

Benefit design: NHI and PMB

Strategy office

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Background

- Medical schemes will provide supplementary cover in the implementation phase
 - Same services offered under NHI
- Medical schemes will provide complementary cover once NHI fully implemented
 - Services not covered by NHI
- Introduction of single service benefits (April 2018)

Approach

- Health service benefits will be provided and described in terms of the types of services and level of care
- NHI benefits Advisory Committee will develop the comprehensive package.
- Priority setting and HTA will be used to inform decision making
- Service benefits will not be based on a negative or positive list nor PMBs
- Priority setting will be through an explicit guarantees
 - Number of issues or health conditions considered a priority

NHI benefits framework

- Primary health care
- Hospital based services
- EMS and patient transport
- Other services

NHI service benefits

- PHC service benefits
 - Prevention, promotion, education, PHC outreach homecare
 - Maternal, women, child health, reproductive services
 - HIV and tuberculosis
 - Chronic non-communicable diseases
 - Violence and injuries
- EMS
 - Basic, intermediate, advanced life support
 - Medical rescue, initial assessment, stabilisation, management, resuscitation

NHI service benefits

- Hospital services
 - Emergency medicine
 - Internal medicine
 - Nephrology
 - Oncology
 - Psychiatry
 - Obstetrics and gynaecology
 - Paediatrics and neonatology
 - Surgery
 - Orthopaedics
 - Organ transplant

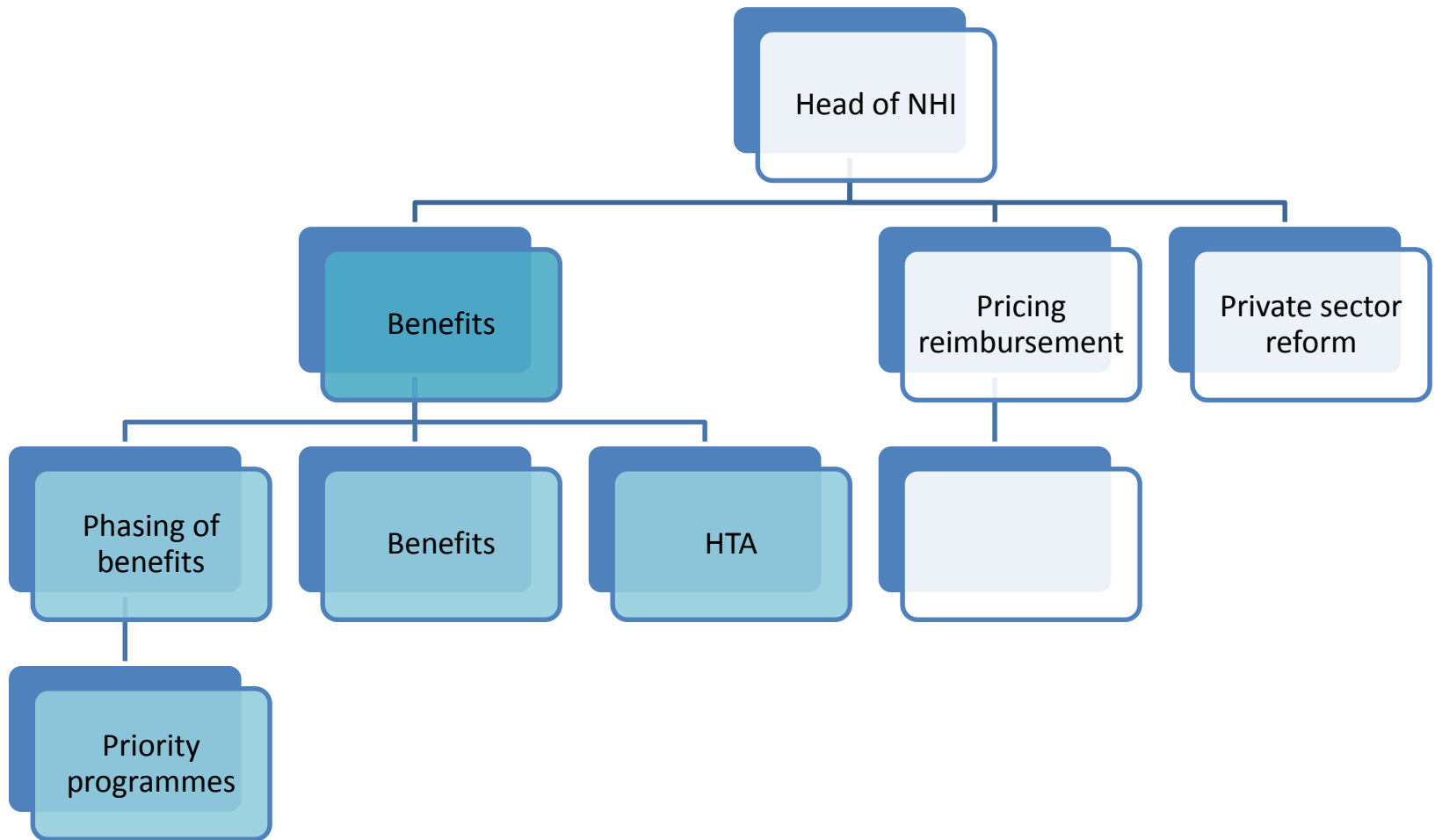
NHI service benefits

- Other services
 - Nutrition
 - Mental Health
 - Oral health rehabilitation
 - Optometry
 - Basic curative
 - Environmental
 - Clinical support

Phase I implementation

- Maternal services
 - Antenatal benefits
- Women
 - Contraceptives, cervical and breast cancer treatment
- School children
 - Eye, ear and oral health
 - Childhood cancers
- Elderly
 - Cataract, knee replacement
- Mentally ill
 - Screening, treatment and care
- Disabled
 - Treatment and rehabilitation

Implementation structure



Review Goals

- Reduce burden of disease
 - Prioritise communicable diseases(HIV, TB), non-communicable diseases, violence and injury
- Improve equity
 - Children, women, elderly, disabled, mentally ill
- Control moral hazard and cost escalation
 - PHC gatekeeping, payment mechanism
- Improve allocative efficiency
 - PHC gatekeeping
- Facilitate transparency in accessing healthcare
 - Educate population covered about entitlements

PMB approach

- Service benefits
- Multidisciplinary committees approach
- Priority setting using burden of diseases, cost effectiveness, affordability

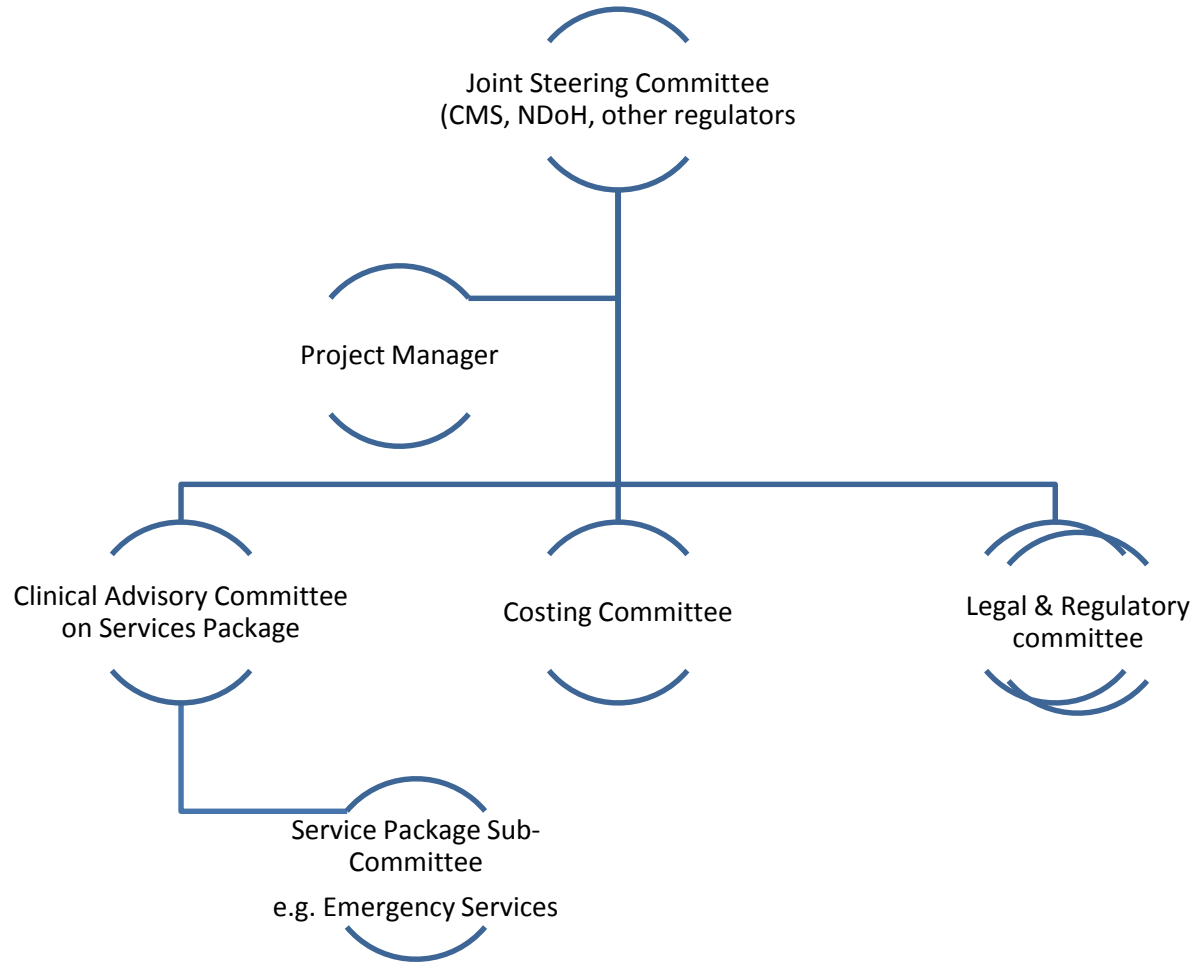
PMB framework

Primary Health Care Package	Hospital Level Package
Preventative Services	Preventative Services
Maternal and neonatal services	Maternal and neonatal services
Child Health Services	Child Health Services
Curative Services	Curative Services
Mental Health services	Mental Health services
Diagnostic: laboratory services	Diagnostic: laboratory services
Diagnostic: imaging services	Diagnostic: imaging services
Pharmaceutical services	Pharmaceutical services
Emergency medical services	Emergency medical services
Palliative services	Palliative services

Way Forward

- Publish a circular to invite stakeholders to consultative meeting.
 - The aim of the consultative meetings is to engage key stakeholders in discussions to finalise the structures and processes that will be used to drive the PMB Review (X).
- Appoint members to the different committees (July)
 - >60 CVs received
- Multi-stakeholder workshop (Aug)
- Invite stakeholders to make submission on the different service benefits (Aug)
- Schedule meetings to discuss submissions of the different service benefits (Aug)

Review committees



Resource needs

- Support team
 - Provide support to various committees
 - Provide research and secretarial support to the committees
 - Collate written submissions and comments from stakeholders
- Technical experts
 - Provide technical support to the sub-committees
 - Technical sign-off
- Core team
 - Overseeing the work of the committees
 - Provide secretarial support
 - Participate in joint planning sessions

Resource needs

- Steering committee
 - Approve project deliverables
 - Approve scope changes to be presented to sponsor
- Project leader
 - Develop the TOR together with other project members
 - Responsible for management of project process
 - Secures acceptance and approval of deliverables from the Steering Committee and Stakeholders
 - Ensures project is delivered within budget, on schedule and within scope

Summary

- HBP that will have UHC impact are much more than lists or technical analyses
 - Good list is necessary but not sufficient
 - Effective HBP adjust all other control knobs : financing, payment, organization, regulation, behavior
 - Not a one-off consultancy, requires permanent home and capacity
 - Multidisciplinary! Health, economics, ethics, governance
- Process is as important as outcome for effectiveness and sustainability
 - Needs to be (widely perceived as) fair, ethical, transparent, defensible in court!
 - With a view to manage not ignore legitimate competing interests

Conclusion

- Need resources to fast track the process