Architecture In Paradise -National Health Insurance (NHI) Bahamas

June 14, 2018 - ISACA - AEA Professional Development Day

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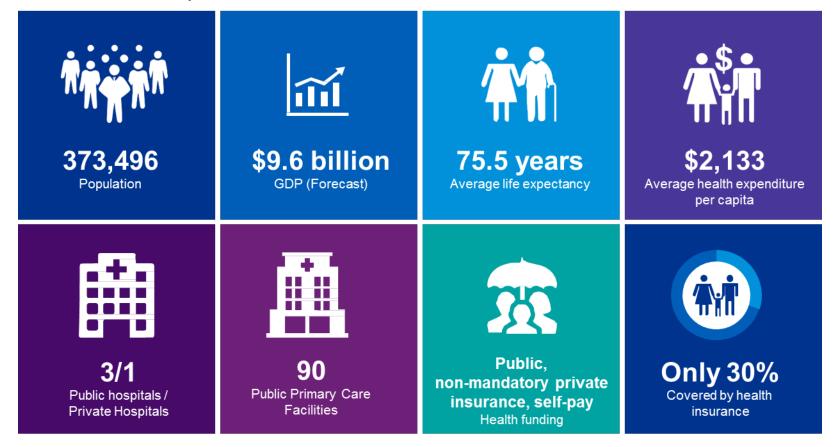


Part 1 The National Health Challenge

The Bahamas - At A Glance

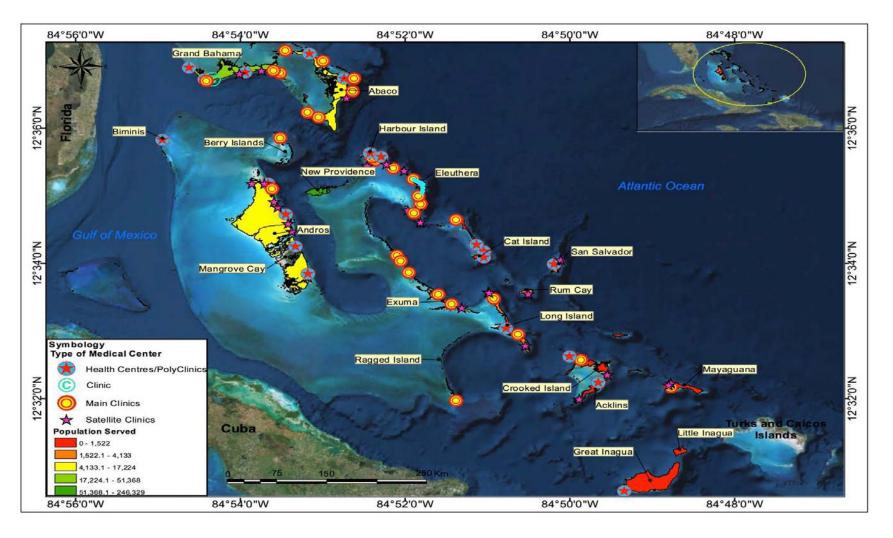


The Bahamas Key Facts



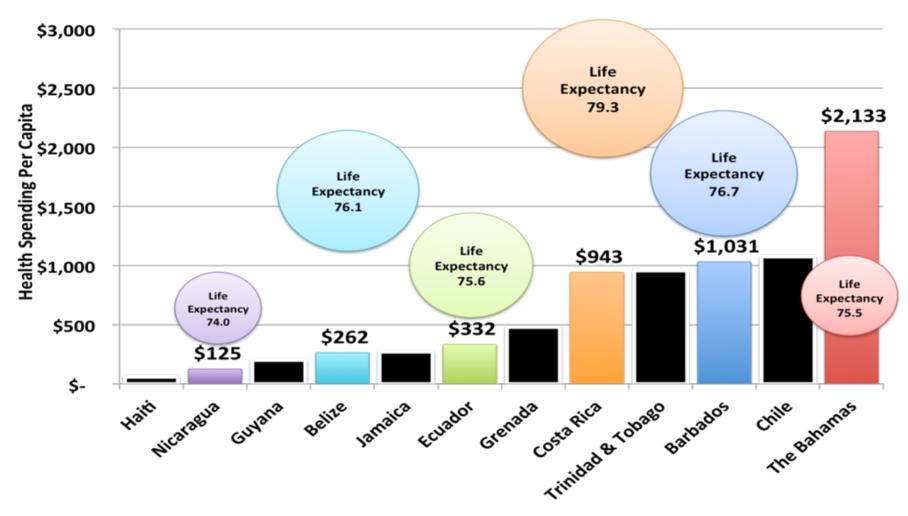


Healthcare Facilities across the Archipelago





Health Spending and Outcomes





There's More.

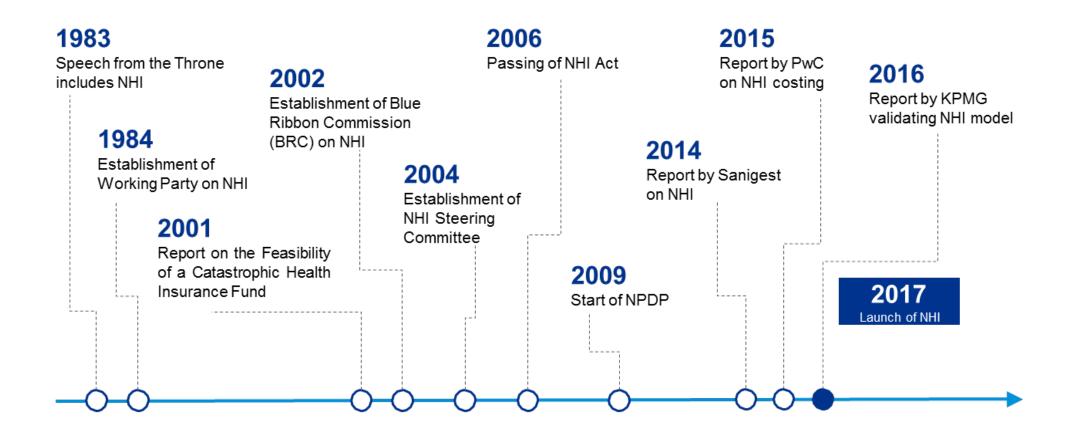
- 11th Highest homicide rate worldwide
- Infant Mortality 19.2 per 1,000 live births (Haiti 59, Brazil 58, Barbados 11.8, United States 6, Cuba 4.5, Canada –
- 79.2% of Country overweight, 50% Obese (BMI >29.9)
- Highest incidence of BRCA-1 and BRCA 2 in the world (300% higher than the world average)
- Between 2005 and 2012 160% increase in Diabetes, 55% increase in hypertension
- By some studies, highest prevalence of Diabetes in the world
- One of the highest incidences of HIV/AIDS outside of Sub-Saharan Africa (2% of Population)





Part 2 - The Solution -National Health Insurance

NHI over 30 years in the making





Not Going to Launch in January 2016...

Doctors unite on NHI concerns

Physicians groups demand respect from government



Dr. Wesley Francis.

KRYSTEL ROLLE-BROWN Guardian Staff Reporter krystel@nasguard.com

Published: Jan 22, 2016

Pm: Nhi Delay Likely As Govt Tries To Get It Right



Prime Minister Perry Christie.

As of Thursday, February 18, 2016



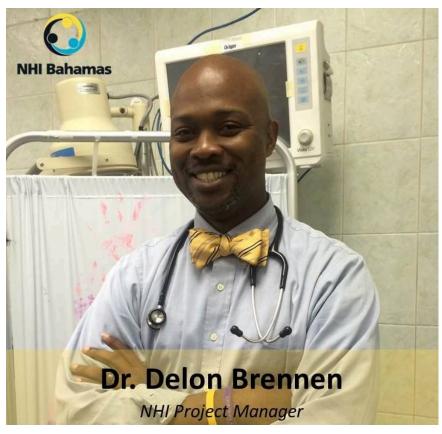
Let's Meet the Client - Permanent Secretary (PS)



Permanent Secretary – Peter Deveaux-Isaacs



Let's Meet the Client



Dr. Delon Brennen "Dr. B"



Let's Meet the Client



Dr. Kevin Bowe



The NHI Secretariat Team



KPMG Assessment and Key Findings

KPMG was engaged to conduct an evidencebased review of the existing NHI model and arrangements

- Conduct an evidence-based review of the current NHI model and arrangements, including:
 - The \$100 million cost estimate to deliver Primary Healthcare services
 - The capitation fee range
- Identify potential issues and areas for improvement through stakeholder consultation and global leading practice comparison
- 3. Make recommendations to address key findings

The study concluded that NHI is an appropriate funding model for the nation's UHC ambitions, and its proposed structure aligns with global precedent

- A Public Regulated Health Administrator managed and operated by a 3rd party will deliver the best outcomes for the nation.
- Primary healthcare is an appropriate starting point for the path to UHC.
- Health system stakeholders, although supportive of UHC/NHI in principle, were concerned about the Government's ability to successfully implement these changes and were frustrated with the way they had been involved to-date.
- Health system initiatives were being implemented across Government in a fragmented manner, resulting in confusion and perceived ineffective execution.
- Capitation is the appropriate remuneration model for PHC providers working as a team and the capitation range should be expanded and modified with more accurate data.
- The Government's \$100M projection for fiscal year 2016-2017 NHI costs related to PHC services is a reasonable estimate.



When is NHI Going to Launch?

Nhi 'Will Be Delayed Around Six Months'



As of Thursday, March 31, 2016

His statement came a week after government consultants from KPMG said it will be months before primary healthcare services are offered.

Last week officials said a final determination has not yet been made on what legislative framework must exist to facilitate NHI's public healthcare insurer, but Cabinet planned to go out to tender seeking a private company to manage this area.

This process will take months, KPMG executive Mark Britnell said last week, adding that it must be completed and the public health insurer must be established before primary healthcare services could be offered through NHI.

When contacted for his thoughts yesterday, leading surgeon Dr Duane Sands said he "highly doubts" the first phase of NHI will be implemented before the summer.

However, Dr Sands said he believes the discussions between the government and stakeholders have taken a turn for the better and the exchanges are no longer "just unilateral."

Dr Sands said the big question now is whether the government will delay the plan long enough to arrive at a quality programme for Bahamians or push forward and use NHI as a political tool.

"If the government considers and takes into account the suggestions from KPMG and give the people the opportunity to learn how to deliver the services properly then this could work," Dr Sands said.



The Stakeholder Community is still at odds with NHI

Medics Unite To Reject Nhi Proposal







Part 3 - Implementation Program - "Get It Done" - Designing \H

Multi-disciplinary Team



Governance & Leadership

Create an integrated governance and project structure for Universal Health Coverage (UHC)



П

Select, procure and implement an IT system to support NHIA operations for the long-term



Legal & Policy

Develop policy and legislation to enable NHI and support the modernization of healthcare regulations



Health System Strengthening

Advise on opportunities for improvements in health system operations, in particular public clinics, in preparing for launch of NHI.



Public RHA Set-Up

Establish a robustly governed Public Health Insurer under private management and operation



Healthcare Financing

Develop UHC costing model, develop benefits package / rates, and support provider negotiations



NHIA Organizational Development

Design and launch National Health Insurance Authority (NHIA)

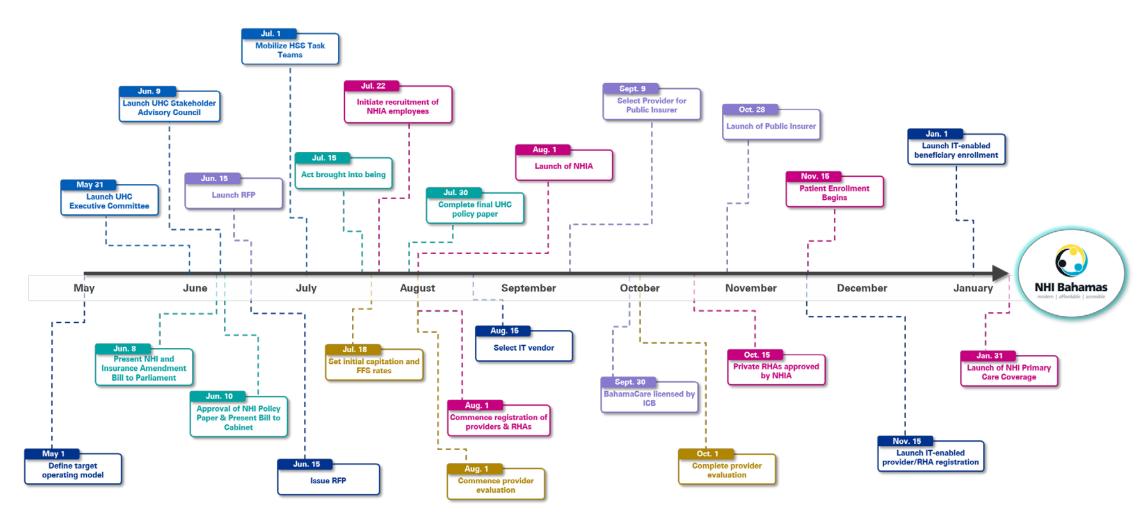


Catastrophic Care Services

Develop a governance structure for managing the Catastrophic Care services within NHIA



The Original Milestone Calendar





Connect with Stakeholders





UHC Stakeholder Advisory Council



Define the Policy





A framework for modern, affordable and accessible National Health Insurance

2016

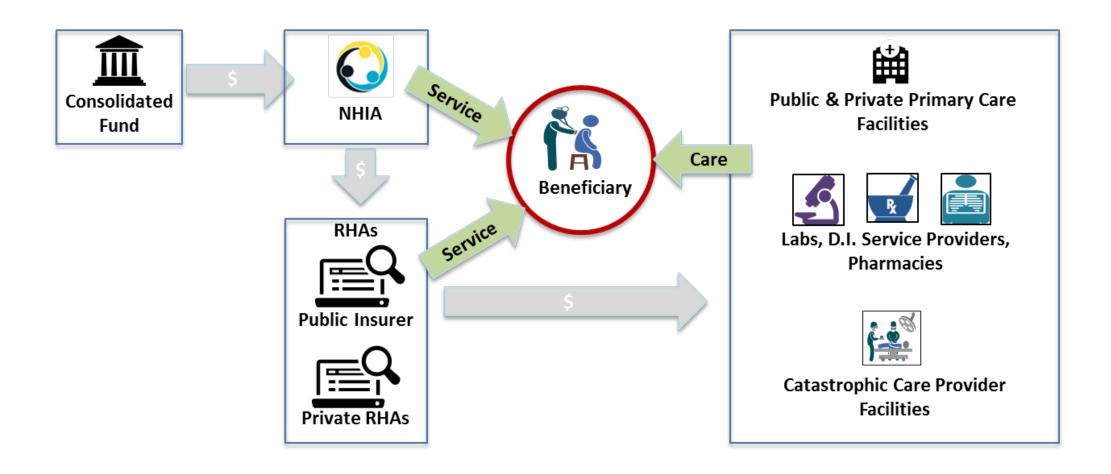
NHI Policy Paper Released August 2016



UHC Policy Paper Released April 2017

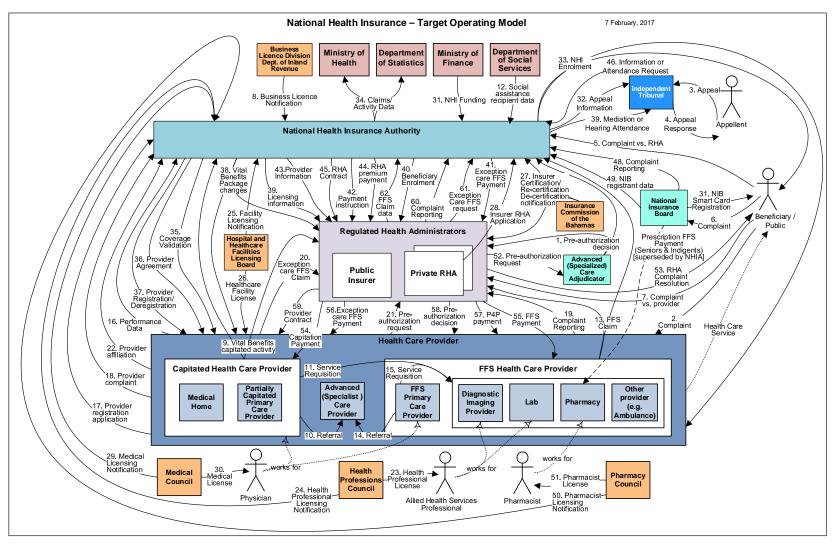


Define the Structure



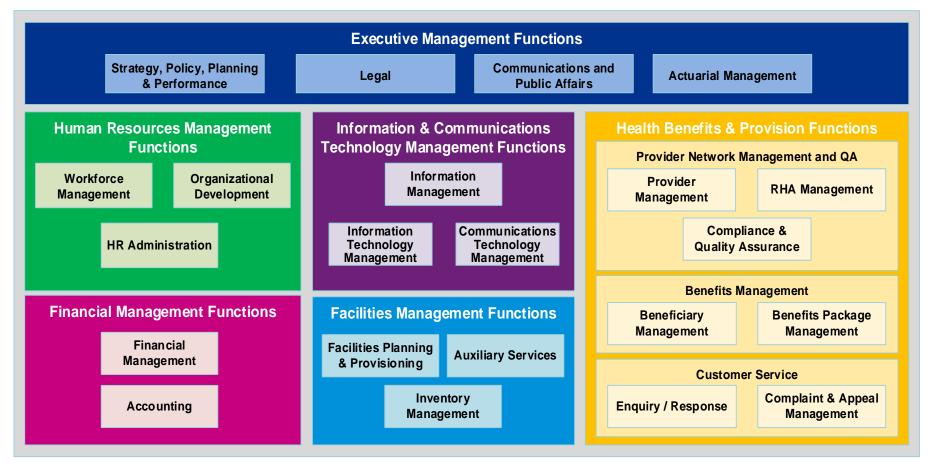


Define the TOM - the Enterprise Architects come in....





NHIA'S Role in Operations - Functions performed by NHIA





Pass the Legislation

MPs pass NHI Bill

ROYSTON JONES JR. Guardian Staff Reporter royston@nasguard.com

Published: Aug 16, 2016

Prime Minister Perry Christie yesterday chastised members of the Official Opposition for their criticisms of the National Health Insurance (NHI) Bill, insisting that whether opposition members believe it or not, NHI has been designed to remove the high cost that prevents many Bahamians from accessing healthcare.

"We want to involve the opposition in this matter," said Christie before MPs passed the bill in the House of Assembly.



"Why would you fight something that a great majority of the people of this country have declared they want?

"Why would you allow yourself to be influenced when we say we do not propose to have anyone lose as a result of it? Only the country will benefit and the country will gain.

"Why do you come in here and make these points that amount to non-points; to discuss whether primary healthcare exists or it does not exist?

"It does not exist as we are going to do it.

"And when it rolls out, and I hope by January, the people of this country will sing free at last, free at last, thank God, free at last."









Start the Search for a Public Insurer

Nassau, The Bahamas - 22 August 2016

RFP Issued for Services Relating to the Public Insurer for NHI Bahamas



Government taking steps to establish Public Insurer to manage and administer benefits under NHI Bahamas

Today, on the heels of the National Health Insurance (NHI) Bill being passed by Parliament and signed into law by the Governor General, the Government of The Bahamas issued a request for proposal (RFP) for services relating to the Public Insurer under the NHI plan. It is the intent of the Government to create a wholly

Government-owned, fully licensed insurance company, to manage and administer benefits under the NHI plan for its beneficiaries.



Time to Define the Primary Care Benefits and Fee Schedule

Facilitate a number of sessions with PHC physicians to identify current practices, review clinical guidelines in other jurisdictions, and recommend standard practice for NHI

Consultation Date	Group	Defined Portion of the Benefits Package	Sources Used
August 10, 2016 August 16, 2016	Adulthood Adulthood	 Maternity Care Hypertension Diabetes General Screenings (18-34) General Screenings (35-49) 	 American Academy of Family Physicians American Cancer Society American College of Obstetricians and Gynecologists American College of Gastroenterology Bahamas National Recommended Immunization Schedule BC Maternity Care Pathway CDC Immunization Schedule NICE Guidelines NIH UK National Screening Programme/NICE U.S. Preventative Services Task Force
August 25, 2016 September 1, 2016	Pediatrics Adulthood	 General Screenings (0-12 months) General Screenings (12-24 months) Cancer Screenings 	
September 7, 2016	Adulthood	Obesity HIV/AIDS Mental Health	
September 12, 2016	Pediatrics	 General Screenings (50+) General Screenings (3-12) General Screenings (13-18) 	



Formulary Development

Formulary Pricing

And the Pharmacy Formulary too

Utilize a systematic approach based on external reference pricing to develop the drug formulary prices

Inputs

The initial list of 202 active substances proposed by Sanigest

BNDA and NPDP drug formularies

Other Caribbean drug formularies (Jamaica, T&T, Barbados)

North American drug formularies (Florida Medicaid, BC Formulary)

PAHO Strategic Fund List & WHO List of Essential Medicines

Approach

- 1. Start with the initial list of active substances
- 2. Build the formulary (including forms and dosages) using the BNDA and NPDP formularies
- Complete the formulary development using the other Caribbean and North American jurisdictions
- 4. Update the formulary using PAHO Strategic Fund List and WHO List of Essential Medicines
- 5. Validate and finalize the formulary by facilitating a session with physicians and pharmacists

- 1. Infer drug prices based on benchmarking to other jurisdictions and anchored to current public drug prices in the Bahamas
- 2. Create a basket of drugs based on common and high volume products to infer price differences between countries
- 3. Use these price differences/benchmarks to develop an initial drug price list
- 4. This analysis will be a key input in determining maximum reimbursement prices
- 5. A combination of benchmarking and impact assessment is used to determine appropriate dispensing fees



AND...

- The Diagnostic Imaging and Lab Benefit Packages
- Their Respective Fee Schedules
- Determine the Capitation Rates
- Design Infant and Maternity Care Bundles
- Establish Clinical protocols
- Consult with all the stakeholders along the way....





Part 4 - The IT Architecture

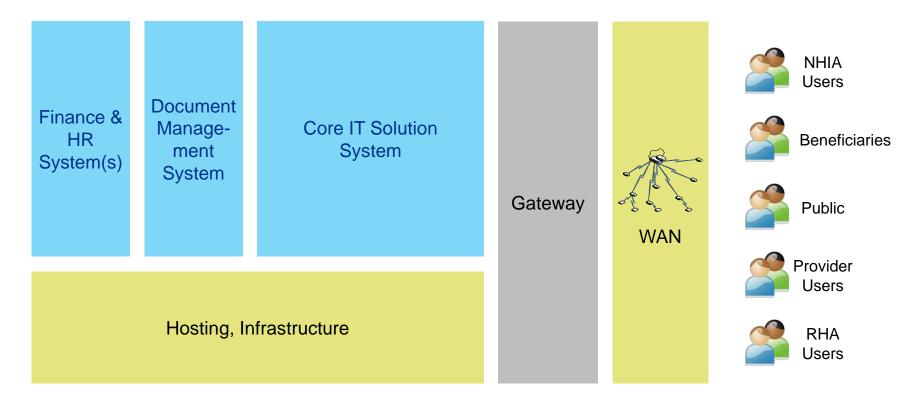
NHI Goal - IT Enabled National Health Insurance Programme

Our strategy is to:

- Provide for electronic service delivery, management of information, and process automation as much as possible
 - Beneficiary, Provider and RHA Management
 - Customer Services
 - Benefits Package Management
 - Internal services (Finance, HR, Information Management)
- Provide multi-channel access to NHI services
 - Electronic Service Delivery (Web, email, mobile)
 - Phone (call centre)
 - Service Counter (in-person)
 - Mail (incoming only)
- Implement secure infrastructure with appropriate access, scale, reach and reliability
 - Hosted information processing capability, with data resident in the Bahamas
 - Integrated systems access control (single gateway)
 - Bahamas-wide accessibility (network)



NHIA IT Procurements Align with NHIA IT Architecture



LEGEND:

Business Application Layer

Integration Layer

Technology Layer



Procurement Strategy

Procurements have been organized to meet the following objectives:

Obtain modern solutions that will serve as a foundation for the NHIA to be effective in the long term

Leverage best of breed commercial-off-the-shelf (COTS) solutions for each of the major functions of the NHIA

- Promote development of capabilities in The Bahamas
- Make sure that the data is hosted in The Bahamas not offshore
- Obtain and implement solutions rapidly
- Minimize delivery and ongoing operational risk establishment and implementation of MSAs & SLAs, ITL and other global industry standards
- Make sure the procurements are objective, transparent, and fair to the government, vendors, and the public



Interim Solution Description

- RHA, Provider and Beneficiary enrolment will begin prior to the core health insurance system being operational
- Benefits Package Management, Drug Formulary needs to be in place so that Payments can be calculated
- High volume of enquiries can be expected during open enrolment
- Long Term (core) solution is not expected to be available when NHI Program launches
- A low cost interim solution with reduced functionality will support enrolment and subsequent data load to Core IT Solution
- Interim Financial Management solution (AR and AP and accounting) must be established from Day 1 of NHIA Operations
- Interim HR and Payroll solution must be in place from Day 1 of NHIA Operations





Part 5 - The Race to Implement

Despite all that, the Eternal Bahamian Optimism

NHI's third phase on track for early part of 2017

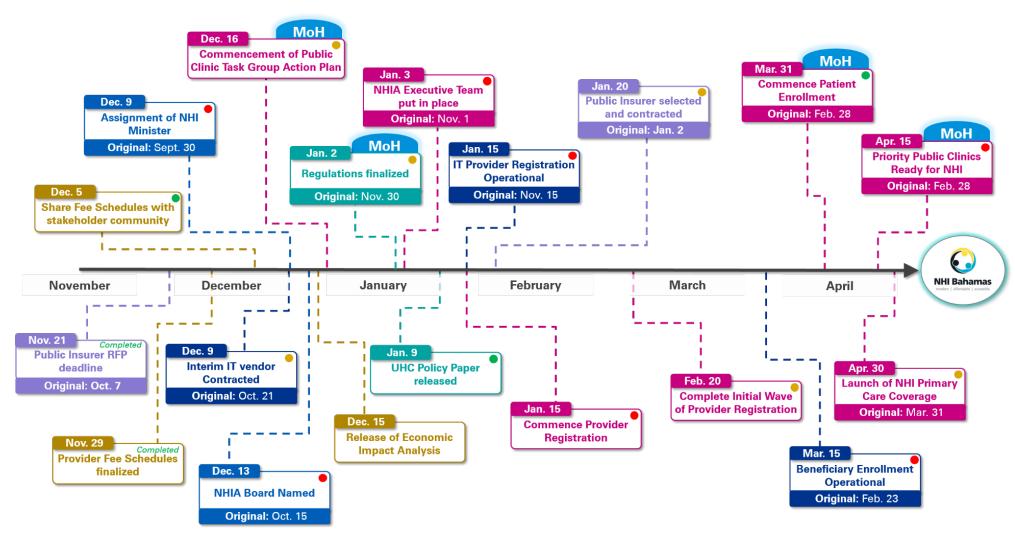
Brennen: Phase four, select catastrophic coverage, and phase three are being worked on in 'tandem'

XIAN SMITH Guardian Business Reporter xian@nasguard.com

Published: Jan 05, 2017

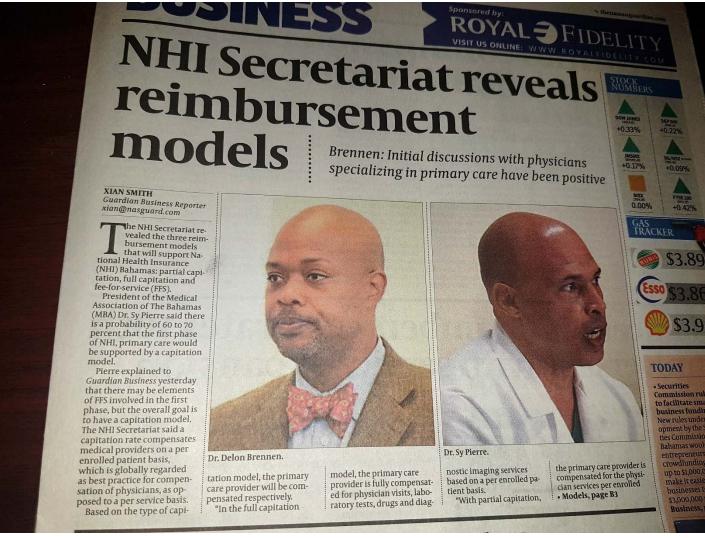


A Revised NHI Milestone Calendar....



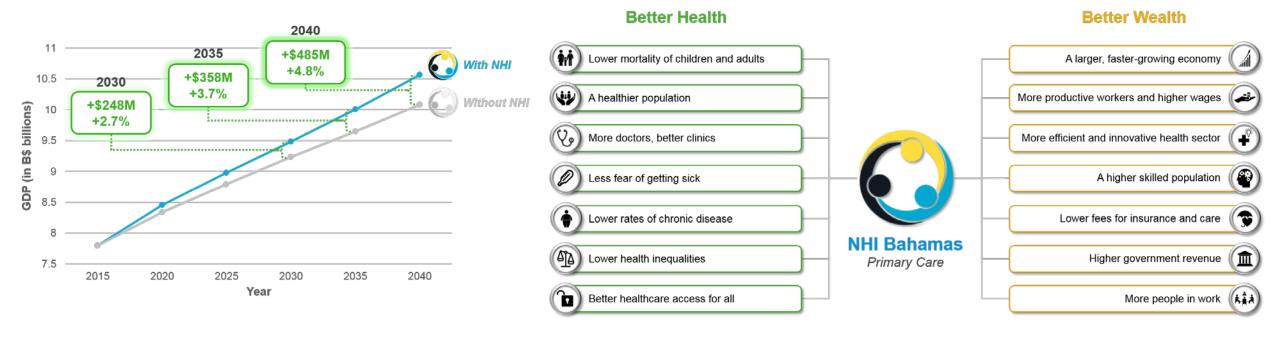


Time to Negotiate!





...The Economic Impact Assessment...





And The Momentum Shifts





We had to come up with a revised approach - we had a lot to do over ~6-8

weeks - EA's become Solution Architects

We had to design, build, test, and implement that

ts of Service and

6 Provider Payments

We had to design that

Enrolment Form Submission

Data Consolidation & Validation

Beneficiary-Provider Matching and **Notifications**

We had to design, build, test, and implement that

 Beneficiaries can submit application forms online using custom form developed on Cognito

We had to build and test those

- or in-person (CSR Portal)
- Customer Service Representatives (CSRs) assist with in-person enrolment
- · Beneficiaries asked to provide information and select provider preferences

- Consolidate online and in-person applications
- Ensure that applicants meet NHI eligibility requirements
- Back-office CSRs support verification process for online applications using NIB V3

We had to train them

- Beneficiaries are match based on their provide choices, using the **Matching Tool**
- Beneficiaries are notified of their matches via email or phone call
- · Providers are notified of their new panel of beneficiaries each week

· Beneficiary information and provider matches de logged in the **Data Management Tool**

rovider Payment

alculation (Capitation)

- At this point, for Providers who have chosen Capitation, the **Payment** Calculator is used to determine the payment amount
- All payments are made twice per month

• Once service is provided to beneficiaries, Providers submit a Report of Service Form to NHI Bahamas through the

Provider Portal

• For Providers who have chosen a Fee-For-Service arrangement, the Report of Service is used to calculate payments in the Payment Calculator

We had to design, build, test, and implement that We had to design, build, test, and implement that

Taken together, there was zero room for error and we all had to put on a variety of different hats to get this job done



March 31 - End of Physician Registration





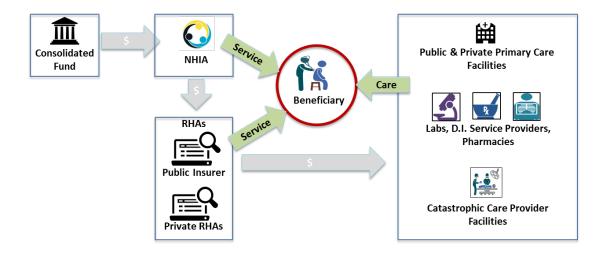
More than 60 Physicians Registered for NHI



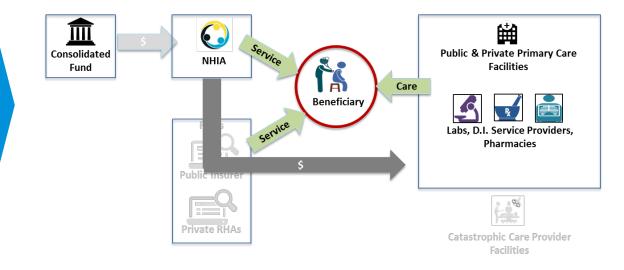
No RHA's or Public Insurer - Revise the Structure

In the absence of the public insurer and private RHAs, the NHIA is currently paying provider facilities directly, but this should change as the programme progresses

Envisioned Structure



Current Structure





And with some perseverance and creativity



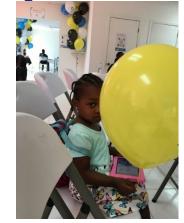


Launch of NHI Enrolment





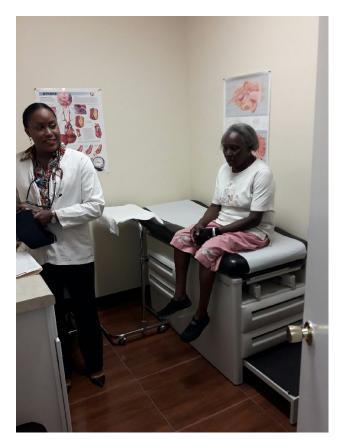








Launch of Service Delivery



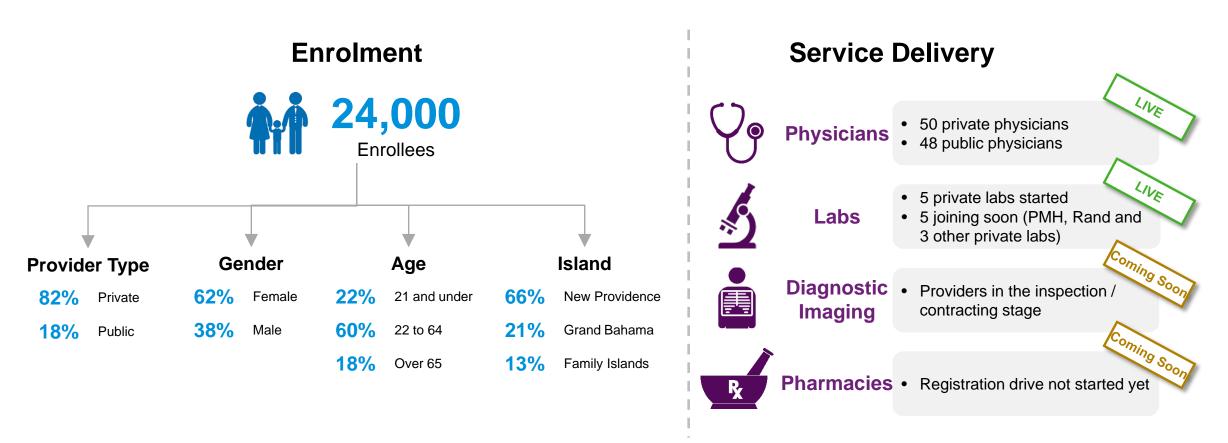
Thursday May 4 @ 01:15PM

Helena Clarke a retired teacher, became the first patient to receive Primary Care Services under National Health Insurance Bahamas



NHI Bahamas - Key Figures

Over 24,000 Bahamians have enrolled in NHI in its first two months, and it's expected that an estimated 120,000 Bahamians could enroll and have access to primary care within the first year







Part 6 - How Agile Architecture enabled Implementation

Rapid, Agile Architecture is enabled by an EA Toolkit



Assessments

Rapid assessment of existing Business and IT assets using reference models within or across program areas



Transformation Resource and Cost Estimates

Defensible estimates of business & IT resource requirements & costs, based on

KPMG's Enterprise
Reference Architecture
(KERA) Toolkit deployed
on many Canadian & US
initiatives

KERA

Toolkit



Blueprints

Rapid Design of clear Business models & IT Systems blueprints using relevant reference models from applicable program areas

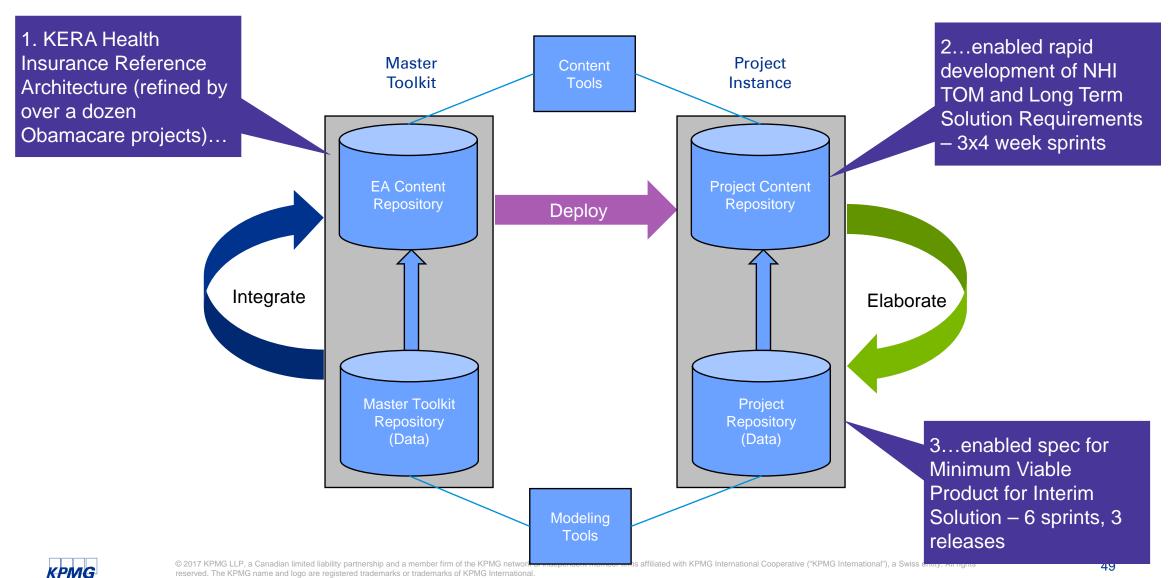


Transformation Roadmaps

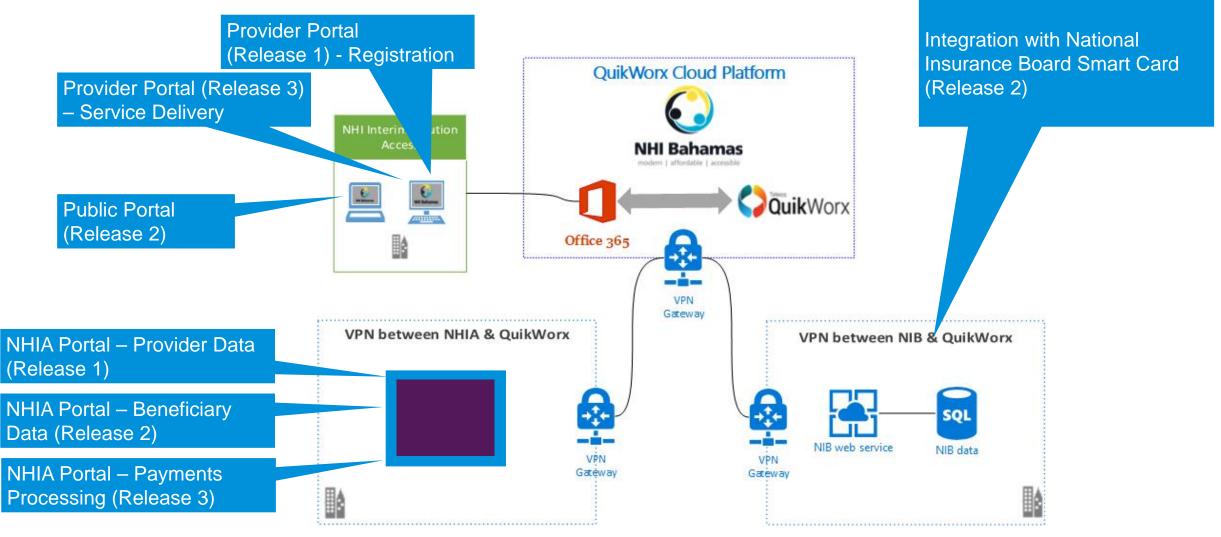
Clear roadmap for the overall investment horizon based on comprehensive planning framework and tools



Master & project toolkits accelerate agile delivery



Interim Solution Architecture





EA Enabled Definition of the Business Continuity Process

By Feb 2017 it was clear that even the interim solution could not be implemented in time.

The EA team conceptualized a "Business Continuity Process" to enable the launch:

- Provider Registration using web forms and a Data Management Tool
- Beneficiary Enrollment using web forms, Data Management Tool, and a manual validation against NIB's smart card database
- Provider Payment using a payment calculator Excel based



BCP Tools designed from further prioritization of Interim Solution Spec - implemented in 7 weeks

	Cognito Forms	Matching Tool	Payment Calculator	Data Management Tool	Zoho Desk	CSR Portal	Provider Portal
Desc- ription	Azure based platform that allows users to create customized forms	Excel VBA- scripted tool used to allocate beneficiaries to providers based on preference selections	Excel Tool used to calculate capitation and FFS payments based on data stored on data management tool.	SQL based database used to store provider, beneficiary and report of service data and determine payment amounts to Providers. Securely hosted on Azure Cloud	Email ticketing software used to categorize and manage beneficiary inquires	The CSR Portal is an interface to bring various Cognito Forms together for easy access through through use of login credentials by the CSRs.	The Provider Portal is a customized access point for each provider for submission of reports of service and bundle notifications accessed through unique login credentials.
Process	Enrolment Form, Report of Service, other forms	Beneficiary- Provider Matching and Assignment	Calculating Provider Payments	Provider Registration, Beneficiary Enrolment, Bundle Notifications and Reports of Service	Ongoing Support	In-Person Enrolment Form, Back-Office Forms, Fast Track, Beneficiary Status Check	Physician Report of Service, Beneficiary Status Check, Bundle Notification





Aftermath

...Where Are They Now?

Prime Minister Christie was soundly defeated in the May 2017 election

The new government installed their own board and new NHI Management over the first year of operation – the team we worked with have largely returned to their previous positions or gone on to new opportunities

Budget was reduced to \$40M (partly due to Bahamas fiscal pressures)

Promotion was significantly reduced

Enrollment slowed – less than 50,000 enrolled in first year

KPMG still supports the operation, but at a significantly reduced level of effort

But despite all of the challenges – National Health Insurance is in place, and the new government plans to expand it over time



#BahamaCare







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