Title: Financing Oncology Care in Kenya: The role of NHIF
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Financing Oncology Care in Kenya: The role of NHIF

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NHIF

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We’ve got you covered
Introduction

Cancer does not have a face until it's yours or someone you know.

—Anthony Del Monte
Facts:
Like most wars, the war on cancer leaves casualties, scars, and lives in need of healing in its wake.

- Everyone is susceptible
- 40,000 new cases
- 18,000+ deaths
- Not a death sentence though
Barriers to cancer care access

- High cost of testing and treatment,
- Low level of knowledge about cancer among population and clinicians,
- Poor health-seeking behaviours among population,
- Long distances to access diagnostic and treatment services,
- Lack of decentralized diagnostic and treatment facilities,
- Poor communication, and
- Inadequate cancer care policy implementation
Cancer and finances

According to a study (2009)

- 68% of families facing cancer experience financial hardship due to medical bills
- 55% of patients’ recovery is negatively affected by financial stress
- 46% of patients who experience oncology-related financial burden cut back on necessary expenses such as food, to pay for treatment.
- more 6% sell assets due to financial stress
- Only 33% of patients discuss the cost of treatment with oncologists
- Less than half of caregivers speak to patients/family about cost of care.
Cancer and Finances,

- Patients in every socio-demographic group are vulnerable to financial difficulties as a result of a cancer diagnosis, (plunges, exacerbates poverty)
- Vulnerability is a function both financial & employment circumstances; the financial support available to them.
- Most patients are particularly vulnerable to the adverse financial effects of a cancer diagnosis, in particular those with dependants and those who are not working at the time of diagnosis.
Additionally,

- caregivers
  - May lose their savings during a loved one’s illness
  - Be unable to continue employment
Cancer and Finances

- Half of caregivers try to shield patients from the financial aspects of cancer treatment
- **Lack of Insurance:** 1 in 4 uninsured person with a cancer diagnosis delays diagnosis and/or treatment.
- **Gaps in Insurance:**
  - High cost-sharing results in high out-of-pocket costs
  - People who depend on work for insurance, may lose coverage and public options are often unavailable or involve insurmountable barriers
  - Cancer patients cannot find coverage in most private insurance market
Financial burden of cancer care

Selling all assets to stay alive...

Akinyi* has just been diagnosed with Nasopharyngeal cancer

She is 21 years old and unemployed - with no savings.

Thankfully, she gets free diagnostic services,-or so she thought... the relatives paid OOP through fund raising

When her treatment is done, she’s clear of cancer, but her family is heavily in debts
Financial burden of oncology care

- Cost of healthcare - growing international concern; cost of cancer management is 'skyrocketing'.
- The financial costs of cancer care are a burden to people diagnosed with cancer, their families, and society as a whole.
- The doctrine of justum pretium ('a fair price') seems to not hold in oncology care.
- Costs of surgery, inpatient care, consultations and repetitive diagnostic and staging investigations compound expenses exponentially.
Financial burden of oncology care

• One of the major costs of cancer is cancer treatment.
• Others are indirect costs—transport, lost man-hours, nutrition,
• Lack of health insurance and other barriers to health care prevent many Kenyans from getting optimal health care.
• Uninsured....facts
  • Have fewer hospital visits
  • Delay health seeking when unwell
Financial burden of oncology care

- Increased mortality – late diagnosis; loss to follow-up; default treatment
- Less care during hospitalization
- Less likely to receive a costly tests or procedures
- Higher in-hospital mortality rates
- Most health insurance limits are unable to cover most oncology targeted interventions.
- Financing requires concerted effort in a competing environment.
WHAT IS NHIF DOING TO REDUCE OUT-OF-POCKET FINANCIAL BURDEN OF ONCOLOGY CARE
EVOLVEMENT

- It's not lost to NHIF that client needs exceed what is currently available.
- Limited resources against competing needs.
- Calls for integrated, concerted, multisectoral collaborations.
- Dialogues among financiers, pharmaceuticals, health-providers, suppliers is critical.
- Slowly but surely NHIF is expanding benefits covered.
- Before 2007, rebate-based.
## Transformation of the benefit package over the years

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1. Outpatient cover
2. Inpatient Cover
3. Maternity cover
4. Renal dialysis cover
5. Kidney transplant
6. Radiology Package
7. Oncology package: cancer treatment
8. Rehabilitation Package
9. Foreign Treatment
10. Surgical package
11. Emergency Evacuation cover
ONCOLOGY PACKAGE

RADIOTHERAPY

- Covers upto 20 sessions at an approved rate of KES 3,600 per session (KES 18,000) per week
- Or 2 brachytherapy treatments
- One off Simulation (planning) @ KES 8000

Plea;

Providers to review cost of radiotherapy interventions - affordable to cover more sessions
CHEMOTHERAPY

- 1st line chemotherapy sessions at approved rates of upto KES 25,000
- Second and third line at approved rates of upto KES 150,000

Happening:
- Exploring graduated coverage of care plans with revised protocols
- Discussions in advanced stages
ONCOLOGY SUPPORT PACKAGES

- Covers magnetic resonance imaging (MRI), computerized tomography (CT scan) and ultrasounds (U/S)/PET SCAN
- Must meet medical necessity
- Reimbursed at FFS at Board approved rates of up to KES 8,000 for CT scan, KES 3000 for U/S; up to 15,000 for MRI and up to 70,000 for PET (negotiations with AKUH advanced).
SURGICAL PACKAGE

- Graduated price per procedure
- Reimbursement rate by contract and provider type
  - All surgeries shall be subject to pre-authorization
DIALYSIS PACKAGE

- Allowed 2 sessions per week @ upto 9500
- Profiling for eligibility
- Support biochemistry reports
- Pre-authorization
Overseas treatment

- Surgery, including transplants
- Chemotherapy
- PET SCAN
The Pre-authorization Process

**STEP 1**
- Hospital notifies (request for a pre-authorization)
- Attaches dully filled pre-authorization form and other attachments

**STEP 2**
- Generation of a pre-auth request number

**STEP 3**
- Approval (generation of LOU number)/ denial of the request

**STEP 4**
- Hospital receives feedback and proceeds to treat patient
Where to access services

- Nairobi Hospital
- Aga Khan Hospital
- S.S. Mp shah
- Meditest
- Nephromed
- Kenyatta National Hospital
- Texas
- Alexandria
- Cancer care international
- Cancer care Kenya
Access points

- Nairobi women’s – Adams
- Consolata Nyeri
- Coast General Hospital
- Nairobi Radiotherapy and Cancer Center
- Kerugoya Fortis Medical and Cancer Center
- Janice Cholerton Medical & Cancer Centre
- Coptic (In-patient)
- Gertrude's Hospital
Take home

- Cancer causes emotional, physical, social, spiritual and financial devastation
- The poor are the hardest hit by financial implications
- Concerted efforts required-multisectoral approach to management
- Need to lobby government, investors, suppliers to make care accessible and affordable
- The need for screening and palliation needs dialogue and discussion
- Quality assurance in oncology care is critical
Thank you...