

# Quality of Drug Prescription from Prescribers Perspective Under the National Health Insurance Scheme

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**Abstract:** This cross-sectional study was designed to investigate the quality of drug prescriptions from the prescribers' perspective under the national health insurance scheme. A sample size of sixty prescribers consisting of thirty-three doctors, twenty-two medical assistants, and five midwives was selected for the study using purposive sampling technique and data collected from them using a structured interview guide and informal discussion. The study revealed that 90% of the prescribers said the drug list was limited in scope whereas 10% said otherwise, 80% of the prescribers claimed that NHIS did not permit them to prescribe suitable drugs outside the drug list as against 20% who claimed they were allowed to prescribe outside the drug list. 80% of the prescribers said they had difficulty prescribing for multiple health conditions under the NHIS, whereas 20% said they had no difficulty prescribing for multiple health conditions. However, from the prescribers' perspective, the NHIS has substantially affected the quality of drug prescription in the New Juaben Municipality. Among the important recommendations suggested were that the National Health Insurance Authority should widen the scope of the drug list to enable prescribers to write suitable drugs to treat clients and The National Health Insurance Authority, Food and Drug Board, Ghana Medical Association, and Ghana Pharmacy Council should collaborate to procure quality drugs for the Ghana health services.

**Keywords:** Prescribers, Quality of Drug, Drugs, National Health Insurance Authority

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## 1. INTRODUCTION

Quality of health care is an important ingredient in any health care enterprise. All stakeholders in the health sector comprising health institutions, health professionals and patients as well as international development partners have a keen interest in the issue of quality health care due to its important role and benefits in terms of saving cost, reducing outpatient attendance and reducing wastage in addition to promoting efficiency in care delivery. As a follow up to maintain quality standards in the national health delivery, the Ministry of Health (MOH) and Ghana Health Service (GHS) introduced health care quality assurance in the health care delivery of Ghana. Ashigbie, P. G., Azameti, D., & Wirtz, V. J. (2016). With the introduction of health insurance in the year 2004 and its continuous implementation for almost nine years, several complaints about the provision of quality drugs under the national health insurance scheme (NHIS) continues to be an issue of concern in both urban and rural communities as evidenced by various articles on the mass media. Nwanaji-Enwerem, O., Bain, P., Marks, Z., Nwanaji-Enwerem, P., Staton, C. A., Olufadeji, A., & Nwanaji-Enwerem, J. C. (2022). There have been instances where health facility

officials have had to engage communities on local FM Stations to explain their position on complaints about the efficacy of drugs provided at hospitals and health centers. Akweongo, P., Aikins, M., Wyss, K., Salari, P., & Tediosi, F. (2021).

Some prescribers and hospital authorities have also expressed serious concern about non-payment of the national health insurance scheme for drugs prescribed and supplied to patients for various reasons, including issues of the writing of trade names instead of generic names, non-completion of the biodata of patients on health record cards as well as multiple treatments. Sefah, I. A., Essah, D. O., Kurdi, A., Sneddon, J., Alalbila, T. M., Kordorwu, H., & Godman, B. (2021). There have also been issues that some health care providers give special attention to those without national health insurance cards to the detriment of those insured because direct payment is made by those not insured to their advantage. Forget, P., Patullo, C., Hill, D., Ambekar, A., Baldacchino, A., Cata, J., ... & Gilbert, S. (2022).

Again, there are further complaints from physician assistants who invariably provide health care to a large group of rural clients about their difficulty prescribing some suitable and potent drugs for patient conditions due to controversies from national health insurance authorities. Yang, P. K. (2021). A section of prescribers is also worried about situations where one client is observed to have multiple conditions and therefore may require consideration of drugs that are generally refused payment by claim officers of the National Health Insurance Scheme. Godman, B. (2021).

Apart from the standard treatment guidelines, the National Health Insurance Scheme has stipulated the types of drugs that prescribers are allowed to give to patients. In the opinion of some prescribers the limited drug list has created several problems for them by writing suitable or particular much more effective drugs to clients because they are out of NHIS drug list. Lillo-Crespo, M., Riquelme-Galindo, J., De Baetselier, E., Van Rompaey, B., & Dilles, T. (2022). There are several complaints from many healthcare managers about the refusal of the NHIS to pay facilities for drugs prescribed which may not be consistent with their drug list. Some health facilities are deprived of refunds for some drugs provided to patients due to inconsistencies leading to huge financial losses. Numerous patients complain about the inefficacy of drugs provided under NHIS. Kumi, F., Bugri, A. A., Adjei, S., Duorinaa, E., & Aidoo, M. (2022). General loss of interest in drugs from health facilities and patronage of pharmaceutical and chemical shops for potent drugs. There are also situations where NHIS underpay claims of some health facilities due to non-compliance with their drug list. The client reports several occasions when prescribers plead with them to buy certain drugs that are not acceptable by NHIS. Mukudu, H., Otworld, K., Moloto, C., Fusheini, A., & Igumbor, J. (2021).

## 2. MATERIALS AND METHOD

### Study Design

The study made use of a cross-sectional survey using quantitative methods. The study was conducted among New Juaben municipality (doctors, physician assistants, Midwives). In this way, study participants were selected to assess data quality and associated factors at a particular time point.

### Study Population

The study population consisted of all prescribers in the New Juaben municipality (doctors, physician assistants, Midwives).

**Sample Size**

A sample size of sixty prescribers was selected for the study (refer to Appendix A)

**Sampling Method**

Purposive sampling technique was employed to select the subjects for the study.

**Variable Studied**

The following variable were studied. Scope of NHIS drug list, prescription of suitable drugs outside NHIS drug list, extent to which the NHIS pay for some suitable drugs, quality of drug treatment under the NHIS, difficulty in prescribing for multiple health conditions in a day.

**Instrument for Data Collection**

A structured interview guide and informal discussion were used to collect data.

**Pretesting**

The interview guide was pretested on ten (10) prescribers in the Abuakwa North District to correct errors before the actual study.

**Instrument Administration Procedure**

Data was collected from sixty (60) prescribers, Prescriber were interviewed on one-on-one basis.

**Procedure for Data Analysis and Presentations**

The data was analyzed manually and represented using tables by the computer.

**Ethical Issues**

All protocols were observed and respected in the community. The respondents' consent was sought, and the rationale for the study (to help solve health problems nationally and in the municipality) was explained before administering the instrument. Respondents were assured of the confidentiality of all information's.

**3. RESULTS**

The following represents the results and findings of the research carried out

**Table 3.1: Distribution of prescriber's responses on the scope of the NHIS drug list**

Description	Frequency	Percentage (%)
Limited scope of NHIS drug list	54	90
Not limited scope of NHIS drug list	6	10
Total	60	100

**Table 3.2: Distribution of prescriber's responses on prescription of suitable drugs outside NHIS drug list**

Description	Frequency	Percentage (%)
Difficulty to prescribe drugs outside NHIS drug list	48	80

No difficulty in prescribing drugs outside NHIS drug list	12	20
Total	60	100

**Table 3.3: Distribution of prescriber's responses on non-payment of some suitable drugs by the NHIA**

Description	Frequency	Percentage (%)
Pay for some suitable drugs	6	10
Non-payment for suitable drugs	54	90
Total	60	100

**Table 3.4: Distribution of prescriber's responses on quality of drug treatment under NHIS**

Description	Frequency	Percentage (%)
High quality of drug treatment	8	13.3
Low quality of drug treatment	52	86.7
Total	60	100

**Table 3.5: Distribution of prescriber's responses on difficulty in prescribing for multiple health conditions.**

Description	Frequency	Percentage (%)
Difficulty to prescribe for multiple health conditions	12	20
No difficulty in prescribing for multiple health conditions	48	80
Total	60	100

#### 4. DISCUSSIONS

The national health insurance scheme is one of the most important pro-poor policies contributing to Ghana's health development. It has promoted important changes in the health of Ghanaians and people living in Ghana in terms of good health-seeking behaviour, equity and reduction of mortality and morbidity, especially in the rural communities. Despite the changes associated with the policy, the overall effects are deeply appreciated. One important point to note is that not much operational research has been carried out to help strengthen the identifiable weakness.

This study reveals that 90% of prescribers, primarily doctors, believed that the NHIS drug list was limited, whereas only 10% claimed otherwise. This viewpoint brings to attention an important factor that should be reviewed and the necessary steps to improve any shortcomings. The opinion of the prescribers may be relevant as they are on the field and are therefore familiar with the trend of diseases and the emergence of other conditions.

On the issue of the prescriber's ability to prescribe suitable drugs outside the NHIS drug list, 80% of them indicated that it was difficult and that the health insurance did not pay facilities for those drugs, thus becoming a loss to the institution should they treat patients under such conditions. 20% of prescribers indicated that they could prescribe outside the NHIS drug list under the agreement that clients would be responsible for buying their own drugs at low cost to the insured scheme. This revelation also discusses the need for an agreement to allow prescribers a certain degree of freedom to prescribe important but cost-effective drugs for effective treatment of clients to reduce episodes of illness and save cost for the NHIS. In support of this later opinion of prescribers, the study revealed that the NHIS did not pay for suitable drugs prescribed outside its drug list as indicated by 90% of the prescribers against 10% who claimed that the NHIS paid for some suitable drugs outside its list.

On the crucial issue of whether the NHIS has improved the quality of drug treatment, the study revealed that 86.7% of the prescribers thought that the NHIS drug list has reduce the quality of drug treatment in health facilities, whereas 13.7% of the prescribers had a centrally opinion that drug treatment was on a better level of quality. Again, the study revealed that most prescribers had difficulty prescribing drugs for patients who presented with multiple health conditions at the health facilities, this is supported by a majority of 80% indicating that the insurance did not pay for prescriptions showing multiple conditions against 20% of prescribers who claimed the insurance scheme paid for multiple prescriptions for multiple conditions. The overall view of the prescribers was that the NHIS has substantially minimized the quality of treatment in the health facilities; this is supported by 83.7% of prescribers against 16.3% who claimed that NHIS had not affected quality of drug treatment.

## 5. CONCLUSION

The study resolved that from prescribers' perspective, the NHIS has substantially affected the quality of drug prescription in the New Juaben Municipality. However, the study further recommends that The National Health Insurance widen their scope of drug list to enable prescribers to give suitable drugs to clients. The National Health Insurance Authority, Ghana Medical Association, and Ghana Pharmacy Counsel should carry out a comprehensive review of drugs and pay for other suitable drugs.

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