

Abstract

Course	International Health Development (MPH)	Name	Shafiq Siita
Thesis Title	Does capitation have any effects on patient satisfaction levels and prevalence of out-of-pocket payments among NHIS insured? A propensity score analysis of Ghana's Demographic and Health Survey data		
<p>Abstract of Master's Dissertation</p> <p>Background: Ghana's National Health Insurance Scheme (NHIS) piloted capitation payment method for the payment of primary care out-patient (OPD) services in the Ashanti region for a little over 5 years. While claims cost containment was the main driver for its implementation, capitation was introduced in part to induce managed competition among providers and choices for insured patients as a way of improving the responsiveness of health care providers and enhancing patients' satisfaction of health care delivery. This study aimed to examine the effects of exposure to capitation on health service quality perceptions and prevalence of out-of-pocket health payments among NHIS insured clients accessing out-patient health services.</p> <p>Methods: The study used data from the 2014 Ghana Demographic and Health Survey (GDHS) which is a nationally representative cross-sectional household survey that collects information on household characteristics, demographic, and health from its respondents. The men and women individual datasets of the survey were combined and a sub-sample of respondents who met the study's selection criteria was used to assess the exposure effects of capitation on four outcomes; overall patient satisfaction levels, perceived friendliness of health staff, perceived adequacy of consultation time, and prevalence of out-of-pocket payments. Propensity score matching was applied to balance distributions of observed covariates and to compare the outcomes between NHIS insured clients who were exposed to capitation and their unexposed counterparts.</p> <p>Results: Of the 13 784 respondents in the combined dataset, 2 256 (16.4%) met the selection criteria while a final sample of 2 240 respondents was used for the analysis. Among the 2 240 respondents, 176 (8%) were exposed to capitation payment mechanism while 2 064 (92%) were unexposed to it. All the 176 exposed respondents were successfully matched to their unexposed counterparts at a maximum propensity score difference of 0.01. The results showed that NHIS insured clients who were exposed to capitation on average, had 10% points higher probability of encountering out-of-pocket health payments than their unexposed counterparts</p>			

($p=0.01$; 95% CI: 2.3% to 18%). The study did not however, find any evidence of a difference between the two exposure groups with respect to their ratings of the three quality perceptions outcomes examined: overall patient satisfaction, difference 0.63 units ($p = 0.47$; 95% CI: -1.08 to 2.33); perceived friendliness of health staff, difference 1.1% ($p = 0.50$; 95% CI: -2.0% to 4.0%); and perceived adequacy of consultation times, difference 0.1% ($p = 0.96$; 95% CI: -5.1% to 5.3%).

Conclusion: While capitation is generally found to be effective at containing cost and insuring sustainability for the insurer, the current findings suggest that, in the context of Ghana, insured clients exposed to capitation are more susceptible to encountering out-of-pocket health payments without necessarily experiencing higher quality perceptions than those not exposed. Future research examining clinical quality of health care and the intensity of out-of-pocket payments under capitation would be a useful supplement to the current study in providing comprehensive insights on the effects of capitation on quality of health care and out-of-pocket payments.