

Doctor retention and sustainable healthcare

Substantial inroads have been made for funding healthcare in Africa in the last decade. Now, thanks to solid population risk management tools, the potential to attract and retain medical talent and services in-country has never been better.



Dr Numaan Mohamood, divisional director of member care, Liberty Health

Insurers have been able to develop sustainable insurance models, delivering better income security for medical practitioners and attracting medical spend from multinational corporates, said Dr Numaan Mohamood, divisional director of member care at Liberty Health.

Speaking at the Association of Healthcare Funders of Zimbabwe conference, Mohamood stressed the importance of ongoing conversation and collaboration between funders, providers and regulators. “Funding healthcare and establishing quality systems requires sharing of insights, perspectives and protocols. While regulators and funders can play an oversight role in terms of value delivery and sustainability, healthcare providers are the stewards of patient health and must be active in the conversation.”

Income security

One of the challenges for medical professionals on the continent is income insecurity. The International Finance Corporation reports that 72% of African healthcare services are paid for out-of-pocket, which puts healthcare practitioners at huge financial risk, especially in times of economic downturn. This drives medical talent offshore and does not support the development of services in-country.

“Our core concerns as funders are sustainability and value – not just for patients, but for healthcare professionals too. They need to know that they will be paid fairly and timeously for services rendered,” he said.,

Trust

Insurers need to gain the trust of provider networks, and to ensure practitioners understand how fee structures and care protocols relate to the long-term sustainability of funders. In the past, small insurers have gone to market with selective membership products. Due to their less comprehensive product offering, these providers are unable to accommodate funding for secondary and tertiary services - this results in limited hospital coverage and reduced access to tertiary care.

The solution is population level clinical risk management and entrenching evidence-based medical protocols. To date, the required data, actuarial analysis and reporting has been scarce due to several factors, including pressured public health budgets and few systematic measures of population wellness, he explained.

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