Physicians in Private Practice – Reasons for Belonging to a Social Franchise

Findings from the Impact Evaluation of the Sun Quality Health Social Franchise in Myanmar

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Sun Quality Health Franchise

- PSI/Myanmar established Sun Quality Health Franchise in 2001, grown in scope of services and number of providers; 2010 -1600 providers were members

- In 2008 (time of the study design) 748 private practice physicians were members of SQH and provided RH services (total of 806 SQH members); located in 145 townships / 13 states

- All clinics are in peri-urban or urban (small towns) settings and provide general practice / primary care services. Some provide maternity care, most are single GP practice / owned without nurse

- SQH supported services include family planning, TB, malaria, ARI, ORS with zinc, water purification. All supported commodities are subject to price control at below market level
Sun Quality Health Franchise
Impact Evaluation

Goal

• To improve access to sexual and reproductive health services among the poor and vulnerable in Myanmar through increased understanding and improved management of private sector franchised networks in general, and Sun Quality Health specifically.

Research Questions

1. What are the incentives for providers to join and remain members of Sun Quality Health Franchise?

2. How does joining the Sun Quality Health franchise affect the volume, composition of services and revenue of the member’s medical practice?

Sun Quality Health Franchise
Impact Evaluation Study Design

• One element of larger study reported on here

• Uncontrolled observational design; facility based study using a representative sample of SQH providers of reproductive health services

• 230 SQH clinics randomly selected with probability proportionate to size sampling based on average reproductive health case load (SQH statistical data source)

• Each selected SQH clinic was a single GP practice

• 228 SQH member physicians interviewed from 100 townships in 10 states spread across country, (2 clinics were unavailable)
Reasons for joining and staying in network similar:

*Improved Quality & Social Responsibility*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Supplies: high quality, cheap</td>
<td>96.1</td>
</tr>
<tr>
<td>Social Responsibility / Able to Help the Poor</td>
<td>95.2</td>
</tr>
<tr>
<td>Getting Up-To-Date Training</td>
<td>87.7</td>
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<tr>
<td>Opportunity to For Professional Networking</td>
<td>55.7</td>
</tr>
<tr>
<td>No risk about a fall in income</td>
<td>27.2</td>
</tr>
<tr>
<td>Signage and IEC Materials</td>
<td>27.2</td>
</tr>
<tr>
<td>Easy in making accounts</td>
<td>24.6</td>
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</tbody>
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Why do you continue to remain as a member in the healthcare network? (n=228)

Probing into the *Helping the Poor* Motivation for Joining and Staying in Network

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- Care model reason for joining POH is that it is active in providing health care services to poor people
- We want to give treatment to patients with good medicine at low cost
- Before joining SUN network, poor patients could not afford to have care
- Before we worked for our own benefit, now we can help poor people.
SQH Members' Record Keeping:
Financial and Medical

Do you keep routine financial records for your clinic? (n=228)

- Yes: 41.8%
- No: 58.1%

Do you keep a routine daily log of patient visits? (n=228)

- Yes: 23.2%
- No: 76.8%

Financial Implications of SQH Franchise Membership

- Increased: 28.9%
- Increased a little: 23.2%
- No change: 57.3%
- Decreased: 1.3%
- Don't know: 6.2%

Incomes have increased over the same period at the clinic. (n=228)

- Increased: 61.8%
- Increased a little: 3.1%
- No change: 32.4%
- Decreased: 9.7%
- Don't know: 0.2%

Incomes have increased when the same period at the same clinic was included with other practices. (n=228)
Other Places of Work for SQH Members

Is the SQH clinic the provider’s only place of work?

- Yes: 22%
- No: 78%

If no, where else does the provider work?

- Provider owns a medical clinic: 36.7%
- Hospital: 44.9%
- Other private clinic: 18.1%
- Charity clinic: 2%

Other Sources of Income for SQH Members

Does your household have other sources of income besides this SQH clinic?

- No: 57.0%
- Yes: 43.0%

If yes, how does that income compare to the SQH clinic income?

- More: 45.7%
- Equal: 12.3%
- Less: 34.8%
Conclusions - Implications of Belonging to the SQH Network for Member’s Financial Situation

> Providers are able to financially survive by some mix of:

- benefiting from an increased volume of low revenue-generating RH care services
- spill over effects of a generalized increase in their case load for all reasons
- multiple clinical practices
- by having additional sources of household income

> Providers report rudimentary financial and clinical management procedures yet are operating complex businesses

- Entrepreneurial motivation evident

Implications for the SQH Franchise Programme Management

> Is the SQH Franchise management strategy taking account of private practice setting of the franchise members?

- Partially: Focus on clinical skills / quality improvement, subsidized drugs
- Move beyond inputs of subsidized commodities to developing private sector’s ability to serve the poor while making a living from fee for service – adaptation of the “Total Market Approach”
- Explore cross-subsidization, sliding fee scales and increased efficiencies (better business skills) as means achieving financial equity
Part II
SQH Members' Demographic Characteristics

Age of providers at time of survey

- Less than 40 years: 26.50%
- 40-44 years: 5.50%
- 45-49 years: 6.10%
- 50-54 years: 12.60%
- 55-59 years: 8.10%
- 60 years and above: 48.80%

Implications of an Aging Franchise Membership

- Managing the transitions associated with an aging membership will be common for many of the established franchises.

- In Myanmar, opportunities exist to bring in younger physicians due to change in policy.

- New directions for the franchise include providing support for young physicians buying into well-established clinics of older franchise members.

- Without attention to the aging workforce, SQH risks to lose its coverage through attrition.