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COMMUNIQUE Third Quarter 2022

2022 Industry Results Presentation and Clinical Quality Conference

On 18th August 2022 HQA hosted its 18th annual Industry Results Presentation and Clinical Quality Conference. Some 114 individuals representing funders, administrators, managed care and disease management organisations, hospital groups, doctor associations and networks, pharma companies, academic institutions, patient advocacy groups and regulators logged in to listen to the presentations from an impressive list of national and international industry leaders and to obtain a firsthand experience of the latest Industry Results.

Dr Nicholas Crisp, Deputy Director General of DOH presented (in a video recording) an overview of the need for, and the framework of, a National Health Insurance (NHI) plan for South Africa. The aim of the NHI would be to address the inequalities in the healthcare system and to provide access to affordable, quality healthcare services to all South-Africans. The NHI would be a single purchase model with primary care as the entry point. A digital health information system and single patient health records will be central to the success of the NHI. Implementation will happen over many years.

In the panel discussion that followed, facilitated by Dr Roshini Naidoo (Discovery Health):

-Prof Eric Buch (CEO of the College of Medicine) commented by saying that for the NHI to be sustainable performance, value, quality and equity would have to be measured and monitored. A key indicator for measuring quality would have to be maternal mortality as it looks at many components of the healthcare system, for example primary care, hospital care, medicines, HRH, etc. It would also be critically important to keep an eye on the doctor/patient ratios.

-Dr Sipho Kabane (Registrar of Medical Schemes) said the current healthcare system is too hospital-centric and costly and that clinical quality and outcomes should be measured in order to improve population health, patient experience of care and reduce cost. Dr Kabane suggested a better alignment of challenges and priorities amongst all stakeholders should be achieved and that beneficiaries should become part of the key discussions and decisions.

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-Dr Siphiwe Mndaweni (CEO of the Office of Health Standards and Compliance) said outcomes measurement is important as it will: show how effective the healthcare system is, support better decision making on resource utilisation and improve clinical outcomes that matter to patients. She said standardised definitions are needed and that outcomes measurement should focus on medical conditions, for example maternal mortality. Dr Mndaweni concluded by saying that measuring outcomes has the potential to continuously improve quality and reduce costs.

-Dr Stan Moloabi (CEO and PO of GEMS) emphasised that a good healthcare system should provide healthcare services on a needs basis oppose to ability to pay. He said a more equitable healthcare system can be achieved through: standardisation of benefits, reimbursement of providers based on needs of the population and measuring and monitoring social determinants of need, for example distance from care.

-Dr Jenni Noble-Luckhoff (Medscheme) said standardisation of measurements that are patient centric and evidence based is key to comparability. A priority list of conditions should be measured across the private and public sectors. Measurement should include process and outcomes and should include pathology data. Data should be used for doing research on areas in need of improvement.

-Dr Paul Soko (Director of LifeHealthcare) began by saying a certificate of need that is based on adherence to norms and standards is an important element of a sustainable healthcare system. He said a sustainable healthcare system should hold everyone responsible, from the cleaner to the CEO. What is needed is a culture of continuous improvement and that everyone should be working towards it. Dr Soko referred to the eight pillars of quality and said what is currently missing are mortality indicators and patient reported outcomes (PROMS). He went on by saying there is a need to focus on complex patients and how they should be treated. Dr Soko ended by saying value-based reimbursement models are important and should be based on performance against quality indicators.

Dr Johann van Zyl (Clinical Governance, and part of the NMG team) presented the 2022 HQA Industry Results. The data for the 2022 Report represents 17 schemes, 119 benefit options, 7.17million lives, 3.24million families or 80.4% of all insured beneficiaries. Data is measured across 4 categories and 177 indicators. Although consistent improvement on some indicators can be shown primary and preventative measures are still scoring below international benchmarks. There seems to be good progress with diabetes and HIV management and the question is what lessons can be learnt for improving management of other chronic diseases and primary care and screening. A key challenge is patient engagement as benefits are available. Hospital utilisation is returning to levels experienced before the pandemic. The Industry Results and individual participants' reports are now available on the password protected portal on the HQA website for authorised users to access.

In the question-and-answer session that was facilitated by Ms Shirley Collie (Discovery Health) she asked Dr Van Zyl what his overall view of the latest set of results was. He responded by saying that the results are constantly improving.

Ms Lauren Pretorius (CEO of Campaigning 4 Cancer) said attention should be given to patients' rights in the healthcare system. Lauren is an advocate for patient empowerment and believes informed patients have confidence, skills, and

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knowledge to express their needs. She said what patients need is knowledge, health literacy and motivation to take responsibility for their health and to navigate their way through the healthcare system. Clinical, financial and legal skills are equally important components of an informed consumer of healthcare. Lauren feels that inputs and outcomes are directly related.

The last session of the day was facilitated by Dr Johann van Zyl and was about engaging doctors and hospitals in the process of measuring and reporting health quality and how buy-in can be achieved.

-The first presentation was by Ms Missy Danforth (Executive at Leapfrog). Leapfrog focusses on patient safety and collects data from consumers, employers, purchasers of healthcare, commercial health plans and researchers. Leapfrog's strategy is to do literature reviews on patient harms that can be reduced or prevented, put structures in place and develop indicators to assess. It reports publicly and develops relationships with consumer and employer groups for determining mechanisms for using the data. Leapfrog also builds partnerships between the private and public sectors.

-Professor Rob Tollenaar (Chairman of DICA) said key factors to successfully engaging doctors is a safe environment with no blaming and shaming, stakeholder engagement in all aspects of the measurement and reporting process, a defined dataset that is complete and validated, and risk adjustment. Stakeholders should agree upfront at the beginning of a year which indicators should be reported on and then report at the end of the year. The aim is to use the data collected in registries for shared decision-making in the consulting room. Reporting should be standardised via a dashboard and care pathways should be a focus area.

-Dr Kim Smith (Mediclinic) said it is important to create meaning and communication around data. It has to be clear what the data is going to be used for – for example to empower people to improve. She said measures and benchmarks should be standardised in order to make it easier to drive improvement and change. Extrinsic motivations to improve quality should be explored and technology should be optimised in activating patients as important stakeholders.

-Professor Morgan Chetty (IPAF) said for doctors to become engaged they should be involved in developing the standards and guidelines, and incentives and IT literacy should be attended to. He also said surveys and PROMS should be used to determine if care is optimal. Professor Chetty asked if social determinants of health are adequately taken into account in developing quality measurements.

Getting involved

Those not involved yet and with an interest and capacity to contribute to any of HQA's technical working groups are welcome to contact Dr Jacqui Miot jacqui.miot@gmail.com

New members

HQA is pleased to announce the joining of Lenmed as a new member and active participant in all HQA's working groups.

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HQA continues to seek collaboration with funders, clinicians, facilities and all relevant stakeholders. As an independent, non-profit and public benefit organisation, HQA has been established to serve the needs of all role players in jointly developing a set of national guidelines and standards for measuring and reporting on health and clinical quality.

Increasing capacity

In line with an increase in activities and a growing number of focus areas HQA has to strengthen its internal capacity and is seeking the assistance of a clinical person with a specific interest and experience in clinical quality management/measurement, supported by strong project management, writing and interpersonal skills.

Thank you

Last but not the least, HQA could not have come this far or aspire to grow even further without the support of its Board, actuarial and clinical consultants, the chair and members of the CAB, Clinical Registries Working Group, Hospital Standardised Definitions Working Group, Technical Advisory Committee, support staff, all its member organisations, participants and stakeholders. Thank you!

Prepared by Louis Botha (CEO) August 2022

"Start by doing what's necessary, then do what's possible, and suddenly you are doing the impossible." Francis of Assisi