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## **COMMUNIQUE nr 1, 2015**

Participation in the annual HQA Clinical Quality Report is steadily on the increase. Seventeen medical schemes, representing around 80% of all the medical scheme insured lives in South Africa, already committed to the process.

The annual HQA Clinical Quality Conference, Industry Results Presentation and AGM is planned for 22<sup>nd</sup> July 2015; please diarise this important one-day-event, to be held in Centurion.

In February 2015 HQA reviewed its strategy in order to ensure it stays relevant in the short, medium and longer term. Several initiatives have been identified, aimed at increasing the value to HQA's members and stakeholders.

The annual review process of the HQA indicators for inclusion in the 2015 Report, which is performed by HQA's CAB (Clinical Advisory Board), has just been completed. The review process, that took place during three meetings, having started in October 2014, is very robust. Each indicator was reviewed in terms of its current definition, technical specifications, measurements from the past year, and whether it is still relevant, scientific and feasible.

After several months of development and refinement the HQA web portal for quarterly results is ready to be launched. The key features of this web portal are:

- access to the portal will be strictly controlled and only provided to individuals that have been authorised by the relevant participating schemes' principal officers.
- usage will be monitored closely and any suspicious trends will be reported to the relevant participating scheme.
- participating schemes will only be able to view their own data and industry benchmarks.

As soon as the processes with the participating schemes' administrators have been stabilised, the data on the web portal will be updated quarterly, one quarter in arrears to allow for the claim run-offs to be completed. The launching of the HQA web portal will be kicked off by first providing the principal officers of the participating schemes with usernames and passwords to access their own data. This will be followed by a period during which the principal officers' delegates can check the results for correctness and submit requests for changes. Thereafter, broader access will be provided.

I am looking forward to continue working with you on the very important matter of clinical quality measurement and improvement. Your support is appreciated.

Kind regards,

Louis Botha CEO HQA

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