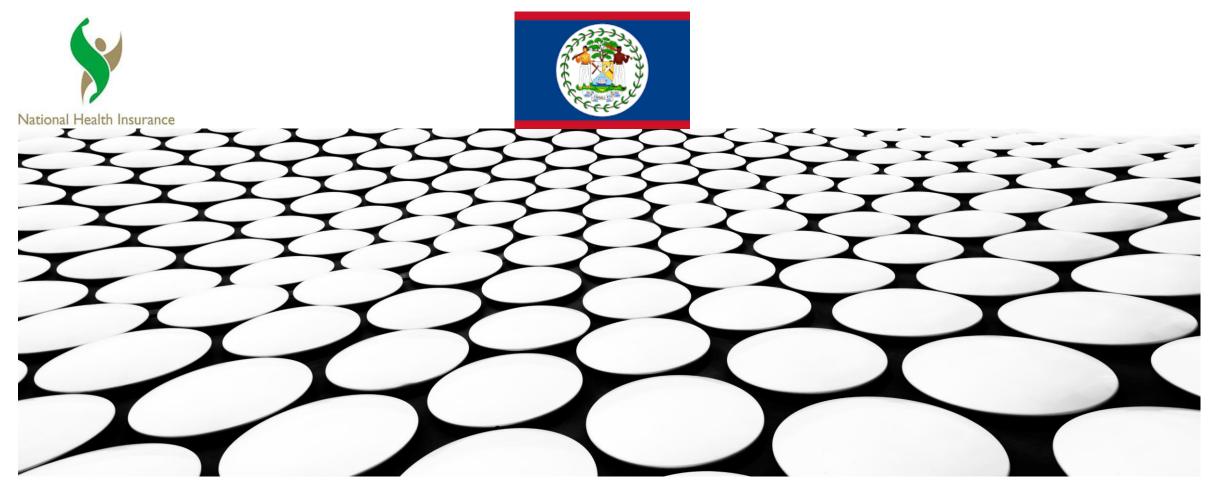
15TH CARIBBEAN CONFERENCE ON NATIONAL HEALTH FINANCING INITIATIVES, BUCARAMANGA, COLOMBIA

HEALTH FINANCING IN THE CARIBBEAN: OPTIMIZING EFFICIENCY IN GOVERNANCE AND PUBLIC-PRIVATE PARTNERSHIPS, THE BELIZE EXPERIENCE



CONTRACTING HEALTH PROVIDERS- COMPARING PUBLIC AND PRIVATE



OUTLINE OF PRESENTATION



- BACKGROUND
- PARAMETERS FOR COMPARISON
- RESULTS (SELECTED INDICATORS)
- CHALLENGES
- SCORECARD

SINGLE PURCHASER: CONTRACTUAL BASED....PUBLIC, PRIVATE, NGO.

- MINISTRY OF FINANCE APPROVED THE ESTABLISHMENT OF PRIVATE BANK ACCOUNTS FOR PUBLIC FACILITIES CONTRACTED UNDER THE NATIONAL HEALTH INSURANCE.
- CONTRACTS INCLUDE GUIDELINES: MUST FOLLOW SAME FINANCIAL REGULATIONS(PUBLIC).
- OBJECTIVE WITH PUBLIC FACILITIES WAS AVAILABILITY OF LOCAL FINANCIAL RESOURCES TO ADDRESS LOCAL NEEDS: MEDICATION, REPAIRS, HUMAN RESOURCES.
- REQUIREMENTS FOR PRIVATE AND PUBLIC SAME; H.R PROFILES; LIST OF EQUIPMENT; FACILITY STANDARDS; KPI
- PAYMENTS (Capitation) USED SAME ASSESSMENT OF INPUTS REQUIRED AND VALUE DEPENDED ON GEOGRAPHIC LOCATION, NOT BASED ON PRIVATE/PUBLIC/NGO.
- FOR SUPPORT SERVICES: NEGOTIATED PRICES ON BULK; TENDERS OF 37 MEDICATIONS WHICH NHI DISTRIBUTES; FOR PUBLIC FACILITIES, A SYMBOLIC PAYMENT WAS MADE FOR SUPPORT SERVICES AS THEY ARE SUBSIDIZED BY GOV.

PARAMETERS FOR COMPARISON

- 1. FLEXIBILITY IN RESPONSE TO ASSESSMENT FINDINGS
- 2. MANAGEMENT OF HUMAN RESOURCES
- 3. COMPLYING WITH CONTRACTUAL TERMS (FINANCIAL PENALTIES)
- 4. OUTCOMES/KEY PERFORMANCE INDICATORS



PRIMARY CARE PROVIDER SERVICE CONTRACT

THIS AGREEMENT is made on the 1st day of April 2023 between the SOCIAL SECURITY BOARD, a statutory body established under the Social Security Act, Chapter 44 of the Laws of Belize, with registered offices at Bliss Parade, Belmopan City, Belize (hereinafter referred to as "SSB"), of the ONE PART and MERCY CLINIC whose principal place of business is #1955 Mercy Lane, Belize City, Belize District (hereinafter referred to as "Primary Care Provider"), of the OTHER PART.

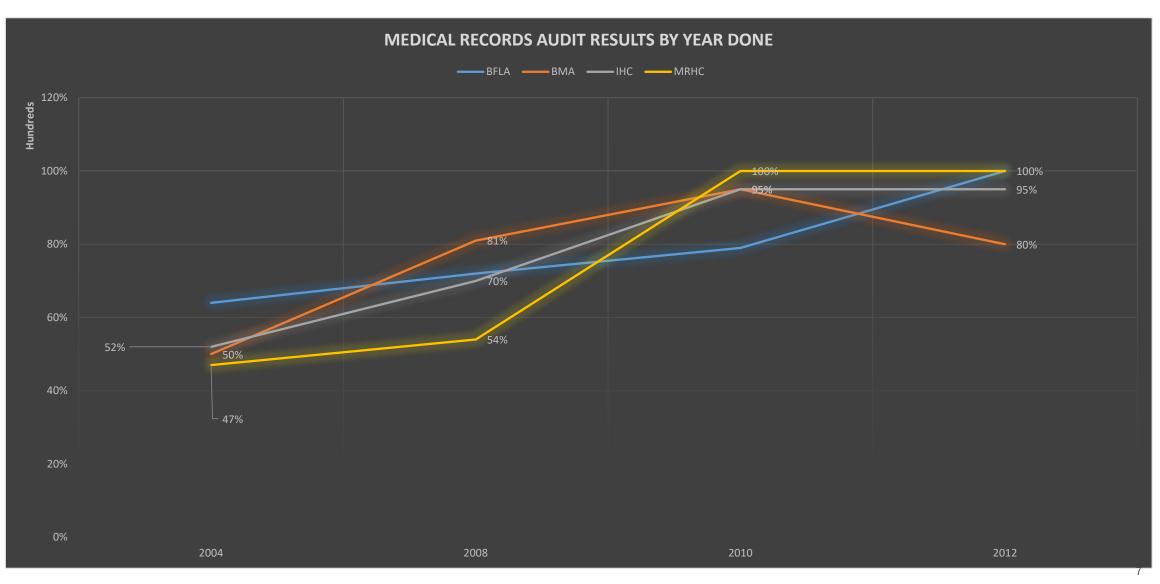
SSB and the PCP are collectively called the "Parties" and each shall be individually referred to as a "Party".

RECITALS

- I. The Social Security Board operates a National Health Insurance (hereinafter referred to as "NHI"), and, in connection with such insurance, arranges for the provision of primary health care services to the target population, with universal access to improve equity and outcomes in the Belize health system. For the purposes of this Agreement, the NHI will be the main implementing agency of the SSB.
- II. The primary mechanism by which the SSB will contract for the provision of primary care services is through the Primary Care Provider (hereinafter referred to as the "PCP"), who is contractually responsible for the management and operation of the MERCY CLINIC in the Belize District, which is the targeted health care provider under this Agreement.
- III. The Ministry of Health and Wellness will continue to assume responsibility for Public Health Services that aim to strengthen preventive and promotion health care through improving conditions in partnership with the community at large. These include inter alia control of communicable and non-communicable diseases, health promotion, public information and education, water and sanitation, environmental protection, health related data collection, surveillance and outcome monitoring. The PCP is required to collaborate with the Ministry of Health and Wellness as necessary.

IV. The SSB wants to develop and expand access to cost-effective and quality

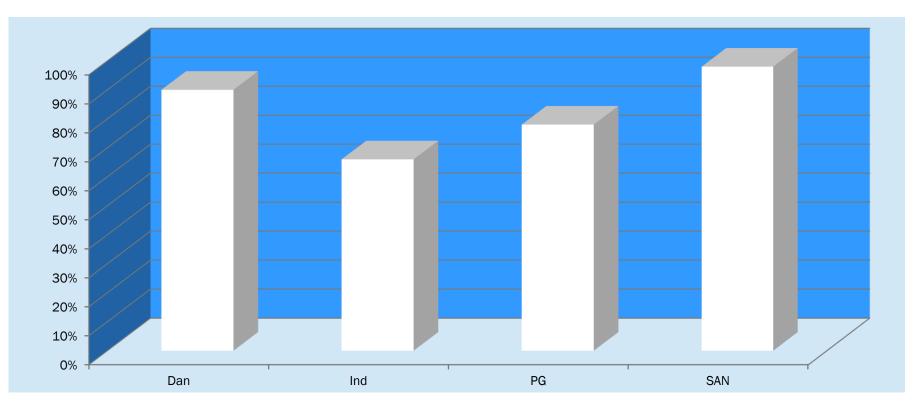
RESULTS: MEDICAL RECORDS AUDITS



MEDICAL RECORDS AUDIT (2015)- SOUTHERN REGION

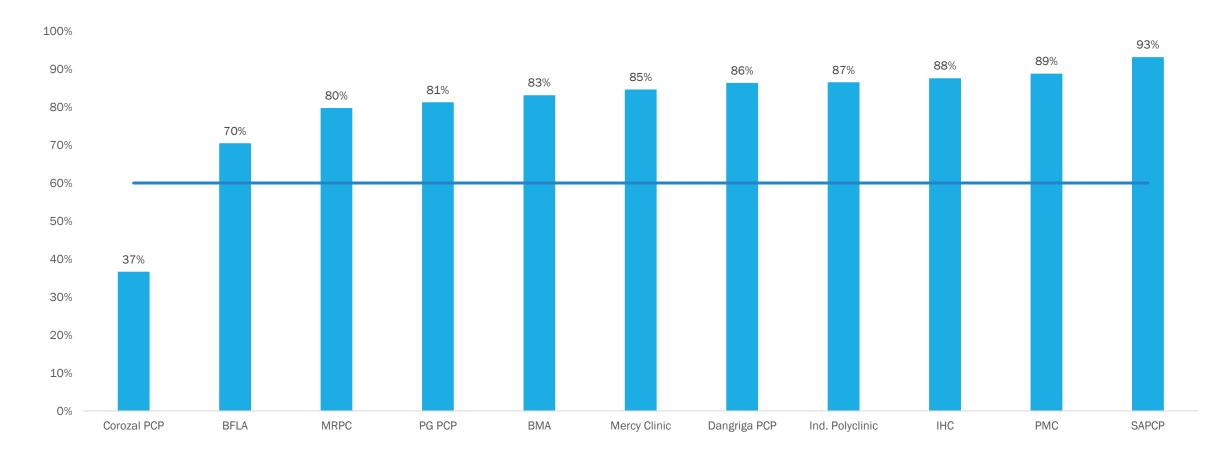
Note: From 2006 to 2008 poor results due to lack of enforcement

Medical Records Audit Results

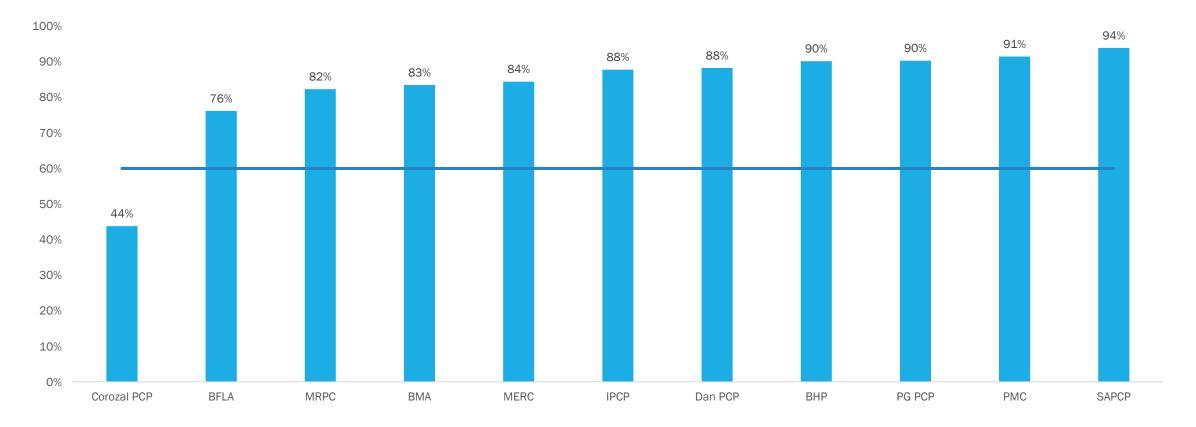


2019	CZL (public)	PAT (NGO)
Scores (target 90%)	68%	100%
Diabetes Audit Score 2019		
	CZL	PAT
# of records assessed	19	9 19
# of records that met the target (90%)	13	3 19
Total score	68%	6 100%

% of Hypertensive Patients with >= 3 Clinic Visits and with Outcome Indicators Measured



Mail 2019 to Jan 2020 Goal: 60% for 2019-2020



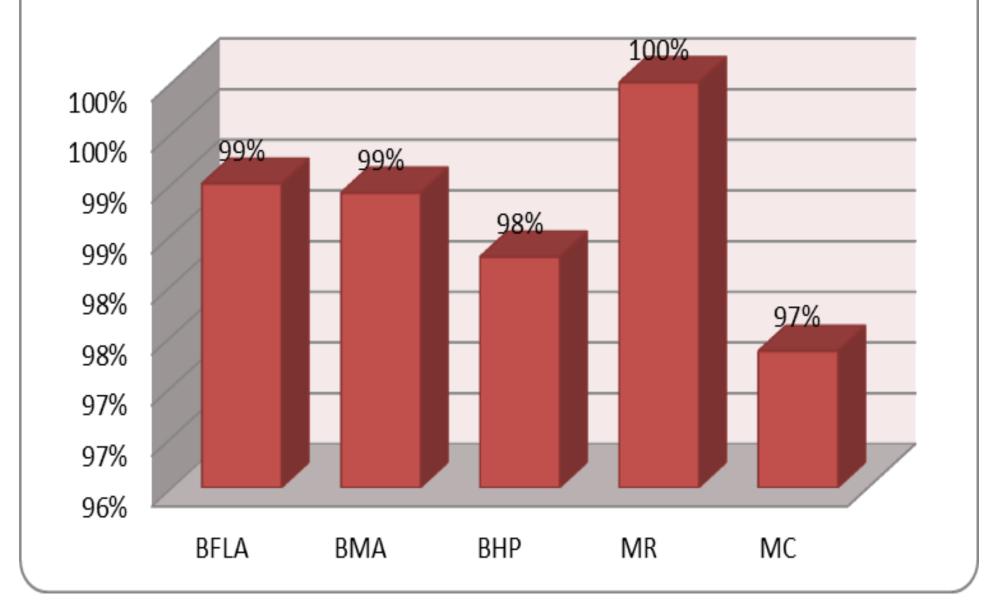
% of Diabetic Patients with >= 3 Clinic Visits and with Outcome Indicators Measured

%: April 2019 to Jan 2020 Goal: 60% for 2019-2020

OVERALL PERCENTAGE SATISFACTION BY PCP							
2001	2003	2004	2005				
85%	85%	91%	92%				
86%	82%	92%	90%				
81%	81%	93%	95%				
	70%	20%	97%				
	2001 85% 86%	2001 2003 85% 85% 86% 82% 81% 81%	2001 2003 2004 85% 85% 91% 86% 82% 92% 81% 81% 93%				

Patient Satisfaction Survey Overall Score by PCP for 2022							
PCP	BFLA	BMA	BHP	MR	MC		
Final Score	93%	73%	87%	90%	97%		
РСР	DAN	IND	PG	SA			
Final Score	63%	68%	89%	74%			
PCP	CZL	PAT	Chunox	San Narciso			
Final Score	89%	89%	95%	47%			

Facility Evaluation Total Scores 2014



2022 Assessments: KPI

So	uthern Regio	on		1					-
	Pass Score	DAN		IND		PG		SAN	
Facility Assessment	85%	71%		89%		87%		96%	
Patient Satisfaction Survey	80%	63%		68%		89%		74%	
NCD Consultations	60%	41%		56%		52%		62%	
Management Meetings	YES	YES		YES		YES		YES	
Financial Reports	YES	YES		YES		YES		YES	
KPI Scores	80%	DAN	40%	IND	60%	PG	80%	SAN	60%

BELIZE CITY KPIs 2022

	Pass								
	Score	BFLA		Pass Score	BMA		Pass Score	BHP	
Facility Assessment	85%	99%		85%	96%		85%	93%	
Patient Satisfaction									
Survey	80%	93%		80%	73%		80%	87%	
NCD Consultations	50%	52%		40%	55%		40%	52%	
Health Education									
Sessions	YES	YES		YES	YES		YES	YES	
		BFLA	100%		BMA	75%		BHP	100%

Matron Robert's KPI	Pass		
Indicators	Score	MR	
Facility Assessment	85%	89%	
Patient Satisfaction			
Survey	80%	90%	
NCD Consultations	50%	40%	
Health Education			
Sessions	YES	YES	
Management Meetings	YES	YES	
Financial Reports	YES	YES	
		MR	75%

DIFFERENCE IN WORK ENVIRONMENT (MANAGEMENT)

- PUBLIC FACILITIES MAINTAIN THEIR PUBLIC FUNCTION: CLINICS MUST COVER EXTRA HOURS; SEE PATIENTS WHETHER REGISTERED (NHI REQUIREMENT) OR NOT; ALMOST WITH SAME STAFFING; WORKLOAD IS SOMETIMES DOUBLE OF WHAT THEY SEE UNDER NHI COVERAGE.
 - FRUSTRATION
 - > AFFECTS QUALITY
 - DIFFUSES THE BENEFITS OF NHI PACKAGE
- DIFFERENT BENEFITS AND ALLOWANCES; ATTRITION RATES HIGH; SEEKING SECURITY OF TENURE;
- ARE SUBJECT TO THE WHIM AND WILL OF THE REGIONAL MANAGEMENT WHO SEES THIS CADRE OF H.R AS ADDITIONAL STAFF TO COVER OTHER NEEDS OF THE REGION.

REGISTERED VS NON-REGISTERED PATIENTS AT PUBLIC FACILITIES

Independe	ence Polyclini	c	
	2020	2021	2022
Total Patients Seen	20222	25939	31039
Total Non-registered	9530	9411	8557
Percent Non-registered	47%	36%	28%

If Registered: Entitled to full package covered by NHI If not Registered: Entitled to whatever MOH has available, usually short on meds, imaging, labs.

Because of Public facility, must meet conditions of MOH; Open 24/7; few additional personnel hired; overworked NHI contracted personnel! In case of Corozal, personnel used to cover Hospital services as well!

Corozal Polyclinic

	2020	2021	2022	To July 2023
Total Patients Seen	16015	8712	15190	11307
Total Non-registered	14265	7409	9037	7391
Percent Non-registered	89%	85%	59%	65%

SCORE CARD

1.	FLEXIBILITY IN RESPONSE TO ASSESSMENT FINDINGS:	Private/NGO: +++	Public: ++
2.	MANAGEMENT OF HUMAN RESOURCES	Private/NGO:+++	Public: +
3.	COMPLYING WITH CONTRACTUAL TERMS (FINANCIAL PENALTIES)	Private/NGO:++++	Public: +
4.	OUTCOMES/KEY PERFORMANCE INDICATORS	Private/NGO: ++++	Public: +++

Key Message: If allowed to manage locally, public clinics can perform as well as or better than private entities. Pay for performance works; Need robust monitoring and evaluation systems.

The End: Future looks bright as Government fully supports the Rolling Out of the National Health Insurance with strengthened governance structure of the Health system and more autonomy for Health Providers (Ministry of Health and NHI have different functions and must be clearly articulated in legislation)

