

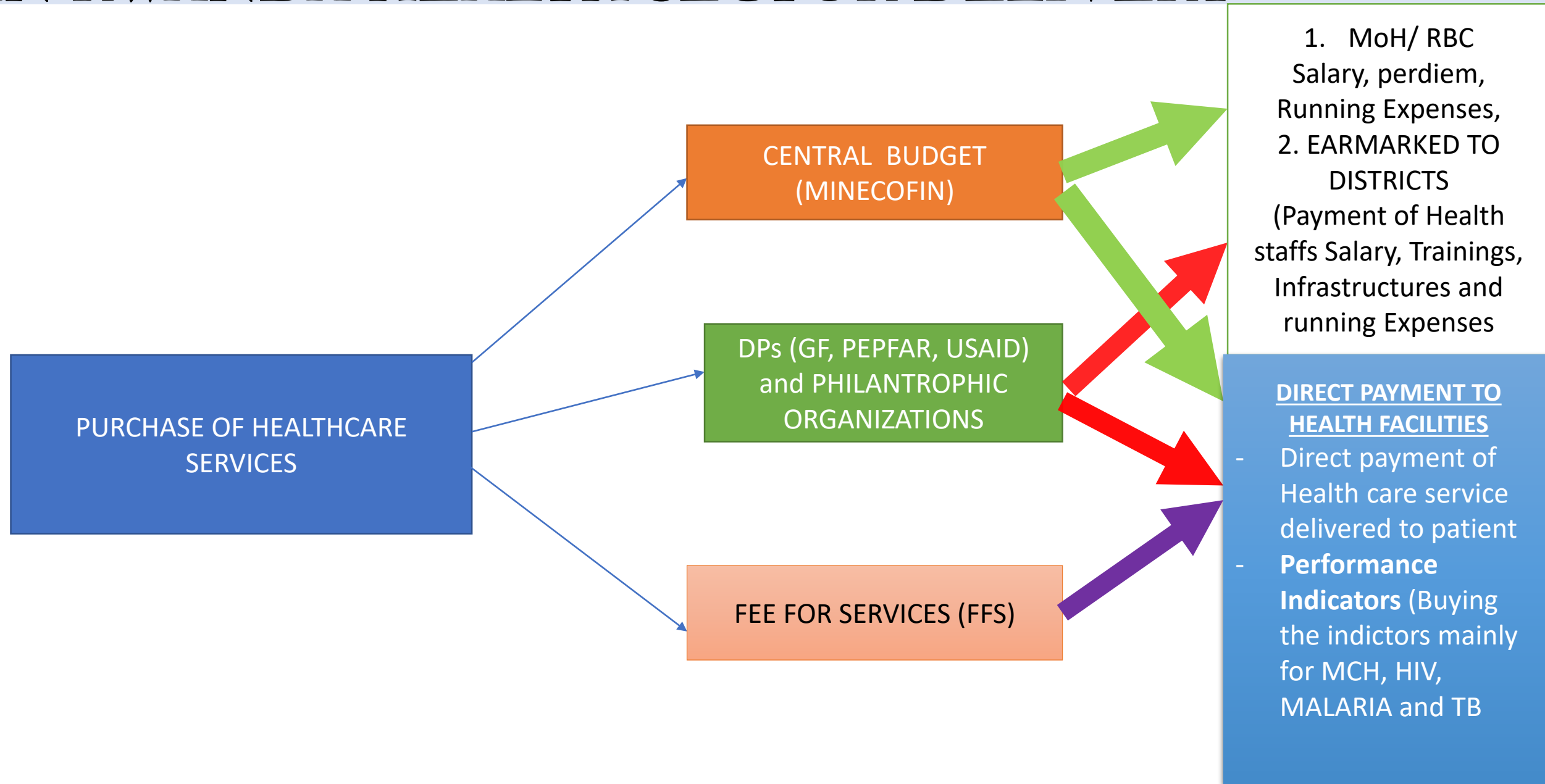
Aligning mixed provider payment systems

MIX PAYMENT OF HEALTHCARE- EXAMPLE OF RWANDA


AfHEA pre-conference workshop on strategic purchasing
11th March 2019, Accra Ghana



MIX OF PAYMENT MECHANISM AND INCENTIVE IN RWANDA HEALTH SECTOR DELIVERY



PAYMENT TYPE AND BEHAVIOUR OF PROVIDERS

PURCHASER	PAYMENT	BEHAVIOR OF THE PROVIDER WITH REGARDS TO THE PAYMENT SYSTEM	COPYING UP WITH THE EXISTING OF THE PROVIDER PAYMENT	KEY RESULTS AND CHALLENGES RESULTING FROM A PAYMENT MECHANISM
GOVERNMENT	<p>BUDGET (Line or Global budget)</p>  <p>Through allocation formula that is based on capitation- (Number of women, under 5 children, etc)</p>	Wasting, Lack of accountability, Laissez aller and Laisser Faire, Inefficiency	<ul style="list-style-type: none"> - Performance Based Financing (Monetary Incentives) - IMIHIGO- Performance Contract with different level of Management (Mayors with President, Hospital directors with Mayors, etc.) - Strengthening the PFM 	<p>Improving in prevention and promotion, community health outcomes with regard to MCH, HIV, TB and Malaria Strengthening the Health System in General, Efficiency of public good at some extent</p> <p><i>CHALLENGES</i></p> <ul style="list-style-type: none"> - <i>Inequity and Allocative inefficiency and equity issues---</i>

PAYMENT TYPE AND BEHAVIOUR OF PROVIDERS- CONT.-

PURCHASER	PAYMENT	BEHAVIOR OF THE PROVIDER WITH REGARDS TO THE PAYMENT SYSTEM	COPYING UP WITH THE EXISTING OF THE PROVIDER PAYMENT	KEY RESULTS AND CHALLENGES RESULTING FROM A PAYMENT MECHANISM
EXTERNAL	1. In budget support 2. Directly support implementers (Districts, Health Facilities...)	IDEM (Like the Budget situation)	<ul style="list-style-type: none"> - Performance Based Financing (Monetary Incentives) - IMIHIGO- Performance Contract with different level of Management (Mayors with President, Hospital directors with Mayors, etc) - Strengthening the PFM 	Improving in prevention and promotion, community health outcomes with regard to MCH, HIV, TB and Malaria Strengthening the Health System in General, Efficiency of public good at some extent CHALLENGES <ul style="list-style-type: none"> - <i>Inequity and Allocative inefficiency and equity issues---</i>

Payment Type and Behaviour of Providers- Cont.-

PURCHASER	PAYMENT	BEHAVIOR OF THE PROVIDER WITH REGARDS TO THE PAYMENT SYSTEM	COPYING UP WITH THE EXISTING OF THE PROVIDER PAYMENT	KEY RESULTS AND CHALLENGES RESULTING FROM A PAYMENT MECHANISM
HEALTH INSURANCES and Indvudual	Fee for Services (Curative care- OPD and IPD)	Provider Moral Hazard (Inducing the Demand- Over prescription- drug, lab tests- Overbilling, Long inpatient days)	Individual health care Bill Verification by Health Insurances-	<ul style="list-style-type: none">- <i>Issue of Quality of care provided</i>- <i>Unnecessary referral (Mostly when CBHI does not pay its bill)</i>- <i>Higher Co-payment from the patient</i>- <i>Facilities end up by losing incomes (between 5 and 10%) of the amount charged is cut by health insurances</i>- <i>Lost of resource from Health Insurances</i>- <i>Health insurances sustainability</i>- <i>Provider- Payment Relationship issues</i>

THANKS

