



**Presentation to the
Parliamentary Portfolio Committee
on Health - The NHI Bill**



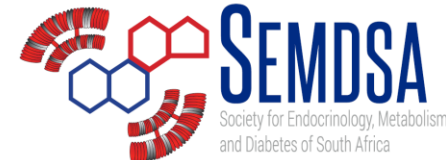
Membership Groups



Radiological Society of SA



South African Urological Association



SAPPF - Main Objectives

Serve

- A representative body of private healthcare practitioners

Access

- Protect and promote patients' access to Healthcare

Support

- Support the progressive realisation of the right of access to Healthcare

Establish

- Establish and maintain relationships with relevant parties Influencing Healthcare & Policies
 - Funders
 - Representative Groups
 - Administrators
 - Regulators
 - Government

SAPPF During COVID-19: The Last 18 Months

- COVID-19 Response Focussed on Protecting the HCW Personally & Financially
 - Per Diems & SLA with Provinces
 - Economic Relief Models for Practices
 - Unity & Participation Between Groups

SAPPF During COVID-19: The Last 18 Months

- COVID-19 Vaccine Roll-Out
 - B4SA/V4HCW
 - Careful planning and coordination is needed to optimize the respective roles of the national and provincial departments and private industry

Declaration for Health Science Graduands

- Solemnly Pledge to Serve Humanity
- Most important considerations will be the health of patients and the health of their communities
- I will not permit considerations of age, gender, race, religion, ethnic origin, sexual orientation, disease, disability or any other factor to adversely affect the care I give to patients

Objectives of The National Health Insurance Bill

[B 11—2019]

- To Achieve Universal Access to Quality Health Care Services
- To establish a National Health Insurance Fund and to set out its powers, functions and governance structures
- To provide a framework for the strategic purchasing of health care services
- To create mechanisms for the equitable, effective and efficient utilisation of the resources
- To Meet the Health Needs of the Population
- To Preclude or Limit Undesirable, Unethical & Unlawful Practices

Is The NHI Bill as Written, Fit for Purpose?



The Lesson of the Iron Triangle:
There are inherent trade-offs in health policy

SAPPF does not support this NHI Bill as it is written: Main Concerns

- Quality of Health Care
- Contracting with Specialists and Allied HCPs
- Treatment Protocols
- Governance
- Medicolegal Litigation
- Access to Health Care
- Corruption

How is Quality of Care Defined?

RECOGNISING -

- in terms of section 27(1)(a) of the Constitution everyone has the right to have access to health care services, including reproductive health care;
- section 28(1)(c) of the Constitution provides that every child has the right to basic health care services;

AND IN ORDER TO –

- achieve the progressive realisation of the right of access to quality personal health care services;

How is Quality of Care Defined?

The Bill makes reference to different standards in relation to quality:

- Necessary quality
- Reasonable quality
- Sufficient quality

Clause 39(4)

- Accreditation of health care service providers
- Contracts are required to "contain a clear statement of performance expectation" in relation to, inter alia, the volume and quality of services delivered.

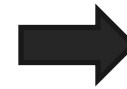
Clause 39(8)(j)

- Accreditation may be withdrawn in terms of clause 39(8)(j) if the services delivered are "of a quality not acceptable to the Fund."

Quality & Outcomes?

Difference
Between
Quality &
Outcomes

Quality of Care



Patient
Outcomes

Patient
Perspective

Patient
Experience of
Health Care

Patient Reported
Health
Outcomes

Clinical
Perspective

Clinical Quality
of Care

Clinical Health
Outcomes

Powers of Fund

11. (2) (e) negotiate the lowest possible price for goods and health care services without compromising the interests of users or violating the provisions of this Act or any other applicable law.

Quality of Care \neq Lowest Cost

Accreditation of Service Providers

- 39.** (3) The Fund must conclude a legally binding contract with any other prescribed health care service provider that satisfies the requirements listed in subsection (2) to provide –
- (a) primary health care services through Contracting Units for Primary Health Care;
 - (b) emergency medical services; and
 - (c) hospital services.

No Provision for Contracting for Ambulatory Specialist or Allied Health Care

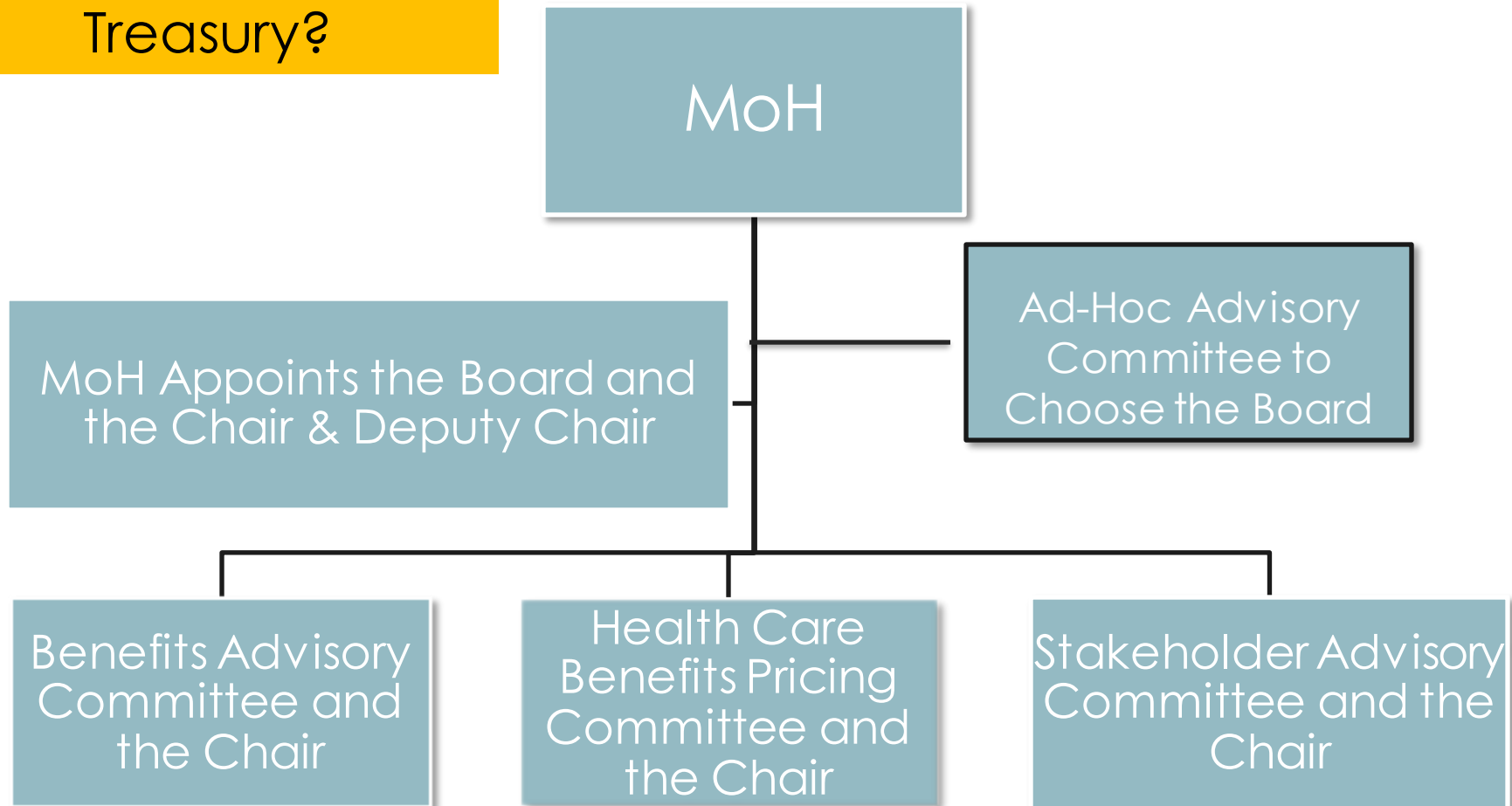
Quality: Treatment Protocols & Guidelines

- Guidelines & Protocols need to be relevant and evidenced based.
- Cost is but a part of the decision making process when determining benefits and treatment guidelines.
- All funding decisions about healthcare have clinical implications and thus affect the potential outcome for a patient.



Governance Need More Oversight

Minister of Finance?
Treasury?



Medico-Legal Litigation

Medicolegal Litigation is a Huge Burden to the Department and a Huge Factor in Daily Life as a Health Care Provider

MPS reminds us that the main drivers of mistakes leading to litigation are:

H - Hungry

A - Angry

L - Late

T - Tired

Medico-Legal Litigation

- Pressure on Service Delivery
 - Reducing Access to Ambulatory Care
 - Extended Waiting Periods
-
- Pressure on service delivery means pressure on HCPs which will increase the risk for medicolegal litigation.
 - Will HCPs need to pay for their own Medicolegal insurance?

- Corruption in any sector undermines the delivery of healthcare
- Every rand misappropriated is a rand not spent on delivering healthcare

Chapter 5

CHIEF EXECUTIVE OFFICER

Responsibilities

20.

- (e) establishment of an Investigating Unit within the national office of the Fund for the purposes of -
 - (i) investigating complaints of fraud, corruption, other criminal activity, unethical business practices and abuse relating to any matter affecting the Fund or users of the Fund; and

A Unit to investigate complaints is insufficient. The NHI Fund will require an independent fraud unit to perform an ongoing in depth analysis of the pressures and opportunities to commit fraud and then to monitor these threats and to react proactively.

This Unit should also be responsible for over sight and internal audits of the board and committees

- SAPPF supports the need for access to Universal health coverage
- Private Health Care Providers form an integral part of the National Health Asset
- Designing a health care model based on cost may reduce access and thus reduce the currently offered health care services
- Limiting the capacity of the medical schemes (section 33) further reduces the opportunity to improve access
- Section 8 (2) (b,d) – expand this to allow for choice to choose a health care service provider

Main Concerns

- Quality of Health Care
- Contracting with Specialists and Allied HCPs
- Treatment Protocols
- Governance
- Medicolegal Litigation
- Corruption
- Access to Health Care

Recommendations

- Involve clinicians in decision making to discuss quality and access to care. This includes participation in the Benefits Advisory committee to inform baskets of care, guidelines and protocols
- Ensure that contracting for ambulatory specialist services is included
- Broaden the governance structure to provide more independent oversight of the fund and the health system

Recommendations

- Encourage the participation of a high quality, functional, well funded and well administered private system to contract for services with the NHI
- Allow patients the opportunity to fund their healthcare through medical schemes
- Expand the fraud unit to include the functions of mitigation of risks and investigation of fraud

- SAPPF supports the need for universal health coverage
- SAPPF does not support this NHI Bill as it is written
- Our recommendations are offered as constructive points that we believe need careful consideration



Thank you

