



**IMPLEMENTATION OF NATIONAL HEALTH INSURANCE SCHEME
SERVICE FOR NATIONAL DEVELOPMENT (A STUDY OF MEDICAL
CENTRE, THE FEDERAL POLYTECHNIC, BIDA)**

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Abstract

The numerous clamours for satisfaction and value-for-money can be a proxy indicator for the need for improved service delivery of National Health Insurance Scheme (NHIS) to patients. It is therefore the objective of this study to evaluate the extent of compliance with the implementation guideline of NHIS in service delivery to staff of the Federal Polytechnic, Bida Medical Centre who chose the centre as their primary service provider. Descriptive research design was adopted while qualitative data with questionnaire and structured interview from selected respondents were used. Respondents were drawn from patients that visited the medical Centre as well as staff of the Centre. The NHIS Desk Officer of the medical Centre was also interviewed with a view to eliciting purposeful information to aid the study. A sample of one hundred and fifty responses was examined with simple random sampling method. Findings indicated that patients in many cases do not get expensive drugs prescribed to them hence; they resort to buying them from outside pharmacies. The study showed that the overall patients satisfaction with the services provided as far as NHIS implementation is concerned is fair but more can still be done to achieve satisfaction especially, in the aspect of drugs administration and operational coverage. It is recommended that there is need for the medical centre to partner with reputable pharmacy(s) in the town to where patients can be referred whenever the Centre is out of supply of drugs instead of out rightly asking them to purchase on their own.

Keywords: *Evaluation, Health insurance scheme, Implementation, Medical Centre, Polytechnic*

Introduction

The health status of people exerts a grave influence on the capacity of their productivity, just as it exerts on their well-being. The government of Nigeria at the national level continually looks for ways to restructure the state of well-being of its citizens so as to meet up with the needs, demands and expectations of the continually changing population. The need to establish a formidable health scheme orchestrated by the general dilapidated state of the nation's healthcare services - especially in the

aspect of family medicine, the over-dependent on government provided health facilities, poor integration of health facilities and excessive dependence on out-of-pocket expenses to purchase health (Olanrewaju, 2011). This trend according to National Health Insurance Operational Guidelines (2014) prompted Government to initiate the search for other means of funding health care services. Health insurance is an alternative source of healthcare financing that now becomes important in the developing world like Nigeria. The scheme has now been implemented as part of health reform programmes and strategies directed at providing effective and efficient healthcare services for citizens, most especially for the poor and vulnerable. The NHIS was established as a social security system based on social health to ensure that enrollees have access to quality and effective healthcare facility. The Scheme was implemented with the hope of achieving more flexible, more innovative and more competitive response to the health needs of Nigerian citizens and ensure they are protected from the financial hardship of huge medical bills, ensure equitable distribution of healthcare costs among different working class, ensure availability of funds to the health sector for improved services (National Health Insurance Operational Guidelines 2012); the NHIS is a scheme where the healthcare of workers is subsidized.

Objectives

Generally, this study is intended to assess the level of implementation of National Health Insurance Scheme (NHIS) in the Federal Polytechnic Bida Medical Centre. To address the main objectives, the following specific objectives are set as follows:

- To identify those services not covered by the Scheme.
- To confirm if the operations of NHIS in the medical Centre is in line with the law.
- To ascertain extent to which the Scheme has helped its enrollees in solving their health problems
- To determine the aspect of the Scheme's service that is satisfactory and unsatisfactory
- To suggest ways of improving the quality of service delivery of the Scheme for increased satisfaction

Methodology

This work is a descriptive study which allowed the writers to collect qualitative data via questionnaire from 65 NHIS registered patients that visited the Centre for consultation between Monday September 14th and Saturday September 19th 2015. Structured interview was also used to elicit information from the NHIS Desk Officer in the Medical Centre.

Literature

According to the Government of Nigeria, as contained the National Health Insurance Operational Guidelines (2012), some of the reasons for establishing the NHIS include:

1. The poor state of the nation's health care delivery systems.

2. Excessive dependence and pressure on the Federal Government to finance the entire health care delivery system in Nigeria.
3. Rising costs and under-funding of health care delivery.
4. Poor integration of health facilities in the health care delivery system

National Health Insurance Scheme

NHIS, as its name implies, is a kind of insurance scheme where many individuals or "Insured" pool their resources – i.e. contributions – together for the protection of anyone in the group who might fall ill within the period of the insurance. The drivers of the scheme are called Health Management Organizations (HMO). The providers of the actual medical services are professionals called Health Care Providers (National Health Insurance Operational Guidelines 2012).

NHIS Objectives

Some of the objectives of the Scheme as contained in NHIS Operational Guidelines (2012) are:

- i) Ensuring that every Nigerian has access to good health care and health care delivery services.
- ii) Protecting Nigerians from the financial hardship of huge medical bills whenever they visit our hospitals.
- iii) Managing the rising cost of health care services in Nigeria.
- iv) Ensuring equitable distribution of health care costs among different income groups.
- v) Ensuring adequate distribution of health facilities all over Nigeria.
- vi) Ensuring efficiency in health care services both in the public and private sectors.
- vii) Improving and harnessing private sector participation in the provision of health care services.
- viii) Maintaining high standard of health care delivery services within the scheme.
- ix) Ensuring equitable patronage of all levels of health care.
- x) Ensuring the availability of funds to the health sector for improved services.

How the Scheme Works

HMOs are required by the NHIS Law to collect contributions from patrons to the scheme and maintain an efficient pool of Health Care Providers (Hospitals, Clinics, Dental and Optical Clinics). Contributors to NHIS, on regular payment of their contributions, are entitled to visit the appointed Health Care Providers, appointed by their HMO, whenever they are ill or require medical advice or attention. Note that the HMOs are required by Law to ensure that the highest quality and quantity of health care services are provided by their appointed Health Care Providers. To guarantee financial adequacy of the scheme, the NHIS Law requires all HMOs to have approved, a comprehensive insurance cover to the tune of N100 Million; from this insurance cover, the HMO is indemnified against incidents of defaults in settlement of claims by

Health Care Providers or by patrons of the scheme, that is, insured persons like you and I (National Health Insurance Operational Guidelines 2012).

Registration & Contributions of Employers and employees

All employers having ten or more than ten employees are required to register their companies and their employees with a HMO and to pay to the designated HMO contributions at such time and manner as provided in the guidelines issued by the NHIS Council or as agreed to with the HMO where there is no guideline from the NHIS Council. Employers are forbidden by the NHIS Law from deducting their share of NHIS contributions from their employees' wages and or emoluments.

Self-employed people or others who are described as "Voluntary Contributors" under the NHIS Law and who want to enjoy the benefits of the scheme are permitted to register and participate in the scheme by choosing a HMO they want (National Health Insurance Operational Guidelines 2012).

Enrolee's benefits under NHIS

Persons registered under the various NHIS schemes are entitled to enjoy insured benefits based on the contract that they have entered into with their appointed HMO. Common services envisaged and enumerated under the NHIS Law include:

- (a) Defined elements of curative care
- (b) Prescribed drugs and diagnostic tests
- (c) Maternity care for up to four live births for every insured person
- (d) Preventive care including immune station, family planning, ante natal and post-natal care
- (e) Consulting with defined range of specialist
- (f) Hospital care in a private or public Hospital in a standard ward
- (g) Eye examination and care, excluding test and actual provision of spectacles
- (h) A range of prosthesis and dental care as defined by the Council

Requirements for HMOs

Some of the key requirements that a HMO, which must be a registered limited liability company, must fulfil to qualify for registration as a HMO include providing evidence of its financial viability, full disclosure of ownership structures and very importantly, the insurance of the HMO with a reputable insurance company acceptable to the NHIS Council. Also, HMOs are required by the NHIS Law establishing them to ensure that they establish a Quality Assurance System that guarantees quality care by the Health Care Providers (National Health Insurance Operational Guidelines 2012).

Exclusion

Exclusion in this context refers to those services not covered by the NHIS. Therefore, exclusion from the Scheme according to NHIS Operational Guidelines (2012) can be *total or partial*:

Total Exclusion – This category consists of:

- a) Occupational/industrial injuries to the extent covered under the Workmen Compensation Act.
- b) Injuries resulting from:
 - Natural disasters like earthquakes, landslides.
 - Conflicts, social unrest, riots, wars.
- c) Epidemics
- d) Family planning commodities, including condoms
- e) Injuries arising from extreme sports such as car racing, horse racing, polo, mountaineering, boxing and wrestling
- f) Drug abuse/addiction
- g) Domiciliary visit
- h) Surgery
 - ✓ Mammoplasty
- i) Ophthalmology
 - ✓ Provision of contact lens.
- j) Medicine
 - Anti-tuberculosis drugs
- k) Paediatrics
 - Treatment of congenital abnormalities requiring advanced surgical procedures such as TOF, ASD and VSD.
- l) Obstetrics & Gynaecology
 - Artificial insemination, including IVF and ICSI
- m) Dental Care
 - Crowns and bridges
 - Bleaching
 - Implants
- n) Pathology
 - ❖ Post Mortem examination

Partial Exclusions: In this category, we have:

- (a) High technology investigations like CT scan, MRI: the HMO would pay 50% of cost in this situation.
- (b) Dialysis for acute renal failure (maximum of 6 sessions)

Measuring the quality of healthcare service through Patient Satisfaction

Generally, clients receive different treatment from healthcare service providers and conclude by the type of quality treatment given to them (Sanusi & Awe, 2009). According to Groonroos (2010), the two aspects of service provided are the core and non-core. Woodward (2012) carried out a study in emergency department of a hospital. The primary provider theory was used to determine client level of satisfaction in relating it to the medical assistance waiting time, the nurses and so on. They concluded that overall client satisfaction was linked positively with two indicators of client's suggestion from the healthcare providers and the extent to which the service is sufficient when it comes to payment made. Shi & Singh (2009) also viewed client

satisfaction by elaborating quality in two dimensions that it varies from one client to another depending on the type of one experience from receiving medical treatment.

Findings

In the cause of this study (see Appendix as attached), the writers were able to discover that NHIS has a large number of staff enrolees who are expected to benefit from the Scheme's services. Also, enrolees that chose the Polytechnic's medical centre are more than those that chose other primary service providers.

In terms of promptness, the quality of NHIS service provided by the Polytechnic centre is better than other service providers in Bida. These enrolees also agreed that they benefit immensely from the scheme. Findings again revealed that prescription drugs especially, the much expensive ones are not always available for administration to patients on the scheme so they resort to buying from outside pharmacies without a refund.

When asked the reason why prescription drugs are sometimes not available, the Desk Officer said prescription drugs are always available; this, to the writers, seemed confusing as it is difficult to know who said the truth between the Desk Officer and the patients that responded.

It was also discovered that patients are not provided with alternative means of getting drugs whenever the medical centre runs out of certain prescription drugs.

NHIS services in the polytechnic needs improvement, its service delivery is partially in line with the Laws guiding its establishment and, given the opportunity, some staff that currently chose the medical centre as their primary services provider would change to another hospital that is NHIS accredited.

In the course of interaction with a medical Doctor from the Federal Medical Centre Bida (FMCB), it was discovered that the system of NHIS operation in the polytechnic is slightly different from theirs. FMCB has a partnership agreement with some NHIS accredited pharmacies where patients are referred whenever prescription drugs are not available at the centre's pharmacy.

There is also arrangement in place where a prescription drug is not available at any of the accredited partner pharmacy, patients buy elsewhere and then take their receipt of such payment to FMCB with the prescription sheet where only 10% of the NHIS is deducted from the cost and the cash balance is refunded the patient.

In final conclusion, the writers, in their opinion, felt some respondents did not evaluate thoroughly the quality of services they assess at the medical centre enough to make valid points. For instance, the writers discovered that some enrolees strongly agreed that the quality of NHIS service provided in the medical centre is better than elsewhere (per statement 3, section B), these patients still agreed that they will welcome the idea of changing to another service provider if the opportunity comes calling (statement 11, section B).

Recommendations

In what will improve the quality of NHIS services at the Federal Polytechnic medical centre, it is therefore recommended that there is need for the medical centre to partner

with reputable pharmacy(s) in the town to where patients can be referred whenever the Centre is out of supply of drugs instead of out rightly asking them to purchase on their own.

The paper also recommends that the three major staff unions in the polytechnic (ASUP, SSANIP & NASUP) should meet with management of this institution to discuss ways of improving the quality of NHIS service delivery to staff. The unions can follow-up this information by visiting FMCB to learn more about how their NHIS provides better services to the staff of the Federal Medical Centre.

Lastly, government should review the act establishing NHIS and widen its scope of operation to accommodate other health challenges that are common among citizens such as complications resulting from child birth, terminal diseases such as heart, kidney, liver related disorder and so on.

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