

Health Quality Assessment
(Association Incorporated under Section 21)



262 Albert Street
Waterkloof
0181

Tel: +27 (0)82 453 5130
Fax: +27 (0)12 4603645
e-mail: lj.botha@iafrica.com

HQA IS MAKING GOOD PROGRESS.

HQA (Health Quality Assessment) has made excellent progress during the last year and just released the results of its latest Health Metrics Survey, only the third survey since HQA's inception and the only one of its kind in Southern Africa.

HQA is a medical scheme initiative and is a Section 21, not for Profit Company and is governed by a Board of Directors which includes representation from the Board of Healthcare Funders and the South African Consumer Union. The Council for Medical Schemes is also an active participant and enjoys permanent observer status. HQA is based on the example of the HEDIS study, a similar survey which is managed by the NCQA (National Centre for Quality Assessment) based in Washington, USA.

During 2007, HQA had 17 medical schemes participating and the data of 73 options representing well over 3 million beneficiaries were submitted for the annual Health Metrics Survey.

The HQA Survey provides the boards of trustees of participating medical schemes and their management teams, managed care providers and other specialist consultants with very valuable information that can be used to evaluate the quality of care received by the members of a particular option relative to other participating options. This is used by Trustees and Management of schemes in benefit design and the design of various managed care programmes, as well as the evaluation of different service provider network arrangements. The more schemes participate in the survey the more valuable the survey will be to everyone. It was therefore especially encouraging to see the high involvement and participation from the industry in the latest survey.

The HQA Survey consists of a range of quality indicators which are grouped into 4 broad categories, namely ambulatory care, chronic conditions, hospitalisation and maternity and new born. Each category is then broken down into further detail such as preventative care visits, utilisation, chronic illnesses such as diabetes, asthma, HIV, hospital procedures such as hip and knee replacements, hysterectomies, etc. The results of the indicators are adjusted then scored to rank each option on the health metrics report.

Clinical quality is defined by HQA as: "The right diagnosis followed by the right treatment in the right setting at the right time at the right price delivering the right outcome, each time."

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Directors: AO Rijnen (Chairperson) EJ Stipp (Vice Chairperson) GR Anderson LJ Botha AF Geldenhuys
Dr LL Maroo Dr RH Patel Dr B Ruff* TJ Van den Bergh HJ Wilken* (*Alternate Directors)

However, as a result of the differences in the various schemes' membership profiles and preferences, quality for purposes of the HQA Survey is defined in a broader sense. A low score may therefore result from group risk characteristics not adjusted for in the analysis, medical practice or consumer preference.

The Health Metrics Survey highlights the various factors that a scheme can integrate in an attempt to improve the quality of the care its members are able to access via their scheme of choice.

Without measuring quality, there is a risk that too much focus on lowering costs could have lower quality as an unintended consequence. At the same time, cost pressures are high and resources are scarce. Since the evaluation of various health metrics relative to other schemes in the industry gives the most valuable indications of quality, HQA will continue to play a vital role in debates on quality of care in the context of affordability constraints.

The HQA Board appointed a clinical committee from the ranks of its member organisations, managing the ongoing development of the quality indicators. Furthermore the analytical function of HQA is contracted to Deloitte and Touche, the only party involved in HQA accessing the scheme specific data and results. Very strict confidentiality measures are guaranteed to all participating medical schemes.

The HQA provides both public and private sector medical schemes the opportunity to pro-actively collaborate and to set standards for quality measurement that could compare with the best in the world and to measure itself without government regulation. It is therefore important that the industry demonstrates its commitment to improving the quality of care our industry is able to deliver through ongoing, voluntary participation.

HQA allows membership status to medical schemes whether public or private, open or restricted and to medical scheme administrators. A small annual membership fee of R5 300 and a charge of R10 600 per option measured is payable to HQA. HQA is currently reviewing its eligibility rules considering membership status for managed care organisations and other specialist groupings as well.

All medical schemes and medical scheme administrators are encouraged to join HQA for the 2008 survey, for which the planning and preparation is already underway. The bigger the sample the more valuable the benchmark for the various indicators would be and the more value the participating schemes will be getting.

Employers and consumers who are paying for health care insurance and services as well as other stakeholders such as the Department of Health should be very pleased with HQA's existence and progress, as it serves the primary purpose of developing and measuring the clinical quality Southern Africa's population is able to access through the various medical schemes in the market. HQA's longer term vision is to release the findings of the Survey to the public at large. At this early stage detailed results are only released to the participants and internal stakeholders.

For more information on HQA in general or to find out how to join and to participate in the 2008 survey, please do not hesitate to contact Louis Botha at 0824535130 or via e-mail at lj.botha@iafrica.com. Alternatively Ashleigh Theophanides of Deloitte could be contacted at 011-2098112 or at atheophanides@deloitte.co.za.

Prepared by Louis Botha CEO, HQA
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