

BEHAVIOR PROFILE: NHIA LEADERSHIP MAKES DECISIONS FOR SUSTAINABLE HEALTH CARE FINANCING

HEALTH SYSTEMS STRENGTHENING GOAL

BEHAVIOR

Catalyze transformation of a holistic health system to sustain equitable improvements in health for all

NHIA leadership makes decisions for sustainable health care financing

🔗 Compulsory financing arrangements (CFA) as % of current health expenditure (CHE)

BEHAVIOR ANALYSIS		STRATEGY	
BEHAVIOR AND STEPS	FACTORS	POSSIBLE PROGRAM STRATEGIES	
<p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>National Health Insurance Administration (NHIA) leadership makes decisions for sustainable health care financing</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Use actuarial model to determine affordable, sustainable benefits package 2. Together with key stakeholders, co-creates and defines benefits package towards universal health coverage 3. Together with stakeholders, designs new strategic purchasing approach 4. Together with stakeholders, advocates for new strategic purchasing approach through presenting business case 5. Establish system to implement new strategic purchasing approach 6. Use provider, claim and patient data to track performance of new purchasing approach, as well as learn, adapt, etc. 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: NHIA leadership does not make decisions because it does not have needed financial support for optimized benefits package. B</p> <p>Service Provider Competencies: NHIA leadership does not make decisions because it, specifically the actuarial department, does not have the capacity to run the actuarial model to accurately project current and future costs of various insurance packages in order to make strategic purchasing decisions. B</p> <p>Service Experience: NHIA leadership does not make decisions because it does not have a clear framework to help drive the decision making process in terms of benefits package and the best method of purchasing. B</p> <p>INTERNAL</p> <p>Attitudes and Beliefs: NHIA leadership does not make decisions because it cannot obtain consensus from many diverse stakeholders given political nature of financing health care provision through NHIA. B</p> <p>Self-Efficacy: NHIA leadership does not make decisions because it does not have the technical expertise to design, operationalize an improved benefits package. B</p> <p>Knowledge: NHIA leadership does not make decisions because it does not have the knowledge pertaining to population distribution, disease burden, and provider networks needed to optimize resources. B</p> <p>Skills: NHIA leadership does not make decisions because it does not have skills in data analytics, investment case development, and actuarial analysis.</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Utilize health financing data to make informed decisions about benefits package and sustainable health financing strategies (including tax reform, revisions to membership premiums).</p> <p>Managers: Create business case for improved benefits package.</p> <p>Managers: Build capacity of actuarial department.</p> <p>Managers: Establish a framework and processes for using data for decision making.</p> <p>Providers: Capture and report accurate and timely patient data.</p> <p>Providers: Source and analyze patient data to inform strategic purchasing.</p> <p>Development Partners: Collaborate and harmonize support to Government for benefits package - including supporting the existing technological advancements.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>🔗 <i>Strategy requires Communication Support</i></p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Build capacity, through technical assistance on designing optimal purchasing strategies.</p> <p>Institutional Capacity Building: Provide technical assistance training on business case development and actuarial modeling.</p> <p>Institutional Capacity Building: Provide technical assistance to establish frameworks and processes in order to develop, promote, integrate, review, revise approaches, based on data, to accountable universal health care. 🔗</p> <p>Partnerships and Networks: Convene and establish co-creative practices to agree upon business case and benefits package.</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Products and Technology: Advance technologies for patient data capture and utilization.</p> <p>DEMAND AND USE</p> <p>Advocacy: Use innovative tools to engage civil society and communities on creating demand for universal health coverage and quality health services.</p> <p>Advocacy: Build on the launch of a knowledge translation platform.</p>