

Special Article

## Lessons Learned and Synthesized Knowledge of the District Health Management Model Drive Implementation at Ban Tak District, Tak Province, Thailand

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### Abstract

**Objectives:** To identify the lessons learned and synthesized knowledge with in-depth interviews by implementing the district health management system drive in order to achieve sustainable development goals. The main contributors of this study are from Ban Tak District, Tak Province. There were 8 people who provided information which include the members of the Sub-District Administration Organization, a family doctor, professional nurses who are responsible for non-communicable diseases, a district health officer, a director of the Health Promoting Hospital, community leaders, and village health volunteers. Data collection took two days in total. Before the data was collected, we made sure to understand the questions and check the initial information from the local information provider. After collecting data, the content was analyzed and a summary was made on the information issues. This was conducted in October 2018.

The result found that the implementation of the district-level health system drive to achieve sustainable development goals would be useful in health issues as a driving force, including the project of development of information systems for stroke in Ban Tak District, Tak Province. The operation model will focus on developing the potential of the core leader, personnel, systems and perspectives on the people in the community and network partners, which are linked together in the district, village, and household levels. The key to a successful health system management are having leaders at all levels with a clear vision to support the policy as well as pushing it to be in the strategic plan of the community, serious follow-up of the project, and also the inclusion and participation of the public sector for sustainable development.

**Key words:** Lessons learned, Synthesis of knowledge, Health management at the district level, District life quality development committee

### Introduction

At the present, the health systems of all countries around the world face complex and rapidly changing challenges. Especially the health system of the countries in Southeast Asia (ASEAN) such as the rapid change of the population into the elderly and population migration from rural to

urban, causing the population to live too densely, which affects the risk of epidemic infection (Tangcharoensathien et al., 2016). Having a problem with recurrent diseases and emerging diseases including emergencies from both natural factors and human factors. The epidemiological changes that affect health problems such as changing from the care of the infectious diseases to

chronic diseases (World Health Organization, 2008). In addition, having higher medical costs due to inefficient use of high technology and the demand of people in various countries who want to receive more quality health services continuously. These factors have resulted in every country to reform to design a health service system. This includes health finance systems and other support systems to be able to maintain a balance between health service needs and the ability to provide health care services to help the people to have health insurance so they can access quality healthcare services thoroughly and fairly. And have continuous and sustainable development to make the people healthy and have a good quality of life in accordance with the Sustainable Development Goals (SDGs) (Department of International Organizations, 2015)

In 2016, the Ministry of Public Health in Thailand, has made important policies related to urban health drive including primary care development policies by family physicians and multidisciplinary teams under the Primary Care Cluster (PCC). By developing the primary care system under the Family Doctor Clinic Policy which is a mechanism to support the development of the primary care unit which aims to provide care for the people in the local area, with the appropriate size efficiently. People have increased access to primary care services which are the first level of services and have received better quality health services, linking primary care services with secondary and tertiary health care services. Through the integration of all interdisciplinary service plan with primary care services to take care of the local population according to the age group and manage the healthcare system of the community, and build a Family Medicine Team led by a family doctor. The Family Medicine Team continuously covers all the households in the whole country which is the policy of the Ministry of Public Health to drive within 10 years. In the past, even though a lot of areas were able to perform concrete operations it was found that some areas still were lacking lessons learned, thus causing limitations in the drive of supplementary development mechanisms that can lead to expansion of operations in various areas (Kumteing, 2016).

Another policy that the Ministry of Public Health has pushed to strengthen the above-mentioned

service model effectively is aiming to improve the quality of life and achieve the goal of sustainable development, namely the establishment of the District Health Board (DHB) (currently called the District Quality of Life Development Committee) By the Ministry of Public Health. Together with the Ministry of Interior National Health Security and the Office of Health Promotion Foundation, they implemented a policy to support the reform of the health system under the mechanism of establishing the Quality of Life and District Health System to raise the level of district health system management work in together with all sectors under the use of context of that area and population-centered for seeing the problem and focusing on integrated problem-solving processes. The DHB committee is a working group that manages the integration and creation of participation in all sectors in improving the quality of life and health of the people. With a framework for cooperation to support the development of quality of life and health by the district healthcare system following the principle "Area is the Base, People at the Center". All sectors in the area should participate in improving the quality of life and healthcare system by focusing on the importance of encouraging people to take care of their health seriously (Tejativaddhana, et., al. (2016). This is along with the development of a strong community healthcare system by creating a network mechanism. They work together to coordinate operations that require all sectors in that area to participate in managing their own healthcare systems. It was announced that there are 73 pilot areas in the country, and was expanded to an additional 200 areas in 2017. The Office of the Prime Minister issued regulations regarding the district health committee at the district level in 2019, which makes operating under a district health board of this project should cover all areas in the country (Wiriyapongsukich, 2016).

The Ministry of Public Health and related agencies has focused more on the development of district health systems over the past decade and has developed a variety of support functions such as the District Health Management Learning (DHML). However, it was also found that operations in various forms still cannot include the participation of network partners, especially the public sector, in creating a health management

process that cares about people by making it people-centered and include all sectors to have a real role in health operations. A lack of academic communication that shows the results of the development and reforming the healthcare system in Thailand and including international communications to reflect the developments (Techatiwat, 2016)

In 2016, the College of Health System Management, Naresuan University, Thailand has been assigned by the Office of Health Promotion Foundation to carry out the project to develop a prototype to transfer the management of district health systems to the sustainable development goals under the name DHS Startup. To improve the academic development of the District Health System in the area for bringing the excellent knowledge of one area and to be distributed to national and international levels. This includes the development of a knowledge management network in the managing health systems to support the increase of work in the development of district health system management in order to achieve sustainable development goals. The implementation under the mechanism of work has 3 major components, including 1) personnel development competence 2) development of healthcare system management by focusing on strengthening of the district health system to be strong and sustainable, and 3) strengthening academic aspects of the district health system management in order to contribute to the sustainability of knowledge development and spread the results.

The assessment of the results needs to be evaluated or the lessons learned to measure and bring the results to further development. The measurement that takes place after the project ends using the Balance Score Card (BSC) model as both a tool for organizational management and as a tool to measure the success of the job (Noosorn et. al., 2018). This framework consists of 4 aspects: 1) basic information, 2) process, 3) learning and development, and 4) the public and network partners because all 4 views are interconnected and all affect the success of the organization. The Faculty of Nursing, Naresuan University was assigned by the College of Health System Management, Naresuan University to identify the lessons learned from the model of district health

system management development in order to achieve sustainable development goals and to evaluate the success of the project or the operation in achieving the goal. Identifying the lessons learned and synthesizing them from the district health system management development model in order to achieve the sustainable development goals of the pilot district in Ban Tak district, Tak province.

Lessons learned used qualitative methods to identify the process of lessons learned to drive the development of district health system management to achieve sustainable development goals. The tool used for this process include in-depth interviews guidelines which were developed from the balance score card and used primarily as a tool for developing and collecting data by interview in the key person group, including those who have the primary role in doing the DHS Startup in Ban Tak district, Tak province, which is divided into primary segments as follows: 1) The initiative to change group includes the District Director, the Director of the hospital, and the District Public Healthcare Center Director, 2) The health providers team group include public health officers, public health scholars, nurses, or community public health officials 3) The community leaders include village chiefs and village health volunteers. The number of primary data contributors is about 8 people. From the lessons learned, it was found that the results of all 4 connected tasks are:

### **Basic information**

Basic information was gathered from the pilot area in Ban Tak district, Tak Province. The location is in the northwest of the Thailand, in the boundary area in between Kamphaeng Phet province and Lampang province, which is a district where the District Quality of Life Development Committee was established. This is an area that is willing to participate in the DHS start up program and conform to the routine that needs to be done in that area with the District Chief presiding over the operation. Also, they will have a selection of representatives from community leaders such as the chairman of the Sub District Administrative Organization, the village headman, the Village Chief, village health volunteers, and health leaders to educate the people

### **Process Aspect**

Development of team work by emphasizing that members at the executive level are aware of their role in the DHS start up project. In the implementation of the DHS start up program, the leadership competencies include communication, coordination, knowledge, management of various financial processes, have an attitude of administration. To develop health leaders, the representatives were selected from the community such as the village chief and health village volunteers and received training from health officials who run the DHS start up program. They will serve health the communication channel to the community.

After this project is pushed into the strategic plan and then have a meeting to clarify so that all participating members understands the first step which starts from selecting the people to work on this project by choosing the people who are familiar with, have worked together before, people who are from the same area. Then the staff will go into creating interactions with people in the area. In the selection of people entering the area, the qualifications will be determined by screening people who are interested and outstanding in their work which is related to DHS Start Up.

Thereafter, to improve the competence of the members of the team of the DHS Start Up program, the officers of the team should push the District Quality of Life Development Committee to be successful. When members of this team are assigned to work in the DHS Start Up program, the first phase of work will be a training to prepare for the knowledge in order to be ready for work. There are many topics that was part of the training for developing their potential, for example economics, statistics, communication skills, and health coaching, etc., and some members have to develop core competencies training. The rest of the members have received training from those who were trained before. The driving force of the District Quality of Life Development Committee has been carried out by pulling the network partners to participate in the process of thinking. By using teamwork, there is a joint operation in every step. In addition, another important part of success is having a team leader such as a doctor or leaders with social status, knowledge, and health

expertise that will gain the colleague's trust and faith that make them work together until they are successful.

### **Learning and development**

The heart of the success of the DHS Startup project beginning by clarifying to the leader, including the district chief, about this project and then inviting the district chief to participate in the project. In addition, the network partners must be invited to participate in every step. Starting with the network partners and the people who are thinking of finding their own problems and sharing ideas for the solutions to the problems from the performance by allowing people to participate causing a project to improve the quality of life from the government agencies that have done and generated increased beneficial results.

### **The public and network partners**

In this project, the public clearly benefits because the project problem was caused by the people's needs in that area or is a real public problem. Therefore, it is the application of real problems to find solutions to improve the quality of life that is based on people's needs. In addition, the project will be included as a public health policy or as an ordinance. This project also strengthens community activities until the development of personal skills of the people including the staff as well as changing health services in many forms which is the result of sharing ideas of the people and the network partners in the area. For example, Ban Tak district, Tak province began to create a public policy on the abstinence of alcoholic drinks at various merit events and the community garbage disposal projects etc.

### **Key success factors**

1. Having a good leader and team of the leader therefore being able to push the project activities to success.
2. The enough budget makes the project's operation faster and successful.
3. Understanding the interest in health of the people which is caused by having health officials coming to be trained and go to the public continuously resulting in understanding and enthusiasm for successful projects.

### **Perspectives on people and network partners**

1. Work in the bureaucratic system has contributed to the delay of project operations because the operation must be carried out in a step or in accordance with government regulations
2. The lack of executives in the team led to a blind spot in the work because it has no power to manage this project expect the people from the same area.
3. Providing a clear policy of clear information to practitioners to know the importance of the DHS startup program will bring about the same understanding and rapid development.

After the establishment of the Board of Directors, the diversity of the district health care system development team and the diversity in the development of the quality of life of people in addition to public health issues.

The development of district health system management in order to achieve sustainable development goals is developed to respond to health challenges including supporting the reform of Thailand into a society that is stable, prosperous and sustainable. The Ministry of Public Health has prepared a national strategic plan for Public Health with the goal of "Healthy People, Happy Staff, Sustainable Health System" through the drive mechanism at the district level under the district health system management policy. This is considered as an important mechanism of health system reform under the 20-year health strategy, with the strengths of operations that can be linked between hospitals, District Public Health Office, Primary Healthcare Center, public health volunteers, local government organizations, and people in the area to jointly manage the health problems of the people of that area and for communities to be self-sufficient and do not neglect each other will have a quality health service network (Ministry of Public Health, 2016).

The development of district-level health systems is therefore a mechanism for health work at the area level with network partners participating in government, private sectors, local sectors as well as schools or temples and other sectors. To participate in supporting the quality of life and good health of the people together which is not limited to only the therapeutic dimension but also

looking at a wider angle. This can also promote disease prevention, the creation of health promotion, and the development of quality of life at the same time under the mechanism called District Quality of Life Development Committee based on principles "Use the space as a base, People at the Center", which has a main unit to drive including the Ministry of Public Health, the Ministry of Interior, and the Office of Health Promotion Foundation to jointly support the work of the areas to be able to operate (Gaysorn Wongmanee and Narongsak Ratnuay, 2017)

### **The project will be successful, the main factors that are important are:**

1. Leaders who must have clear vision and policies with support to follow the project seriously. Which by identifying the lessons learned can be seen that the people and partners of the area network have commented that development or operation. If leaders take part in every step of the process, follow-up and motivation are encouraged, it will make the project successful and sustainable (Kitreerawutiwong & Jariya, 2015).
2. A change of leadership competency if the leaders in the area have knowledge and the ability to lead the operations, the team will help to manage the project quickly (Noosorn, et. al,2018).
3. Participation from network partners from many sectors make the operation smooth because they receive comments, suggestions from many sectors to help in brainstorming and participating in the joint management.

Therefore, the development of the District Quality of Life Development Committee in the area causes a variety of district health care system development teams. The diversity in the development of the quality of life of the people in addition to public health issues makes the view of the problem management more extensive and the operation faster.

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