

CHALLENGES OF SUSTAINABILITY



*Matron Roberts polyclinic ii
primary care provider
perspective*

Matron Roberts polyclinic II

► Who are we?

Matron Roberts Polyclinic II (MRPC II) is the only polyclinic that operates within a dual system in Belize City. As such, we are administered by the Government of Belize in partnership with National Health Insurance since 2001.

► Who we serve?

MRPC II serves the population of the south side of Belize City, with an approximate population of 40,000

► How many members are assigned?

We have a total of 12,000 patients registered under the NHI scheme at a cost of \$6.30 Bz = \$3.15USD per person per month

MRPC II Key Areas of Service

1. Use of BHIS and RAWA database	9. Outreach/Mobile Services
2. Management of patient flow to service areas for patient care	10. Minor surgical procedures
3. Medical Consultation – acute and chronic patients	11. Laboratory service
4. On-site pharmacy	12. Monitor quality assurance services/NHI Audits
5. Health Education / Health Promotion	13. Administrative matters
6. Referrals	14. Staff Development /Continuous Medical Education/Protocol Revisions
7. Surveillance	15. Maternal and Child Health
8. Dentistry services	16. Specialist Services – Gynaecology, Paediatrics, Nutritionist

Primary care providers

Healthcare services contracted by the NHI are provided by 5 Primary Care Providers located on the South-side of Belize City– 4 private and 1 GOB/MOH PCP

PCP Provider	Amount of Patient Registered
Belize Medical Associates	12,000
Integral Clinic	12,000
Belize Family and Life Association	12,000
Mercy Clinic (Geriatric)	3,000
Matron Roberts Polyclinic II - GOB	12,000
TOTAL	51,000

Patients exempted from co-payment cost are children under 5 years old, the elderly and pregnant mothers

Sustainability challenges

Matron Roberts Polyclinic II, due to its dual function experiences certain challenges such as:

1. Unemployment and poverty among the population covered
2. Quality of care
3. Waiting time
4. Inequity in membership
5. Inequity in Employees' benefit packages
6. Finance

Unemployment and poverty

- ▶ The poverty rate of Belize is at 30% - 40% and the Unemployment rate is 10%
- ▶ Unemployment is harmful to the wellbeing of both the patients and the health services
- ▶ People live in bad conditions, have poor eating habits, and suffer from mental health issues, etc.
- ▶ Most patient that visit the clinic are poor and unemployed which affects revenue collection which indirectly funds the program. The majority of these patients do not pay income taxes and social security contributions although they are the frequent users of services
- ▶ Undocumented Immigrants are also served by MRPC (safety net as a GOB facility)

Quality of care & waiting time

- ✓ Detailed documentation that needs to be carried out per registered patient
- ✓ The use of 3 documentation systems – BHIS, RAWA and Manual Medical Records
- ✓ Time spent with patient varies widely and may be as long as 30-45 minutes with chronic, NHI-registered patients of which 20% are Chronic Patients. Cost of the support services required by protocol for the management of the Chronic Patient is 3x more
- ✓ Increase demand on services (increase in NCDS, epidemics such as Conjunctivites, Dengue, population growth and maxed registration of NHI members)
- ✓ Limited budget to recruit additional HR

Quality of care & waiting time

- ▶ The population that MRPC II serves are the poor and other disadvantaged who cannot afford services elsewhere.
- ▶ Thus, if the GOB facility has a shortage in medications and lab test reagents, this will have an effect on the management of the patients.
- ▶ Although The patient can obtain medications and tests in other NHI contracted support services but due to co payment they cannot afford to fill referrals.
- ▶ The patient becomes non compliant therefore the quality of care is affected resulting in complications and hospitalization. (more costly)

Inequity in membership

- ▶ Unique to Matron Roberts is that we serve NHI and Non NHI members
- ▶ NHI members have access to private support services (lab, imaging, pharmacy)
- ▶ Non NHI members do not have this access
- ▶ Important to note that the Under 5 years, Pregnant women and the elderly are the most documented visits to the clinic and copayments are exempted for these groups:
 - ✓ Immunization
 - ✓ Prenatal Care
 - ✓ Chronic illness or check-up

Employee benefits

- ▶ Contract Employees benefits are minimal and in accordance with the Belize Labor law.
- ▶ There are minimal salary increments
- ▶ As a dual system we encounter this challenge as contract staff incentive package is not equivalent to the GOB permanent staff however, the work load is equivalent.
- ▶ Key Performance Bonus is distributed to all regardless if they are Contract or GOB Permanent staff

Financial

- ▶ Per member per month payment has been stagnant since 2001 at \$6.30Bz = \$3.15usd. Over the past 17 years, inflation, taxes, social security contributions and cost of living has increased.
- ▶ Limitation to referrals – Due to financial constraints at the level of the program, Caps for all support services have fixed amounts and with the increase of chronic diseases, this cap is being maxed.
- ▶ As per GOB another challenge is the pharmacy and lab catalog cost are subsidized therefore income that the PCP can benefit from is low as cost per item is tender price with a 20% mark up
- ▶ In addition, support services provided such as lab and pharmacy are limited. MR loses referrals to private support providers due to stock outs. In addition, the majority of those not exempted from the co-payment do not fill referrals at private support service providers.

Conclusions

- ✓ Considering that the subvention allocated by MOH is minimal the operational expenses and provision of services is highly dependent on NHI source of revenue.
- ✓ As a result of constraints the HR packages is impacted and services need to be rationalized to be able to operate with the limited budget.
- ✓ Despite the fact that the clinic is very efficient in managing there budget this puts a strain on the administrative function.
- ✓ In addition, the efficiency gains are subject to reallocation by MOH
- ✓ Quality of care is at risk due to the dual system. In some areas there is the duplication of efforts and in other areas their functions are so different which increases waiting time.



Conclusion

The National Health Insurance contractual model has influenced the increase provision and improvement of health care services which has benefitted the registered members of this Primary Care Provider. However, after 17 years of a stagnant PMPM and with the present challenges encountered inevitably all that has been achieved may be lost if the sustainability of the program is not determined and the PMPM increased.





Thank
You!