

Utilization of the PhilHealth Konsulta Package in Level II Private Hospital in Arayat, Pampanga: A Basis for Operational Development Plan

Imee Nell S. Paras^{1*} and Erwin M. Faller^{1,2}

¹St. Bernadette of Lourdes College, Philippines

*parasimeenell@gmail.com, ²Erwinfaller1007@gmail.com

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ABSTRACT

This study assessed the utilization of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) Package in a Level II private hospital in Arayat, Pampanga and developed an operational development plan to improve patient participation and service delivery. A quantitative descriptive design was used, integrating patient and healthcare-provider surveys with hospital utilization and reimbursement records for 2023–2024. The participants were 371 registered patient-beneficiaries selected through proportionate stratified random sampling and 10 personnel directly involved in Konsulta implementation who were included through total enumeration. Data were analyzed using frequency, percentage, weighted mean, standard deviation, and chi-square tests at the .05 level. All patient respondents were registered under Konsulta; however, utilization was moderate, with annual use being

most common (28.8%). Health screening (90.3%) and consultation (81.9%) were the most frequently availed services, whereas laboratory tests (51.2%) and medicines (37.7%) were used less often. Annual reimbursements increased from ₱550,662 in 2023 to ₱3,771,157.60 in 2024. Patient awareness ($M = 2.84$) and accessibility ($M = 3.01$) were neutral. Major patient barriers were limited services (21.3%), lack of awareness (21.0%), long waiting time (19.4%), and lack of medicines (19.1%). Providers rated workflow and facilities positively but identified inadequate manpower ($M = 2.40$); system delays (100%), manpower shortages (90%), and patient awareness (70%) were the leading operational challenges. Age was significantly related to utilization ($\chi^2 = 9.654$, $p = .021$), while sex was not ($\chi^2 = 1.234$, $p = .462$). The findings show that registration and growing reimbursement do not automatically produce sustained utilization. The proposed plan therefore prioritizes patient education, staffing, workflow redesign, medicine and service availability, access assistance, and monitoring of claims and patient experience.

Keywords: *PhilHealth Konsulta Package, primary health care, healthcare utilization, private hospital, operational development, Universal Health Care*

INTRODUCTION

The Philippine healthcare system has increasingly emphasized accessible, preventive, and financially protected primary care. Republic Act No. 11223, or the Universal Health Care Act, established immediate eligibility for health services and reinforced the integration of population-based and individual-based care (Republic Act No. 11223, 2019). In support of this reform, the Philippine Health Insurance Corporation introduced the Konsultasyong Sulit at Tama Package to provide consultations, health-risk screening, selected diagnostic tests, medicines, and referrals through accredited primary-care providers (PhilHealth, 2020, 2021).

The Konsulta Package represents a shift from a predominantly inpatient-oriented insurance system toward early detection, prevention, and continuous outpatient care. Primary care can reduce avoidable illness and financial

burden when services are timely, acceptable, and responsive to patient needs (World Health Organization, 2018a, 2018b). Nevertheless, national insurance coverage does not by itself ensure use. Philippine evidence has shown continuing differences in outpatient utilization, health spending, and access across urban, rural, and remote settings, indicating that equitable entitlement must be supported by context-sensitive delivery systems (Dans et al., 2024; Haw et al., 2020).

Private hospitals are important partners in expanding primary-care access, particularly where public facilities cannot absorb all demand. Their participation, however, depends on appropriate purchasing arrangements, accreditation standards, staffing, information systems, medicines, diagnostics, and predictable reimbursement. Siddiqi et al. (2023) observed that private-sector engagement can contribute to universal health coverage when regulation and incentives are aligned with public objectives. PhilHealth's subsequent program rules and funding initiatives were intended to strengthen provider participation and primary-care service delivery (PhilHealth, 2024a, 2024b).

Within private hospitals, utilization is shaped by both patient and organizational factors. Patients must know that the package exists, understand its benefits, complete requirements, and perceive services as accessible. Providers must maintain efficient registration, clinical workflows, diagnostic support, medicine availability, claims processing, and communication. The patient-centered access framework emphasizes that availability, affordability, approachability, accommodation, and acceptability interact with people's ability to perceive, seek, reach, pay for, and engage with care (Cu et al., 2021; Levesque et al., 2013). A facility may therefore be accredited and operational while still experiencing underutilization because its services are not fully understood or conveniently accessed.

The selected hospital is the only Level II private hospital in Arayat, Pampanga implementing the Konsulta Package. Local evidence regarding how registered patients use the benefit, which services they obtain, how they experience access, and what operational problems providers encounter remained limited. This study therefore described patient utilization and hospital reimbursements, assessed awareness, accessibility, workflow, resources, and implementation barriers, examined available associations between patient profile and utilization, and used the findings to develop an Operational Development Plan for more efficient and sustainable Konsulta delivery.

LITERATURE REVIEW

The Konsulta Package within Universal Health Care

Universal health coverage requires access to needed services without financial hardship. In the Philippines, the UHC Act established a policy environment that supports comprehensive primary care, service integration, and financial-risk protection (Department of Health, 2019; Republic Act No. 11223, 2019). The Konsulta Package operationalizes these goals through an outpatient benefit intended to connect members with accredited primary-care providers and to provide preventive, diagnostic, therapeutic, and referral services before conditions require hospitalization (PhilHealth, 2020, 2021).

The transition toward stronger outpatient care responds to long-standing limitations in the Philippine health system. Dayrit et al. (2018) described persistent fragmentation and inequities in financing, workforce distribution, and service access. Haw et al. (2020) likewise found that social health insurance reforms may reduce barriers but do not automatically control costs or guarantee optimal utilization. These conditions justify primary-care packages that combine entitlement with coordinated service delivery and provider accountability.

Recent Philippine primary-care studies indicate that populations differ substantially in disease burden, service use, and out-of-pocket spending. Remote and disadvantaged households may need greater support even when nominal benefit packages are equal (Dans et al., 2024). Rey et al. (2024) further demonstrated that sustainable outpatient financing requires contextual community engagement, rational registration, and streamlined transactions. These findings position hospital-level operational design as a necessary complement to national policy.

Patient Awareness, Access, and Utilization

Healthcare utilization is influenced by more than service presence. Levesque et al. (2013) conceptualized access as an interaction between health-system characteristics and people's abilities to identify needs, seek services, reach providers, pay, and participate in care. Cu et al. (2021) found that this framework has been widely applied to reveal multidimensional barriers that conventional indicators may overlook. Awareness, clear communication, convenient schedules, waiting time, documentation, transport, and trust can therefore determine whether registered beneficiaries actually use a package.

Philippine evidence has repeatedly identified geographic, financial, informational, and organizational barriers to care. Lavado et al. (2018) reviewed constraints affecting healthcare access, while the GBD 2019 Healthcare Access and Quality Collaborators (2022) showed that access and quality vary across life stages and levels of development. Within the Konsulta context, preventive benefits may remain underused when patients do not understand coverage or when service pathways are difficult to navigate.

Self-care and patient empowerment are also relevant to Konsulta utilization. Jaminola et al. (2023) found that the UHC Law stimulated policies supporting self-care, but changes in the policy, educational, and service environment were still needed to build responsible participation. Patient education should therefore communicate not only benefit eligibility but also why regular risk screening, follow-up consultation, laboratory testing, and medicine adherence matter for long-term health.

Operational Capacity and Private-Provider Participation

Health services depend on interconnected components such as workforce, financing, governance, information, medicines and technologies, and service delivery. The World Health Organization (2010) emphasized that improvement in one component may be constrained by weakness in another. In a Konsulta clinic, increasing enrollment without sufficient personnel, reliable information systems, medicines, and laboratory capacity can produce waiting, incomplete transactions, and dissatisfaction.

Systems thinking is particularly useful because operational problems often have reinforcing effects. Adam and de Savigny (2012) argued that strengthening initiatives should account for relationships, feedback, and unintended consequences within health systems. For example, staff shortages can slow registration and consultation, delays can discourage patients, lower utilization can affect claims, and reimbursement uncertainty can limit further investment. The appropriate response is therefore a coordinated development plan rather than isolated corrective actions.

Private-sector participation can expand service reach but requires active purchasing, regulation, and support. Siddiqi et al. (2023) noted that private providers are heterogeneous and may operate separately from public systems unless payment and regulatory mechanisms encourage alignment. PhilHealth's updated Konsulta rules and service-delivery funding initiatives were intended to improve provider feasibility and extend services (PhilHealth, 2024a, 2024b). Local monitoring remains necessary to determine whether these policy changes translate into accessible services and effective patient participation.

Monitoring, Reimbursement, and Operational Development

Utilization records and reimbursement data are important indicators of program activity, but they should be interpreted together with service quality and patient experience. Increased claims may reflect expanded enrollment, better service delivery, improved documentation, or more efficient claims processing. Conversely, reimbursement concerns can disrupt cash flow, staffing, and supply availability. A balanced monitoring system should therefore combine registration, encounters, service mix, waiting time, medicine availability, claims status, and patient feedback.

Evaluation of Konsulta implementation in provider settings has highlighted the value of identifying local bottlenecks and adapting processes accordingly. Pelayo et al. (2025) examined implementation from the perspective of accredited providers and reinforced the importance of facility-level evidence in improving program delivery. Such evaluation is consistent with the broader view that health-system reform must be translated into practical arrangements that are workable for providers and understandable to beneficiaries.

An operational development plan links observed gaps with accountable actions, responsible units, timeframes, and measurable indicators. In this study, the plan was guided by the Input–Process–Output model: inputs included awareness, registered patients, hospital resources, PhilHealth policies, and administrative processes; processes included registration, service delivery, monitoring, records analysis, and surveys; outputs included utilization, participation, service mix, challenges, and improvement priorities. The feedback loop supports continuous adjustment based on subsequent performance data.

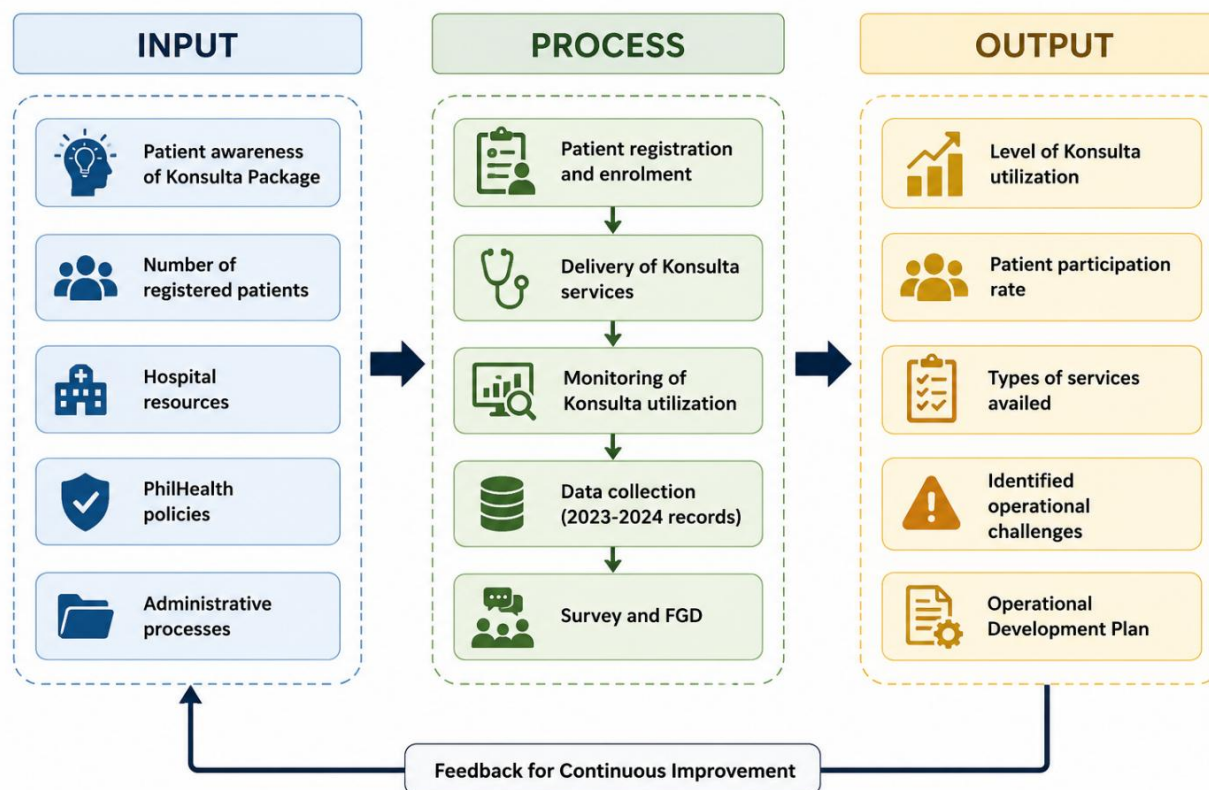


Figure 1. Conceptual framework of the study

METHODS

Research Design

The study employed a quantitative descriptive research design. It described patient registration, utilization frequency, services availed, reimbursements, awareness, accessibility, operational readiness, and implementation barriers without manipulating the study environment. Available inferential analyses were also used to examine the association of age and sex with utilization. The design was appropriate for producing an institution-specific operational assessment and for translating the results into a development plan (Creswell & Creswell, 2018).

Research Locale

The study was conducted in the Family Hub Clinic of a Level II private hospital in Arayat, Pampanga. The hospital was the only private Level II facility in the locality implementing the PhilHealth Konsulta Package. The setting provided access to registered beneficiaries, personnel directly involved in program delivery, and hospital records on utilization and reimbursements for 2023–2024.

Participants and Sampling Technique

The study involved 381 respondents. The patient group consisted of 371 registered beneficiaries who had enrolled in or availed themselves of Konsulta services during 2023–2024. The sampling frame came from 5,048 patient records, composed of 2,052 patients in 2023 and 2,996 in 2024. The sample size was computed using Slovin's formula at a .05 margin of error, and proportionate stratified random sampling was applied to represent relevant patient groups.

The provider group consisted of 10 personnel directly involved in Konsulta implementation and delivery, including two physicians, a nursing attendant, two information-technology encoders, two marketing personnel, a PhilHealth staff member, the medical director, and the head of finance. Total enumeration was used because the operational team was small and each member held relevant implementation knowledge.

Research Instrument

Three instruments were used: a structured patient questionnaire, a structured healthcare-provider questionnaire, and a hospital data-extraction form. The patient questionnaire measured awareness, utilization frequency, services availed, accessibility, and barriers. The provider questionnaire measured workflow, staffing, facilities, administrative support, service availability, and implementation challenges. The extraction form captured registration, service utilization, and reimbursement records for 2023–2024.

The questionnaires and extraction form underwent expert review by specialists in healthcare management, public health, and hospital administration. Pilot testing was conducted among 10 patients and five healthcare providers who were not included in the final sample. Revisions were made to improve clarity and content coverage. The source methodology adopted Cronbach’s alpha of .70 as the minimum criterion for acceptable internal consistency and used test–retest procedures to assess stability.

Data Gathering Procedure

Formal permission was secured from the hospital administration and relevant units. Eligible participants received an orientation about the study and signed informed-consent forms before answering the questionnaires. Patient surveys were administered during hospital visits or scheduled collection periods, while provider surveys were distributed personally. Completed instruments were checked for completeness. Hospital records for 2023–2024 were reviewed using the data-extraction form, and all data were coded, cleaned, and organized for analysis.

Data Analysis

Frequency counts and percentages were used for demographic profile, registration, utilization frequency, services availed, barriers, provider profile, operational challenges, and annual reimbursement summaries. Weighted mean and standard deviation assessed awareness, accessibility, and provider perceptions of operational factors. Chi-square tests examined the relationships of age and sex with utilization at the .05 level of significance. Results were presented in tables and interpreted against the study objectives.

Ethical Considerations

Participation was voluntary, and respondents were informed of the purpose, procedures, possible benefits, and right to withdraw without penalty. Personally identifying and medical information were kept confidential, and responses were anonymized before analysis. Access to hospital records was limited to information necessary for the study. Data were secured and used only for research purposes in accordance with institutional requirements and the Data Privacy Act of 2012.

RESULTS AND DISCUSSION

Patient Profile and Konsulta Registration

Table 1. *Profile and registration of patient respondents*

Profile Variable	Category	Frequency	Percentage (%)
Age	18–30 years	101	27.2
Age	31–45 years	102	27.5
Age	46–60 years	80	21.6
Age	61 years and above	88	23.7
Sex	Male	189	50.9
Sex	Female	182	49.1
Registration	Registered under Konsulta	371	100.0

The 371 patient respondents were distributed relatively evenly across age categories. The largest group was 31–45 years old (27.5%), closely followed by 18–30 years old (27.2%). Males (50.9%) and females (49.1%) were almost equally represented. All respondents were registered under the Konsulta Package. The balanced age and sex distribution indicates that the surveyed beneficiaries represented a broad adult patient population, while the complete registration rate confirms that the analysis concerned enrolled or service-using beneficiaries rather than the general community.

Registration is an essential gateway to the benefit, but it should not be treated as equivalent to continued utilization. The access framework distinguishes formal availability from the ability and willingness to engage with care (Levesque et al., 2013). The subsequent results therefore examined how often registered patients used the service and what components they actually received.

Frequency and Types of Konsulta Services Availed

Table 2. *Utilization frequency and service mix*

Measure	Category	Frequency	Percentage (%)
Utilization frequency	Monthly	89	24.0
Utilization frequency	Every three months	90	24.3
Utilization frequency	Once a year	107	28.8
Utilization frequency	Rarely	85	22.9
Service availed*	Health screening	335	90.3
Service availed*	Consultation	304	81.9
Service availed*	Laboratory test	190	51.2
Service availed*	Medicines	140	37.7

*Service categories were multiple responses and therefore did not total 100%. Most patients used Konsulta once a year (28.8%), while the monthly, quarterly, and rare-use categories were relatively close. This distribution demonstrates moderate and varied engagement rather than a stable pattern of continuing primary care. Annual visits may support preventive check-ups, but chronic-risk monitoring and follow-up may require more regular contact.

Health screening (90.3%) and consultation (81.9%) dominated the service mix, showing strong use of preventive assessment and physician contact. Laboratory tests were used by about half of respondents, while medicines were reported by only 37.7%. The difference suggests that the program's preventive entry points were functioning more strongly than its diagnostic and therapeutic components. This pattern is important because comprehensive primary care requires continuity from screening and consultation to indicated testing, treatment, and follow-up (PhilHealth, 2020; World Health Organization, 2018a).

PhilHealth Reimbursement Performance

Table 3. *Annual reimbursement generated from Konsulta implementation*

Year	First Tranche	Second Tranche	Annual Total
2023	₱220,265.00	₱330,397.00	₱550,662.00
2024	₱1,508,463.04	₱2,262,694.56	₱3,771,157.60

Annual reimbursement increased substantially from ₱550,662 in 2023 to ₱3,771,157.60 in 2024. The increase coincided with expanded program activity and may reflect growth in registered beneficiaries, service delivery, documentation, or claims processing. The result indicates that the package had become financially more significant to the hospital over the two-year period.

Reimbursement growth should nevertheless be evaluated together with patient experience and service completeness. Rey et al. (2024) emphasized that primary-care financing is sustainable when registration, community engagement, utilization, and patient transactions are aligned. Increased revenue can support staffing and service improvements, but operational bottlenecks can weaken continued participation and reduce the health impact of the benefit.

Patient Awareness and Accessibility

Table 4. *Patient assessment of awareness and accessibility*

Dimension	Indicator	Mean	SD	Interpretation
Awareness	Aware of the Konsulta Package	3.03	0.82	Neutral
Awareness	Understands the benefits	3.01	0.81	Neutral
Awareness	Hospital explained services clearly	2.48	1.11	Neutral
Awareness	Composite	2.84	0.56	Neutral
Accessibility	Services are easy to access	2.96	0.81	Neutral
Accessibility	Waiting time is acceptable	3.00	0.81	Neutral
Accessibility	Services are available when needed	3.06	1.44	Neutral
Accessibility	Composite	3.01	0.61	Neutral

Patient awareness was neutral ($M = 2.84$), and the lowest indicator concerned the hospital's explanation of services ($M = 2.48$). These findings indicate that patients were enrolled without uniformly understanding the package, its benefits, or the sequence for availing services. Limited explanation can reduce preventive follow-up, laboratory use, and medicine uptake even when the benefits are technically available.

Accessibility was likewise neutral ($M = 3.01$). Patients neither positively nor negatively evaluated ease of access, waiting time, and service availability, suggesting an acceptable but inconsistent experience. This result supports the multidimensional view of access: services may be present but still require improvements in approachability, accommodation, and patient engagement (Cu et al., 2021; Levesque et al., 2013). Clear communication and predictable workflows are therefore as important as formal accreditation.

Patient-Reported Barriers to Utilization

Table 5. *Barriers reported by patients*

Barrier Group	Reason	Frequency	Percentage
Primary barrier	Limited services	79	21.3
Primary barrier	Lack of awareness	78	21.0
Primary barrier	Long waiting time	72	19.4
Primary barrier	Lack of medicines	71	19.1
Other barrier	Incomplete documents	19	26.8 of other responses
Other barrier	Preference for private consultation	14	19.7 of other responses
Other barrier	Distance from hospital	13	18.3 of other responses
Other barrier	Transportation difficulty	13	18.3 of other responses
Other barrier	Clinic-schedule conflict	12	16.9 of other responses

The four main barriers were closely distributed: limited services (21.3%), lack of awareness (21.0%), long waiting time (19.4%), and lack of medicines (19.1%). The pattern confirms that underutilization was produced by both demand-side and supply-side conditions. Communication deficits limited informed participation, while waiting, service constraints, and medicine availability affected the practical value of registration.

Among the 71 respondents who identified other barriers, incomplete documents were most common (26.8%), followed by preference for private consultation, distance, transportation difficulty, and schedule conflict. These concerns show that even insured services impose administrative, geographic, and opportunity costs. Philippine access research has similarly noted that entitlement and formal coverage may not remove the practical barriers that determine actual service use (Dans et al., 2024; Lavado et al., 2018).

Operational Factors from the Provider Perspective

Table 6. *Provider assessment of service-delivery workflow and resources*

Indicator	Mean	SD	Interpretation
Services, laboratory tests, and medicines are available	4.60	0.52	Strongly Agree
The Konsulta workflow is efficient	3.60	0.52	Agree
Equipment and facilities are adequate	3.50	0.53	Agree
Administrative support is sufficient	3.10	0.99	Neutral
There is enough manpower	2.40	1.07	Disagree
Composite mean	3.44	—	Agree

Providers generally viewed the operational system positively (composite $M = 3.44$). They strongly agreed that services, laboratory tests, and medicines were available ($M = 4.60$) and agreed that workflow and facilities were adequate. Administrative support was neutral, while manpower received a disagree rating ($M = 2.40$), identifying staffing as the clearest internal weakness.

The provider rating of service availability contrasts with patient reports of limited services and medicines. The difference suggests that technical availability did not always translate into timely or visible availability from the patient's perspective. Systems thinking explains why this can occur: staffing, scheduling, information, inventory, and patient flow interact, so the presence of a resource does not guarantee that beneficiaries can obtain it when needed (Adam & de Savigny, 2012; World Health Organization, 2010).

Operational Challenges Reported by Staff

Table 7. *Implementation challenges identified by healthcare providers*

Challenge	Frequency	Percentage (%)
System delays	10	100.0
Lack of manpower	9	90.0
Patient awareness	7	70.0
Limited resources	3	30.0
Reimbursement issues	2	20.0

Every provider identified system delays, and nine of the ten identified manpower shortages. Patient awareness was also widely recognized as a problem. These results clarify the neutral patient evaluations of waiting time and access: operational delays and insufficient staff likely affected the speed and consistency with which beneficiaries moved through registration, consultation, diagnostics, pharmacy, and claims-related processes.

The findings indicate that the hospital's development needs were not limited to increasing supplies or advertising the program. A coordinated response was required across information systems, staffing, workflow, communication, and monitoring. Provider-engagement research similarly emphasizes that implementation quality depends on facility-level capacity and alignment between financing rules and operational realities (Pelayo et al., 2025; Siddiqi et al., 2023).

Relationship between Patient Profile and Utilization

Table 8. *Chi-square tests involving patient profile and utilization*

Relationship Tested	Test Statistic	p-value	Interpretation	Decision
Age and utilization	$\chi^2 = 9.654$	.021	Significant	Reject H_0
Sex and utilization	$\chi^2 = 1.234$	.462	Not significant	Fail to reject H_0

Age had a statistically significant association with utilization ($\chi^2 = 9.654$, $p = .021$), indicating that patterns of Konsulta use differed across age groups. This may reflect differences in preventive needs, chronic-condition

monitoring, employment schedules, or health-seeking behavior. The result supports age-sensitive communication and follow-up strategies rather than a single engagement approach for all beneficiaries.

Sex was not significantly associated with utilization ($\chi^2 = 1.234$, $p = .462$), consistent with the nearly equal male and female representation in the sample. The finding suggests that the observed underutilization was more closely related to awareness and operational access than to sex. Interventions should therefore prioritize common service barriers while adapting communication and scheduling to age-related needs.

Integrated Interpretation and Basis for Operational Development

Taken together, the results reveal an implementation paradox. The hospital achieved complete registration among the surveyed beneficiaries, expanded reimbursements markedly, and offered a broad range of preventive services. Yet utilization remained moderate, awareness and access were neutral, and patients reported service limitations, waiting, and medicine gaps. Registration and financial growth therefore represented program reach and activity, but not yet optimal continuity or patient experience.

The strongest operational priorities were consistent across data sources. Patients identified limited services, low awareness, waiting, and medicine availability, while providers identified system delays, manpower shortages, and patient awareness. The convergence supports an Operational Development Plan centered on communication, staffing, workflow redesign, service continuity, access assistance, and integrated performance monitoring. These actions can help translate the national entitlement into reliable primary care within the hospital.

CONCLUSION

The PhilHealth Konsulta Package was established and financially active in the Level II private hospital in Arayat, Pampanga. All surveyed patient-beneficiaries were registered, preventive services were widely used, and annual reimbursements increased from 2023 to 2024. The program therefore demonstrated institutional capacity to enroll patients, deliver consultations and health screening, and generate increasing claims-based support for outpatient primary care.

However, registration and reimbursement growth did not produce consistently high utilization. Patient awareness and accessibility remained neutral, annual or rare service use was common, and diagnostic tests and medicines were less frequently availed than health screening and consultation. Limited services, insufficient awareness, waiting time, medicine availability, incomplete documents, system delays, and inadequate manpower constrained the patient experience. Age influenced utilization, whereas sex did not. The study concludes that the hospital should move from an accreditation-and-enrollment focus toward an integrated service model that improves communication, staffing, patient flow, service continuity, and monitoring. The evidence provides a practical basis for an Operational Development Plan that can strengthen patient participation and the sustainability of Konsulta implementation.

Recommendation

The hospital should adopt a coordinated Operational Development Plan rather than implement isolated corrective measures. Patient awareness campaigns should be continuous and supported by standardized explanations at registration, consultation, laboratory, and pharmacy points. Staffing patterns should be reviewed against peak demand, and personnel should be cross-trained to prevent delays when key workers are absent. Registration, eligibility verification, consultation, diagnostics, pharmacy, and claims processes should be mapped and simplified, with digital queueing and status monitoring introduced where feasible.

Medicine and laboratory availability should be monitored through minimum stock levels, scheduled replenishment, and clear patient information when services are temporarily unavailable. A patient-assistance mechanism should help beneficiaries complete documents and navigate schedules, transportation, and referral requirements. The Konsulta team should maintain a dashboard combining registration, repeat visits, service mix, waiting time, medicine availability, claims turnaround, patient awareness, and satisfaction. Regular coordination with PhilHealth and hospital management should use these indicators to review progress and adjust implementation.

Table 9. *Proposed Operational Development Plan*

Priority Area	Evidence from Findings	Key Actions	Responsible Units	Performance Indicators
Patient awareness and communication	Awareness M = 2.84; explanation M = 2.48; 21.0% cited lack of awareness	Use standard benefit scripts, orientation at every service point, visual guides, SMS/social-media reminders, and targeted age-group messages.	Konsulta Clinic, Marketing, PhilHealth liaison	Higher awareness scores; increased repeat utilization
Workforce capacity	Manpower M = 2.40; 90% of providers identified staff shortage	Conduct workload and peak-hour analysis; adjust schedules; cross-train staff; assign backup personnel; justify additional positions.	Hospital administration, HR, unit heads	Reduced queue and waiting time; adequate staff coverage
Workflow and information systems	System delays were reported by 100% of providers	Map patient flow, remove redundant steps, integrate registration and records, establish queue tracking, and monitor transaction turnaround.	IT, Family Hub Clinic, Quality Assurance	Shorter processing time; fewer delayed or incomplete transactions
Medicines, diagnostics, and service continuity	Medicines used by 37.7%; 19.1% cited medicine shortage; 21.3% cited limited services	Set minimum inventory levels, coordinate laboratory/pharmacy schedules, post service availability, and document unmet service requests.	Pharmacy, Laboratory, Finance, Supply Office	Higher medicine and laboratory utilization; fewer stock-out reports
Patient access and document assistance	Accessibility M = 3.01; incomplete documents led other barriers at 26.8%	Provide requirements checklists, assistance desk, flexible clinic schedules, reminder calls, and referral or transport information.	Registration, Social Service, Konsulta staff	Fewer incomplete applications; improved access ratings
Monitoring, reimbursement, and improvement	Reimbursement increased, but 20% of providers cited reimbursement issues	Maintain a monthly dashboard; audit rejected or delayed claims; collect patient feedback; review indicators quarterly with PhilHealth and management.	Finance, PhilHealth staff, Quality Assurance, Medical Director	Faster claims resolution; sustained reimbursement; documented quarterly improvements

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