

# The State Health Foundations' progress towards UNIVERSAL HEALTH COVERAGE

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8-10 October 2018  
Paramaribo | Suriname



# Agenda:

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Overview SZF

02

Objectives 2015-2020

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Our progress towards Universal Health Coverage

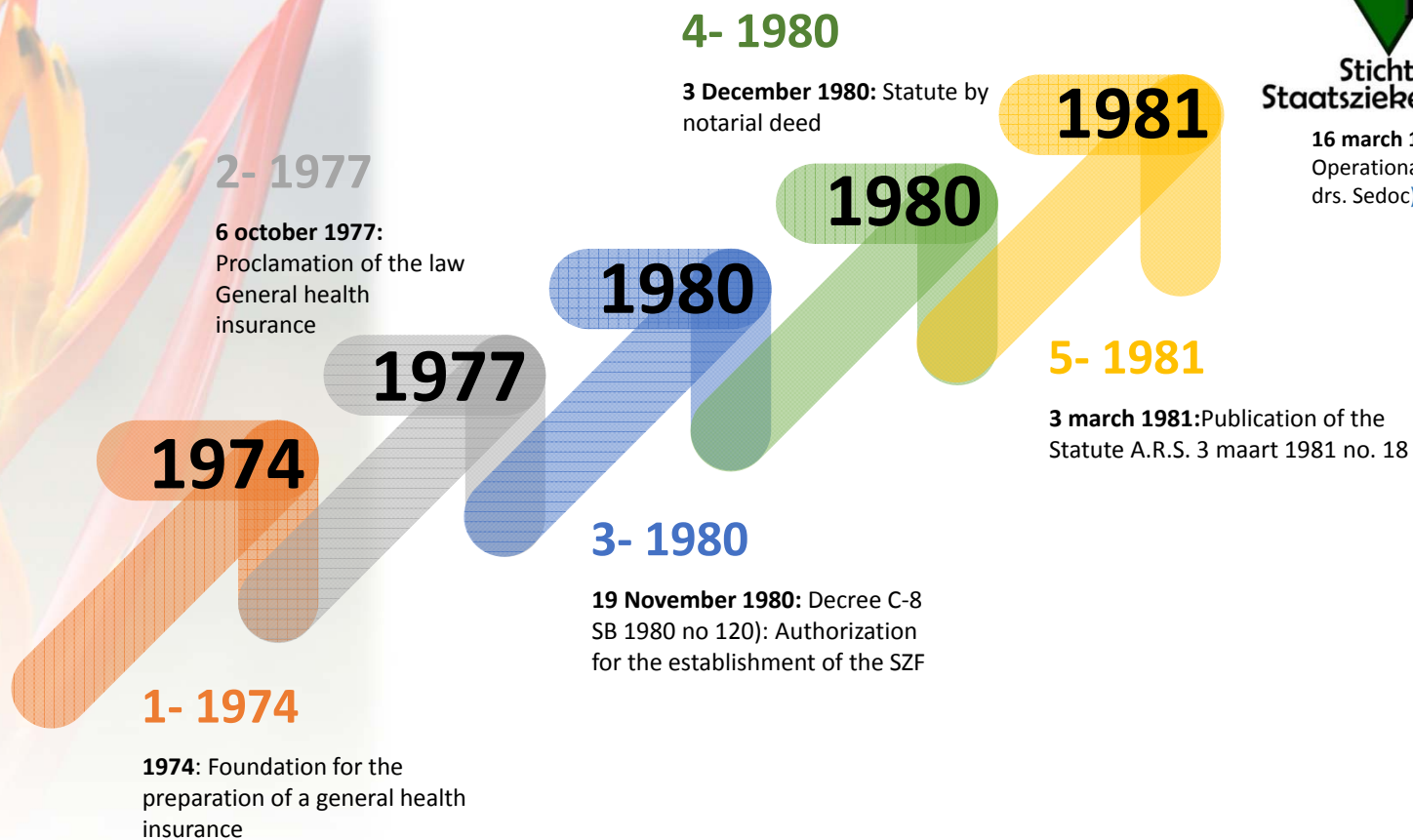
04

Challenges faced resulting from transition to Universal Health Coverage

05

The way forward!

# Historical development of SZF



Stichting  
Staatsziekenfonds

16 march 1981:  
Operational (director  
drs. Sedoc)



# Overview of the Company



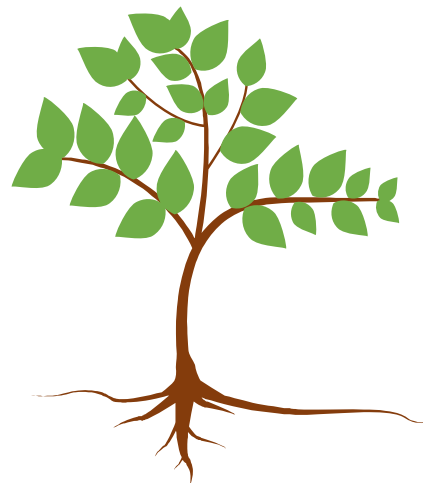
## **Our staff**

Professional and dedicated staff to carry out our mission and vision. We continuously strive for the provision of access to quality healthcare for our insured population!



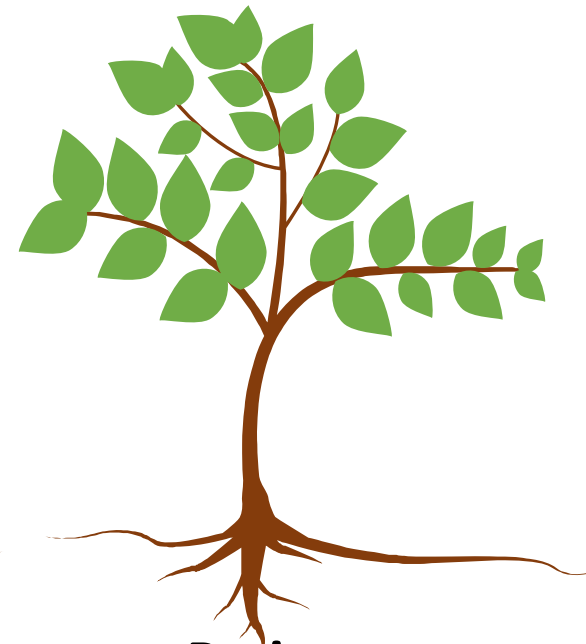
## **Our commitment**

We are committed to making quality healthcare accessible for its population by offering health insurance packages. We strive to provide optimal service to our clients.



## **Our development**

As of the year 2016, SZF gradually developed into the leading company into providing access to healthcare with approximately 80% of the total insured population in its portfolio.



## **Patient centered care**

Our clients are our focus point! We strive to provide accessible quality health care, including prevention and promoting a healthy lifestyle.



# Mission of the State Health Foundation

## **Mission:**

We connect quality healthcare to people

## **Vision:**

Quality healthcare for all



## Key objectives (SZF 2015-2020)

- Key objectives SZF derived from the national strategy to achieve universal health coverage for example:
  1. Increase access to quality healthcare
  2. Health promotion & disease prevention
  3. Cost Management, without neglecting quality assurance and financial hardship for our insured population
  4. Innovation through automatization





# Financing and payment systems

## FINANCING OF THE SZF as per August 2018

- Government: Total insured population: 315.000
- Private insured: Total insured population: 40.000

## CURRENT PAYMENT SYSTEMS:

- Mostly fee for service with the exception of some services

# Our progress towards Universal Health Coverage

## 1. Transition to universal health coverage

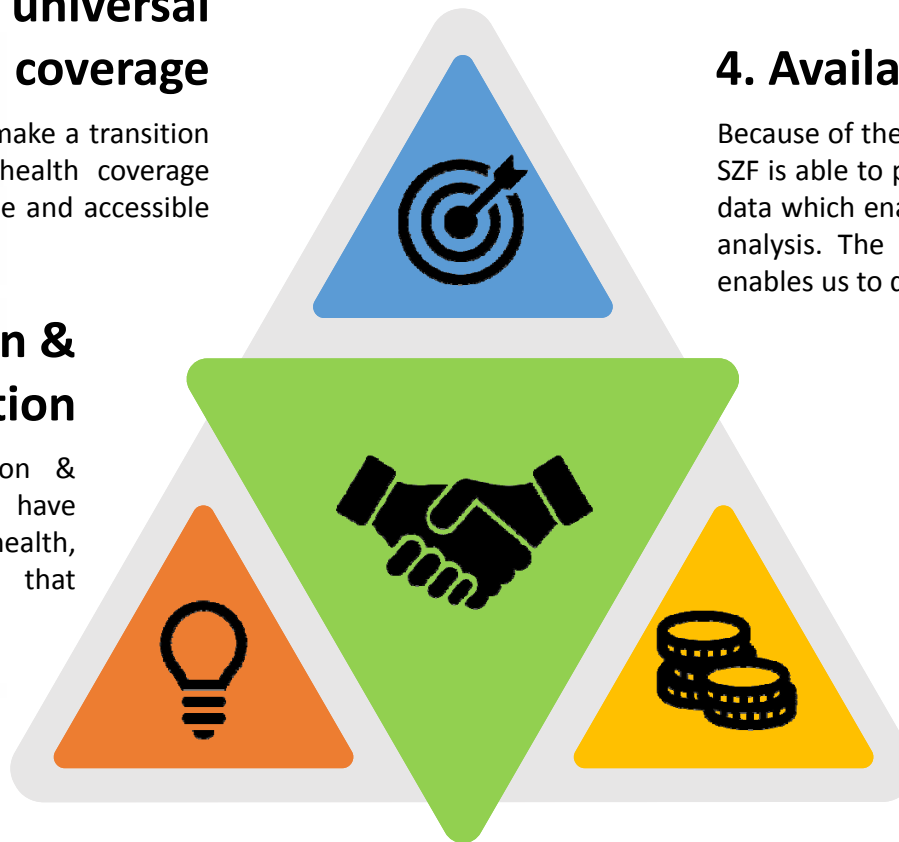
The decision was made to make a transition from partial to universal health coverage resulting in equal, affordable and accessible health services for all.

## 2. Health promotion & disease prevention

Progress in health promotion & disease prevention programs have resulted in improved health, awareness & environments that support health.

## 3. Feasibility studies

Currently a feasibility study is performed to improve the legitimacy and cost-effectiveness of the care given to our insured population



## 4. Availability of data

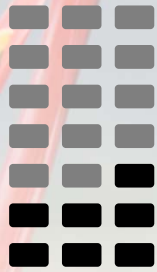
Because of the great number of insured, SZF is able to process a great number of data which enables us to make different analysis. The result of these analysis enables us to determine our policy.

## 5. Increase claims analysis

The internal control mechanism of the SZF has been intensified both financial and medical analysis.



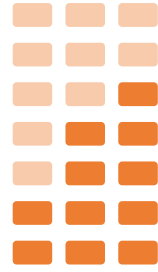
# Our insured (SZF) portfolio compared to the total Surinamese population:



**29%**

**2015**

Our total population of insured people amounts to 29% of the total Surinamese population.  
Insured population: 151.891



**63%**

**2016**

Our total population of insured people amounts to 61% of the total Surinamese population.  
Insured population: 350.091



**61%**

**2017**

Our total population of insured people amounts to 62% of the total Surinamese population.  
Insured population: 340.931



**64%**

**2018**

Our total population of insured people amounts to 62% of the total Surinamese population.  
Insured population: 351.870

# Progress in our services

		Results
Improved accessibility to expensive healthcare	Expensive healthcare services we provide are: neurosurgery, cardiac surgery, Intervention radiology, palliative chemotherapy, Renal function replacement therapy	Services are more accessible to our insured population. For example all dialysis patients have equal chance to undergo dialysis. In 2015 the amount was 200 patients, currently dialysis patients amounts to 720.
Integrated care <ul style="list-style-type: none"> <li>• Diabetics</li> <li>• Home care and nursing care</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated, multidisciplinary package of well-coordinated care for treating diabetics</li> <li>• Joint collaboration with 17 private GP practices</li> <li>• Diabetic education</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of glucose levels of participants</li> <li>• Less inefficiencies in health care waste</li> <li>• Improved knowledge regarding diabetes mellitus</li> <li>• Less hospital admissions/shorter hospitalization</li> <li>• Less complications</li> </ul>
Prevention projects <ul style="list-style-type: none"> <li>• Go4it</li> <li>• Prevention project SZF personnel</li> <li>• Program Myhealth</li> <li>• 'Living with....'</li> </ul>	<ul style="list-style-type: none"> <li>• Guidance of teen obesity by nutritionist, psychologist and physical therapist</li> <li>• Stimulating personnel to sport and eat healthy</li> <li>• Promoting a healthy lifestyle</li> <li>• Program regarding experiences from patients with certain diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Weight loss between 4-8% of their body weight</li> <li>• Weight loss between 2 and 23 kg per person (avg weight loss of 8%)</li> <li>• Awareness of the importance of a healthy lifestyle</li> <li>• Awareness and understanding of respective diseases</li> </ul>



# Challenges faced resulting from transition to Universal Health Coverage

## Challenge 1



**Prominent  
role of the  
Government**

## Challenge 2



**Imbalance  
between  
revenues and  
claims**

## Challenge 3



**Inefficiencies in  
health  
expenditure**

## Challenge 4



**Delayed  
Claims  
processing**



## Challenge 1: Prominent role of the government

- Rules and regulations determined by the State
- The appointment of key persons (BoD and supervisory board) is dependent on the government
- Due to the increase in insured population by the government the dependence on government funds has increased since 2016.



## Challenge 2: Imbalance between revenues and the claims for example:

- Increase of submitted claims by health providers and the number of insured results in an imbalance between premium received and claims per capita
- The current tariffs with health providers are outdated. Updating and increasing these tariffs will result in a bigger imbalance between revenues and claims.



## Challenge 3: Inefficiencies in health expenditures for example:

- Procedures and control mechanisms need to be updated to better identify inefficiencies in healthcare
- More integrated analysis should be performed in order to identify and diminish waste in healthcare spending
- No certainty whether services are actually provided, justified and appropriate.





## Challenge 4: Delayed claims processing IT system (transition to real time processing)

- Payment systems of service providers are mainly open-ended
- Lack of updated medical protocols
- Current IT system supports claims management partially and does not support all work processes
- Not integrated with health providers



# Working towards a better system!

Technology is becoming more pervasive! SZF is currently in the process of enabling more effective integration of care by centralizing Electronic Medical Records (EMR) and connecting its health providers.

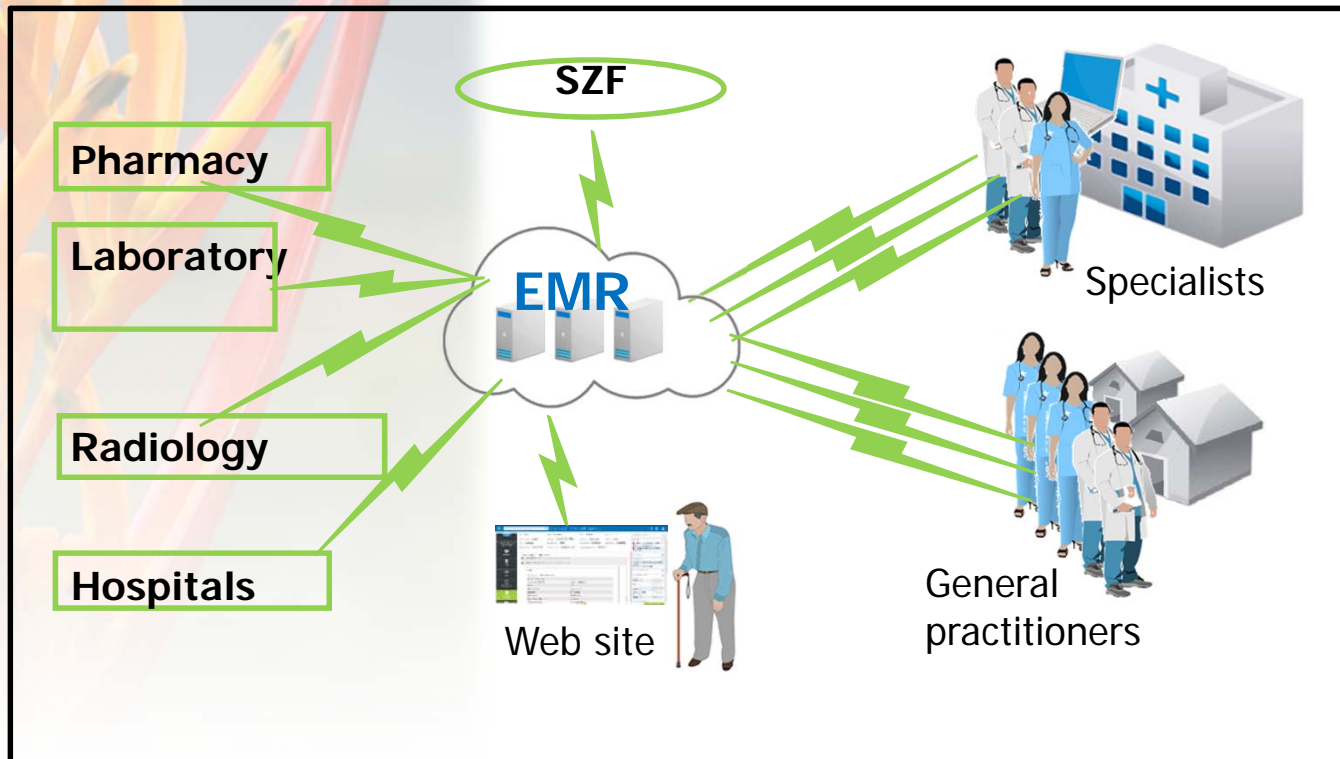
## Why connected health?

- From collection of premiums and claims management organization to **health promotion** and **preventive medicine**
- Reduces medical errors and to improve administration efficiency
- Increased data availability
- Reduction of bureaucracy
- Patient centered
- Electronic referrals and guarantee letters

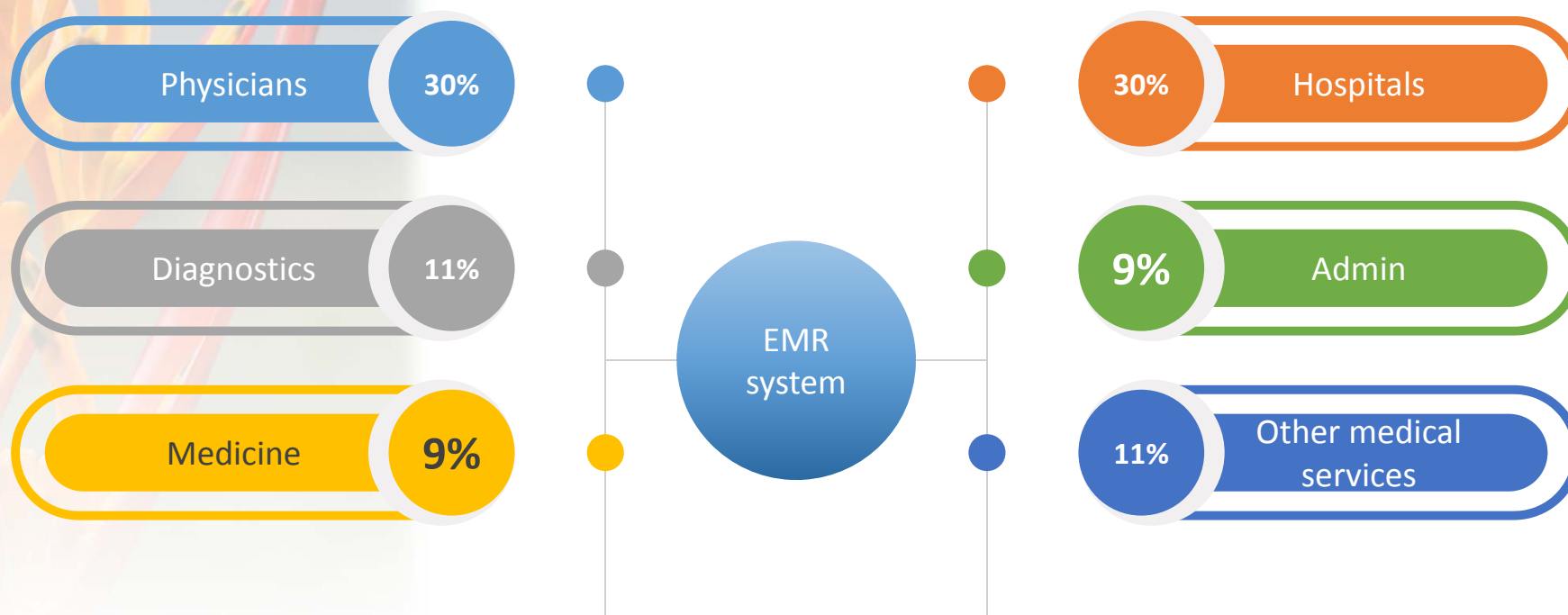
# Working towards a better system! (Cont'd)

Connecting hospitals, Laboratories, pharmacies etc.

Challenges



# Evidence based budgetary **efficiency** resulting from EMR system



**BA1** Brooke, Atmosoerodjo; 02/10/2018



## The way forward!

- Agreements between the State Health Foundation and its health providers must be revised
- Simultaneously, a change should be made to our payment system to conform with these adjusted contracts. (capitation fee, package payments etc.)
- Primary health care and prevention should be improved, in order to reduce the referrals from the primary to the secondary or tertiary care





## The way forward! (cont'd)

- If there is a negative imbalance between premium and claims, introduce/increase efficiency measures. For example reduction of the benefit package based on cost-effectiveness;
- Support the development of medical protocols/guidelines in order to improve quality care
- Provide health education to the population in order to improve health literacy



## The way forward! (cont'd)

- Provide patient centered integrated care regarding chronic diseases (especially for diabetes and hypertension)
- Data availability
- Invest in an automated EMR program which assures efficiency in the claims process by the development of claims management and minimize inefficiencies in health care.

# Thank you!

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