

HQA RELEASED ITS LATEST RESULTS: ARE MEMBERS OF MEDICAL SCHEMES GETTING VALUE FOR THEIR MONEY?

“You cannot manage what you don’t measure”, is something we have all heard at some point.

“More than 50% of the medical scheme insured population in South Africa can feel satisfied that they are insured for their health care in an environment where Health Quality Measurement is taken seriously and where active steps are being taken on their behalf to improve the status thereof”, says Louis Botha, CEO of HQA.

On Wednesday 23rd January 2013 HQA (Health Quality Assessment), a non-profit organisation, has released the results of its 8th consecutive annual Health Quality Assessment Report. Several medical schemes have participated and data representing a total of more than 4 million lives have been included in the Report.

It is HQA’s core purpose to assist its participating medical schemes and other stakeholders to improve the standard of clinical quality that members of medical schemes derive from: preventative, diagnostic, therapeutic and rehabilitative health care benefits and services.

The schemes that have participated are: Bankmed, Bonitas, CAMAF, Discovery, Engen, Medihelp, Momentum, Polmed, Remedi, Samwumed and Transmed. Other HQA member organisations are: Agility GHS, Aspen Pharmacare, AstraZeneca, BHF, Carecross, CDE, Discovery Health, IMSA, Liberty Health Medical Scheme, Medipost, Medscheme Health Risk Managers, Metropolitan Health Risk Managers, MSO, PMSA, Profmed, Resohealth, SAMA, Sancreed, Servier, Seschaba and Universal Healthcare.

HQA’s members are representative of almost all spheres of the health care industry and are collaborating as part of HQA’s CAB (Clinical Advisory Board) on an ongoing basis on the development of health quality indicators relevant in the South African context. HQA’s indicators are categorised into four main groups: primary care, hospitalisation, maternal and new-born and chronic conditions. Towers Watson (actuarial and clinical consultants) has been contracted by HQA to collect and analyse the data and to report on the results.

Some of HQA’s measurements for example are testing how much focus on prevention and screening there is and others are testing for over servicing, for example where there are signs of too high utilisation of high cost technology. HQA’s indicators also include several outcome measurements. The aim is therefore to test the value for money members are getting from their medical scheme membership.

The results of the HQA Report are used by medical scheme participants to consider effectiveness of: benefit improvements, rule amendments, managed care applications, provider/network contracting, member/provider education, system changes and/or to address problems with data and/or coding.

Measuring and reporting on clinical quality is a complex and progressive process. Each year progress is made with regards completeness and accuracy of data, refinement of indicators and measuring methodologies, and interpretation of results.

A main observation from the 2012 Report is that in the South African health care industry the emphasis on curative health interventions is still outweighing the focus on prevention.

HQA fully supports the Department of Health's initiatives to improve clinical quality in the public sector and HQA also supports the Council for Medical Schemes' drive towards improving health quality in the medical schemes industry. As an independent non-profit organisation HQA is ideally positioned to assist in that regard. The HQA is endorsed by BHF, SANCU and the CMS.

For more information regarding HQA and the results of the 2012 Report, Louis Botha can be contacted on 0824535130 or at lj.botha@iafrica.com.

Prepared by: Louis Botha CEO HQA. January 2013