

QUALITATIVE ASSESSMENT OF NATIONAL HEALTH INSURANCE SCHEME'S (NHIS) EFFECTIVENESS IN A TERTIARY TEACHING HOSPITAL IN SOUTHEAST NIGERIA

ABSTRACT

Background: The fundamental concept of health insurance is risk sharing and burden bearing. The scheme is undermined by limitations ranging from very frequent use of the services more than necessary by enrollees, to cost escalation, poor management, and skimming. Assessment of services is a quality control measure in patients care and service delivery. It helps to identify gaps for improvement of care and services.

Objective: This study evaluated the effectiveness of NHIS from the perspective of healthcare providers and managers involved in its implementation to understand the nature of service, and gaps with the view to exploring ways of improving service delivery.

Methods: The study was a descriptive cross-sectional in-depth interview with managers and healthcare providers using structured interview guides to conduct key informant interview (KII) and focus group discussion (FGD).

Result: The greatest challenge was limited availability of essential drugs (60%), followed by inadequate space (40%), inadequate number of staff (40%) to meet up with the demand of NHIS patients and delay on reimbursement (40%).

Conclusion: The biggest challenge was non-availability of essential drugs, which encouraged catastrophic spending. There is the need for an improvement in accessibility and availability of quality drugs for a better health to NHIS clients as well as improved coverage of services within the scheme.

Keywords: Key informants, catastrophic spending, essential drugs, effectiveness, health insurance, Nigeria

INTRODUCTION

Financial sustainability for health care is a growing concern in developing countries with teeming population, scarce resources, and high disease burden. Leveraging on health financing mechanisms is essential to improving health indices, and reduction of morbidity and mortality associated with poor health care services. The issue of cost is a major determinant of access to health care. Health expenditures differ markedly among countries and predominantly poor in

developing countries who allocate lower share of government spending to health. Insurance coverage varies from 5% in most developing countries of Africa to above 75% in developed economies. Funding mechanisms for health care services in developing countries include donor financing, user fees, public financing through government budget, development loans, local financing, and health insurance.^[1-5] Where health insurance exists, quality of care and a service becomes a challenge. The dynamics of health insurance involves pooling of resources among the rich and the poor for risk sharing and burden bearing via periodic payment of premium to avoid huge payment of treatment cost which usually come unannounced.^[6-8]

Qualitative studies are investigative tools into different aspects of population health and services. Key informants provide information from expert point of view on sociocultural, economic, political or health issues. They have special skills and knowledge in designated areas, which could be of interest to researchers. Focal group discussion is an essential tool in opinions and beliefs in population studies and can serve as template for more detailed investigations. They are useful in developing preliminary quantitative studies, investigating ideas about new programs and determination of limitations associated with programs and services.^[8-11] Evaluation of health care services is essential in tracking and improving health providers services. This study evaluated the effectiveness of NHIS from the perspective of healthcare providers and managers involved in its implementation to understand the nature of service, and gaps with the view to exploring ways of improving service delivery.

METHODS

Study setting:

The study was carried out among the managers and healthcare providers who are particularly involved in the implementation of NHIS in NAUTH.

Study Design

A qualitative method was used. The study was a descriptive cross-sectional in-depth interview with managers and healthcare providers using structured interview guides to conduct key informant interview (KII) and focus group discussion (FGD). The interview guide developed

contained questions that would enable us determine the respondents impression, challenges and/or limitation of NHIS and possible ways to improve its implementation. Only participants who gave their informed consent participated in the study.

Ethical considerations

In line with global best practice, ethical clearance was obtained from the research and ethics committee of the teaching hospital before the commencement of the work.

Data Collection

Convenient sampling was employed for selection of healthcare providers included in the FGD. Only consented providers participated. The FGD consisted of eight representatives of five departments of the hospital: Medical, Pharmacy, Nursing, Radiography, and Laboratory. The FGD was scheduled for the time convenient for participants by using the time reserved for departmental meetings. Data were collected from interview of the hospital key informants namely: Chief Medical Director (CMD), Chairman Medical Advisory Committee (CMAC), Director of Administration (DA), Head of Departments of NHIS clinic, Pharmacy, Medical Records, Laboratory, Radiography, and Nursing, NHIS focal person, and Health Management Organizations (HMO) representative.

In all, 10 in-depth interviews with healthcare providers and health insurance managers and 5 focus group discussions with healthcare professionals were conducted.

Data Analysis

Recorded data from the key informant interview (KII) and that of focus group discussion (FGD) were transcribed into written forms and the resultant data condensed, categorized with descriptive statistics.

RESULTS

Majority of the healthcare professionals viewed NHIS as a very good venture 30(75%) but about half of the respondents were aware of the hospital policy on NHIS treatment guideline 21(52.5%). They assessed NHIS implementation in NAUTH as quite good 25 (62.5%) but the extent of drug availability was rated very poor 30(75%).

93 **Table 1: Demographic Characteristics of health managers of NHIS in NAUTH**

Serial number	Variables (interviewees department)	Sex	Years of service	No of years of work as a manager
1	Medicine	M	20.0	3.0
2	Medicine	M	15.0	3.0
3	Administrator	F	22.0	1.0
4	Medicine	M	20.0	5.0
5	Pharmacist	M	27.0	11.0
6	Record officer	M	15.0	5.0
7	Scientist	F	10.0	5.0
8	Radiographer	F	15.0	6.0
9	Admin officer	F	10.0	4.0
10	Admin officer	M	10.0	10.0

94 M: Male, F: Female

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96 **Table 2: Demographics of Healthcare professionals in NAUTH**

Variable	Doctors	Pharmacists	Nurses	Lab. Scientists	Radiographers	Total
Sex						
Male	6(75.0)	4 (50.0)	1 (12.5)	5 (62.5)	4 (50.0)	20(50.0)
Female	2(25.0)	4 (50.0)	7 (89.5)	3 (37.5)	4 (50.0)	20(50.0)
Total	8(100.0)	8(100.0)	8(100.0)	8(100.0)	8(100.0)	40(100.0)
Years of service						
1-10	2 (25.0)	1(12.5)	2(25.0)	2(25.0)	1(12.5)	8(20.0)
11-20	3 (37.5)	2(25.0)	2(25.0)	1(12.5)	3(37.5)	11(27.5)
21-30	2 (25.0)	3(37.0)	2(25.0)	3(37.5)	3(37.5)	13(32.5)
31-above	1 (12.5)	2(25.0)	2(25.0)	2(25.0)	1(12.5)	8(20.0)
Total	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40(100.0)

97 **Table 3: Responses of Interviewees of key informants on the NHIS and its Implementation**
 98 **in NAUTH, Nnewi**

Variables	Number of Respondents n (%)			
	Very Good / Excellent	Good	Poor	Do Not Know
Awareness of Hospital Policy on NHIS Treatment Guidelines (n = 10)	1 (10.0)	4 (40.0)	3 (30.0)	2 (20.0)
Views on NHIS (n = 10)	2 (20.0)	4 (40.0)	3 (30.0)	1 (10.0)
Assessment of NHIS Implementation (n = 10)	2 (20.0)	5 (50.0)	2 (20.0)	1 (10.0)
Extent of Drugs Availability (n = 10)	0 (0.0)	3 (30.0)	6 (60.0)	1 (10.0)

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101 **Table 4: Responses of Healthcare Professionals on NHIS and its implementation**

Variables		Number of respondents n (%)					Total N (%)
		Doctors	Pharmacists	Nurses	Lab. Scientist	Radiography	
1. Awareness of Hospital policy on treatment				guidelines (n=40)			
Very good	2 (25)	2 (25)	1 (12.5)	2 (25)	1 (12.5)	8 (20)	
/Excellent							
Good	4 (50)	3 (37.5)	2 (25)	2 (25)	2 (25)	13 (32.5)	
Poor	2 (25)	3 (37.5)	5 (62.5)	3 (37.5)	3 (37.5)	16 (40)	
Don not know	0(0.0)	0(0.0)	0(0.0)	1 (12.5)	2 (25)	3 (7.5)	
Total	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)	
2. View on NHIS (n=40)							
Very good	4 (50)	4 (50)	4 (50)	5 (62.5)	3 (37.5)	20 (50)	
/Excellent							
Good	3 (37.5)	2 (25.0)	1 (12.5)	2 (25.0)	2 (25)	10 (25.0)	
Poor	1 (12.5)	2 (25.0)	2 (25.0)	1 (12.5)	1 (12.5)	8 (20.0)	

Don't know	0(0.0)	0(0.0)	1 (25.5)	0(0.0)	0(0.0)	2 (5.0)
Total	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
3. Assessment of NHIS Implementation (n=40)						
Very good /Excellent	2 (25)	2 (25)	2 (25)	2 (25)	2 (25)	10 (25)
Good	3 (37.5)	4 (50)	3 (37.5)	2 (25)	3 (37.5)	15 (37.5)
Poor	3 (37.5)	2 (25)	3 (37.5)	4 (50)	2 (25)	14 (35.0)
Don't know	0(0.0)	0(0.0)	0(0.0)	0(0.0)	1 (12.5)	1 (2.5)
Total	8(100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
4. Extent of drug availability (n=40)						
Very good /Excellent	0(0.0)	1 (12.5)	0(0.0)	0(0.0)	0(0.0)	1 (2.5)
Good	1 (12.5)	2 (25.0)	1 (12.5)	1 (25.5)	2 (25.0)	7 (17.5)
Poor	6 (75)	5 (62.5)	7 (87.5)	6 (75)	6 (75.0)	30 (75)
Don't know	1 (12.5)	0 (0.0)	0 (0.0)	1 (12.5)	0 (0.0)	2 (5.0)
Total	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)

DISCUSSION

Healthcare providers form an important segment of healthcare delivery. Their behavior plays a significant role in determining whether the goals of a health system can be achieved. To this effect, an in-depth interview guide developed for providers and managers of the scheme in NAUTH contained issues on views and challenges of NHIS and possible ways to improve perspectives and insights into knowledge that participants possess. An in-depth interview is a dialogue between skilled interviewer and an interviewee. Its goal is to elicit rich, detailed material that can be used in analysis. The quality of the information obtained is largely dependent on the interviewer's skills and personality.^[11, 12] All participants in the discussion saw NHIS as beneficial and a very useful venture that enabled them to have access to cheap healthcare services. A health insurance scheme should provide quality, accessible, affordable, equitable, and efficient services, which leads to a significant reduction in out of pocket expenditure.^[13]

Only half of the healthcare providers and managers were aware of the hospital policy on treatment guideline. This is similar to the study carried out by Onwukwisi to access NHIS among Nigerian Healthcare Professional workers in Nigeria. Findings showed that Nigerian healthcare

professionals who were the main stakeholders had grossly inadequate knowledge of the rudimentary principles of operation of the social health insurance scheme.^[14] Of all the challenges mentioned by the participants in this study, unavailability of quality drugs was perceived by the respondents as the highest challenge and limitation in the implementation of NHIS in NAUTH. This result tallied with the biggest challenge to NHIS operations. Drugs at health facilities were generally regarded as an essential aspect of quality service delivery. Access to drugs motivates people to seek health care and also to enroll and remain in the NHIS. Lack of drug makes health insurance less attractive. These assertions are supported by the pre-intervention household survey conducted in Ghana where an overwhelming majority (87%) of currently insured respondents, previously insured (90.2%) and never insured (84.7%) indicated that drug availability in health facilities needs to be improved.^[15]

Although NHIS helps to improve health providers' revenue, the health providers complained that delays in claiming reimbursement negatively affected their cash flow and supplies and this led to low stock levels of drugs in the hospital. This frequent shortage of drugs in the hospital was of great concern to health providers and led to patients dissatisfaction with the quality of service and health providers saw this as undermining their work. This is similar to the studies in Ghana where delays in reimbursement made providers refuse to offer services to some insured clients unless they were ready to make instant payments. This underscores the need for policy makers to address the issue in order to promote the sustainability of the NHIS and to make the attainment of universal coverage possible.^[16- 19] Improvement on health insurance services will encourage better and wider coverage while reducing catastrophic spending which affects families adversely.^{20- 22]} It will help to minimize inequities associated with the scheme, which makes it look like a pro-rich venture.^[23] Only when these inputs have been made will quality services, wider coverage, and value-based care be obtainable in the scheme.

CONCLUSION

The study examined the behavior of providers and insurance managers under NHIS. This was achieved by assessing the views, challenges, and recommendations of providers and managers towards NHIS in NAUTH. The participants in the study saw the NHIS as beneficial. The biggest challenge was unavailability of essential drugs and as such, the enrollees were forced to purchase

their drugs out of their pockets. There is the need for an improvement in accessibility and availability of quality drugs for a better health to NHIS clients as well as improved coverage of services within the scheme. There should be modification in the existing especial policy by improving NHIS through creating special Hospital for the scheme's patients. This will reduce the protocol encountered by the enrollees of the scheme. Delay in reimbursement makes providers unable to purchase drugs and non-drug supplies. There is urgent need to address these issues in order to promote confidence in the NHIS.

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