1. **Overall satisfaction with NHIS services (endline) (Table 5)**

   - **Endline:**
     PCC group: Mean = 3.62
     Control group: Mean = 2.95
     p = 0.0004

   Additional quantitative data:

   - Service accessibility: PCC = 3.12, Control = 2.85 (p = 0.048)
   - Financial accessibility: PCC = 3.01, Control = 2.72 (p = 0.043)

   Qualitative summary: Trust in providers improved under PCC, enhancing satisfaction; however, bureaucratic delays, medication stockouts, and limited service coverage continued to frustrate patients.

Table 5: Joint Display Table: Integration of Quantitative And Qualitative Findings

Retention Component	PCC-Exposed Mean Score (SD)	Control Group Mean Score (SD)	p-value	Qualitative Theme	Representative Quo
Retention Likelihood	3.45 (0.68)	2.89 (0.82)	0.0003***	Trust in providers increased retention, but administrative inefficiencies caused frustration	"I trust my doctor mor now, but NHIS still ha delays." (Male, 50)
Provider Communication	3.78 (0.71)	2.92 (0.84)	<0.001**	Enhanced communication fostered stronger patient-provider relationships	"I feel heard, and my provider explains thin better now." (Female, 46)
Overall Satisfaction	3.62 (0.75)	2.95 (0.88)	0.0004***	Higher satisfaction led to increased confidence in NHIS services	"I'm happier with the service, but they still r out of medications." (Male, 57)
Service Accessibility	3.12 (0.82)	2.85 (0.91)	0.048*	Patients appreciated better service responsiveness but faced continued delays	"Getting care is easie but approvals take too long." (Female, 39)
Financial Accessibility	3.01 (0.79)	2.72 (0.85)	0.043*	Cost savings were key to retention, but service coverage concerns remained	"NHIS is cheaper, but doesn't cover everyth I need." (Male, 55)

2. **Qualitative findings on barriers/facilitators to PCC (endline interviews)**

i. **Facilitators (Tables 6 & 7):**
   a. Faster provider responses
   b. Greater provider support in decision-making
   c. Increased family involvement
   d. Higher patient trust and satisfaction

ii. **Barriers (Table 8 & 9):**
   a. Limited consultation time, leading to rushed interactions
   b. Poor care coordination among healthcare teams
   c. Use of technical language hindering comprehension
   d. High provider workload reducing time for patient-centered care
   e. Lack of formal PCC training among providers
   f. NHIS system inefficiencies and medication stockouts

Representative quotes highlighted concerns about superficial communication despite faster responses, challenges with navigating treatment options, and persistent administrative barriers.

Table 6: Facilitators to PCC Implementation

Facilitator Type	Quantitative Evidence	Qualitative Evidence
Enhanced Provider Responsiveness	PCC group: 86.2% immediate feedback vs. control: 71.8%; p = 0.0006	*"I got a response quickly, and it made me feel like my concerns mattered." (Female, 52)*
Improved Provider Support in Decision-Making	Provider interaction score: PCC mean = 3.64 vs. control = 2.95; p = 0.0001 Shared decision-making: PCC = 3.22 vs. control = 2.51; p = 0.0001	*"For the first time, my doctor aske what I thought before making a decision." (Male, 42)*
Greater Family Involvement	Family involvement score: PCC mean = 3.22 vs. control = 2.56; p = 0.0001	*"The doctor made sure my wife was included in the discussion, which made me feel more comfortable." (Male, 56)*
Increased Patient Trust and Confidence	Retention likelihood: PCC mean = 3.45 vs. control = 2.89; OR = 2.78; p < 0.001	*"I used to feel like just another number, but now my doctor listen to me, so I trust them more." (Male, 50)*
Perceived Cost Savings Under NHIS	Financial accessibility score: PCC mean = 3.01 vs. control = 2.72; p = 0.043	*"Even if I don't always get the bes service, I know NHIS is cheaper than private care." (Female, 42)*
Positive Social Influence (Peer and Family Recommendations)	Not directly quantified	*"My brother convinced me to kee using NHIS because he has had good experiences." (Male, 40)*

Table 7: Qualitative Themes on Systemic Facilitators

Theme	Representative Quote	Percentage of Respondents Reporting
Enhanced Provider Responsiveness	*"I got a response quickly, and it made me feel like my concerns mattered." (Female, 52)*	48%
Improved Provider Support in Decision-Making	*"For the first time, my doctor asked what I thought before making a decision." (Male, 42)*	52%
Greater Family Involvement in Care	*"The doctor made sure my wife was included in the discussion, which made me feel more comfortable." (Male, 56)*	44%
Increased Trust and Confidence in Providers	*"I used to feel like just another number, but now my doctor listens to me, so I trust them more." (Male, 50)*	46%
Perceived Cost Savings and Affordability	*"Even if I don't always get the best service, I know NHIS is cheaper than private care." (Female, 42)*	41%
Positive Peer and Family Recommendations	*"My brother convinced me to keep using NHIS because he has had good experiences." (Male, 40)*	38%

Table 8: Systemic Barriers To PCC Implementation

Barrier Type	Quantitative Evidence	Qualitative Evidence
Limited Consultation Time	*PCC*: M=2.91, SD=0.87; *Control*: M=1.98, SD=0.93; p=0.0001	Enrollees noted rushed consultations despite improved communication
Poor Provider Coordination	PCC: M=2.93, SD=0.86; *Control*: M=2.51, SD=1.01; p=0.0001	Enrollees repeated information due to lack of inter-provide communication
Inadequate Communication Systems	*PCC*: M=2.85, SD=0.83; *Control*: M=2.45, SD=1.00; p=0.0001	Providers cited absence o systems for tracking patien feedback
High Provider Workload	*PCC*: M=3.22, SD=0.75; *Control*: M=2.51, SD=0.99; p=0.0001	Providers reported heav workload limiting personalized care
Limited PCC Training	*PCC*: M=3.09, SD=0.79; *Control:* M=2.28, SD=0.97; p=0.0001	Providers lacked formal PCC training and had to improvise
NHIS Service Inefficiencies	Not directly quantified	Delays in NHIS approvals and uncovered services affecte care
Medication Stockouts	Not directly quantified	Enrollees faced drug unavailability at NHIS pharmacies

Table 9: Qualitative Themes on Systemic Barriers

Theme	Representative Quote	Percentage of Respondents Reporting
Time Constraints Affecting PCC Implementation	*There's barely enough time for proper discussion with my doctor, even though they try to explain things better now. The waiting time is long, and consultations are rushed*. (Female, 42)	42
Lack of Coordination Among Providers	*Sometimes I have to explain my health condition multiple times because doctors don't always communicate with each other. It makes the care process very frustrating*. (Male, 55)	37
Inadequate Communication Infrastructure	*We don't have a structured way of receiving or tracking patient feedback. Many times, important information gets lost between visits*. (Healthcare Provider, 38)	29
Workload Burden on Healthcare Providers	*The workload is too much. We are expected to see so many patients that it becomes difficult to provide personalized care. PCC is good, but we need more staff to implement it properly.* (Healthcare Provider, 47)	50
Limited PCC Training for Healthcare Staff	*I was never trained in PCC before this study. We were just expected to figure it out ourselves. Many of my colleagues don't fully understand what PCC entails.* (Healthcare Provider, 35)	33

Data Sharing Plan:
De-identified individual participant data (IPD) and additional documents (protocol, statistical analysis plan) will be available upon reasonable request from the corresponding author (sam.ibeneme@unn.edu.ng) starting from 1 June 2022 and will remain available for a period of 5 years.

Adverse Events
No adverse events related to the intervention were reported during the study. Adverse events were monitored using a passive reporting approach, supplemented by routine follow-up questions during each outpatient visit. Participants in both groups were asked at each encounter whether they experienced any discomfort, negative reactions, or service-related issues as a result of care received. Healthcare providers were also encouraged to document any observed or reported adverse outcomes. No instances of harm or unintended effects were identified or recorded throughout the intervention period.