

COMMUNIQUE THIRD QUARTER 2023

1) 19th Annual Industry Results Presentation and Clinical Quality Conference

On 18th August 2023 HQA held its 19th annual Industry Results Presentation and Clinical Quality Conference. It was a virtual event with attendance varying between 100 and 120 during the day. The event was accredited for CPD points and it was hosted on DH's electronic platform.

Health Quality Measurement and Reporting Continues to Evolve – A Global Perspective

The first speaker was Dr Roshini Moodley Naidoo who presented from Boston in the US, where she is now based. She said that during the period of Covid 19 the pace and nature of innovation in the international healthcare landscape changed dramatically and opened many new opportunities.

Dr Naidoo highlighted the following areas in particular:

- patient centric: at least 60% of patients expect to be able to schedule an appointment online
- data driven: there is a great shift towards getting the right data to the physician at the right time to make the right decision
- value based and risk-bearing: this trend is expected to grow to covering 22% of all patients by 2025
- enablement by new medical technologies: there is a rapid growth in wearables and remote monitoring for prevention and mitigation of disease progression
- in the home: Covid 19 enabled growth in segments, for example infusions, dialysis, hospital at home
- virtual: grew by 3000% during Covid
- transparent and interoperable: regulatory pressure for price transparency and mandatory data

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Directors: BA Dickson (Chairperson) Dr JHB Steenekamp (Vice Chairperson)
Prof MN Chetty*, S Collie, Dr G Goolab, Dr V Gqola, Dr U Mahlati, M Marais, Dr PJ Matley, Dr U Pillay, Dr K Smith, Dr P Soko, G Timothy*
(*Alternate Director)

-private investors: private investments in health care during the period 2014 to 2021 was 29% higher than in other areas

-ambulatory: a growing segment with reduced LOS, improved outcomes, and higher operating margins

-integrated yet fragmented: care coordination will define shifts from specialised to consumer-centric and value-based models

She continued with saying the following areas are earmarked for an increase in focus:

-data-driven real-time decision making: the ability to integrate big data into clinical work flows

-developing universal standards: creating balance between measuring everything important and reducing measuring proliferation. Measurements should be prioritised, meaningful for patients, aligned with national quality strategies and organisational focus areas

-equity: the Institute of Medicine stated in 2001 that provision of care should not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status

-patient centricity: organisations and provider groups should develop a culture of patient safety and centricity

Dr Naidoo said the value of measuring and reporting quality is that it unlocks the unknown. We cannot improve what we do not know!

HQA 2023 Industry Results Presentation

The next presenter on the agenda was Dr Johann van Zyl who presented the Industry Results. The 2023 results are based on a data set representing: 18 schemes, 130 benefit options, 7 administrators, 7.37million beneficiaries and measurement took place across 4 categories and 272 indicators. It was encouraging to note the improvement in certain of the indicators measured over a long time, for example diabetes management. There are, however, several indicators still not moving in the right direction. All the participants' results have been downloaded and appointments scheduled for presenting their scheme specific results.

Different Users Have Different Purposes and Needs for Measuring Health Quality

The first panel session dealt with a statement that measuring and reporting quality of health care has different purposes for different users. In the introduction by Dr Boshoff Steenekamp he shared a slide of the WHO that states the following:

-Governments have a need to monitor quality assurance and accountability and have a need for a few aggregated composite generic indicators with a focus on outcomes

-Regulators must check compliance to quality assurance and have a need for a bit more aggregated composite indicators for structures, processes, and outcomes

-Purchasers and payers must focus on quality assurance and quality improvement and have a need for a few aggregated composite generic indicators and many disease-specific indicators for structures, processes, and outcomes

-Provider organisations have a need to continuously improve quality and need many disease-specific indicators with a focus on processes

-Health professionals have a similar responsibility to continuously improve quality and need many disease-specific indicators focusing on processes

-Patients want to know that quality assurance and accountability exist and need disease-specific aggregated information on outcomes, processes, and structures – with an option to disaggregate

-Citizens need aggregated generic information on outcomes showing that there is quality assurance and accountability in the healthcare system

Panellists Prof Lilian Dudley (OHSC), Dr Naomi Folb (Medscheme), D Stan Moloabi (GEMS), Dr Nelda van Soelen (Mediclinic) and Dr Unben Pillay (IPAF) then each shared their respective quality measurement and improvement goals and objectives and initiatives

A Universal Health Quality Measurement and Reporting Strategy Requires Standardised Metrics and Risk Adjustment Methodologies

Next on the program was Adam Lowe (NMG) presenting on the importance of standardised indicators, coding, and risk adjustment methodologies for a successful universal health quality measurement strategy. Adam said standardisation of indicators and risk adjustment methodologies is important for the following reasons:

-standardisation can lead to easier understanding and interpretation of the quality metrics

-published standards lead to interrogation and ongoing improvement of the reporting process

-standard metrics allow for comparability between time periods/facilities/practitioners/funders on a fair and equal basis

-standardisation allows facilities, practitioners, and funders to have clear focus areas to improve performance

Adam explained the work being done by the TAC (Technical Advisory Committee), the aim of which to continuously review the coding and risk adjustment methodologies being used in the reporting and scoring of the HQA participants' results

Why Is Public Reporting Necessary and How to Go About It

The last item on the program was another panel session facilitated by Dr Jacqui Miot (CAB) debating why public reporting is necessary and how to achieve.

From the panel discussion and views of panellists Shirley Collie, Dr Paul Soko and Dr Angelique Coetzee, it was agreed that some form of public reporting is necessary as the public needs to know what quality of healthcare is available at the various hospitals, clinics, doctors, and other healthcare facilities. The aim of public reporting should be to increase transparency, accountability, and patient empowerment in the healthcare system. Reporting to patients and citizens is recommended by the WHO and it was also a recommendation of the HMI. Sharing of results will also assist practitioners and facilities to improve and to support value-based funding arrangements. HQA aims to facilitate a process for developing an effective public reporting strategy together with its stakeholders. Diabetes -HbA1c and Breast Cancer – Mammograms will be used as a start.

“We are what we repeatedly do. Excellence then, is not an act, it is a habit.” Aristotle

2) AGM

At the AGM in the afternoon of 18th August 2023 Dr Guni Goolab was elected and welcomed as a new director of HQA. He is the previous CEO of AstraZeneca and of GEMS, current Chairman of Thebemed and a director of Lenmed. The BOD now consists of: Mr Bruce Dickson (Chairman and an independent), Dr Boshoff Steenekamp (Vice Chairman), Prof Morgan Chetty* (IPAF), Dr Guni Goolab (Thebemed), Shirley Collie (DH), Dr Vuyo Gqola (GEMS), Dr Unati Mahlati (DHMS), Mathilda Marais (Bonitas), Dr Philip Matley (SAPPF), Dr Unben Pillay (IPAF), Dr Kim Smith (Mediclinic), Dr Paul Soko (Life Healthcare) and Geraldine Timothy* (DH). (*Alternate directors) Dr Niri Naidoo was not available for re-election and was thanked for her valuable contribution over the last three years.

The Audited Financial Statements of 2022 were adopted by the Members and the going concern status of HQA was noted.

3) CAB

The CAB met again on 5th September 2023 for the start of the annual reviewing process of the HQA indicators for the 2024 reporting cycle, building on suggestions arising from the Industry Results Conference, a list of indicators carried over from the 2022/23 review and new items raised in the various CAB meetings and other working groups, such as indicators for measuring rehab programs following back surgery.

4) Practitioner Pilot Report

A health quality pilot report for practitioners has been developed and will be presented to the doctors who are participating in the pilot at a meeting to be convened in the next few weeks. A strategy will be developed to roll this out to all general practitioners, should the pilot be successful.

5) Clinical Registries Working group

The **Localised prostate cancer registry** small Working Group has met to finalise the indicator set and some of the remaining issues around the protocol. At this stage the following facilities could potentially participate: recommendations were made for Tygerberg Academic Hospital, Chris Hani Baragwanath Academic Hospital, Sunninghill Hospital and Pretoria Urology Hospital. NMG is now finalising a proposal regarding the Conformat software that may be used to capture the data online and a cost estimate. It was agreed in the CRWG that it would be better to use a customised platform rather than RedCAP as it will ensure the data is collected and stored with HQA and not on a university server. HQA also liaised with the National Cancer Registry, aiming to develop a collaboration as the pilot moves forward.

6) General

All HQA's participants, other member organisations and stakeholders are commended for their efforts in this regard. Everyone participates/collaborates voluntarily, sharing a common goal of improving the quality of healthcare patients are receiving from the South African healthcare system.

Prepared by: Louis Botha (CEO)
15th September 2023

"Coming together is a beginning, staying together is progress, and working together is success." Henry Ford

Arianna Huffington wrote: Healthcare is broken. Chronic diseases are eating up an increasing share of healthcare resources in every healthcare system across the world in ways that are not sustainable. Yes, there is a golden age innovation happening in the form of new technologies and AI. But we cannot let these extraordinary advances blind us to the tragedy of modern healthcare and to the much-neglected miracle drug right in front of us: our daily behaviours. Whether for preventing disease or optimising the treatment of disease, behaviour is indeed a miracle drug. There are five fundamental daily behaviours that make up this miracle drug: sleep, food, movement, stress management and connection.

(If interested in more info about the miracle drug, watch Secrets of the Blue Zones on Netflix.)

