The International Review of Multidisciplinary Research
Volume 1, Issue 9, July 2026, pp. 521-530
https://doi.org/10.67167/vertex.697

Awareness, Accessibility, Utilization, and Member Satisfaction of PhilHealth Konsulta in San Pablo City, Laguna: Inputs for Information Dissemination Strategy

[1]John Rendel A. Anenias, [2]Kaira Via M. Catanyag, [3]Ross Theodore U. Escaño, [4]Mikylla Celeen A. Sanchez, [5]Heavenly Maissie Chloe T. Vilador, [6]Girlie Mannphy A. Lacambra, [7]Marc Lester F. Quinta
[1,2,3,4,5,6]Canossa College, [7]Dalubhasaan ng Lungsod ng San Pablo
[1]johnrendelanenias01@gmail.com, [2]catanyagkaira01@gmail.com, [3]iluvrossie@gmail.com,
[4]mikyllaceleen@gmail.com, [5]heavenlymaissiechloevilador@gmail.com,
[6]glacambra@canossacollegespc.com.ph, [7]macquintana.rn@gmail.com

Article Details:

Received: 2 July 2026
Revised: 12 July 2026
Accepted: 20 July 2026
Published: 31 July 2026
Corresponding Email:
johnrendelanenias01@gmail.com

Recommended Citation:

Anenias, J. R. A., Catanyag, K. V. M., Escaño, R. T. U., Sanchez, M. C. A., Vilador, H. M. C. T., Lacambra, G. M. A., Quinta, M. L. F. (2026). Awareness, Accessibility, Utilization, and Member Satisfaction of PhilHealth Konsulta in San Pablo City, Laguna: Inputs for Information Dissemination Strategy. The International Review of Multidisciplinary Research. 1 (9), 521-530. https://doi.org/10.67167/vertex.697

Index Terms:

PhilHealth Konsulta, YAKAP, universal health care, primary care, awareness, accessibility, utilization, member satisfaction, San Pablo City

Abstract. Despite the universal enrollment mandate under Republic Act No. 11223 (Universal Health Care Act of 2019), utilization of the PhilHealth Konsultasyong Sulit at Tama (Konsulta) package, now expanded as the Yaman ng Kalusugan Program (YAKAP), remains low. In San Pablo City, Laguna, only 12% of 170,754 registered PhilHealth members utilized Konsulta services in 2023 despite the availability of 15 accredited providers. This study described and evaluated beneficiaries' awareness, accessibility, utilization, satisfaction, and facilitating and hindering factors, and proposed an evidence-based promotion plan for the YAKAP program. A quantitative descriptive-correlational survey was conducted among 352 active and inactive PhilHealth Konsulta beneficiaries from two accredited facilities between January 2022 and June 2025 using a validated researcher-made questionnaire. Data were analyzed using Kruskal-Wallis and Spearman's rank correlation coefficient. Awareness was moderate for diagnostic services (M=3.12) and drugs and medicines (M=2.89), while accessibility was predominantly moderate (54.83%). Lack of awareness (M=3.48) and long waiting times (M=3.47) were the strongest barriers. Enrollment inactivity reached 60.80%, and 63.92% of respondents reported only 1–3 consultations within three years. Overall satisfaction was positive (73.02%), with membership type significantly associated with satisfaction (p=0.002). Satisfaction showed significant positive correlations with awareness of health assessments (r=0.404), referral and follow-up (r=0.389), preventive services (r=0.332), laboratory services (r=0.306), accessibility (r=0.386), and utilization of referral and follow-up consultations (r=0.442). These findings indicate that awareness, accessibility, and utilization collectively influence member satisfaction. A Digital Integrated Information Dissemination Strategy emphasizing high-visibility posters and social media outreach is proposed to improve awareness and increase utilization of the YAKAP program.

Introduction

Access to primary healthcare remains a critical challenge in the Philippines, particularly for low-income and marginalized populations. Despite the enactment of Republic Act No. 11223, the Universal Health Care (UHC) Act of 2019, which automatically enrolls all Filipino citizens in the National Health Insurance Program (NHIP) under the Philippine Health Insurance Corporation (PhilHealth), utilization of primary care services continues to lag significantly behind coverage (Republic Act No. 11223, 2019; Department of Health, 2021). To operationalize the UHC framework at the primary care level, PhilHealth introduced the Konsultasyong Sulit at Tama (Konsulta) Package in 2020, providing outpatient consultations, laboratory and diagnostic services, and essential medicines for selected chronic

conditions (Philippines Health Insurance Corporation, 2020).. In 2024, PhilHealth Circular No. 2024-0013 further expanded the benefit package, now rebranded as the Yaman ng Kalusugan Program (YAKAP).

The national picture is one of persistent underutilization. Only 25% of PhilHealth members availed of Konsulta benefits as of 2022 (Department of Health, 2022). Monteagudo et. al (2025) found that among 900 Filipino adults in a tertiary facility clinic, only 5% were aware of Konsulta. In San Pablo City, Laguna, the gap is particularly acute: out of 170,754 registered PhilHealth members, only 12% utilized Konsulta services in 2023, despite 15 accredited providers and 2 primary care facilities (San Pablo City Health Office, 2023). In Laguna Province more broadly, only 18% of insured members utilized Konsulta in 2021 (Philippine Statistics Authority, 2021). In CALABARZON, NEDA Region IV-A (2023) reported only 349 accredited doctors serving 16.9 million people, a staggering provider-to-population ratio that creates structural access barriers well beyond informational gaps.

Existing literature consistently identifies awareness deficits, accessibility barriers, and underutilization as interconnected problems. Monteagudo et al. (2025) found only 21% awareness among clinic attendees in a tertiary facility, while Laranang et al. (2023) found only somewhat-aware levels in urban and rural Ilocos Norte. Tolabing et al. (2022) established that 51.5% of Filipinos have limited health literacy. Ricamata and Tandang (2020) and Ulep et al. (2024) confirmed that even enrolled members may not access entitled services due to widespread misconceptions about PhilHealth coverage. Satisfaction, while generally positive at the national level (PhilHealth, 2022, reported 93.75% net satisfaction), is context-dependent and shaped by informational, structural, and relational factors rather than program design alone.

This study fills a critical empirical gap by grounding these dimensions in a specific local context, San Pablo City, and investigating the specific facilitating and hindering factors shaping outcomes among Konsulta beneficiaries. Guided by Andersen's Behavioral Model of Health Services Use and Jean Watson's Theory of Human Caring., this descriptive-correlational study aimed to: (1) describe the membership profile and levels of awareness, accessibility, utilization, satisfaction, and facilitating/hindering factors among Konsulta beneficiaries; (2) determine whether significant differences in satisfaction exist across membership subgroups; (3) establish the relationships between satisfaction and awareness, accessibility, and utilization; and (4) propose an evidence - based information dissemination strategy for the YAKAP program. The findings are intended to inform targeted interventions that will strengthen universal primary healthcare delivery in San Pablo City and serve as a replicable model for other LGUs across CALABARZON.

Conceptual Framework

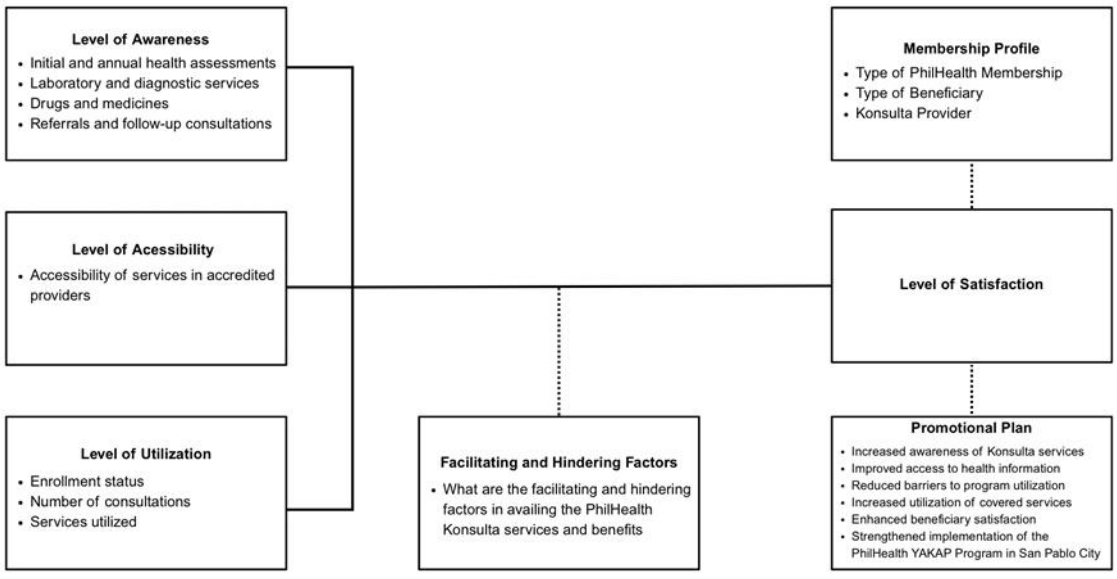

Figure No. 1. Diagram of PhilHealth Konsulta based on Andersen's Behavioral Model of Health Services Use and Jean Watson's Theory of Human Caring

The diagram illustrates how the beneficiaries' membership profile, level of awareness, accessibility, and utilization of PhilHealth Konsulta services, together with facilitating and hindering factors, influence their level of satisfaction with the

program. The findings from these relationships provide the basis for developing a targeted promotional plan aimed at increasing awareness, improving access and utilization, enhancing beneficiary satisfaction, and strengthening the implementation of the PhilHealth YAKAP Program in San Pablo City.

Methodology

Research Design

This study employed a quantitative approach using a descriptive-correlational design through a survey method. According to Imoh-ita (2023), descriptive-correlational research aims to describe the relationships among variables without inferring cause and effect. This design was chosen because the researchers had no control over the independent variables and sought to determine the levels of awareness, accessibility, utilization, and member satisfaction, as well as the relationships among these variables, among PhilHealth Konsulta beneficiaries in San Pablo City.

Research Locale

The study was conducted at two PhilHealth Konsulta-accredited hospitals in San Pablo City, Laguna: San Pablo Medical Center (private) and San Pablo City General Hospital (public). San Pablo City was chosen as the research locale because it is a highly urbanized city in CALABARZON with a disease burden pattern mirroring national trends (hypertension, diabetes, respiratory infections), yet it exhibits persistently low Konsulta registration and utilization rates. Both hospitals represent the only formal Konsulta service delivery points in the city, making them analytically critical sites for examining implementation gaps.

Respondents and Sampling

The respondents were registered PhilHealth Konsulta beneficiaries aged 21 years and above who resided in San Pablo City and had availed of Konsulta services from January 2022 to June 2025. A cluster sampling technique was used, with the two accredited hospitals as the natural clusters representing the complete set of Konsulta service delivery points. From a total population of 3,234 registered beneficiaries (San Pablo Medical Center: 1,914; San Pablo City General Hospital: 1,320), a sample of 344 was computed using Raosoft at a 5% margin of error; the final sample was 352 respondents. Respondents were randomly selected on-site during regular Konsulta consultation hours after verification of eligibility. The study complied with the Data Privacy Act of 2012 throughout data collection.

Data Gathering Procedure

The data collection process was conducted systematically to ensure accuracy, reliability, and ethical compliance. After obtaining approval from Canossa College and permission from the selected PhilHealth-accredited Konsulta facilities, the researchers coordinated with healthcare providers to identify eligible respondents. Participants were provided with a printed informed consent form, including a Data Privacy Act of 2012 declaration and an estimate of the survey completion time, before answering the questionnaire through Google Forms. Response rates were monitored, and follow-up reminders were sent to encourage participation. Upon completion of data collection, all responses were downloaded, cleaned by removing incomplete, duplicate, and inconsistent entries, and organized for statistical analysis.

Research Instrument

The primary data collection tool was a researcher-made structured survey questionnaire aligned with the objectives and components of the PhilHealth Konsulta package. It comprised six sections: (1) Membership Profile: 3 categorical items; (2) Level of Awareness: 45 items on a 5-point Likert scale (1 = Not at all aware to 5 = Extremely aware) across five service subcategories; (3) Level of Accessibility: 5 items (1 = Very low to 5 = Very high); (4) Level of Utilization: 3 categorical plus 45 frequency-scaled items (1 = Never to 5 = Always); (5) Level of Satisfaction: 7 items (1 = Very dissatisfied to 5 = Very satisfied); and (6) Facilitating and Hindering Factors: 8 items (1 = Not at all a factor to 5 = A strong factor), plus one open-ended item for comments.

The questionnaire was content-validated by seven experts (three PhilHealth Konsulta specialists, two nursing researchers, one statistician-psychometrician, and one Filipino-language expert). All items obtained a Content Validity Ratio (CVR) of 1.00 and an Item-Level Content Validity Index (I-CVI) of 1.00. Internal consistency tested via Cronbach's alpha on a pilot sample yielded coefficients ranging from 0.702 to 0.801 (Acceptable to Good) across all subscales. The instrument was translated into Filipino to enhance respondent comprehension.

Statistical Treatment

Data were analyzed using descriptive and inferential statistics. Frequency counts and percentages described the membership profile. Mean and standard deviation described Likert-scale domains, interpreted on a 5-point scale. Before inferential analysis, normality was tested using the Kolmogorov-Smirnov and Shapiro-Wilk tests; results indicated a non-normal distribution. Accordingly, non-parametric tests were selected: the Kruskal-Wallis test with Bonferroni-corrected pairwise comparisons examined differences in satisfaction by membership profile, and Spearman's rank correlation coefficient examined relationships between satisfaction and each of awareness, accessibility, and utilization. A p-value < 0.05 was considered statistically significant.

Ethical Considerations

The complete research protocol was reviewed and approved by the Canossa College Research Ethics Committee before data collection. Participation was voluntary and based on fully informed written consent. Respondents were informed of the study's objectives, confidentiality of responses, their right to withdraw at any time without consequence, and the study's minimal risk. Personal identifiers were not collected; all responses were numerically coded. Artificial intelligence tools (Perplexity AI, Grammarly, Quillbot) were declared in an AI declaration form in accordance with academic integrity standards.

Results and Discussion

Membership Profile of the Beneficiaries

A total of 352 PhilHealth Konsulta beneficiaries participated in the study. Government-employed members (36.65%) and private-sector employees (36.08%) together comprised nearly three-quarters (72.73%) of all respondents. Individually Paying Program members accounted for 12.50%, Sponsored Program members for 8.24%, and all dependent categories combined totaled 6.25%. By beneficiary type, the majority (69.03%) reported no chronic conditions, followed by senior citizens (16.48%) and people with chronic conditions (14.49%). San Pablo City General Hospital served 67.33% of respondents compared to 32.67% at SPC Medical Center. These profiles reflect the institutional scaffolding advantage of formally employed members, who receive employer-mediated awareness of PhilHealth contributions, a factor that, as subsequent inferential results confirm, significantly differentiates satisfaction outcomes.

Category	Classification	Frequency	Percentage (%)
PhilHealth Membership	Government Employed	129	36.65
	Private Employed	127	36.08
	Individually Paying Program	44	12.50
	Sponsored Program	29	8.24
	Dependent (Spouse)	11	3.13
	Dependent (Parent)	6	1.70
	Dependent (Child)	5	1.42
	Lifetime Program	1	0.28
Beneficiary Type	No Chronic Conditions	243	69.03
	Senior Citizens	58	16.48
	People with Chronic Conditions	51	14.49
Konsulta Provider	San Pablo City General Hospital	237	67.33
	SPC Medical Center	115	32.67

Table 1. Membership Profile of the Beneficiaries (n=352)

Level of Awareness of PhilHealth Konsulta Services

Overall awareness was moderate across service domains. For laboratory and diagnostic services, the average mean was 3.12 (Moderate). The highest-rated items were Chest X-Ray (M=3.55, High), CBC with platelet count (M=3.44, High), and Urinalysis (M=3.41, High); all routine diagnostics associated with common illness presentations. The lowest-rated were Sputum Microscopy (M=2.64, Moderate-Low) and Pap Smear (M=2.68, Moderate-Low), whose low awareness carries serious public health consequences given the country's burden of pulmonary tuberculosis and cervical cancer.

For drugs and medicines, the overall average was 2.89 (Moderate). Paracetamol was the single highest-awareness item across all domains (M=3.91, High), consistent with its universal household presence. Five medications fell in the low-awareness range: Chlorphenamine Maleate (M=2.41), Nitrofurantoin (M=2.43), Hydrochlorothiazide (M=2.49), Gliclazide (M=2.53), and Fluticasone+Salmeterol (M=2.52); all condition-specific agents that members without a corresponding diagnosis lack personal reason to recognize. Referral and Follow-up Consultation (M=3.44, High) and Preventive Services and Health Promotion Activities (M=3.32, Moderate) rounded out the awareness picture.

Service Domain	Mean	SD	Awareness Level
Laboratory & Diagnostic Services (Average)	3.12	1.01	Moderate
– Chest X-Ray (Highest)	3.55	1.00	High
– Sputum Microscopy (Lowest)	2.64	1.02	Moderate
Drugs & Medicines (Average)	2.89	1.06	Moderate
– Paracetamol (Highest)	3.91	1.00	High
– Chlorphenamine Maleate (Lowest)	2.41	1.04	Low
Preventive Services & Health Promotion	3.32	0.86	Moderate
Referral & Follow-up Consultation	3.44	0.88	High
Initial & Annual Health Assessment	3.32	0.88	Moderate

Table 2. Summary of Awareness Levels by Service Domain

Level of Accessibility of PhilHealth Konsulta Services

Accessibility occupied a predominantly moderate tier: 54.83% rated their access as moderate, 23.58% as high, and 7.95% as very high, producing a combined above-moderate rate of 31.53%. However, 13.63% reported low or very low accessibility, a programmatically significant minority. The two strongest hindering factors were effectively co-equal: lack of awareness about available services (M=3.48, Significant) and long waiting times or inconvenient schedules (M=3.47, Significant). These create a two-stage suppression of utilization; awareness gaps prevent initiation, and scheduling friction deters completion. The strongest facilitating factor, financial benefits (M=3.15), was weaker than the weakest hindering factor (distance/transportation, M=3.33), indicating that Konsulta's financial advantage is not communicating itself effectively enough to overcome structural deterrents.

Factor	Mean	SD	Level
FACILITATING FACTORS			
Financial benefits (free services)	3.15	1.17	Moderate
Easy enrollment process	3.12	1.28	Moderate
Supportive staff and doctors	3.12	1.33	Moderate
Clear information from PhilHealth/providers	3.06	1.30	Moderate
HINDERING FACTORS			
Lack of awareness about available services	3.48	1.06	Significant

Long waiting times / inconvenient schedules	3.47	1.04	Significant
Limited-service coverage for health needs	3.39	1.03	Moderate
Factor	**Mean**	**SD**	**Level**
Distance or transportation issues	3.33	1.02	Moderate

Table 3. Facilitating and Hindering Factors

Level of Utilization of PhilHealth Konsulta Services

Three structurally distinct utilization problems emerged. First, 60.80% of respondents were enrolled but inactive under PhilHealth's 3/6 contribution rule, meaning they were structurally ineligible for Konsulta benefits at the time of data collection, regardless of awareness or access. Only 39.20% were active enrollees. Second, among all 352 respondents, 63.92% reported only 1–3 consultations over three years (2022–2025), equating to fewer than one consultation per year; far below what a preventive-oriented program requires. Only 3.98% reported ten or more consultations, a rate more consistent with longitudinal primary care engagement. Third, service selectivity was consistent: services with the highest awareness scores also recorded the highest utilization (CBC, Chest X-Ray, Urinalysis, Paracetamol), while Pap Smear (M=2.29, Low) and Sputum Microscopy (M=2.43, Low) were among the least utilized, directly mirroring their awareness deficits. Referral and Follow-up Consultation achieved the highest utilization mean (M=3.37, Moderate) and, as Table 6 reveals, the strongest individual satisfaction correlation in the study.

Variable	Category	Frequency	Percentage (%)
Enrollment Status	Enrolled and Active	138	39.20
	Enrolled but Inactive	214	60.80
No. of Consultations	1 to 3	225	63.92
	4 to 6	90	25.57
	7 to 9	23	6.53
	10 and above	14	3.98

Table 4. Enrollment Status and Consultation Frequency (2022–2025)

Level of Satisfaction with PhilHealth Konsulta Services

Satisfaction was generally positive: 62.22% were satisfied, 10.80% very satisfied, 22.44% slightly satisfied, 4.26% dissatisfied, and 0.28% very dissatisfied, a combined positive rate of 73.02%. The 22.44% slightly satisfied group (n=79) is the most programmatically significant segment: positioned just above the neutral point, these beneficiaries are the most convertible through targeted improvements in awareness, communication and scheduling efficiency. The satisfaction distribution must be interpreted cautiously in light of what Ong et al. (2022) termed 'satisfaction by default,' members unaware of the full benefit package evaluate their experience against a lower standard, potentially producing artificially elevated satisfaction scores.

Difference in Satisfaction by Membership Profile

The Kruskal-Wallis test revealed a statistically significant difference in satisfaction based on PhilHealth membership status (p=0.002), partially rejecting the first null hypothesis (Ho1). Bonferroni-corrected pairwise comparisons identified that Dependent (Parent) members reported significantly higher satisfaction than Individually Paying Program members (p=0.048) and Sponsored Program members (p=0.008 unadjusted). This counterintuitive pattern is structurally explained: Dependent (Parent) members benefit from an employed principal member who manages contributions and benefit awareness on their behalf, institutional scaffolding that Sponsored Program and Individually Paying members must navigate alone. No significant differences in satisfaction were found based on beneficiary type (p=0.623) or Konsulta provider (p=0.053), confirming equitable care delivery at the clinical level.

Membership Profile Variable	Sig. (p)	Decision on Ho1
Membership Status (Type)	0.002	Reject H_0
Beneficiary Type	0.623	Retain H_0
Konsulta Provider	0.053	Retain H_0

Table 5. Kruskal-Wallis Test: Difference in Satisfaction by Membership Profile

Relationship Between Satisfaction, Awareness, Accessibility, and Utilization

Spearman's rho analysis substantially rejected the second null hypothesis (Ho2) across three dimensions. For awareness, significant moderate positive correlations with satisfaction were found for Initial and Annual Health Assessment (r=0.404, p<0.01), Referral and Follow-up Consultation (r=0.389, p<0.01), Preventive Services (r=0.332, p<0.01), and Laboratory and Diagnostic Services (r=0.306, p<0.01). Drugs and Medicines awareness was non-significant (r=0.044, p=0.415), a finding consistent with Tolabing et al. (2022): medication knowledge does not independently generate satisfaction because medications are experienced instrumentally through symptom relief, not through program awareness.

For accessibility, a significant moderate positive correlation with satisfaction was established (r=0.386, p<0.01), accounting for approximately 14.9% of satisfaction variance. Accessibility is the most actionable structural predictor of satisfaction, as improvements, scheduling upgrades, extended clinic hours, and satellite clinics are discrete, policy-level interventions with measurable effects.

For utilization, the strongest individual correlation in the study was between Referral and Follow-up Consultation utilization and satisfaction (r=0.442, p<0.01), exceeding all awareness and accessibility correlations. This reflects the centrality of relational continuity: members who experience follow-up consultations perceive being genuinely cared for, generating qualitatively distinct and durable satisfaction. Consistent with the awareness domain, drugDrugs and medicineMedicines utilization showed no significant relationship with satisfaction (r=-0.049, p=0.356). Together, these three moderate predictor sets confirm that no single variable is sufficient for high satisfaction awareness, accessibility, and utilization depth together to describe a cumulative pathway to optimal program experience.

Domain	Service Category	r	p-value	Interpretation
Awareness	Initial & Annual Health Assessment	0.404**	<0.001	Moderate Positive
	Referral & Follow-up Consultation	0.389**	<0.001	Moderate Positive
	Preventive Services	0.332**	<0.001	Moderate Positive
	Laboratory & Diagnostic Services	0.306**	<0.001	Moderate Positive
	Drugs & Medicines	0.044	0.415	Non-significant
Accessibility	Overall Accessibility	0.386**	<0.001	Moderate Positive
Utilization	Referral & Follow-up Consultation	0.442**	<0.001	Moderate Positive
	Initial & Annual Health Assessment	0.389**	<0.001	Moderate Positive
	Preventive Services	0.377**	<0.001	Moderate Positive
	Laboratory & Diagnostic Services	0.231**	<0.001	Moderate Positive
	Drugs & Medicines	-0.049	0.356	Non-significant

*** Significant at the 0.01 level (two-tailed)*

Table 6. Spearman's rho Correlations Between Satisfaction and Study Variables

Awareness Gaps and Their Public Health Consequences

The moderate awareness profile aligns with existing literature: Monteagudo et al. (2025) found only 21% awareness at a tertiary facility clinic, and Laranang et al. (2023) similarly reported only 'somewhat aware' levels in Ilocos Norte. The pattern of high awareness for routinely encountered diagnostics (Chest X-Ray, CBC, Urinalysis) and low awareness for condition-specific services (Pap Smear, Sputum Microscopy) reflects what Pengid et al. (2022) documented: perceived need is the primary predictor of service knowledge. Services that require a specific health condition to become personally relevant will consistently trail broadly applicable services, regardless of how prominently they appear in PhilHealth informational materials.

The low awareness of Pap Smear (M=2.68) and Sputum Microscopy (M=2.64) is particularly consequential. Cervical cancer is among the leading causes of cancer-related mortality among Filipino women, and pulmonary tuberculosis continues to record some of the highest incidence rates in the Western Pacific region (DOH, 2023). Enrolled Konsulta beneficiaries have zero-cost access to these screenings, yet remain largely unaware. Carrasco-Garrido et al. (2013) attributed low cancer screening awareness to the absence of provider-initiated discussion rather than patient refusal. The practical implication is clear: provider-initiated prompts for Pap Smear eligibility and Sputum Microscopy referral must be embedded as required elements of every Konsulta clinical encounter.

The non-significance of Drugs and Medicines awareness on satisfaction (r=0.044) offers a direct resource allocation signal. Tolabing et al. (2022) confirmed that medication knowledge does not independently generate satisfaction;medications are instrumentally experienced through symptom relief, not through program awareness. However, this does not diminish the equity consequences of drug awareness gaps: a hypertensive Konsulta member who does not know that Losartan or Amlodipine is covered continues purchasing these medications out of pocket, effectively paying for a benefit they are entitled to receive for free. Pharmacy counters at accredited facilities should prominently display the complete Konsulta formulary.

Accessibility and Structural Barriers

The predominance of moderate accessibility (54.83%) does not signal a generalized access crisis but rather a pattern of structural friction that, for a substantial minority, suppresses utilization. The co-dominance of lack of awareness (M=3.48) and waiting time (M=3.47) as barriers confirms that Konsulta's primary obstacles are informational and operational, not clinical or coverage-related. Neither requires additional healthcare infrastructure to address. Guinto et al. (2023) identified multilevel accessibility barriers spanning individual, interpersonal, organizational, and community levels in Philippine primary care, consistent with these findings. Salvacion (2022) documented that work-schedule incompatibility with facility hours, particularly relevant for the 72.73% of employed respondents, is a significant but underreported access barrier often miscategorized as patient apathy.

The accessibility-satisfaction correlation (r=0.386, $r^2 \approx 0.149$) confirms that access conditions are not merely logistical;they directly shape the subjective quality of the program experience. Ramolete (2025) found that digital consultation options through e-Konsulta significantly improved accessibility satisfaction in Pangasinan, particularly among employed and distance-constrained members. This model is directly applicable to San Pablo City's profile.

Utilization Patterns and the Contribution to the Inactivity Crisis

The 60.80% enrollment inactivity rate fundamentally reframes the utilization picture. The moderate service utilization means in Tables 9 and 10 of the original study represent the behavior of only the 39.20% active enrollees. The majority are structurally excluded by contribution lapse, not by disinterest or access failure. Haw et al. (2020) confirmed this at the national level: PhilHealth enrollment does not guarantee utilization; contribution compliance is the primary gatekeeping variable transforming enrolled membership into functional coverage.

The parallel non-significance of Drugs and Medicines utilization and satisfaction (r=-0.049) across both Tables 14 and 16 of the original study reinforces a key interpretive insight: satisfaction with Konsulta is not driven by what members receive in material terms but by how they experience the relational dimensions of the program. Members who receive more consultations, more follow-ups, and more engagement with preventive care report greater satisfaction, not because these services are more technically valuable, but because they generate more provider-member interaction and a stronger sense of genuine care. This is consistent with Watson's (2008) Carative Factors, which position intentional, compassionate nurse-patient interactions as the moral core of healthcare satisfaction.

Satisfaction and the Membership Structure Paradox

The significant difference in satisfaction by membership type (p=0.002) reveals that what differentiates program experience is not health condition status or facility attended, but the structural category of membership, which determines enrollment management, contribution burden, and institutional support for benefit navigation. The lower satisfaction of Sponsored Program members (p=0.008 vs. Dependent Parent, unadjusted) reflects a navigational gap: these predominantly indigent households rely on government agencies to manage enrollment and rarely receive

personalized benefit orientation. Reyes et al. (2021) attributed satisfaction gaps in sponsored versus voluntary categories to the absence of individual account ownership, members feel less agency over their coverage, and are less likely to proactively seek information or escalate service concerns.

The non-significant provider comparison (p=0.053) should not be functionally dismissed. With a p-value six-hundredths above the conventional threshold, this is better described as marginally non-significant. The 67.33% vs. 32.67% load imbalance between facilities warrants a formal capacity assessment at San Pablo City General Hospital to determine whether staffing and scheduling infrastructure are proportional to enrolled beneficiary volume.

Conclusion and Recommendations

This study concluded that PhilHealth Konsulta in San Pablo City carries genuine promise as a vehicle for universal primary care, but its transformative potential is constrained by three interrelated deficiencies: moderate and uneven awareness of the full benefit package, structural accessibility barriers that disproportionately affect less-privileged membership categories, and a high rate of passive enrollment (60.80%) that leaves the majority chronically underengaged with preventive and comprehensive care services.

The first null hypothesis (Ho1) was partially rejected: membership type significantly differentiated satisfaction (p=0.002), with Sponsored Program and Individually Paying members reporting lower satisfaction, driven by navigational gaps and insufficient institutional support rather than clinical quality deficiencies. Beneficiary type (p=0.623) and provider (p=0.053) did not significantly differentiate satisfaction, confirming equitable clinical delivery.

The second null hypothesis (Ho2) was substantially rejected: significant moderate positive correlations existed between satisfaction and awareness of health assessments (r=0.404), referral and follow-up (r=0.389), preventive services (r=0.332), and laboratory services (r=0.306); accessibility (r=0.386); and utilization of referral and follow-up (r=0.442), health assessments (r=0.389), preventive services (r=0.377), and laboratory services (r=0.231). Drugs and medicines awareness and utilization were consistently non-significant, directing resources toward the four domains with empirically confirmed satisfaction relevance.

Awareness, accessibility, and utilization form an interconnected determinant triad for Konsulta satisfaction. Members who are informed, can access care without prohibitive friction, and actively utilize services, especially follow-up consultations and preventive care, derive the greatest satisfaction. The conclusions of this study provide the empirical and theoretical foundation for a targeted, membership-differentiated information dissemination strategy for the YAKAP program in San Pablo City.

Acknowledgement

The authors would like to thank the colleagues and institutions who provided guidance, feedback, and support throughout the conduct of this research and the preparation of this manuscript. Any remaining errors or omissions are the sole responsibility of the authors.

Funding

This research received no external funding from any public, commercial, or not-for-profit funding agency, and no organization provided financial support for the conduct of the study, authorship, or publication of this article.

Competing Interests Statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study; all data used were obtained from previously published sources as cited in the reference list.

References

Alonzo, M. M., & Bernardo, A. B. (2021). Instructional supervision and teaching performance: A case study in elementary
Carrasco-Garrido, P., Hernandez-Barrera, V., De Andres, A. L., Jimenez-Trujillo, I., Pino, C. G., & Jimenez-Garcia, R. (2013). Awareness and uptake of colorectal, breast, cervical and prostate cancer screening tests in Spain. European Journal of Public Health, 24(2), 264–270. https://doi.org/10.1093/eurpub/ckt089
Department of Health. (2021). Administrative Order No. 2021-0026: Monitoring and evaluation framework for Republic Act 11223. https://www.doh.gov.ph
Department of Health. (2022). Evaluation of Konsulta package in Laguna: Accessibility and utilization report. https://doh.gov.ph/reports/konsulta-laguna-2022
Department of Health. (2023). Philippine health statistics 2023: Non-communicable disease report. Department of Health of the Philippines
Guinto, R. R. L., Arellano, M. C., Fortuno, J. U., Carandang, R. R., Lara, K. M. G., Tayag, J. S., & Layese, J. A. (2023). Using the socioecological model to explore barriers to health care provision in underserved communities in the Philippines: Qualitative study. JMIR Applied Informatics, 1, e45669. https://doi.org/10.2196/45669
Haw, N. J. L., Uy, J., & Ho, B. L. (2020). Association of social health insurance coverage and level of healthcare utilization and costs in the Philippines: A 10-year pooled analysis. Journal of Public Health, 42(4), e496–e505. https://doi.org/10.1093/pubmed/fdz142
Philippines: Qualitative study. JMIR Applied Informatics, 1, e45669. https://doi.org/10.2196/45669
Philippine Health Insurance Corporation. (2020). PhilHealth Circular No. 2020-0021: Implementing guidelines for PhilHealth Konsulta. https://www.philhealth.gov.ph
Laranang, J. M., Masicap, M. S., Matutino, E. P., Medina, R. D., & Nacana, J. G. (2023). Awareness and availment of PhilHealth benefits: The context of two selected cities in Ilocos Norte, Philippines. ISPSC Journal, 3(1), 1–15.
Monteagudo, G. R. S., Anuran, G. O., & Espina, A. R. (2025). Awareness, perceptions and attitudes regarding PhilHealth Konsulta outpatient benefit package: A cross-sectional study. Philippine Academy of Family Physicians Journal, 63(1), 61–66.
National Economic and Development Authority Region IV-A. (2023). CALABARZON regional development report 2023: Health sector assessment and PhilHealth Konsulta registration performance. NEDA Region IV-A. https://www.neda.gov.ph/region-iv-a
Ong, A. K. S., De Jesus, M. J., Sofi, M., & Mercado, M. (2022). Socio-economic factors affecting members' satisfaction towards national health insurance: An evidence from the Philippines. International Journal of Environmental Research and Public Health, 19(22), 15395. https://doi.org/10.3390/ijerph192215395
Pengid, S., Peltzer, K., de Moura Villela, E. F., Fodjo, J. N. S., Siau, C. S., Chen, W. S., Bono, S. A., Jayasvasti, I., Hasan, M. T., Wanyenze, R. K., Hosseinipour, M. C., Dolo, H., Sessou, P., Ditekemena, J. D., & Colebunders, R. (2022). Using Andersen's model of health care utilization to assess factors associated with COVID-19 testing among adults in nine low- and middle-income countries: An online survey. BMC Health Services Research, 22(1), 265. https://doi.org/10.1186/s12913-022-07661-8
Philippine Statistics Authority. (2021). Survey on health utilization in Laguna province. https://psa.gov.ph/content/health-utilization-survey-laguna-2021
Ramolete, L. J. O. (2025). Extent of implementation of PhilHealth e-Konsulta as an innovative digital health service in Eastern Pangasinan, Philippines. International Journal of Applied Medical Sciences, 6(2), 416–438.
Reyes, C. M., Tabunda, A. L., & Vargas, G. M. (2021). Konsulta rollout: Awareness and uptake in selected provinces [Discussion Paper Series No. 2021-15]. Philippine Institute for Development Studies. https://www.pids.gov.ph/publication/discussion-papers/konsulta-rollout-2021
Ricamata, C. P., & Tandang, N. (2020). Determinants of Philippine Health Insurance Corporation (PhilHealth) coverage and benefit utilization: Analysis of the National Demographic and Health Survey 2013 data. Journal of Health and Economics Studies, 8(2), 145–168.
Salvacion, A. R. (2022). Measuring spatial accessibility of healthcare facilities in Marinduque, Philippines. ISPRS International Journal of Geo-Information, 11(10), 516. https://doi.org/10.3390/ijgi11100516
Tolabing, M. C., de los Reyes, F., Ramos, P. D., & Taynan, R. C. (2022). Prevalence of limited health literacy in the Philippines: First national survey. Journal of Nurse Educators & Practitioners, 12(2), 89–104.
Ulep, V. G., Yu, V. G., & Dacuycuy, C. M. (2024). Out-of-pocket health expenses as a socioeconomic issue in the Philippines. Philippine Institute for Development Studies Features, 1, 1–12.

Appendices

No appendices are attached to this study.