ST. JOHN'S COLLOQUIUM

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IPEBLA IACA IAAHS PBSS Canadian Institute of Actuaries Institut canadien des actuaires

PERFORMANCE EVALUATION FRAMEWORK FOR GOVERNMENT-SPONSORED HEALTH INSURANCE PROGRAMS

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BACKGROUND

- Intersection study between MIN Health and Performance working groups
- Objective: Review current practices and gaps in performance evaluation of government sponsored health insurance programs in order to propose a preliminary performance evaluation framework. Building on the work of the current MIN KPI's
- Programs being reviewed
  - National Health Insurance Scheme (Ghana)
  - Rhastriya Swasthya Bima Yojna (India)
  - Jaminan kesehatan nasional (Indonesa)
  - Mutuelles de Sante (Rwanda)
  - Universal Coverage Scheme (Thailand)

METHODOLOGY

- Consolidate and categorise mass health microinsurance performance metrics used by the programs
  - Literature review covering program documents, annual reports and evaluation studies
  - Interviews with program administrators
  - Secondary data analysis
- Analyse, compare and evaluate the results to make consequential conclusions regarding the strengths and weaknesses of the metrics in use;
- Recommend a comprehensive framework for performance measurement and evaluation of state supported mass health insurance programmes

COUNTRY PROFILE

PARAMETER	GHANA	RWANDA	INDIA	THAILAND	INDONESIA
Life expectancy (2013)	61.09 years	~64 years	66.5 years	74.36 years	70.8 years
Physicians per 1,000 (Year)	0.1 (2010)	0.1 (2010)	0.6 (2010) 0.7 (2012)	0.4 (2010)	0.3 (2010) 0.2 (2012)
Health expenditure per capita (2013)	US$ 100	US$ 71	US$ 61	US$ 264	US$ 107
Total Health expenditure (% of GDP) 2013	5.4%	11.1%	4%	4.6%	3.1%
Out-of-pocket health expenditure (% of total expenditure on health) 2013	36.2%	18.4%	58.2%	11.3%	45.8%
Maternal mortality rates (per 100,000 live births)	380	320	190	26	190
Infant mortality rates (Per 1,000 live births)	52	37	41	11	25

GOVERNMENT SPONSORED PROGRAMS

PARAMETER	GHANA	RWANDA	INDIA	THAILAND	INDONESIA
Launched in	2003	2005	2008	2002	2014
Scale	8.9 Million individuals (2012)	7.9 million individuals	~148 Million Individuals	60 Million Individuals	120 Million individuals
Target group	General Population	General Population	Below Poverty line households	General population	General population
Funded by	Health insurance levy, deductions from pension contribution, formal sector contributions, government funds	Government funds, member contribution, donor subsidies, levy on private schemes	Insurance premium completely subsidized by the government	General tax revenue	Subsidized for poor, salary contribution for other groups
Coverage	Comprehensive (primary, sec and tertiary)	Comprehensive (primary, sec and tertiary)	Fixed hospitalization package	Comprehensive (primary, sec and tertiary)	Comprehensive (primary, sec and tertiary)
Provider payment	Fee-for-service, Capitation & G-DRG	Demand based payments	Fixed package rates	Capitation (Primary) and Case mix (Hospitals)	Capitation

PROGRAM	GHANA	INDIA	INDONESIA	RWANDA	THAILAND
Key Indicators	Specific KPIs defined under law (others have been added)	Recently introduced operational manual for KPIs	In process of formulating the M&E framework	Specific KPIs defined under law (Others have been added)	Long list of 81 KPIs
Monitoring and Evaluation (M&E) setup	Full functional division	As part of Ministry's structure with a robust MIS platform	Department under autonomous administrator agency	A part of the Ministry of health M&E system	Established M&E bureau with self-auditing committees
Types of indicators monitored	Process with few outcome and no impact level indicators	Process with few outcome but no impact indicators	Plan to monitor process and outcome indicators	Process and outcome indicators but no impact indicators	Process and outcome indicators no impact indicators
External Dependency	Dependency on external sources for outcome and impact level data	Independent surveys for customer satisfaction	Support of international agencies in development of framework	Dependency on external sources for outcome and impact level data	Impact indicators are not internally monitored and depend on external evaluations
Key challenge	Inadequate technical and managerial capacity	Insufficient Attribution of program impact	Integration of three previously separate programs has delayed M&E framework	Insufficient staff and limited management capabilities of existing staff	Partial reporting of KPIs at provincial level

WHO and World Bank Framework

- Should be part of country's regular system
- Cover essential health services
- Protect population from Catastrophic Out of pocket payments
- Disaggregated by socioeconomic and demographic characteristics
- Measure full spectrum of essential health interventions
- Regular monitoring of tracer indicators with targets

- Framework focuses exclusively on outcomes BUT not on **efficiency**

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Rationale of the MIN framework

- Efficiency
- Measurability
- Comprehensive
- Commonality

Indicators selected

CATEGORY	INDICATOR	DEFINITION	SIGNIFICANCE
Long term effectiveness	Net Income Ratio	Net income / Earned premium	Measures the overall viability/profitability
	Subsidies/Total revenue	Subsidies/Total revenue	Subsidies relative to total revenue
	Incurred claims per capita	Amount of Incurred claims / Total enrolled population (Number of individuals)	Overview of the cost of coverage
	Poverty outreach ratio	Poor insured under the program / Total poor population of the country	Measures outreach among the country's poor

Indicators selected

CATEGORY	INDICATOR	DEFINITION	SIGNIFICANCE
Product Value to the insured	Incurred expense ratio	Incurred expenses / Earned premium	Primary indicator of administrative efficiency
	Incurred claims ratio	Incurred claims / Earned premium	Value to the beneficiaries and viability
	Mortality rates (Infant and maternal), life expectancy	Number of deaths/Live births	Measures impact
	Out-of-pocket spending on health	OOP as a % of total health expenditure	Measures impact

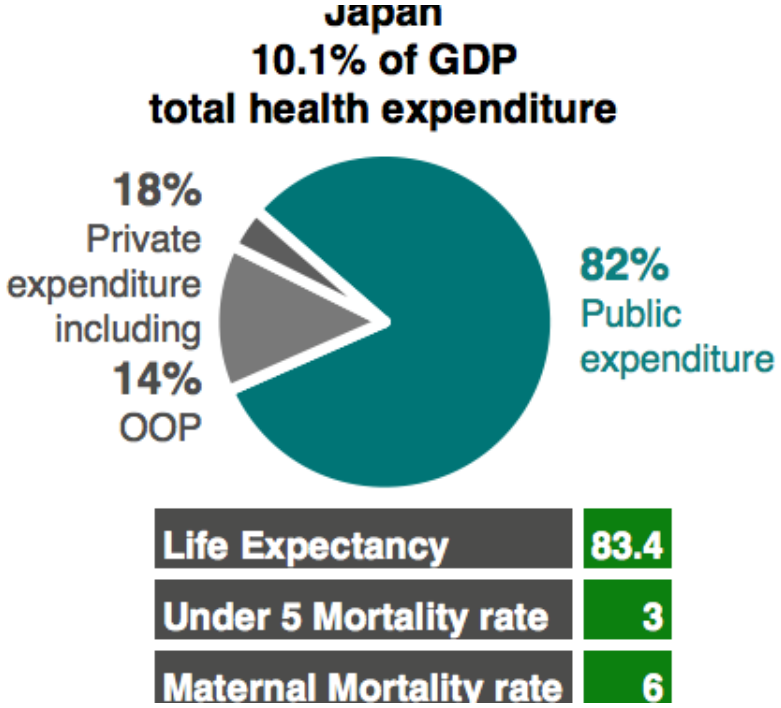
Indicators selected

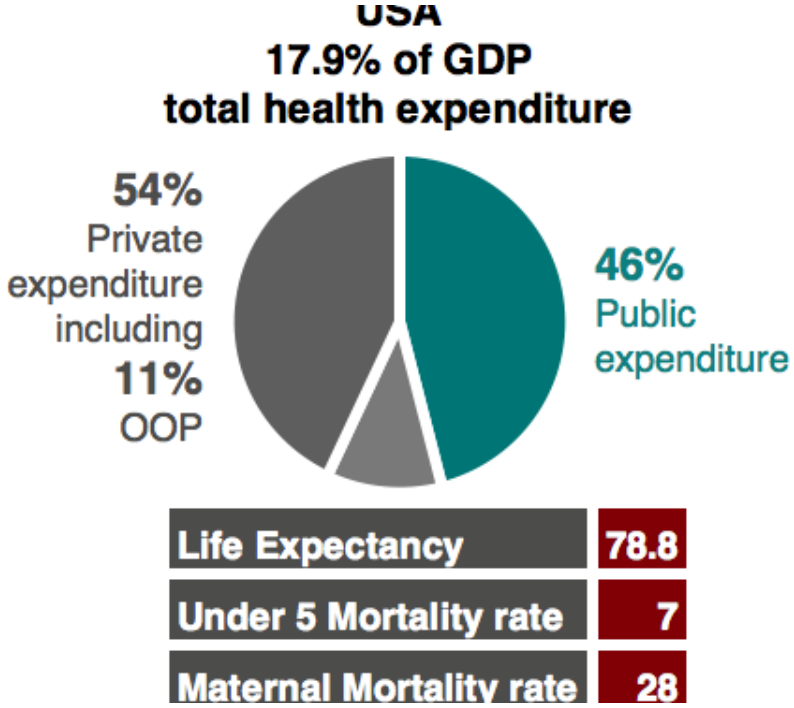
CATEGORY	INDICATOR	DEFINITION	SIGNIFICANCE
Client satisfaction	Complaint ratio	Total number of complaints registered/Total number of insured individuals	Measures insured's satisfaction with product and processes as well as the effectiveness of program's complaint mechanisms

Indicators selected

CATEGORY	INDICATOR	DEFINITION	SIGNIFICANCE
Service quality	Benefit coverage rate	(Number of reported cases in which were not covered / Total reported cases)*100	Value to the insured and service coverage
	Promptness of payment to providers	Time taken in payment to the providers	Measures quality and effectiveness of program processes

Why efficiency is important





Why efficiency is important

Sri Lanka
3.2% of GDP
total health expenditure

Life Expectancy	74.1
Under 5 Mortality rate	10
Maternal Mortality rate	29

Bangladesh
3.6% of GDP
total health expenditure

Life Expectancy	70.3
Under 5 Mortality rate	41
Maternal Mortality rate	170

Conclusion

- Using KPI's is essential for all insurance programs, this furthers the important work of the MIN for the insurance industry and clients.
- This framework adds an important concept of efficiency to the management of health insurance plans.
- As with all KPI's measuring a health insurance plan compared to others and other countries provides excellent guidepost to move to a more effective and valuable plan.

- These KPI's need further discussion and input by all stake holders
- Needs dissemination to all stakeholders

- Using these KPIs will help move health plans to sustainability

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