

## LEARNING & ANALYSIS BRIEF



### MYCARE HEALTH INTERVENTION IN GHANA

## ENGAGING CLIENTS FOR IMPROVEMENT OF QUALITY IN HEALTH SERVICES

This brief discusses, from the clients' perspective, the factors that influence their experience with healthcare and health insurance services. Focusing on Ghana, the brief describes steps that have been taken to engage clients in healthcare and to increase the responsiveness of healthcare providers and health insurance officers so that they can offer more client-centred quality services.

Many factors influence the experiences of clients with healthcare and health insurance services. These include socio-cultural values, relationships and interactions people have in their communities, and the nature of their interactions with the healthcare providers and health insurers. Clients' perceptions of the quality of services is predominantly shaped by inter-relational factors such as the way health staff treats them, communicates with them, or the level of empathy they are shown. On the other hand, quality factors of a technical nature, such as providers' correct use of treatment protocols are found to affect clients' perceptions hardly or only to a limited extent.

Finding ways to capture clients' experiences and opinions in a timely fashion can enhance client-provider communication. This is an essential step towards offering client-centred quality services.

#### Approach

The MyCare intervention was part of a broader research project called "Towards a client-centred health insurance system in Ghana". The goal of this research project was to explore clients' perceptions towards healthcare and health insurance services in order to determine barriers to enrolment in Ghana's National Health Insurance Scheme. The feedback was then used to jointly develop and implement action plans to improve healthcare and health insurance services. Baseline data of the broader research study was collected in 2011 and 2012. The researcher adopted a participative approach, engaging all stakeholders in the various phases of the research, including in the design and monitoring of the intervention.

The MyCare intervention was conducted by trained local community workers, and coordinated by a local facilitator. A combination of qualitative and quantitative methods was used to un-

derstand and measure the experiences of clients. ten key service indicators, defined by the clients themselves to ensure their relevance, were used in the MyCare evaluation. Scoring was used to quantify service perceptions for each indicator and to measure changes over time. Qualitative data helped interpret the quantitative findings. To measure the level of trust that people have in the service providers, clients were asked whether they would recommend the services to others, the so called Net Promotor Score. (scoring very unlikely up to very likely) (Fig. 1).

#### Findings

A total of 857 clients provided views on the services of six primary healthcare facilities and six district health insurance schemes in two regions in Ghana between 2013 and 2014 (intervention baseline and follow-up).

Baseline findings revealed that clients perceived the following aspects as barriers to participating in the improvement of the quality of healthcare and health insurance:

- Lack of sufficient information
- Perceived poor quality of services
- Absence of effective complaints filing mechanisms

The MyCare team together with the healthcare providers and clients came up with a plan to improve the points raised by clients. Within a year of the MyCare cycle, clients perceived 83% of healthcare providers and insurance schemes as having improved their service quality. Clients' trust in both insurance and healthcare service providers increased, indicating a correlation between perceived quality of services and trust in service providers. Service quality was perceived to have improved based on:

- Active collaboration and communication between providers/insurers and clients
- The space clients were given to air their views and concerns
- Increased mutual understanding and trust

## KEY COUNTRY FACTS

**27.4 M**  
Population

**41%**  
of population covered by National Health Insurance Scheme (2016)

**66.8%**  
of people's spending on healthcare is out-of-pocket (2014)



– Data according to World Bank

## MyCare FACTS

An intervention tool to engage all stakeholders (clients, healthcare providers, health insurers) in monitoring healthcare and health insurance services.

Implemented between  
March 2013 - June 2014

**857**  
clients provided views on healthcare quality

Views provided on **6** facilities and **6** health insurance schemes

The goal of MyCare is to contribute in creating:

- client-centered services
- sustainable quality services
- increased trust in service providers
- increased enrolment in health insurance
- improved wellbeing

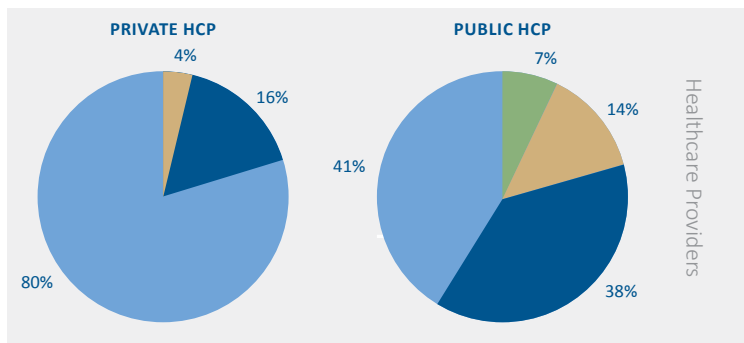


Figure 1

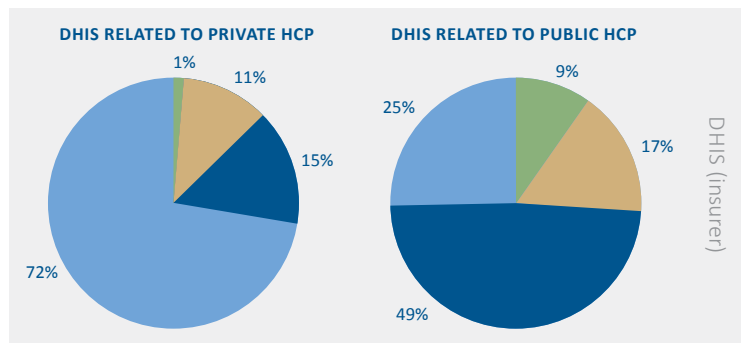


Figure 2

very likely    likely    unlikely    very unlikely    HCP: healthcare provider    DHIS: District Health Insurance Scheme

This also increased the insurance enrolment. 6 facilities and 6 health insurance schemes participated. The level of trust that people have in the insurance schemes is related to the trust they have in the healthcare providers ( See Fig. 1 and 2). No relationship was found between the perceived quality of services and medical technical quality factors of the 6 healthcare providers as measured by the national health insurance accreditation assessment.

**Implications and lessons learned**

- The findings demonstrated that MyCare is an effective approach of engaging clients in healthcare building and sustaining client-centred services.
- We also found that the technical quality of medical services alone will not increase clients’ trust in healthcare services. Poor inter-relational factors between the clients and service providers affect the clients’ trust and decisions to enrol in

insurance. This demonstrates the importance of involving the target group to realize client-centred services.

In the aim to contribute to accessible and better quality care, clients’ perceptions of, and trust in services are key. While technical quality is important, the involvement of clients in providing their views on service experience can help to further improve healthcare and health insurance services. It strengthens the position of healthcare users in the provider-insurer- client tripod, triggering supply side accountability and clients’ empowerment. The interventions described in this brief are just one way of engaging clients and using existing community structures to improve healthcare. PharmAccess is exploring other approaches that are effective and are easily scalable and fitting the rapidly changing environment in the African countries (for example through the use of mobile technology).

**TAKE HOME MESSAGES**

- Based on input from clients, 83% of service providers improved the quality of their services. Improved service quality was positively associated with improved client trust in both insurance and healthcare services.
- No association was found between service quality, as perceived by clients, and the technical quality of medical services. This implies that improving the technical quality of medical services does not automatically lead to improved client perceptions and trust.
- Findings show that policy makers and practitioners should systematically engage clients to obtain their ongoing feedback on healthcare and health insurance services. Engaging clients increases their trust and enhances the quality of healthcare and health insurance services.



Drafting quality improvement plans

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