

ARE THERE ANY EVIDENCE OF QUALITY IN THE SOUTH AFRICAN HEALTH CARE INDUSTRY?

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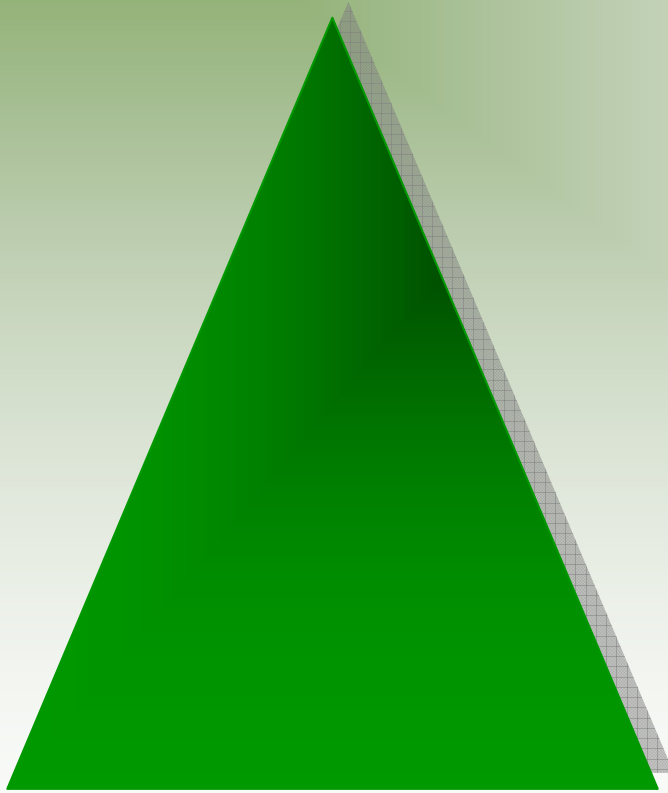
WHAT IS QUALITY?

- Quality is defined as: "The right diagnoses followed by the right treatment in the right setting at the right time at the right price delivering the right outcome, every time!"
- Shouldn't prevention also be regarded as a very important element of quality? If a condition and/or procedure could have been prevented, why wasn't it prevented?



THE CHALLENGE

ACCESS



COST

QUALITY

Health Quality Assessment

HQA



THE QUALITY WHEEL

RIGHT OUTCOME

RIGHT DIAGNOSES

RIGHT PRICE

RIGHT TREATMENT

RIGHT TIME

RIGHT SETTING

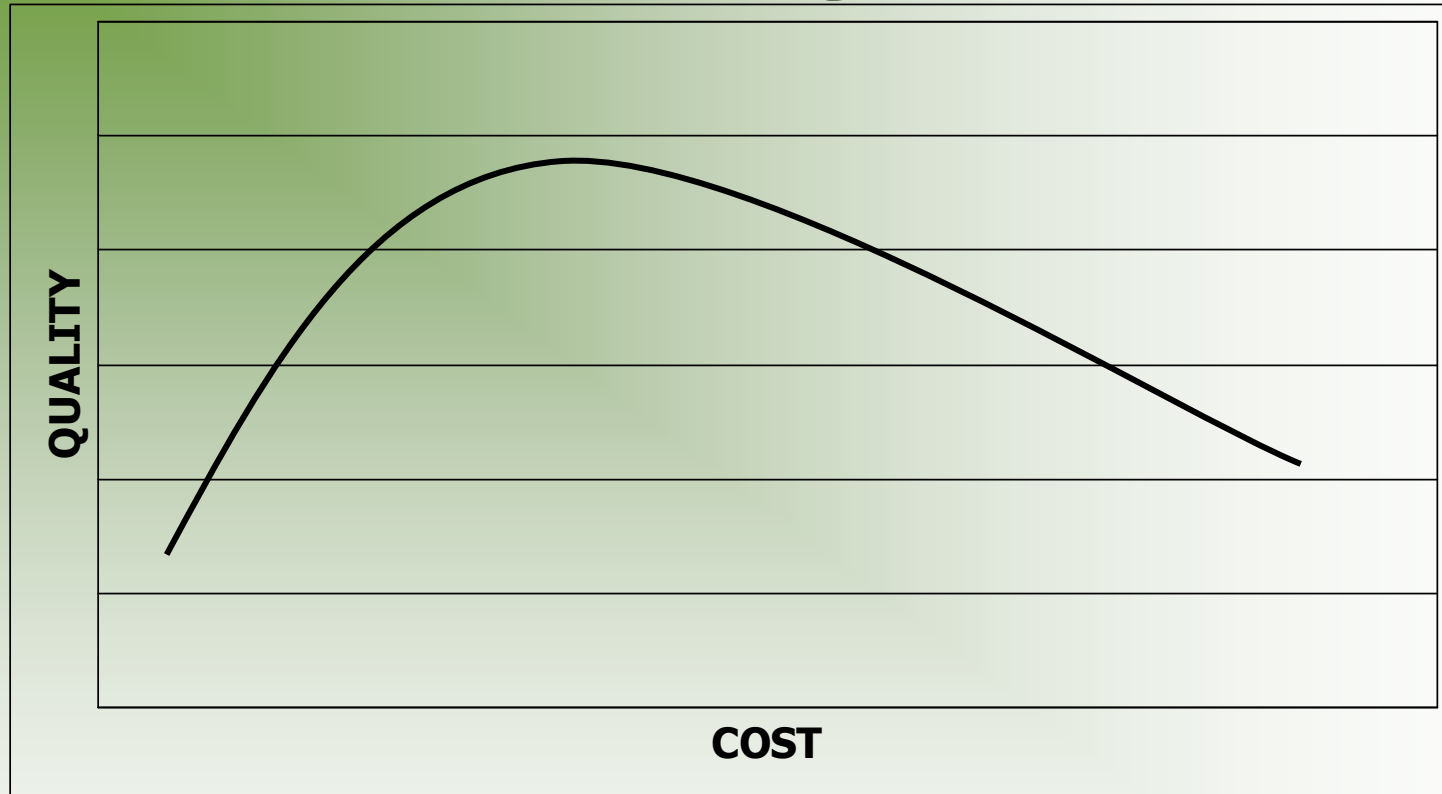


Health Quality Assessment

HQA



OPTIMUM QUALITY



Health Quality Assessment

HQA



IT IS BETTER TO KNOW!

“The only good is KNOWLEDGE and the only evil is IGNORANCE”.

Socrates

HOW DID IT ALL START?

- Managed Care developments
- Three challenges of Access, Costs and Quality
- PMB's
- Basic benefits package
- DSP's
- Consumer protection
- NCQA/HEDIS



HQA

- Section 21 company
- Governed by a Board
- CEO appointed
- Clinical Committee
- Auditing and Accounting
- Secretarial
- Actuarial and analytical
- South African Consumer Council
- Council for Medical Schemes



HQA PURPOSE

HQA's purpose is to:

"Develop a health audit report for the health care funding industry that focuses on quality, with the goal of becoming the South African national standard for objective quality performance measurement."



ELEGIBILITY

- Medical Schemes
- Medical Scheme Administrators
- Affiliate members



FEES

- Annual membership fee – R5 300
- Annual option measurement fee – R10 600



PARTICIPATION

- 2005 6 schemes
- 2006 5 schemes
- 2007 17 schemes
- 2008 20+ schemes

The bigger the participation the better the value!



2007 PARTICIPANTS

- Anglovaal
- Bankmed
- Bonitas
- Discovery
- Edcon
- IBM
- LA Health
- Liberty
- Lonmin
- Medihelp
- Momentum
- Profmed
- Quantum
- Retail Medical Scheme
- SABS
- CAMAF
- Tsogo Sun

**73 OPTIONS AND MORE THAN 3.1
MILLION BENEFICIARIES**



GENERAL APPROACH

- Data spec
- Data submitted
- Scheme specific report
- Industry report

Confidentiality and professionalism guaranteed!



CHALLENGES

- Data availability
- Data accuracy and coding
- Other priorities
- Other agendas
- Becoming part of annual cycle of events (normal budget and process item on the agenda)
- Achieving stability and developing a reliable trail
- Achieving critical mass

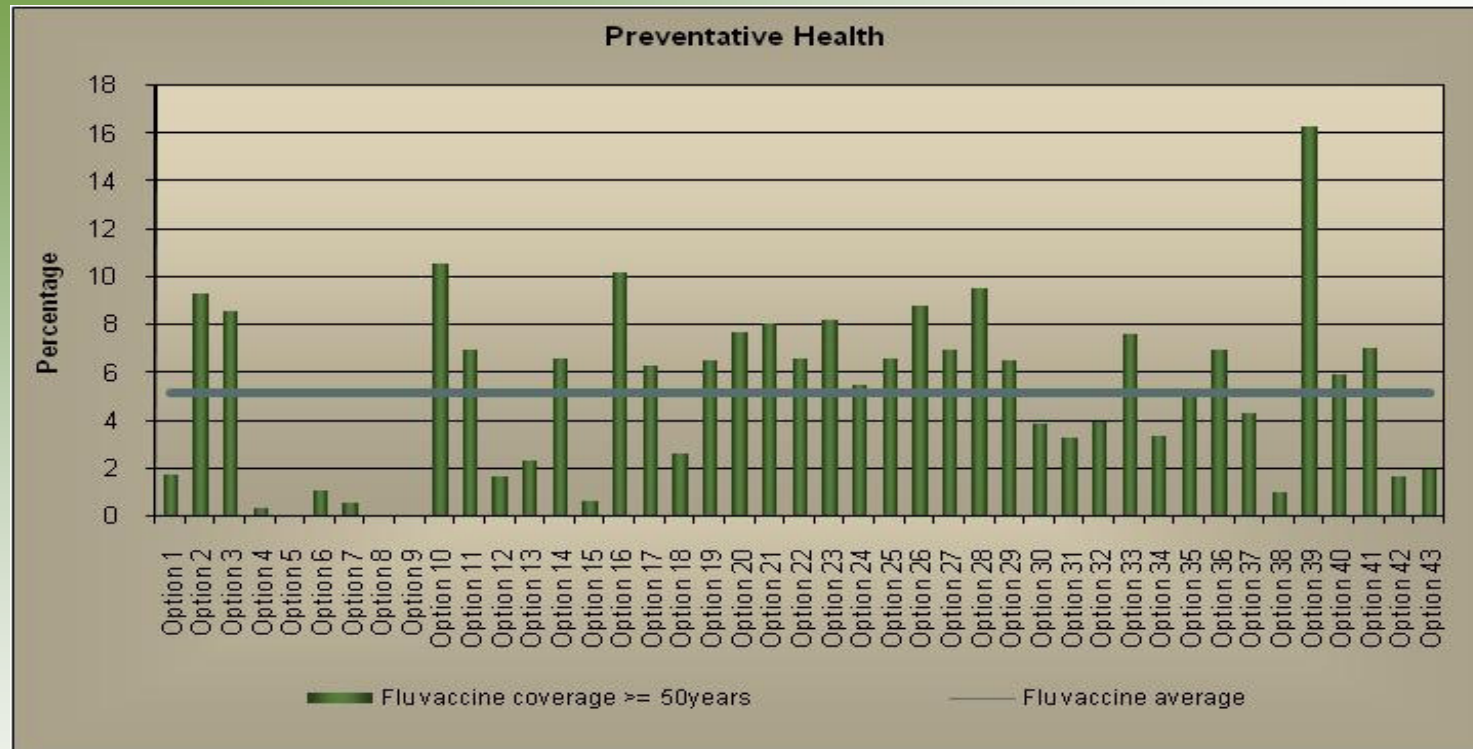


METHODOLOGY

- 4 Categories:
 - Ambulatory
 - Hospitalisation
 - Chronic diseases
 - Preventative care
- Standardized for age
- Multiple number of indicators
- Ranked per option per scheme
- Compared against contributions
- Statistically analysed and curve fitted



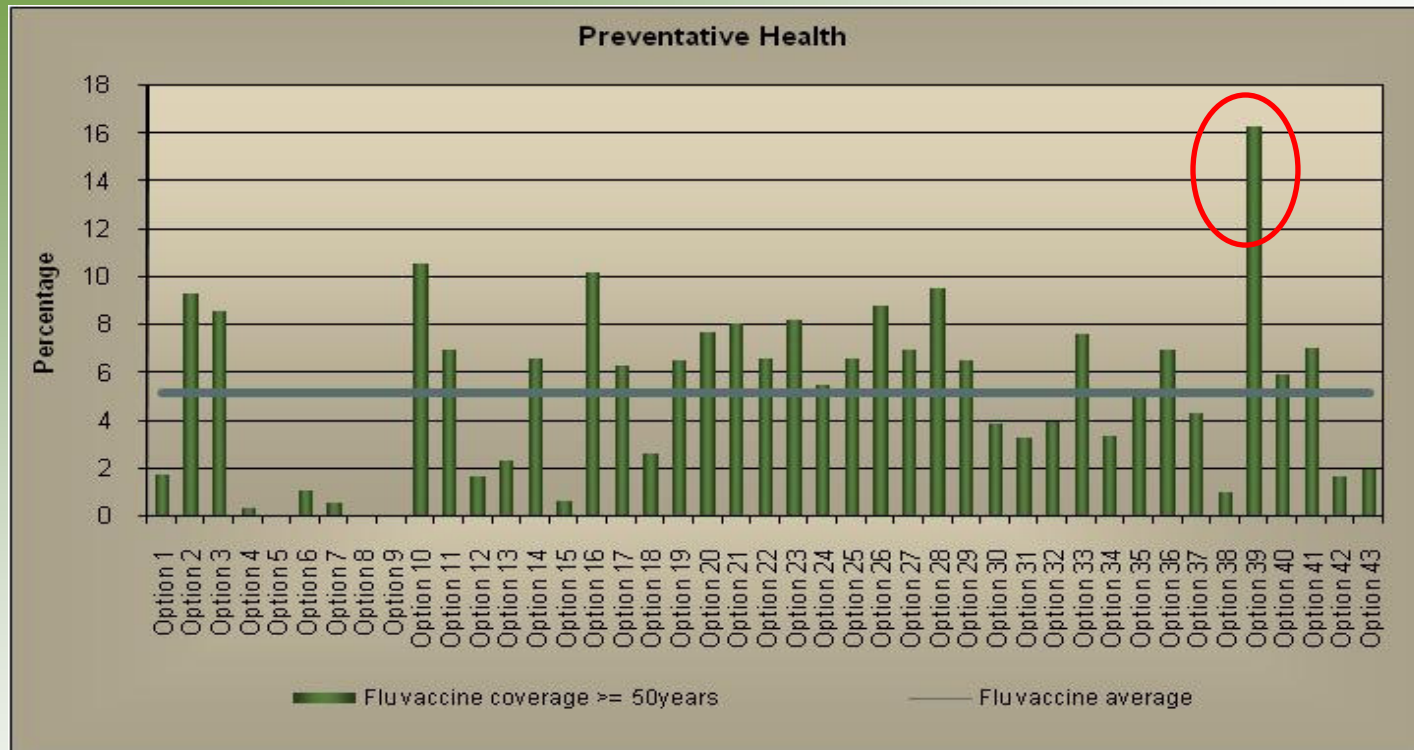
EVIDENCE OF POOR QUALITY



- Low flu vaccine coverage for the at risk population, as the HQA benchmark mean is 5.15%
- International benchmark mean is between 45.6% and 90%



EVIDENCE OF QUALITY



- One option's coverage is greater than 16%.
- This may be a result of flu vaccines being offered explicitly as a risk benefit each year for beneficiaries on this option.



NEW DEVELOPMENTS

- Clinical workshop to determine appropriateness of indicators, was held earlier in year
- Indicators have been adjusted, new indicators have been added and we have removed inappropriate quality indicators
- Allow for chronic members better – members with co-morbidities have been added to reduce volatility in results.
- Include savings benefits in data to improve results



2008 SCHEDULE AND TIME FRAMES

- Schemes and administrators have been sending their 2008 membership registration forms during May 2008
- New Data Spec has been distributed end of June 2008
- Data submissions need to be completed by end July 2008
- Scheme reports will be ready to distribute during August/September 2008



CONCLUSION

- HQA is going from strength to strength
- It is receiving support from many important stakeholders such as CMS, BHF and the South African Consumer Council
- We encourage participation on this important industry initiative – an initiative run by the industry, for the industry and ultimately providing more sustainable health care benefits for all members.

