



Practitioner's Guide:

Health Insurance Evaluation Methodology and Information System - InfoSure



Deutsche Gesellschaft für
Technische Zusammenarbeit
(GTZ) GmbH

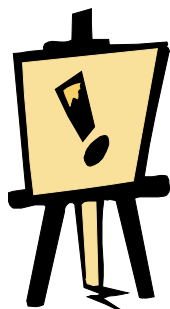


Bundesministerium für
wirtschaftliche Zusammenarbeit
und Entwicklung



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Brief Description



InfoSure is a methodological instrument for assessing and evaluating health insurance schemes, both on the community and national level as well as in comparison with others. The tool has been developed by the **GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit GmbH)** Sectoral project "Elaboration and Introduction of Social Health Insurance Systems in Developing Countries" in collaboration with the **Institute for Tropical Medicine in Antwerp (ITG)**, Belgium, and the **AOK Health Insurance Fund** of Germany.

InfoSure aims to support a detailed survey and structured analysis of the development, organisation and performance of health insurance systems. The methodology takes account of the complex nature of a health care and insurance system and the environment in which it is embedded. A comprehensive questionnaire covers almost all important aspects relative to a health insurance scheme. In this manner, the tool helps to understand the specific way in which the health insurance has developed. Moreover, key factors contributing to success or failure are likely to be identified. The information can be used to analyse single systems and to compare different schemes. As such, *InfoSure* is not only a *Health Insurance Evaluation Methodology* but also an *information system*. It can be used as a counselling instrument.

Through its internet database, *InfoSure* provides world-wide access to comparable and well structured information from existing health insurance systems. The tool is designed to provide both, qualitative and quantitative information including statistical data. In addition, it is capable to generate reports and templates of reports in order to facilitate the assessment and comparison of health insurance schemes. The system is available in three languages (English, French and Spanish). Taking all these different functions into account, *InfoSure* is regarded as a best practice model for consultancy services.

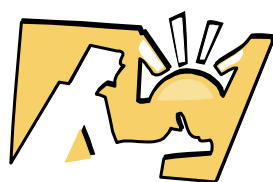
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Proposed Main Users

Experts in the field of health care provision and health insurance, development organisations, academics, health insurers and consultants are the main users of *InfoSure*.



Purpose of the Method



The *InfoSure* methodology is composed of three main parts: a qualitative questionnaire, a multiple choice questionnaire, and a statistical part. The set of questions offered can be used by the evaluators in the field as a guideline for their assessment or evaluation. It helps them to identify the essential aspects and inter-dependencies of a complex insurance system.

The qualitative and the multiple-choice parts of the questionnaire contain identical questions and are purposefully repetitive. This dual structure makes it possible to check and revalidate the findings and the information gathered during the evaluation process. The multiple-choice part further allows to recognise and describe new aspects of an insurance projects and to classify them, which might also be subject to change.

The result of both, the quantitative and qualitative assessment of a health insurance scheme is a detailed case study, which can later be accessed from the Internet. The structure of the *InfoSure* methodology produces text fragments composed of individual answers related to the questions, which can be freely combined as required.

The “Report and Analysis Tool” assists in producing case study reports and comparative analysis. The researcher’s specific field of interest can be nourished with the qualitative and quantitative data from selected studies. The combined information from different case studies can be used or modified in order to generate the intended report.

As a structurally open tool, *InfoSure* can be up-dated and expanded iteratively to include other aspects of insurance or health financing, respectively. It is precisely the possibility to adapt the questionnaire over time to recent experiences and the evaluator’s interest which makes this methodology a valuable scientific tool.

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Advantages



The *InfoSure* product offers a wide range of opportunities for describing, evaluating, monitoring and comparing health insurance schemes. The web-based, multilingual database application:

- ▶ *InfoSure* provides you with a clearly structured questionnaire for collecting substantial quantitative and qualitative data (also available as PDF-File on the CD-ROM).
- ▶ *InfoSure* supports the design, implementation and survey of health insurance schemes as well as their continuous monitoring.
- ▶ *InfoSure* is a professional tool designed to measure the appropriateness of and accessibility to health care benefits, to encourage efficiency and quality control as well as to provide an analysis of the cost-effectiveness of insurance schemes.
- ▶ *InfoSure* supports consultancy and decision-making in health care financing and health insurance by improving evidence-based actions and advice.
- ▶ *InfoSure* allows world-wide access to a pool of expertise and exchange of practical and scientific experience amongst policy-makers, administrators, insurance managers, stakeholders, academics, and more.
- ▶ *InfoSure* evaluation methodology and information system is suitable for many further purposes and can be adapted to explore a wide range of issues.

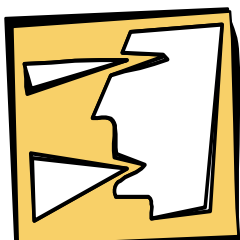
Limitations



- ▶ The *InfoSure* evaluation methodology is a comprehensive tool, therefore the use of the instrument is time-consuming (a period of 10 days must be allocated for each evaluation).
- ▶ Evaluations ought to be conducted with a counterpart who is not only familiar with the concept of health insurance, but who knows the country and the people.
- ▶ If the management of a health insurance scheme is convinced to gain from the *InfoSure* application, it will be easier to carry out the evaluation.
- ▶ Business management data are often not available in smaller and less formalised health insurance schemes. Others might refuse to give access to internal data.
- ▶ Consultation of different stakeholders is needed in order to ensure that a multi-faceted picture of the insurance scheme is obtained. This is often difficult to achieve.

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Principles & General Procedures



Structure and technique:

The *InfoSure* methodology consists of three main parts:

- ▶ A qualitative questionnaire
- ▶ A coded multiple-choice questionnaire
- ▶ A statistical part.

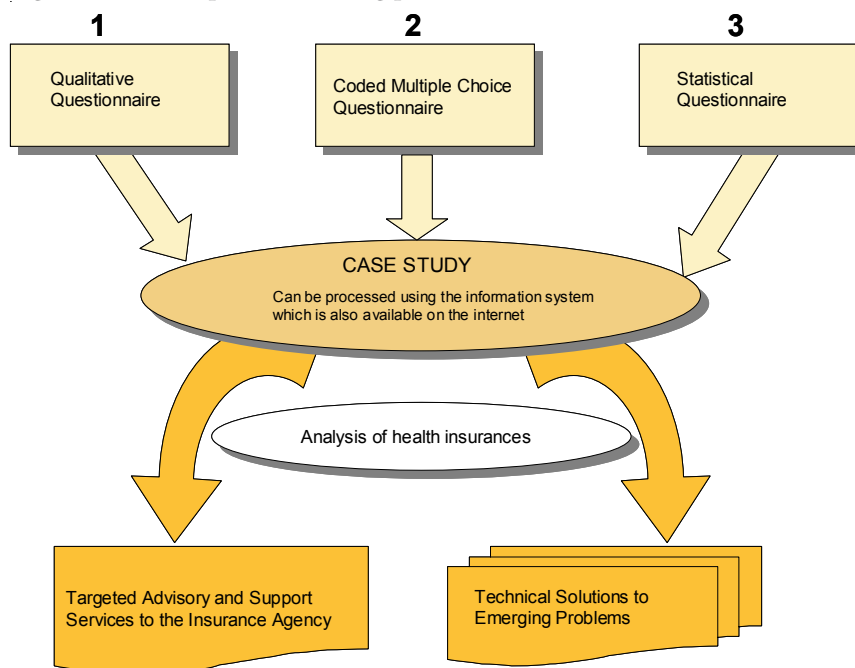
The choice of questions provided in the standard *InfoSure* package is intended to guide the evaluator in his/her interviews. Not every single question has to be addressed in an interview situation. The findings of the qualified interviews are entered into the tool, either as free text answers or categorized in the multiple-choice part.

The qualitative part, with its sets of questions, explanations and possible answers, gives the evaluator the leeway to describe clearly the health insurance approach that has been taken. There is always the possibility to explore other aspects as well.

The multiple-choice part offers a selection of possible answers to the questions posed in the qualitative part. These categories can be extended to suit individual requirements.

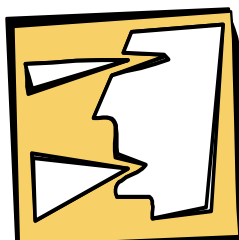
The statistical part is intended for collection of financial and epidemiological data.

Figure 1: Main steps and resulting products of InfoSure



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Principles & General Procedures



The result of the evaluation process is a case study. The information in the qualitative part aims to give precise answers to the questions and sub-questions and, where necessary, compensate for limitations or gaps in the questionnaire. The multiple-choice part helps to classify and compare different health insurance schemes. The statistical part supplements quantitative data which have some bearing on the health insurance performance.

The multilingual questionnaires are available in two forms:

- ▶ As printed version
- ▶ As software-based version.

Both versions can be used by the evaluator to conduct the interviews with the management of an insurance scheme, stakeholders, beneficiaries, providers, and other groups of interest. The case study is entered into the *InfoSure* information system that can be accessed via Internet. This system allows processing, grouping and analysis of the collected information in a variety of ways. It is also possible to make editorial changes to the data entered, to modify the questionnaire, or to logically connect individual case studies.

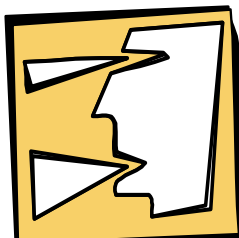
Content

The main contents covered by the qualitative and multiple choice questionnaires are:

- ▶ Conditions at the time of starting the health insurance scheme, with the related problems that were encountered or supposed to be tackled.
- ▶ All relevant reference groups / persons involved in the planning and implementation and in providing the necessary support.
- ▶ Description of the beneficiaries: Definition of membership, the manner in which members are recruited and registered, the defined and actual benefits for the target group that is supposed to gain from the health insurance scheme.
- ▶ Financial aspects of a health insurance: Risk determination, calculation of contributions, contribution collection, level of co-payments, financial management, support from other organisations.
- ▶ The benefit package: Covered and excluded benefits, reason why certain benefits have been excluded, included or extended, claim processing.
- ▶ Legal status of the scheme and the way it fits into the national health care policy.

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- ▶ Administration: How the health insurance scheme is set up and the workflow organised.
- ▶ Overview of the general health situation in the region and country, existing health care services, including quality aspects of the benefits offered.
- ▶ Contracting with multiple health care providers or an exclusive provider network.
- ▶ Level and method of provider payment.
- ▶ Functions of the state, including supervision and regulation of providers and insurers.
- ▶ Types of regulatory measures that have been invoked.
- ▶ Financial data, membership statistics, morbidity data, utilisation rates of different health care facilities, general demographic data (the gender and age-specific distribution of the membership data is particularly interesting).

Procedure

The information and data collection is supposed to be carried out by trained evaluators. The evaluation can be linked to consultancy services. Once a minimum number of data records have been entered, the comparative information may be used in order to identify interesting aspects for further investigation, advisory, or to prepare a publication. The case studies and reports can be published also on the *InfoSure* Website: www.infosure.org

Exemplary fields of interest

The following topics are of particular interest for the analysis:

- ▶ Solidarity mechanisms implemented in the health insurance scheme.
- ▶ To what extent the establishment of a health insurance scheme has actually improved access to health care services of the target group.
- ▶ The manner in which the health insurance scheme has changed the relationship between service providers and users (success or failure in strengthening patients' interests).
- ▶ The political influence generated by local, regional or other health insurance schemes on the national health care strategy.

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References and Sources Used



InfoSure Health Insurance Evaluation Methodology and Information System, Jürgen Hohmann, Axel Weber, Christian Herzog,, Bart Criel, GTZ, First Edition, 2002.

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