

# Development of Case Management System in Primary care: Pilot Project



Phunnapa Kittirattanapaiboon, M.D.  
Department of Mental Health  
Ministry of Public Health  
THAILAND



# Thailand Overview



**Capital:** Bangkok

**Government:** Constitutional Monarchy

**Area:** 513,115 sq km (198,115 sq miles)

76 provinces; 876 Districts; 7,282 Sub-district

**Population:** 62.8 Million

**Ethnic Groups:** Thai 98.1%

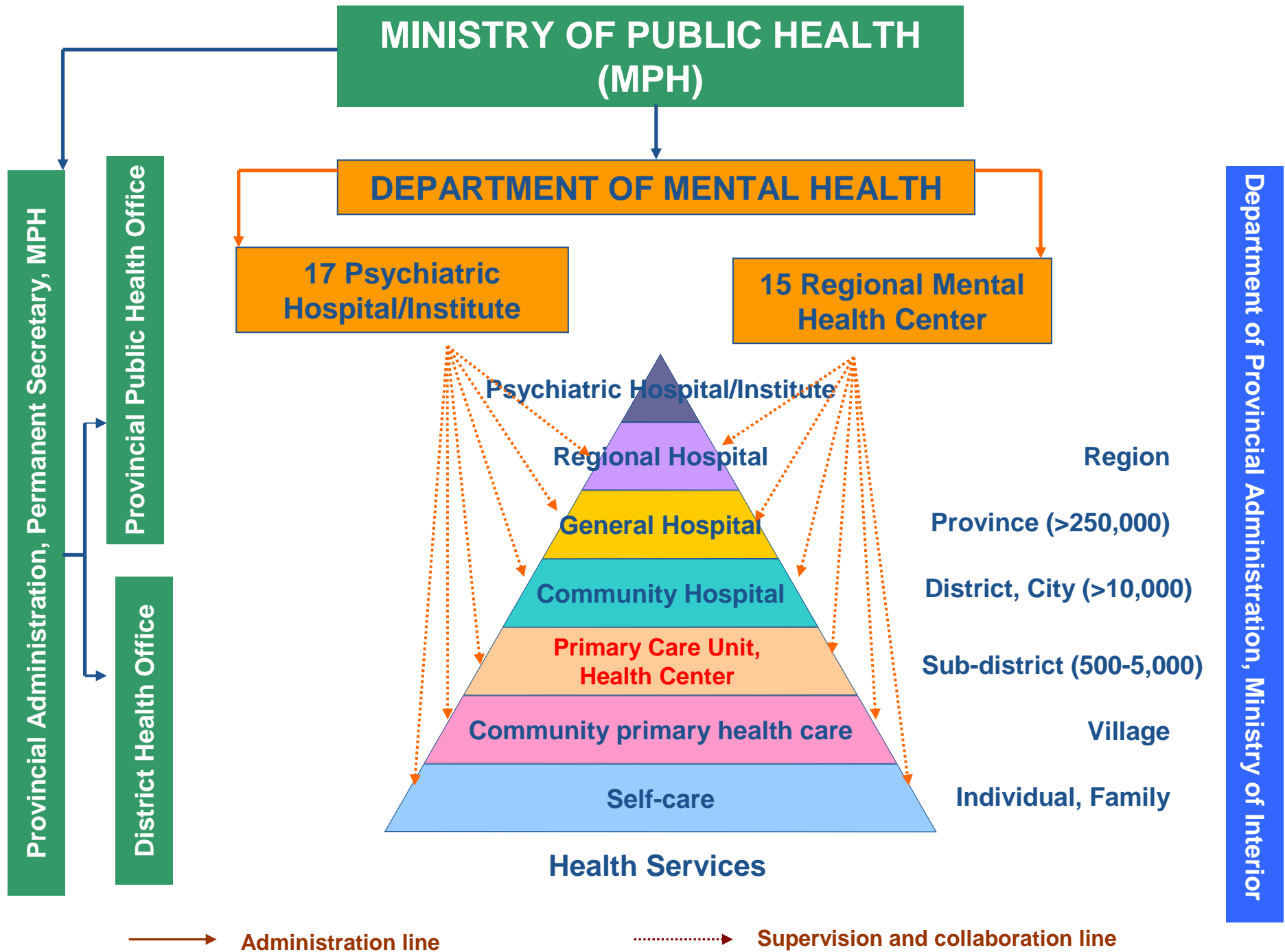
**Religions:** Buddhist 94.5%, Muslim 4.5%, Christian 0.7%

**Life expectancy:** 68 years (male), 75 years (female)

**Annual population growth:** 0.3%

**Adult Literacy Rate:** 94.9%(male) and 90.5% (female) with 12 years compulsory education

**Health Insurance:** 96.0% coverage with 74.3 % from national universal coverage



**MINISTRY OF PUBLIC HEALTH (MPH)**

**DEPARTMENT OF MENTAL HEALTH**

**17 Psychiatric Hospital/Institute**

**15 Regional Mental Health Center**

**Provincial Administration, Permanent Secretary, MPH**

**Provincial Public Health Office**

**District Health Office**

**Department of Provincial Administration, Ministry of Interior**

**Psychiatric Hospital/Institute**

**Regional Hospital**

**Region**

**General Hospital**

**Province (>250,000)**

**Community Hospital**

**District, City (>10,000)**

**Primary Care Unit, Health Center**

**Sub-district (500-5,000)**

**Community primary health care**

**Village**

**Self-care**

**Individual, Family**

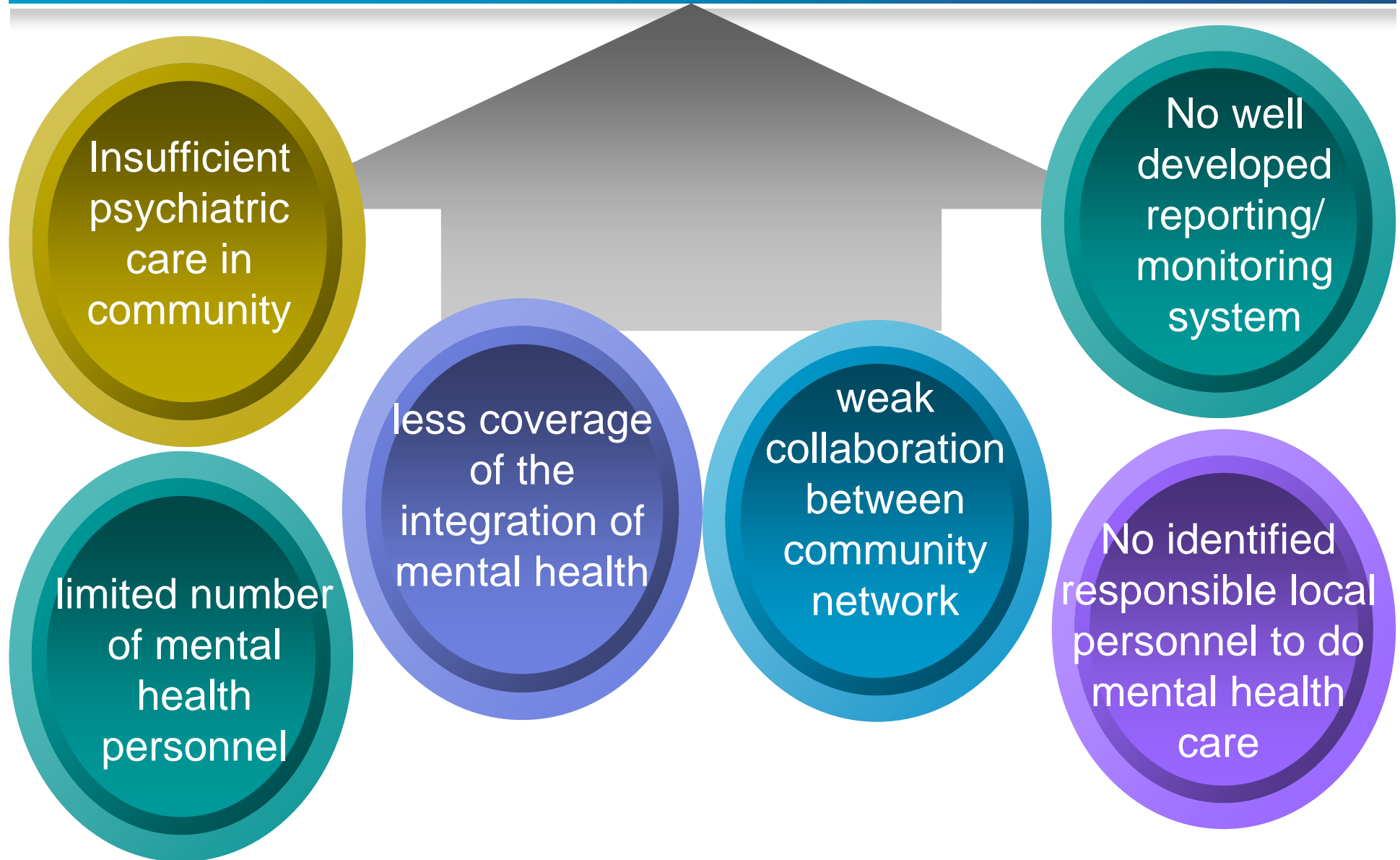
**Health Services**

— Administration line

..... Supervision and collaboration line



# Weakness of the Mental Health System





# Project Introduction

## **DEVELOPMENT OF CASE MANAGEMENT SYSTEM IN PRIMARY CARE**

Pilot Project: select 1 province  
with 5-10 districts and 75-100 sub-district

Strengthening the CMH network  
and empowerment the primary care  
personnel in sub-district level to act  
as case manager by integrated  
mental health care into cluster of  
chronic care



# Objectives

1. to strengthen the community mental health network

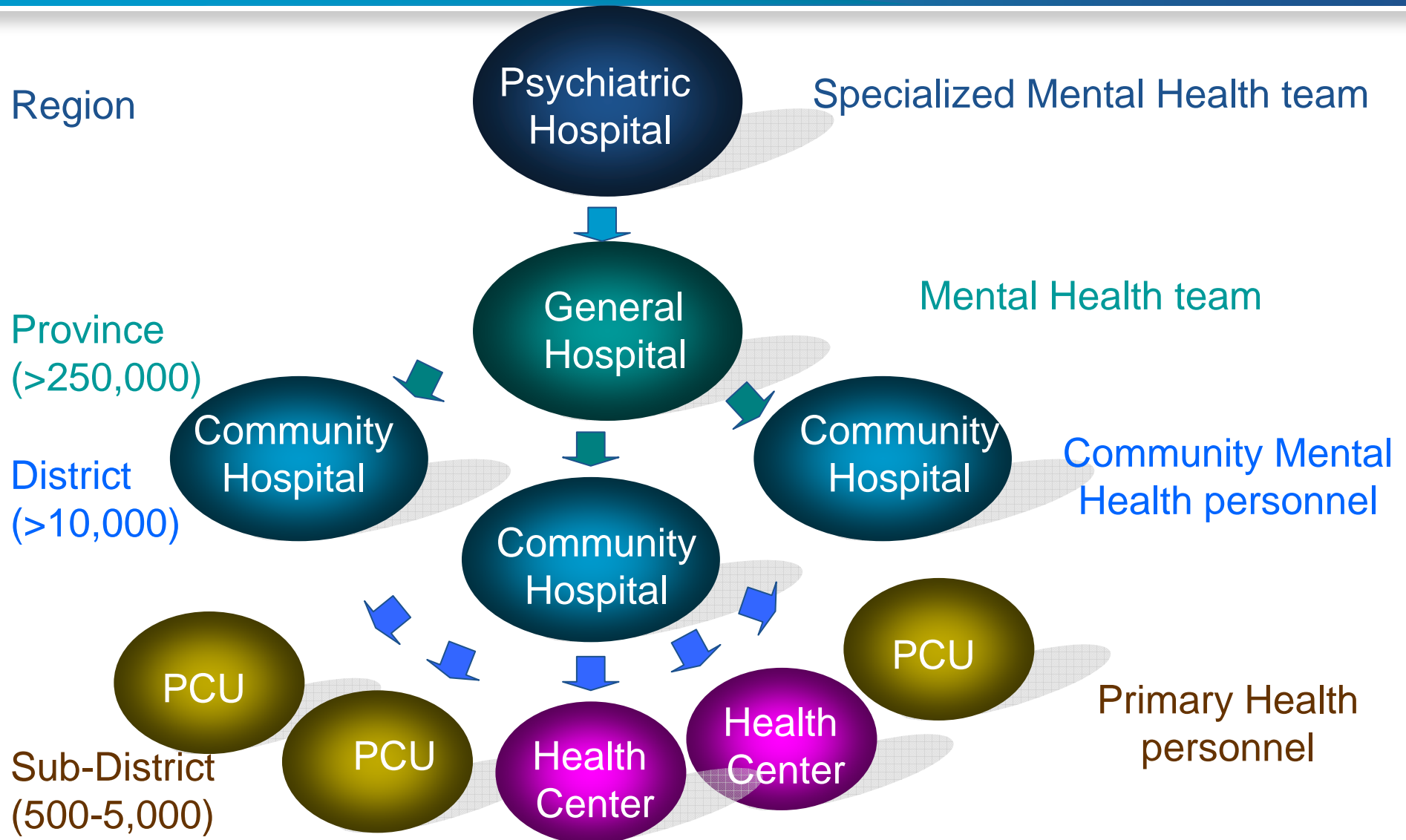
2. to empower the local health care to be case manager in primary health care

3. to increase the mental health training to build up the capacity of local health team

4. to implement the monitoring and data information system in community mental health network

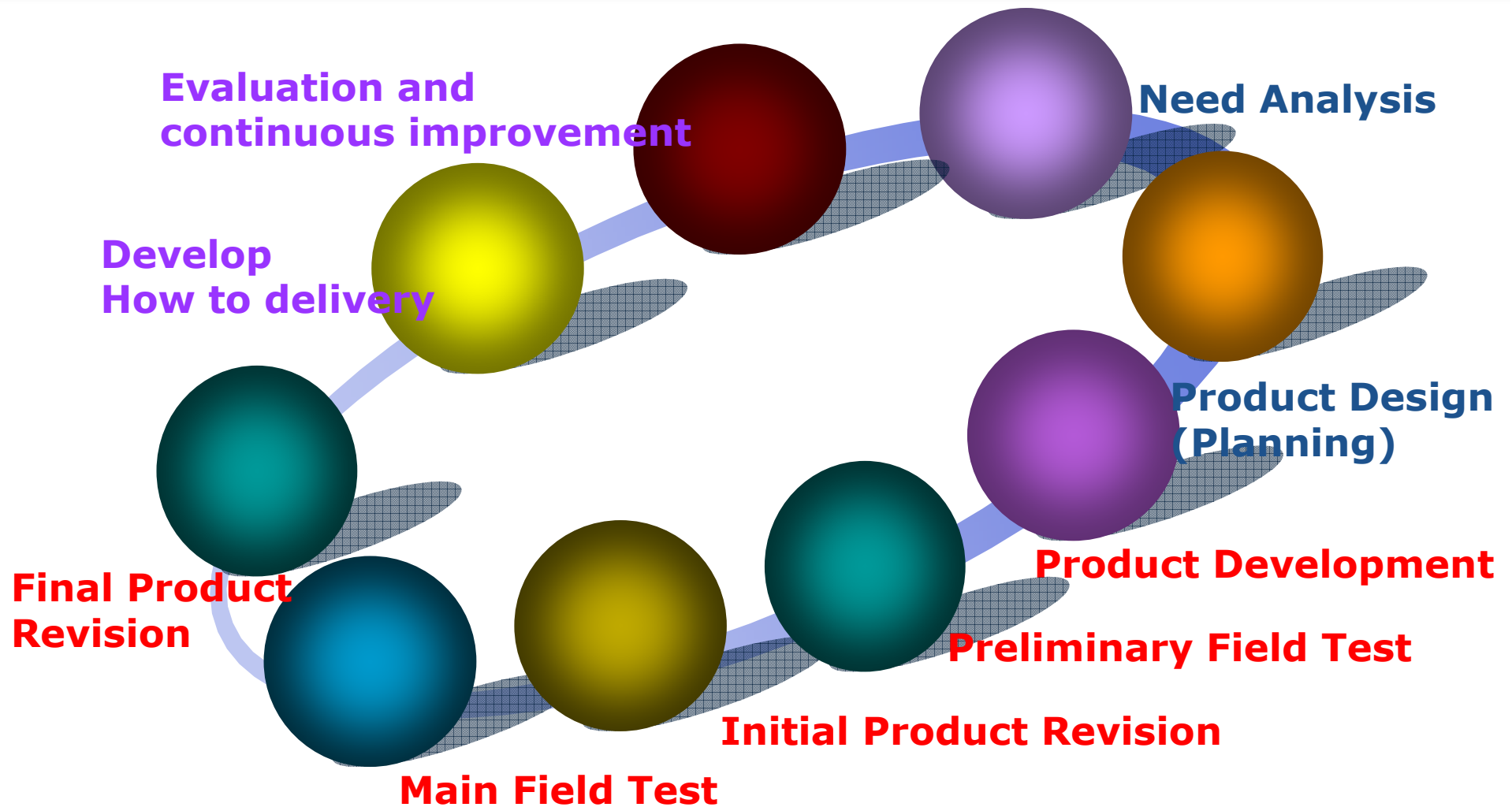


# Community Mental Health Services





# Model Development





# Expected Results

## Concrete results

75-100 Case managers  
in primary care  
coverage pilot  
province

Well developed Training  
curriculum for case  
manager in primary  
care

Reporting and  
monitoring system

## Impact to MHS

Improved quality of  
psychiatric and  
continuity of care

Integration of mental  
health care into  
chronic cluster  
care

Enhancing the  
collaboration of  
CMH network

## Impact to users

Improve compliance  
to treatment

Reduced relapse  
and readmission

More accessible to  
psychiatric care

Develop the holistic  
care



# Resources Needed for Implementation

## Budget

80,000  
US\$

**Sources:**  
DMH,  
NGO

## Key Institute

### Administration:

DMH: Bureau of Mental Health  
Technical Development  
Province:  
Provincial Public Health Office

### Collaboration:

Psychiatric Hospital  
General Hospital  
Community Hospital  
Primary Care Unit  
Health Center

## Key Person

### DMH:

Project Manager  
Project coordinator

### Psychiatric Hospital:

Mental health care team

### General/community hospital

CMH team/psychiatric nurse

### PCU/Health Center

Local Health personnel:  
Case manager



# Plans for Monitoring

## INDICATORS

Domain 3.1: Physician-based Primary Health care

Domain 3.2: Non-Physician-based Primary Health care

Domain 2.2: Users & services provide through their facilities



## Expected difficulties and possible solution

<b>Expected difficulties</b>	<b>Possible Solution</b>
Less awareness, knowledge and skill of mental health care	Training and supervision primary health personnel in mental health issues
High workload of primary health personnel	Integrated mental health care to general health care especially cluster of chronic care
Stigma of psychiatric patients	The continuity of care can reduce symptoms and relapse episode. The understanding of illness and more controllable illness can less stigma



## Expected difficulties and possible solution

<b>Expected difficulties</b>	<b>Possible Solution</b>
Resistance of specialized mental health team to work in CMH	Policy to reforming mental health care to community care Less workload after well develop CMH and more focus on specialized tertiary care
Limitation of psychotropic medication available in primary care	Necessary psychotropic medication should be available at least in community hospital level The primary care personnel are more focus on the compliance, side effects and symptoms monitoring



# Conclusion

- The pilot project of “development of Case management system in primary care” is high feasibility due to
  - The existing infrastructure of health care by step care model and case manager for chronic medical care in primary care
  - The growing number of community mental health nurse in community/general hospitals who are the main coordinator between primary care and specialty care
  - The policy to develop community mental health care