POLICY BRIEF ON THE ASSESSMENT OF PATIENTS' SATISFACTION WITH SERVICES PROVIDED UNDER THE NIGERIAN NATIONAL HEALTH INSURANCE AUTHORITY (NHIA/NHIS)
Assessment of Patients' Satisfaction with services provided under the Nigerian National Health Insurance Authority (NHIA/NHIS).

**Background**

The Nigerian Medical Association (NMA), in collaboration with the Center for International Private Enterprise (CIPE), conducted a national research with the title above. The NHIS (recently changed to National Health Insurance Authority) is the official social health insurance agency of the Federal Government of Nigeria that is saddled with the responsibility of providing quality healthcare services to Nigerians at very subsidized and affordable costs, with the aim of reducing out-of-pocket health burdens that may lead to catastrophic health expenditure. The Specific objectives of the study include:

1. To assess patients' satisfaction with services provided under NHIA
2. To explore accessibility and expenditure challenges faced by enrollees.
3. To identify administrative challenges faced by NHIA, HMOs, and HCP.
4. To determine accountability challenges among NHIA, HMOs, and HCPs

**Methodology**

A mixed study method was conducted in four cities (Aba, Kano, Lagos and Onitsha) that were randomly selected from the list of major cities in the 36 states of the federation. Sample size of 1,043 was
proportionately allocated to the study states based on the number of enrollees in the states as follows; Aba 204, Kano 250, Lagos 359 and Onitsha 230. Data were collected using the following methods:

1. Patient satisfaction survey, as an exit interview, with enrollees using a validated questionnaire adapted from the Bureau for Clinical Excellence in the United States of America, which is based on the Donabedian Model for healthcare quality assessment.

2. Focus Group Discussions (FGD) with enrollees

3. Focus Group Discussions (FGD) with healthcare providers

4. Key Informant Interviews (KII) with the States' NHIS coordinators

5. Key Informant Interviews (KII) with Health Maintenance Organizations (HMOs)

Key Findings and Considerations

Patients' Satisfaction with Services Provided Under NHIA

The mean age of respondents was 38.83 years, majority (58.3%) were females with 65.1% having tertiary level as highest educational attainment. The range of out-of-pocket expenditure on healthcare services was between ₦20.00 and ₦125,000.

Payment of Out of Pocket Expenditure (Naira)
In logistic regression model, the independent variables or predictors of overall satisfaction with NHIS services were: marital status, satisfaction with time spent in the Hospital, satisfaction with services received from the doctor, the nurses, the laboratory, the pharmacy and the record staff.

**Accessibility and Expenditure Challenges Faced by Enrollees**

1. Some drugs, especially expensive ones, are not covered under the scheme and patients have to buy prescribed drugs outside the hospital.

2. Long waiting times at all NHIS service points

3. It takes months to register (enrolment) before one starts receiving treatment.

4. Disengagement of children from the principal enrollee at the age of 18 needs to be reconsidered

5. The attitude of some workers in the hospital to the NHIS enrollees is very poor and very harsh.
6. The inherent bureaucracies of referral for secondary care are usually very hard on enrollees

7. The scheme does not capture all the segments or the population of people.

8. NHIS should improve on enrollees' registration time and communication/education

**Administrative Challenges Faced by NHIA, HMOs, and HCP**

9. Irregular/delayed payment of capitations to health facilities.

10. Unnecessary bureaucratic bottleneck impedes enrollee's easy migration from one health facility to another.

11. Some HMOs interfere with the jobs of healthcare providers by imposing their decisions on certain services rendered by the providers.

12. The current capitation of seven hundred and fifty naira and other tariffs have been overtaken by the present economic realities and are therefore, unacceptable to the providers.

13. Most enrollees want to be at tertiary institution that is not supposed to be treating primary cases like malaria or minor illnesses.

14. There is the problem of authorization of payments from the HMOs. Some HMOs don't pay despite the submission of bills as directed by NHIA.

15. Some enrollees do not follow up with their NHIA information until there is an emergency, e.g., they won't care to collect their ID number, or care to know the hospital they are registered.

16. Government parastatals should be allowed to choose their HMOs and not assigned by the NHIS
17. NHIS is very quick in starting new programs without studying and understanding them and sensitizing the HMOs and Health Care Providers about it.

18. Some healthcare Providers do not notify the HMOs when they change their contact or email addresses, leading to communication gaps.

19. There should be regular interface between NHIS and HMOs for sharing of views to improve efficiency through effective communication.

20. Adjustment in the professional fee has been effective from October last year (2021), but most of the health providers are not aware.

**Accountability Challenges Faced by NHIA, HMOs, and HCP**

21. Some health facilities hire healthcare providers temporarily for accreditation of their facilities

22. Lack of transparency by some health facilities, especially regarding claim for reimbursement. Some of these Health Care Providers claim for funds even when enrollees do not show up/use the services. The HCPs also, substitute services, e.g. normal delivery for Caesarian section.

23. Some HMOs cut the prices and use their tariff plan, and accused the NHIA of short payment

24. Some health facilities charge their enrollees more than 10% of the cost of drugs

25. The claim of exorbitant capitation fees by some health facilities is causing problems with the reconciliation of bills and capitation payment.
26. There should be a central database where everyone can put in what they do, and what has been given to them, and have all input on a spreadsheet so if there is any kind of discrepancy, issues can be discussed.

27. Some private hospitals registered as secondary/specialist centre push responsibilities to tertiary hospitals, because the private facilities charge much higher than what NHIS pays for some procedures. e.g. a private hospital registered as a specialist obstetrics and gynaecology centre referring caesarian section to public hospitals

**Conclusion**

The NHIS has done a lot towards achieving its set objectives, as evidenced by the high level of patients' satisfaction with the NHIS services. However, it is not without limitations and challenges as shown by this study. There is therefore the need for all stakeholders to come together, understand each other and address the identified challenges, in order to improve the quality of healthcare delivery to enrollees.

**Recommendations**

1. There is need for the NHIS, and other stakeholders, to come together and understand each other's concerns, because majority of the challenges stated above are related to communication gaps among stakeholders. Doing so will provide an avenue for addressing the identified challenges.

2. NHIS should ensure that health providers are paid their capitations promptly and what is their due.

3. The monthly capitation should be reviewed in view of current
economic challenges with possibility of exploring other sources of funds for coverage of services.

4. There is need for computerization of NHIS services with online platforms/databases that allow all stakeholders to participate seamlessly for easy communication. For example, clients should be able to register online and get all the information/services required from the HMO, without necessarily visiting their offices physically. Also, interactions between hospitals and HMOs can be done on the same platform, while NHIS plays the usual supervisory/regulatory roles. This will go a long way in addressing many of the challenges mentioned above.

5. The NHIS should lay special emphasis on healthcare Provider – patient relationships, as satisfaction with the different cadre of healthcare workers were found to be predictors of overall satisfaction with the NHIS services. This was found in both the quantitative and qualitative components of the study

6. The hospital pharmacies should be adequately stocked with all essential drugs for easy access by enrollees, irrespective of the cost.

7. The new NHIA Act 2022 should be studied for immediate implementation of areas that will bring further improvement in health insurance.

8. NHIS should monitor the HMOs, they should also get direct feedback from health facilities and not rely on the HMOs

9. NHIS should always ask for a letter of non-indebtedness about facilities from the HMOs

*Find comprehensive recommendations in the full research report.*
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