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Improving Clinical Quality in SA: What is Required?

While concerted efforts by medical schemes to ensure that their members have adequate access to quality care are yielding success, more effort is required to redirect the focus of care from curative to preventative and proactive interventions to create a more sustainable healthcare delivery model.

This was one of the key findings of the ninth annual Health Quality Assessment (HQA) report, a growing initiative that aims to assist the private healthcare sector in improving the health and quality of care of medical scheme members.

Released last month, the latest report analyses data submitted by 14 medical schemes, representing more than 50% of medical scheme members in the country from 2010 to 2012. This means that the majority of scheme beneficiaries in SA can feel satisfied that they are insured in an environment where clinical quality is being measured and steps taken to improve the utilisation of benefits that promotes access to preventative, diagnostic and therapeutic services, said HQA CEO, Louis Botha.

Although certain indicators have improved slightly (see table 1) in the period under review others have worsened, while some comparisons with similar indicators in the US show that SA is lagging behind in terms of health quality improvement and enforcing measures that could decrease downstream healthcare costs. The South African private sector is characterised by 'fee for service' and individual rather than team practice to an even greater extent than is the US system today which has a growing number of integrated systems caring for designated populations. However, Botha admits that it is not always fair to compare SA to a well-resourced country such as the US although there are similarities in the way private healthcare is delivered in the two countries.

The reasons for poorer performance can be manifold, including problems in the current health system structure including ineffective primary care doctor network arrangements that result in too much hospitalisation and impact on the care of chronically ill patients and a lack of adequate follow-up after hospitalisation. The health care system could do more to support out of hospital services and encourage members to take more preventative actions such as vaccination and screening..

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Some concerning trends identified in the report are the increasing rate of elective caesarian sections (72.60% in 2012), the decrease in GP and specialist visits per year, the rate of re-admissions following certain procedures, and patients not going for follow-up visits after hospitalization, particularly for mental health conditions. HQA's data show that only 1.9% of patients admitted for depression have a follow-up consultation within 10 days after discharge as required compared to 56% in the US.

It is important to establish the reason behind this trend – whether it is the health care system that is not enabling a follow-up consultation or a benefit design that requires a self-payment for the follow-up visit, Botha said.

It is evident from the report that many of the participating schemes, particularly those that have been part of the initiative since its inception, have made big strides to improve their performance by implementing measures such as revising their benefit designs and improving communication and education of members.

However, a critical question that needs to be asked is if members should experience more consequences for their own health status, where they can, such as their smoking status or their consumption of alcohol. Under the Medical Scheme's Act, there is currently no distinction made said Botha.

Primary Care (preventative and screening trends)

	Industry 2010 %	Industry 2011 %	Industry 2012 %	Change %
Prevention				
Flu vaccine >= 65 yrs	8.29	15.71	16.96	8.6
Pneumococcal vaccine ≤ 65 yrs	0.53	0.54	0.54	0.01
Circumcision males ≤ 1 year	2.49	2.52	2.75	0.26
Screening				
Mammogram coverage 50-74yrs	21.48	25.97	26.85	5.38
Cervical cytology coverage	28.7	36.16	38.3	9.16
Bone densitometry females ≥ 65yrs	5.07	5.08	5.05	-0.03
Colorectal cancer screening ≥50yrs	2.95	3.09	3.22	0.27
Glaucoma screening ≥ 65 yrs	17.63	17.45	18.18	0.54
Beneficiaries ≥ 2yrs dental visits	21.92	33.56	32.75	-0.81
HIV screening ≥ 12 yrs	4.09%	4.54%	4.57%	0.48%

Source: HQA 2013 Industry Report