THEN AND NOW

BELIZE

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Outline of presentation

• Brief summary of Scheme

• Current Status of Implementation including financing

• Challenges /successes

• Future plans
Establishment of NHI: A Health Reform Initiative

In 1998 the Government of Belize outlined 3 areas of primary focus in the health reform process:

1. Organization Restructuring of the MOH (Emphasis on Decentralization)
2. Rationalization and upgrading of Health Facilities
3. Financing of Health Services through the establishment of a National Health Insurance Fund (NHIF)
NHI Launched:

- NHI was formally launched on in 2001.
- This policy initiative introduced the following key concepts that are considered in the region to be very progressive:
  - Separation of functions:
  - The Introduction of the Contract model
  - Payment for performance
Role of the Social Security Board

- Initially the NHI Scheme was funded by the SSB
- Since 2008, NHI funding comes from the Ministry of Finance (General Revenues) and channelled through the MOH.
- The funds are administered by the Social Security Board.
- The NHI Unit falls administratively under the Social Security Board as well and as such it complies with the board’s policies and regulations.
Advantages of the partnership with SSB:

- SSB has the infrastructure in place to manage the large database of registered populations. NHI utilizes the SSB # as the unique identifier and pre-requisite to qualify for NHI services.
- Relies on the IT technical support to populate and host the Purchasing and Planning database.
- By pooling resources the NHI Unit functions effectively with minimal administrative costs.
Separation of Functions:

MOH:
*Defines the Health Priorities:* Focuses on establishing Standards/Protocols Certification/Licensing of professionals and facilities/ regulate both public and private providers and monitor compliance

Regulatory (MOH)

Ensures sustainability of funds; enhances purchasing power; monitor compliance with contractual agreements, guide policies

Provision (Public +Private Mix)

Allows for broader participation /accountability to clients served/ competition on quality

Purchasing (NHI)
NHI’s Role as the Purchaser

- **Purchasing**
  - **Contracts**
    - Define the package of services to be covered
  - **Define Payment**
    - Based on fixed and variable payments tied to Monthly and annual KPIs

- Policies and Procedures providers are to comply with
<table>
<thead>
<tr>
<th>Compliance, Enforcement, Penalty/Reward Cycles</th>
<th>Facility Evaluation</th>
<th>Patient Satisfaction</th>
<th>Clinical Audits (clinical protocol compliance)</th>
<th>Medical Record Audit</th>
<th>Medical Record Monitoring</th>
<th>NHI (Productivity Indicators)</th>
<th>NHI Database (Data entry errors; Inconsistencies)</th>
<th>Financial Records</th>
<th>Announced and Unannounced Inspections</th>
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<tbody>
<tr>
<td><strong>Key Performance Indicators</strong></td>
<td>Financial</td>
<td>Financial</td>
<td>Key Performance Indicators</td>
<td>Financial</td>
<td>Informal Recommendations</td>
<td>Efficiency Indicators</td>
<td>Administrative Indicators</td>
<td>Inaccuracies</td>
<td>Informal Recommendations</td>
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<td><strong>Frequency</strong></td>
<td>Twice/year</td>
<td>Once/year</td>
<td>Financial</td>
<td>Yearly</td>
<td>Quarterly</td>
<td>Financial</td>
<td>Monthly</td>
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Policy Objectives / NHI Scheme

• Mobilize and Use Resources more Efficiently. Ensure Financial Sustainability.

• Improve Cost Effectiveness and Quality of Services.

• Rationalize Utilization Patterns, Portability and Cost-Containment Measures (Supply and Demand).

• Improve Strategic Planning and Management of Health Care.

• Improve Equity, Accessibility and maximize utilization of existing health resources.
Payment Mechanism:

• Payments:
  • Capitation at Clinic level (registered members), monthly based on reports
  • Support services on negotiated fee schedule.
  • Hospital deliveries on negotiated fee
  • Ophthalmology on negotiated fee.
  • All based on linked referral system and electronic payment system.

Performance Based Payment Scheme.

• Monthly incentive scheme with 70% of PMPM up-front and 30% based on specific benchmarks
• Yearly Performance Bonus based on targets. (5% of annual income)
National Health Insurance

NHI Unit: Team of 5 (NHI Police)
- General Manager
- Health Services Manager
- Data Analyst
- Finance Officer
- Information Technology System Analyst

National Health Insurance Committee
- Executive Chairman NHI
- CEO SSB
- MOH – DHS & CEO
- GM NHI
- Opposition
- Medical & Dental Association
- Trade Union Members
- Chamber of Commerce
- Private Insurances
- Council of Churches
- Business Bureau
Primary Care Package of Services

- General Medicine and nursing services
- General consultations
- Minor surgery that can be carried out in a General Practitioner’s clinic
- Pediatric Care
- Obstetric Care
- Maternal and Child Health
- Limited hospital deliveries (Southern Region)
- Eye-glasses for school children, cataract surgery for elderly, laser surgery for diabetic retinopathy, and annual diabetic eye examination
Services (Cont.)

- Support Services:
- Pharmacy
- Laboratory
- Imaging
- Copayment: 10% of total cost (Exempted Populations)

With support of the MOH, these services are also monitored:
- Audits of Pharmacy and Laboratories have begun.
NHI: A GATEWAY TO BETTER HEALTH:
KEY ACHIEVEMENTS

• Access to services has increased (PCPs maxed population; demand is high)
• Improved Facilities (infrastructure and Administrative) eg. BFLA
• Improved access to comprehensive support services in line with clinical protocols
• Access to services for Geriatric Population (Mercy)
• Improved delivery of services at support level
• Improved outreach and community services
• Increased early bookings for MCH (high risk)
Serves a population of 104,000
Southside Belize City and the two southern districts
5 PCPs are in Belize City of which one is for the elderly
4 PCPs and 11 satellite clinics in rural Southern Districts
Support Services: Imaging, Laboratory and Pharmacy
Belize City (51,000) and Southern Region (53,000)
FIRST of its kind Geriatric Center in Belize; Servicing the elderly exclusively
-Mercy clinic
Launching of innovative approaches for the management of chronic illnesses such as diabetes and hypertension with a focus of prevention and community outreach education
Promoting the quality standards through the first ever auditing of pharmacy services
Laboratories
Cytology services
Implementation of clinical protocols and auditing of medical records. We are confident that our clients are receiving the best standard of care!!!!
Upgraded to a more robust health information system that will be able to monitor service utilization trends and create reports for planning.
NHI PCP ADMINISTRATORS & DOCTORS IN CHARGE
BELIZE CITY, SOUTHSIDE
BELIZE NCD PASSPORT PILOT
HEALTH EDUCATION AND PROMOTION
OUTREACH ACTIVITIES
CLINIC
Nutrition CONSULTATION
SENIOR STEPS
Ophthalmologist with DIABETIC Patients
FOOT CARE EDUCATION FOR DIABETICS
HIGH SCHOOL STUDENTS
Primary Schools
CHRISTMAS PARTY
Nutrition Program

• The inclusion of the Nutrition component in 2011 meant an increase in the PMPM for each PCP in the Southern Region.

• This additional PMPM was to include a Nutritionist and 2 social workers as part of the Staff; a vehicle was included as capital investment; all other inputs for the program were to be covered by the Ministry of Health.

• Specific KPI’s are being developed for the Nutrition Program which are separate and apart from the other normal PCP KPI’s.
## Total NHI Expenditure 2009-2012 (Bz $ 2:1 US)

<table>
<thead>
<tr>
<th>Category</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<tbody>
<tr>
<td>PCP</td>
<td>7,000,555.38</td>
<td>7,822,768.45</td>
<td>8,267,881.75</td>
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<tr>
<td>Pharmacy</td>
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<td>Imaging</td>
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<td>771,379.20</td>
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<tr>
<td>Hospital</td>
<td>875,404.00</td>
<td>564,588.00</td>
<td>366,700.00</td>
<td>309,000.00</td>
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<tr>
<td>Ophthalmology</td>
<td>219,215.00</td>
<td>217,498.00</td>
<td>150,678.05</td>
<td>156,379.75</td>
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<tr>
<td>Administrative</td>
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<td>808,451.77</td>
<td>693,788.06</td>
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<tr>
<td>Total</td>
<td>11,748,706.72</td>
<td>14,359,624.58</td>
<td>13,721,977.04</td>
<td>9,816,290.63</td>
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### CHALLENGES

- Monitoring & Evaluation
- Cost containment
- Ever Increasing Demand
- Long term Financing (Sustainability and Funding mechanism for Roll Out)

### FUTURE PLANS

- Control of Pharmacy and Laboratory Expenditures through adjustment of benchmarks, clinical audits, facility assessments (optimal standards)
- More Robust Information System that facilitates more effective monitoring/ trends
- Communication Strategy and lobbying (at all levels)
THANK YOU!!!