

LIVED EXPERIENCES OF HOSPITAL ADMINISTRATORS IN THE IMPLEMENTATION OF THE PHILHEALTH KONSULTA PROGRAM

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Abstract:

Purpose of the Study: The Philippine Health Insurance Corporation (PhilHealth) Konsulta program was designed to improve universal health coverage by enhancing access to primary healthcare services. While promising, its implementation has presented both opportunities and significant challenges for hospital administrators. This study delves into their lived experiences to provide actionable insights for better healthcare delivery.

Research Method: This research employed a qualitative phenomenological approach to deeply understand the perspectives of hospital administrators. Data were collected through in-depth interviews from hospital administrators in South Cotabato, focusing on their experiences with the program's challenges, perceived benefits, limitations, and the strategies they used for implementation. Thematic analysis was used to structure and interpret the findings.

Findings: The findings are presented across five major themes. The first theme, Challenges in System and Program Implementation, reveals substantial operational and financial pressures on hospitals. Participants reported that program expansion intensified resource demands without corresponding timely and sufficient funding, resulting in financial uncertainty that constrained institutional planning, particularly among Level 1 hospitals. The second theme, Impact of the PhilHealth Konsulta Program on Access to Healthcare Services, emphasizes the program's potential to improve equitable access and strengthen preventive care. However, these gains are frequently undermined by persistent systemic barriers, including continued reliance on out-of-pocket expenditures and inefficient administrative procedures. The third and fourth theme refers to the Perceived Benefits and Limitations of the Program respectively, shows structural weaknesses in program design, most notably the ongoing shortage and uneven distribution of healthcare workers, which disproportionately affects rural and underserved communities. The fifth theme is the Strategies Employed by Hospital Administrators in Implementing the PhilHealth Konsulta Program, revealed that hospital administrators have adopted diverse strategies in implementing the program.

Implications: The PhilHealth Konsulta Program holds significant promise for improving healthcare access, but its effective implementation is undermined by systemic flaws. The study recommends a comprehensive re-evaluation of the program's financial and operational frameworks, including the creation of stable funding mechanisms, streamlining of administrative processes, and strategic policy interventions to address human resource shortages.

Keywords: *PhilHealth Konsulta, Hospital Administration, Universal Health Care*

INTRODUCTION

Background and Research Problem. The pursuit of Universal Health Coverage (UHC) remains a global priority, aimed at ensuring equitable access to essential health services without the burden of financial hardship. In the Philippines, the PhilHealth Konsulta program represents a critical national strategy to realize this goal by expanding access to primary healthcare and strengthening preventive services. However, the transition from policy to practice has encountered a significant research problem: the implementation of this program is frequently hindered by systemic flaws. Hospital administrators, particularly in Level 1 facilities, face intensified resource demands without the support of timely and sufficient funding, leading to a state of "financial uncertainty" that disrupts institutional planning and service delivery.

Rationale and Research Gap The rationale for this study is rooted in the persistent barriers that continue to undermine the Philippine healthcare system. Despite the program's intent, healthcare delivery is still hampered by a heavy reliance on out-of-pocket expenditures, inefficient administrative procedures, and a chronic shortage of healthcare workers, especially in rural and underserved areas. While existing literature often evaluates the PhilHealth Konsulta program through the lens of policy framework or patient outcomes, there is a notable research gap regarding the lived experiences of the hospital administrators who must navigate these operational complexities. There is a lack of deep, qualitative evidence concerning the specific strategies these leaders employ to maintain program functionality amidst structural weaknesses. This study is necessary to provide actionable insights that can inform a "comprehensive re-evaluation" of the program's financial and operational frameworks.

NEED OF THE STUDY.

Purpose of the Study The purpose of this qualitative phenomenological study is to explore the lived experiences of hospital administrators in South Cotabato as they implement the PhilHealth Konsulta Program. Specifically, the study seeks to:

- (1.0 What are the experiences of hospital administrators in implementing the PhilHealth Konsulta Program in South Cotabato?
- (2.0 How do hospital administrators perceive the impact of the PhilHealth Konsulta Program on the quality of healthcare delivery in their hospitals?
- (3.0 What strategies have hospital administrators employed in implementing the PhilHealth Konsulta Program?
- (4.0 What are the perceived benefits and limitations of the PhilHealth Konsulta Program from the perspective of hospital administrators?

Population and Sample

This study employed purposive sampling to select ten (10) hospital administrators from Level 1 hospitals in Koronadal City, Polomolok, and Surallah, South Cotabato, who could provide rich insights into the implementation of the PhilHealth Konsulta Program. Purposive sampling is appropriate in qualitative research when participants are selected based on their knowledge, experience, and ability to provide in-depth information about the phenomenon under study. The sample size of ten participants was deemed sufficient to achieve data saturation, which is the point at which additional interviews no longer yield new information or theme.

Theoretical framework

Theoretical Framework and Addressing the Literature Gap This research addresses the existing literature gap by applying the Health Belief Model (HBM) to the administrative and operational context of primary care. The HBM provides a theoretical basis for understanding how perceptions—such as perceived susceptibility (vulnerability to health issues) and perceived severity (consequences of neglecting health)—influence the utilization of the Konsulta program.

Within this study, the model explains the relationship between variables: perceived benefits, such as early disease detection and reduced health risks, are often in direct conflict with perceived barriers, including administrative inconvenience and high operational costs. When administrators and patients perceive barriers as outweighing benefits, program adherence falters. By examining cues to action (e.g., health promotion campaigns) and self-efficacy (confidence in managing health), this research illustrates how these psychological and structural variables interact to determine the overall quality of healthcare delivery. This study bridges the gap by linking these theoretical components to the practical strategies and real-world challenges reported by those on the front lines of hospital management.

METHODOLOGY

Design

This study utilized a qualitative phenomenological design to explore the lived experiences of hospital administrators in implementing the PhilHealth Konsulta Program in South Cotabato. Phenomenology is a qualitative research approach that seeks to understand how individuals experience and make sense of a particular phenomenon by focusing on their subjective meanings and interpretations [156]. Rather than testing hypotheses or quantifying variables, phenomenological research aims to describe and interpret the essence of participants' experiences as they are consciously lived [157].

The phenomenological design was particularly appropriate for this study because it enabled an in-depth examination of hospital administrators' perceptions, challenges, and insights related to the implementation of the Konsulta Program. Through this approach, the study identified shared themes and patterns that reflected the realities of program implementation, including perceived effectiveness, operational constraints, and strategies employed to address emerging challenges. Phenomenology was well suited to capturing these experiences, as it emphasizes commonalities across participants while remaining grounded in their individual contexts [158].

Study Site

This study was conducted in three key localities in the province of South Cotabato which include Koronadal City, Polomolok, and Surallah. These localities are situated within the SOCCSKSARGEN Region (Region XII) in southern Mindanao, Philippines. South Cotabato is strategically located and serves as a regional center for agriculture, commerce, and public service delivery, including healthcare. The province is a mixture of urban centers and rural municipalities, making it an appropriate setting for examining the implementation of the PhilHealth Konsulta Program.

Koronadal City, the capital of South Cotabato and administrative center of Region XII, serves as a major healthcare referral hub, hosting several government-owned hospitals and public health facilities that provide primary, diagnostic, outpatient, and specialized services. Polomolok is a first-class municipality with a growing population and strong industrial and agribusiness sectors. It relies on government-owned hospitals and rural health units that provide outpatient care, maternal and child health services, basic diagnostics, and preventive programs, making the municipality an important setting for examining Konsulta Program implementation amid increasing service demand. Surallah is a developing municipality in South Cotabato and primarily serves rural and upland communities through government-owned healthcare facilities focused on primary, preventive, and community-based services. Limited resources and geographic constraints present distinct challenges in program implementation.

Participants

This study employed purposive sampling to select ten (10) hospital administrators from Level 1 hospitals in Koronadal City, Polomolok, and Surallah, South Cotabato, who could provide rich insights into the implementation of the PhilHealth Konsulta

Program. Purposive sampling is appropriate in qualitative research when participants are selected based on their knowledge, experience, and ability to provide in-depth information about the phenomenon under study [156]. The sample size of ten participants was deemed sufficient to achieve data saturation, which is the point at which additional interviews no longer yield new information or themes [159].

The inclusion criteria were: (1) hospital administrators directly involved in implementing and overseeing the PhilHealth Konsulta Program; (2) at least one year of experience managing Level 1 hospitals in the study areas; and (3) willingness to provide informed consent and share their experiences. Exclusion criteria included administrators outside the specified municipalities, those not involved in program implementation, those with less than one year of management experience in Level 1 hospitals, those unwilling to consent, or those with conflicts of interest or on leave during data collection.

This targeted sample allowed the study to capture detailed perspectives on operational, administrative, and strategic aspects of program implementation, ensuring that the findings reflect authentic and comprehensive experiences of hospital administrators in South Cotabato.

Data Measures

This study employed a semi-structured interview guide as the primary tool for collecting qualitative data. The guide consisted of open-ended questions designed to explore hospital administrators' experiences, perceptions, challenges, and strategies in implementing the PhilHealth Konsulta Program. Prompts were included to encourage elaboration, and flexibility was maintained to allow follow-up questions based on participants' responses, facilitating in-depth and detailed narratives.

The interview guide was reviewed and validated by experts in healthcare administration and qualitative research to ensure clarity, relevance, and alignment with the study's objectives. This validation process helped refine the questions to capture meaningful insights into the operational and administrative aspects of program implementation.

Collected interviews were transcribed and systematically coded to identify major themes and sub-themes, providing a rich understanding of the participants' lived experiences with the program.

Data Collection Procedure

The researcher designed the data-gathering process to collect rich and meaningful insights from hospital administrators on the implementation of the PhilHealth Konsulta Program. The process involved preparation, data collection, and post-collection activities. First, the researcher secured necessary approvals from the Ethics Review Board, participating hospitals, and the PhilHealth Regional Office to comply with ethical standards and institutional requirements. Next, the researcher identified hospital administrators from Level-1 hospitals in Koronadal City, Polomolok, and Surallah who were directly involved in implementing the Konsulta Program. The researcher contacted potential participants through formal letters, followed by phone calls or emails, explained the purpose of the study, and confirmed their willingness to participate.

The researcher developed a semi-structured interview guide and sought validation from experts in healthcare administration and qualitative research to ensure the clarity, relevance, and alignment of the questions with the study objectives. The researcher then scheduled interviews at times and locations convenient for the participants, ensuring a quiet and comfortable environment to encourage open discussion. Virtual interviews were offered when face-to-face meetings were not possible.

During the interviews, the researcher used the validated guide to ask open-ended questions and follow up on participants' responses, allowing administrators to share their experiences, challenges, and strategies in depth. Each interview lasted approximately 45–60 minutes. The researcher recorded the sessions using an audio recorder to capture responses accurately for transcription and analysis. After each interview, the researcher transcribed the audio recordings verbatim, ensuring participants' statements were faithfully represented. The researcher shared the transcripts with participants for verification, confirmed their accuracy, and then systematically organized and coded the data to identify emerging themes and sub-themes for analysis.

Trustworthiness of the Study

This study adheres to credibility, transferability, dependability, and confirmability criteria to establish its trustworthiness.

Credibility refers to the connection between the truth of the data and the interpretation of participants' experiences. To ensure credibility, the researcher will extensively engage with participants' interviews to build rapport and encourage honest responses. Triangulation will be employed by cross-checking interview transcripts to verify the consistency of the data. Member checking will allow participants to review their transcripts to ensure accuracy and validate the interpretations. Furthermore, peer debriefing will involve seeking feedback from colleagues or experts in qualitative research to identify potential biases and improve the analysis. Transferability concerns the applicability of the study's findings to other contexts. This will be achieved through detailed descriptions of the research context, including the background of participants and detailed accounts of the data collection process. These descriptions will enable others to assess the relevance of the findings to their settings. Using purpose, focusing on hospital administrators directly involved in implementing the PhilHealth Konsulta Program will further ensure that the findings are deeply rooted in relevant experiences.

Dependability addresses the consistency and stability of the research process. To establish dependability, the researcher will maintain an audit trail that documents all decisions and steps taken throughout the study, from data collection to analysis. This detailed record will enhance transparency and allow replication of the study. Additionally, expert validation of the interview guide and methodology will be conducted to ensure rigor and alignment with the research objectives.

Confirmability ensures that the findings represent the participants' perspectives rather than the researcher's biases. The researcher will practice reflexivity throughout the study, actively reflecting on personal preconceptions and minimizing their influence on the data. The audit trail will also serve as a mechanism for confirmability, allowing an independent reviewer to verify the research process and findings.

Ethical Considerations

This study adhered to established ethical principles to ensure respect, beneficence, and justice throughout the research process. This is submitted and approved by the San Pedro College Research Ethics Committee.

Voluntary Participation. Participation in the study was entirely voluntary. The researcher provided participants with clear information about the study's objectives, procedures, and potential risks and benefits, allowing them to make informed decisions. Participants were informed of their right to withdraw at any time without any consequences.

Privacy and Confidentiality. The researcher ensured strict confidentiality of all data. Identifiers such as names and specific hospital affiliations were removed or replaced with codes. Electronic files were securely stored with access limited to the researcher, and physical documents were kept in a locked file.

Minimization of Risk. The researcher minimized potential risks by scheduling interviews at participants' convenience to avoid disrupting professional responsibilities. A supportive and respectful environment was maintained during interviews, and participants were allowed to skip questions they found uncomfortable.

Validity and Reliability. To enhance validity and reliability, the semi-structured interview guide was reviewed and validated by experts in healthcare administration and qualitative research. Transcriptions of interviews were verified by participants to ensure accurate representation of their responses.

Transferability. The study focused on hospital administrators directly involved in implementing the PhilHealth Konsulta Program to ensure the findings are relevant and applicable to similar healthcare settings. The principle of justice guided participant selection to ensure fairness and avoid coercion or discrimination.

Analysis

This study employed a phenomenological approach to explore the lived experiences of hospital administrators in implementing the PhilHealth Konsulta Program in South Cotabato. Phenomenology focuses on understanding participants' subjective experiences and the meanings they attach to a particular phenomenon, allowing researchers to capture the essence of these experiences [157]; [156]. To analyze the qualitative data, the researcher utilized Braun and Clarke's framework [155] six-step thematic analysis, a systematic and flexible method for identifying, analyzing, and reporting patterns or themes within qualitative data. This approach is particularly suitable for phenomenological research, as it enables the researcher to uncover both shared and unique aspects of participants' experiences.

Data analysis began after the completion of all interviews. The researcher transcribed audio recordings verbatim to ensure that participants' responses were accurately represented. Each transcript was read and reread to familiarize the researcher with the data, allowing her to note initial impressions, emerging ideas, and potential patterns. This initial immersion helped the researcher gain a holistic understanding of the participants' narratives and prepared the data for systematic coding.

Following Braun and Clarke's framework [155], the researcher then generated initial codes by highlighting and labeling relevant segments of the data. These codes captured both descriptive and interpretive aspects of the administrators' experiences, including recurring words, phrases, and concepts. Once the coding was complete, the researcher grouped related codes into potential themes and sub-themes, identifying broader patterns that addressed the study's research questions and captured the essence of the participants' lived experiences.

The researcher reviewed and refined the initial themes by checking them against the transcripts, ensuring that each theme accurately represented the data and was coherent and distinct. During this process, some themes were combined, separated, or discarded to reflect the realities of the participants' experiences more precisely. The final step involved defining and naming the themes, providing clear labels and descriptions that conveyed the core meaning of each theme. The researcher then wrote the findings in a narrative form, weaving together the themes and including direct quotes from participants to illustrate and support the analysis.

To maintain rigor throughout the analysis, the researcher ensured consistency in coding and theme development. Ambiguities or discrepancies in the data were addressed by revisiting the transcripts and considering alternative interpretations. Member-checking was also employed, where participants reviewed the findings to verify that the themes accurately reflected their experiences. These procedures strengthened the credibility, trustworthiness, and reliability of the study, ensuring that the final analysis truly represented the lived experiences of hospital administrators in implementing the PhilHealth Konsulta Program.

IV. FINDINGS AND DISCUSSION

The findings of this study are derived from a rigorous thematic analysis of qualitative interviews conducted with hospital administrators regarding the implementation of the PhilHealth Konsulta Program. Through a systematic process of data reduction, significant statements were extracted from the transcripts and organized into clustered meanings. This inductive process culminated in the identification of five emergent themes that represent the shared patterns of experience across the participating facilities. The findings revealed 100 significant statements, 15 theme clusters and 5 emergent themes. The following emergent themes encapsulate the administrative and operational realities of the program, Theme 1: Challenges in System and Program Implementation as Experienced by Hospital Administrators, Theme 2: Impact of PhilHealth Konsulta Program—Improved Access to Healthcare Services, Theme 3: Perceived Benefits of the PhilHealth Konsulta Program, Theme 4: Perceived Limitations of the PhilHealth Konsulta Program and Theme 5: Strategies Employed by Hospital Administrators in Implementing the PhilHealth Konsulta Program

This section presents the findings of the thematic analysis of the interviews conducted with hospital administrators regarding their experiences in implementing the PhilHealth Konsulta Program. From the analyzed data, a total of significant statements were identified and organized into clustered meanings, which were further synthesized into five emergent themes. These emergent themes represent the shared patterns of experiences across participants and form the basis of the findings presented in this section. The results are organized according to the emergent themes, with selected participant narratives embedded within each theme to illustrate and support the findings.

Emergent Theme 1: Challenges in System and Program Implementation as Experienced by Hospital Administrators

This theme captures the persistent difficulties encountered by hospital administrators in implementing the PhilHealth Konsulta Program. Their experiences reveal a system marked by fragmentation, operational strain, and resource pressure, which collectively hinder efficient service delivery and program sustainability.

A central challenge identified by administrators is system fragmentation, particularly the lack of integration between hospital information systems and PhilHealth's platform. Participants consistently described the burden of encoding patient data into two separate systems, resulting in increased workload, processing delays, and inefficiencies in reporting and queue management. One administrator explained: *Medyo mahirap ang implementation una because of encoding kasi we have our own Hospital Information System (HIS) and then idadagdag na naman itong more tedious na system ng PhilHealth. And not profitable.* (The implementation is somewhat difficult at first because of encoding, since we have our own Hospital Information System (HIS), and then this more tedious system of PhilHealth will be added. And it's not profitable.) – Transcript no. 1, Page 1, Lines 11-14. This dual-encoding requirement slows operations and contributes to longer patient queues, reinforcing administrators' perceptions that the program demands significant effort without corresponding operational or financial returns.

Another major concern involves registration and enrollment misalignments. Administrators reported that patients are often automatically registered under providers they did not choose and without their knowledge, commonly with Rural Health Units. This disconnect disrupts patient-provider relationships and limits service utilization at hospitals. One participant noted: *Honestly, hindi ganon kaganda ang implementation ng Konsulta kasi for me ang process ng Konsulta me problema, una sa registration sample lang yung aming mga empleyado instead they will avail of the Konsulta in our ho, spital cannot because they were registered without their knowledge with the RHU.* (Honestly, the implementation of Konsulta is not that good because, for me, the process of Konsulta has problems, first with registration—our employees are just samples; instead of availing Konsulta in our hospital, they cannot because they were registered without their knowledge with the RHU.) – Transcript No. 1, Page 1, Lines 24-27.

Another participant also shared: *Challenge for us to achieve our target of 1000 because most of the clients going to our hospital who wanted us to be their Konsulta Provid, er howe, ver they are registered in other providersr. Also, a challenge. When patients have their Konsulta with providers, however, their laboratory and medical tests are conducted in our hospital. We do not refuse patients pero kasi package dapat kaya we educate them and let them know na doon dapat ito kung saan ka nagpakonsulta iavail. challenge talaga sya kasi imagine ipabalik balik ang patient. As to procedural challenges, internet and yung double ang pin, pag search ng name dalawa so hindi mo maregister si patient na makaavail dayon.* (It is a challenge for us to achieve our target of 1000 because most of the clients going to our hospital want us to be their Konsulta Provider, but they are registered with another provider. It's also a challenge when patients have their Konsulta with another provider but have their laboratory and medicines done in our hospital. We do not refuse patients, but since it is a package, we educate them and let them know that they should avail themselves of it where they had their consultation. It is really a challenge because imagine the patient being sent back and forth. As to procedural challenges: the internet, and the double PIN—when you search for the name, there are two entries, so you cannot register the patient to avail immediately.) – Transcript No. 2, Page 2, Lines 178-185 As added by another participant: *Ang sa amon every year gamay lang ang amon target para hindi kami mabudlayan. Kay halos abi maski gani amon empleyado na register sila sa KP nga hindi nila choice kag wala sila kabalo. Then ang mga usual namon na client annually ginamonitor gid namon and gina follow up sila.* (For us, every year our target is just small, so we won't have difficulty. Because even our employees were registered to KPs, they didn't choose and weren't aware of it. In our usual clients, we really monitor and follow up on them annually.) – Transcript No. 3, Page 5, Lines 220-223

The consequences of this misregistration are operationally significant. Hospitals struggle to meet enrollment targets, and patients are frequently redirected between facilities, leading to frustration and inefficiency. As another administrator described: As shared by one of the participants: *Ang experience namon mag flock gid ang patient pagencode sa system which will take time sa queing. As to the program daw, wala naman. Our doctors see to it na ang laboratory available gid sa hospital including meds.* (Our experience is that patients really flock during encoding in the system, which takes time because of the queue. As for the program itself, there seems to be no issue. Our doctors ensure that the laboratory and medicines are available in the hospital.) – Transcript No. 3, Page 7, Lines 304-306.

Aside from these challenges, there are also experiences with disconnected outreach and low utilization. One of the administrators had stated that: *We thought that ekonsulta program is just the same as the konsulta services that we have, only that we encounter a lot of challenges when it comes to automatic enrollment, a challenge that basically we have an impression that we need to go to the barangays just to get enrollees and then when we did that got frustrated because out of the many outreach program we have we only got a few for the enrollment, and then the challenge is if it is from the automatic enrollment we think that as if we have the obligation to look for them. And what other things would be, number 1, some of these people that we reach they do not know where they are enrolled second thing even if they know that they are enrolled in our hospital they opted not to avail of the services of konsulta package, for the third one, some of them would really want to avail but they are not enrolled to us.* (We initially thought the e-Konsulta program was the same as the Konsulta services we already had. However, we faced many challenges, especially with automatic enrollment. We assumed we had to go to barangays to enroll people, but despite outreach efforts, we got very few enrollees. The challenge was that with automatic enrollment, it felt like it was our responsibility to track them down. Some people we approached didn't know where they were enrolled. Others, even if enrolled in our hospital, didn't avail themselves of the services. Some wanted to avail but weren't enrolled with us.) – Transcript No. 5, Page 10, Lines 460-469. System discrepancies and data mismatches are also rising concerns. The hospital administrators have raised that: *And then, the challenge now is the system of the PhilHealth, you know, we have the same predicament with the system. That's why the province or the provincial government supported us to come up with a one-hospital health system, Salamat naman kay Lord at inaapproved naman ng PhilHealth and system namin. At least now, mas mabilins na yung counting naming, kasi yung discrepancy ng number of enrollees naming at yung PhilHealth ay Malaki or ang layo kasi in exigency lang naman yung nagaapprove sa inyo kami kailangan naming humabol.* (And then, the challenge now is the system of PhilHealth. You know, we have the same predicament with the system. That's why the province or the provincial government supported us to create a One Hospital Health System. Thank God that PhilHealth approved our system. At least now, our counting is faster because the discrepancy between our

number of enrollees and PhilHealth's is big or far. It's only during exigencies that they approve, so we always need to catch up.) – Transcript No. 5, Page 11, Lines 479-485.

Another participant added: *Updating of the system kasi me malayoong deperensya sa figures sa amin against sa Philhealth system at kung minsan kung kailan lang aasikasuhin ni Philhealth, enhancement siguro talaga ng service delivery and system operations.* (Updating of the system—because there's a big difference in figures between ours and PhilHealth's system, and sometimes PhilHealth only addresses it when they get around to it. There really needs to be an enhancement of service delivery and system operations.) – Transcript No. 5, Page 13, Lines 602-604.

Hospital administrators also mentioned confusion during the initial rollout. As mentioned: *Naging challenge sya naming noong una kasi hindi talaga sya namin naabot kasi noong una nangapa talaga kami feeling namin ano to para pala tayong Public Health nakailangan pala natin hanapin itong mga naenroll para ma konsulta.* (It became a challenge for us at the start because we really couldn't reach it. At first, we were groping around, and we felt like, "What is this?"—it turns out, we're like Public Health, that we really have to find these enrollees just to be able to let them enrol in Konsulta.) – Transcript No. 5, Page 11, Lines 487-490.

Financial and operational pressures were also identified by the participants. One of them stated: *Challenging syempre yung sa system, digital system, then operation set up kasi wala namang pera eh noong una, ano yun financial challenges, and if you expand the konsulta nageexpand din yung demands.* (Of course, the system is challenging—the digital system, then the operational setup—because there was no money at the start. Those were financial challenges, and if you expand the Konsulta program, the demands also expand.) – Transcript No. 5, Page 13, Lines 580-582.

Emergent Theme 2: Impact of PhilHealth Konsulta Program: Improved Access to Healthcare Services

This theme stands in contrast to the implementation challenges, showcasing the program's intended benefits in action. It is evident that despite the operational hurdles, the program is succeeding in its fundamental goal of bringing healthcare closer to the public. Specifically, one of the most prominent findings is the administrators' recognition that Konsulta increased access to essential medical services. As one administrator described, *I think ang pinakamajor na ma benefit ng client natin is the availment of the labs and meds. I think if fully ano na tayo sa Konsulta at marami ng clients at marami na rin tayong resources it benefits a lot to the client kasi maavail nila agad ang lab at meds.* (I think the major benefit that our client gets is the availability of laboratories and medicines. If we are fully established in Konsulta and have many clients and many resources, it will benefit the client a lot because they can avail of labs and meds right away.) – Transcript No. 2, Page 4, Lines 167-169.

Administrators widely acknowledged the preventive health dimension of the program. As one participant remarked, *Kung tan awon sya mam effective sya. Kay mostly namon na patient sa konsulta seldom lang gid nga naadmit. Kay gamay lang na mabatyagan nagapakonsulta dayon sila.* (If you look at it, ma'am, it's effective, because most of our Konsulta patients are rarely admitted, because they immediately consult even with minor symptoms.) – Transcript No. 3, Page 6, Lines 244-246.

Another administrator emphasized that the program made patients more confident to seek consultation, knowing that diagnostic tests and medications were available without financial burden. As mentioned, *Siguro mam yung pagvisit ni patient sa hospital kasi dati magpunta lang sila pag mesakit na sila, ngayon maski well sila nagaavail sila Konsulta at walang bayad. Dira nila mabal an kag maprevent hindi na sila maghulat na me mabatyagan pa sila bag o maglakat sa ospital.* (Maybe, ma'am, it's because patients used to only go to the hospital when they're sick, but now even when they're well, they avail of Konsulta because it's free. There, they realize and prevent illness—they no longer wait to feel something before going to the hospital.) – Transcript No. 3, Page 6, Lines 275-278.

An important but sometimes overlooked dimension of access is the benefit to healthcare workers themselves. Administrators reported that Konsulta eased financial pressures on hospital employees by extending access to free consultations, laboratory services, and medications to them and their dependents. One administrator highlighted that, *"Pero as to the employee's beneficiaries of Konsulta program maappreciate nila kay for example, me gamay lang sila na ginabatyag magpakonsulta dayon maavail nila ang laboratory kag medicine na libre. And also those clients, not our employees, they also avail of the lab and me, ds even me gamay lang sila na me mabatyagan.* (As to the employee beneficiaries of the Konsulta program, they appreciate it ...because for example, even with minor symptoms, they consult immediately and avail of the free laboratory and medicine. And also those clients who are not our employees avail of the lab and meds even with just minor ailments.) – Transcript No. 3, Page 5, Lines 231-235.

Beyond financial relief, the program was credited with improving employee health monitoring and reducing absenteeism, which in turn contributed to more efficient hospital operations. Another participant explained, *Malaking impact ng program samin hindi na kmi nagsishell out ng money just to have a check-up. Previously, we only had annual physical exams; now we have bi-annual physical exam consultations without out-of-pocket costs. Mas monitored ang health ng mga employees and nababawasan ang mga absences nila due to illness kasi required sila to go for Konsulta. For other members, not our employees, financial benefit talaga kasi hindi na sila magbayad for consultation nila. For the facility, naman ang major benefit is the increase in patient traffic.* (The program has had a big impact on us—we no longer have to spend out of pocket to get a check-up. Before, we only had annual physical exams. Now we have biannual consultations with no out-of-pocket expenses. Our employees' health is better monitored, and absences due to illness have been reduced because they are required to undergo Konsulta. Other members who are not our employees also benefit financially, as they no longer have to pay for their consultations. For the facility, the major benefit is the increased patient traffic.) – Transcript No. 4, Page 9, Lines 404-409.

Administrators also noted a significant improvement in hospital utilization patterns. With patients seeking consultations earlier, hospitals observed an increase in outpatient visits, which is preferable to costly emergency care and extended admissions. As one administrator put it, *Positive ang patient outcome, previously outpatient consultation has fees now under Konsulta, it is already free, financial burden nabawasan. Next, it is easy to provide the services to the patient's needs. Previously, only our staff had access to the outpatient consultation, and their families were sent to the government facility, but now they are availing of the Konsulta at our hospital for free. The patient benefited from the program because of the services the Konsulta providers offered. Those employees who are on sick leave and required to submit a medical certificate are no longer paid for consultation; the availability of Konsulta is free.* (Patient outcomes have been positive. Previously, outpatient consultations had fees. Now

under Konsulta, it's free, and the financial burden has lessened. It's now easier to provide patients with the services they need. Previously, only our staff availed of outpatient consultation. Their families would go to government facilities. Now, they can also avail themselves of Konsulta for free at our hospital. Patients have benefited from the program due to the services provided by Konsulta providers. Employees on sick leave who need to submit a medical certificate no longer need to pay for a consultation—it's free under Konsulta.) – Transcript No. 4, Page 8, Lines 358-364.

Emergent Theme 3: Perceived Benefits of the PhilHealth Konsulta Program

This emergent theme emphasizes two interrelated aspects: (1) efficient service delivery through streamlined processes and continuity of care, and (2) financial benefits that reduce patient burden while helping hospitals offset certain operational costs. Administrators consistently emphasized that Konsulta has enhanced the efficiency of outpatient services, particularly in laboratory processing and medicine dispensing. As one administrator explained, *I think kasi the same lang naman sa out-patient ang treatment, napabilis lang ang pagpaprocess ng laboratories tapos ipagkuha ng gamot.* (I think the treatment is really just the same as outpatient—it's just that the processing of laboratories is faster and the medicine can be claimed immediately.) – Transcript No. 2, Page 4, Lines 152-153.

Furthermore, administrators noted that efficient service delivery was also linked to continuity of care. One participant shared: *Continuous market the program and increase the Php 1700 package amount para magsige follow up ang patient kay sa subong abi daw wala continuity pag sunod na visit mabayad na sila kay naconsume naman ang 1700. Subong annual check-up lang.* (Continue to market the program and increase the Php 1700 package so patients will continue their follow-ups ...because right now there's no continuity—as soon as the Php 1700 is used up, they have to pay again on the next visit. Right now, it's just one annual check-up.) – Transcript No. 3, Page 7, Lines 297-299. This aspect shows the preventive and sustained care model promoted by the Universal Health Care (UHC) law, where continuity of care is essential to reducing long-term disease burden. Another strong theme is the financial relief Konsulta provides to patients. Administrators pointed out that when hospitals avoid charging excess fees, more patients are encouraged to avail themselves of Konsulta services. One participant shared: *Siguro po sa patient outcome, ito yung pinakamalaki kasi service delivery naman kami and as to hospital naman, hindi mo naman sya masasabi na income generating sya kasi hindi ka naman talaga kumikita sa government kasi mas Malaki pa ang sinishell out ng main hospital through augmentation ng budget pero kahit wala naming konsulta noon ganoon pa rin magprovide ka pa rin ng outpatient consultation, technically pagtitingnan mo me augmentation si PhilHealth on the financial.* (Maybe in terms of patient outcome, this is the biggest, because we're focused on service delivery. As for the hospital, you can't really say it's income-generating because you don't really earn from the government—what the main hospital shells out through budget augmentation is even bigger. But even when there was no Konsulta before, we still provided outpatient consultation. Technically, if you look at it, PhilHealth is still augmenting the financial aspect.) – Transcript No. 5, Page 12, Lines 553-558. Another participant added: *Mas makaencourage kami ng patient kay so far wala kami nagapaexcess.* (We can better encourage patients because, so far, we haven't gone over the limit.) – Transcript No. 3, Page 6, Line 267.

Emergent Theme 4: Perceived Limitations of the PhilHealth Konsulta Program

This theme is a comprehensive summary of the program's perceived weaknesses from the perspective of hospital administrators. The limitations of the Philhealth Konsulta Program include financial constraints, inappropriate use, information gaps, insufficient package benefits, and system and program implementation challenges.

Financial issues surfaced as one of the most pressing limitations. One hospital administrator shared, *Sa workflow, it is causing delay pag me magavail ng Konsulta maghaba ang queing 20 to 30 minutes kasi me double encoding. Sa financial side naman mam, mas lalong magulo kasi ngayon is Php 1700, but depende sa tranches sa first tranche 960 and second depende sa evaluation ng PhilHealth kung ilan ang consultation, medicine, and procedure na nabigay naming so it is not the absolute 1700 ang makukuha nam, in while the benefit of the patient is more than the 1,700, just like for example a patient whose visit is more than once. And every consultation we are paying the doctors, the amount is 500 every time, at hindi po sya pwedeng ishoulder ng hospital kay kaunti nlang mapupunta sa hospital. Another is distortion sa financial reports naming kasi magchacharge kami ng revenue naming na let say 1000 pero pagdating naman ng reimbursement na mas lower kesa aming expenses kaya nahirapan kami magjustify. Ang cash flow naming hindi na magtimbang. Hindi na accurate ang aming records.* (In the workflow, it causes a delay when someone avails of Konsulta—the queuing becomes long, 20 to 30 minutes, because there is double encoding. On the financial side ma'am, it's even more complicated because now it's Php 1700 but it depends on the tranches: the first tranche is 960, and the second depends on PhilHealth's evaluation on how many consultations, medicines, and procedures we provided—so it is not the full 1700 that we get, while the benefit for the patient is more than 1700, just like for example a patient who visits more than once. And every consultation we are paying the doctors, the amount is 500 every time, and it cannot be shouldered by the hospital because only a little will be left for the hospital. Another is distortion in our financial reports because we charge our revenue, let's say 1000, but when the reimbursement comes, it is lower than our expenses, so we have difficulty justifying it. Our cash flow is no longer balanced. Our records are no longer accurate.) – Transcript No. 1, Page 1, Lines 29-40.

The inadequacy of the reimbursement amount forces providers to absorb financial losses, which many justify as investments in long-term patient loyalty and reputation. However, the sustainability of this practice is questionable. As the participants remarked, *to increase the Php 1700 just like the OECB package na kung ano yung nagamit ni patient per availment yun din sana ang konsulta na per consultation ang cap.* (To increase the Php 1700 just like the OECB package—whatever the patient used per availment, that should also be how Konsulta is, per consultation cap.) – Transcript No. 1, Page 2, Lines 73-74. Another participant also noted that: *For 3 years in the implementation of the program, smooth naman sya wala kaming major problem talaga in terms of processes, in encoding and submissions of our claims, only in reimbursement medyo dugay dugay lang sya.* (In our three years of implementing the program, it has run smoothly with no major issues in terms of processes, encoding, or claim submission. The only delay is in reimbursements, which take some time.) – Transcript No. 4, Page 10, Lines 441-443.

The findings also indicate misalignment in the distribution and use of package benefits. Rural Health Units (RHUs), which are expected to handle primary care under Konsulta, often rely on hospitals to provide services. This practice shifts costs upward, forcing hospitals to deliver services beyond their intended scope. One participant noted, *unless it forms a habit on the part of the*

patient na normal lang sa kanila ang magpa check-up, pero yung sa me mga habit na tulad ng ang patient kung nasa Private hospital sila, sila pa ang nagtuturo kung ano ang gusto nila na laboratory. Sometimes referral and communication this things matter. Para sa akin tulad ng sa RHU dapat na propovide ang meds kasi sa UHC dapat nakakapacitate na tayo sa primary health care. No offense ang nangyari kasi, ginagamint ni Rural Health ang Hospital na iaugment kung ano ang kakulangan nila tapos sila ang nagkiclaim diba kasi sa kanila naka rehistro pagkatapos paghindi available sa kanila ang services ipapasa nila sa hospital which hindi naman kmai makakaclaim diba. Dati mas Malaki kami mga 2M per month yung kinocollecta naming sa City Health ngayon wala na so nawalan kami. Supposedly the special health fund will capacity them para hindi na sila pupunta sa referral. Ang sa referral dapat yung mga high end na tayo hindi yung primary health care. Ginagawa nilang taga salo yung level 2 hospital. (Unless it forms a habit on the part of the patient that getting a check-up becomes normal to them—but there are those who, when they're in a private hospital, they're the ones telling what laboratory test they want. Sometimes, referral and communication—these things matter. For me, like in RHUs, they should be providing the meds, because under UHC, we should already be capacitated at the primary health care level. No offense, but what's happening is that Rural Health is using the hospital to augment whatever they lack, and then they're the ones who claim, right? Because the patients are registered with them. Then when services aren't available at their end, they refer them to the hospital—but we can't claim that, right? Before, we were bigger—around ₱2 million per month was what we were collecting from City Health. Now, it's gone, so we lost that. Supposedly, the special health fund should capacitate them so that they no longer need to go to referral. In referrals, we should be handling the high-end cases, not primary health care. They're making the level 2 hospital the one to catch all the overflow.) – Transcript No. 5, Page 13, Lines 566-577.

The referral system also appears weak, with protocols inconsistently followed. This leads to duplications in services, inefficiencies, and financial losses for hospitals. Some private hospitals, in particular, expressed difficulty in aligning their service models with Konsulta's expectations, especially when patients demand higher levels of care than what is covered. A physician explained, *Challenge on the support of the management because we see that it is not beneficial to the hospital for the small amount against the provided services. We made recommendations to the top management that hindi lang naman Konsulta ang aasahan natin dyan me other income naman na magegenerate tulad ng services or lab na hindi covered ni Konsulta, since dito na sila nagpa consult, high chance na dito na rin sila magpalab which means that me revenue due to patient traffic. If Konsulta alone malugi ka talaga sa liit ng package. Another challenge is yung pagiging abusive ng ilang members na iniexploit ang program.* (A challenge is gaining management's support because the small amount isn't beneficial to the hospital, considering the services we have to provide. We've recommended to upper management not to rely solely on Konsulta because we can generate other income from services or labs not covered under Konsulta...because since they consult here, it's likely they'll also have their lab tests done here, resulting in additional revenue from patient traffic. If you rely only on Konsulta, you'll really lose money because of the small package. Another challenge is the abuse of the program by some members.) – Transcript No. 4, Page 9, Lines 415-421.

Another critical limitation involves information gaps affecting both patients and providers. On the patient side, there is limited understanding of Konsulta's preventive focus, scope of benefits, and cost coverage. This creates unrealistic expectations and dissatisfaction when patients discover that certain laboratory tests or medications are not included. As one participant expressed, *Maganda sana ang project ng UHC specifically Konsulta kasi nga ang target nila is from prevention until curing pero ang isa sa problem is yung sa dissemination hindi lahat informed kung meron naman ang sinasabi ng PhilHealth libre but the real thing is sa government free pero sa private me co pay. Hindi na didiscuss yung co pay. One time we had a patient mag avail ng konsulta and nagkaroon ng 900 co pay hindi na nagtuloy kay sabi ng PhilHealth Libre bakit kmi magbayad. Nagalit at pinost kami sa facebook. Mainly sa health nla, kasi mostly covered ng konsulta and also monitoring ng health nila, and at the same time ang maintenance. For now, there is no effect as to the admission k now kokonti plan gang nakakaalam ng konsulta.* (The UHC project is supposed to be good, specifically Konsulta, because the target is from prevention to curing, but one problem is with dissemination—not everyone is informed. PhilHealth says it's free, but in reality, it's free only in government facilities, while in private, there is a co-pay. The co-pay is not being discussed. One time, we had a patient avail of Konsult, and there was a \$900 co-pay; the patient did not proceed because PhilHealth said it's free—“Why do we have to pay?” They got mad and posted us on Facebook. Mainly for their health, because Konsulta mostly covers it and also monitors their health, and at the same time, their maintenance. For now, there is no effect on admissions because currently only a few know about Konsula.) – Transcript No. 1, Pages 1-2, Lines 42-50.

I. The inadequacy of the current package benefits, particularly the Php 1700 cap, was repeatedly emphasized as a structural weakness. Providers argued that this amount is not sufficient to cover

II. common diagnostic tests, medications, or preventive care, much less treatment for chronic conditions like diabetes or hypertension. One administrator stated, *Honestly, the 1700 package rate is not enough. Kasi tulad ng sa mga empleyado we cannot deny the fact na ang daming me sakit tulad ng matatas ang sugar at high blood which this entails more laboratory procedures. The laboratory examination na binigay like for blood chem alone, which costs you how much kaya hindi talaga sapat ang 1700. Specially na hindi naman binibigay ng one-time ang reimbursement mag shell out talaga good thing the main hospital augments this need for the government hospital.* (Honestly, the ₱1700 package rate is not enough. Beca, use like with our employees, we cannot deny the fact that many have illnesses like high blood sugar and high blood pressure, which entail more laboratory procedures. The laboratory examinations provided—like for blood chem alone—cost a lot, so ₱1700 really isn't enough. Especially since the reimbursement isn't given all at once, you really need to shell out. Good thing the main hospital augments this need for the government hospital.) – Transcript No. 5, Page 12, Lines 536-542.

Physician accreditation was also identified as a significant barrier. Participants described the process as lengthy, bureaucratic, and discouraging, leading to a shortage of accredited physicians under Konsulta. This shortage compounds the challenges hospitals face in meeting patient demand. A hospital director explained, *Yung accreditation ng physicians tulad ng consultants hindi naming macontrol yung consultants at sabihan na doc dapat 8 to 5 ang duty mo para sa konsulta most likely ang mag maman is the resident physician unfortunately they are not PHIC accredited kasi wala naming benefit sa kanya ang accreditation, wala naman syang admissions. Kami we sponsor 2 residents to be accredit but it took 2 to 3 months magpa accredit sa processing kasi ang requirement first sa PMA kasi kailangan mo pang antayin ang convention ng PMA bago ka makakuha ng good standing.* (The accreditation of

physicians like consultants—we cannot control the consultants and tell them, "Doc, your duty should be from 8 to 5 for Konsulta." Most likely, the one who will manage is the resident physician. Unfortunately, they are not PHIC accredited because there is no benefit for them in accreditation—they don't have admissions. We sponsored two residents to be accredited, but it took 2 to 3 months to process the accreditation because the first requirement is from PMA, and you still have to wait for the PMA convention before you can get a certificate of good standing.) – Transcript No. 1, Page 2, Lines 76-82.

These themes reveal that the limitations of Konsulta are not isolated problems but interconnected barriers that reinforce one another. Financial instability discourages participation, misaligned responsibilities burden hospitals, inadequate information fosters mistrust, insufficient package benefits compromise care, and accreditation hurdles reduce manpower. The program's structural design thus requires urgent revision to align policy with practical realities.

Emergent Theme 5: Strategies Employed by Hospital Administrators in Implementing the PhilHealth Konsulta Program

This emergent theme is a testament to the ingenuity and resilience of hospital administrators in navigating the program's complex landscape. This theme moves beyond the limitations and highlights the proactive solutions and adaptations that hospitals have adopted to make the program work. It is an exploration of best practices and an illustration of the institutional effort required to turn a challenging mandate into a functional service.

III. The findings revealed that hospital administrators have adopted diverse strategies in implementing the PhilHealth Konsulta Program, which were clustered into four major categories: (1) Enhancing System Processes and Procedures, (2) Human Resource Training and Development, (3) Improving Communication, Collaboration, and Feedback, (4) Provision of Resources and Infrastructure, and (5) Strengthening Implementation, Monitoring, and Support.

IV. Hospital administrators emphasized the importance of refining system processes to make program implementation more efficient and patient-centered. A recurring concern was the need for clearer and more transparent communication of Konsulta's terms, particularly regarding co-payments in private facilities, to better manage patient expectations. This indicates that lack of clarity often leads to patient confusion and dissatisfaction. As one participant noted: *Easier enrollment process, easier na process flow as to entry sa system and how can it be easier for the client to transfer.* (Easier enrollment process, easier system entry process, and it should also be easier for the client to transfer.) – Transcript No. 3, Page 7, Lines 301-302.

Another strategy suggested was giving patients the freedom to choose their Konsulta Provider instead of relying solely on automatic or compliance-based registration. Allowing patients autonomy over their providers not only fosters trust but also reduces administrative errors and disputes. As one participant stated: *Number 1 is let the client decide kung saan na KP nya gusto magpa enroll because KP's for the sake of compliance register clients, like for example ilista lang cla then register na pala yun sa barangay nila. Magpunta ditto tapos doon pala sa kabila na register. To be fair kasi package naman pinapapunta namin sa kung saan talaga sila nakaregister.* (Number 1 is let the client decide which KP they want to enroll in... because KPs, for the sake of compliance, just list clients—for example, they are listed then already registered in their barangay without them knowing. They go here, but it turns out they are registered elsewhere. To be fair, since it's a package, we direct them to where they are really registered.) – Transcript No. 2, Page 5, Lines 194-197.

Additionally, simplifying the enrollment process and including more comprehensive lab tests were strategies proposed to align with the expanded benefits package. Hospitals also expressed the need for transparent transfer mechanisms so clients can move more easily between providers when necessary. These system-level adjustments are viewed as critical for reducing administrative bottlenecks and improving service delivery. A participant stressed this need for simplification by sharing: *First is to simplify the enrollment system. Secondly, dapat ang clients cla dapat first hand makabalo kung saan sila na register because mostly wala sila kabalo nga sa RHU gali sila nakaregister. Masurprise nlang ang patient na didto ang data. Gusto nila magavail Konsulta sa amon Hospital hindi sila maka avail. Thirdly, I recommend including SGPT, SGOT, and acid lab since nagtaas naman ang package amount.* (First is to simplify the enrollment in the system. Secondly, clients should know firsthand where they are registered because most of them don't know they're registered with the RHU. Patients are surprised that their data is there (at RHU). They want to avail Konsulta at our hospital, but can't. Thirdly, I recommend including SGPT, SGOT, and uric acid tests since the package amount has increased anyway.) – Transcript No. 3, Page 6, Lines 269-273.

Another prominent strategy employed by administrators centered on strengthening human resource capacity. Administrators consistently pointed out that proper orientation, continuous training, and infrastructure support are essential to the program's success. Without these, staff turnover and reorientation needs become recurring barriers that delay service delivery. One administrator emphasized: *We need to learn the program. Our initial step was orientation with PhilHealth, and after naman ng PhilHealth orientation naman ng mga staff to be involved in the program, including the needed support system such as internet, computer, and then the processes, whether regular transactions or konsulta.* (We need to learn the program. Our initial step was orientation with Phil, Health, and after PhilHealth, there was orientation again for the staff to be involved in the program, including needed support systems such as internet, computer, and then the processes, whether regular transactions or Konsulta.) – Transcript No. 1, Page 1, Lines 17-20.

Outreach activities such as caravans and collaborative initiatives with PhilHealth were identified as practical strategies to raise awareness and encourage patient participation. This suggests that training efforts must go hand in hand with public engagement strategies to build both staff and community capacity. As one participant reflected: *Trainings and orientations. Last year pagcaravan noong August, naginvite kami sa PhilHealth para sa assistance to conduct the caravan.* (Trainings and orientations. Last year, during the caravan in August, we invited PhilHealth for assistance in conducting the caravan.) – Transcript No. 2, Page 4, Lines 164-165.

Another participant added: *It starts from triage, the nurses promote the Konsulta program, internet, and during me mga ano kmi lectures outside. We hired personnel to handle the Konsulta program for encoding, registration, and submission of the report. Doctors assigned to the OPD are also the ones who attend the consultation for Konsulta. We also conduct outside activities like a caravan.* (It starts at triage—the nurses promote the Konsulta program (using the internet, and we also conduct lectures outside. We hired personnel to handle the Konsulta program for encoding, registration, and report submission. Doctors assigned to the OPD are also the ones catering to consultations for Konsulta. We also conduct outside activities like caravans.) – Transcript No. 2, Page 3, Lines 124-127.

Administrators emphasized communication as both a challenge and a critical strategy for program improvement. Many patients remain unaware of their Konsulta Provider, creating confusion and reducing service uptake. Hospital administrators thus recommended deploying PhilHealth staff for patient education and awareness campaigns. The findings also showed that efficient service delivery could be achieved through simplified workflows, clustering of services, and the hiring of dedicated personnel. Some hospitals even formed technical working groups to streamline Konsulta operations.

A recurring issue was the lack of a clear distinction between regular and Konsulta consultations, which initially caused overcrowding and inefficiencies. Administrators recommended separating these services to ensure smoother operations. One administrator shared: *Actually noong initial implementation ng Konsulta parang nagbloat ang opd, nagbloat sya kasi hindi pa nila alam na iba pala ang regular consultation sa Konsulta. Pero nga yun me trafficking na kami naiseperate na ang recording ng regular consultation sa Konsulta program. We separate patients availing of regular consultation from those who are availing of the Konsulta program. However, some patients want to avail of Konsulta, but they fall into regular consultation because they are enrolled with another facility. Those personnel handling Konsulta have no other task; they are dedicated to Konsulta alone, except for the psychiatric physician.* (Actually, during the initial implementation of Konsulta, the OPD kind of bloated. It bloated because people didn't yet know that regular consultation is different from Konsulta. But now, we already have a system—we've separated the recording of regular consultation from the Konsulta program. We separate patients who are availing regular consultation from those availing the Konsulta program. However, some patients want to avail of Konsulta, but they end up under regular consultation because they are enrolled with another facility. The personnel handling Konsulta have no other tasks; they are dedicated to Konsulta alone—except for the psychiatric physician.) – Transcript No. 5, Page 11, Lines 507-514.

Furthermore, collaboration and feedback mechanisms were considered vital. While hospitals acknowledged that PhilHealth provides support, they also pointed out that informal communication channels limit traceability and create gaps in accountability. Stakeholders thus proposed formalized communication and structured feedback loops to ensure consistency and transparency. Another participant remarked: *The perceived benefit for the hospital is the network because if we provide them with the Konsulta benefit package, most likely ipagsasabi nya yan sa iba. They will become our walking advertiser. And also revenue, and helps us in our advocacy to extend service to the community.* (The perceived benefit for the hospital is the network because if we provide them with the Konsulta benefit package, most likely they will tell others. They will become our walking advertiser. And also (it provides) revenue and helps us in our advocacy to extend service to the community.) – Transcript No. 1, Page 2, Lines 68-71.

The increasing demands of the program, particularly in terms of workload, physician accreditation, and service delivery capacity, require consistent funding and additional personnel. Hospitals stressed that policy enhancements on equipment purchase limits are essential for ensuring effective patient referrals and comprehensive care. Inadequate infrastructure or outdated equipment can significantly hinder the program's capacity to deliver its promised benefits. Moreover, despite financial constraints, administrators recognized the value of Konsulta as a community engagement tool, strengthening the hospital's reputation and advocacy efforts. This suggests that investment in infrastructure and resources is not only about service provision but also about building trust and visibility within communities.

As one participant observed: *We have lots of modifications, as mentioned for billing, we established two billing counters. Previously, after registration, we only had the first patient encounter; now we can provide the services until consultation in 1 visit for the patient. At first, we thought that services were provided one at a time. The big impact is the change and additional machines for Konsulta alone. Point of care machine.* (We've made several modifications. For example, in billing, we established two billing counters. Before and after registration, there was only the initial patient encounter. Now, we can provide services all the way through consultation in just one visit. At first, we thought services were to be provided one at a time. A major change is the acquisition of additional machines dedicated to the Konsulta program, such as point-of-care machines.) – Transcript No. 4, Page 9, Lines 391-395.

PhilHealth was recognized for providing training and support, yet reliance on informal communication platforms like Facebook posed challenges in documentation and accountability. Administrators also emphasized the importance of structured planning, staff familiarization with PhilHealth policies, and integration into existing hospital systems to ensure long-term sustainability.

Outreach activities such as caravans and collaborative initiatives with PhilHealth were also identified as effective strategies to raise awareness and encourage patient participation. These initiatives not only helped boost program visibility but also enhanced patient engagement, particularly in underserved areas where access to information is limited. As one participant reflected: *Number 2, iwide spread sana ang information dissemination na tama kasi minsan misleading ang information during the caravan, even in radio programs. PhilHealth is telling members na laboratories and medicines are free sa Konsulta, where in fact me out of pocket allowed sa Private KP. So ang patient pagdating sa ospital magreklamo sabihin, sabi ng PhilHealth libre bakit me bayad.* (Second, there should be wider and more accurate information dissemination because sometimes the information during caravans or even radio programs is misleading... PhilHealth tells members that laboratories and medicines are free under Konsulta, when in fact there are out-of-pocket expenses under private Konsulta Providers. So when patients arrive at the hospital, they complain and say, "PhilHealth said it was free—why are we being charged?") – Transcript No. 4, Page 10, Lines 433-437.

Infrastructure support also emerged as a critical enabler. Administrators noted that outdated equipment and a lack of dedicated facilities hinder the full implementation of Konsulta. Investments in diagnostic tools, IT systems, and patient management technologies were suggested to enhance program delivery and improve patient satisfaction.

Despite these challenges, administrators recognized that the Konsulta Program holds significant potential not only as a service delivery platform but also as a tool for community engagement and health advocacy. Many hospitals view participation in the program as an opportunity to strengthen their reputation and build trust with their communities, provided that resource and policy gaps are addressed. As one participant observed: *For the improvement of Konsulta Program, sa PhilHealth to look into the providers that are accredited, if they are capable of providing the services, and if they are really using the downloaded budget to provide the laboratory and meds to their clients. More promotions through the internet. I also recommend na ang laboratory result I attach to submit para Makita if the laboratory is really provided by the said KP claiming.* (For the improvement of the Konsulta Program, PhilHealth should look into the providers they are accrediting—whether they are capable of providing services and whether they are really using the downloaded budget to provide laboratories and medicines to their clients. More promotions through the internet.

I also recommend that the laboratory result be attached upon submission, so it can be seen if the laboratory was really provided by the claiming KP. – Transcript No. 2, Page 4, Lines 172-176.

The final theme, Strengthening Implementation, Monitoring, and Support, emphasizes the importance of structured oversight and accountability in sustaining the PhilHealth Konsulta Program. Hospitals reported that while initial guidance and resources were provided, there is still a need for more consistent monitoring mechanisms and responsive support systems to ensure uniform delivery of services across facilities.

Administrators highlighted that regular submission of reports, verification of laboratory services, and the use of scanned proof for service delivery were crucial for maintaining transparency and minimizing fraudulent claims. However, delays in feedback and a lack of timely system updates often hamper smooth operations. One participant stated: *Number 2 for PhilHealth to monitor if the accredited KP really provides the laboratory and meds. I would suggest about the result of the lab idikit or iscan and submit ang actual lab result sa submission hindi I encode para Makita kung saan nagpalab.* (Number 2, for PhilHealth to monitor if the accredited KP really provides the laboratory and medicines. I would suggest regarding the lab result, to attach or scan and submit the actual lab result during submission, not just encode...it can be seen where the lab was done.) – Transcript No. 2, Page 5, Lines 197-200.

The findings emphasize that the effective implementation of the PhilHealth Konsulta Program relies on clear policies, efficient systems, and consistent support. Clarifying guidelines on co-payments and simplifying enrollment would reduce confusion and improve patient satisfaction. Continuous staff training and stable manpower are crucial to sustaining service delivery, while formal communication channels and structured feedback loops would enhance accountability. Investments in infrastructure, equipment, and information systems are needed to meet growing demands, and robust monitoring mechanisms should be strengthened to ensure transparency, early detection of gaps, and program sustainability.

Hospital administrators have employed diverse strategies to enhance the PhilHealth Konsulta Program, focusing on improving processes, workforce readiness, communication, resources, and monitoring. These efforts aim to make the program more efficient, patient-centered, and sustainable. However, challenges such as policy ambiguities, resource limitations, and delayed responses from PhilHealth continue to hinder its full potential. Despite these, administrators recognize Konsulta as a valuable tool for expanding primary care and building community trust. Strengthened policies, adequate funding, and continuous oversight are essential for the program to evolve into a proactive and reliable model of care.

DISCUSSION

The challenges identified in this study reflect persistent systemic issues documented in earlier research on primary care reforms and universal health coverage initiatives. When examined in relation to previous studies, the findings are largely in alignment with existing evidence on the financial, operational, and administrative constraints faced by healthcare providers implementing national health insurance programs.

Consistent with prior literature, the expansion of the PhilHealth Konsulta Program has increased demands on hospital infrastructure, personnel, and operational budgets without the provision of adequate upfront funding or predictable reimbursement mechanisms [21] [22]. The experiences of hospital administrators in South Cotabato parallel findings that health facilities often absorb financial risks associated with service expansion, leading to constrained planning and limited capacity for long-term investment [23] [24]. This situation is particularly evident among Level 1 and public hospitals, where resource limitations heighten vulnerability to unfunded program mandates [23].

The uncertainty surrounding financial sustainability observed in this study further reinforces earlier analyses of PhilHealth's reimbursement structure, which identified delayed payments and limited benefit packages as barriers to effective service delivery [21] [22]. Similar to findings in previous national health insurance reforms, hospitals are compelled to balance service quality against fiscal solvency, often stretching limited resources to meet increasing patient demand [25]. These conditions create a precarious operational environment that undermines the intended goals of primary care expansion.

Beyond financial constraints, the findings conform with earlier studies highlighting the negative impact of fragmented health information systems on healthcare delivery. Poor system integration and data discrepancies, as reported by hospital administrators, echo documented challenges in health system interoperability that increase administrative workload and disrupt clinical workflows [35] [36]. Such inefficiencies weaken monitoring, delay service provision, and limit the responsiveness of primary care programs. The consistency of these findings with previous studies suggests that the challenges faced by hospital administrators in South Cotabato are not isolated but reflect broader structural limitations within the Philippine health system. Addressing these issues is critical to ensuring that the PhilHealth Konsulta Program supports sustainable service delivery and advances the objectives of universal health coverage rather than imposing additional strain on healthcare providers [26] [34].

The findings also indicate that the PhilHealth Konsulta Program has the potential to improve access to primary healthcare services; however, its impact is moderated by persistent systemic and administrative constraints. These findings are largely aligned with previous studies that highlight PhilHealth's limited contribution to total health expenditure and its historical focus on inpatient rather than outpatient care [21] [22].

Consistent with earlier research, delays in reimbursement and administrative complexity continue to affect hospitals' financial liquidity, limiting their ability to reinvest in infrastructure, technology, and human resources essential for sustaining expanded access [23] [54]. Similar challenges have been reported in other universal health coverage initiatives, where administrative burden and payment delays reduce provider participation and weaken service continuity [29] [34].

Despite these constraints, the study's findings parallel earlier evidence that primary care programs can reduce barriers to access when adequately supported by financing and system integration [35] [55]. However, disparities in beneficiary registration and utilization persist, reflecting broader inequities in program implementation across regions [38]. These patterns suggest that while Konsulta improves access in principle, its actual impact remains uneven and dependent on institutional capacity and system readiness.

The perceived benefits of the Konsulta Program identified in this study are consistent with earlier research that highlights the role of primary care in promoting early intervention, disease prevention, and continuity of care [88] [98]. Participants' recognition of

Konsulta's potential aligns with studies emphasizing that strengthened primary healthcare systems improve patient satisfaction and reduce pressure on tertiary facilities [89] [90].

However, these perceived benefits are partially contradicted by persistent reliance on out-of-pocket spending and PhilHealth's limited coverage for outpatient services, as documented in previous studies [84] [86]. Similar to earlier findings, patients continue to incur significant expenses for services not fully covered under the Konsulta package, undermining financial protection, particularly for indigent populations [85] [87].

The findings reinforce national and international evidence that primary care reforms must be supported by comprehensive benefit packages and adequate financing to translate perceived advantages into tangible health outcomes [91] [94]. Without such support, the benefits of Konsulta risk remaining aspirational rather than transformative.

The limitations identified by hospital administrators conform with previous studies documenting structural and operational weaknesses in the Philippine healthcare system, particularly regarding health system readiness and institutional capacity [88] [90]. Financial strain, administrative burden, and weak system integration continue to limit the program's effectiveness, echoing findings from earlier evaluations of public health reforms [91] [124].

Consistent with the literature, negative public perceptions of primary care as inefficient and low-quality further hinder program uptake and utilization [89]. These perceptions, coupled with fragmented service delivery and inequitable resource distribution, reflect enduring challenges in achieving patient-centered and culturally responsive care [94] [100].

The findings parallel studies emphasizing the need for localized and context-sensitive implementation strategies rather than uniform, top-down policy approaches [97] [128]. This suggests that program limitations are not solely design-related but are also influenced by regional disparities in infrastructure, workforce availability, and governance capacity.

The adaptive strategies employed by hospital administrators align with previous research underscoring the importance of local leadership, stakeholder engagement, and operational flexibility in implementing health reforms [140]. Consistent with earlier studies, administrators adopted pragmatic approaches to manage resource constraints, workforce shortages, and administrative demands [88] [105].

However, these strategies are often compensatory rather than sustainable, reflecting systemic gaps in health financing and human resource planning. Similar to findings in prior studies, maldistribution of healthcare workers and contractual employment arrangements limit the scalability and consistency of Konsulta services, particularly in rural areas [105] [112].

The findings reinforce the literature emphasizing that successful primary care initiatives require robust human resource strategies, including equitable distribution, adequate compensation, and professional development opportunities [106] [109]. While administrators demonstrate resilience and innovation, the sustainability of these strategies depends on broader policy reforms that address structural weaknesses in financing, workforce governance, and system integration [135] [143].

IMPLICATIONS

The findings of this study imply that hospital administrators are compelled to assume expanded managerial and strategic roles to compensate for systemic weaknesses in the design and implementation of the PhilHealth Konsulta Program. Persistent challenges such as fragmented information systems, ambiguous registration protocols, and financially unsustainable reimbursement mechanisms, directly influence hospital strategic planning, resource allocation, and institutional risk management. Consequently, the effectiveness of the Konsulta Program largely depends on the adaptive capacity of hospital leadership to redesign workflows, implement continuous staff training, establish internal monitoring mechanisms, and invest in information technology and human resources. These adaptive practices enable hospitals to mitigate operational inefficiencies, maximize program benefits such as improved access to primary and preventive care, and sustain service quality despite structural constraints. Future research focusing on sustainable financing models, system interoperability, and governance structures that support administrative decision-making, particularly through comparative and longitudinal analyses across hospital levels and regions, may provide evidence to guide policy reforms and ensure that national health programs remain administratively viable, operationally efficient, and aligned with institutional capacities. Further inquiry is needed into hospital-centered primary care implementation under universal health coverage.

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