NHIS ACCREDITATION IN GHANA

Dr Nicholas A. Tweneboa

Director of Operations

National Health Insurance Authority

Cape Town, 10th March 2011
Presentation outline

- Context and introduction
- Goal
- Practical considerations
- Development process
- Facility types
- Accreditation fees
- Incentives for provider participation
- Structure of NHIS accreditation tools
- Scoring, accreditation decision and grading
- Implementation processes
- Progress
- Challenges
- Way forward
NHIS accreditation in context

- Public facilities undergo no formal licensing process
- Private facilities are licensed to operate by regulatory bodies, which are often constrained
- Low quality of care recognised
- Primary responsibility for quality improvement resides with the health care providers
- There are quality initiatives among the provider groups – public and private
- The role of the NHIS is to promote strengthening of systems for quality improvement: accreditation into NHIS and quality monitoring with providers
Introducing NHIS accreditation

- Accreditation in health care is a formal process by which a recognised body assesses health care facilities for compliance with set standards; it is voluntary.
- There has been some debate over the terms *accreditation* and *certification*.
- Accreditation is a legal requirement for NHIS in Ghana, as a mandate of the NHIA.
- To kick start NHIS in 2005, regime of provisional accreditation begun: minimal criteria, no inspection.
- Formal accreditation system developed in 2008, department established in NHIA for accreditation, inspections began in 2009.
The overall goal of the NHIS accreditation system is to promote the provision of quality, safe, efficient and effective health care services to subscribers of the National Health Insurance Scheme in Ghana.
Practical considerations

The development of the accreditation system was guided by three practical considerations:

• Access and safety are paramount

• Based on local experience, initial conscious emphasis on input standards, but not to the exclusion of process standards

• Post accreditation quality monitoring mechanisms used for the measurement of processes and outcomes
Development process

- Commitment of NHIS Chief Executive, management and Council
- Interest and multidisciplinary participation by provider groups, health professionals and regulatory bodies
- Support by the Ministry of Health and Parliament
- International collaboration with Pharmaccess
  - Participation in tools development, pilot and data analysis
  - Participation in surveyors training
  - Technical assistance with software development
  - Support with technological gadgets

NHIS - Ghana; Cape Town, 10th March 2011
Facility types

- Total of over 5,000 facilities of private and public ownership
- CHPS compound – CH
- Maternity home – M
- Health centre – HC
- Clinic – C
- Polyclinic – PC
- Hospital – H (or S or T)
- Pharmacy – P
- Licensed Chemical Shop – I
- Diagnostic facility (laboratory, ultrasound, mixed) – D
Accreditation fees

- Accreditation fees pay the full cost of the inspection process

<table>
<thead>
<tr>
<th>Facility type</th>
<th>Fee (GH¢)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary hospital</td>
<td>1,000</td>
</tr>
<tr>
<td>Secondary hospital</td>
<td>700</td>
</tr>
<tr>
<td>Primary hospital</td>
<td>500</td>
</tr>
<tr>
<td>Maternity home, clinic, polyclinic, diagnostic, pharmacy</td>
<td>300</td>
</tr>
<tr>
<td>CHPS, chemical shops</td>
<td>200</td>
</tr>
</tbody>
</table>
Incentives for provider participation

- Accreditation allows facility to contract to attend to NHIS subscribers: certainty of payment of bills
- Upgrade to a higher facility type goes with higher tariffs
- Grading system confers greater respect for facilities with higher grades
- Discussions on higher tariffs for higher grades
- Award system

NHIS - Ghana; Cape Town, 10th March 2011
Structure of NHIS accreditation tools

- Developed by multidisciplinary team with broad consultation
- Accreditation checklist is organised into units/modules and sub-units based on services rather than physical areas
- Modules or Units:
  - range of service;
  - staffing;
  - environment and infrastructure;
  - basic equipment;
  - organisation and management;
  - safety and quality management;
Structure of NHIS accreditation tools (2)

- Modules/Units (cont’d)
  - out-patient care;
  - in-patient care;
  - maternity care;
  - specialised care;
  - diagnostic services; and
  - pharmaceutical services.
Structure of NHIS accreditation tools (3)

- Module / Unit
- Section / Sub-unit
- Code
- Standard
- Level
- Category of standard
- Definition of standard (criteria)
- Method for assessing the standard
### 6.0 Safety & quality management

#### 6.1 Quality strategy, systems and structures

<table>
<thead>
<tr>
<th>6.1.1</th>
<th>QA policy / strategy</th>
<th>Category</th>
<th>Level</th>
</tr>
</thead>
</table>

**DEFINITION**

QA policy / strategy available, QA coordinator awareness

**NOTE:** not applicable to licensed chemical shops

**METHOD**

Inspection + staff interview
Scoring

- Score 3 if all criteria are met
- Score 2 if half or more are met but not all ($\geq \frac{1}{2}$)
- Score 1 if less than half are met (but not zero)
- Score 0 if no criterion is met
- Score N/A if the standard is not applicable
- Do NOT use your personal view; use the set criteria ONLY
- Unit / module score
- Facility score
Accreditation decision

- Full accreditation
- Provisional accreditation
- Denied accreditation (failed)
- NHIS accreditation is not permanent
  - By law 5 years in first instance, then review every two years
  - An accredited facility may be suspended or disaccredited (a challenge with public facilities)
<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade A+</td>
<td>90-100% (Total facility score)</td>
</tr>
<tr>
<td>Grade A</td>
<td>80-89%</td>
</tr>
<tr>
<td>Grade B</td>
<td>70-79%</td>
</tr>
<tr>
<td>Grade C</td>
<td>60-69%</td>
</tr>
<tr>
<td>Grade D</td>
<td>50-59%</td>
</tr>
<tr>
<td>Grade E = fail (or R)</td>
<td>Below 50% overall and/or in core areas put together</td>
</tr>
</tbody>
</table>
Core areas

- Range of services
- Staffing levels relevant to services
- Organisation and management
- Safety and quality management
- Care delivery
Implementation processes

- Development of accreditation tools and manuals
- Training of accreditation surveyors (88 trained to date)
- Training in analysis of survey data
- Payment of fees by provider
- Receipt and vetting of application
- Supply of tools for self assessment
- Facility inspection by trained multidisciplinary team of health professionals (accreditation surveyors)
- Analysis of data
- Communication of results by publication and letters
- Post accreditation monitoring
Progress

- Provisional accreditation preceded formal
- Inspection of facilities started in July 2009
- Three batches of facilities inspected
- Fourth batch inspection currently in progress
- First three batches 2,915 facilities inspected and 2,647 facilities that met criteria have been accredited
- Results at NHIS website www.nhis.gov.gh
## Facilities by batches

<table>
<thead>
<tr>
<th>BATCH</th>
<th>INSPECTED</th>
<th>ACCREDITED</th>
<th>% OF INSPECTED ACCREDITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATCH 1</td>
<td>618</td>
<td>574</td>
<td>92.9</td>
</tr>
<tr>
<td>BATCH 3</td>
<td>1,312</td>
<td>1,224</td>
<td>93.3</td>
</tr>
<tr>
<td>BATCH 3</td>
<td>985</td>
<td>849</td>
<td>86.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,915</td>
<td>2,647</td>
<td>90.8</td>
</tr>
</tbody>
</table>
## Facilities by region

<table>
<thead>
<tr>
<th>REGION</th>
<th>INSPECTED</th>
<th>ACCREDITED</th>
<th>% OF ACCREDITED FACILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASHANTI</td>
<td>521</td>
<td>454</td>
<td>17.2</td>
</tr>
<tr>
<td>BRONG AHAFO</td>
<td>342</td>
<td>270</td>
<td>10.2</td>
</tr>
<tr>
<td>CENTRAL</td>
<td>232</td>
<td>217</td>
<td>8.2</td>
</tr>
<tr>
<td>EASTERN</td>
<td>389</td>
<td>370</td>
<td>14.0</td>
</tr>
<tr>
<td>GREATER ACCRA</td>
<td>330</td>
<td>292</td>
<td>11.0</td>
</tr>
<tr>
<td>NORTHERN</td>
<td>277</td>
<td>270</td>
<td>10.2</td>
</tr>
<tr>
<td>UPPER EAST</td>
<td>159</td>
<td>154</td>
<td>5.8</td>
</tr>
<tr>
<td>UPPER WEST</td>
<td>141</td>
<td>135</td>
<td>5.1</td>
</tr>
<tr>
<td>VOLTA</td>
<td>210</td>
<td>193</td>
<td>7.3</td>
</tr>
<tr>
<td>WESTERN</td>
<td>314</td>
<td>292</td>
<td>11.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,915</strong></td>
<td><strong>2,647</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
## Facilities by type

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Inspected</th>
<th>Accredited</th>
<th>% of Accredited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary</td>
<td>1</td>
<td>1</td>
<td>0.04</td>
</tr>
<tr>
<td>Secondary Hospitals</td>
<td>9</td>
<td>9</td>
<td>0.34</td>
</tr>
<tr>
<td>Primary Hospitals</td>
<td>299</td>
<td>263</td>
<td>9.94</td>
</tr>
<tr>
<td>Clinics and Polyclinics</td>
<td>356</td>
<td>271</td>
<td>10.24</td>
</tr>
<tr>
<td>Health Centres</td>
<td>670</td>
<td>656</td>
<td>24.78</td>
</tr>
<tr>
<td>Maternity Homes</td>
<td>228</td>
<td>200</td>
<td>7.56</td>
</tr>
<tr>
<td>CHPS Zones</td>
<td>765</td>
<td>726</td>
<td>27.43</td>
</tr>
<tr>
<td>Pharmacies</td>
<td>261</td>
<td>235</td>
<td>8.88</td>
</tr>
<tr>
<td>Chemical Shops</td>
<td>198</td>
<td>179</td>
<td>6.76</td>
</tr>
<tr>
<td>Laboratories</td>
<td>72</td>
<td>58</td>
<td>2.19</td>
</tr>
<tr>
<td>Ultrasound Centres</td>
<td>34</td>
<td>30</td>
<td>1.13</td>
</tr>
<tr>
<td>Diagnostics</td>
<td>20</td>
<td>19</td>
<td>0.72</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,915</strong></td>
<td><strong>2,647</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
## Inspected facilities by grade

<table>
<thead>
<tr>
<th>GRADE</th>
<th>NO. OF FACILITIES</th>
<th>% OF INSPECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>6</td>
<td>0.21</td>
</tr>
<tr>
<td>A</td>
<td>75</td>
<td>2.57</td>
</tr>
<tr>
<td>B</td>
<td>504</td>
<td>17.29</td>
</tr>
<tr>
<td>C</td>
<td>1056</td>
<td>36.23</td>
</tr>
<tr>
<td>D</td>
<td>886</td>
<td>30.39</td>
</tr>
<tr>
<td>Provisional</td>
<td>120</td>
<td>4.12</td>
</tr>
<tr>
<td>Upgrade</td>
<td>5</td>
<td>0.17</td>
</tr>
<tr>
<td>Reaccreditation</td>
<td>38</td>
<td>1.30</td>
</tr>
<tr>
<td>E (Fail)</td>
<td>226</td>
<td>7.75</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,915</td>
<td>100</td>
</tr>
</tbody>
</table>
## Facilities by ownership

<table>
<thead>
<tr>
<th>OWNERSHIP</th>
<th>INSPECTED</th>
<th>ACCREDITED</th>
<th>% OF ACCREDITED</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOVERNMENT</td>
<td>1,526</td>
<td>1,473</td>
<td>55.6</td>
</tr>
<tr>
<td>MISSION</td>
<td>155</td>
<td>145</td>
<td>5.5</td>
</tr>
<tr>
<td>QUASI GOVT</td>
<td>18</td>
<td>17</td>
<td>0.6</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>1,216</td>
<td>1,012</td>
<td>38.2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2,915</td>
<td>2,647</td>
<td>100</td>
</tr>
</tbody>
</table>
Challenges

- What to do with public facilities that do not apply
- Public facilities that fail the accreditation
- Operators of private health care facilities who are full time workers in public facilities
- ‘Accreditation staff’ – ‘hired’ on accreditation day only?
- Staffing requirements too high?
- Public health centre without a doctor or medical assistant
- Inspect all facilities that apply?
- Post accreditation monitoring currently through regional offices, clinical audits and claims processing; formal systematic monitoring still in development
Way forward

- Complete 4th batch inspection, inspect intermittent batches, next ‘big bang’ in 2014
- Review tools before 2014
- Use accreditation to stimulate re-distribution of facilities to improve equity in access
- Finalise and implement collaborative quality monitoring and reward system – district, regional, national levels
- Discuss policy issues identified under challenges
- Meta analysis of data with support from Pharmaccess, for further insights
- Share experiences and build partnerships in Africa and beyond
- Discussions on a Health Facilities Accreditation Board (HFAB) and continuing key role of NHIS
Conclusion

- Accreditation is an essential tool that serves as a first step in promoting quality and safety.
- Expertise has been developed within NHIS and in Ghana’s provider community.
- Collaboration with Pharmacccess has been mutually beneficial.
- Wherever accreditation gets located, we aim at incremental improvements to the system.
- We expect and welcome continued and expanded international collaboration and partnerships.

NHIS - Ghana; Cape Town, 10th March 2011