

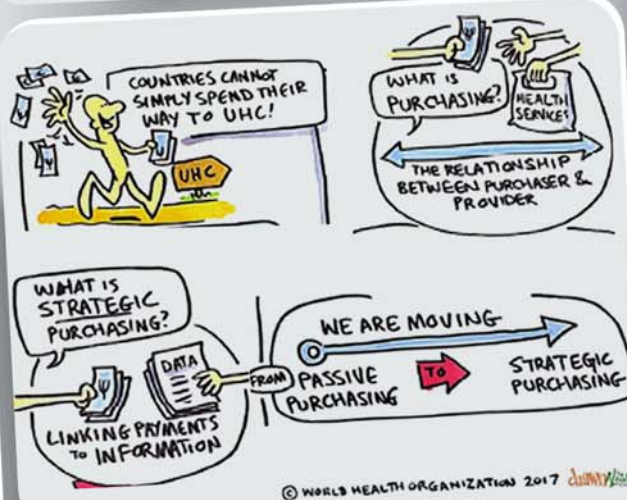
ANALYTICAL GUIDE TO ASSESS A MIXED PROVIDER PAYMENT SYSTEM



STRATEGIC PURCHASING

Governance

Payment methods



Benefits

Information management

HEALTH FINANCING GUIDANCE NO. 5

ANALYTICAL GUIDE TO ASSESS A MIXED PROVIDER PAYMENT SYSTEM

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**World Health
Organization**

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LIST OF ABBREVIATIONS

CBHI	Community-based health insurance
DRG	Diagnosis-related groups
GHED	Global Health Expenditure Database
GoB	Government of Burkina Faso
GoM	Government of Morocco
JLN	Joint Learning Network
MPPS	Mixed provider payment system
NGO	Nongovernmental organization
OECD	Organisation of Economic Cooperation and Development
OOP	Out-of-pocket spending on health
RESYST	Resilient and Responsive Health Systems international research consortium
SHA	System of Health Accounts methodology
UHC	Universal health coverage
VHI	Voluntary health insurance
WHO/HGF	Department of Health System's Governance and Financing, World Health Organization

PURPOSE AND OVERVIEW

WHO's *Health financing country diagnostic* (McIntyre & Kutzin, 2016) provides guidance on undertaking a situation analysis of a country's health financing system and on assessing the existing system in relation to the goal of universal health coverage (UHC). As one of the core functions of a health financing system, purchasing –

including the provider payment system – is gaining increasing attention in country policy analysis and reform development. Consequently, a more in-depth assessment of purchasing and payment methods, beyond the overall diagnostic, may be demanded.

The present document presents an analytical guide with questions to assess a country's provider payment system in greater detail in order to identify options for better aligning the payment system with the objectives of UHC. The purpose of the analysis is to inform and improve the national policy dialogue on purchasing. It assists in making the case for and drawing attention to the need of aligning payment methods within and across purchasers as an important step towards strategic purchasing.

The key audience comprises health financing and purchasing specialists who work in teams with country experts to improve or reform the provider payment system.

There exist various provider payment assessment guides and manuals (JLN, 2016; Langenbrunner, Cashin & O'Dougherty, 2009; WHO OASIS approach/modules on purchasing and provider payment methods, 2011). For a detailed assessment and revision or setting of payment rates of a specific provider payment method, countries may choose to apply these materials.

While building upon these publications, **this guide adopts an explicit systemic perspective and focuses on the**

combination of all provider payment methods which, seen together, constitute a mixed provider payment system (MPPS). The document is also informed through recent studies and evidence on purposively aligned payment systems (e.g. OECD, 2016) as well as through country case studies that revealed the challenges resulting from nonaligned payment systems (WHO/GoM, 2017; WHO/GoB, 2017; WHO/GoT, Nguyen et al., 2015).

This document consists of two parts. Part 1 provides definitions of the key concepts and outlines the analytical approach underpinning the guide. It briefly explains what strategic purchasing is and what is meant by an MPPS. The core conceptual components are then

presented in more detail. The final section of Part 1 gives methodological guidance on how to undertake such an assessment.

Part 2 of this document contains a detailed set of guiding questions to direct the assessment of a country's MPPS with regards to the five key steps outlined below.

- **Step 1:** Mapping the MPPS, i.e. the health financing reform context, the purchasers, the different providers (by level of care and sectors) as well as a detailed description of the different payment methods in place;
- **Step 2:** Assessing the incentives created by the mixed payment system and their influence on provider behaviour and UHC objectives;
- **Step 3:** Assessing other effects of the mixed provider payment system on the overall health system;
- **Step 4** (to be undertaken in parallel to Steps 2-3): Assessing governance arrangements and their effects on the mixed provider payment system;
- **Step 5:** Developing policy options to better align a mixed provider payment system.

Step 1 is already very comprehensive and important and could constitute a short assessment in itself. Steps 2 and 3 contain the core elements of such an assessment. Step 4 should be undertaken in parallel to Steps 2-3, but could also be undertaken separately at a later stage depending on the needs and the reflections.

The output of this assessment would be a report which should serve as a basis for feeding into and informing the policy dialogue on strategic purchasing and aligned payment systems.

While this guide attempts to be comprehensive, it cannot capture all details relating to strategic purchasing and payment methods since the aim is to stay focused and concise. Various other (WHO) frameworks are available to assess or give guidance on other purchasing-related issues such as disease- or intervention specific tailored payment methods, information management, governance arrangements for strategic purchasing, cross-programmatic efficiency and budgeting. These will link to each other, and each of them will allow for a close examination of a specific component of strategic purchasing.

(See also www.who.int/health_financing/tools/en)

PART 1. ANALYTICAL GUIDANCE

STRATEGIC PURCHASING

Purchasing (Box 1.1) is one of the three core health-financing functions. It refers to the allocation of resources to public and/

or private health-care providers for the provision of services from one or several purchasing agents (WHO, 2010).

Box 1.1: Who is a purchaser?

A purchasing agent is the organization or organizational unit which transfers funds to providers to pay them for their service provision and which takes explicit or implicit decisions on resource allocation and related conditions.

Examples of purchasers include the Ministry of Health, the Ministry of Finance, a subnational health authority (e.g. at provincial or district level), a social health insurance scheme, a voluntary health insurance (VHI) scheme (e.g. commercial or not-for-profit insurance company, community-based health insurance scheme), or an agency operating a results-based financing scheme.

Within the Ministry of Health, there may be several purchasing units or departments with assigned responsibility for allocating resources to providers. It will be important to clarify the distinction between the purchasing agency/unit (responsible for allocating to providers) and the funding agency (the revenue source for the purchasing unit), or to note where these are the same. For example, in the case of a pooled donor fund channelled through the district, the purchasing agency is the district health authority, while the funding agency is the donor (which may have taken some purchasing decisions).

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