

Optimizing Healthcare Equity for Epilepsy under NHIS: An Evaluation of Policy Impact on Dispensing Practices and Health Outcomes

Optimizing Healthcare Equity for Epilepsy under NHIS

- Title:** Optimizing Healthcare Equity for Epilepsy under NHIS
- Subtitle:** Evaluation of Policy Impact on Dispensing Practices and Health Outcomes
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- Conference:** ISPOR Europe 2024

Background

Overview of NHIS

- Ghana's National Health Insurance Scheme (NHIS) aims to facilitate equitable healthcare access.

Healthcare Challenges for Chronic Conditions

- Despite coverage, disparities persist in managing chronic illnesses like epilepsy.

Study Focus

- This study investigates the influence of NHIS reimbursement policies on dispensing practices and their effects on healthcare equity and patient outcomes.

Objectives

- Objective 1:** Evaluate the impact of NHIS medication supply durations on healthcare provider behaviors and patient outcomes.
- Objective 2:** Assess the equity implications of NHIS's six-visit cap on outpatient visits for chronic conditions in relation to Blood Pressure monitoring.
- Objective 3:** Compare net health benefits (DALYs averted) of epilepsy interventions versus other neurological conditions to highlight cost-effectiveness and policy needs.

Methods

- Policy Analysis:** Examination of NHIS policy documents, focusing on supply duration and reimbursement for chronic care.
- Retrospective Data Review:** Analysis of medical records and pharmacy data to assess medication supply duration impacts on visit frequency and outcomes.
- Economic Evaluation:** Comparison of DALYs averted by epilepsy care interventions versus other neurological conditions.

Results - Key Findings

Patient Outcomes with 60-Day Supplies

- Reduced frequency of healthcare visits due to NHIS policy but higher blood pressure readings, indicating poorer health monitoring.

Patient Outcomes with 30-Day Supplies

- Encourages more frequent interactions but faces under-reimbursement, creating gaps in continuity of care.

Economic Evaluation (DALYs Averted)

- Epilepsy interventions are highly cost-effective, with a higher net health benefit (DALYs averted) compared to other neurological conditions, advocating for prioritized policy focus.

Visualizations and Analysis

Compare epilepsy care DALYs averted with other neurological conditions, underscoring the value of epilepsy intervention in public health impact.

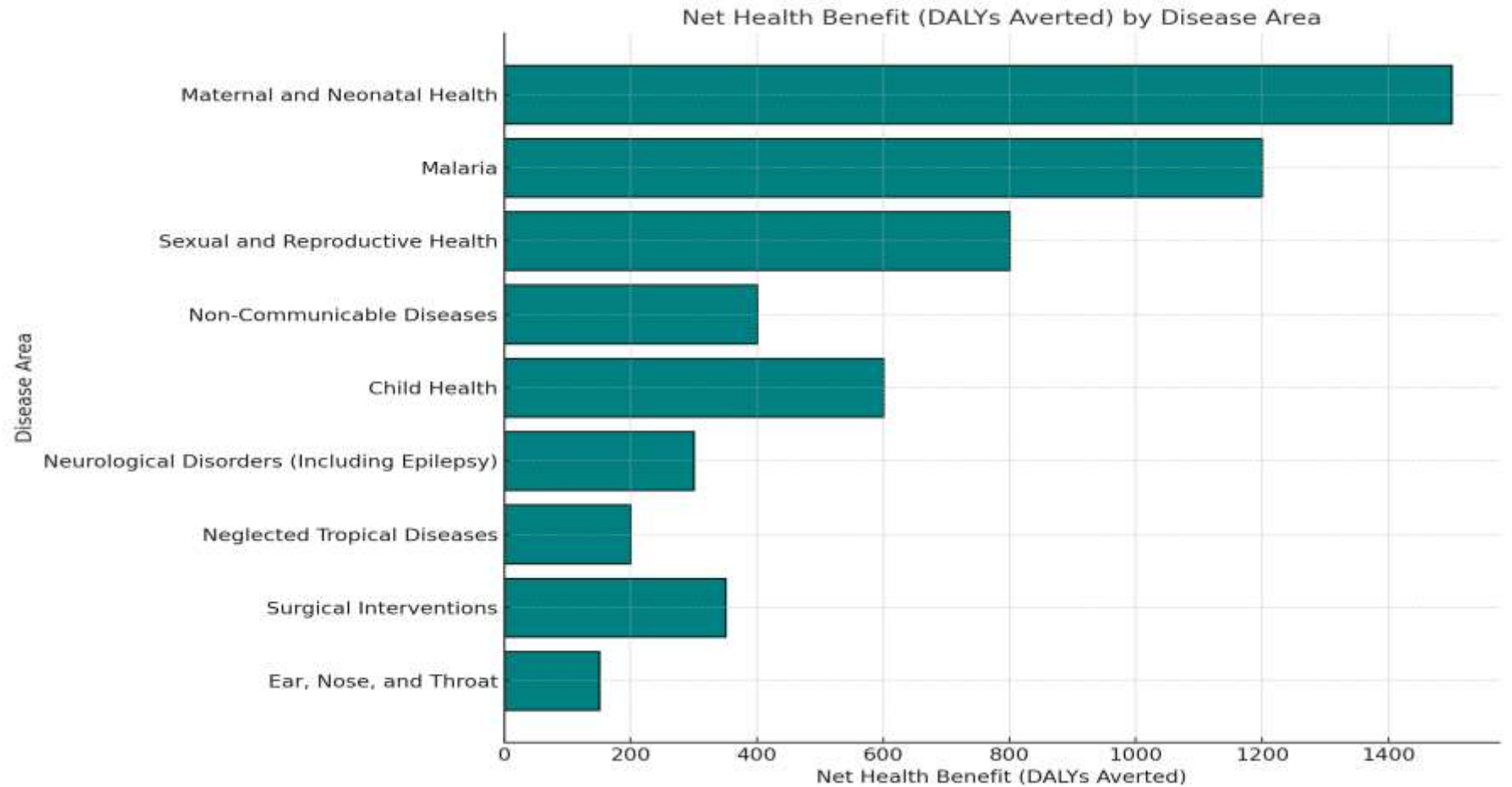


Figure 1 Bar Chart: DALYs Averted by Disease Area

Visualizations and Analysis

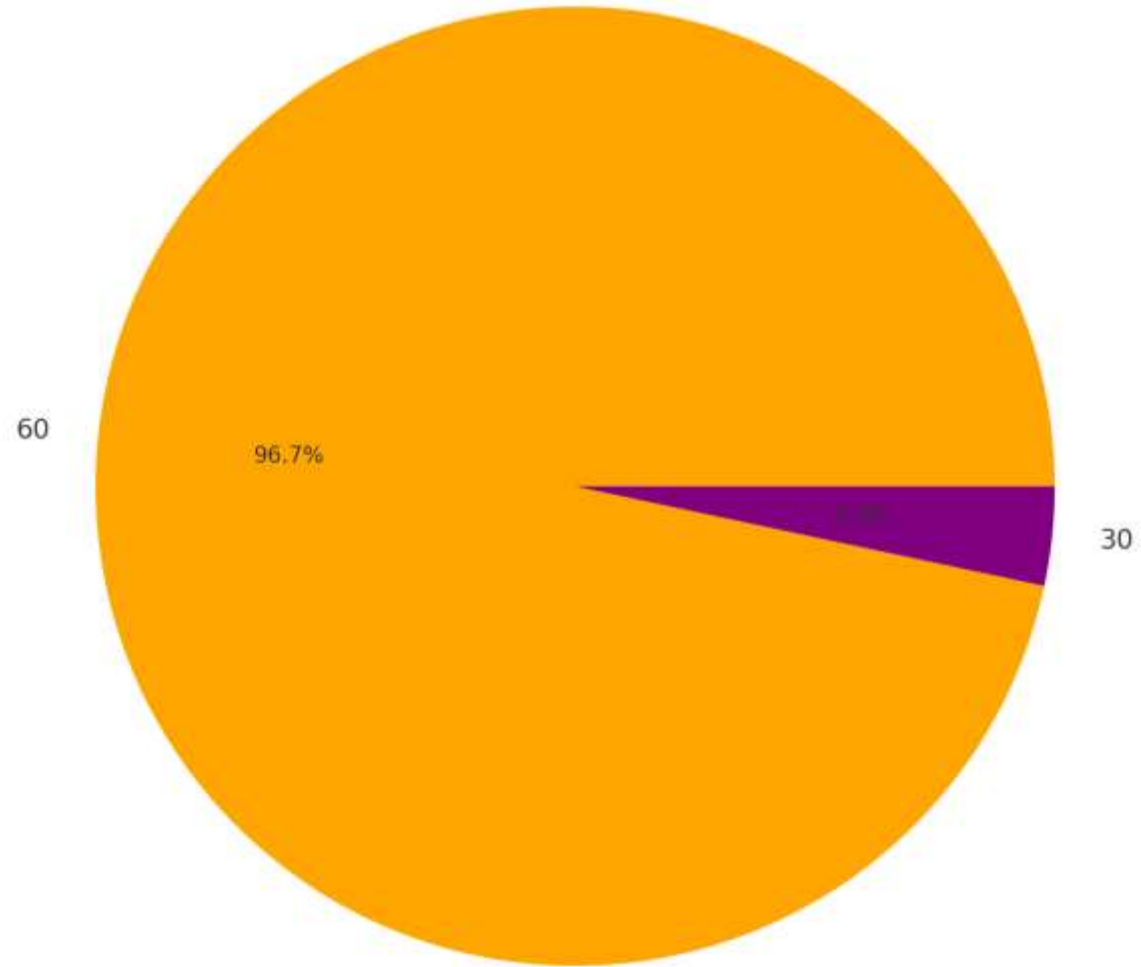


Figure 2: Proportion of Participants on Different Supply Schedules

Visualizations and Analysis

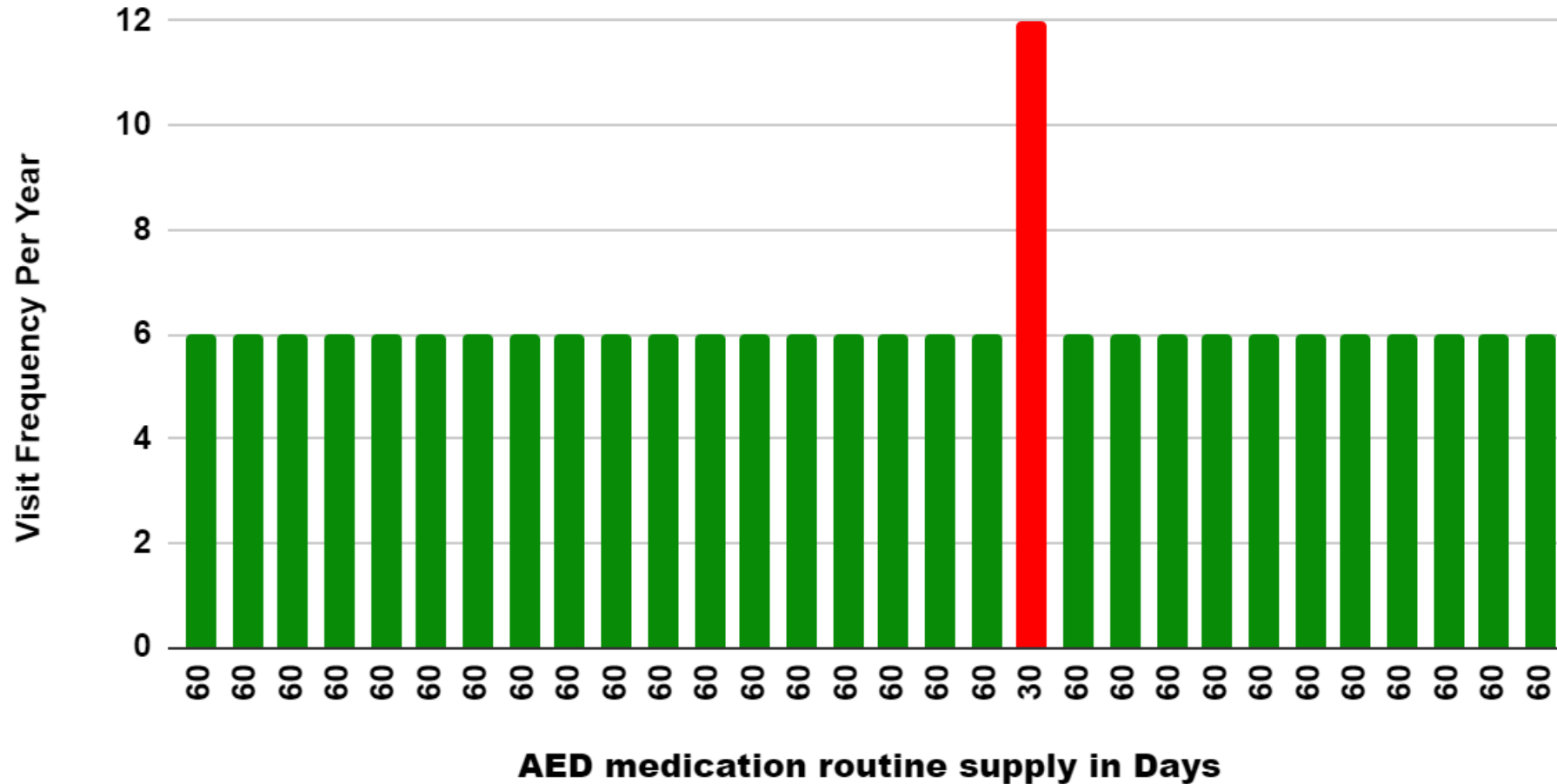
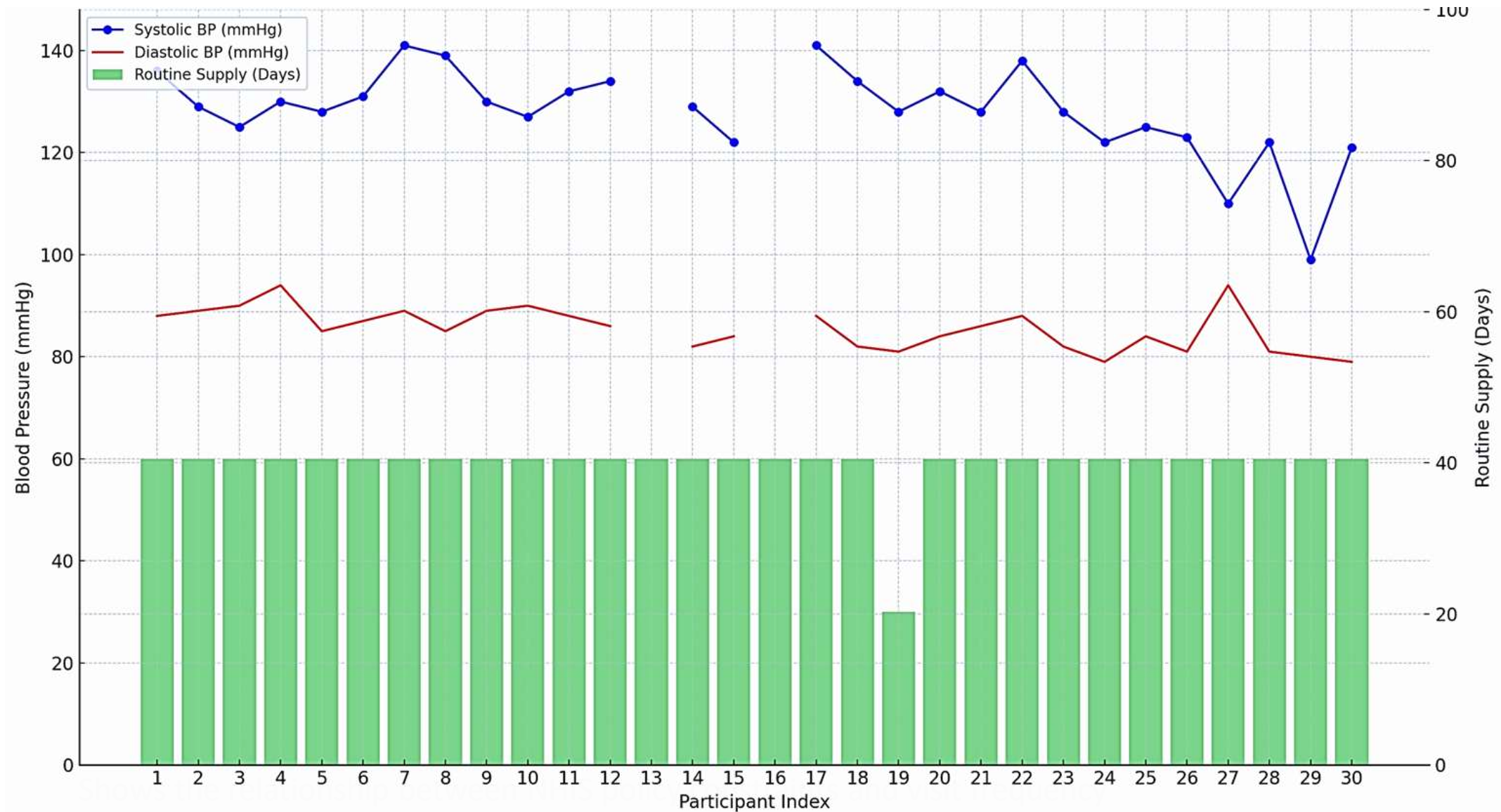


Figure 3: NHIS Reimbursement Policies, Medication Supply Durations, and Visit Frequencies

Visualizations and Analysis

Figure 4: Disparities in Health Outcomes by Medication Supply Duration



Visualizations and Analysis

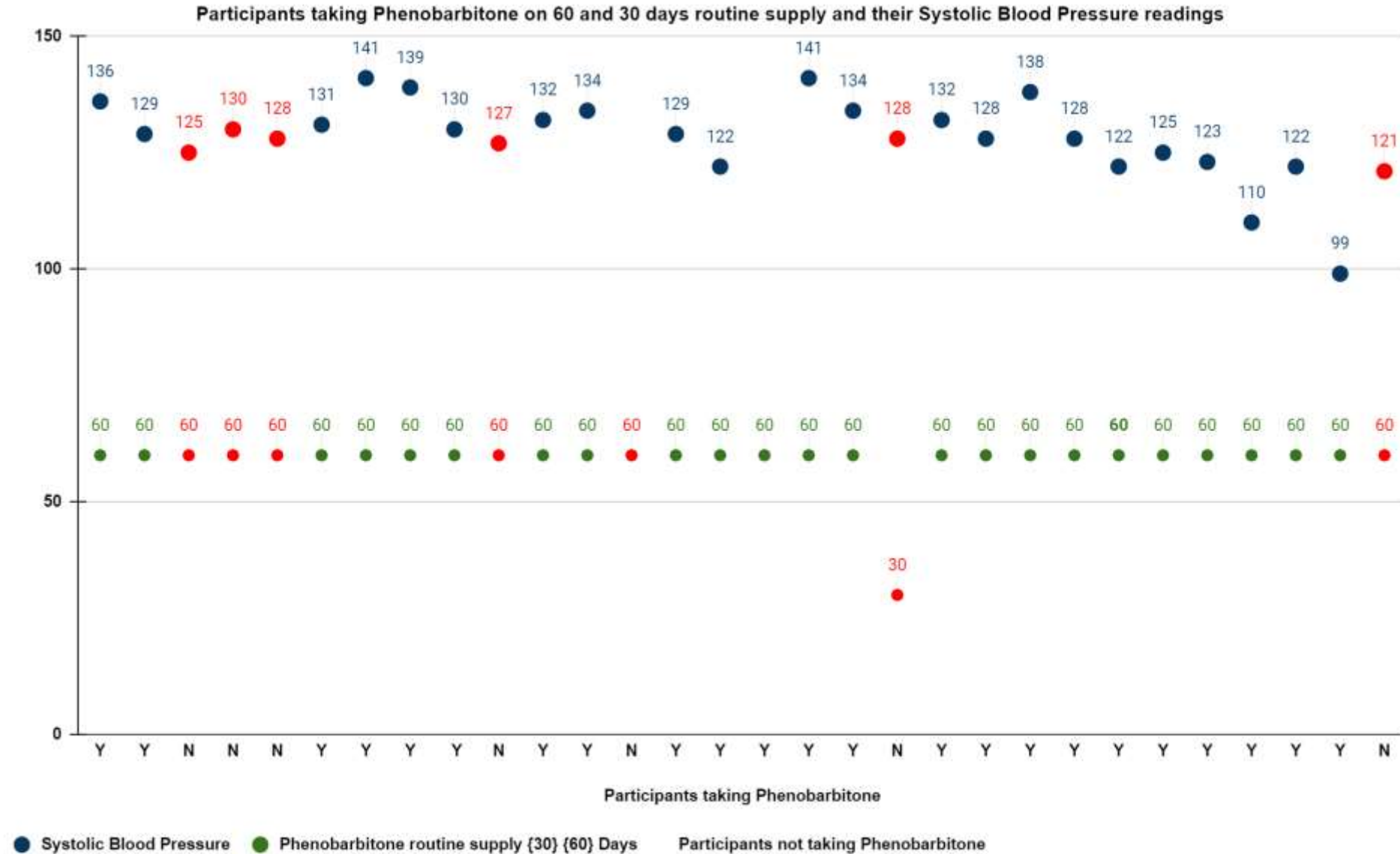


Figure 5: Disparities in Health Outcomes by Medication Supply Duration (Phenobarbitone)

Discussion

Policy Implications

- NHIS's 60-day supply model reduces healthcare visits but may compromise health outcomes.
- 30-day supply promotes patient monitoring but requires better reimbursement alignment.

Healthcare Equity Considerations

- Disparities in care due to economic-driven constraints highlight the need for policy adjustments to promote equity.

Economic Rationale

- High DALYs averted in epilepsy care justify enhanced NHIS support and resource allocation for these interventions.

Conclusion

•Key Takeaway:

NHIS policies have foundational strengths but inadvertently impact epilepsy care equity.

•Recommendations:

Reevaluate reimbursement models to align incentives with optimal patient care, supporting frequent monitoring.

•Future Directions:

Continued policy adjustments to facilitate equitable healthcare access for epilepsy patients and reduce the overall

disease burden.