

OPTIMIZING HEALTHCARE EQUITY FOR EPILEPSY UNDER NHIS

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BACKGROUND

Ghana's National Health Insurance Scheme (NHIS) aims to ensure equitable healthcare access, yet disparities in chronic disease management, particularly epilepsy, persist. This study investigates how NHIS reimbursement policies influence epilepsy care, focusing on medication dispensing practices and their impact on patient outcomes such as blood pressure. The research highlights the need for policy enhancements to improve health equity and patient care quality under the NHIS.

OBJECTIVES

1. Investigate how different medication supply durations under NHIS influence healthcare provider behaviors and the overall quality of patient outcomes in epilepsy care
2. Delve into the specific effects of NHIS policy on patient health outcomes, particularly focusing on the monitoring and control of blood pressure levels in epilepsy patients.
3. Compare the net health benefits (DALYs averted) of epilepsy care interventions against other neurological conditions to underscore the cost-effectiveness and necessity for targeted policy enhancements within the NHIS.

METHODS

Policy Analysis

Review of NHIS policy documents focusing on supply duration and reimbursement for chronic illness care.

Retrospective Data Review

Analysis of patient records and pharmacy data to evaluate correlations between supply duration, visit frequency, and outcomes.

Economic Evaluation

Cost-effectiveness analysis using DALYs averted to measure health benefits of epilepsy interventions compared to other neurological conditions.

RESULTS

1. The evaluation of 60-day medication supply durations under NHIS shows reduced patient visit frequency, which correlates with higher blood pressure levels. This indicates potential gaps in patient monitoring and care.
2. Analysis of 30-day medication supplies under NHIS reveals that while they promote more frequent healthcare interactions, they also challenge the sustainability of reimbursement plans for healthcare facilities.
3. Economic analysis shows that epilepsy care is highly cost-effective, averting more DALYs than treatments for other neurological conditions, highlighting the need for targeted policy support.

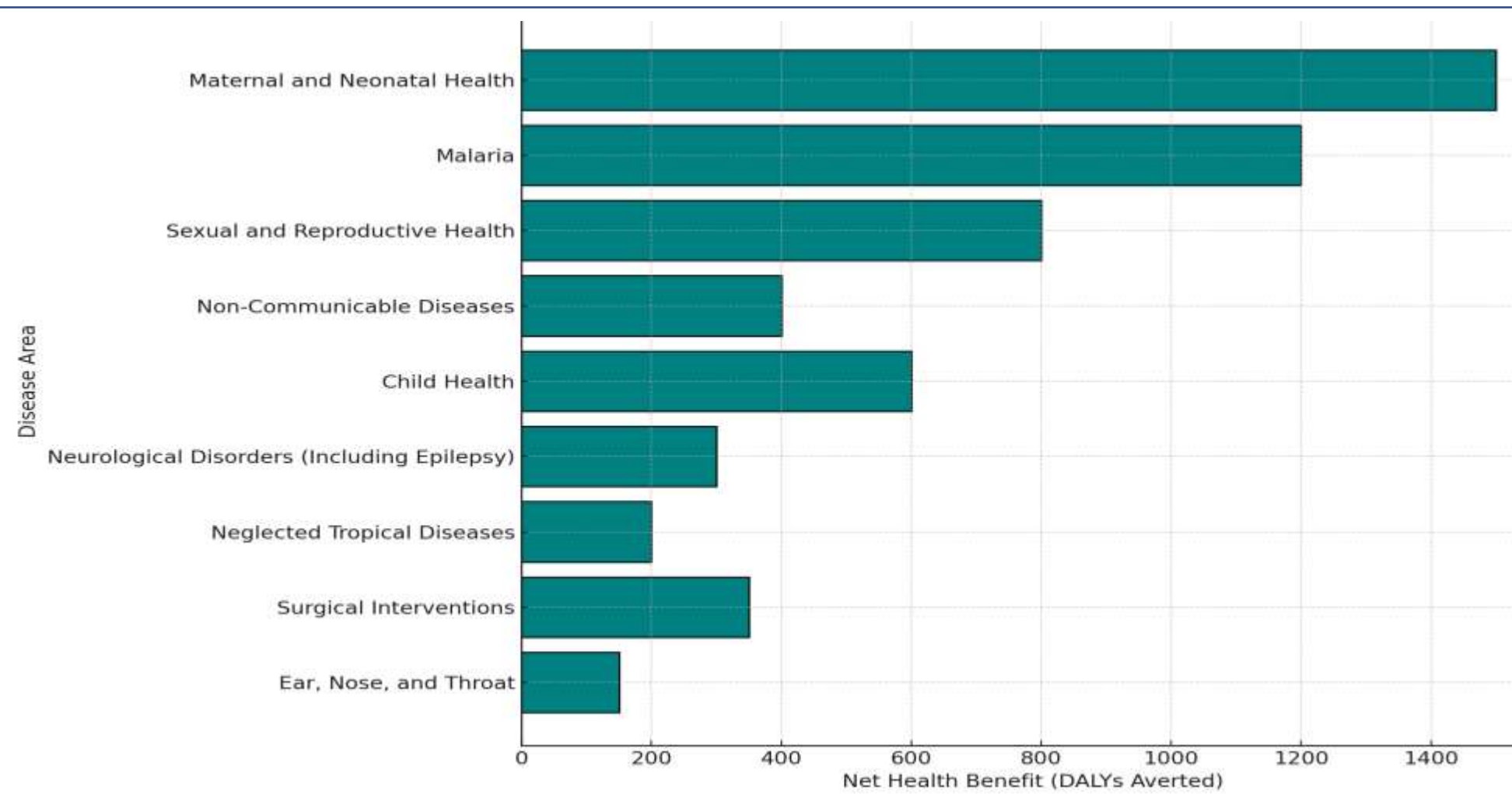


Figure 1: DALYs Averted Chart: Highlights the comparative effectiveness of epilepsy interventions, reinforcing their cost-effectiveness and public health value.

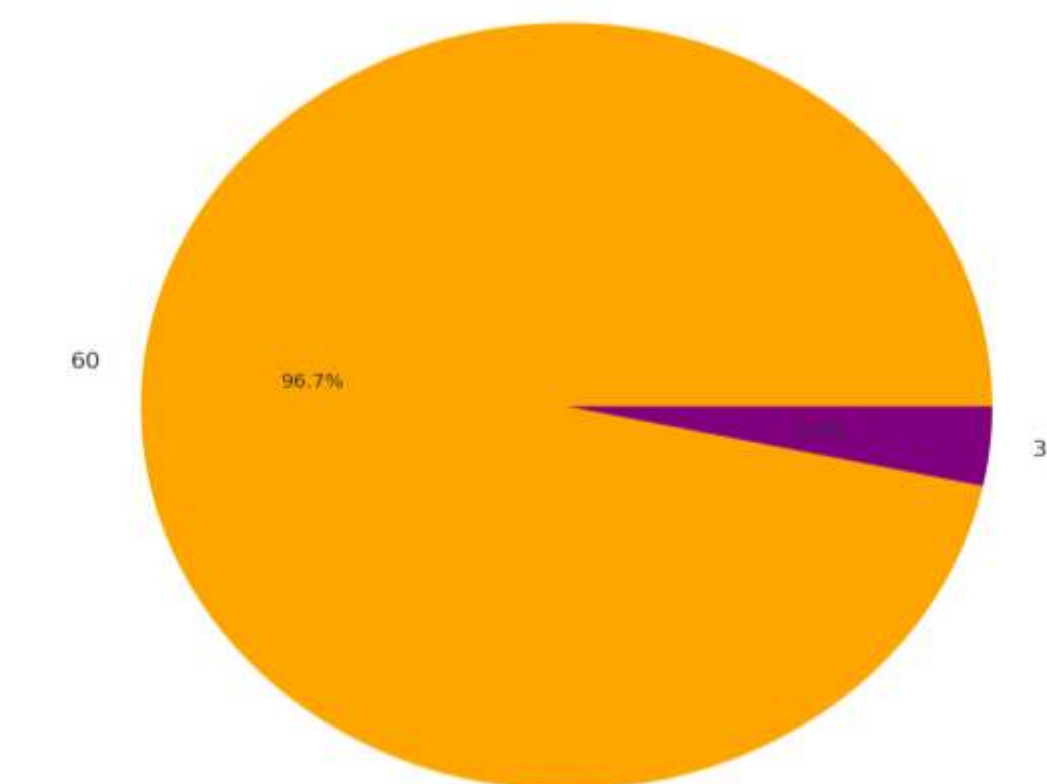


Figure 2: Supply Schedule Pie Chart: illustrates the predominance of 60-day supplies, shedding light on policy-driven healthcare delivery patterns.

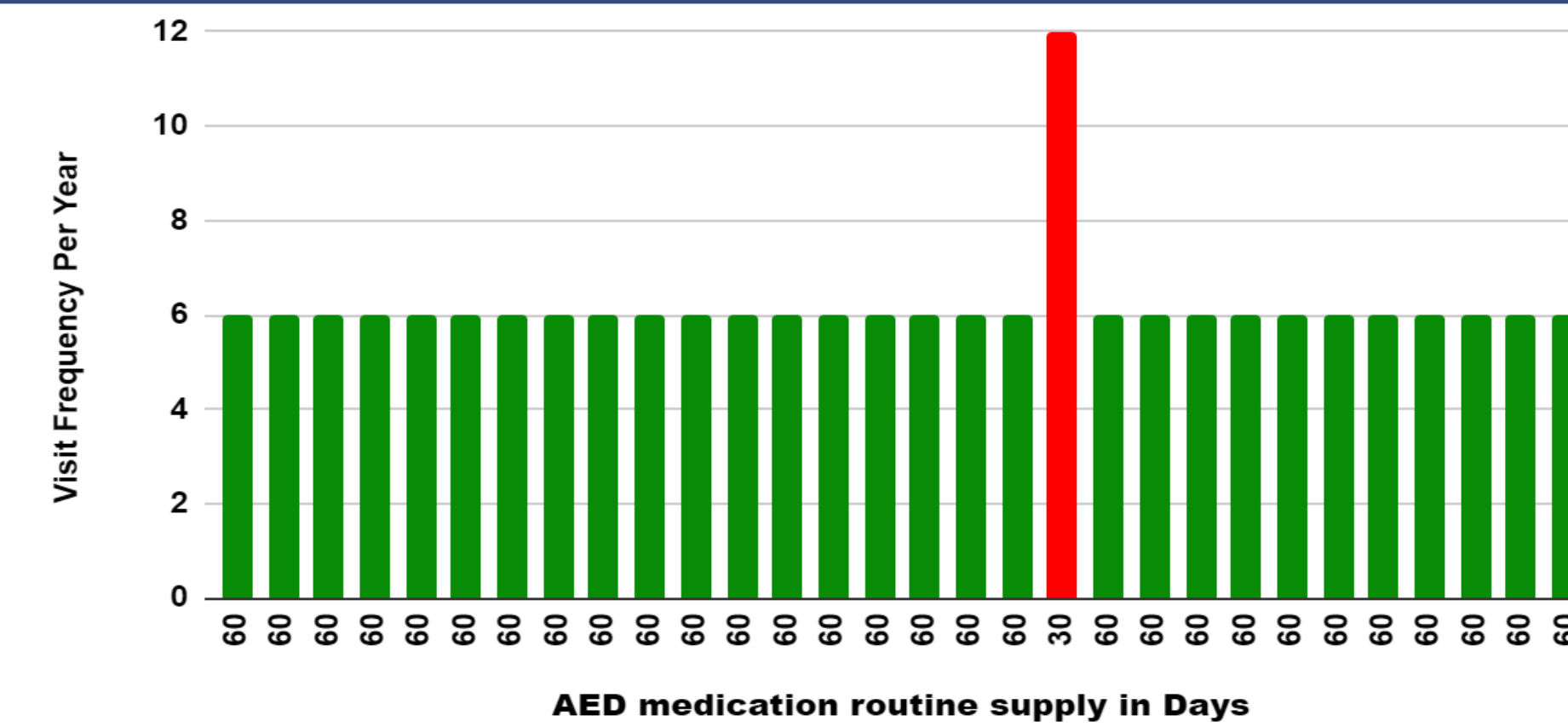


Figure 3: Flow Chart: NHIS Reimbursement Policies, Medication Supply Durations, and Visit Frequencies.

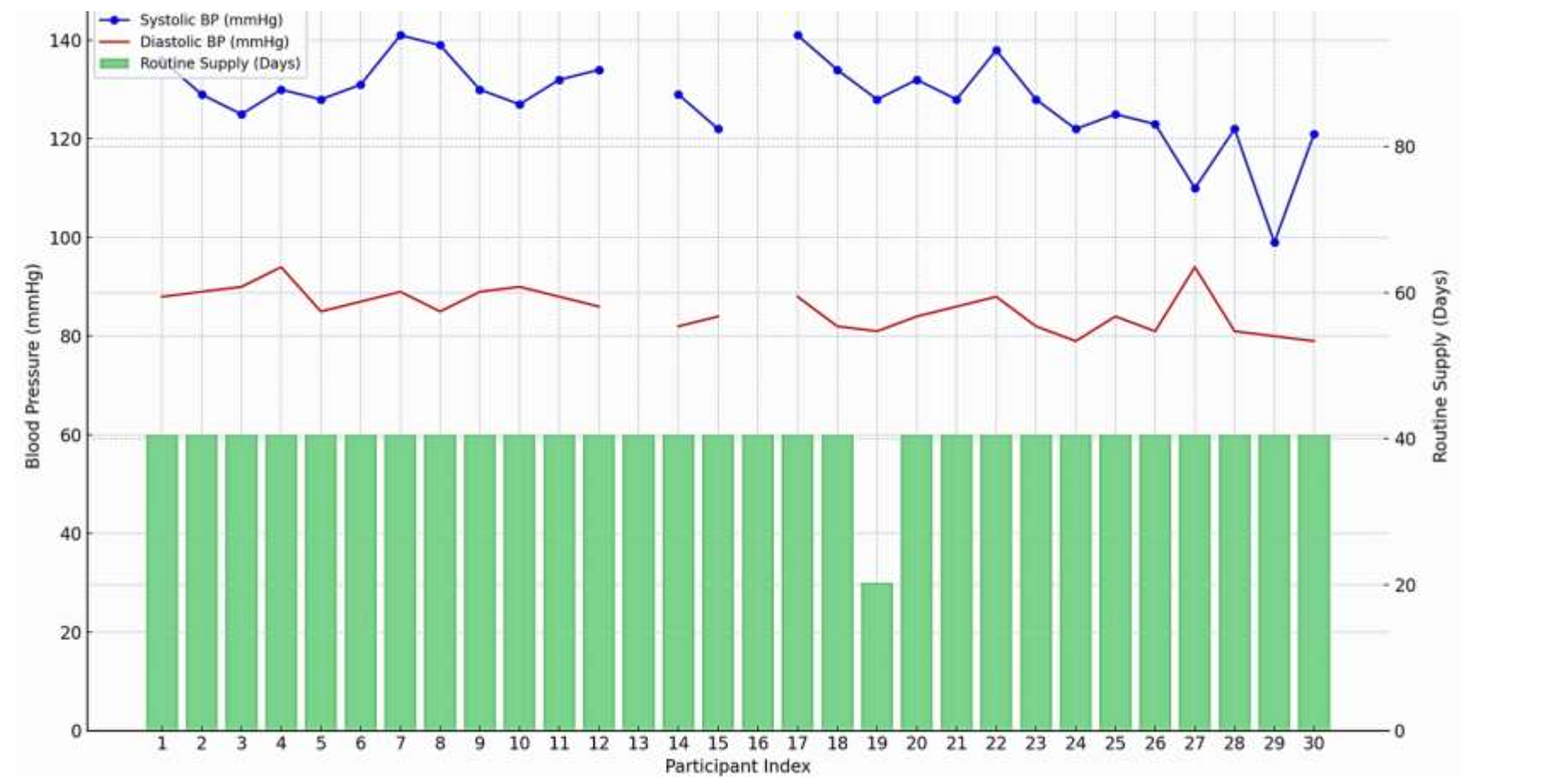


Figure 4 Blood Pressure vs. Supply Duration Chart: Shows differences in health outcomes based on supply duration, demonstrating the impact of NHIS policies on patient monitoring.

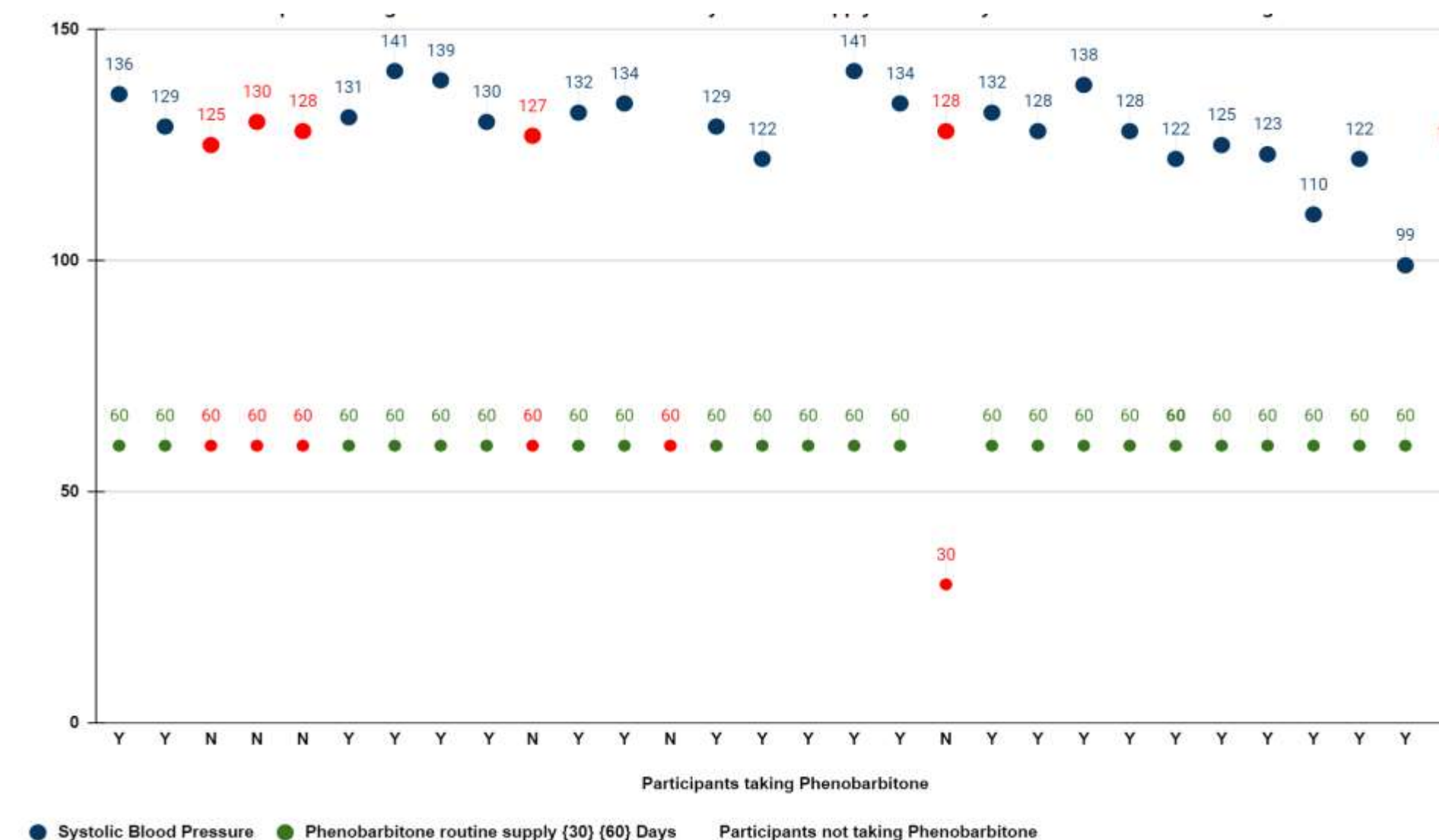


Figure 5: Participants taking Phenobarbitone on 60 and 30 days routine supply and their Systolic Blood Pressure readings

DISCUSSION HIGHLIGHTS

Policy Implications

NHIS's 60-day supply duration, while reducing visits, may compromise health outcomes for epilepsy patients.

30-day supplies encourage consistent monitoring but face reimbursement limitations, highlighting a need for policy adjustments.

Healthcare Equity

Policy constraints create disparities in epilepsy management, suggesting the need for standardizing protocols that support frequent monitoring for all patients.

Economic Rationale

The high DALYs averted by epilepsy interventions emphasize the cost-effectiveness of investing in comprehensive epilepsy care under NHIS.

CONCLUSION & RECOMMENDATION

Conclusion

NHIS policies are foundational for expanding healthcare access but unintentionally create equity gaps in epilepsy care.

Recommendations

Reevaluate reimbursement policies to encourage frequent patient monitoring and align incentives with optimal patient care practices.

Future Directions

Advocate for policy refinements that support equitable, consistent access to care for epilepsy patients, enhancing overall healthcare outcomes.

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