

## Identifying Challenges of Covering the Universal Health Insurance Program and Analyzing in SWOT Model

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ARTICLE INFO	ABSTRACT
<p><b>Article type:</b> Original Article</p> <hr/> <p><b>Article History:</b> <b>Received:</b> 18 Aug 2022 <b>Accepted:</b> 22 Feb 2023</p> <hr/> <p><b>Key words:</b> Health, Insurance, Universal insurance coverage, SWOT model, Strategy.</p>	<p><b>Introduction:</b> This research aimed to identify the challenges of the universal health insurance coverage program in population, cost, and service dimensions and to provide appropriate strategies to achieve this goal based on the SWOT model in the General Department of Health Insurance of North Khorasan.</p> <p><b>Materials and Methods:</b> In this research, by using the Delphi method, the opinions of 43 experts about the strengths and weaknesses, opportunities and threats of the universal health insurance coverage program were collected through interviews and the first questionnaire, and with the help of the second questionnaire, the ranking and importance of each factor were determined. Using the SWOT method, appropriate strategies were compiled.</p> <p><b>Results:</b> The investigations collected ten strengths, eight weaknesses, ten opportunities, and eight threats. The analysis of these factors led to the codification of eight strategies in the ST region, four in the SO region, four in the WO region, and four in the WT region, and the determination of ten main challenges.</p> <p><b>Conclusion:</b> According to the calculations, the organization's strategy was placed in the ST area, and the challenges were collected by checking weaknesses and threats. North Khorasan Health Insurance General Administration's strategy was formulated using strengths to eliminate or reduce threats or homogenous diversity strategy and create diversity in services, and finally, solutions were proposed.</p>
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## Introduction

Since health plays a very important role in human life and its absence significantly impacts the quality of human life, maintaining and promoting health is one of the basic and vital needs for all communities, including our society.

In 2005, members of the World Health Organization defined a goal as universal coverage, committing themselves to expand the funding system so that all people could have access to health services that people would have no problem paying for (1).

According to the approach of the World Health Assembly regarding the achievement of all citizens of the world to a level of health that will enable them to achieve an economically and socially fruitful life (2). Also, according to the law of the Islamic Republic of Iran on protecting the insured in order not to be afraid of treatment costs and not to delay the repair of damage to health due to fear of heavy and sometimes devastating costs, one of the best solutions to publicize And the spread of global health is universal health insurance coverage for all sections of society.

In this way, by identifying and covering members of the community on the one hand and purchasing quality medical services from service providers (medical institutions, doctors, laboratories, etc.) in the country, on the other hand, organizations and insurance companies, according to the insurance laws and regulations, the maximum level of health can be created for the insured. The benefits for the service provider can be designed.

According to the vision document and the general policies of the Sixth Development Plan announced by the Leader of the Revolution in the health field and Article 29 of the Constitution, the Health Insurance Organization must provide universal insurance coverage for other members of society. The role of the health insurance organization, in addition to the population dimension, is mainly in the cost coverage or financial protection dimension of universal health coverage. Still, it can also play an important role in service coverage and the quality of universal health coverage (3).

Universal coverage ensures everyone can access the appropriate extension, prevention, treatment, and rehabilitation

services for a payable fee. Universal coverage has three basic dimensions: population coverage, health services covered, and the protection of financial risks (4). In addition to protection against financial risks, universal coverage has two additional aspects; the amount of population coverage and the depth of coverage. Creating universal coverage in some countries takes years to consider these two aspects (5).

The emphasis on goals should free us from the idea that only one tool (for example, insurance) is compatible with achieving universal health coverage. Instead, universal health coverage can be achieved through various approaches. The priority should be reducing current health system injustices (6). In Iran, too, the purpose of establishing an insurance system from the very beginning - at least since the adoption of the Constitution of the Islamic Republic of Iran - was for the insured not to be afraid of medical expenses and don't postpone the repair of damage to your health because of the fear of high and sometimes back-breaking costs (7).

The main challenge in universal coverage is to find ways to get rid of direct payments out of pocket and switch to prepaid methods. Solutions are generally complex, and the speed of prepayment mechanisms depends on countries' economic, social, and political contexts (4).

The main health insurance funds of the country have been established in different years, and each has its target group. This approach of gradual expansion has led to the current fragmentation of the health insurance system. It is the root of some justice and efficiency-oriented challenges facing the Iranian health system (8).

Insufficient and unfair coverage is not the only reason for financial system problems. Still, it is obvious that increasing capital, reducing dependence on direct payments, and increasing the efficiency of the financial system will improve health service coverage (1). Policymakers have three options for planning to eliminate direct payment and other forms. The first option is to replace the types of prepayments instead of the direct payment method, which is the most common type of advance payment, merging taxes

with premiums. The second option is to merge the scattered funds and turn them into a single fund, and the third option is to increase the efficiency of the funds (1).

Countries must base their health system strategy on internal conditions to achieve universal coverage. Another strict measure of governments is to increase their capacities and capabilities in analyzing and understanding the strengths and weaknesses of the current system. Based on the results, they can determine, implement, monitor, and reform health financing policies in the coming years (1).

It should be noted that the organization's strategic planning is significantly different from its long-term and traditional planning. Bruton also emphasizes that many health centers also have long-term plans in their workplace. Perlin found that more than 96 percent of medical centers have institutionalized long-term organizational planning (9).

*Research purposes:*

Main objectives:

- 1- Identifying the challenges of the universal health insurance coverage program.
- 2- Providing appropriate strategies based on the SWOT model.

Sub-goals:

- 1- Identifying the strengths of the universal health insurance program.
- 2- Identifying the weaknesses of the universal health insurance program.
- 3- Identifying the opportunities of the universal health insurance program.
- 4- Identifying threats to the universal health insurance program.

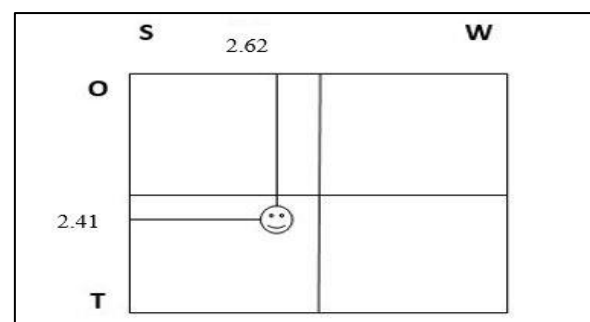
**Materials and Methods**

The present study is an applied goal in terms of purpose and a descriptive survey in terms of implementation method, which is done as a case study. In this research, the researchers intend to investigate the current status of universal health insurance coverage in three dimensions population coverage, cost coverage (or financial protection), and service coverage, using the Delphi method collected experts' opinions about the strengths and weaknesses, opportunities and threats of the universal health insurance coverage program. We obtain the final score

of the internal factors (strengths and weaknesses) and external factors (opportunities and threats) through the evaluation matrix of external and internal factors. (The degree of importance and ranking of internal and external factors has been determined by experts). The amount of importance is a number between zero and one. The sum of the importance of each external and internal factor is equal to one. A rank is a number between 1 and 4; in this way, for external factors, golden opportunity number 4, significant opportunity number 3, significant threat number 2, and serious threat number 1 are considered. Also, for the internal factors, the golden strength number is 4, considerable strength is 3, significant weakness is two, and serious weakness is 1. The final score value of each of the internal and external factors is equal to the sum of the product of the multiplication of the importance value in the rank of each of the internal and external factors.

Using experts' views on internal and external factors, the final score obtained from the external evaluation matrix was 2.41, which shows that the organization's ability to use opportunities and avoid threats is less than the average (2.5).

On the other hand, the final score obtained from the internal evaluation matrix was calculated as 2.62, which is higher than the average value and shows the strength of the organization's internal factors. As a result, the organization strategy should be determined in the area related to ST. In other words, the final score of the evaluation matrix of internal and external factors decided that the position of the universal health insurance coverage strategy in North Khorasan province is in the ST region (Figure 1). The results indicate the use of diversity strategies.



**Figure 1:** Determining the strategy

The results were analyzed using the SWOT analysis method. The SWOT matrix is one of the most important tools used in strategic planning, which is used to analyze the strengths and weaknesses within the organization and analyze the opportunities and threats outside the organization. Still, the main use of this matrix is in extracting and compiling the organization's strategies. SWOT is a tool to evaluate and analyze the current and future situation of the organization. As you can see in Table 1, the strengths and weaknesses are related to the status within the organization itself, and the opportunities and threats are related to the organization's environment).

**Table 1:** Strategy matrix SWOT

<b>External Factor</b> / <b>Internal Factor</b>	<b>Opportunities</b>	<b>Threats</b>
<b>Strengths</b>	SO	ST
<b>Weaknesses</b>	WO	WT

Ultimately, all these actions led to the codification of an appropriate strategy and counting the challenges for the optimal advancement of the program in universal health insurance coverage.

The statistical population of this study includes experts and specialists in the health insurance field in North Khorasan province. In this research, sampling was done in a purposeful and judgmental way, and the samples were selected directly from specialists and experts with the necessary information, knowledge, and experience regarding this research.

The sample size consists of 43 experts and specialists in the field of health insurance in North Khorasan province, of which six people have a doctorate, 31 people have a master's degree, and six people have a bachelor's degree. According to the Delphi method, the experts' opinions were initially collected through an open-ended questionnaire.

1. What are the strengths of the universal health insurance coverage program?
2. What are the weaknesses of the universal health insurance coverage program?
3. What are the opportunities of the universal health insurance coverage program?
4. What are the threats of the universal health insurance coverage program?

After collecting strengths and weaknesses, opportunities, and threats through the first questionnaire, using the opinions of 3 experts, the most important strengths, weaknesses, opportunities, and threats were selected based on the importance and frequency of the views.

After collecting the experts' opinions, the second questionnaire was designed to contain ten strengths, eight weaknesses, ten opportunities, and eight threats. Experts determined the importance and rank of these internal and external factors. In the next step, the area related to the strategy of the General Administration was determined using the external and internal evaluation matrix. Finally, strategies related to the ST, WT, SO, and WO areas were compiled using the SWOT model.

The challenges of the universal health insurance coverage program were determined according to the threats and weaknesses obtained from the experts' opinions.

**Results**

*Strengths of the universal Health Insurance Program*

- Agility of organizational structure, governmental nature of the system, financial independence, and the existence of young, teachable, and familiar with modern technology.
- Effective private sector use to provide universal coverage, including easy access to insurance services.
- Low premiums paid in the health insurance fund compared to self-insured (optional, etc.) of other insurance organizations
- Ability to cover people with different locations (rural, urban), jobs (employees, other strata), and different income levels

due to the variety of insurance funds and the existence of the condition of family coverage in different funds of the Health Insurance Organization.

- Supporting the deprived strata of society due to the lack of insurance premiums from the poor.
- Existence of a strategic plan in the field of universal health insurance coverage
- Stepping in the path of electronic organization and the efforts of managers of the organization to use systems and tools in the field of information technology to integrate the database of the insured, providing diagnostic and therapeutic services in the electronic context
- Promoting the status of health insurance in the public mind and even government officials and the feeling of relative satisfaction of the people with the treatment process in the province
- Operational experience and implementation of universal health insurance coverage in previous years and the existence of family and insurance information of insured persons over many years
- Ability to control the cost of diagnostic and treatment services provided to the insured and save resources to cover the new services required

#### *Weaknesses of the universal health insurance program*

- Inability to identify individuals without basic insurance
- Lack of effective information and empowerment of beneficiaries about the types of services and how to access and provide them in the Health Insurance Organization (including the lack of effective operation of the 1666 Center)
- Failure to set up a fully electronic system (elimination of paper notebooks) to carry out all related processes (issuance, renewal, service provision, etc.), Weakness in accessing timely, transparent, and reliable information and reports for decision-making.
- Non-implementation of strategic purchase
- Failure to fully implement the electronic organization, such as the lack of proper electronic infrastructure, failure to create a database of Iranians, and inability to review

and permanently resolve the overlap of the insurance of the insured with other insurance organizations.

- The lack of stable resources and specific and reliable methods of providing financial resources, including the lack of a strong lever to attract income in employee funds and other strata, and the lack of creating a suitable solution for the effective participation of the insured in the payment of per capita premiums in other funds (payment of premiums based on financial ability)
- Frequent changes in the guidelines of the universal health insurance coverage program and the inability to implement the compulsory basic insurance law
- The lack of desire of some people without basic insurance treatment coverage to use universal health insurance due to the lack of services in all non-university and private centers.

#### *Opportunities for universal health insurance program*

- The existence of upper laws (Constitution, policies announced by the Supreme Leader), including paragraph A, Article 70, Section 14 of the Sixth Five-Year Plan Law, health insurance coverage is mandatory for all members of the country's population, and the government is obliged to act to realize these policies.
- The possibility of attracting new financial resources due to the government's positive approach to the health sector and allocating 1% of the income from value-added tax to the health sector as a stable source and increasing the credits received from the government
- Passing effective laws, regulations, and bylaws in the parliament to develop the health insurance system, including the law on consolidating basic insurance organizations and relevant resources.
- Upgrading the level of electronic infrastructure of other related organizations, including civil registration, social security, etc., and by its nature, effective use of online information from other organizations, according to the conclusion of various memorandums of understanding, including the elimination of overlapping, financial ability assessment

law, and Identity inquiry from the civil registry, etc.

- Existence of experienced managers at the organization level who can consult properly and effectively with the higher institutions.
- Using the successful experiences of other organizations and collecting and analyzing the suggestions and criticisms of beneficiaries through the 1666 system.
- Increasing the insured's satisfaction and the social level of the health insurance organization among the members of the society to introduce the organization to the community as much as possible.
- The health and treatment category is known as one of the most important challenges of the social situation of society. It is raised as the slogan of the government and, of course, the relative adherence of the current government to the implementation and continuation of the health reform plan, even if it is incomplete, which can lead to the provision of financial resources, Payment of debts and expansion of universal health insurance coverage.
- Willingness of diagnostic and therapeutic service providers from other organizations and companies to cooperate with the organization
- Increasing bargaining power to attract resources (financial, human resources, equipment, etc.) due to the increase in the number of insured persons in the organization

#### *Threats of universal health insurance program*

- Different structures, rules, regulations, and instructions of insurance organizations and, of course, the difference in the insurance coverage basics of these organizations and the increase of insurance overlap.
- The low level of insurance culture among different strata of people in various dimensions, including the lack of demand and legal follow-up spirit, misuse of insurance booklets, and unhealthy views of some people in the insurance field.
- Lack of complete establishment of an integrated and online information system (two-way communication) between insurance organizations, such as the lack of suitable electronic infrastructure and the

inability to check and permanently resolve the insurance overlap of the insureds.

- Dissatisfaction and reduction of credibility and trust in the health insurance organization among the insureds for various reasons, including injustice in access to services and the existence of cost differences between government and private tariffs, and the large share of patients in the cost of services.
- Increasing the cost of medical services for various reasons, including misdiagnosis, medication errors, inappropriate treatment, receiving unnecessary services (induction services), focusing on treatment instead of prevention, and entering into contracts with doctors without regard to the quality of services provided by the doctor.
- The possibility of a serious challenge in the universal health insurance coverage program due to the dependence of the organization's financial resources on the government and the lack of timely allocation of approved (anticipated) resources due to the existence or occurrence of economic problems in the country.
- Failure to properly predict or approve the budget needed to implement new laws, regulations, guidelines, and tariffs approved by the government, parliament, etc., for political and economic reasons.
- Non-implementation of the family doctor and urban and rural referral system for various reasons, such as the lack of plan implementation culture among the insureds and contracting party institutions, lack of proper electronic infrastructure to implement a comprehensive and complete referral from level 1 to 2 and lack of effective supervision While providing services.

#### **Discussion**

In this research, first, using experts' average opinions, the internal and external evaluation matrices were formed, and the necessary calculations were performed. The analyses of these matrices showed that the final score of the internal evaluation matrix is 2.62, which shows the strength of the organization's internal factors. On the other hand, the final score of the external evaluation matrix was 2.41, indicating that

the organization's ability to use opportunities and avoid threats is lower than the average (2.5).

Finally, according to the obtained numbers, the position of the General Administration of Health Insurance of North Khorasan was placed in the ST area, according to the designated area, to determine the appropriate strategies and solutions using strengths to reduce or eliminate threats, as well as homogeneous diversity strategies, solutions to create new services of the type of services related to the field of treatment, as well as the challenges ahead of General Department of North Khorasan Health Insurance regarding the implementation of the universal health insurance coverage plan was designed as follows.

*What are the challenges of the universal health insurance coverage program?*

1- The challenge of being unable to cover all strata of society and improving the dimension of insurance coverage is due to the weakness of the inability to identify people without basic insurance. (Index of inability to expand insurance coverage of individuals)

2- The challenge of the insured's lack of knowledge about their material and moral rights regarding how to access insurance coverage and provide services and the effect of this issue on all three indicators related to universal insurance coverage. (Insurance coverage of individuals, services, and out-of-pocket payments) Due to the lack of information and effective empowerment of the beneficiaries regarding the types of services, how to access insurance coverage, and providing them in the health insurance organization (including the lack of effective launch of the 1666 center)

3- The challenge of not being able to buy the services the insured needs due to the lack of correct and complete implementation of the strategic purchase causes a decrease in the service index in insurance coverage. (Inability to expand required services and pay out of pocket)

4- The challenge of not being able to pay the claims of the contracting parties and reducing the influence of insurance due to the lack of stable sources and specific and reliable methods of providing financial

resources, including the absence of a strong lever to attract income in employee funds and other strata and the lack of creating a suitable solution For the effective participation of the insured in paying the per capita premium in additional funds (payment of insurance premium based on financial ability). (Inability to expand required services and pay out of pocket).

5- The challenge of not completing upcoming projects due to the frequent changes in the guidelines of the universal health insurance coverage program and the inability to implement the mandatory basic insurance law for treatment, which hurts three dimensions (insurance coverage of individuals, services, and out-of-pocket payments).

6- The challenge is the lack of willingness of some people without basic insurance treatment coverage to use universal health insurance due to the lack of services in all non-university and private centers, negatively affecting the insurance coverage index people. (Lack of insurance coverage and expansion of services)

7- The challenge of increasing the number of people with more than one Insurance booklet due to the different structures, rules, regulations, and guidelines of insurance organizations and, of course, the difference in the basics of insurance coverage of these organizations and increased insurance overlap (Insurance coverage of individuals, services, and out-of-pocket payments).

8- The challenge of unreliability, dissatisfaction, and lack of desire for health insurance due to the low level of insurance culture among different strata of people in various dimensions, including the lack of demanding spirit and legal follow-up, misuse of the insurance booklet, unhealthy views of some people in the insurance field and injustice in access to services and the existence of cost differences between government and private tariffs, and the large share of patients from the cost of services (Insurance coverage of individuals, services, and out-of-pocket payments).

9- The challenge of increasing the cost of therapeutic services for various reasons, including misdiagnosis, medication errors, inappropriate treatment, receiving

unnecessary services (induction services), focusing on treatment instead of prevention, and entering into contracts with doctors regardless of the quality of the services provided by them (out-of-pocket payments).

10- The challenge of not implementing the family doctor and the urban and rural referral system due to various reasons such as the lack of plan implementation culture among the insureds and Contracting party institutions, the lack of suitable electronic infrastructure to implement a comprehensive and complete referral from level 1 to 2 and the lack of Effective monitoring during service delivery (insurance coverage of individuals, services, and out-of-pocket payments)

*What are the appropriate strategies based on the SWOT model?*

The solutions and strategies compiled to advance the goals of the North Khorasan Health Insurance General Administration related to the coverage of universal health insurance in all four areas are as follows:

#### *Strategies formulated in the ST area*

After determining the position of the universal health insurance coverage strategy in North Khorasan province, we will use the SWOT method to formulate strategies related to the ST area in this organization.

1-Using the existing electronic infrastructure to create a platform to prevent overlapping insurance online (strength seven and threat one).

2-Using the existing electronic infrastructure to create a platform to check the rules and regulations of the insurance organizations online to avoid wasting time and confusion for the insurance coverage applicants (strength seven and threat one).

3- Using the capacity of Contracting party institutions and private sector contractors to explain the benefits of health insurance coverage and encourage society to purchase universal health insurance and explain the problems and threats faced by people in case of incorrect use of health insurance (strength two and threat two)

4-Saving resources and controlling diagnostic and treatment costs provided to the insured by using electronic

infrastructure and the stored resources to access new diagnostic and therapeutic services to create diversity and justice in access to services. (Homogeneous diversification strategy using strength ten and threat four)

5-The use of clinical guidelines (with the arrangement that the insurance pays diagnostic and therapeutic costs if they are provided based on clinical guidelines) to reduce the diagnostic and therapeutic costs provided to the insureds (misdiagnosis, medication error, receiving Unnecessary services, etc.) (Strength ten and threat five)

6-Planning and formulating various strategies to obtain the organization's financial resources and allocate the approved resources on time without considering the government's approach or the occurrence of economic problems in the country. (Strength 6 and Threat 7)

7-Using the necessary software and hardware infrastructure for the step-by-step implementation of the family doctor and the urban and rural referral system and, in parallel, promoting the plan implementation culture among the insureds and the contracting party institutions. (Strength 7 and threat 8)

8-Establishing universal health insurance using the financial ability assessment law for all strata of society with any income level (issuance of health insurance booklets for all strata of society with payment of insurance premiums based on financial ability) (Strength 3 and Threat 6)

#### *Strategies formulated in the SO area*

- Using the opportunity created based on the health insurance consolidation law and the strengths of the health insurance organization to unify health insurance in the country (Horizontal development strategy using opportunity 3 and strengths 2 to 9).

- Using clinical guidelines to control the cost of diagnostic and therapeutic services provided to the insureds and save resources to cover the new required services (strength 10)

- Due to the willingness of providers of diagnostic and therapeutic services of other organizations and companies to cooperate with the organization, it is possible to expand and conclude new contracts with



these institutions. Adopting a market development strategy from the series of development strategies is possible. (Opportunity 9)

- Using the platform of electronic organization and systems and tools in the field of information technology to increase the quality of diagnostic and therapeutic services concerning the possibility of monitoring during the provision of services (product development strategy using strength 7)

#### *Strategies formulated in the WO area*

- Using the electronic infrastructure of other related organizations to identify people without basic insurance (strategy of changing direction using opportunity four and weakness one)
- Implementing a strategic purchase in the electronic platform (strategy of changing direction using weakness four and opportunity four)
- Creating stable and reliable sources by using the tobacco tax law (strategy of changing direction by using weakness six and opportunity two)
- Proposing a single legal article to require the existence of basic health insurance coverage to receive some social services (such as banking services, school registration, obtaining passports, etc.) (weakness one and opportunity three)

#### *Strategies formulated in the WT area*

- Trying not to accept new duties and follow up on the required resources in case of notification of new laws and regulations and instructions to the health insurance organization (avoidance of threat 7)
- Avoiding the implementation of the family doctor and the urban and rural referral system until establishing a suitable electronic infrastructure for implementing a comprehensive and complete referral from level one to two. (Avoid threat 8)
- Setting up a completely electronic system to carry out all processes and create the necessary access to timely, transparent, and reliable information and reports for decision-making (Eliminating weakness 3)
- Creating solutions using electronic infrastructure to provide services to insured persons covered by universal

health insurance in all non-university and private centers (Eliminating weakness 8)

Research limitations

- Due to the change of laws in the Islamic Republic of Iran at high speed, the possibility of changing internal and external factors is very high, making it difficult for experts to respond.
- In terms of considering a specific period, the results of the current research do not have the necessary certainty for all periods, and its generalization to other periods requires careful consideration.
- The possibility of experts' lack of sufficient motivation to answer questionnaire questions, especially open questionnaires.

#### **Conclusion**

The final score from the external evaluation matrix was 2.41, and the score from the internal evaluation matrix was 2.63.

As a result, the organization's strategy was placed in the ST area. The challenges were gathered by checking weaknesses and threats. Finally, the North Khorasan Health Insurance General Administration's strategy was formulated based on using strengths to eliminate or reduce threats or on the homogenous diversity and creating diversity in services, and finally, solutions were suggested.

- In line with solution 1 in the ST area, using and setting up as soon as possible the web service (API) completely and operationally by the health insurance organization to perform various inquiries from other organizations, for example, authentication using a national code from the civil registry, checking the overlap of insurance through inquiries from different insurance organizations such as social security organization and medical services of the armed forces, etc. is suggested.
- In line with solutions 2, 4, and 5 in the ST area, monitoring during service delivery is suggested by placing the ruling bank and clinical guidelines on the health insurance organization's systems.
- In line with solution 3 in the ST area, it is suggested to create common interests between insurance and contractors of institutions if the laws are implemented correctly.

- In line with solution 6 in the ST area, following up on internal guidelines and regulations to convert them into applicable laws and regulations for all ministries, institutions, organizations, and people, such as the law of 1% of 9% value added tax, which is for Treatment is used, it is suggested.
- In line with solution 7 in the ST area, it is suggested to check the obstacles and provide solutions for implementing the urban and rural referral system plan.
- In line with solution 8 in the ST area, it is suggested to check the implementation challenges or remove the financial ability assessment law in the health insurance organization.

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