

LEARNING & ANALYSIS BRIEF



PROVIDER AND PAYER PERSPECTIVES

ENGAGING STAKEHOLDERS TO IMPROVE THE QUALITY OF HYPERTENSION CARE



This brief describes the perceptions of primary care and health insurance staff about the enablers of and barriers to implementing high-quality hypertension care in a rural primary care setting in Nigeria.

Diseases of the heart and blood vessels (cardiovascular diseases) are increasingly common in sub-Saharan Africa (SSA). Many people develop cardiovascular diseases (CVD) as a result of high blood pressure, called hypertension. Hypertension is now a leading cause of death among adults in SSA. Lowering blood pressure through lifestyle measures and drug therapy substantially reduces the risks of developing CVD. Yet, in most SSA countries the level of anti-hypertension treatment coverage is poor due to weak health systems characterized by a lack of healthcare staff, drugs, and organizational capacity. When treatment is available it is often too expensive for patients to afford care. The Kwara State Health Insurance (KSHI) program is an insurance program for low-income

groups in Kwara State, Nigeria. The program covers hypertension care, thereby removing financial barriers for patients to access care. However, other barriers to care may remain despite insurance. This study aimed to identify these barriers and enablers from the perspective of the healthcare providers and insurers. The results can be used to improve this insurance program, as well as hypertension treatment in primary care settings in SSA in general.

We conducted semi-structured in-depth interviews with 11 primary care staff and 4 health insurance managers to obtain qualitative data. Responses were categorized by different themes.

Lessons Learned

- The study showed that insurance that covers costs of care for patients and improves the quality at healthcare facilities is a major enabler for high-quality hypertension care.
- However, a few barriers remain such as high travel costs, high staff turnover, poor information systems, and different perceptions between insurers and providers about the reimbursement system.



KEY COUNTRY FACTS

173.6 m
population (54% is rural)

46%
of people live below the national poverty line

62%
of people live on less than USD 1.25 /day

69%
of people's spending on healthcare is out-of-pocket

18%
general government expenditures on health (as opposed to 15% Abuja norm)

28.1%
of adult men have raised blood pressure

27.5%
of adult women have raised blood pressure

– Based on 2012 and 2013 World Bank and World Health Organization data.

PROGRAM FACTS

37
clinics

111,902
enrollees

TOP 5 DIAGNOSES

- 1) Malaria
- 2) Hypertension
- 3) Pregnancy
- 4) Upper respiratory tract infections
- 5) Respiratory/Ear-nose-throat complaints

– Based on June 2015 data.

Perceived enablers

Availability of necessary resources

Both providers and insurers perceived the following enablers as key for improved access to care:

- Affordable health insurance for the poor
- Support from the insurers for equipment upgrades
- Quality improvement plans in health facilities
- Introduction of guidelines and protocols to improve quality of care
- Available diagnostic equipment, drugs, and laboratory equipment

Providers felt that the introduction of a recall/reminder system was important to ensure patient follow-up and adequate health records. Providers identified the availability of qualified healthcare personnel as essential for the delivery of consistent high-quality care.

Financial incentives and disincentives

Both providers and insurers perceived adequate compensation for healthcare personnel as an important incentive for providing quality care. Insurers felt that the current reimbursement fees were sufficient for the setting.

Non-financial incentives and disincentives

Providers felt that increased dialogue between stakeholders would foster a good provider-insurer working relationship.

Insurers felt that periodic monitoring and evaluation of providers, with provision of feedback to providers, was necessary to motivate providers and ensure high-quality care.

Information systems

Providers and insurers agreed that a functional and effective information technology system was needed for efficient administration and implementation of quality care programs.

Quality assurance and patient safety systems

Providers and insurers perceived that efficient internal and external quality control systems are important. Insurers felt that it was also important to gather patients' experiences with care as part of the evaluation of providers. Providers felt that availability and adherence to protocols were necessary to ensure that vital supplies are not used past their potency period or expiry dates.

Continuous professional education

Providers and insurers agreed that regular capacity building for staff added real value to program implementation efforts.



Perceived barriers

Availability of necessary resources

Providers felt that a lack of the following resources posed obstacles to the implementation of quality care and treatment:

- Limited availability of trained personnel
- Inapplicability of provided guidelines and protocols in the local context
- Language barriers and lack of tailored educational tools limiting good communication between providers and patients
- Incomplete patient contact information

Insurers felt that additional travel costs, long waiting times, and personnel shortages posed significant threats to accessible care for patients. Insurers also felt that there was a lack of proactive management on the part of some healthcare providers.

Financial incentives and disincentives

Providers viewed late reimbursement of claims by insurers as a disincentive while insurers cited long processing times as being necessary to verify claims and remove errors. Providers felt that the reimbursement amounts were not sufficient to cover costs of care provided.

Non-financial incentives and disincentives

Both providers and insurers judged that communication gaps between them were resulting in organizational and administrative issues.

Information systems

Providers and insurers agreed that poor information and communication technology systems hindered implementation of high-quality hypertension care.

Continuous professional education

Insurers felt that high turnover of healthcare workers limited the benefits of any capacity building programs.

TAKE HOME MESSAGES

- These data on identified barriers and enablers are useful for developing a successful implementation plan for chronic disease care in low-resource primary care settings in Africa.
- Stakeholder engagement and involvement at every step in the implementation plan is crucial to ensure its success.

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MORE INFORMATION

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