



# Fostering dialogue between private insurers and private providers

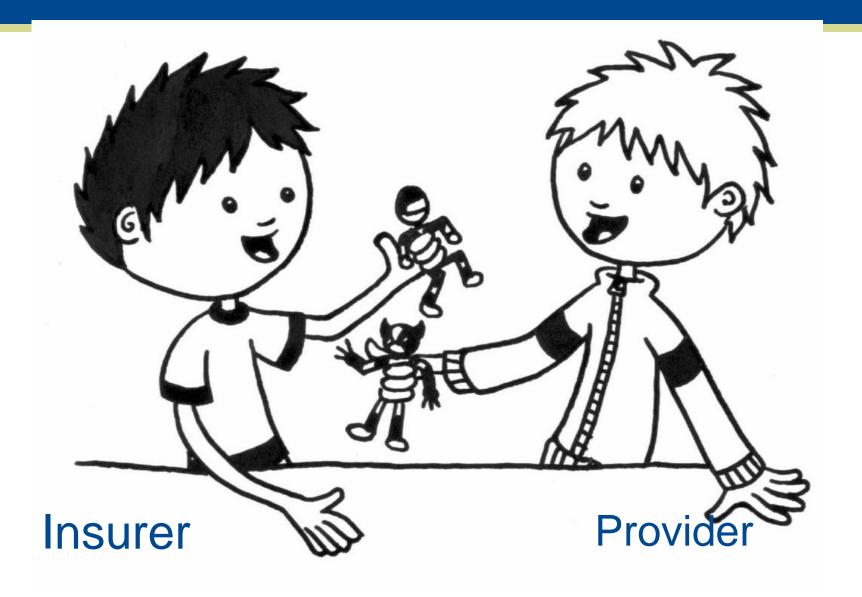
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Banyan Global Jhpiego Marie Stopes International Monitor Group O'Hanlon Health Consulting

### Where is the conflict?



#### Insurer

ceo

Investment

Claim admin

marketing

Agent/ broker What maintains these relationships ?

Do they have the same goals?

Employer group

Patient

#### Provider

administration

diagnostics

Clinical care/hotel services

doctor

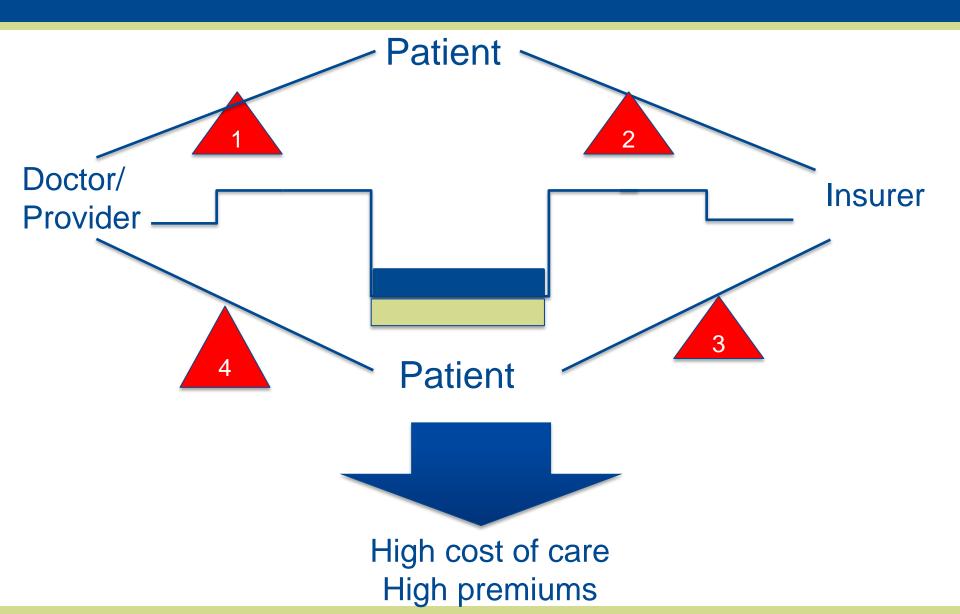
## Trust

Assumption that for the relationship to exist and thrive there is a need for trust between the various parties

• "Assured reliance on the character, ability, strength, or truth of someone or something"

Key component of trust is information

### **Information Asymmetry**



#### 1. Doctor and Patient vs. Insurer and sometimes Hospital

Patient has incentive to understate improvement

patient

How best to construct providers-doctor contracts? For the long term benefit of the

Doctor has incentive to overstate treatment difficulty gets more money?

Doctor



## 2.Unpredictable and high cost of care: patient over-insures

Adverse selection leads to high premiums and cream skimming

patient

How best can providers collate patient medical data and avail this to all

Chronic Disease coverage

Providers
have patient
medical
records

Insurer

Research on Chronic disease prevalence

## 3. Patient denied care: Provider provides uncompensated care

Opaque insurance contracts, many arbitrary post hoc exclusions coverage

Insurer

Publishing contracts? Who should educate the patient?

Providers
are often the
frontline
customer
care for
insurers

**Patient** 



### 4. Quality of care

Insurer monitors quality of care on behalf of the patient

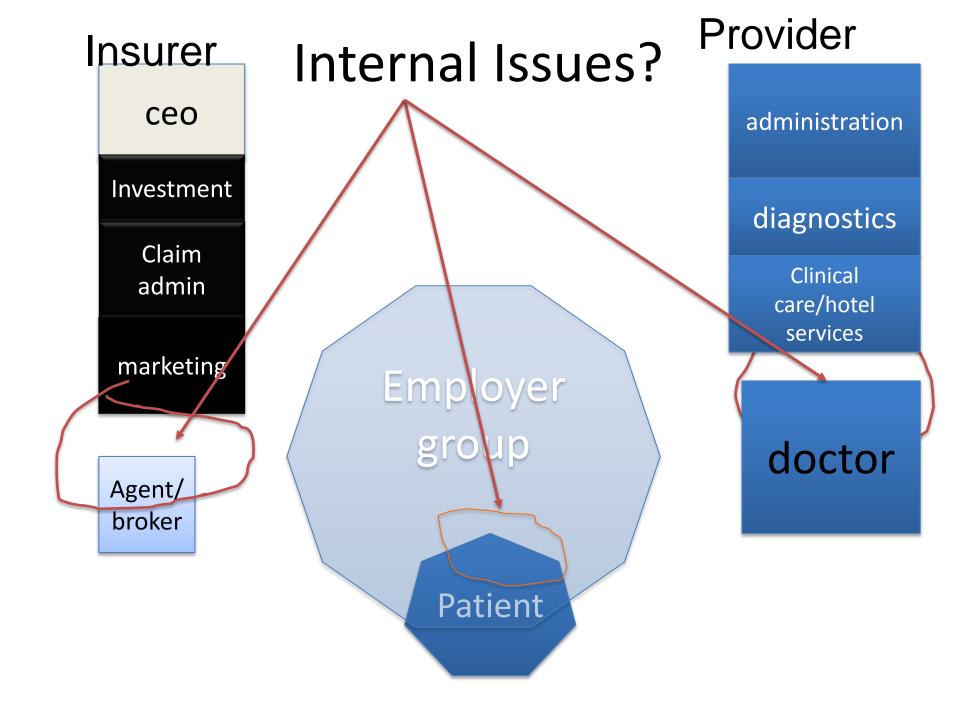
patient

What is the best way of providing information on quality about providers?

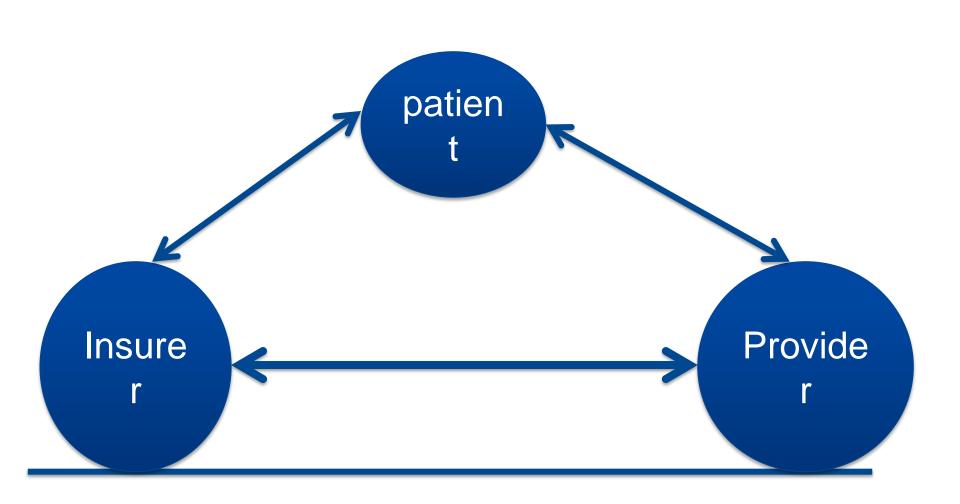
Primary
Health Care
is a
reputation
Good

Provider





## Dialogue optimizing the link between the three parties, by building trust through sharing of information



Thank you for listening