

An Evaluation of Perceived Quality of Care Between Insured and Uninsured Patients in Ghana's Hospitals

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Disclosure

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Learner objectives:

By the end of the presentation the learner will be able to:

1. Distinguish between perceptions of quality of care between insured and uninsured patients
2. Identify areas of concern for quality improvement in Ghana's hospital

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Map of Ghana showing Regions Studied



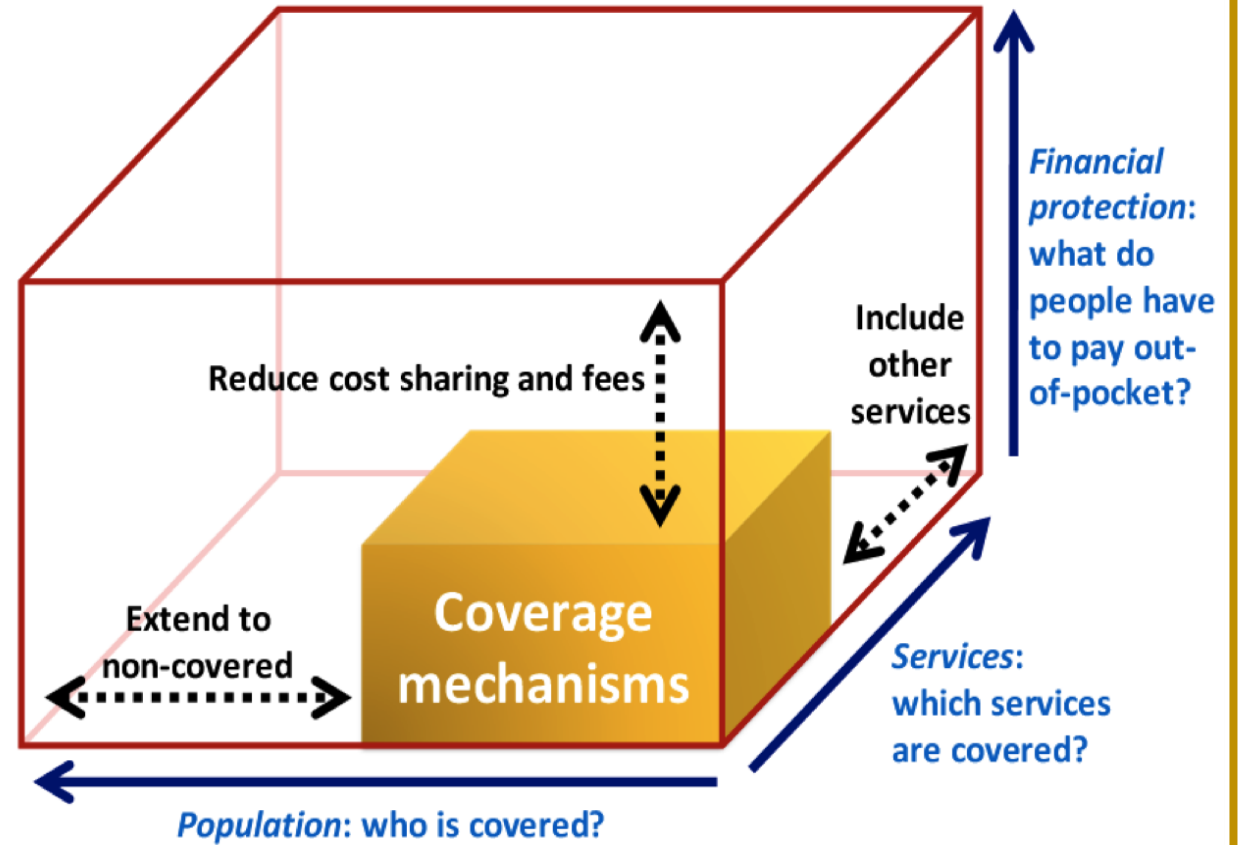
Background

Universal Health Coverage (UHC) means everyone can access the quality health services they need without financial hardship.

Social health insurance has been hailed by WHO and the World Bank as catalyst to the attainment of UHC

(WHO, 2005, Hsiao & Shaw 2007).

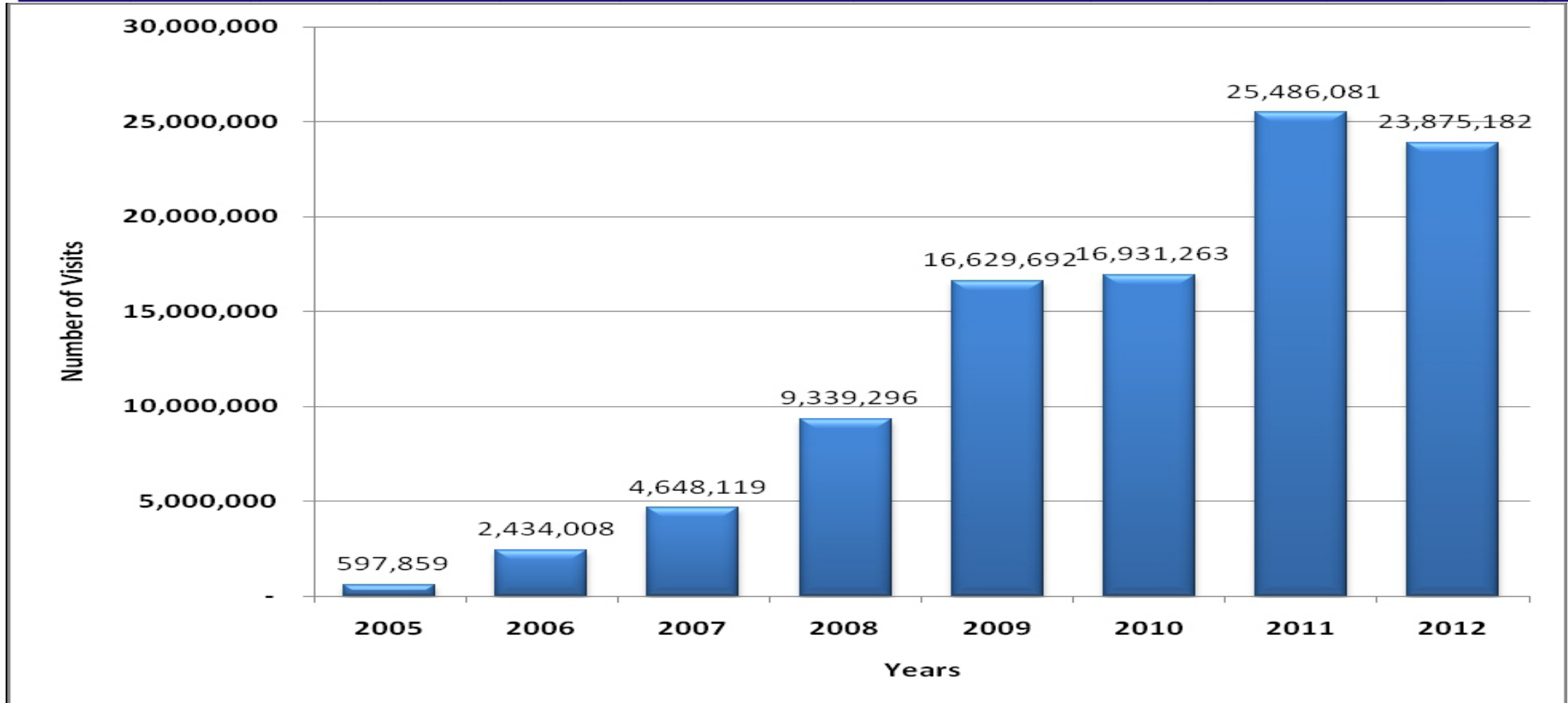
Towards universal coverage



Background

- In 2005, Ghana rolled out a nationwide National Health Insurance Scheme (NHIS)
- Currently, Rwanda and Ghana are shining examples of progress towards UHC in Sub-Saharan Africa.
- Rwanda achieved a coverage of 91% from 7% in 2003 (MOH, Rwanda 2010).
- The Ghana has reached coverage of 36.8% as at 2013 (MOH, 2013).
- The introduction of the NHIS has led to a tremendous increase in utilisation of health services.

Out-patient Utilisation Trend



Problem Statement

- In spite of the increased utilization of health services, there is growing public concern about the quality of care provided to patients, especially insured patients.

Some of the quality concerns include:

- Verbal abuse of insured patients by health workers
- long waits in hospitals by insured patients
- Patients not examined physically by doctors
- Insured patients given inferior quality medicines in hospitals
- Insured patients made to pay out-of-pocket for services covered by insurance

- If these concerns are genuine, they have the potential to undermine the successful implementation of the nascent health insurance.

Objective

- The objective of the study, therefore, was to determine whether insured patients are indeed, discriminated against, by comparing perceptions of quality of care between insured and uninsured patients.

Assessing quality of care

- **Developing country context** (adapted from Haddad et al., 1998)
 - ‘interpersonal aspects of care’
 - ‘adequacy of resources and services’
 - ‘technical aspects of care’
 - ‘financial access to care’
 - ‘fairness of care’
 - ‘effectiveness of care’

Research Design

- This study was a **cross-sectional quantitative survey**.
- Three out of ten regions selected. One region each from the north, middle and south of Ghana.
- **Ethical approval** by Noguchi Memorial Institute for Medical research
- **Sample size:** 818 out-patients selected from 17 hospitals by convenience sampling methods for exit interviews.
 - **Insured**=544 (67%); **Uninsured**=274 (33%)
 - **Male**=334 (40.6%); **Female**=484 (59.4%)
- **Data collection:** Quality rating scale ranging from 1=Strongly Disagree to 5=Strongly Agree
- **Data analyzed** with the aid of SPSS software

Criteria for Evaluating Levels of Quality

- We used a 5-point rating scale, ranging from:
1=Strongly Disagree, to 5=Strongly Agree
- The following evaluation criteria was made:
 - *1 to 3=unfavourable (unsatisfactory, undesirable, low quality)*
 - *3.01 to 4=fairly favourable (partially satisfactory, partially desirable, medium quality)*
 - *4.01 to 5=favourable (satisfactory, desirable, high quality)*

Results

Quality Indicators	Insured		Uninsured		t-test	p-value
	Mean	N	Mean	N		
Financial access						
All payments by NHIS	3.85	542	3.48	252	4.073	0.000
Services affordable	3.52	531	3.20	267	3.522	0.000
Only official fees	3.70	536	3.89	268	-2.376	0.018
Fairness of care						
Fair to insured & uninsured	3.40	540	3.49	268	0.863	0.388
Quality of drugs same	3.37	541	3.40	268	0.316	0.752
First-come-first-served	3.92	543	3.97	270	0.487	0.626

Results

Quality Indicators	Insured		Uninsured		t-test	p-value
	Mean	N	Mean	N		
Adequacy of resources						
Doctors sufficient	2.79	543	2.92	273	-1.303	0.193
Supplies sufficient	3.14	540	3.04	273	-1.136	0.256
Rooms in OPD sufficient	3.24	539	3.24	272	0.080	0.936
Waiting time reasonable	2.75	540	2.94	271	-1.897	0.058
Medicines available	3.29	540	3.33	271	0.354	0.723
Effectiveness of treatment						
Pharmacy instructions clear	4.56	537	4.51	269	0.988	0.324
Treatment effective for cure	4.14	541	3.99	272	2.349	0.019

OLS Multiple Regression analysis

Independent Variables	b	Beta
(Constant)	64.115	
Insurance status (Insured=1)	1.065 (.927)	.044
Age of respondent	.067* (.031)	.083
Marital status (Married=1)	.244 (.949)	.010
Sex (Male=1)	-.922 (.923)	-.040
Educational level (None=1)	-.306 (.292)	-.043
Income level (No earnings=1)	-.330 (170)	-.076

OLS Multiple Regression analysis

Independent Variables	b	Beta
(Constant)	64.115	
Distance to hospital in Km.	.007 (.056)	.005
Health status	1.542** (.466)	-.215
Number of doctors	-1.699** (.493)	-.139
Size of household	.309 (.167)	.074
Bed capacity	.036*** (.008)	.287
Ownership of hospital (Government hospitals=1)	3.401 (.595)	.247
Region (Upper East=1)	4.102*** (.600)	.295

Discussions/Conclusions

- There was no significant difference in perceptions of quality between insured and uninsured patients. This is contrary to previous empirical and anecdotal reports (Bruce et al. 2008; Brugiavini & Pace, 2011; Dalinjong & Laar, 2012; NHIA, 2010)
- Health insurance status has no influence on perceptions of quality of care, but has a positive influence on financial access to health care. This is consistent with literature (Jehu-Appiah et al. 2011; NHIA 2011; Perez et al., 2009; Skinner & Mayer 2007; Witter & Garshong, 2009)
- Perceptions of quality are however, generally rated fairly favourably (medium quality) by both insured and uninsured.
- Inadequacy of doctors, and long waiting times are the major concern (low quality) of patients towards improved quality of out-patient care.

Policy implications/Recommendations

- Since the NHIS provides financial access to healthcare, every effort must be made to sustain it
- Innovative measures to increase the supply and distribution of doctors, e.g. equip many universities to teach medical science, then upgrade ten regional hospitals to teaching hospitals
- Innovative measures to address long waiting times, e.g. appointment system, electronic medical records

THE END

THANK YOU