

National Health Insurance

The Belize Experience



Challenges in Health Care

- GOB embarked Health Sector Reform Oct 99

Separation of Functions

- a. Regulation
- b. Purchasing
- c. Provision of health care services

Concept of NHI was outline...

- **NHIF** was founded in April 2001
 - to purchase health care from both public and private providers
- test NHI-- a model was piloted Aug 2001
 - along with framework for
 - monitor and evaluation
 - data collection
 - purchasing software for NHI

NHI Designed

- Problem of inefficiency
- Problem of inequity
- Both in health sector expenditure...
- Objectives
 - - manage competition via a single purchaser
 - - achieve an equitable and sustainable system of sector financing

NHI Belize

Primary Care Model

- a. Urban Model (Public/ Private/ NGO)
- b. Rural Model (only Public)

Design of our Payment Mechanism

- Primary care per capita basis
- Some secondary care services
 - case based payment (negotiated prices)

Fee for services for support services...

- Performance bonuses
- automatic billing system
- Benchmarking...

Management of Purchasing System

- Value- for -Money
 - Targets based on populations health needs
 - Performance contracts with providers
 - Medical (clinical) Audits
 - Facility audits
 - Patient satisfaction surveys

Provider Model

- Comprehensive services for primary care
- Population base contract (1GP per 4000)
- GP is the gate keeper
- GP refers all Specialist care and support services
- Competition between service providers
- Patient selection of providers
- Contracts guide providers to increase level of production, quality and user satisfaction



- Financing
- Changes in the model
- Billing System
- Public Private mix
- Sustainable funding
- Public Information campaign
- Political Advocacy / Political Will
- Leadership (MOH/ Private Sector/ SSB)
- Window of Opportunity

Financing

- History
 - 1st phase SSB (approx. 40 million)
 - ... very regressive (\$ from all for a few)
 - 2006 SSB saw inability to earmark more funds so GOB started
 - direct GOB transfers
 - transfers from MOH budget
 - 2009 financing came exclusively from GOB

Changes in the model

Urban Model at the Primary Level

- Private Sector
- GOB MOH
- NGO

Urban Model with 2nd Care (Hospitalizations)

- Private Sector
- GOB MOH

Rural Model

- MOH only (Primary and some secondary hospital services)

Note. The secondary services was discontinued in the Urban Model

Current System NHI - IS

RAA software

- allows providers to REGISTER members
- captures the activities made; certain period of time by providers (other support services)

... INFO send to NHI – IS

- Processed by Head Office
(purchasing and planning software)

Software Modules

- Providers
- Contracts
- Registration
- Providers activity
- Payment
- System Administration

OPPORTUNITIES FOR IMPROVEMENT

Public Private mix

- Essential for NHI
- Avoid manipulation of any side
- Level Playing field
- Same responsibility for Patient care
- Same incentives for Performance
- Etc.

Sustainable funding

Mix Source of Funding

GOB allocations (indigent population)

SSB contributions (working population)

All sources and types of funding have been explored...

Public Information campaign

- Complete Failure

NHIC and the Chair is fully responsible for this failure

* Going forward

- funding/ contractual strategies/ staff needed

Political Advocacy

Political will

Leadership (MOH/ Private Sector/ SSB)

- Started SSB to the lead
- On the way almost taken over by Private Sector
- * last five years SSB / MOH / Private Sector

Window of Opportunity

- Decision on the financial source of funding

*** as sustainable ... !!! ???

Needed Political Decision

- missed twice
- concern that I might miss it again

Thank you