Dial-a-Doctor services can complement health microinsurance products. A review found that 70 per cent of incoming calls for medical advice (typically for gastrointestinal, fever, and other common ailments) are resolved during the call. The most frequent recommendation is over-the-counter medicines, resulting in time and money savings for clients and schemes. The remaining 30 per cent of calls require referral for an in-person consultation with a doctor.

A Dial-a-Doctor service provides “virtual” consultations for patients and can be offered on either a standalone basis, or bundled with a health microinsurance product as a value-added service. In the latter scenario, smaller schemes use one or two in-house doctors to answer calls from clients. Larger services function as a call centre, with a team of nurses and doctors placed in a central location and accessible through the call centre. The more sophisticated programmes make use of clinical diagnosis algorithms, and nurses at the call centre screen incoming calls. The nurses make a diagnosis and provide clinical advice on relatively simple cases and refer the more complicated cases to a call-centre doctor.

The study, largely on schemes in the Indian subcontinent, estimates that Dial-a-Doctor services can save urban clients up to US$ 3 per family per year on medical consultations. In rural areas, savings from avoiding transport costs and lost earnings, in addition to those associated with the consultation, can be as much as US$ 10 per family per year.

By providing regular, tangible benefits to many more clients, value-added services like Dial-a-Doctor can enhance demand for voluntary health microinsurance schemes. Indeed, such value-added services can be part of an overall solution to provide better value to clients and improve the business viability of health microinsurance schemes.

To learn more, see Microinsurance Paper #19: Value-added services in health microinsurance [1]

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