Solutions

Leachon stressed that there is nothing in place to objectively and routinely detect fraud. He lamented the lack of detailed evaluation of the claims before these are paid out. To prevent fraud and minimize temporary, reactive policy-making, he enumerated solutions, such as information technology (which can automatically detect fraud); external audit; filing of cases with the PRC; improvement of healthcare infrastructure and human resources; strong oversight by government agencies; increased health literacy; and stronger policy and legislation.

On the part of PAO, their official statement during the Senate Blue Ribbon Committee Hearing recommended the following: granting of PhilHealth accreditation only to specialists who are in good standing with medical specialty societies; adopting of the PAO standards of care by PhilHealth, among other relevant organizations and agencies; stricter implementation of laws, as many old cases and even repeat offenders are yet to be acted upon with finality; and passage of an anti-solicitation law in the practice of medicine.

On the government side, Dr Padilla said, "Many of these recommendations are now being implemented [despite the little time]." The government is mulling over setting up a joint anti-fraud strike force to be lead by DOH, PhilHealth and the National Bureau of Investigation. She noted that insurance fraud is common around the world. "In the US, they estimated as much as 10 percent of insurance claims in 2012."

PCP president Dr Mariano Lopez assured the public that in general, "we doctors are still to be trusted... we still do service above gain." Valero closed out the forum by reiterating the need to evaluate the roles of stakeholders in fixing the problem: the doctors (eg, ethical and standard practice of medicine), the organizations and agencies (eg, guideline/policy-making), and the patients (eg, education).

Foreign medical teams take step towards better system after Typhoon Haiyan

DR LIGAYA SOLERA

When the WHO published "Classification and Minimum Standards for Foreign Medical Teams in Sudden Onset Disasters"[1] in September 2013, it probably had no idea the document would undergo its baptism of fire – or rather, of wind and water – just two months later, in the aftermath of the strongest storm in recorded history to ever make landfall: Typhoon

Haiyan (local name: Yolanda).

A large number of foreign medical teams (FMTs) often arrive to assist countries whose national response capabilities are overwhelmed by sudden-onset disasters (SODs) like strong typhoons and earthquakes. However, following the Haiti earthquake and the Pakistan floods in 2010, concerns were raised regarding the way some FMTs were deployed in disaster areas. Many FMTs arrived without invitation and failed to coordinate with host government agencies and other FMTs. Deployment was not based on actual needs assessment. Variation in FMT competencies and capacities was noted; accountability was also an issue. There was thus a need for a classification and benchmarking system that would help ensure quality and standardization of FMT services.

The WHO/Global Health Cluster FMT Working Group devised the following classification of FMTs:

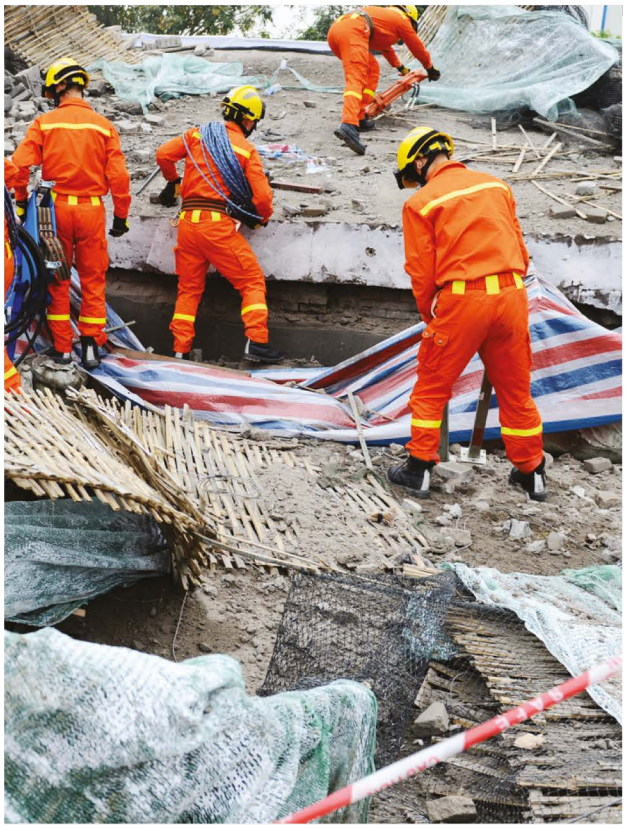
- Type 1: Outpatient Emergency Care
- Type 2: Inpatient Surgical Emergency Care
- Type 3: Inpatient Referral Care

It also set up a self-registration system for FMTs and outlined the principles and standards with which FMTs must comply.

Typhoon Haiyan was the "first test of the classification."[2]

151 FMTs deployed to the Philippines post-Haiyan

Out of a total number of 151 FMTs documented to have arrived in the Philippines after Typhoon Haiyan, 108 were deployed within one month of the disaster.



"None of these were operational in the affected areas within the first 72 hours," noted Brolin and colleagues, in a study[2] that examined FMT response to Typhoon Haiyan. "The average time from arrival in the Philippines to the commencement of operational activities onsite was three days…. It took up to day 22 post-typhoon before the peak number of FMTs was operational."

Type 1 FMTs comprised 70 percent of all deployed teams. According to Brolin et al, this was a relatively "well-balanced response in terms of focus on outpatients rather than on inpatient trauma care," citing WHO reports that minor injuries, upper respiratory tract infections and chronic diseases such as hypertension were the dominant cases during the first month after the typhoon. "The need for trauma surgeons

was limited, while only a smaller number of FMT GPs and nurses were needed to relieve the courageous and hardworking Philippines doctors and nurses. Thus the main role of FMTs in this setting was to compensate for the collapsed infrastructure and care for 'normal conditions.'"

Challenges met, lessons learned

FMTs deployed to the Philippines after Typhoon Haiyan faced several significant challenges, including:

- Limited information on where medical needs were greatest
- Difficulty accessing the hardest-hit areas
- Lack of transportation, logistical support and appropriate training
- Language barriers

There was also a lack of systematic reporting by FMTs, making it difficult to draw definitive conclusions regarding the effectivity of FMT deployment post-typhoon.

Nonetheless, the WHO office in Manila was able to make use of the then recently published FMT classification system to keep track of FMTs that arrived in the country. Lessons learned from Typhoon Haiyan paved the way for a more organized response to the typhoon that subsequently battered Vanuatu in March 2015; the classification system was used to define the type of FMTs needed and to assign tasks to the 20 FMTs that were deployed in Vanuatu.

Goals for future FMT deployments

Ultimately, the goal of the WHO document on classification and minimum standards for

FMTs is to optimize foreign medical response to disasters by creating a system where:

- FMTs register with the WHO, describing their capabilities and agreeing to comply with global standards of deployment;
- Donors are guided on which organizations to fund, based on their compliance with the minimum standards for FMTs;
- Countries can specify the type of FMTs needed when requesting assistance after an SOD;
- Professional standards of care are maintained by FMTs, including documentation and accountability; and
- Overall disaster response coordination is improved in terms of request, entry, mobilization, collaboration with host government response activities and orderly exit upon mission completion.

References: 1. WHO resources page. World Health Organization website. Available at: http://www.who.int/hac/global_health_cluster/fmt_guidelines_september2013.pdf. Accessed 5 August 2015. **2.** Brolin K, Hawajri O, von Schreeb J. Foreign medical teams in the Philippines after Typhoon Haiyan 2013 - Who were they, when did they arrive and what did they do? *PLoS Curr* 2015 May 5;7. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4447417/. Accessed 5 August 2015.