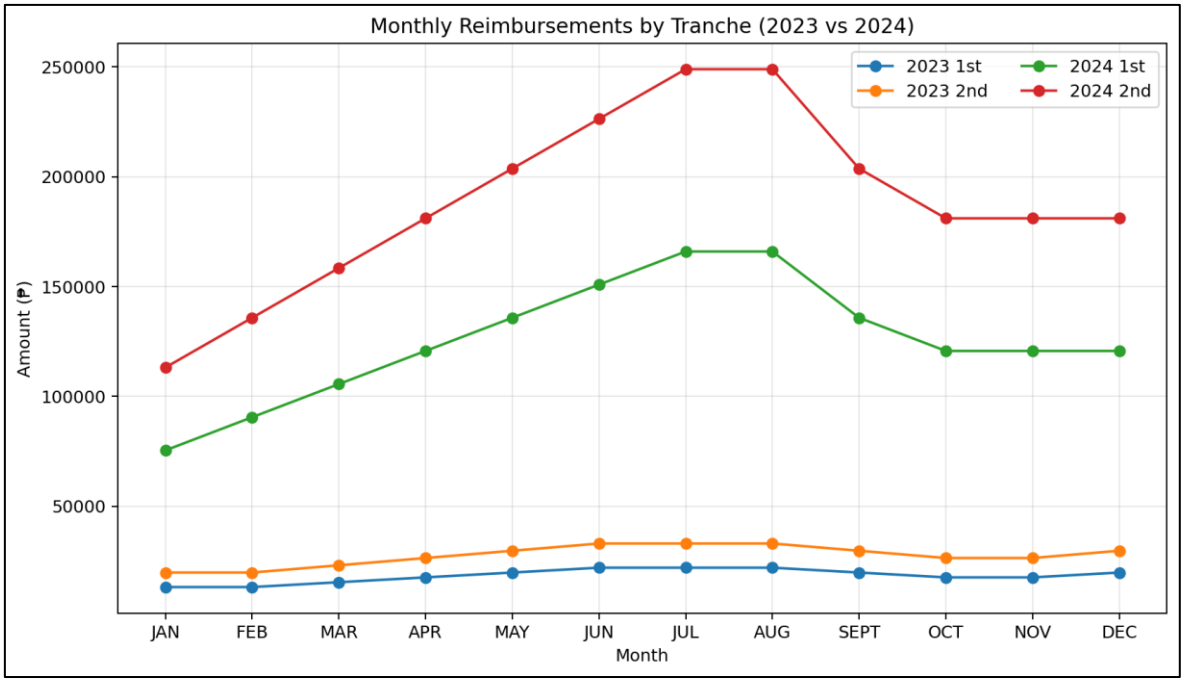

Table 5. *Reimbursements Per Month Under UHC*

Interpretation

The reimbursement data shows a significant increase from **2023** to **2024**. In 2023, the facility received a total of **₱550,660**, while in 2024 the total reimbursement increased to **₱3,771,160**. Combined reimbursements for the two-year period reached **₱4,321,820**.

The higher reimbursement in 2024 may indicate increased utilization of outpatient UHC services, improved claims processing, expansion of covered services, or stronger implementation of the UHC program. This also suggests that the facility handled more qualified patients and healthcare transactions during the second year.

Basis for Operational Development Framework

The two-year reimbursement trend may serve as an important basis for operational planning and financial sustainability. Since reimbursements increased substantially, the facility may strengthen the following areas:

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Claims Management System – Improve documentation and timely submission of claims.

Budget Planning – Use the increasing reimbursement trend as a basis for annual budget preparation, prioritizing outpatient staffing support, diagnostic supplies, medicines, equipment maintenance, information system improvement, and community outreach.

Human Resource Development – Increase staffing support in high-demand outpatient areas.

Service Expansion – Enhance laboratory, consultation, and ancillary services to meet growing demand.

Performance Monitoring – Use yearly reimbursement trends to evaluate efficiency and guide future decisions.

This means that reimbursement records are not only financial reports, but also indicators of healthcare utilization and operational performance.

Statement on Data Limitations

Although the study originally intended to analyze the following variables:

- Age
- Gender
- Marital Status
- Insurance Coverage
- Address
- Occupation
- Medical History
- Consultation
- Laboratory Test
- Ancillary Procedures
- Cost Covered under UHC
- Medications

not all variables were available in the patient records provided by the institution. Some records lacked complete entries, while others were not systematically encoded in the available database. As a result, the study focused only on the variables with complete and reliable data.

This limitation emphasizes the importance of improving record-keeping systems, digitization of patient information, and standardized data collection practices. More complete records in the future may allow broader analysis and stronger policy recommendations.

Summary of Findings

1. Adults were the largest group utilizing outpatient UHC services.
2. Male patients slightly outnumbered female patients.
3. Patients came from various barangays in East Pampanga.
4. First consultations were more common than follow-up consultations.
5. The facility received a total reimbursement of **₱4,321,820** from **2023 to 2024**, with a noticeable increase in 2024, showing improved utilization and financial support under the UHC program.
6. Some intended study variables were unavailable due to limitations in patient records.

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Implications for the Operational Development Framework

Based on the findings and limitations, the proposed Operational Development Framework may focus on the following areas:

1. Improved Health Information Systems – Strengthen patient records, digitization, standardized data fields, and completeness of documentation.
2. Patient-Centered Programs – Create age-specific and gender-responsive services based on the profile of UHC outpatient users.
3. Accessibility Enhancement – Expand barangay partnerships, referral systems, and outreach efforts for communities with high or distant patient volume.
4. Continuity of Care – Improve follow-up consultations through reminders, monitoring systems, and patient education.
5. Claims and Budget Management – Strengthen documentation, timely claims submission, reimbursement monitoring, and allocation of UHC funds to priority outpatient needs.
6. Strategic Resource Allocation – Prepare an annual outpatient UHC budget that considers staffing, medicines, diagnostic supplies, equipment maintenance, information systems, and barangay-level coordination.
7. Evidence-Based Decision Making – Use accurate patient and reimbursement data for service planning, budget forecasting, and performance evaluation.

Overall Analysis

The results confirm that Universal Health Care plays a major role in improving access to outpatient healthcare services in East Pampanga. Patient data shows strong utilization among adults, broad community reach, and consistent use of consultation services. Meanwhile, the reimbursement trend from 2023 to 2024 demonstrates increasing financial support and stronger program implementation.

Despite limitations in patient records, the available findings provide reliable evidence for the creation of an Operational Development Framework focused on better healthcare delivery, stronger administrative systems, improved patient monitoring, and long-term sustainability of UHC services.

Strategic Planning and Budget Component

The operational framework should include a clear budget component because UHC outpatient utilization affects staffing, supplies, diagnostic capacity, claims processing, and sustainability. The 2023 to 2024 reimbursement total of PHP 4,321,820 may serve as a baseline financial indicator for planning, but future budgets should compare reimbursements with actual operating costs.

Recommended budget components include: (1) projected outpatient UHC volume; (2) expected reimbursement collections; (3) staffing and overtime needs; (4) medicines, laboratory, and ancillary supplies; (5) equipment maintenance and replacement; (6) health information system improvement; (7) patient follow-up and barangay coordination; and (8) monitoring of claims denial, delayed reimbursement, and cost per consultation.

Including these budget items makes the Operational Development Framework stronger because it links service utilization results with financial decisions. In this way, planning becomes evidence-based, sustainable, and responsive to the actual outpatient demand of the facility.

Recommendations for Strengthening Future Studies

If the same study is conducted again, the results can be strengthened by improving the completeness, scope, and depth of the data collection process. First, the researcher should use a standardized and validated questionnaire or data extraction tool with the original author and year clearly cited in the methodology. The instrument should also be pilot-tested and checked for reliability before full data gathering.

Second, future researchers should include more complete variables such as marital status, occupation, medical history, laboratory tests, ancillary procedures, medications, actual cost per service, claim approval or denial, and waiting time.

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Third, the study may be expanded to more than one Level II health facility to improve comparability and generalizability of results.

Fourth, a mixed-method design may be used by adding interviews or surveys among patients, staff, and claims personnel. This would explain why some patients return for follow-up while others do not, and it would also identify administrative barriers in UHC claims processing. Fifth, the budget aspect should be analyzed more deeply by comparing reimbursements with actual expenses for manpower, medicines, supplies, equipment, and information systems.

Lastly, future studies should use longer time coverage, preferably three to five years, to better determine utilization trends, financial patterns, and the long-term sustainability of UHC outpatient services.

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