



Private Sector Pro-Poor Business Models For Health Care Service Delivery



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Private Health Sector Convention
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SUMMARY OF MODELS

Scale	Type of Services	Level
<p>Primary:</p> <ul style="list-style-type: none"> • 100+ clinics • 100 - 12,000 + providers • Upwards of 450,000 outpatient visits/year <p>Secondary/Tertiary:</p> <ul style="list-style-type: none"> • 1 - 12+ in one network • Surgery output ranges from 4000 (cardiac) to 285,000 cataract surgeries per year 	<ul style="list-style-type: none"> - Maternity care & delivery services - Family planning - General medicine & surgery - Preventive services - Emergency transport services - Specialized services (i.e. nephrology, cardiac care, eye care) 	<p>Primary: 6</p> <p>Sec/Tertiary: 5</p> <p>Mixed: 1</p> <p>Other: 1</p>

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Key Findings



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VALUE PROPOSITION

Common Themes

- Clearly defined and focused set of services and products
- Affordable services and products at below market rates

Primary Care Level

- Ease of access by contact points at village level that are familiar and connected to higher level services
- Facilitated access to higher levels or care

Secondary Care Level

- High quality services at affordable prices

STANDARDIZATION

Common Themes

- Highly standardized protocols for service delivery
- Standardized staffing structures to deliver services
- Training provided to on protocols to increase compliance

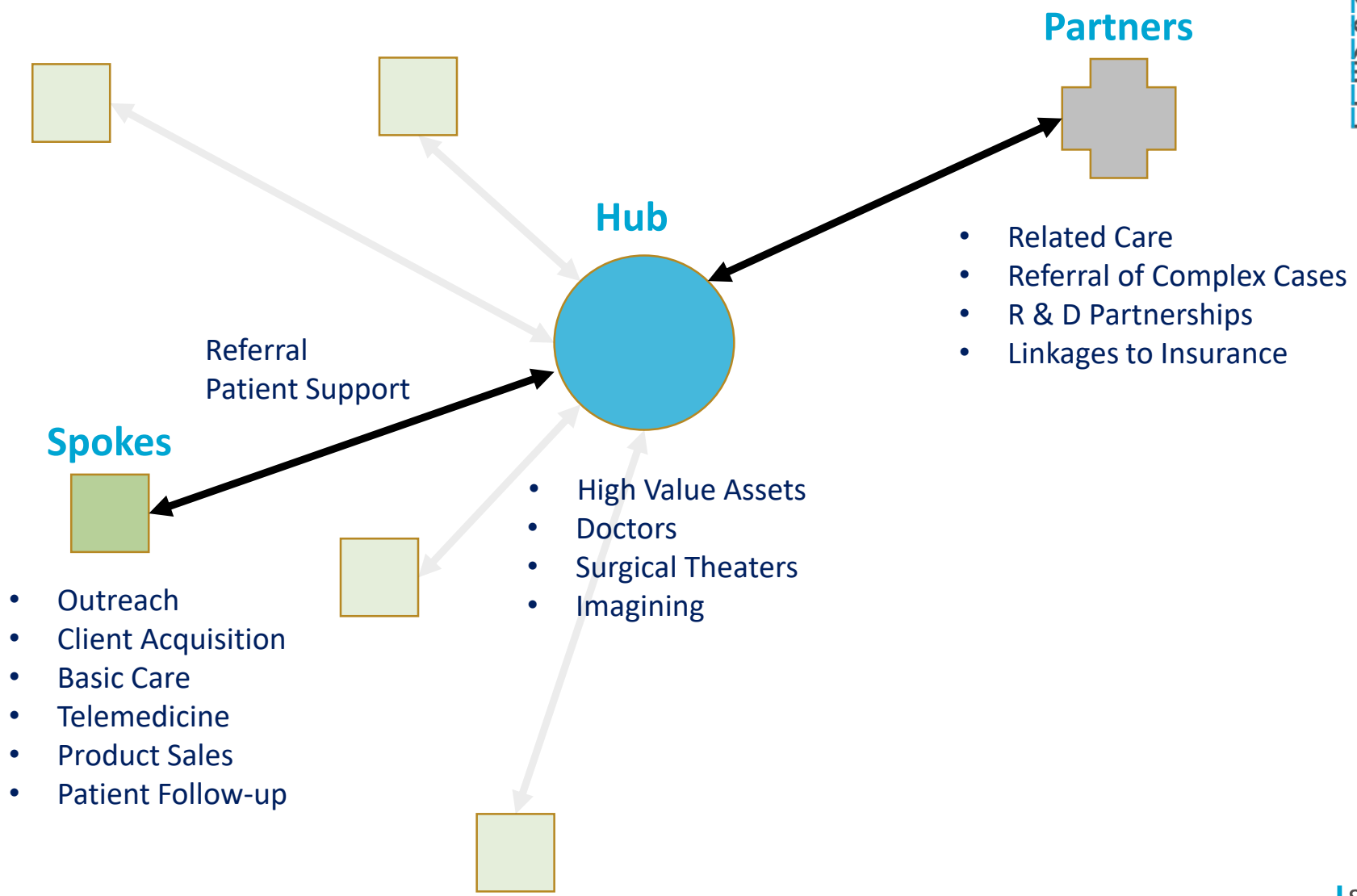
Primary Care Level

- Clear roles for primary care providers in the context of overall service package

Secondary Care Level

- Assembly line style of service delivery
- High degree of task shifting to focus specialists on key tasks

NETWORKING



QUALITY AND PERFORMANCE MANAGEMENT

Common Theme:

- SOPs drive quality, efficiency, and cost saving improvements
- Training provided to staff to ensure understanding of SOPs and compliance mechanisms

Primary Care Level

- Protocols designed for level human resource capacity
- Telemedicine provide expert opinions remotely
- Providers in the network required to comply with quality standards to remain in the network or receive performance benefits

Secondary Care Level

- High volume repetition of complex procedures (cardiac surgeries and cataract procedures) strengthens quality
- Daily process tracing to monitor key quality outcomes
- Benchmarking against other facilities

CUSTOMER ACQUISITION AND ORIENTATION

Common Themes

- Leverage reputation for high quality at reduced costs of attract clients
- Collection of customer feedback and a focus on client satisfaction metrics
- Training of provider staff in customer orientation strategies

Primary Care Level

- Leveraging existing networks of private providers to attract clients
- Use of informal or outreach workers at the community level as the first point of contact or referral
- Empowering customers to demand quality services through health promoters at the community level

Secondary Care Level

- Conduct outreach camps in remote areas to screen and identify clients
- Provide transportation support to and from the treatment facility

EFFICIENCY

Common Themes

- Standardized services within a network allow for appropriate allocation of resources
- Maximization of high cost resources (i.e. doctors) through task shifting

Primary Care Level

- Use of technology and telemedicine to bring higher level services to community level

Secondary Care Level

- “No fringe” models of service delivery by providing most basic/necessary services and commodities to reduce costs
- Efficient commodity procurement and research/development of products
- Innovative equipment procurement by allowing vendors to “park” their equipment onsite instead of purchasing
- Renting and leasing of land and buildings instead of new construction
- Leveraging economies of scale/ patient volumes to reduce unit costs

PRICING STRATEGIES

Primary Care Level

- Below market pricing is common across primary care networks
- Increase access for all to services through reduced costs rather than targeting of subsidies
- Delivery models that provide donor financed subsidies have not done well after grant funding is withdrawn.
- Cross subsidies from wealthy to poor clients at primary level have not worked

Secondary Care Level

- Cross subsidization strategies at the secondary level for complex and costly services (cardiac surgery, cataract procedures) have been used by some models.
- Wealthy clients pay more to receive amenities such as private rooms



Thank You

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