

# National Health Insurance Bill Comments

Icon Oncology  
29<sup>th</sup> July 2021

## Presenters:

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**icon**  
ONCOLOGY

# UNIVERSAL HEALTH COVERAGE

UHC and NHI is an opportunity to ensure equitable access to health in South Africa.

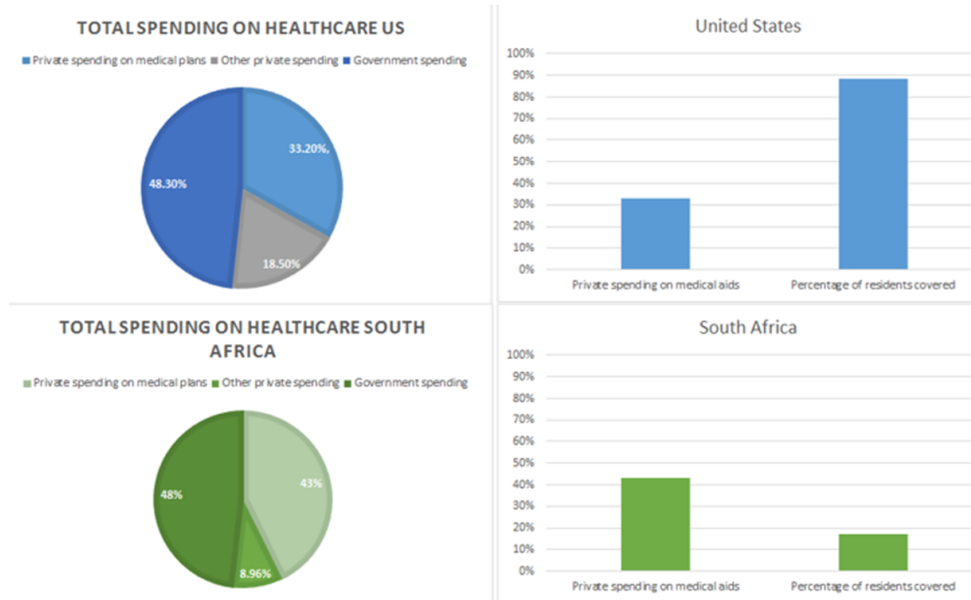


The purpose of Universal Health Coverage (UHC) is to ensure South Africans have access to the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

WHO. *Health Financing*. [https://www.who.int/health\\_financing/universal\\_coverage\\_definition/en/](https://www.who.int/health_financing/universal_coverage_definition/en/)

# STATE VS PRIVATE OR STATE WITH PRIVATE?

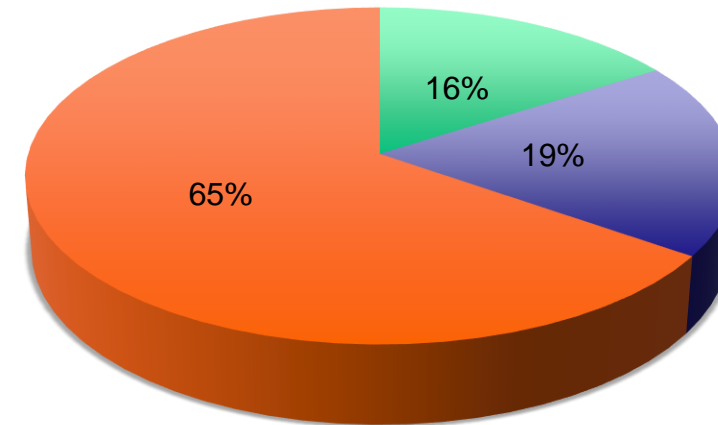
South Africa currently has **two poorly functioning systems** – a public sector with poor productivity and poor outcomes and a private sector that over services with very high cost of care. Neither system in its current form serves South Africans well.



# STATE VS PRIVATE OR STATE WITH PRIVATE?

There is great opportunity to share learnings and collaborate through the implementation of Universal Health Coverage and NHI ; not only by making resources in the private sector available for all South Africans but also including how value-based care models results in efficient spending and improved patient outcomes compared to fee for service models.

## Oncologist in South Africa



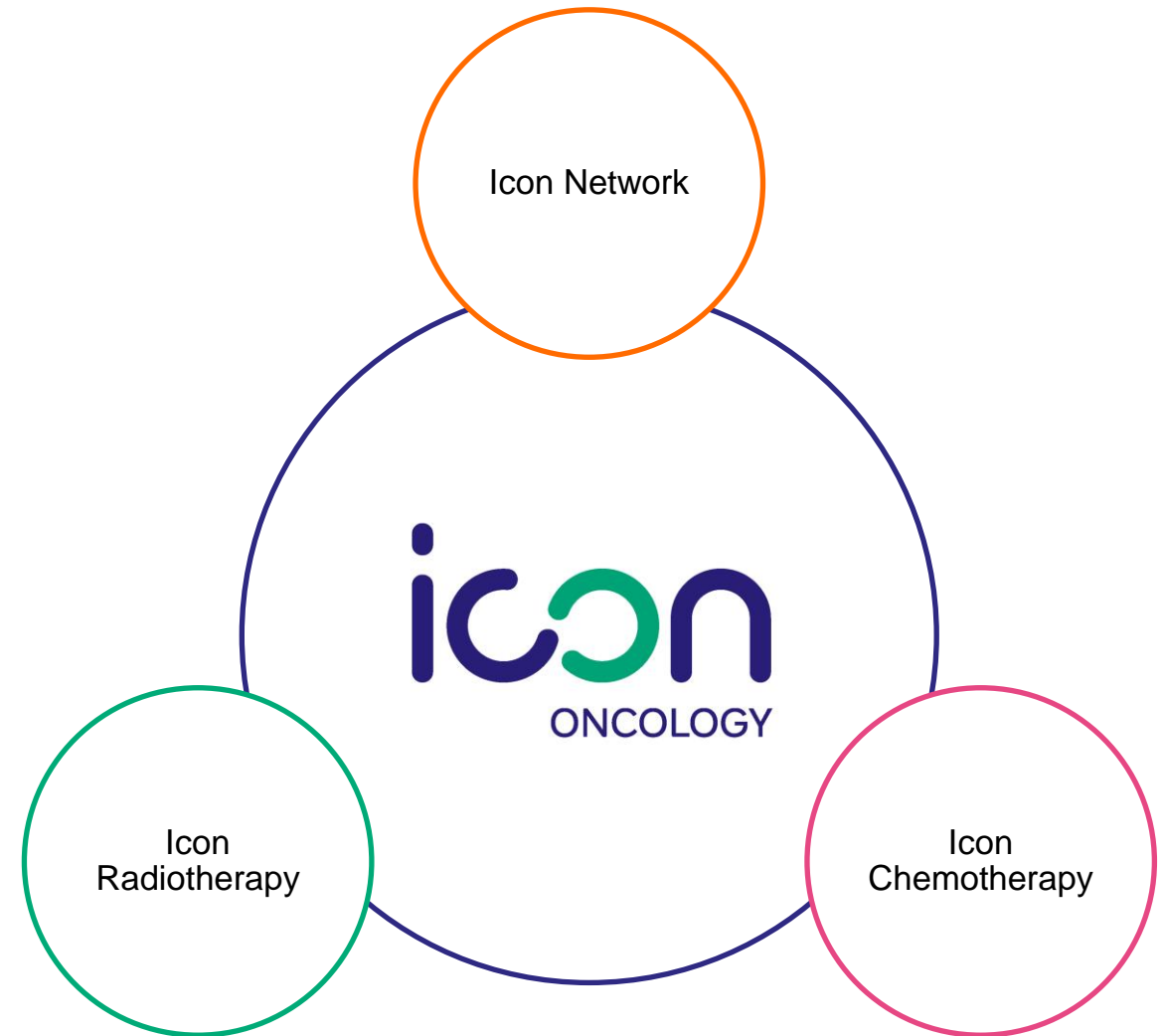
■ Gvt Oncologist   ■ Gvt Registrars   ■ Private Oncologists

# ICON ONCOLOGY

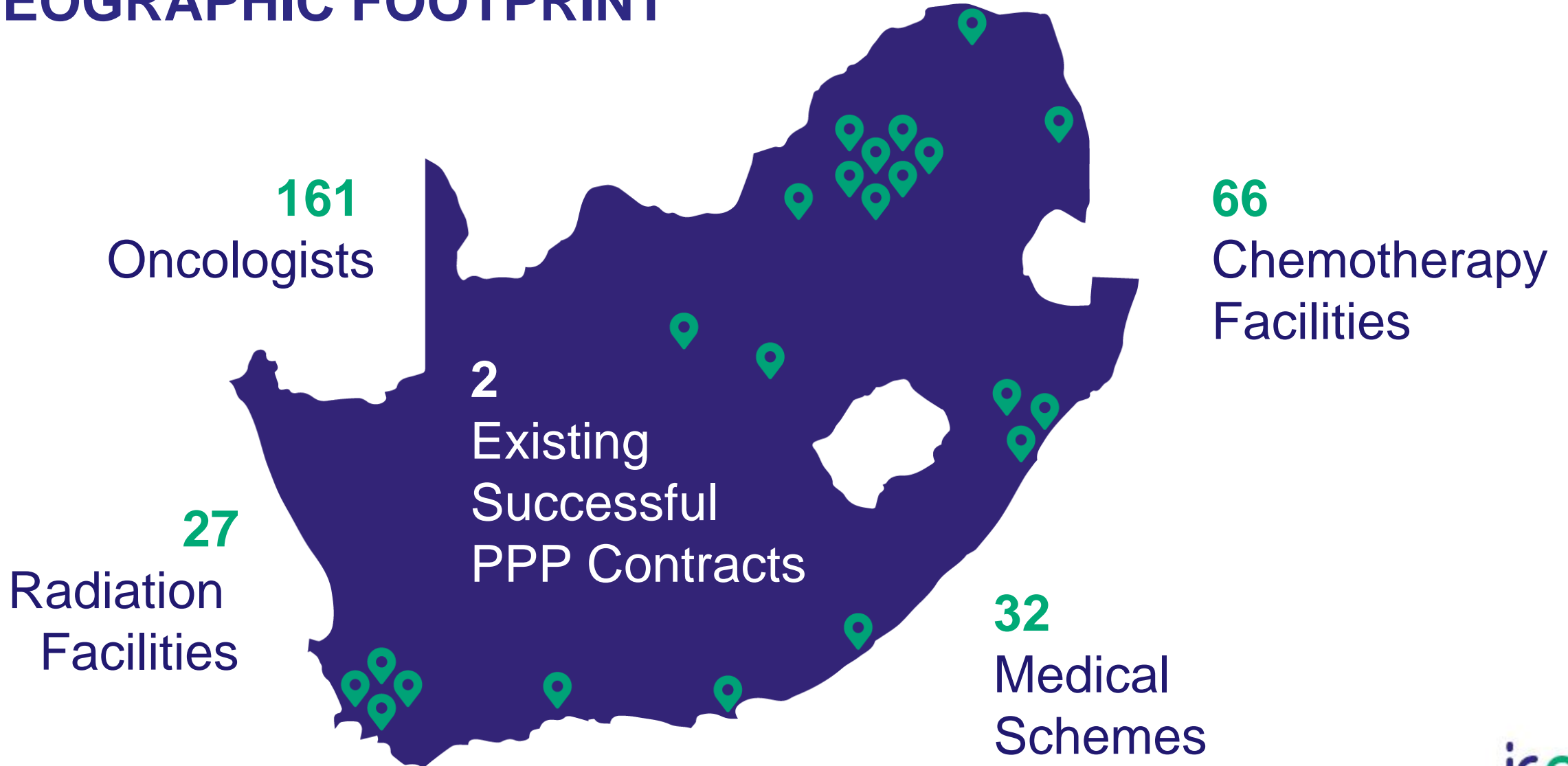
Icon was founded in 2008 with the aim of extending patient access to high quality oncology care and value-based medicine.

Icon has therefore always anticipated Universal Health Coverage.

Icon is the largest provider of Oncology services in South Africa in terms of the combination of number of oncologists within its network and its oncology facilities – it represents a network of 161 oncologists in private practice.



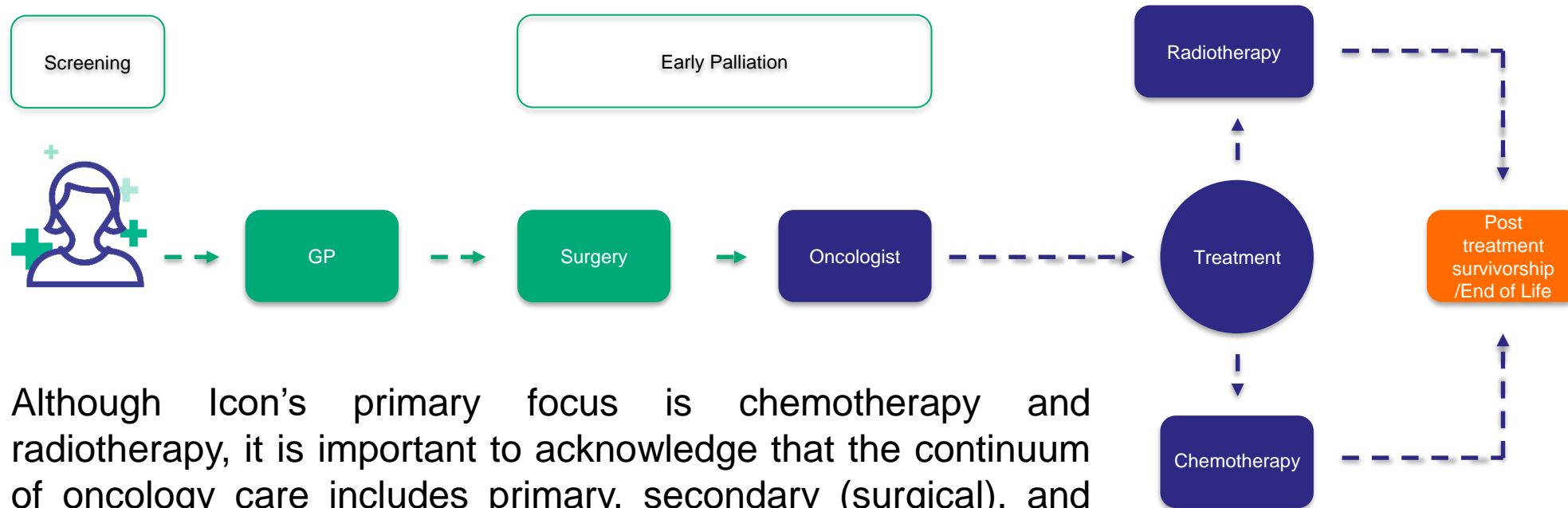
# GEOGRAPHIC FOOTPRINT



# THE ICON MODEL PREPARING FOR NHI



# AN ONCOLOGY VIEW



Although Icon's primary focus is chemotherapy and radiotherapy, it is important to acknowledge that the continuum of oncology care includes primary, secondary (surgical), and tertiary care as it relates to chemotherapy and radiotherapy. Palliative care and post treatment survivorship complete the full spectrum of cancer care.

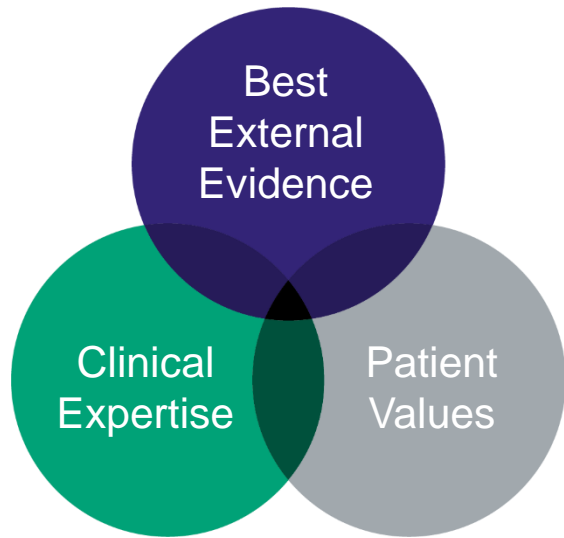


# CREATING ACCESS THROUGH UHC



# Rational Selection

## Evidence Based Medicine



Doctor driven | Quality focused  
Exception Management by Piers



# Affordable process



Current system, rewards volume. Even modern "bundled payments" are often just camouflage for a FFS model

Payment for service and doctors re rewarded for improved health outcomes. Shared savings models, more provider accountability

Payment for pathways of care, full capitation

$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$

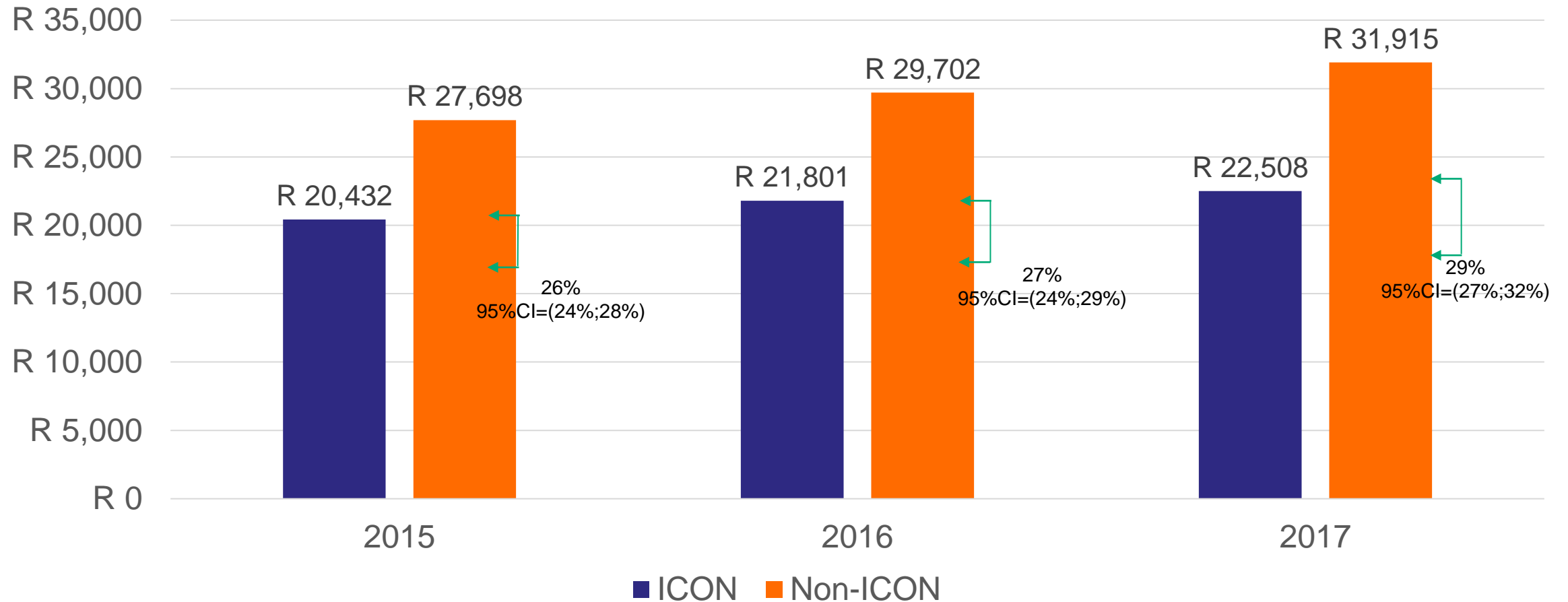


# REDUCING COST BY FOCUSING ON QUALITY CARE DELIVERY

COST DRIVER	ICON IMPACT
Cost of chemo drugs	Protocol adherence ICON formulary
Cost of Radiation Therapy	Protocol adherence DSP network
Inappropriate end of life care	Best Supportive Care / Home Care
Hospital utilization	Care Management
Ancillary services	Guidelines* Payment structure – Comprehensive care model*

\*future planned services

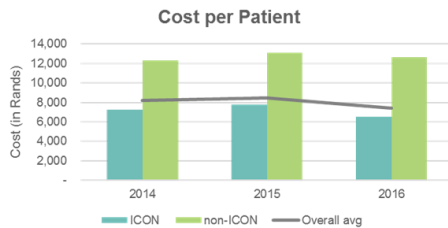
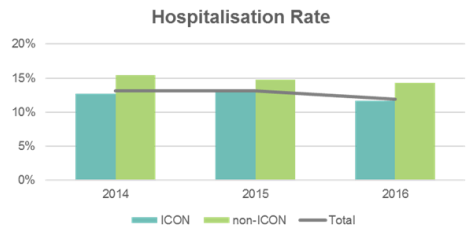
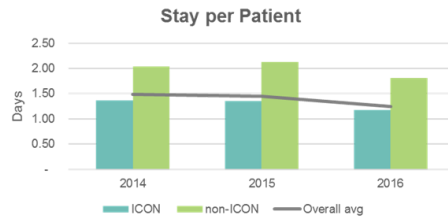
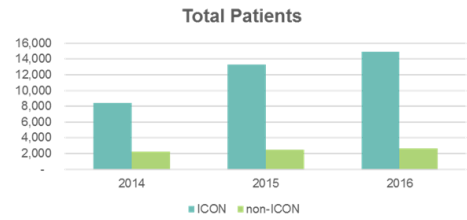
# Average Cost per Claimant Month ICON vs Non-ICON



Kotze, L. 2017. Cost Impact of Protocol Compliance for Cancer Treatment Plans in the Private Healthcare Environment. Value in Health, vol 20, issue 9, A426-A427.

# QUALITY MEASURES

## Proxy Outcomes - Hospitalisation



Category	Description
Quality	Percentage of adult patients with a diagnosis of cancer who have a documented cancer stage (or documentation that the cancer is metastatic) in the medical record within one month of the first office visit - [new patients]
	Percentage of adult patients with a cancer diagnosis who receive emetogenic chemotherapy and are prescribed appropriate anti-emetics
	Percentage of adult patients who are eligible for BSC, who are registered on BSC programme
	Percentage of adult patients who die as a consequence of their cancer who receive chemotherapy within last 2 weeks of life
	Protocol alignment in the curative setting
Preventable Hospitalisation	A measure of the unplanned hospital admissions for dehydration following active treatment (chemotherapy or radiotherapy)
	A measure of the unplanned hospital admissions for patients registered, or eligible for registration, on a best supportive care (BSC) programme



Improve Quality of care



$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$

Reduce cost of care



Improve Quality  
of care



Reduce cost of  
care



# Procurement and Accreditation



Office of Health Standards Compliance  
Ensuring quality and safety in health care

Rational Selection

Sustainable Finance

ACCESS

Affordable Process

Reliable Health and Supply Systems



Radiotherapy

Partnerships



Chemotherapy

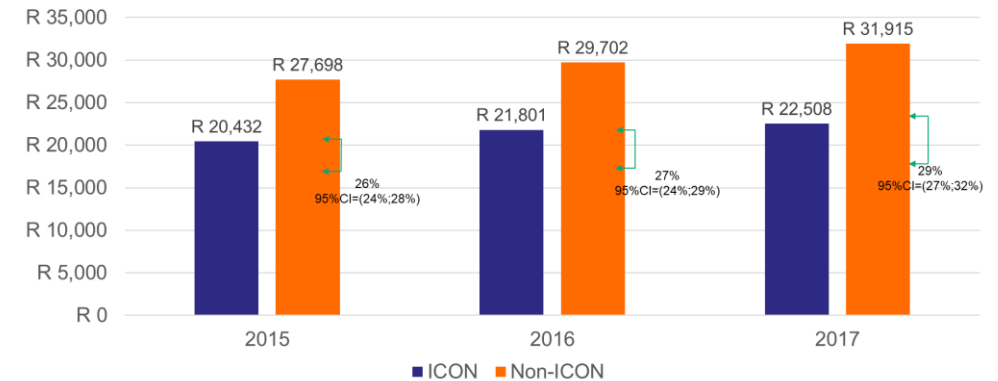
# Sustainable finance

*The purpose of this Act is to establish and maintain a National Health Insurance Fund in the Republic funded through mandatory prepayment that aims to achieve sustainable and affordable universal access to quality health care services by—*

- (a) serving as the single purchaser and single payer of health care services in order to ensure the equitable and fair distribution and use of health care services”*
- (b) ensuring the sustainability of funding for health care services within the Republic; and*
- (c) providing for equity and efficiency in funding by pooling of funds and strategic purchasing of health care services, medicines, health goods and health related products from accredited and contracted health service providers.*



Average Cost per Claimant Month  
ICON vs Non-ICON



# FURTHER RECOMMENDATIONS

- Icon would recommend that under NHI, current HPCSA rules that limit reimbursement for multidisciplinary teams be reviewed.
- Outcomes based reimbursement or risk sharing with pharmaceutical providers is currently prohibited by Single Exit Price regulations and this should be reviewed with the implementation of NHI. Oncology medicines are prohibitively expensive, and we should strike a balance between ensuring ongoing innovation and affordability. Performance based reimbursement of medicines offers such a solution.
- Top up insurance by Medical Schemes is essential in oncology, specifically when it comes to the funding of high cost medicines – clarity of the role of private funders is still required.

**THANK  
YOU**