

T: +27 (0)82 453 5130 E: lj.botha@iafrica.com W: www.hqa.co.za PO Box 74960 Lynnwood Ridge

COMMUNIQUE AUTUMN 2018

Preparations are well underway for HQA's 14th annual Report on the status of clinical quality in the South African Private Healthcare Industry. Please diarize 8th August 2018 for attending HQA's 14th annual Industry Results Presentation and Clinical Quality Conference in Centurion. An invitation and a detailed program will be send to you within the next few weeks.

HQA today proudly represents forty member organizations, including nineteen medical schemes representing almost eighty percent of all the medical scheme insured lives in South Africa. These lives depend on the medical schemes they belong to for access to quality health care, affordably, sustainably.

From time to time it is important to remind ourselves why we do this in the first place. HQA's clinical quality measurements and benchmarks have been developed for medical schemes and their service providers to identify areas for improvement and to monitor results on new initiatives. Together with their administrators, managed care organizations and health care providers they continuously strive towards improving the quality of the care of those depending on them.

HQA's comprehensive set of clinical quality measures are used by medical schemes for:

- -benchmarking themselves against peers, norms and standards
- -measuring their progress over time
- -identifying gaps and areas for improvement

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Following on the identification of gaps and areas for improvement is further analyses and developing an understanding of how care could be improved:

- -does the benefit structure allow access to quality care?
- -had the rules of the medical scheme been designed with an aim of providing quality care?
- -are services being procured/commissioned with an aim of providing quality care?
- -are there incentives and penalties in place for achieving/not achieving the desired results?
- is quality care entrenched in the culture of the medical scheme and its coworkers and had members and doctors been made part of it?

Please ensure that any inhouse codes relevant to the HQA indicators are made available to HQA's consultants. Considerable progress has been made to include inhouse codes in order to improve on the accuracy of measures, particularly in relation to HIV Testing and Counselling from activities such as Wellness days. However, bundled codes remain a challenge and schemes are requested to consider providing individual codes for each healthcare service provided in these activities.

Participating medical schemes are encouraged to access their quarterly results from the password controlled portal on the HQA website. There is clear evidence that the biggest improvement is visible in the results of those using the HQA results more actively. Should there be any need for training and/or assistance do not hesitate to contact Dr Johann van Zyl or Adam Lowe or myself.

None of the above progress could have been possible without the support of HQA's participating medical schemes, administrators, managed care companies and other health care organizations, the hard work of the consultants from NMG, the Chairperson and members of the Clinical Advisory Board, members of the HQA Board and the audit committee. I thank you all!

Louis Botha CEO May 2018

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Directors: Dr FPJ Griesel (Chairman), BA Dickson (Vice-Chairman), M van der Merwe, Dr RM Naidoo, Dr U Mahlati, Dr JHB Steenekamp, GJ van Emmenis, S Collie* (*Alternate Director)

