

Public Private Partnerships in Jamaica

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Jamaica's Overview

- Population : 2.7 million
- GDP: 883.87 Billion
- Aging population
- CHE%GDP: 6.2%
- Per capita spending on health: US\$ 326.00



Health Financing In Jamaica

- The Ministry of Health and Wellness is guided by the **Ten-year Strategic plan: Vision for Health 2030**.
- It has six strategic goals ranging from the **safeguarding of equitable access** to healthcare to **improved health infrastructure**. **Strategic Goal Three, emphasizes** the need for increased and improved **health financing** to enhance equity and efficiency.
- This goal **highlights health financing** as the core function of a healthcare system, encompassing decisions regarding revenue sources for the health sector, pooling arrangements, and the allocation of these resources to provide healthcare services for the population.

Health Financing Concerns

Resilient Health System: The pandemic has underscored the importance of having a well-funded and resilient healthcare system capable of responding to both current and future health crises.

Robust and Modern Health Information System: A lack of digitized Health records contributes to waste and a duplication of services

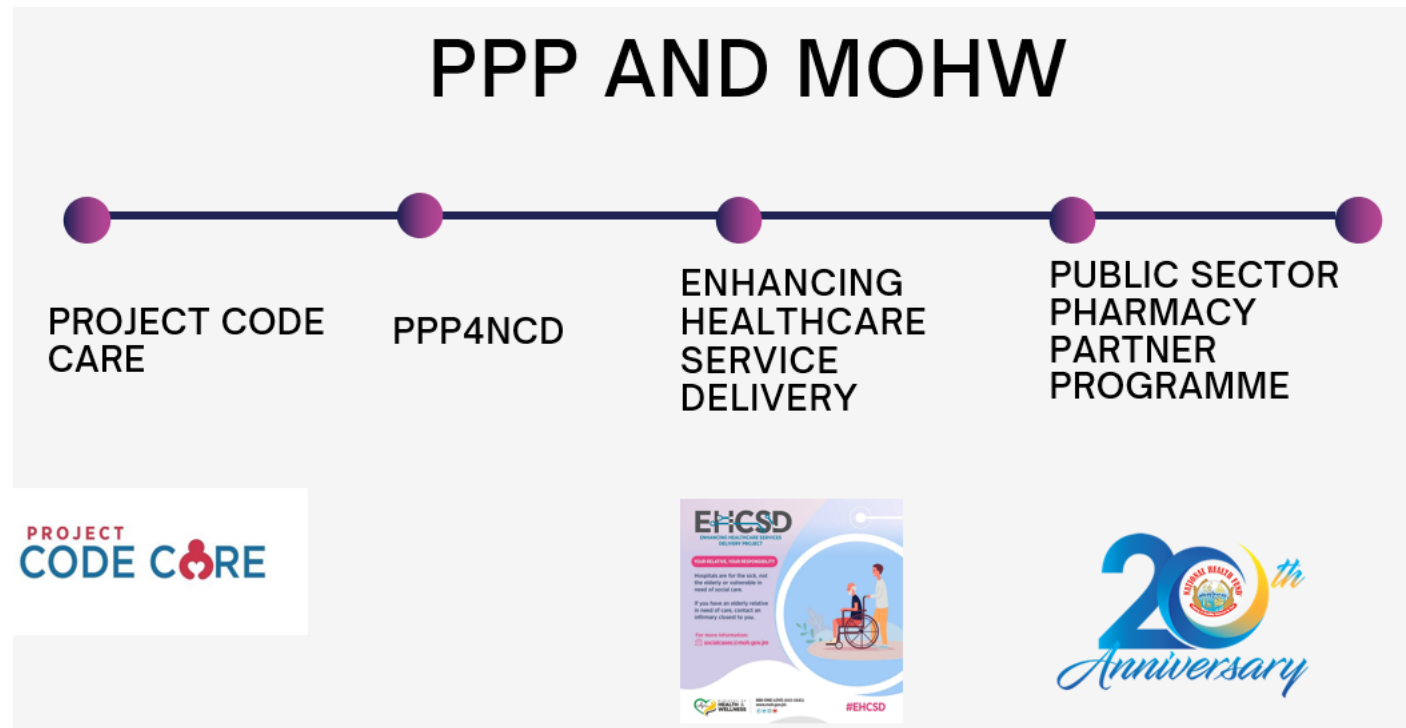
Resource Allocation: Providing resources to improve primary health care and effective coverage especially for the most economically and socially vulnerable

Suitable Health Financing Model: Identification of a suitable policy framework and health financing model that can adequately support the Jamaican system

Public Private Partnerships and Health

- The Government of Jamaica (GOJ) has embraced the concept of Public-Private Partnerships (PPPs) as a **strategic approach** to address **critical infrastructure** and **service delivery** needs across the country
- Recognizing the potential for increased efficiency, innovation, and investment, the GOJ has actively engaged in various PPP arrangements in the healthcare system

Public Private Partnership Initiatives of the Jamaican Government



Project Code Care

Problem:

Prolong wait for elective surgeries represent a source of significant inefficiency within the public health system.

Consequence to the workforce:

Patient's distress, in the form of loss productivity due to recurrent flair ups, deterioration in health and potentially life-threatening consequences.

It also increases the burden on the health the health system, with the constant need for healthcare.

Aim: To reduce wait times for elective surgeries to less than 180 days through the expansion of service delivery points (**operating theaters and staff**)

To handle 28.5% of the surgery wait lists

Reasons for the Back Log

- Limited number of staff especially registered nurses, as there has been a migration of large numbers of general registered and specialist nurses in recent years
- Non-functioning equipment:
 - Suction Machine
 - Diathermy Machine
 - Operative Beds
 - Anaesthetic Machines
 - Orthopaedic Drill
- Lack of anaesthetic staff to cover extended or extra list at some facilities
- Limited operating time as theatres have to be made available for emergencies
- Operating theatres are in need of repairs

Project Codecare Program Design

Surgeries undertaken in Private Hospital **South East Regional Health Authority**

- Medical Associates
- Andrews Associate
- Winchester Surgical and Medical Institute
- Heart Institute of the Caribbean

Western Region Health Authority

- Gwest Corporation
- Bay West Wellness Clinic
- Montego Bay Hospital and Urology Centre
- Hospiten

Programme reach to date

- Target : 600 Hernia surgeries, 200 surgeries at Kingston Public Hospital & Spanish Town Hospital, 100 surgeries at Bustamante Children Hospital and SPGH
- Target: 200 Fibroids 100 at Victoria Jubilee Hospital and Spanish Town Hospital
- Target: 200 Plastic Surgeries, 100 each at KPH and Bustamante Children's Hospital
- With a proposed budget of approximately nine hundred million dollars
- **Five hundred and twenty five (525)** surgeries as at **September 14, 2023** covering hysterectomies, Transurethral resection of the prostate (TURP) and Unilateral and Bilateral Inguinal Hernia.

Enhancing Healthcare Service Delivery (EHCS D)

Problem: The inability for patients using the healthcare system to access diagnostic services in a timely manner

Consequence:

More hospital beds were occupied by patients awaiting diagnostic services reducing bed space for other well needed services.

Patients were not being moved along the treatment pathways.

Aim: Provide diagnostic services in a timely manner, the project was initially designed as a two year initiative, but the continued need for diagnostic services has seen the continuation of the project to present day

Project Design

- Sixteen provider across fourteen Parishes
- **Diagnostic services includes:**
MRI, CT scan, ultra sounds endoscopy, Mamograms
- Test prices ranges from approximately JM \$5000.00 for Ultra sounds to 130,000.00 for Angio grams
- Initial Budget of 800 M

Total Diagnostic Services by the Regional Health Authorities

Region	2021	2022	2023
SERHA	15,033	21,933	29,610
NERHA	4,895	5,717	8,454
SRHA	10,409	8,156	7,788
WRHA	5,766	4,458	9,458

Cost of Service Delivery

Year	Cost
2019-2020	JM\$65,012,842.14
2020-2021	JM\$710,926,459.00
2021-2022	JM\$1,715,723,091.00
2022-2023	JM\$1,780,921,648.00

Diagnostic Providers with highest claim figures

- Island Radiology
- Apex Radiology
- Erin Radiology
- Elite Diagnostic Imaging Service

Rationale: Located across the island, the concentration of patients with the RHAs and some facilities having multiple location island wide

Challenges of EHCSD

- Transportation: the lack of adequate ambulances in the healthcare system cause delays in patients access to service under EHCSD
- The health system has staffing challenges and when nurses accompanied the patients the process could be lengthy which further exacerbate, staffing issues within the facilities
- Payments to service provider were not done in a timely manner

Summary of Program Activities

- CT Scans remain the most widely requested test across all regions. The number of CTs requested continue to increase.
- SERHA continues to be the region with the largest number of tests done (42% in 2021 and 54% in 2022). SERHA is expected to account for 53% of all tests completed in 2023.

Possible Steps for Sustainability

- Providing our health facilities (comprehensive Health centres) with more ultra sound equipment, the cost for an ultra sound might be negligible to that of a CT, however the number of request will have a great impact on the cost of the EHSD program
- Optimizing our resources and minimizing any possible downtime our health facilities equipped with CT scans, ultrasounds and MRI they need to provide round the clock services.
- Engage in regular servicing of machines to ensure the upkeep and maintenance.
- **Engaging remote radiologist** : the Regional Health Authorities should consider contracting radiologist who can provide remote readings to provide test results needed. This strategy will facilitate the efficient use of resources and help regulate the overall workload
- **Leasing arrangements** as a possible solution to ensure our hospitals are given timely access to efficient tools

Capital Expenditure to Improve the Health System 2019-2024

- 1** INFRASTRUCTURAL IMPROVEMENTS AND EQUIPMENT UPGRADE AT KINGSTON PUBLIC HOSPITAL
- 2** FULL RESTORATION OF THE CORNWALL REGIONAL HOSPITAL
- 3** CONSTRUCTION OF THE WESTERN CHILDREN'S HOSPITAL IN MONTEGO BAY, SPANNING 220 BEDS AND 7 FLOORS
- 4** EXTRAORDINARY INFRASTRUCTURAL UPGRADES AND THE PURCHASE OF NEW EQUIPMENT FOR THREE (3) HOSPITALS & TEN (10) HEALTH CENTRES
- 5** CREATION OF TWO CENTRES OF EXCELLENCE AT THE ST. JOSEPH'S AND CORNWALL REGIONAL HOSPITALS, FOR NEPHROLOGY AND ONCOLOGY
- 6** DEVELOPMENT OF MORE SOPHISTICATED DIGITAL TECHNOLOGY FOR HEALTHCARE – THIS INCLUDES THE CREATION OF INTEGRATED INFORMATION SYSTEMS FOR HEALTH INCLUDING AN ELECTRONIC HEALTH RECORDS (EHR) SYSTEM, AND THE EXPANSION OF TELEHEALTH SERVICES
- 7** CONSTRUCTION OF A 20 BED WING AT BUSTAMANTE HOSPITAL FOR CHILDREN
- 8** COMPLETION OF THE PROMAC PROJECT
- 9** THE EXPENDITURE ESTIMATES OF TOTAL CAPEX OVER THE NEXT 5 YEARS, IS **US\$205.7 – \$236.2 MILLION (J\$27.2 - \$31.2 BILLION)**

Thank you

