

# A Driving Guideline for the Management of Strategic Route Maps of Health Insurance Funds at the Local Level

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This research aims to 1) examine the conditions of the implementation of strategic route maps in health insurance funds at the local level, 2) investigate the factors related to the successful use of strategic route maps in health insurance funds at the local level and 3) present the driving guideline of strategic route maps with the work of health insurance funds at the local level for people's healthcare innovation. A strategic route map is considered an instrument for management to overcome practical problems that hinder the management of health insurance funds at the local level. The research revealed that the main problems of implementing strategic route maps into the management of funds were mistakes in management, staff and incorporation regarding people. From the findings, the driving guidelines for the management of strategic route maps for health insurance funds at the local level for people's healthcare innovation were presented in three directions. The first one was to create a strategic route map at the provincial level by applying the following principles: 1) acceptance of the instrument, 2) completion of the instrument, 3) implementation of the instrument and 4) the driving system of strategic route map implementation. The second involved the co-creation and co-usage of experts in service areas. The final one involved the perception of encouragement among people in local areas.

**Key words:** *Driving guideline, strategic route map, health insurance fund at the local level.*



## **Background and Significance of the Problem**

At present, the world is facing challenges that occur in healthcare trends. These involve changes to the dynamics of the era of globalisation that cause the public to be alert regarding attention towards healthcare. This promotes rehabilitation and prevents illness. This has become a public issue that receives interest from around the world; the World Health Organisation therefore announced that all countries around the world should develop healthcare systems to support the treatment of diseases and slow down death.

Lately, Thailand's government pushed a healthcare policy for people with an objective to create a healthcare system so that everyone could access medical treatment. As a result, death from illnesses would be decreased. The government also aimed to encourage people to gain knowledge about healthcare to prevent illnesses in their daily life through a health insurance fund titled 'Health Insurance Fund at the Local Level' (National Security Office, 2008). Thai people were targeted to cooperate with self-care through the driving process of local administrative organisations by assigning healthcare experts in local areas to play a role in supporting them in healthcare awareness. Along with behavioural adjustment, this was done so that people can depend on themselves rather than solely on the government's services.

The driving management of health insurance funds at the local level require the application of various instruments (TM Churilla, B. Egleston, Y. Dong, M. Lango, TJ Galloway, 2016). The Ministry of Public Health studied knowledge from meetings organised by the World Health Organisation regarding the adjustment of healthcare management strategies in 2008. It regulated instruments in running the administration of health insurance funds at the local level, referred to as 'strategic route maps'. This directed work and in adjusted the behaviours of people participating in the healthcare system in terms of their healthcare innovation (Amorn Nontasut and Suttipong Vasusopapol, 2014). As soon as the implementation of strategic route maps for health insurance funds at the local level were announced, there were many studies about the effectiveness of strategic route maps in health insurance funds at the local level by SanehSaeng-ngern (SanehSaeng-ngern, 2010). These revealed that the use of strategic route maps, together with health insurance funds, could cover operation plans and respond to policies in public health. This suggested that strategic route maps were an important factor in driving the work of health insurance funds at the local level in answering the objectives of the funds. Another study was conducted by Phudit Techatiwat, Sivilai Wanaratwichit, Phatcharin Sirasunthorn and Khittira Wutthiwong (2007). It concerned the problems of the management of health insurance funds at the local level with strategic route maps. It showed that the operations of the funds could not succeed in their objectives because they were run unsystematically. The committee of the fund in question lacked knowledge and understanding about the creation of strategic route maps. This resulted in the instrument's inability to reach the stage of directing the management of the fund and the creation of sustainability.

According to the problems of implementing strategic route maps in the work of health insurance funds at the local level, there have been many instruments and techniques involved in strategic route map use. These caused the effectiveness of health insurance funds at the local level in different areas to be inconsistent. They were unable provide precise guidelines for the practitioners. Therefore, the researchers realised the importance of the implementation of strategic route maps in health insurance funds at the local level. They chose to examine the use of strategic route maps in health insurance funds and the reasons why they were unsuccessful. This study aims to present driving guidelines so that the funds can be used with the same orientation. It aims to create a system of participation and publicise the use of strategic route maps thoroughly for best benefits in the future.

The objectives of this research were 1) to examine the conditions of the implementation of strategic route maps in health insurance funds at the local level, 2) investigate the factors related to the successful use of strategic route maps in health insurance funds at the local level, and 3) present the driving guideline of strategic route maps with the work of health insurance funds at the local level for people's healthcare innovation.

## **Literature Review**

### ***Dynamics of Global Health***

The dynamic of global health stipulates the direction of health system development in a country. This is because the interrelationship between countries and technological advances creates literacy, flow of evolution and rapid health innovation. Serious and mild epidemic break outs from mutation, spreading, or infection from foreign countries makes it reasonable to develop health systems regarding global health (Birn, A. E, 2009).

Health problems have rapidly experienced dynamic transitions. These are caused by changes in global dynamic currents, such as technological changes, competition in economic systems, changes in social and human behaviours and advanced national or international communication (Brown, T., Cueto, M., & Fee, E, 2006). These changes continuously contribute to health problems, which include chronic diseases and new breakouts. Therefore, health issues are considered big problems that could indicate the prosperity and development of underdeveloped, developing and developed countries. Accordingly, health problems grow into global issues that every country has to prepare themselves for. When international communication seems ahead of time, states play a role in providing public health services. Therefore, health is not only about medical treatment but also about the fact that every country must establish standards in giving care, controlling, preventing and giving treatment. As this emerges in the era of globalisation, it turns into a perspective of international health.



In addition, the advances in communication among countries in the 19<sup>th</sup> century also resulted in the connection of communication globally. This is because liberalisation in communication, disease outbreaks and evolution in medical treatment have been widely spreading all over the world. These aspects help reposition the idea of healthcare in every country in relation to education, treatment and prevention. The control of health problems is also linked to stability in the development of a country. The dynamic current of global health involves problems that cannot be solved by one particular country when coping with epidemic outbreaks and health hazards that could harm the people in this borderless age. As for Thailand, the importance of providing support in public health first initiated the 1<sup>st</sup> National Economic and Social Development Plan. Since then, development in public health policy (focusing on giving medical treatment), has been expanded to be nationwide. Until the 11<sup>th</sup> National Economic and Social Development Plan, a policy to establish complete health security was proposed so that everyone in the country could access health services in medical treatment, rehabilitation, health promotion and disease prevention under fair and equal standards (Elbanna, S., 2010). It can be noticed here that public health policy has continuously evolved from the transformation of policy into practice by determining strategies, policies and plans. These take care of people thoroughly and create strong communities in relation to health. They motivate and change people's behaviours in healthcare by encouraging them to exercise more, to consume nutritious foods, to lessen distress, to prevent serious illnesses, to organise other activities that keep good health and to establish other essential resources for the good health of individuals, families and communities. Support from the government helps build and develop Thai people's well-being at the levels of sub-districts, districts, provinces and the country in the future. (Usak, M., Kubiak, M., Shabbir, M., Dudnik, O., Jermisittiparsert, K., & Rajabion, L, 2019).

### ***The Creation of Innovative Public Healthcare through the Concepts of New Public Service (NPS)***

The principle of managing health insurance funds at the local level is an idea to support people in taking care of their own health. Each community, area and society is varied in terms of its background and needs in a healthcare system (Rungsrisawat, S. & Jermisittiparsert, K., 2019). From a one-sided perspective of service standards or public service management (where people receive a service from the government), it turns out that solutions are not given to the right problem. That is, a public healthcare system cannot be consistent with the needs of communities whose contexts vary from one to another. This causes a loss of budget and time in the development of a public health system. It also hinders people's opportunities to participate in and propose their needs for the management of public healthcare systems provided by the government.

The New Public Service (NPS) is not an idea built on a measurable basis. It helps fulfil better



services than those in the past. The government administration does not operate like a business, but it does operate on the basis of democracy. Government officers do not deliver products to customers. Instead, they deliver democracy. Therefore, their work is to 'listen' more than 'order' and 'serve or provide' more than 'control or regulate' (Denhardt and Denhardt 2007. p3). Public administrators do not function only for efficiency, but also create better quality of life for people. The New Public Service (NPS) has to be driven based on public interest that benefits everyone in the society, not the total public interest of each individual in it. Government officers play an important role in negotiating and finding agreement on the public's interests for everyone's satisfaction so that public policy can later be established.

### **Methodology**

This research applied a mixed method. It was carried out by reviewing related documents, namely textbooks from Thailand and international countries, academic papers and electronic media. These were extracted for the aspects of this study (in terms of quantitative and qualitative research), which are discussed in the following section:

(1) An in-depth interview was applied in order to examine the conditions and problems of the use of strategic route maps in the management of health insurance funds at the local level to explain the contexts of the maps' applications. The researchers purposely selected the sample from organisations that are related on macro and micro levels. Those from the macro levels refer to the directors of health insurance funds at the local level of the National Health Security Office. Those from the micro levels refer to the coordinators of health insurance funds at the local level from the National Health Security Office District 9, which covers Chaiyaphoom Province, Nakhon Ratchasima Province, Buriram Province and Surin Province. These received the Up Award for their integrative health management projects in Health District 9 (Nakhornchaiyaburin), amounting to 12 funds in total.

(2) Questionnaires were distributed to collect data about the factors related to the implementation of strategic route maps in health insurance funds at the local level. As for the samples in the quantitative study, the committee of health insurance funds at the local level from the National Health Security Office District 9 (Nakhornchaiyaburin) were asked to participate in this part. It included Chaiyaphoom Province, Nakhon Ratchasima Province, Buriram Province and Surin Province. These received the Up Award for their integrative health management projects in Health District 9 (Nakhornchaiyaburin), amounting to 12 funds in total.

(3) A focus group was organised to seek a guideline for the driving of management in health insurance funds at the local and area level to create healthcare innovation for local people. The data gained from the focus group reflected the information about the conditions and

problems of the use of strategic route maps by actual practitioners and related administrative agencies. It also depicted the factors related to the implementation of strategic route maps in health insurance funds at the local level based on the experiences of the practitioners. These could be used in future work. The researchers collected data by organising the focus group to have one expert in the use of strategic route maps in health insurance funds at the local level and five networking partners (from the Ministry of Social Development and Human Security, Ministry of Interior, Provincial Administration Organisation Council of Thailand, the National Municipal League of Thailand and the Sub District Administrative Organisation Association of Thailand). One representative of the committee of health insurance funds at the local level (from the National Health Security Office as the macro level) and twelve representatives of the committee from local administrative organisations (which joined health insurance funds at the local level as the micro level) amounted to 17 persons. They sought the driving guideline for the implementation of strategic route maps for health insurance funds at the local level to create healthcare innovation for local people together.

(4) A critical forum was also organised to reflect the possibility of implementing the results of this research. Suggestions were made regarding the driving guideline of the implementation of strategic route maps in health insurance funds at the local level. They came from 17 experts: those in the field of strategic route maps, the leaders of the local administrative organisations that joined the funds, representatives of the committee of health insurance funds at the local level, representatives from the departments that work for supporting healthcare systems and representatives from the people sector.

## **Results**

This research into the driving guideline of the implementation of strategic route maps in health insurance funds at the local level revealed the following findings:

### ***The Conditions and Problems of the Use of Strategic Route Maps in the Operation of Health Insurance Funds at the Local Level***

The conditions and problems of the use of strategic route maps in the operation of health insurance funds at the local level are depicted in facts from the actual situations. They arise due to changes in different social contexts such as globalisation; the trend of modern administration; social, economic and political contexts; lack of clarity in regulation; and gaps in regulation. These cause the use of strategic route maps to be overlooked. The conditions and problems of applying strategic route maps in health insurance funds at the local level can be demonstrated in two dimensions: the dimension at the macro level (which regards policy and administrators from the government) and the dimension at micro level (which regards policy practitioners or practice agencies). The findings from interviews showed that the



perspectives of government policy administrators at the macro level state that health insurance funds at the local level were the plan and policy of the Ministry of Public Health. It aimed to decentralised authority towards local administrative organisations that were ready to join health insurance funds. This was in order for a healthcare system for people to be encouraged by allowing local people to take a part in strengthening, preventing, caring, rehabilitating and creating innovative healthcare for themselves.

On the other hand, the perspectives at the micro level (or of the practitioners) revealed that the management of health insurance funds at the local level relied on various instruments. They were integrated differently on the basis of their understanding and proficiency. This involved health charter, health plans, prioritising of problems etc. This diversified the direction of management of health insurance funds at the local level. When the researchers asked about the condition of using strategic route maps in health insurance funds at the local level, every fund stated that they realised a policy that encouraged them to use strategic route maps, but they found the idea very complicated and it was said to be too difficult to acquire. This caused many limitations for their operation, which are described as follows: (1) The concepts and processes of strategic route maps involved notions that were taught in a way that was too academic. With their potential, they found it too difficult to extend the knowledge accurately. (2) There were no clear regulations and concrete practices, so the local administrative organisations chose to use other instruments in their management of health insurance funds. (3) They did not have supervisors or responsible agencies to offer understanding and support the use of strategic route maps. (4) They lacked the administrative connections among network organisations. Therefore, health insurance funds at the local level could be deliberately disconnected among them. (5) They lacked participation from people to support and incorporate the work of creating strategic route maps.

These phenomena showed that the management of health insurance funds at the local level in different regions occupied different forms in diversified directions. They did not have an example and concrete practice for efficient management. This was predictable due to the possibility of co-working among organisations in the future, which would require health insurance funds to be operated similarly. (Andrew Green, Charles Collins and other, 2002).

### ***The Related Factors of Using Strategic Route maps in health Insurance Funds at the Local Level***

The related factors of using strategic route maps in health insurance funds at the local level were identified by analysing the data with correlation analysis. The results were revealed as follows:

Variable	X 1	X 2	X 3	X 4	X 5	X 6	X 7	X 8	X 9	X 10	X 11	X 12	X 13	X 14	X 15
Y1 Achieving goals	0.18	0.23 <sup>**</sup>	0.20 <sup>*</sup>	0.33 <sup>***</sup>	0.43 <sup>***</sup>	0.23 <sup>*</sup>	0.25 <sup>***</sup>	0.48 <sup>***</sup>	0.52 <sup>**</sup>	0.59 <sup>**</sup>	0.52 <sup>***</sup>	0.59 <sup>***</sup>	0.63 <sup>***</sup>	0.60 <sup>***</sup>	0.63 <sup>***</sup>
Y2 Participation in all sectors	0.32 <sup>***</sup>	0.31 <sup>***</sup>	0.23 <sup>*</sup>	0.46 <sup>***</sup>	0.42 <sup>***</sup>	0.17	0.19 <sup>*</sup>	0.46 <sup>***</sup>	0.54 <sup>**</sup>	0.56 <sup>**</sup>	0.59 <sup>***</sup>	0.63 <sup>***</sup>	0.76 <sup>***</sup>	0.62 <sup>***</sup>	0.68 <sup>***</sup>
Y3 satisfaction	0.29 <sup>***</sup>	0.36 <sup>***</sup>	0.12	0.53 <sup>***</sup>	0.48 <sup>***</sup>	0.23 <sup>*</sup>	0.35 <sup>***</sup>	0.54 <sup>**</sup>	0.56 <sup>**</sup>	0.57 <sup>**</sup>	0.57 <sup>***</sup>	0.63 <sup>***</sup>	0.56 <sup>***</sup>	0.69 <sup>***</sup>	0.66 <sup>***</sup>
Y4 Achieving innovation	0.38 <sup>***</sup>	0.30 <sup>***</sup>	0.20 <sup>*</sup>	0.36 <sup>***</sup>	0.44 <sup>***</sup>	0.22 <sup>*</sup>	0.23 <sup>*</sup>	0.39 <sup>**</sup>	0.57 <sup>**</sup>	0.47 <sup>**</sup>	0.46 <sup>**</sup>	0.55 <sup>***</sup>	0.64 <sup>***</sup>	0.61 <sup>***</sup>	0.61 <sup>***</sup>

Note \*p <.05, \*\* p <.01

#### **Factors related to the use of Strategic Route Map to management health insurance funds**

- |   |   |  |
|---|---|--|
| X 1 Reform of health plans                                | X 6 Political readiness and ideology    | X 11 Public and private roles in cooperation |
| X 2 Policy adjustment according to globalization          | X 7 Social pushing process              | X 12 Technical preparation                   |
| X 3 Reform of the local government organization structure | X 8 Use of laws and plans as            | X 13 Public tools participation              |
| X 4 Conversion of policies into practice                  | X 9 Communication and relay of speakers | X 14 Understanding the strategic route map   |
| X 5 Economic conditions                                   | X 10 Budget support                     | X 15 Personal performance                    |
| Y1 Achievement  | Y3 Satisfaction                         |  |
| Y2 Participation in all sectors                           | Y4 Achieving innovation                 |  |

According to the table of the correlation analysis of related factors in using strategic route maps in the management of health insurance funds at the local level, it was found that every factor had a high positive correlation with the use of the maps. These are described as follows:

#### ***The Aspect of Objective Achievement***

The correlation value of the participation of the people sector was related to the objective achievement, with a high positive value of 0.63 (p<.01). The understanding about strategic route maps was related to the objective achievement, with a high positive value of 0.60 (p<.01). The potential of the staff was related to the objective achievement, with a high positive value of 0.63 (p<.01).

### ***The Aspect of People's Participation***

The correlation value of the technical preparedness was related to the people's participation, with a high positive value of 0.63 ( $p < .01$ ). The people's participation was related to the participation of every sector, with a high positive value of 0.76 ( $p < .01$ ). The process of understanding strategic route maps was related to the participation of every sector, with a high positive value of 0.62 ( $p < .01$ ). The potential of staff was related to the participation of every sector, with a high positive value of 0.68 ( $p < .01$ ).

### ***The Aspect of Satisfaction***

The correlation value of the process of understanding strategic route maps was related to the aspect of satisfaction, with a high positive value of 0.69 ( $p < .01$ ). The potential of staff was related to satisfaction, with a high positive value of 0.66 ( $p < .01$ ).

### ***The Aspect of Innovation Achievement***

The correlation value of the people's participation was related to the aspect of innovation achievement, with a high positive of 0.64 ( $p < .01$ ). The process of understanding strategic route maps was related to innovation achievement, with a high positive of 0.61 ( $p < .01$ ). The potential of staff was related to innovation achievement, with a high positive of 0.61 ( $p < .01$ ).

The researchers analysed the quantitative study of the factors related to the success of the implementation of strategic route maps in health insurance funds at the local level in order to produce data that would support the creation of the driving guideline of implementation of strategic route maps to establish healthcare innovation for people.

### ***The Driving Guideline for the Management of Strategic Route Maps of Health Insurance Funds at the Local Level***

The researchers have presented the driving guideline for the management of strategic route maps of health insurance funds at the local level through three approaches:

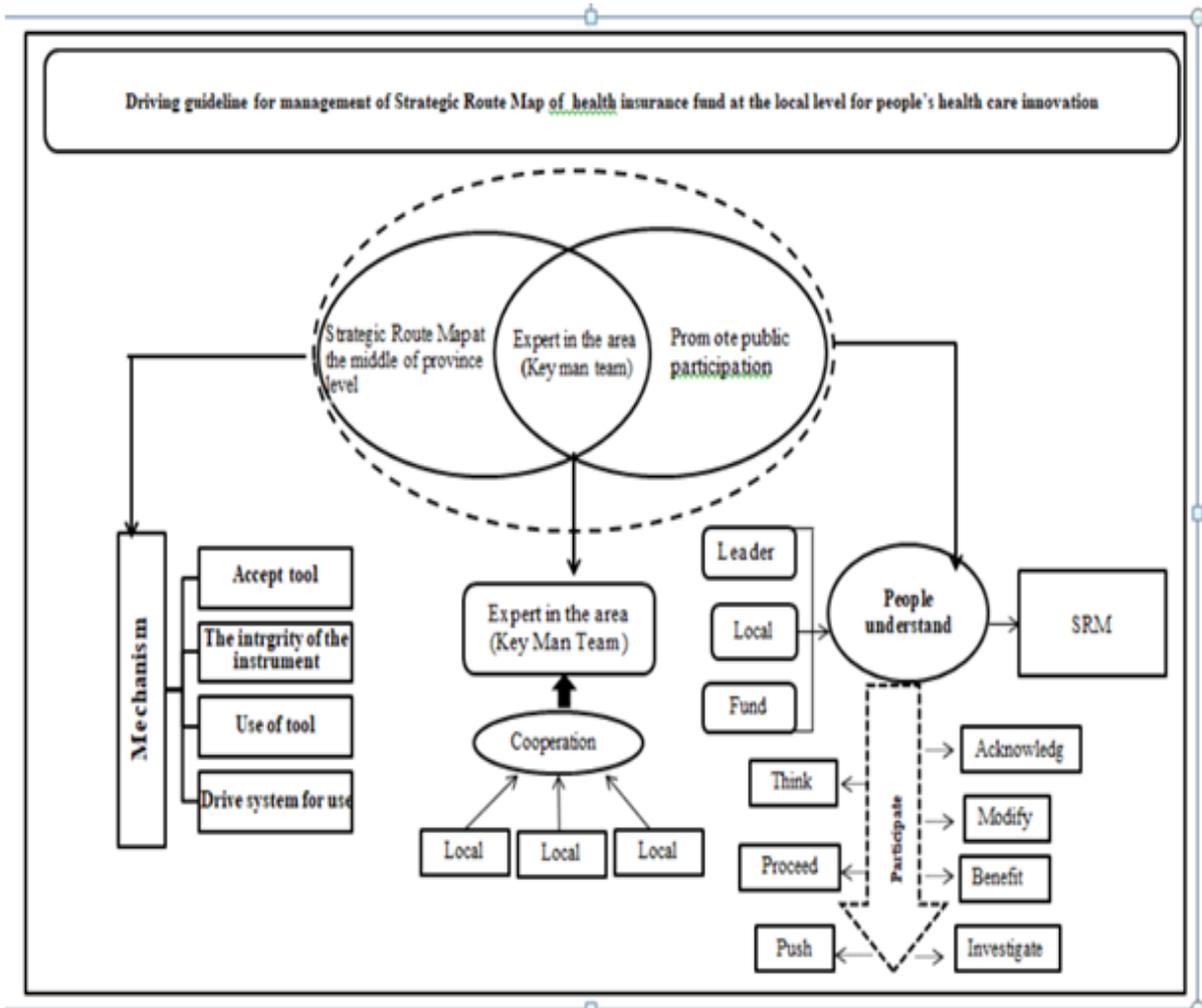
The first approach is to create strategic route maps at the provincial level through the process of participation with four principles of creation. These are (1) the acceptance and reliability of instruments, (2) completion of instruments, (3) implementation of instruments and (4) the driving system of strategic route map implementation.

The second approach is to co-create and co-implement experts as key people in areas to develop the potential of service areas.

The third approach is to strengthen the process involving the perception of the people sector to encourage them to participate in related activities.

Therefore, the management of strategic route maps' use in health insurance funds at the local level to create healthcare innovation for people is illustrated in the following figure:

**Figure 1**  
*The Driving Guideline for the Management of Strategic Route Maps*



The driving guideline for strategic route map use for the management of health insurance funds at the local level, as presented by the findings above, could lead to healthcare innovation for people according to the objectives of the fund. This could be realised with the use of strategic route maps and the participation of the local community to push the idea of operation for the benefit of work in the same direction.

## Discussion

As mentioned before, the idea of a strategic route map is complicated because its content and process is very academic regarding application and extension to actual practice. Moreover, it is difficult to pass knowledge on to other practitioners involved in the management of health insurance funds. Therefore, the process of running strategic route maps was hindered, as reported in a study by Phudit Techatiwat, Sivilai Wanaratwichit, Phatcharin Sirasunthorn, Khittira Wutthiwong (2007). It evaluated the effectiveness of the management of health insurance funds at the local level and found that most of the committees in the funds realised and understood the work of the funds in terms of budget instead of their roles in operating the fund. They thought the content of strategic route maps were too broad and they could not understand the concept.

This research shows that the conditions and problems of using strategic route maps in health insurance funds at the local level could be mentioned in three topics: (1) administration, (2) the potential of staff and (3) the people's participation. These three topics were condensed into the driving guideline of strategic route maps of health insurance funds at the local level for people's healthcare innovation, which are discussed as follows (Bryson, J. M.2010):

### *Administration Was the First Topic Contributing to the Issues*

The driving guideline of strategic route maps of health insurance funds at the local level for people's healthcare innovation in an administrative sense was presented as the first approach. This involves creating strategic route maps at the provincial level. In order to achieve this, local communities are required to accept the instruments of strategic route maps and co-create the central, strategic route map at the provincial level. This acts as a framework for local organisations to utilise their own contexts with the assistance of the Provincial Local Administrative Office. As a result, healthcare is coordinated and strengthened through support for and acknowledgement of the direction of work systematically (Poster, T. H, 2013). This idea is in accordance with the concept of the Balanced Scoreboard by Kaplan, Robert S and Norton, David P (2001), who emphasise that to become successful, an organisation should align itself as one entity by blending its related and supporting organisations and every staff member to work as one and reach common goals. This notion responds to the idea that it is necessary to have provincial strategic route maps as plans (Jermstiparsert, K., Atsadamongkhon, A., & Siyakhula, T, 2015). Additionally, it also goes along with the results from a study by Chanisada Chusuk (2010), who mentioned that to make a town or community worth living in, there needs to be a mission of the local administrative organisation to provide for and answer contexts by integrating the power of the organisation's staff. This drives the community and makes local people realise the bigger picture of their work as citizens. This is because it is a right of the people and it requires

participation from every part of the society, especially the executives who plan and direct the mission of work. In addition to that, the idea of creating strategic route maps at provincial levels with participation from local communities responds to the notions of Eric Goldberg (2012). They stated that the strategic plans of Kitchener Downtown CHC were a process of planning healthcare systems for people and the community through initially focusing on the local community to resolve problems correctly and match actual needs.

### ***The Second Aspect was the Potential of Staff***

This approach involves co-creating and co-using key experts to develop the potential of staff in service areas. The key element of this approach is to create a group of experts known as a key person team. They specialise in strategic route maps to provide knowledge and supervise other staff in assistance among local administrative organisations that joined the fund. This can be done by selecting experts in an area to create a team to help with and follow up on the work of the strategic route map. This idea is in accordance with Suthasinee Khamluang, Sithaphon Young Khong, Phisapan Veerayingyong and Yot Thirawatananon (2016). They described a future healthcare system that would focus mainly on human resources and being centralised. A desirable healthcare system would be one that emphasizes the prevention and application of information technology for its benefits. It would encourage the local community to manage their own healthcare system with an awareness of the environment and literacy of health.

To develop the potential of staff in service areas (Linda A. Anderson, Kristine L. Day and Anna E. Vandenberg, 2005), practitioners should be from interdisciplinary fields and understand the basis of a community so that they can merge and work for it efficiently (Apichai Srimuang, 2008).

### ***The People's Participation***

This is the third approach. It aims to create a process to encourage people to play a role in the healthcare system. This idea emerged from the urge for them to perceive the content of strategic route maps. It involves their understanding and ownership of health insurance funds so they can brainstorm, work, push, receive benefits, solve problems and investigate the working process. Participation by the people should be strong in healthcare innovation. This is mentioned in the National Health Statute Act of 2007 (2019): the basis of democracy requires participation from every part of society to develop a country. The idea to develop public health by supporting the participation of people was initiated through the public policy by National Health Development Plans. It is referred to as the 'Participatory Healthy Public Policy Process: PHPP', which involves transforming the healthcare system. This idea resulted in the National Health Commission (2009). It was developed based on the National Health

Act of 2007 section 25, stating that the framework for strategies of healthcare system development should be carried out through participation from every part of society. This is in order to decentralise support and healthcare services to cover every context of the community thoroughly for the community (Suphachet Chan Sarn, 2011). People should realise their ownership of the funds to co-manage and develop operations as citizens. According to Denhardt, J.V., & Denhardt, R.B.'s notion of Value Citizenship over Entrepreneurship (2000. p 549-559), public benefit is the highest value that government authorities and citizens should incorporate in determination. They should benefit society more than the spending the government budget (as owned by people) by entrepreneurs as if they own it. The public benefit should be responded to by officers and the citizens who sacrifice for society rather than those who act as if government money is their money.

## **Conclusion**

The driving guideline of strategic route maps of healthcare insurance funds at the local level for people's healthcare innovation involves the conditions of how strategic route maps were used with health insurance funds at the local level. Strategic route maps were once the instruments suggested to be used by the government, but when the trend of modern knowledge, innovation, technology and the transition of globalisation was subject to change, the adjustment of instrument use also became valid. This is true according to the contexts of each area regarding understanding. Therefore, the researchers investigated the interesting issues of the study and found that the conditions of the use of strategic route maps in the sample involved the local administrative organisations that joined health insurance funds. Some of the them were interested and paid attention to applying strategic route maps with the management of health insurance funds at the local level, while some applied other instruments such as health charters, health plans and the prioritising of problems instead. Many reasons contributed to the hindrances of the use of strategic route maps with health insurance funds at the local level: 1) the vagueness of strategic route maps, 2) lack of staff who understood the driving process and 3) lack of the participation process of the people's sector. From the conditions and problems found in the use of strategic route maps with health insurance funds at the local level, it was suggested as the driving guideline of strategic route maps for healthcare insurance funds at the local level employ three approaches.

The first approach was to create strategic route maps at the provincial level. The second approach was to co-create and co-implement experts as key people in areas to develop the potential of service areas. The third approach was to strengthen the process of perception of the people sector to encourage them to participate in the related activities.

The final approach was the participation of every sector in areas to create enhancement and understanding in the management of healthcare services and incorporation among organisations and networking partners sustainably.



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