



Your Health After Service:

Know your Numbers, Know your DHML Healthcare Benefits

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Ice breaker: **Know your Numbers!**



“How many people here checked their blood pressure in the last one month?”

“How many can remember their last BP reading?”

“How many checked their blood sugar in the last three months?”

Outline

- Understanding WHO, WHAT and HOW of Hypertension
- Role of DHML in Promoting your Health after Service
 - Enrollee rights
 - Benefit package
 - Exclusions
- Conclusion

Why this TOPIC matters?

- ❖ Hypertension is a major public health challenge
- ❖ It is the leading cause of illness in older adults
- ❖ Military Retirees are at higher risk
- ❖ Late detection leads to preventable complications
- ❖ DHML supports early care, continuous treatment, and financial protection/catastrophic health expenditure

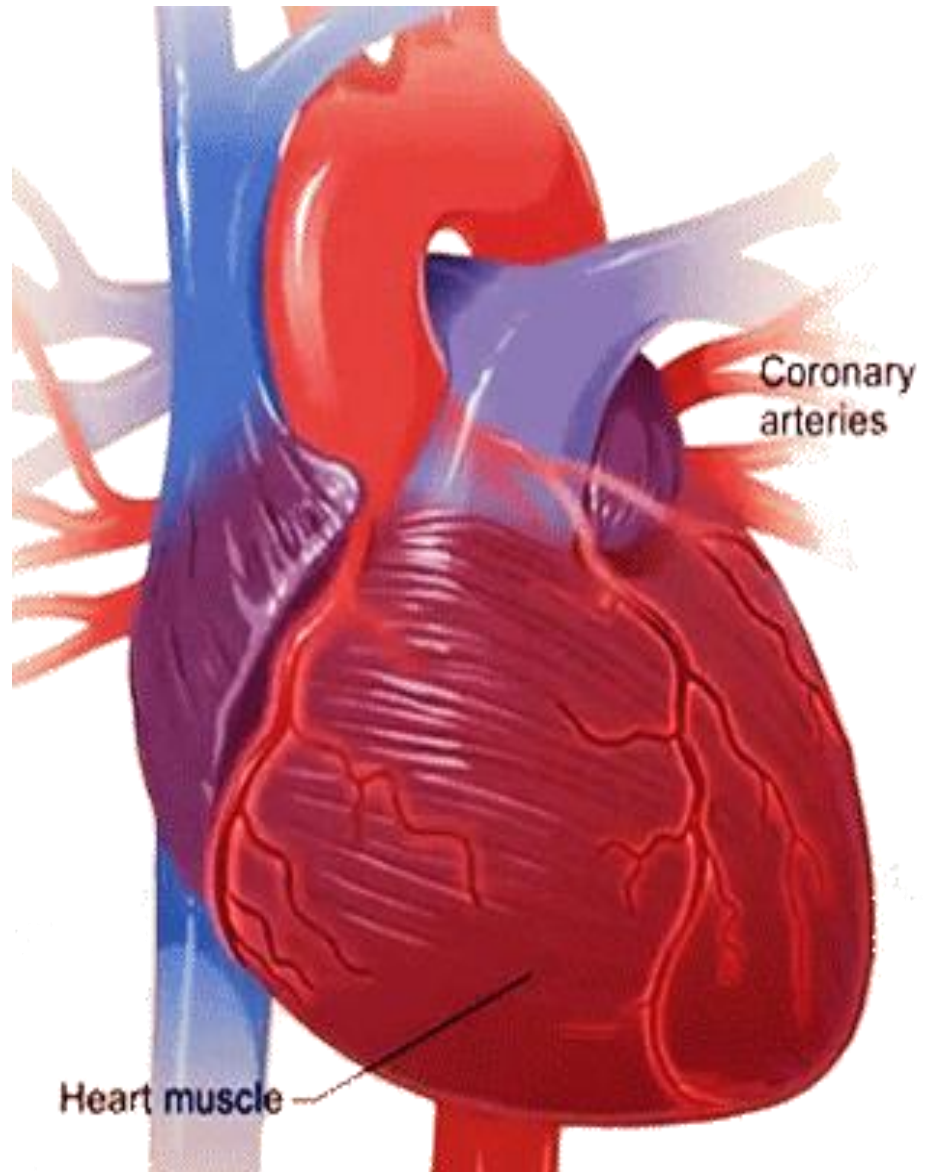


HYPERTENSION

The Silent Killer

Introduction I

- ❖ Hypertension aka high blood pressure
- ❖ Cardiovascular diseases are the **#1** cause of death globally
- ❖ They account for approximately **17 million deaths** in the world each year (WHO, 2019)
- ❖ The number of Nigerians aged 20 years and above with hypertension was estimated at **20.8 million for the year 2010**, and this has been projected to rise to **39.1 million by the year 2030**



HYPERTENSION

Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)
Normal	less than 120	and	less than 80
Prehypertension	120 – 139	or	80 – 89
High Blood Pressure (Hypertension) Stage 1	140 – 159	or	90 – 99
High Blood Pressure (Hypertension) Stage 2	160 or higher	or	100 or higher
<u>Hypertensive Crisis</u> (Emergency care needed)	Higher than 180	or	Higher than 110

WHO gets it? Risk Factors for Hypertension

Non-modifiable Risk factors – You can't change

- ❖ Age > 40 years – risk increases with age
- ❖ Family history-Father/Mother hypertensive
- ❖ Male gender –earlier; female after menopause- higher
- ❖ Black race – Africans have higher risk and earlier onset

WHO gets it? Risk Factors for Hypertension

Modifiable risk factors: As the world's population ages and grows, unhealthy behaviours.....



Unbalanced diet



Lack of physical activity



Smoking

Harmful alcohol use



Stressful lifestyles

Clinical Presentation

- ❖ It is a **Silent Killer** that can affect anyone.
- ❖ People often have no symptoms.
- ❖ Many go undiagnosed and are unaware of their high blood pressure and the associated health risks.
- ❖ Sometimes hypertension causes symptoms such as headache, shortness of breath, dizziness, blurred vision, chest pain, palpitations, poor sleep, leg swelling and nose bleeds in severe cases

Complications

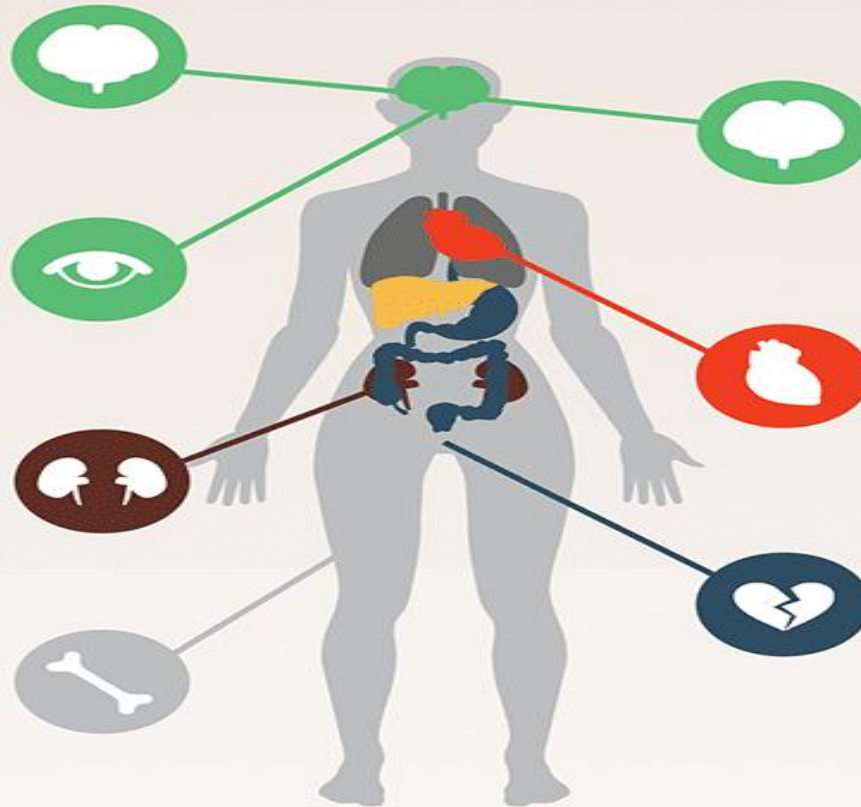
HYPERTENSION AFFECTS YOUR WHOLE BODY

STROKE
High blood pressure can damage blood vessels, causing them to burst or clog.

LOSS OF VISION
High blood pressure can lead to vision loss through retinopathy or glaucoma.

KIDNEY DISEASE
The kidneys are blood filters, and high blood pressure can damage or clog them.

BONE LOSS
High blood pressure can lead to more calcium elimination from your body, reducing bone density.



DEPRESSION & ANXIETY

Many medications for hypertension can lead to mood disorders, like depression.

HEART DISEASE

High blood pressure stresses the heart, increasing the risk of heart failure and heart pain (angina).

SEXUAL PROBLEMS

High blood pressure can lead to erectile dysfunction and decreased libido.

Social cost of Hypertension

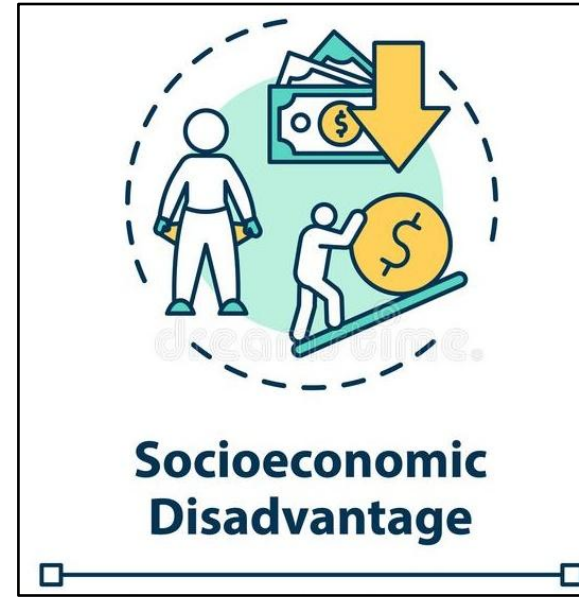
The results are devastating for both families and health systems...



Early death



Disability



Personal and Household Disruption



.....diminished workforce, and medical care expenditures take their toll on families, communities and national health budgets

Prevention and Control of Hypertension

Primary Prevention:

- ❖ Health Education, Nutrition (more fruits & vegetables), Exercise promotion, obesity prevention, alcohol and smoking cessation

Secondary Prevention:

- ❖ Early diagnosis (screening) and Treatment
(Pharmacological-medication adherence)

Tertiary Prevention:

- ❖ Physical and occupational rehabilitation in serious cases



Role of DHML in Promoting Your Health after Service

Introduction

- ❖ In October 2012, the FGN approved the inclusion of Military retirees into the NHIA, and full operations commenced in September 2014
- ❖ DHML has since then been providing access to healthcare services for the military veterans and their eligible dependants, thereby protecting families from catastrophic medical costs

About DHML I



DHML Administrative Network

(22 State Offices, 3 Liaison Offices, Head Office in Abuja)



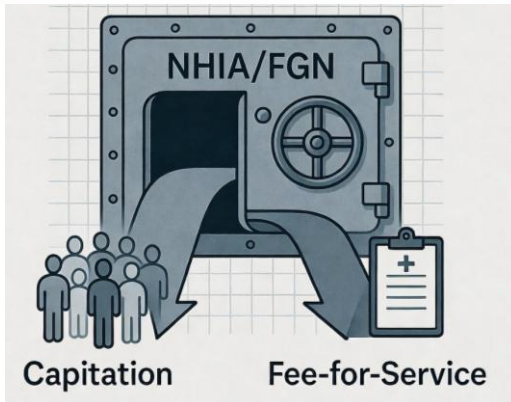
230 Military
Healthcare Facilities



800 Civilian
Healthcare Facility

Healthcare Provider Network (1030

(230 Military and 800 Civilian Healthcare Facilities)



Funding & Sustainability

*(FGN -> NHIA -> **DHML** -> HCPs via Capitation & Fee-For-Service)*

About DHML II



Trained and experienced workforce nationwide



Robust call center services in 26 locations nationwide

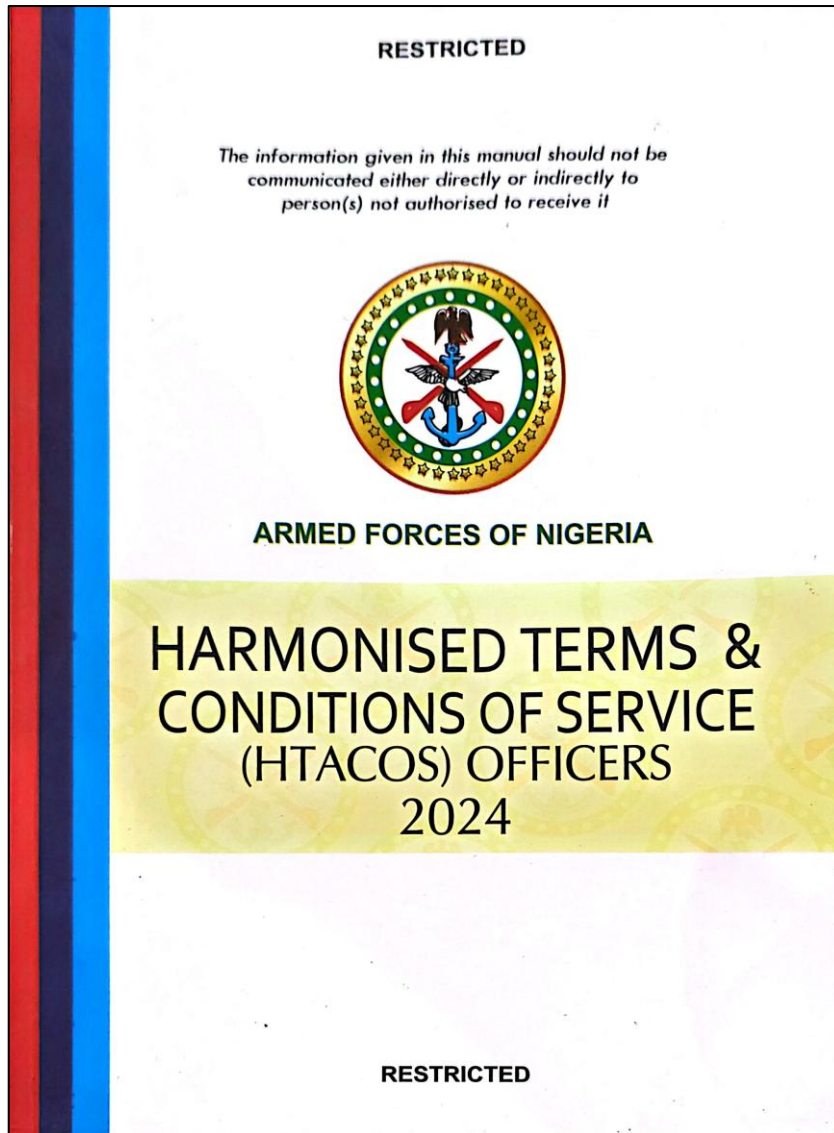


Integrated Health Management System



Monitoring & Evaluation of Healthcare Providers (HCPs)

How can you benefit from this programme?



CHAPTER 21- MEDICAL

21.08: TREATMENT AFTER RETIREMENT

All retired officers and their families shall be entitled to receive free medical treatment in Armed Forces of Nigeria and Government Hospitals. **Pg 61**



Budgetary allocation
for Medical services in
the AFN



- ❖ Each military retirees must **REGISTER** him/herself and eligible dependents with the NHIA through DHML

Rights of the Enrolee

- Right to access quality healthcare service
- Right to be treated with respect and dignity
- Right to information about your care and benefits
- Right to request referrals for 2^o or 3^o healthcare services
- Right to make complaints to your HCP, HMO or NHIA
- Right to prescribed generic drugs & diagnostic tests
- Right to choose your HCP & to **change after 6 months** if not satisfied with services

Benefit Package/Basket of Services 1

- ❖ Out-patient care, including necessary consumables as in NHIS standard treatment guidelines and referral protocol
- ❖ Prescribed generic drugs, pharmaceutical care and diagnostic tests as contained in the National Essential Drug and diagnostic test lists (with no co-payments)
- ❖ Routine maternity care for ALL pregnancies (four (4) live births) for every enrollee

Benefit Package/Basket of Services 2

- ❖ Preventive care, including immunization as it applies to the Expanded Programme on Immunization, health education, Child welfare services, ante-natal, post-natal care and family planning education
- ❖ Consultation with specialists such as Physicians, Pediatricians, Obstetricians & Gynecologists, General surgeons, Orthopedic surgeons, Ear Nose and Throat (ENT) surgeons, Ophthalmologists etc
- ❖ Hospital care in a standard ward for a stay limited to a cumulative 21 days per year following referral

Benefit Package/Basket of Services 3

- ❖ Eye examination and care
- ❖ A range of prostheses limited to artificial limbs produced in Nigeria
- Preventive/Promotive oral care and pain relief including consultation and dental health education

Total Exclusions 1

- ❖ Operational Injuries.
- ❖ Occupational/industrial injuries. These are covered under the Workman's Compensation Act
- ❖ Injuries resulting from conflicts, social unrest, riots, wars and natural disasters e.g. earthquakes, floods, or landslides
- ❖ Epidemics are reported by NCDC
- ❖ Drug abuse/addiction

- ❖ Family planning commodities, including condoms (LGA/FHI)
- ❖ Injuries arising from extreme sports, e.g. car racing, polo, boxing, wrestling, etc
- ❖ Surgeries such as: Organ Transplant, cosmetic surgeries, open-heart surgeries, laminectomy and neurosurgery (except Borehole),, etc
- ❖ Internal Medicine -Anti-TB drug, ARVs (NTLP/HIPC).

Total Exclusions 2

❖ ENT- Hearing aids and associated appliances

❖ Complicated Paediatrics - Congenital abnormalities

❖ Major/extensive surgical repairs, e.g. TOF, ASD, VSD, separation of Siamese twins, Hirschsprung disease, etc

❖ Obstetrics & Gynaecology – IVF

❖ Dental Care- Crowns, Bridges, Bleaching and Implants

❖ Terminal illnesses

❖ Pathology - Post-mortem examination

❖ Medical check-ups

Partial exclusions

- ❖ High technology investigation, such as a CT scan, MRI, the HMO will pay 50% of the total cost.
- ❖ Dialysis for Acute Renal Failure (maximum 6 sessions).
- ❖ Radiotherapy (cumulative of 400,000)
- ❖ Drugs, e.g. some Cytotoxic Drugs (ROCHE-NHIA-50%-30%-20%)
- ❖ All endoscopic/laparoscopic procedures

No to Refund BECAUSE THERE'S:

- **No FG Subvention**
- **No NGO Donation**
- **Depleted Reserve**



3 Key Takeaways

- ❖ 1 – Know your Numbers
- ❖ 2 – Take Charge of your health
- ❖ 3 – Know and Use your DHML benefits
- ❖ 4 – Get Registered

Conclusion & Call to Action

Your years of service have made a difference.

Let the years ahead of you count too

Protect your health, know your numbers, and
make the most of your DHML healthcare benefits





Any
Question