FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:
PEER-TO-PEER LEARNING WORKSHOP
FINDING SOLUTIONS TO COMMON CHALLENGES
FEBRUARY 15-19, 2016
ACCRA, GHANA

Day V, Session I.
BACKGROUND

• The NHIA is yet to leverage its incredible wealth of data to inform purchasing decisions
• Develop an evidence-based dashboard to inform and enhance the core functions of the NHIA i.e. Membership registration and health purchasing
Data Collection

• Membership data – by region and district and by category, gender and age
• Claims data – volume & value of claims by OPD, IPD, Medicines and Services
Membership by category

- Under 18 years: 46.5%
- 70 years and above: 3.8%
- Indigents: 12.1%
- SSNIT Contributors: 3.6%
- SSNIT Pensioners: 0.2%
- Military, Police & Other Security Services: 33.6%

[Graph showing membership by category]
Claims Payment Trend (GH₵ Million)

Year | Amount (GH₵ Million)
--- | ---
2005 | 7.60
2006 | 35.48
2007 | 79.26
2008 | 183.01
2009 | 362.64
2010 | 397.61
2011 | 548.71
2012 | 616.21
2013 | 780.80

Data Source: Unaudited Financial Statement

NATIONAL HEALTH INSURANCE SCHEME

Your access to healthcare
Process

- January 2014 – Evidence-based strategic purchasing
  - in collaboration with HFG
- May 2014 Multi-stakeholder workshop within NHIA
  - identify priorities and opportunities for reform
- June 2014 Core Team – identify 10 specific indicators with emphasis on current challenges especially sustainability and capitation must be actionable
- June-August 2014 Technical subcommittee - reviewed the specific indicators for feasibility
Choosing indicators

• Based on the objectives of the Medium Term Strategic Plan 2014-2018
• All Directorates of NHIA represented
• Indicators for each thematic area identified
• Measure of performance
• Actionable
INDICATORS

Each indicator was rated on:
- Ease of production
- Business requirements for pulling each indicator
- Sample visualization

For each indicator:
- Identify and examine the data source
- Assess the quality of the data derived from the source
- Options for visualizing the data in a useful manner
- List challenges associated with producing the indicator
## Indicator Rubric

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EASY (1point)</th>
<th>MEDIUM (3pts)</th>
<th>HARD (5pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator clarity</td>
<td>Understand meaning &amp; purpose and agree on definition</td>
<td>Agree on meaning &amp; purpose. Some disagreement on definition</td>
<td>Disagreement on meaning, purpose &amp; definition</td>
</tr>
<tr>
<td>Data availability</td>
<td>Readily available for MIS access</td>
<td>Partially available or needs attention</td>
<td>Data not available or of low quality</td>
</tr>
<tr>
<td>Data quality</td>
<td>Raw data validated by manager</td>
<td>Raw data available must be cleaned before validation</td>
<td>Raw data difficult to separate in a useful form or requires cleaning of major errors</td>
</tr>
</tbody>
</table>
## Indicator Rubric cont’d

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>EASY (1point)</th>
<th>MEDIUM (3pts)</th>
<th>HARD (5pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visualization</td>
<td>Visualization approach agreed and straightforward</td>
<td>Visualization approach discussed, not finalised</td>
<td>Visualization approach has substantial disagreement</td>
</tr>
<tr>
<td>Sample indicator achieved</td>
<td>Indicator completed</td>
<td>Completed with issues</td>
<td>Not completed</td>
</tr>
</tbody>
</table>

5-12 points = EASY  
13-16 points = MEDIUM  
19-25 = HARD
Initial indicators

• **Active members** – by region, district, age, gender, category

• **Biometric Registration** – number of active with new Biometric card, PPP enrollment for capitation

• **Claims liability** – by geographical location, provider type, medicines, services, OPD & IPD, vetted/unvetted, paid/due
Active members

• Monitor coverage towards UHC – ensure increased target being met

• % of indigents covered – liaise with Social Welfare to improve targeting

• Geographical distribution – special registration to capture those in hard to reach areas
Biometric Registration

Biometric Registration by Region
(April 2014)

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Claims liability

Total Claim Liability (as of 24 July 2014)

- **IPD**
  - Drug: 5,508,128.23
  - Service: 11,206,548.76
  - Total: 16,704,676.99

- **OPD**
  - Drug: 13,808,406.65
  - Service: 13,290,562.94
  - Total: 27,103,972.59

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Operations Research

- Intervention
- Data collection
- Operational research
- Challenge
- Analysis

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Operations Research

Phase 1
- Identify problem
- Develop one-page proposal
- OR committee vets proposal using prioritization matrix
- Submit research proposal to management for approval

Phase 2
- Identify OR project team
- Request data
- Refine research questions and design study
- Implement study
- Analyze and synthesize findings and prepare recommendations

Phase 3
- Review research
- Disseminate research findings - policy brief, presentation, CAF to manage and share
- Apply evidence-based recommendations for policy and operations change
Operations Research

Outlook:

✓ Improved data collection – quality and quantity
✓ Use of dashboard as early warning system for key activities
✓ Data analysis guides operational research
✓ Operational research guides interventions and reforms
✓ Interventions are measured by indicators to measure performance

And the cycle goes on.............
Conclusion

• Membership data & claims data are a valuable resource
• The data does not need to be comprehensive to start the process
• Decision-making must be evidence-based driving to strategic purchasing
• Claims data not perfect but there is enough to analyse leading to reforms
• Efficient claims management is one of the key cost-effective solutions to the sustainability of the NHIS
THANK YOU

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