HQA HEALTH QUALITY ASSESSMENT

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COMMUNIQUE - SPRING 2019

On 7th August 2019 HQA hosted its 15th annual Industry Results Presentation and Clinical Quality Conference. It was well attended by participants reflecting the diversity and complexity of the South African Healthcare Industry. Representatives from medical schemes, administrators, managed care organisations, hospital groups, doctor networks, pharma, academic institutions, offices of the regulators and public health all engaged in healthy and fruitful debate on a wide range of relevant topics pertaining to measuring and improving clinical quality.

Collaboration and change is needed

Doctor Sipho Kabane, Registrar of Medical Schemes, opened the conference by referring to the WHO's dimensions of quality. Dr Kabane said the industry needs to develop one voice and has to ask what should be changed or adapted to improve the quality of care in South Africa. He said there is a need for convergence as the industry is very fragmented and would benefit from a uniform set of quality definitions, standards and measures. There is also a need to clarify the roles of the different agencies and to develop a higher degree of collaboration between them.

Primary care and chronic diseases remain areas of concern

A panel discussion followed the presentation of the 2019 Industry Report where the panelists and members of the audience commented on the low level of primary care delivery and the poor performance with regards to the management of chronic diseases, with HIV being the exception. Noteworthy was the positive results some schemes were able to achieve on diabetes management. A call for stronger leadership focused on quality of care was made where areas of consistent undesirable behavior/results should be challenged and tougher decisions have to be made. Patient perceptions were highlighted as a requirement to be measured alongside clinical outcomes. The steady rise in the prevalence of chronic and multiple chronic diseases, including mental health disorders, together with increasing levels of antibiotic prescription and the consistently high cesarean section delivery patterns raise many questions and provide scope for deeper investigation by quality improvement focus groups. A call was made that the impact of benefit design on quality should be researched, in addition to the role of providers and medical scheme member's accountability where benefits were available.

Standardizing definitions and coding is essential for reliable reporting

The presentations by actuaries A Lowe and R Harris stressed the importance of standardizing definitions and coding for clinical quality measures as a prerequisite for consistent and reliable measuring and reporting. Measuring across different datasets requires additional analytical and data storage capabilities. It is very important to capture line level data for global fees, alternative reimbursement models and capitation. If not, the

ability to measure quality is lost. A unique patient identifier is needed so as to be able to track patients across medical schemes and various databases, for example pharmacies, laboratories and hospitals.

HQA was challenged to expand its current focus on measuring processes from claims data to measuring outcomes from clinical data. The importance of being transparent and making results available to providers speak for itself. Doctors need protocols and standards to help them make the right decisions. Measuring and reporting on clinical data should not take away doctors' autonomy but should equip them with the best possible information, including patient centered data.

Measuring outcomes – what is needed?

The last item on the program was a brainstorming session about outcomes measures: which outcomes should be measured from what data and which techniques should be used?

The meeting suggested that:

-a team of practicing clinicians together with HQA's CAB should put forward a minimum list of priority outcome measures, for example two to three outcomes per condition

-the Actuarial Society of South Africa should sign off on HQA's risk adjustment methodologies

-capacity and capability should be created to access and analyze data from external sources for example mortality data, laboratory data and wellness data

-HQA needs to review the AHRQ preventable/avoidable admissions as a way of measuring outcomes

-mental health is growing in prevalence and should form part of a minimum set of outcome measures

-the impact of benefit and policy design on clinical quality should be assessed

-a standard package of benefits should be used for analyzing the difference between patients visiting GP's first versus going straight to a specialist

-HQA should continue working closer with hospital groups developing capabilities for including relevant clinical quality data for example infections, accidents, etc.

Moving to measuring outcomes should not, however, take the focus off managing and measuring structure and processes. If a high standard could be achieved and maintained across the board and clinical best practice processes be followed as the norm, this alone would improve outcomes considerably.

Going forward

HQA could not have come this far without the support of HQA's participating medical schemes, administrators, managed care companies and other health care organizations, its consultants, the Chairperson and members of the Clinical Advisory Board, members of the HQA Board and strategic stakeholders.

Going forward, taking up the challenge of measuring outcomes for the broader healthcare industry, HQA will build on the model that has served it well over the past 15 years. HQA will reach out to all strategic stakeholders

in the private and public sectors, to work together in a voluntary and safe environment, pooling knowledge, data and resources, and sharing the benefits of measuring and reporting on clinical quality. All this in the interest of a more sustainable healthcare industry for all South Africans.

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