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Highlights from the HQA Industry Results Presentation and Clinical Quality Conference held on 5th August 2021

Roadmap needed for a more equitable, resilient and sustainable healthcare system for South Africa

At the 17th annual HQA Industry Results Presentation and Clinical Quality Conference on 5th August 2021 Professor Glenda Gray, President of the Medical Research Council, spoke about the state of the South African Healthcare System in times of a pandemic and economic distress, and what roadmap is needed for delivering quality healthcare services to all, consistently.

Professor Gray reiterated that during the COVID-19 pandemic managing the healthcare system is a balancing act between saving lives and saving livelihoods. She reported that if you take into consideration the excess mortality from natural deaths the actual number of deaths during the period since the beginning of Covid-19 are likely to be 3 times more than the officially reported number of Covid-19 related deaths. This points to a data-gap and it is not clear whether the excess deaths are Covid-19 related or a result of a compromised healthcare system. Professor Gray said it is clear that the number of TB and HIV diagnoses dropped significantly since the beginning of Covid-19 and that there is a hesitancy from pregnant mothers to access ante natal care. These reduced levels of essential care and early identification of disease are of major concern.

Professor Gray said a more resilient and innovative healthcare system is needed and the choice is to continue as usual or to bring about transformative changes. Only through transformative changes would the South African Healthcare System become more equitable, resilient and sustainable. The maintenance of essential healthcare services and systems should be supported during and following the pandemic by prioritizing services, shifting service delivery, and actively managing the healthcare workforce, supplies and data. Financial barriers to essential services should be reduced and access to emerging technologies such as diagnostics, vaccines and treatments should be accelerated. There has to be a focus on the most vulnerable by ensuring the continuity of services in fragile settings and supporting efforts to reach marginalised populations.

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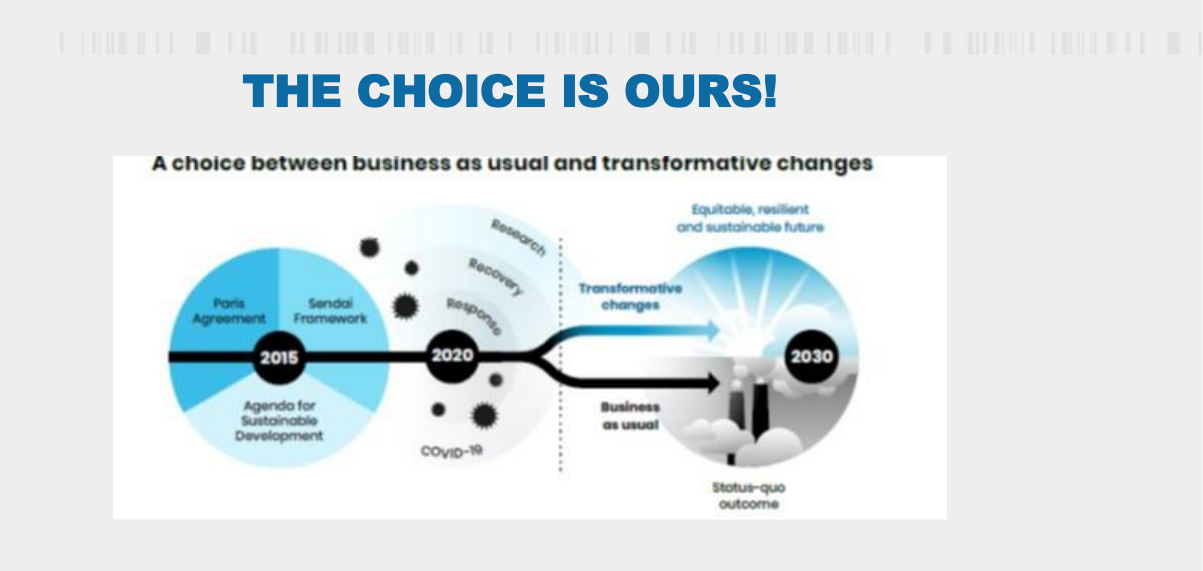
Professor Gray said game changing action is required. Healthcare organisations should structure themselves more innovatively. Governance strategies are required to foster more adaptable and resilient health systems. Digital health solutions and novel technologies are needed to bridge the gap in care, especially for patients in marginalised and rural areas.

Other actions required for improving the healthcare system involve more effective management of the healthcare workforce, a revision of health system financing arrangements, cross sectoral approaches, environmental sustainability, developing a link between climate change and zoonotic diseases, building public trust for collective action towards protecting health and a One Health Approach.



2021 Industry Results

For the 2021 HQA Industry Results Report data from 18 medical schemes, representing 91 benefit options and 78.7% of all insured beneficiaries (7.02million), was used for the annual analysis of 174 health quality indicators.

In this year's data analysis, based on 2020 claims data, the profile of the population reflects 46.3% males and 53.7% females and an average age of 34.4 years, up 2.38 years over the last ten years. Of the top 3 most common chronic diseases the data shows a prevalence of 11.2% beneficiaries with hypertension, 4.3% with diabetes and 3.6% with asthma. 23% of beneficiaries have at least 1 chronic condition and 9.8% have more than 1 chronic condition.

In 2020 hospital admissions were lower with 10.91% of all beneficiaries admitted, down from 15.4% in 2019. 2.54% beneficiaries were admitted more than once, down from 3.8% in 2019. 9.65% beneficiaries with no chronic condition were admitted, down from 14.6% in 2019. 15.1% of beneficiaries with a chronic condition were admitted, down from 17.6% in 2019. The downward trend of admissions in 2020 can be ascribed to the reduction of scheduled procedures due to COVID-19 related reasons. The pandemic resulted in hospital capacity coming under pressure and the COVID-19 negative population reluctant to seek hospital care. It is noteworthy that the admissions during the pandemic in 2020 for beneficiaries with a chronic condition remained relatively high, compared to admissions for beneficiaries with no chronic conditions.

One of the categories of HQA's annual analysis is prevention and screening. Although there appears to be a steady improvement in indicator measures year to year, the results do not compare favourably with international benchmarks. Of the at-risk population in South Africa 20.4% of woman went for a mammogram (67% internationally) in the previous 2 years. Coverage for cervical cytology in South Africa is 31.4% for a pap smear in the previous 3 years, compared to 70% internationally. Screening for colorectal cancer, via colonoscopy, was undertaken in 9.8% of lives compared to 56% internationally, and flu vaccines uptake in the over 65's was 16% compared to 44% internationally.

In summary there was a lower patient/doctor engagement in 2020 than in previous years. The highest quality scores were achieved where a general practitioner and a specialist were involved with the same patient. There was a reduction in hospital admissions with an increased length of stay. Admissions for beneficiaries with no chronic conditions or with better managed chronic conditions were lower than those with poorly managed chronic conditions. In 2020 106 out of every 1000 beneficiaries (2019: 135.2/1000) were admitted at least once and 25.4 out of 1000 beneficiaries (2019: 34.9/1000) were admitted more than once. The HQA analysis revealed a pattern of health seeking behaviour that could be economically driven. There is a constant trend of medical scheme members opting for more affordable benefit options, resulting in reduced access to healthcare. A continuation of this trend may have a negative impact on the quality of healthcare. This should not be interpreted as if the more affordable options do not offer benefits for sicker beneficiaries. All the chronic diseases analysed in the HQA Report appear on the Chronic Disease List (CDL) and most of the healthcare services represented by the process measures pertaining to chronic disease management should form part of Prescribed Minimum Benefits (PMB's). The lower scores in prevention and screening and chronic disease management than in previous years could have a negative impact on the burden of disease and the development of co-morbidities and complications, and should be monitored. The lower utilisation of hospitals for elective procedures during the period of the pandemic may lead to a sharp upward trend once the pandemic has ended.

HQA's results should be interpreted with caution as there are a multitude of reasons why a specific quality indicator could be performing well, or not well. The Healthcare System is complex and there are many aspects of it that contribute to the quality of the healthcare patients receive. What is important is that the results are shared with the HQA participants and stakeholders and used for continuous improvement.

Registries a safe way to improve

In his presentation, Dr Eric Hans Eddes from ICHOM emphasised the importance of a physician-led approach towards developing outcome measures. Equally important is the involvement of patient advocacy groups in designing Patient Reported Outcomes (PROMS).

Dr Eddes in his presentation referred to Michael Porter saying that a big problem with inefficient healthcare models is that competition is taking place at the wrong levels. Providers of healthcare services should compete on the value of care, with value being defined as the quality of the healthcare services received for the cost expended. Healthcare systems should become more patient centred to be more sustainable. He presented data on different indicators of quality of care that have improved since the inception of registries but he said that it does take time to get the process up and running.

Multi-stakeholder approach required

In the panel session that was facilitated by Dr Boshoff Steenekamp at the end of the Conference it became clear that there are different mandates relating to clinical quality and that a coordinated effort is required.

The Office of Health Standards and Compliance (OHSC) is mandated to monitor and enforce compliance by health establishments with norms and standards prescribed by the Minister of Health in relation to the national health system.

The Council for Medical Schemes (CMS) has, amongst others, the function in terms of the Medical Schemes Act, to protect the interests of beneficiaries at all times, and to make recommendations to the Minister of Health on criteria for the measurement of quality and outcomes of the relevant healthcare services provided for by medical schemes, and such other services as the CMS may from time to time determine.

HQA is an independent, Not-For-Profit and Public Benefit Organisation established in 2000, aiming to become the leading clinical quality measurement and reporting organisation for the whole South African Healthcare System.

The Health Market Inquiry (HMI) in its Report of November 2019 referred to the importance of clinical quality for a sustainable healthcare sector and suggested HQA should establish an initial Outcomes Measurement and Reporting Organisation (OMRO) through working closer with practitioners and facilities.

HQA performs a supporting role with respect to the mandates of OHSC and CMS, in a transparent and collaborative way.

Dr Angelique Coetzee, National Chairperson of SAMA, confirmed the importance of clinical quality measurement and SAMA's commitment in that regard. She said a multi-stakeholder forum should agree on the standards and guidelines for measurement with a focus on what would be in the best interest of the patient.

Dr Roshini Naidoo from Discovery shared her knowledge and experience of ICHOM and her support of ICHOM's strong emphasis on Patient Reported Outcomes (PROMS) as a measurement of outcomes. Dr Naidoo said she would be comfortable with multiple stakeholders from the South African healthcare sector to be convened around HQA and ICHOM, with the aim of developing a set of outcome measures for South Africa.

Dr Sipho Kabane, Registrar of Medical Schemes, said the Council for Medical Schemes has a dual role to play regarding quality, firstly to consider how it should regulate and secondly to collaborate on developing a single set of standards, guidelines and protocols to be applied across the public and private sectors. There is a need for a National Coding Authority and there should be only one Industry Report on clinical quality. The findings from such a single and holistic view on clinical quality should be used to inform the Minister of Health and the development and management of the NHI.

Dr Tryphine Zulu from GEMS said that health economics is very much about monitoring outcomes and to maximise the utilisation of scarce resources. Which benefit at what cost for which segment of the population, is what has to be decided. Dr Zulu argued for one set of standards and guidelines for doctors and to find the most effective way for incentivising the supply side and the demand side.

Dr Siphiwe Mndaweni, CEO of the Office of Health Standards and Compliance (OHSC), expressed her appreciation for the multi-stakeholder forum created by HQA and for reaching out, and said the OHSC's current focus is on structure, but that it also sees process and outcome measures of quality being part of its mandate. She said the OHSC follows an incremental, developmental approach and cannot start from scratch, nor would it prefer to reinvent the wheel if it already exists. Clinical quality is still not regulated and many silos exist. Dr Mndaweni said the preferred way forward would be for stakeholders, inclusive of patients and practitioners, to collaborate on definitions of quality and the methodologies to measure and report.

Professor Ethelwynn Stellenberg from University of Stellenbosch presented on behalf of patients and shared a few slides on the huge negative impact malpractice has on clinical quality and the financial resources of the country. Claims for malpractice in 2016 totalled 40 billion rand, in 2020 104 billion rand and in 2021 it already exceeds 106 billion rand. An analysis of 325 trial bundles (122 private sector and 203 public sector) revealed that clinical management was the cause of adverse events in 90% of the examples (93% in the private sector and 88% in the public sector). Of these clinical adverse events 89% on average were severe, 39% in the private sector and 70% in the public sector. These adverse events analysed resulted in reduced quality of life (76%), an increase in hospital stays (71%), additional surgery (26%), disablement (54%) and death (9%). Nursing, and especially midwife nursing, was the largest contributor to these adverse effects. Prof Stellenberg recommends the promulgation of CPD training for members of the SANC as an urgent step to improve the quality of care in hospitals and to reduce the number of malpractice cases. Other areas to improve are training and supervision, regular workshops and the introduction of validated guidelines. She closed off by saying that profits should not compromise safety and quality of healthcare.

Professor Eric Buch, CEO of College of Medicine South Africa (CMSA) stated that although the CMSA is better known for its role as an accreditation body for examining specialists and sub-specialists, its purpose includes the promotion of the highest degree of clinical skill and efficiency, ethical standards and professional conduct. The CMSA is a Not-For-Profit Company with 10 000 members and the 29 different colleges is structured as a Federal and is governed by a Senate. The CMSA sees its role to include the promotion of clinical quality and is willing to collaborate in that regard.

About HQA

HQA was formed in 2000 as a Not-For-Profit organisation. At its inception it formulated a long-term vision to become the leading benchmarking and standard-setting body for clinical quality measurement. Its aim was to include the whole of the South African healthcare industry, while realistically accepting that it would take many years to accomplish this vision. From humble beginnings and with the initial support of only a handful of medical schemes and administrators, it has progressed to a point where today it was able to release its 17th consecutive annual Industry Report on clinical quality with individual Scheme Reports to 18 medical schemes. Perhaps more cogently, the reports, that now include data on almost 80% of the insured lives of the South African health care industry, delivered an environment where clinical quality is measured against national and international benchmarks and standards. As

a consequence, through multiple initiatives initiated by all involved, the performance on clinical quality reporting has improved steadily year after year.

Since the beginning HQA followed a collaborative approach and encouraged voluntary participation in a safe environment, underpinned by strict data security and confidential reporting on a 'no blaming, no shaming' platform. The annual Industry Report showing major trends on a non-identifiable basis of any participant is shared with HQA's stakeholders.

HQA's Clinical Advisory Board (CAB) has proved, over many years, to be an effective, multi-stakeholder, collaborative forum for developing and reviewing HQA's indicators, as well as its measurement and scoring methodologies. A stable set of approximately 174 indicators has now been developed, of which the majority are process indicators. At this time, medical schemes' claims data is still the main data source.

In the Health Market Inquiry (HMI) Report released in November 2019, it was recommended that HQA should expand its clinical quality metrics to include outcomes measures. Furthermore, the report encouraged HQA to work more closely with health care facilities and practitioners. This has resulted in an attempt to fast-track elements of HQA's long-term strategy.

Following the recommendations of the HMI, the HQA Board responded proactively in 2020 by amending HQA's Memorandum of Incorporation (MOI) to allow healthcare facilities (such as hospitals) and practitioners to be enrolled as participating members of HQA with similar voting status as medical schemes. The changes to the MOI also made provision for facilities and practitioners to be represented on the HQA Board. The revised MOI has been aligned with the current Company Law whereas the previous version was still based on the old Company Law that was in force in 2000 when HQA was constituted. The HQA Board is confident that these changes will position HQA to be able to serve more effectively the broader health care industry and the public of South Africa. HQA has retained its Not-For-Profit status and is also registered as a Public Benefit Organisation.

While HQA is making progress towards measuring clinical outcomes, it is mindful and respectful of the roles and responsibilities of its Regulators, namely the Council for Medical Schemes (CMS) and the Office of Health Standards and Compliance (OHSC), in that regard. HQA performs a supporting and complimentary role, in close collaboration and in a transparent manner.

In the past year the CAB has begun to develop separate workstreams for the facilities and practitioner sub-groups. HQA has also engaged with the Dutch Institute of Clinical Auditing (DICA) and the International Consortium for Health Outcomes Measurement (ICHOM) seeking to align with international standards and benchmarks.

Looking to the future, HQA is committed to continue developing clinical quality standards and benchmarks for as many role players in the South African health care industry as possible. It has embarked on an ambitious path to draw in more players in both the private and public sector. And, as ever, HQA will continue to strive to be a well governed and sustainable going concern serving the interests of all in our country.

"If you want to get somewhere quick, go alone. If you want to go somewhere very far, go together!"

Prepared by: Louis Botha
CEO
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