

BELIZE



National Health Insurance

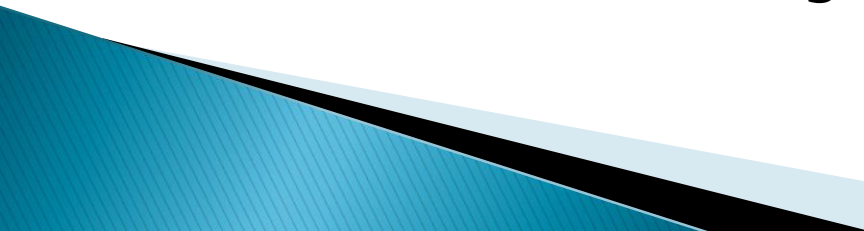
9th CARIBBEAN HEALTH FINANCING CONFERENCE

Tobago

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November 4, 2014

Policy Objectives / NHI Scheme

- ▶ Mobilize and Use Resources more Efficiently .
Ensure Financial Sustainability.
 - ▶ Improve Cost Effectiveness and Quality of Services.
 - ▶ Rationalize Utilization Patterns, Portability and
Cost-Containment Measures (Supply and Demand).
 - ▶ Improve Strategic Planning and Management of
Health Care.
 - ▶ Improve Equity, Accessibility and maximize
utilization of existing health resources.
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Establishment of NHI: A Health Reform Initiative

In 1998 the Government of Belize outlined 3 areas of primary focus in the health reform process:

1. Organization Restructuring of the MOH (Emphasis on Decentralization)
2. Rationalization and upgrading of Health Facilities
3. **Financing of Health Services through the establishment of a National Health Insurance Fund (NHIF)**

NHI Launched:

- ▶ NHI was formally launched on in 2001.
- ▶ This policy initiative introduced the following key concepts that are considered in the region to be very progressive:
- ▶ Separation of functions:
- ▶ The Introduction of the Contract model
- ▶ Payment for performance

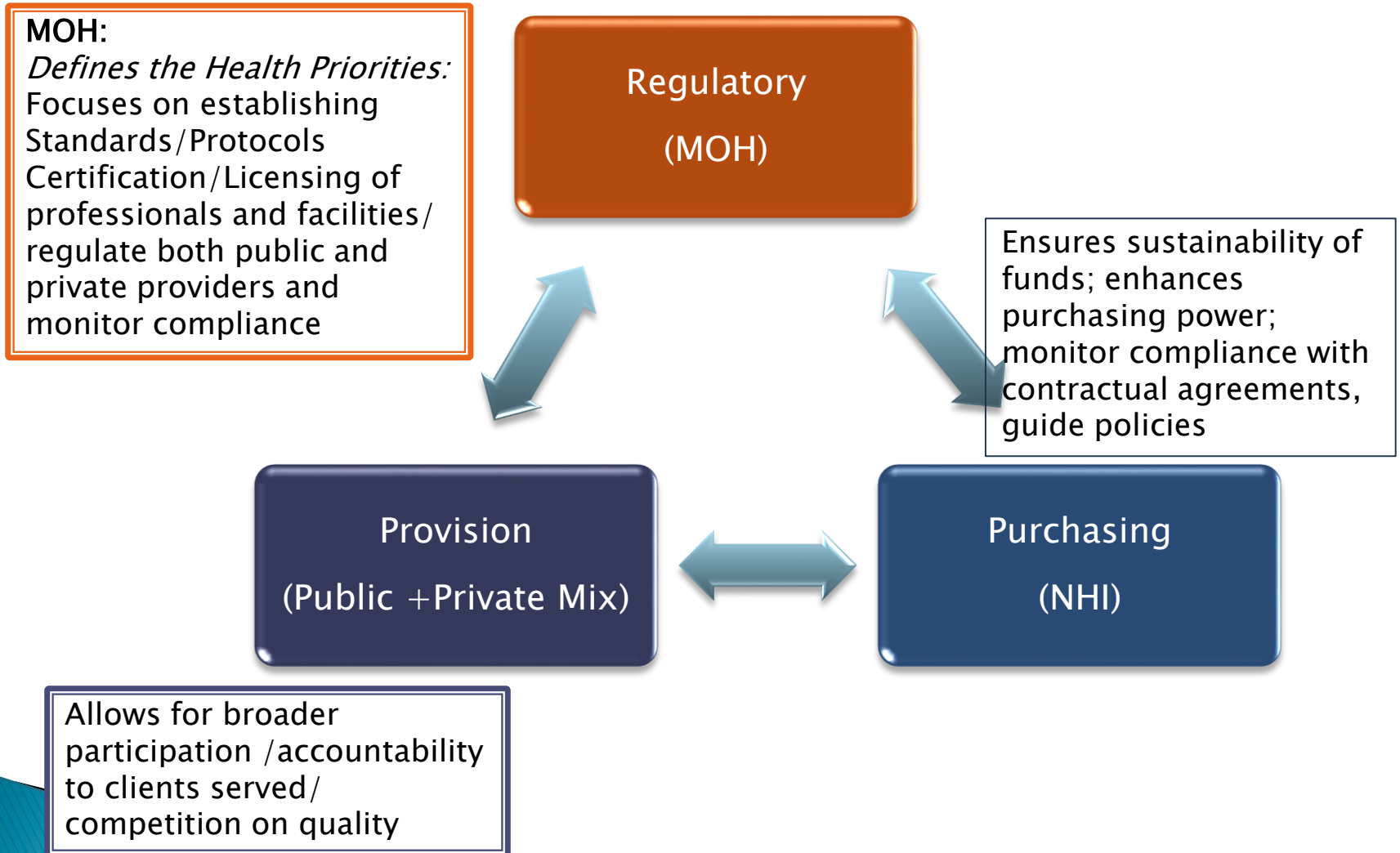
Role of the Social Security Board

- ▶ NHI funding comes from the Ministry of Finance (General Revenues) and channelled through the MOH.
- ▶ The funds are administered by the Social Security Board.
- ▶ The NHI Unit falls administratively under the Social Security Board as well and as such it complies with the board's policies and regulations.

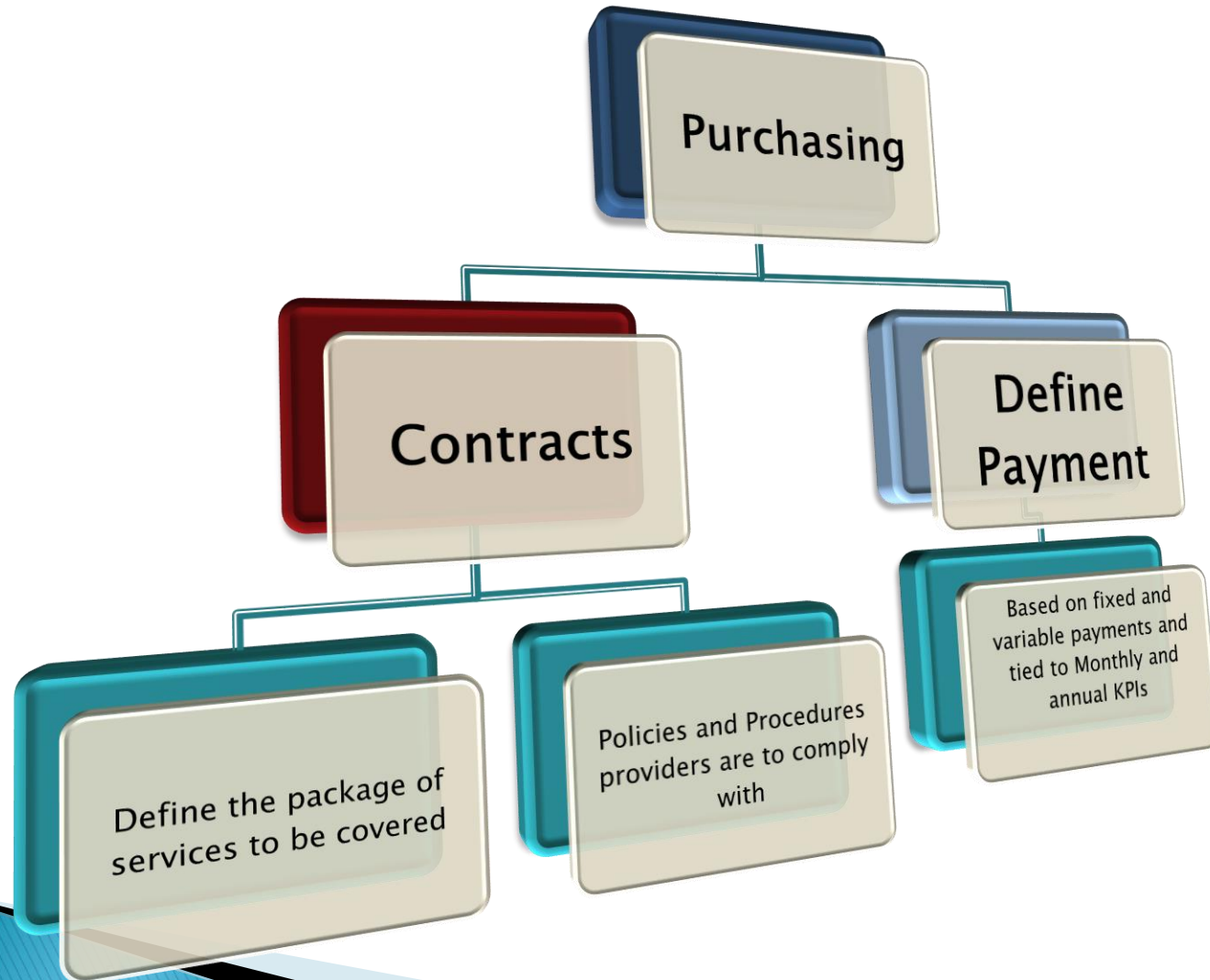
Advantages of the partnership with SSB:

- ▶ SSB has the infrastructure in place to manage the large database of registered populations. NHI utilizes the SSB # as the unique identifier and pre-requisite to qualify for NHI services.
- ▶ Relies on the IT technical support to populate and host the Purchasing and Planning database.
- ▶ By pooling resources the NHI Unit functions effectively with minimal administrative costs.

Separation of Functions:



NHI's Role as the Purchaser



Primary Care Package of Services

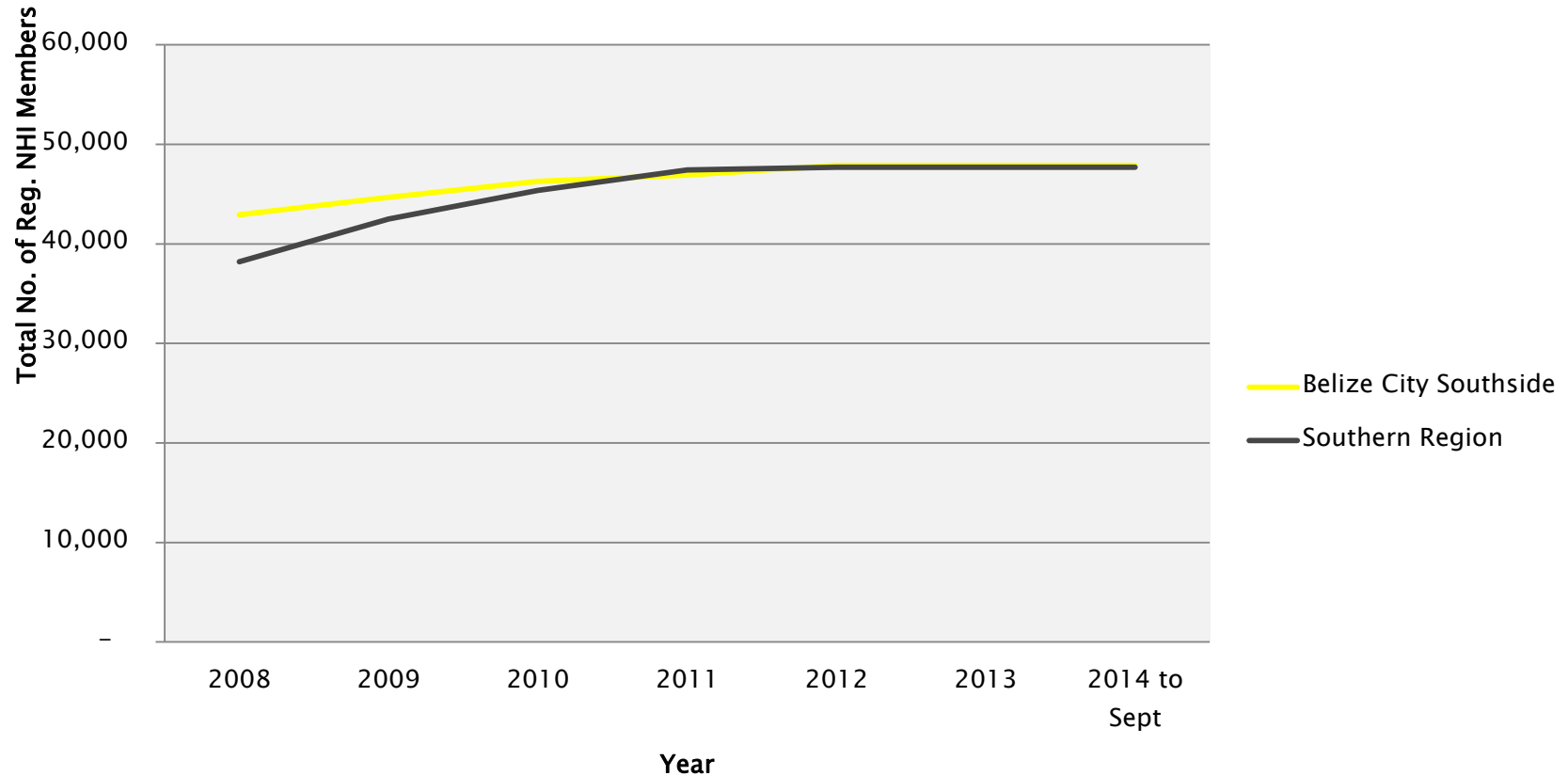
- ▶ General Medicine and nursing services
- ▶ General consultations
- ▶ Minor surgery that can be carried out in a General Practitioner's clinic
- ▶ Pediatric Care
- ▶ Obstetric Care
- ▶ Maternal and Child Health
- ▶ Limited hospital deliveries (Southern Region)
- ▶ Eye-glasses for school children, cataract surgery for elderly, laser surgery for diabetic retinopathy, and annual diabetic and hypertension eye examination

Support Services: Laboratory, Pharmaceuticals, and Diagnostic Exams

- ▶ NHI provides the PCP with a standardized referral and prescription form for pharmaceuticals, laboratory and diagnostic exams. The PCP will be required to limit utilization of support services to those services and/or medications approved by NHI
- ▶ A list of approved Laboratories, Pharmacies and Diagnostic Centers is provided to the PCPs

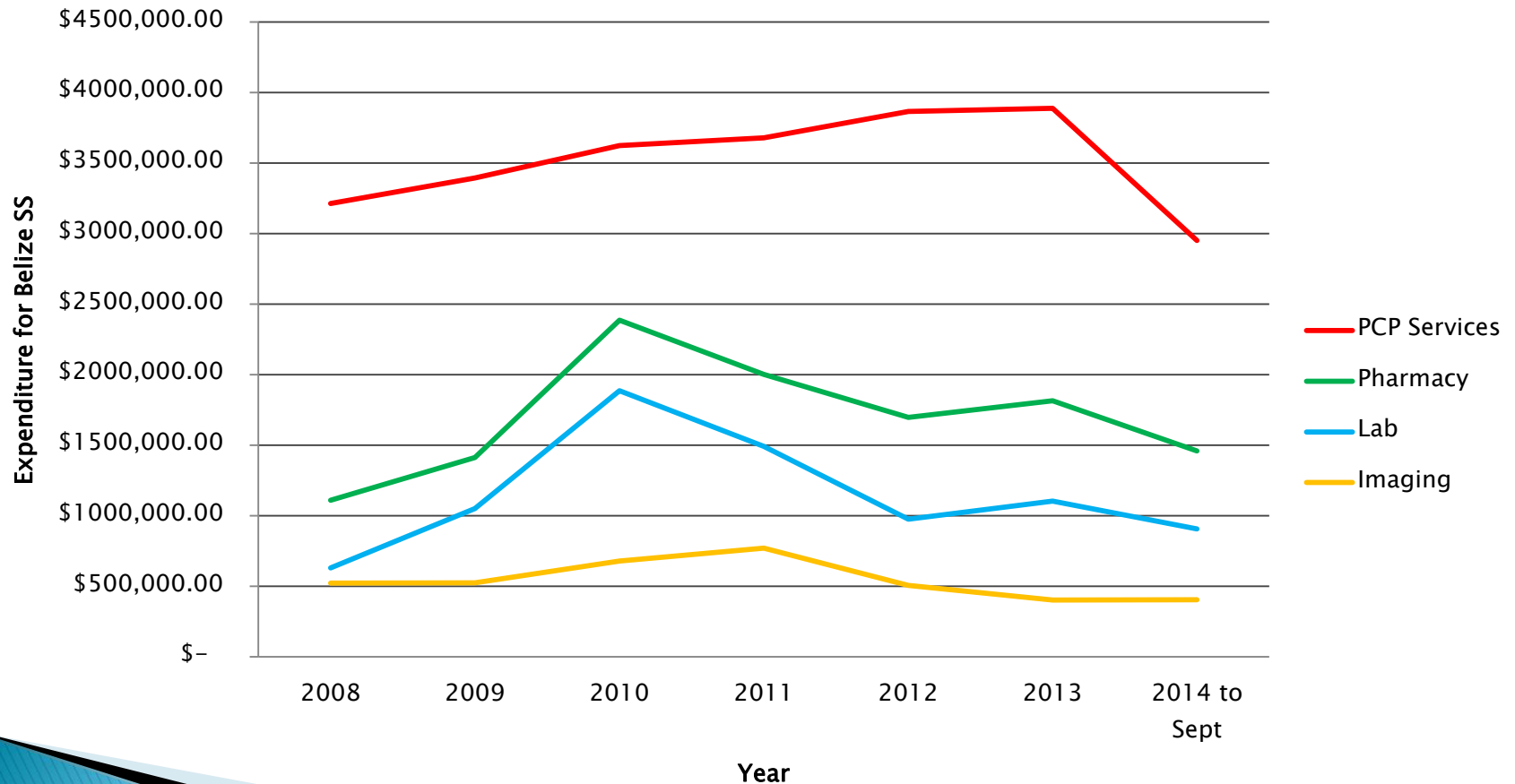
NHI Membership: since 2012 clinics have reached full capacity

Membership by Year

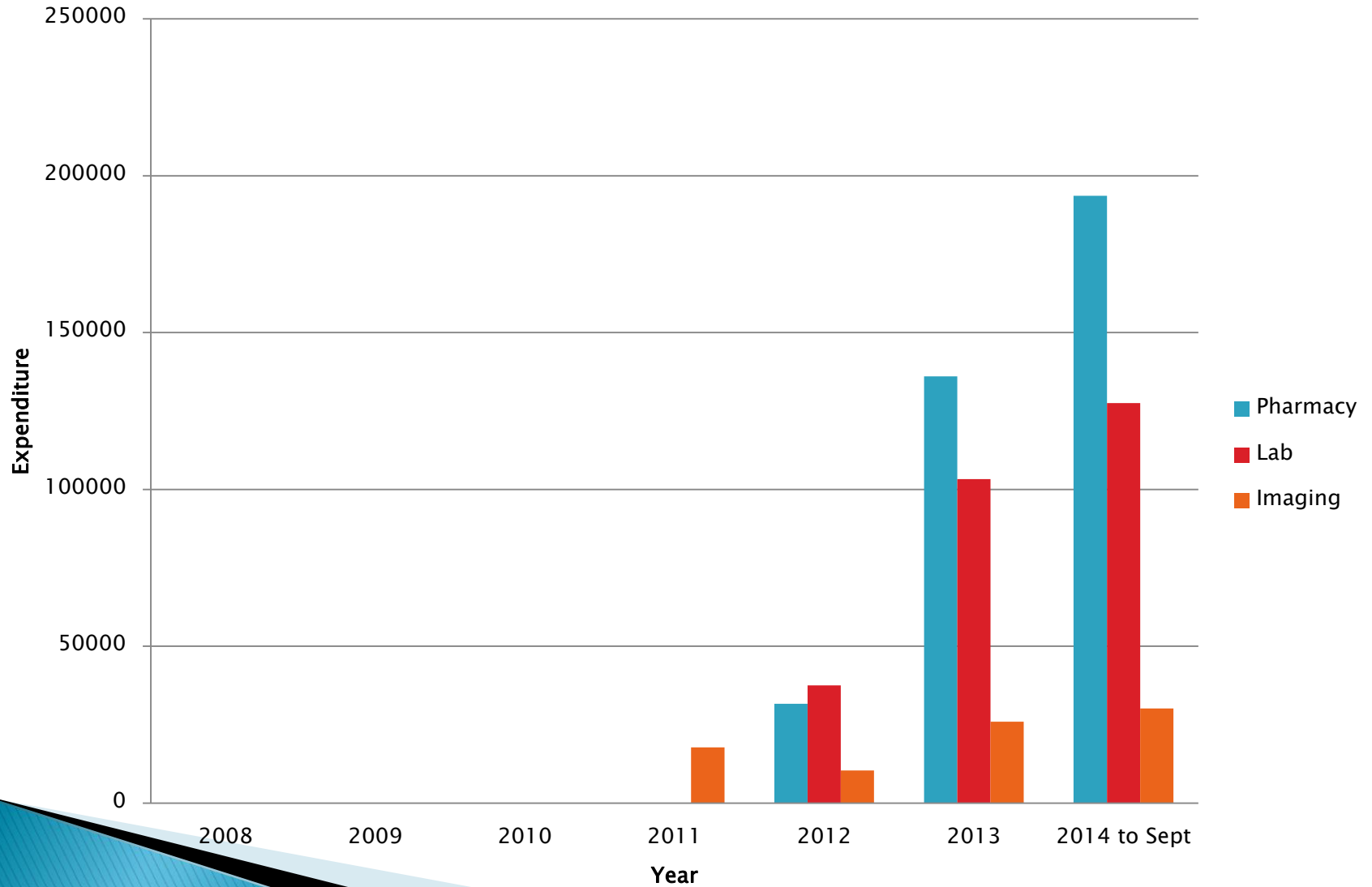


Services have been capped to contain budget since 2012

Total Expenditure for Belize SS by Year

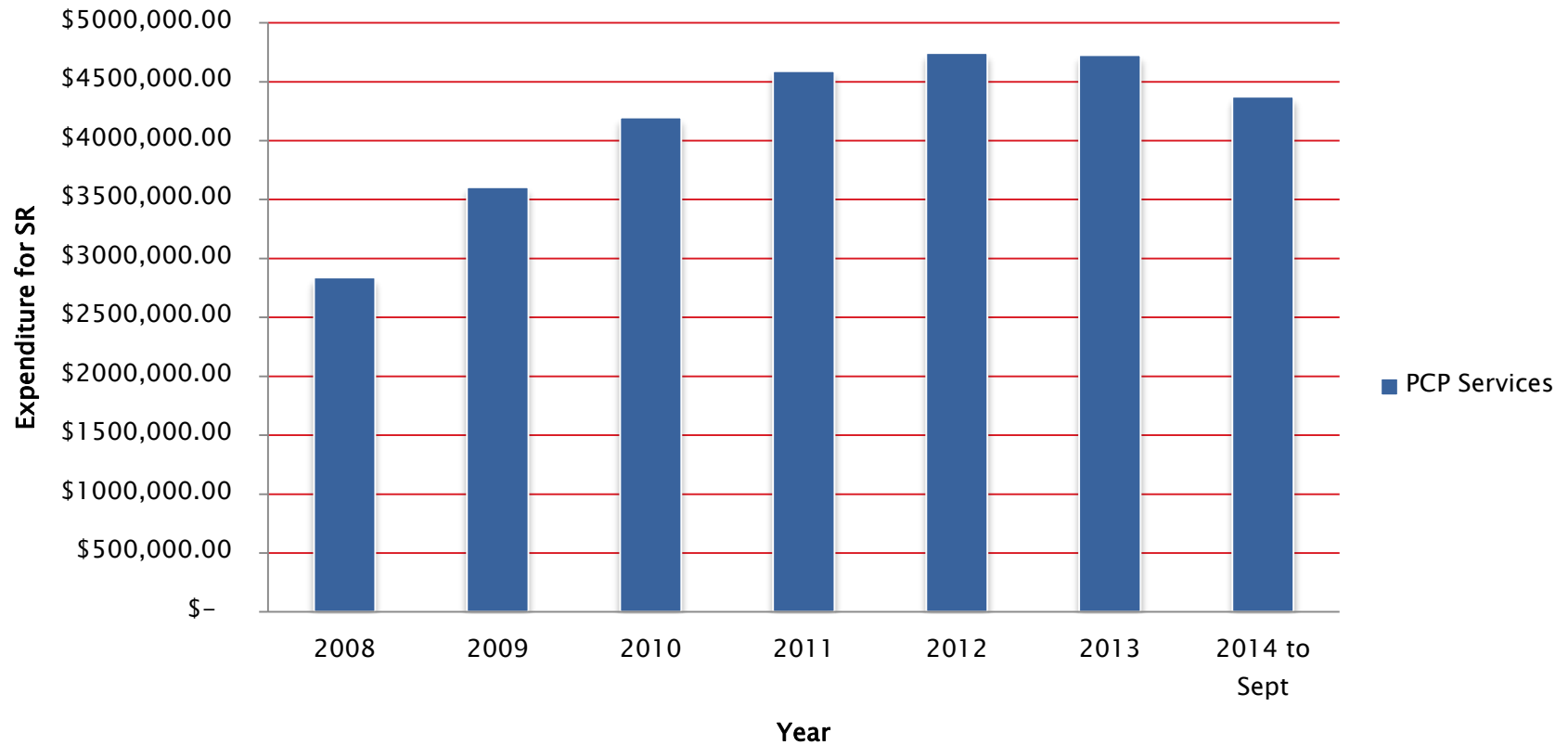


Expenditure for Belize SS with Mercy by Year & Service Provider

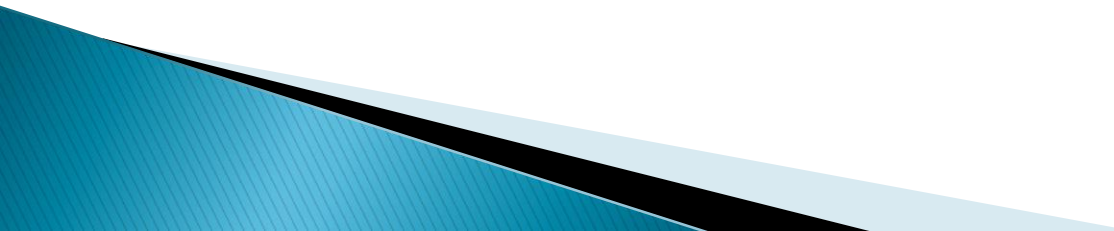


Total Expenditure for SR: increase in PMPM 2014

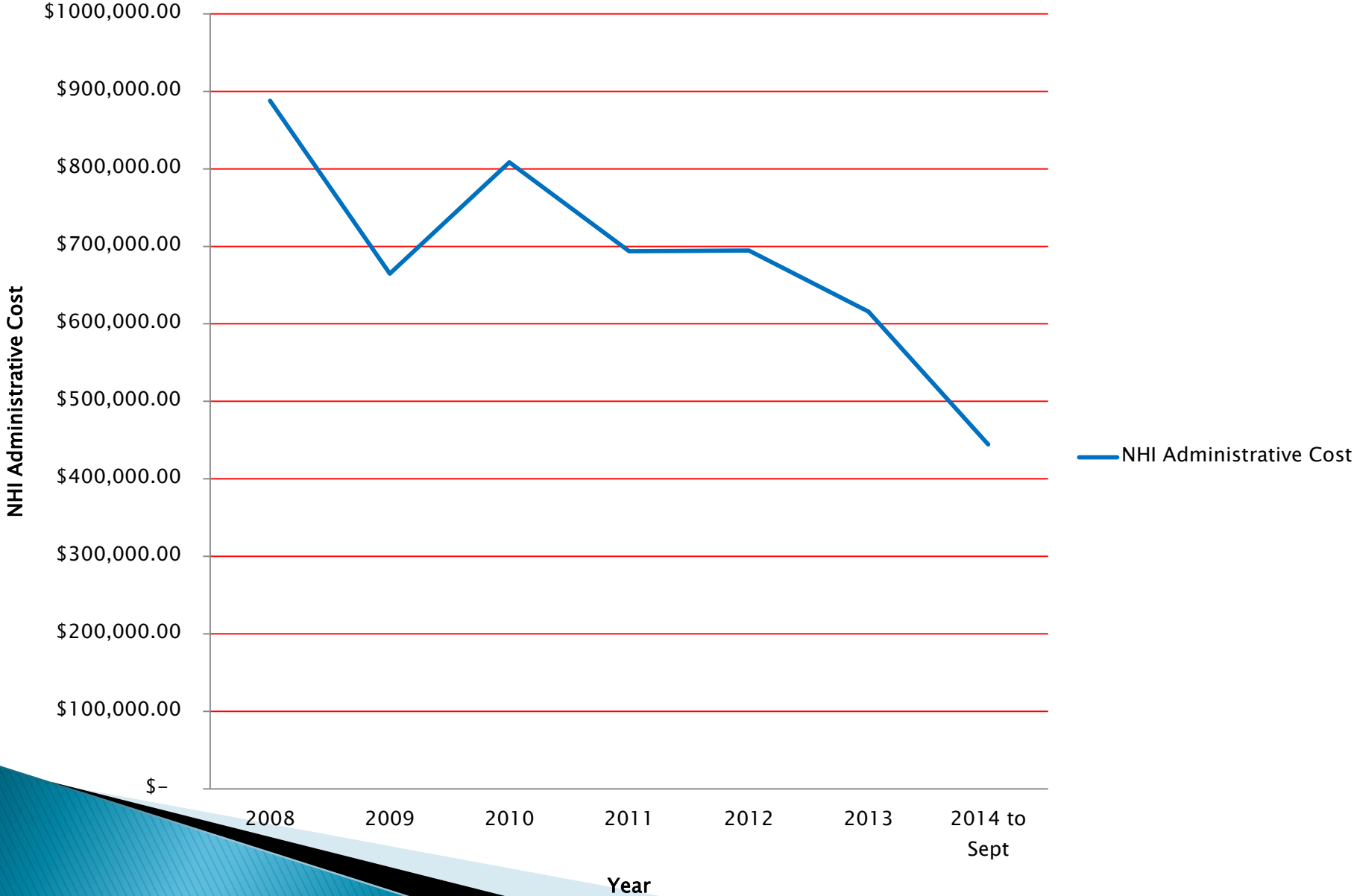
PCP Services



Justification of increase of PMPM:

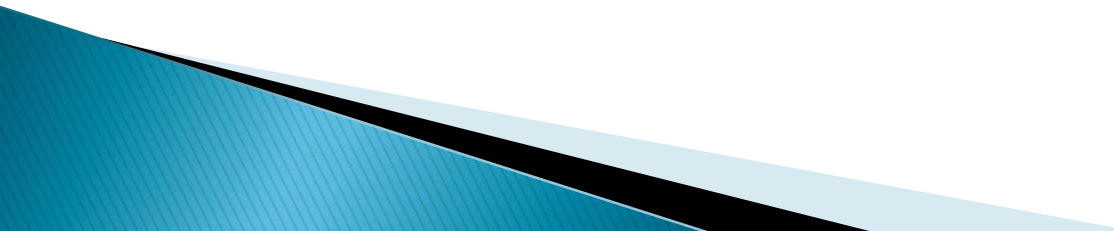
- ▶ SINCE 2006 NO SALARY ADJUSTMENTS, NO BENEFIT PAYMENTS TO STAFF PAID THROUGH NHI FUND.
 - ▶ ALL PUBLIC SERVANTS PAID BY GOB HAVE NOW SURPASSED THE SALARY/BENEFITS OF NHI/PAID STAFF.
 - ▶ DISATISFACTION OF PERSONNEL
 - ▶ DIFICULTY ATTRACTING STAFF TO WORK IN REMOTE AREAS.
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NHI Administrative Cost

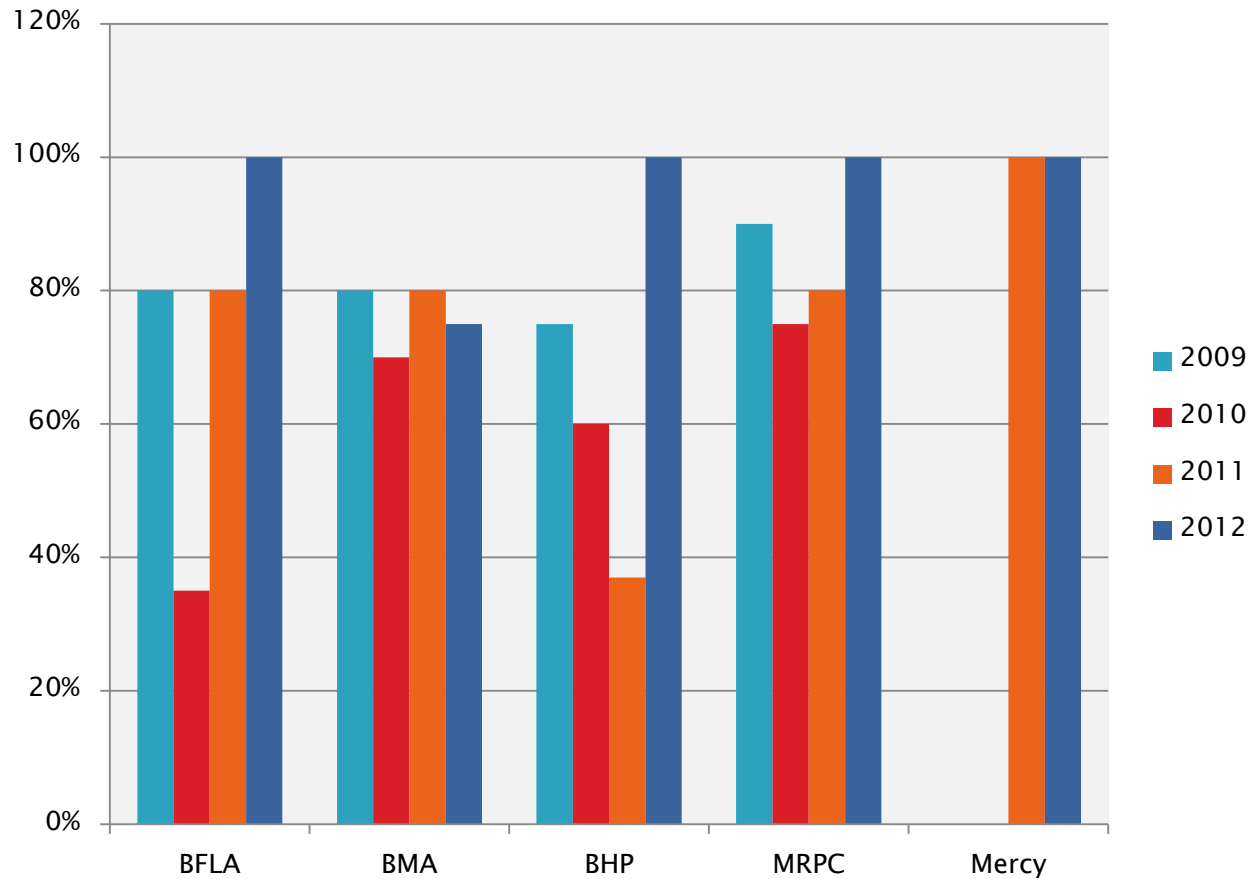


NHI: A GATEWAY TO BETTER HEALTH FOR ALL

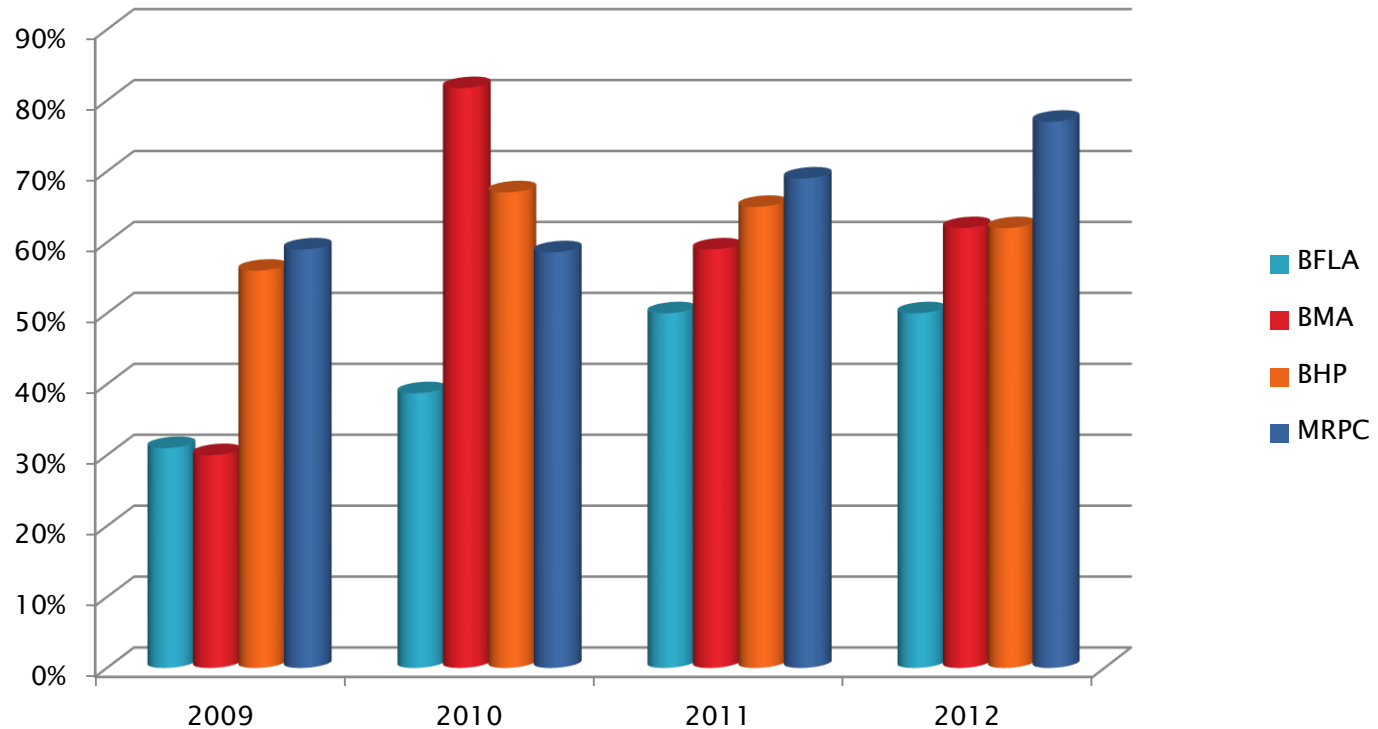
KEY ACHIEVEMENTS

- ▶ Access to services has increased (PCPs maxed population; demand is high)
 - ▶ Improved Facilities (infrastructure and Administrative) eg. BFLA
 - ▶ Improved access to comprehensive support services in line with clinical protocols
 - ▶ Access to services for Geriatric Population (Mercy)
 - ▶ Improved delivery of services at support level
 - ▶ Improved outreach and community services
 - ▶ Increased early bookings for MCH (high risk)
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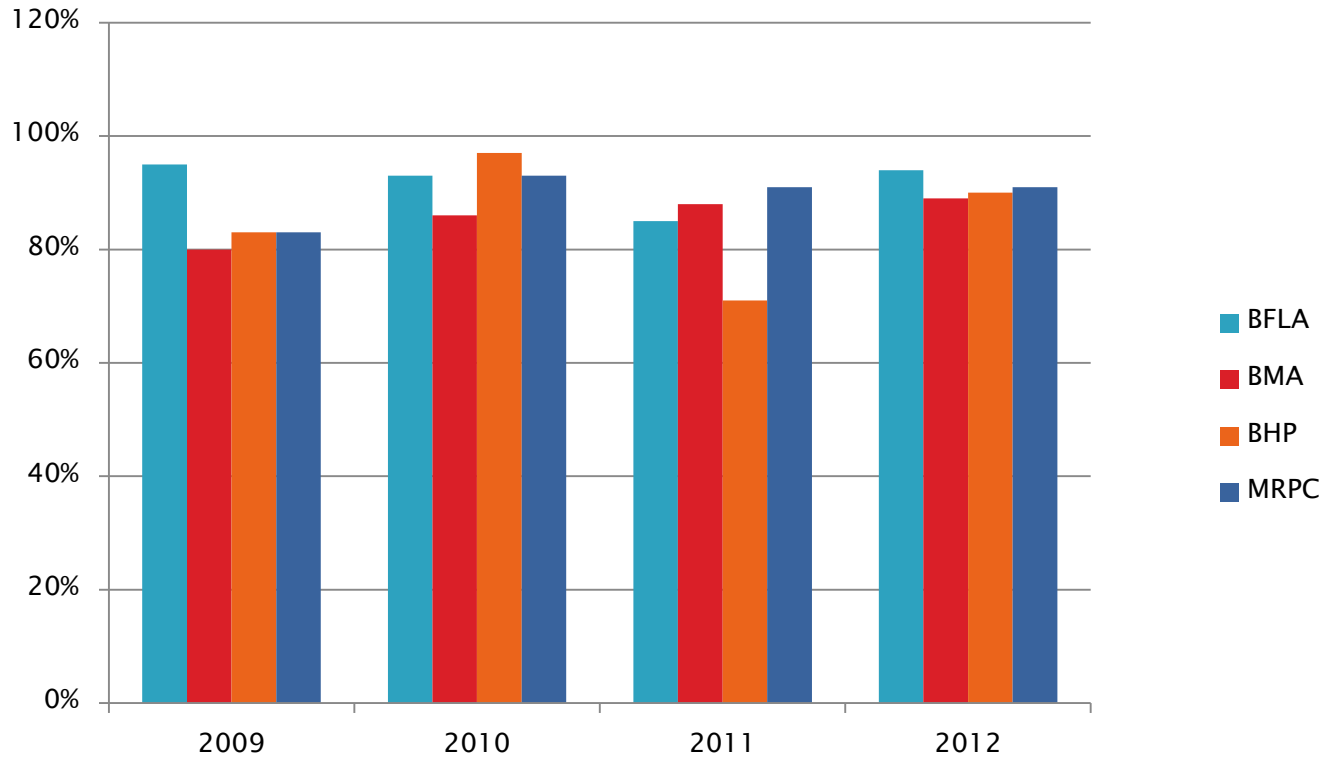
KPI's 2009-2012



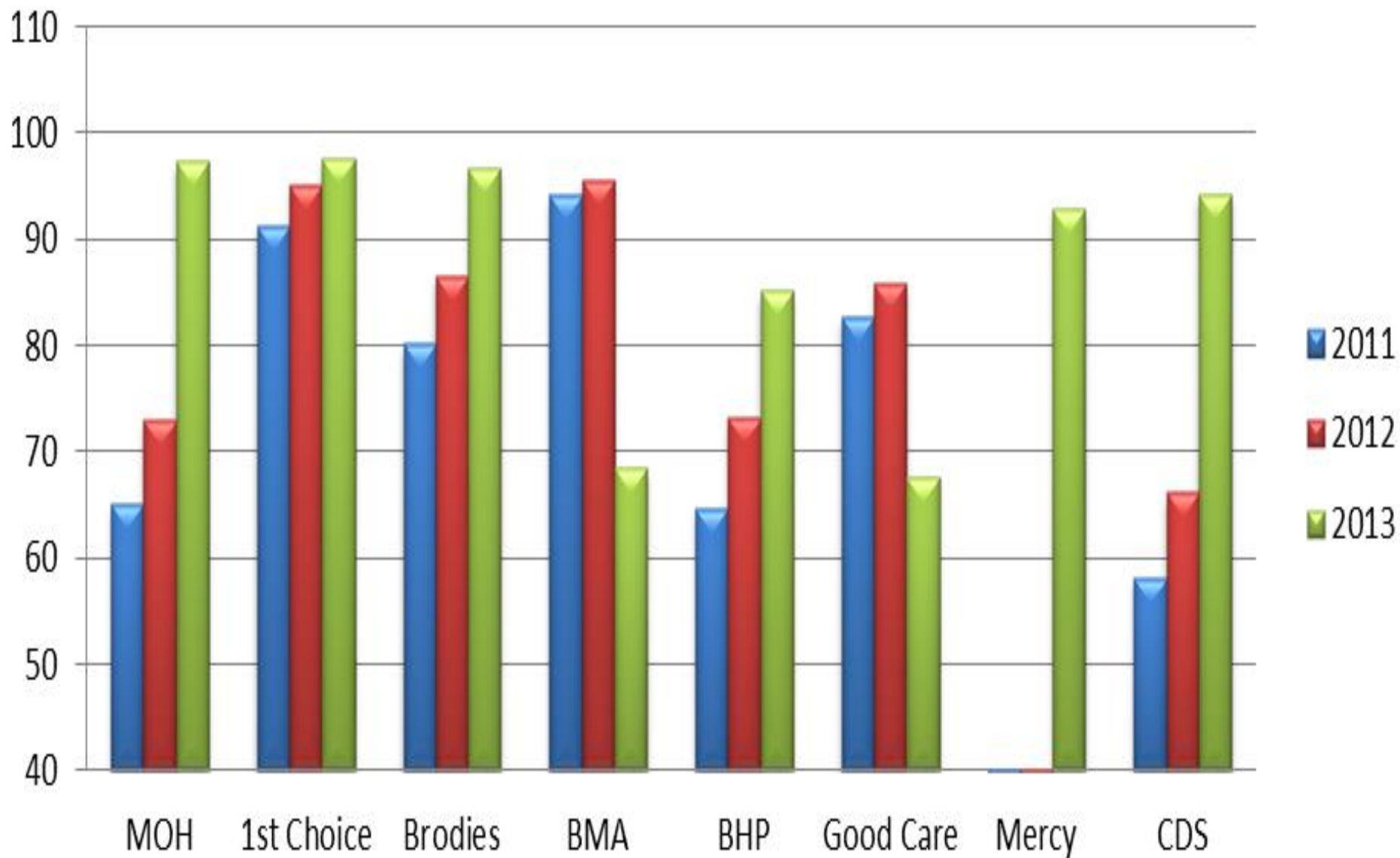
1st Prenatal Visit in 1st Trimester



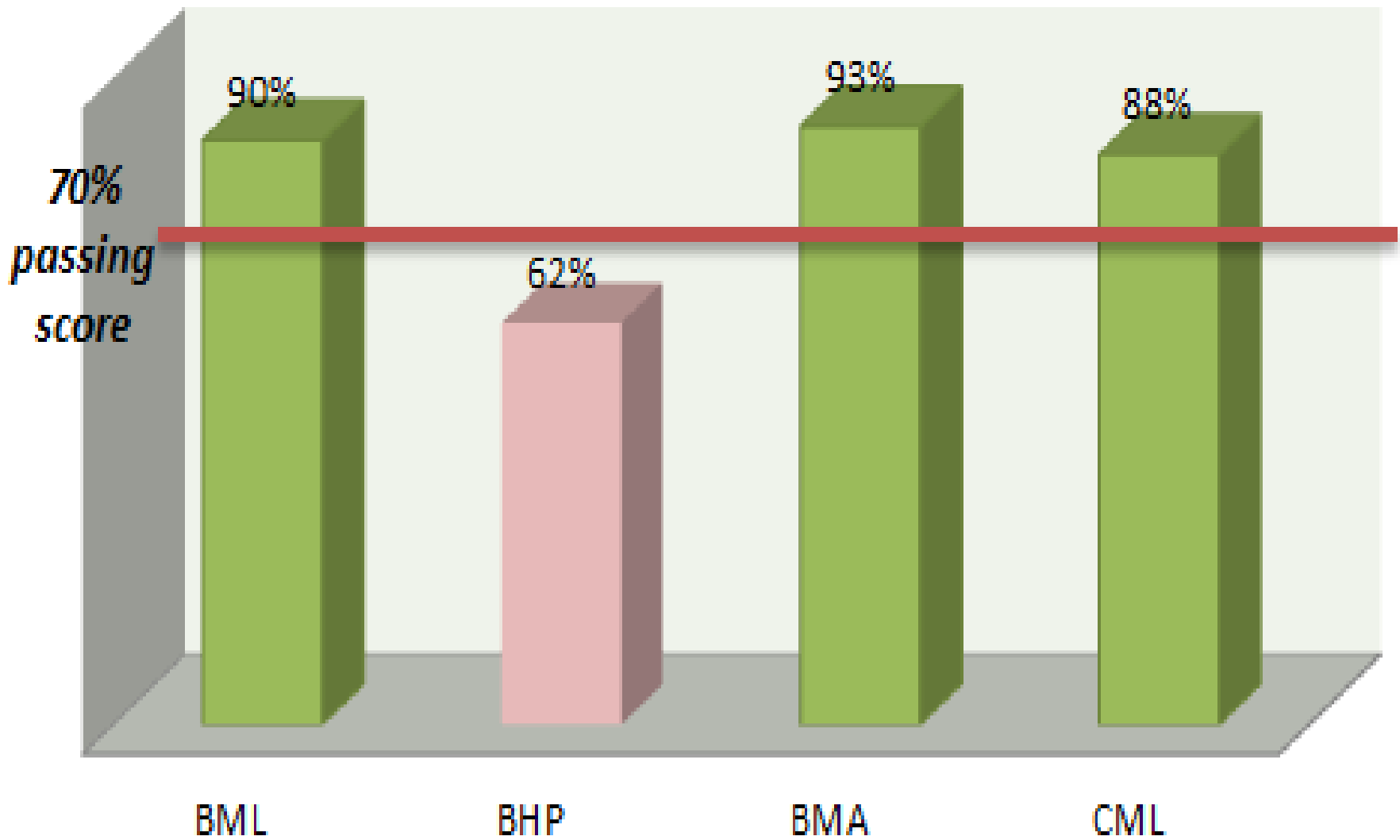
> 7 Prenatal Visits for HR Pregnancy 2009-2012



Pharmacy Audit Total Scores

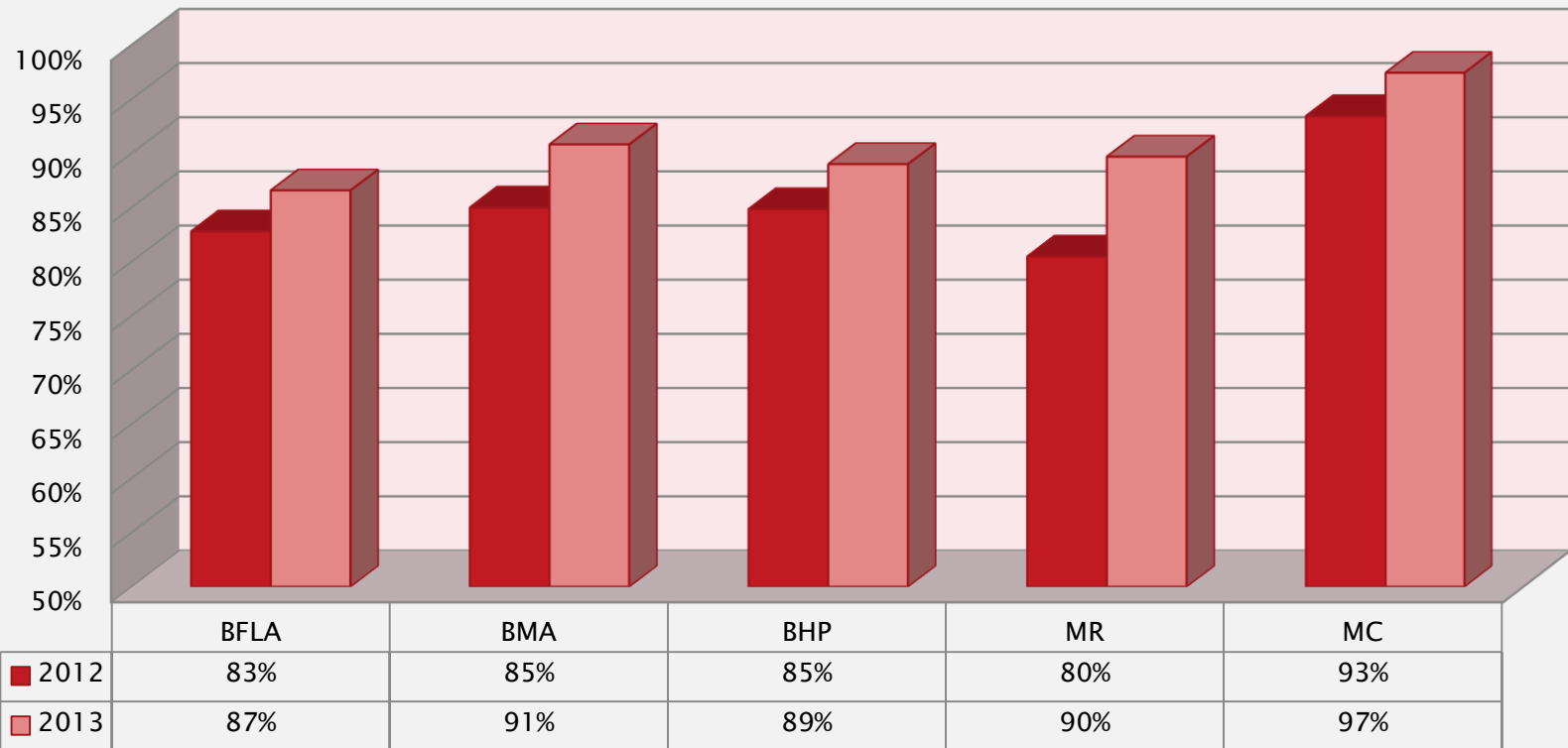


Lab Audit Final Scores 2013



Patient Satisfaction Survey

Comparing Scores for 2012/2013



**FIRST of it's kind Geriatric Center in Belize; Servicing the elderly exclusively
-Mercy clinic**



MERCY CLINIC'S KPI'S 2013

	Key Performance Indicators	Target	Score	
1.	Percent of Medical Staff trained at least twice during the year in Geriatric Medicine Documentation	100%	15%	100%
1.	Percent of Basic Standards for a geriatric institution implemented Documentation: checklist	85%	15%	98.7%
1.	Conduct 4 hours of specialist clinic once a month	90%	15%	100%
1.	List of basic equipment installed and functional	95%	15%	99.5%
1.	Develop Geriatric Protocols for HTN and DM / Research Blister Package Report and Presentation	100%	20%	100%
1.	At least 85 percent of MC patients expressed <u>full satisfaction</u> with regard to services received from the MC	85%	20%	90%
	KPI Score Pass: 85%			100%

RAWA 2015


Software has been upgraded to a more robust health information system that will be able to monitor service utilization trends and create reports for planning



NHI Extension to Coroza

- ▶ Northern District
- ▶ 1 Zone
- ▶ MOH PCP – pop. 20,000
- ▶ NGO –Presbyterian Medical Clinic – pop.5,000
- ▶ Primary Care package
- ▶ Ophthalmology
- ▶ Hospital Deliveries

Challenges

- **LACK OF LEADERSHIP UNDERSTANDING OF THE BASIC GOALS AND PRINCIPLES OF THE REFORM AND THE FUNCTION OF NHI, THERE IS A DISTINCT POSSIBILITY THAT LONG TERM SUSTAINABILITY OF NHI AND ITS COUNTRYWIDE IMPLEMENTATION IS CURTAILED AND THUS RESULT IN THE INABILITY TO MAKE SYSTEMIC IMPROVEMENTS TO HEALTH.**
 - **LACK OF PUBLIC INFORMATION AND MARKETING RESULTS OF NHI EXPERIENCE, THERE IS A POSSIBILITY FOR THE GENERAL POPULATION NOT SUPPORTING FINANCIAL POLICY DECISIONS THAT NEED TO BE MADE, RESULTING IN GOVERNMENT RELUCTANCE TO ADOPT A SUSTAINABLE POLICY ON HEALTH SECTOR FINANCING.**
 - **LACK OF PROVIDER COMPETITION THERE IS PROBABILITY THAT PROPER INCENTIVES MAY NOT BE INTRODUCED RESULTING IN POOR QUALITY DELIVERY OF SERVICES.**
 - **ECONOMIC CHALLENGES THERE IS A STRONG POSSIBILITY THAT FUNDS MAY BE LIMITED AND RESULT IN FAILURE TO CONTINUE IMPLEMENTATION OF SCHEME.**
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Strategic Plans for Sustainability

- ❖ Remains the greatest challenge

- ❖ ADVOCACY.....
 - ✓ LAUNCHING OF NHA STUDY
 - ✓ NATIONAL HEALTH SECTOR STRATEGIC PLAN
 - ✓ STAKEHOLDER BUY-IN (NHIC)
 - ✓ SPONSOR FOR ADVOCACY AT POLITICAL LEVEL

- ❖ POLITICAL STRATEGY DEFINED....

- ❖ CABINET APPROVAL

- ❖ Financing Options???

Thank You

