Measures to Increase Profitability in Private Medical Practice in Nigeria
F. T. Kalu
Lifecare Hospital, 5 Segun Omolale St, Off Balogun Bus Stop, Ago Palace Way, Okota, Lagos
Correspondence: Dr. F. T. kalu e-mail: drfkalu@yahoo.co.uk

Introduction
The private medical sector is the most unregulated sector of our economy. It has become an all-comers sector where unqualified persons usually find ready employment. These persons range from the cleaner in a health facility, who has no knowledge of elementary biology and health science to the laboratory technician, laboratory scientist, auxiliary nurses and even unemployed or partially employed persons who become hawkers of food supplements and alternative remedies imported from South East Asia to Nigeria. Because of the low level of awareness about the practice of medicine amongst the Nigerian public, people easily become vulnerable to the spurious claims made by these quacks. The private medical practitioner is therefore left at the mercy of these 'competitors' who, most of the time, do not incur any overhead cost. For a doctor to run a clinic, he has to acquire an apartment (flat, house, duplex etc), employ medical, paramedical, clerical and casual workers and register the facility with relevant authorities. Besides, the doctor provides his/her own electricity through generating set, water supply, medical equipment, consumables and ensures adequate disposal of waste generated from the facility. To stem the tide of their nefarious activities and improve the profitability of private practice, the following measures could be adopted.

1. Full Implementation of the National Health Insurance Scheme
The National Health Insurance Scheme (NHIS) was established under act 35 of 1999 by the Federal Government of Nigeria to improve the health of all Nigerians at an affordable cost as a social health security system. Dwindling funding of health care services occasioned by rising cost and decline in government revenue as a result of the economic crises necessitated its establishment. Some of its objectives include:
   - To improve and harness private sector participation in the provision of health care services.
   - To ensure appropriate patronage of all levels of health care.
   - To ensure availability of funds to the health sector for improved services.

In order to provide access to good health care services to every Nigerian, the scheme has developed the following programmes to cover the different segments of the society:
   - Formal Sector Social Health Insurance programme
   - Urban Self-employed Social Health Insurance Programme
   - Rural Community Social Health Insurance Programme
   - Children under Five Social Insurance Programme
   - Permanently disabled Persons Social Health Insurance Programme
   - Prison Inmates Social Health Insurance Programme

As at today only about 4 million Nigerians are covered by the formal sector programme of the scheme, leaving out 145 million. To increase the profitability of the scheme to private medical practitioners, therefore, the Advocacy committee of our association should lobby the National Assembly to ensure total coverage and full implementation of the various programmes of the scheme. This will increase the patronage of private health facilities by prospective enrollees. Besides, general hospitals, specialist and teaching hospitals should be deregistered as primary providers under the scheme. These hospitals should be concerned with secondary and tertiary care, leaving primary care to the doctors of first contact in the private clinics/hospitals, and health officers in the health centres, health clinics and health posts. In order to ensure adequate and even distribution of enrollees to the different categories of health facilities in the private
sector, there should be a ceiling of not more than 1000 enrollees per healthcare provider in the first instance.

**Prescription Right**
As it is practiced in the developed world, prescription of ethical drugs should be the prerogative of registered and licensed doctors who must be paid their consultation fees on offering such prescriptions.

**Access to Finance**
Private medical practice is considered an endangered sector by different players in the economy. The sector is most despised by the banking sector because it is thought to be unprofitable, unviable and risky. The leadership of the association has to liaise with the banks and come up with a workable scheme that will enable members have access to funds. Such funds must be monitored to ensure their utilization for the purpose they were obtained. Access to finance could be in form of soft loans with favorable interest rate or through equipment leasing.

**Imposition of Levies**
Some state governments impose outrageous levies on private medical practitioners. Sometimes these fees are multiple thereby reducing the profit margin of the practitioners. On the other hand, government should provide incentives to encourage doctors by way of regular electricity, municipal water supply and reduction of the import duty on medical equipment. Government should appreciate the humanitarian roles played by doctors in the private sector to numerous indigent members of the public who ordinarily would have increased the number of destitute roaming the streets.

**Proper Regulation of Medical Practice and Elimination of Quackery**
Profitability of private medical practice can best be assured by total elimination of quackery in the medical profession in all its ramifications. A situation where the Medical and Dental Council of Nigeria (MDCN) continue to pay lip service to this important task does not augur well for the practitioners and the profession. The sacred art and practice of medicine has been desecrated by all manner of intruders: 'Pastors', cleaners, laboratory technicians and scientists, auxiliary nurses, the unemployed and the partially employed. The serious business of practicing medicine has become a hobby to many Nigerians, whereas one cannot easily purchase paracetamol across our border with Benin Republic. The Medical and Dental Council of Nigeria should borrow a leaf from the Pharmaceutical Council of Nigeria which regulates pharmacy practice. A man with fever, malaise and weakness, will first call his pastor for prayers, visit the nearby chemist for some remedies and if relief is not in sight, go the laboratory for 'typhoid and malaria' tests. If he is not lucky to be given a prescription by the laboratory technician, he remembers to visit the doctor with his laboratory result which will usually be positive for malaria and typhoid, and requests for urgent treatment. It will take the dexterity of the attending physician for a proper evaluation and assessment to be carried out before adequate treatment is instituted.

**Continuing Professional Development**
The importance of capacity building in updating and equipping the knowledge and skills of the practitioners cannot be overemphasized. Knowledge, they say is power, including economic power! There should be regular professional development by way of lectures by accredited resource persons, seminars, workshops and conferences. Participation should be made compulsory by using credit points as yardstick for renewal of practicing licence.
In this regard, defunct PSP-ONE now replaced by SHOPS(strengthening Health Outcomes through the Private Sector) established by USAID has played a major role through the various trainings in Managed Care and Family Wellness Promotion, and Access to finance. Most doctors in the Lagos area have already benefited from these training. It needs to be extended to medical practitioners through out Nigeria. Moreso, in a bid to further their knowledge, practitioners
should avail themselves of short courses such as the Master in public health programme and the recently launched Diploma in Family medicine.

**Doctors in Government Employment**
The Nigerian Medical Association has the onerous task of ensuring regular and adequate remuneration of all doctors in the service of the Federal, state and local governments in line with the agreement reached with them. This category of doctors should be encouraged to show more dedication to their duties. The Medical and Dental Council needs to enact a law that dissuades our colleagues in public service owning a hospital/clinic until after retirement. This law will however not prevent them from partnering with full time private practitioners, on part-time basis.

**Group Medical Practice**
Group medical practices are defined as the practice of medicine by a group of physicians who share their premises and other resources. This type of practice would help to secure managed care contracts. Physicians new in group practice must develop a group perspective that reflects the different values, goals, governance structure, and decision-making approach needed for a group to succeed. As physicians enter into group practice, they face new challenges that they did not encounter in solo practice. Some of these challenges include the need to agree on a common vision and goals for the practice as they make decisions as a group. For a group practice to succeed, an effective relationship must be forged among participants. Such relationship is founded on common group values, shared goals, inclusive governance, and decision making by consensus.

Group practices have the following advantages over private practices:

- **Shared Responsibility:** Running an office requires a complex practice of management and regulatory responsibilities. In a group physician practice, one physician is not in charge of managing and regulating the office, the schedule, the employees, the patients and the finances because the group comes up with a centralized system in which everyone helps out and shares responsibility.

- **Increased Recognition:** According to the website of Health point medical group, patients prefer group medical practices which lead to higher levels of satisfaction from patients than solo practice. The reasons include the convenience of a variety of doctors in one location.

- **Flexibility:** In group practice, the schedule can be such that some doctors will always be available when others are not. Therefore; it is not the sole responsibility of a doctor to be on call 24 hours, a day and 7 days a week. Quality of life improves with ability to take personal vacation or sick leave and to create a more flexible schedule for family or business affairs. It will also allow time for doctors to take educational classes that will improve their knowledge and skills up to date.

**References:**
1. National Health Insurance Scheme Handbook and Operational guidelines.