



BHF Southern African Conference

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QUALSA HIV PROGRAMME: CLINICAL AND FINANCIAL OUTCOMES

- About Qualsa
- Current hospital claims risk
- Possible underlying HIV risk
- Clinical outcomes
- Mortality
- Financial outcomes
- Future developments

- The data is based on some of the cases we have been managing within the Qualsa HIV business unit.
- Period under review: 2008, 2009 and 2010 YTD until June

- Qalsal is a subsidiary of Metropolitan Health Group
- Accredited Managed Care Organisation by CMS
- Provides Healthcare risk management services to Medical schemes and Employer Groups

- The cost of tuberculosis
- Based on confirmed diagnosis
- Predominantly the hospital benefit
- 70% of TB patients have HIV

Year	Lives	Total claims cost	Average cost per life
2008	198	R 25,655,334	R 129,572
2009	245	R 44,123,535	R 180,096
2010	152	R 20,327,941	R 133,947

- Gastro and pneumonia burden
- 49% of all gastro admissions between 0-9 yrs old
- 53% of all pneumonia admissions between 0-9 yrs old

UNENROLLED HOSPITALISATION: Gastro-enteritis

Age Group	Admissions for 2010 YTD	Admissions for 2009 YTD
0-1 years old	679	967
1-9 years old	422	500
10-19 years old	222	199
20-29 years old	164	224
30-39 years old	303	359
40-49 years old	359	378
50-64 years old	165	223
>65 years old	113	144

UNENROLLED HOSPITALISATION: Pneumonia

Age Group	Admissions for 2009 YTD	Admissions for 2010 YTD
0-1 years old	716	636
1-9 years old	767	628
10-19 years old	144	156
20-29 years old	100	104
30-39 years old	212	249
40-49 years old	280	290
50-64 years old	177	171
>65 years old	166	139

- Average circumcision rate for newborn baby boys= **5,2%**
- Average circumcision rate for high risk 18-44 yrs old= **2,3%**

CIRCUMCISION

Enrolled vs Unenrolled

Program Status	JAN 2010	FEB 2010	MAR 2010	APR 2010	MAY 2010	JUN 2010	Total
Enrolled	6	8	5	3	3	19	44
Unenrolled	183	173	179	164	182	1,210	2,091

Province	<01	01 to 04	05 to 16	17 to 24	>44	35 to 44	Total
Western Cape	7	36	24	6	21	8	102
Mpumalanga	0	20	74	19	35	13	161
Gauteng	3	69	374	65	82	28	621
Eastern Cape	0	13	20	12	12	4	61
Free State	0	8	78	46	60	15	207
North West	0	15	118	34	53	16	236
Kwazulu Natal	1	52	163	83	185	40	524
Limpopo	0	12	142	8	11	2	175
Northern Cape	0	11	10	6	14	2	43
Unknown	0	1	1	1	2	0	5
Total	11	237	1,004	280	475	128	2,135

ELISA and CD4 tests for beneficiaries un-enrolled

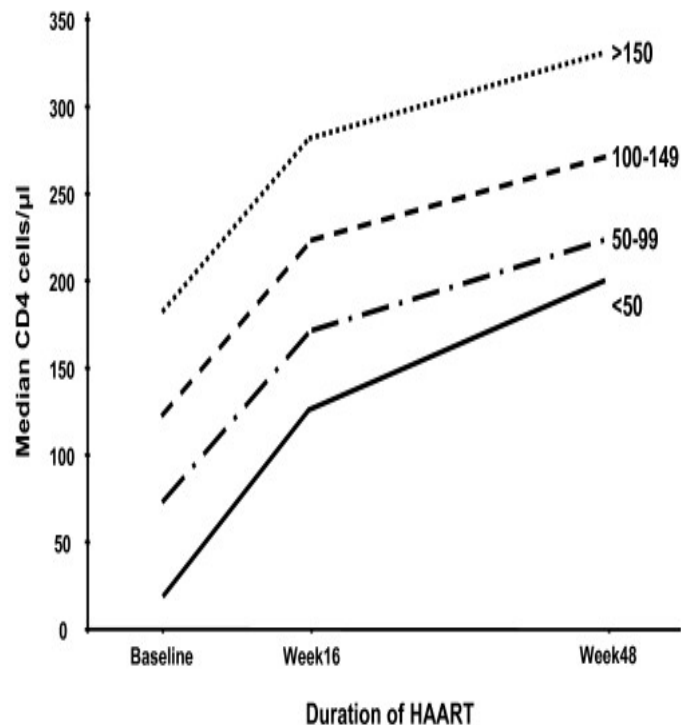
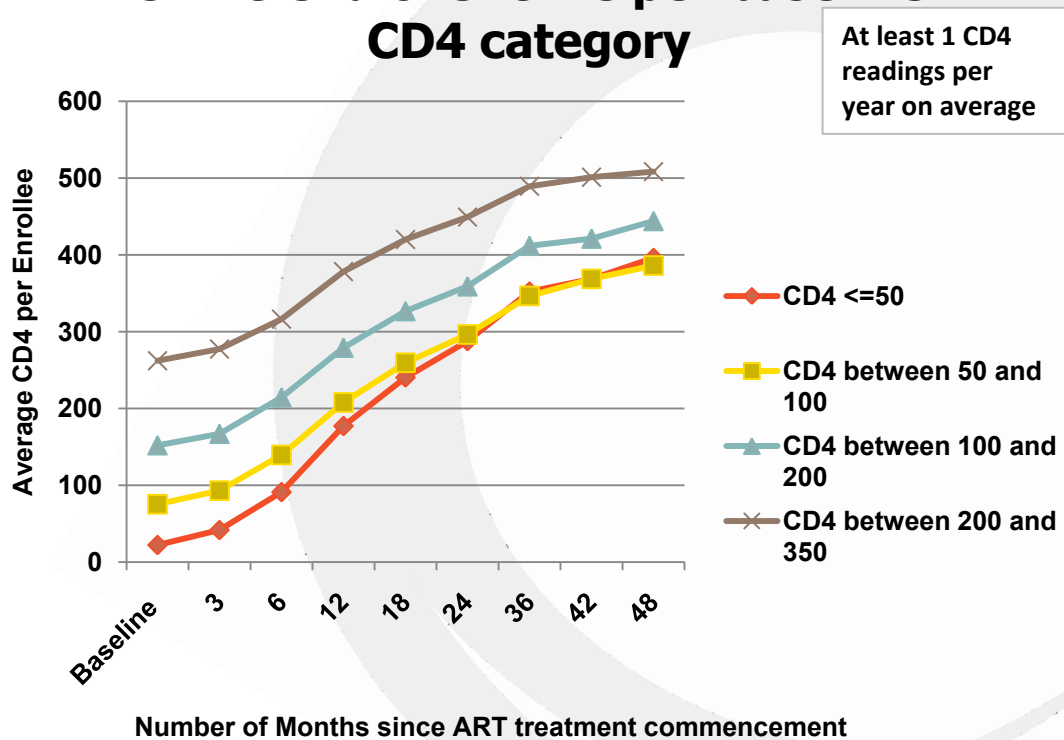
	Jan 2010	Feb 2010	Mar 2010	Apr 2010	May 2010	Jun 2010	TOTAL YTD
Elisa	2 420	2 303	2 229	2 110	2 104	2 218	13 384
CD4	622	664	673	500	607	519	3 585

40% of patients enroll within 60 days of having their CD4 test.

- On average, depending on scheme, 16-20% of new enrolees have a CD4 less than 50.
- Approximately 50% of all new enrolees join with a CD4 less than 200.
- Nearly 75% of all new enrolees have a CD4 of less than 350.

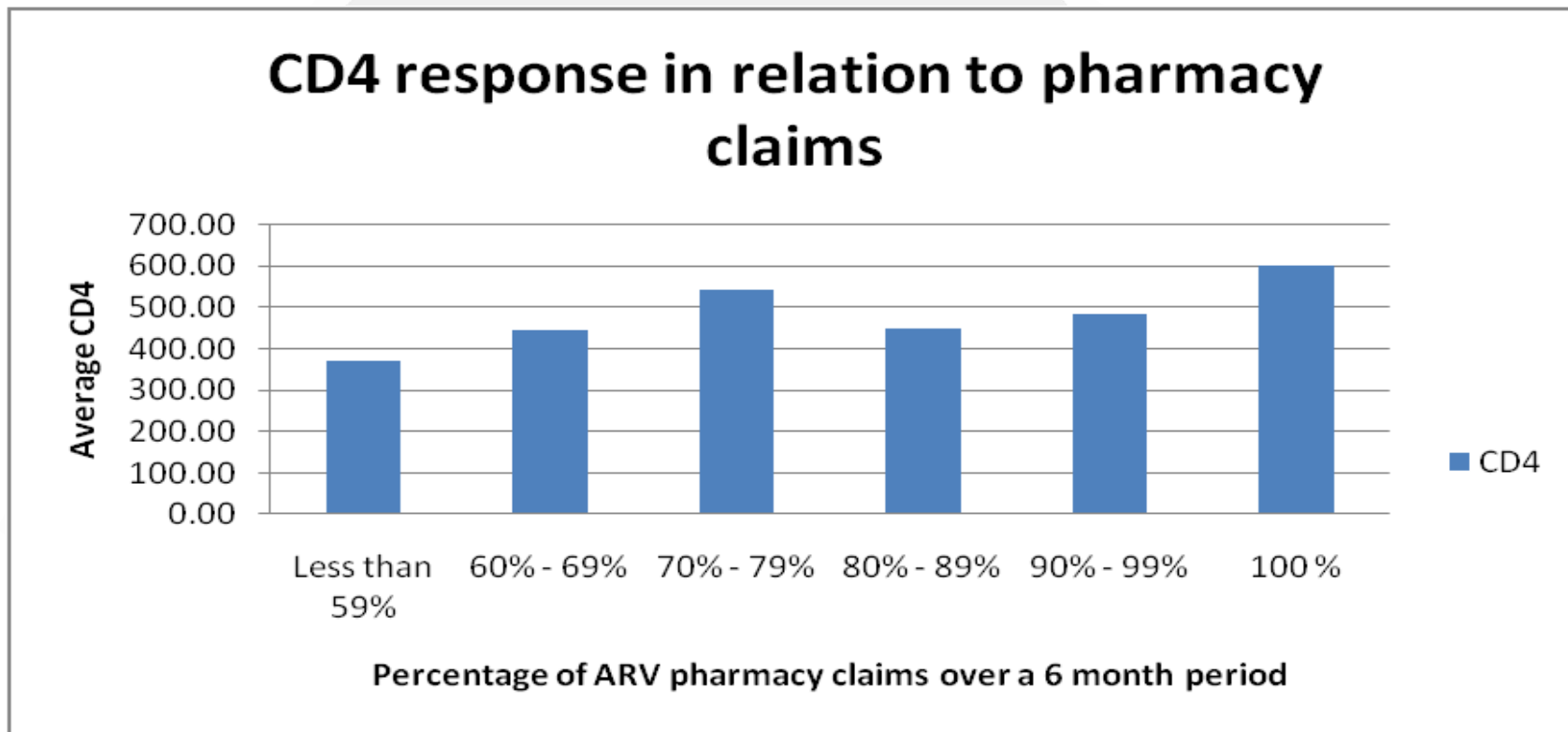
Immune response to ARVs :Qualsa versus DTF

CD4 trend over time per baseline CD4 category

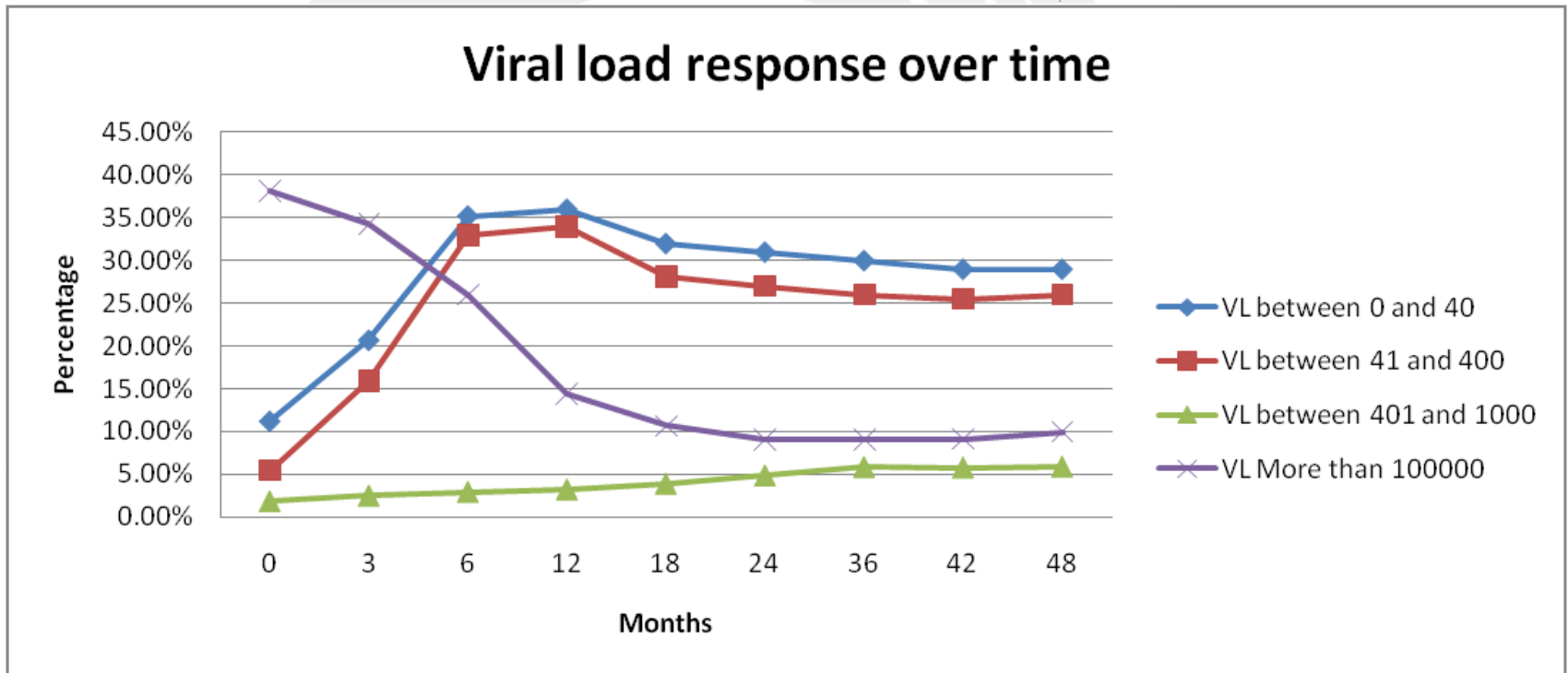


Lower baseline CD4 at commencing HAART was associated with lower peak CD4 achieved while on HAART.

Immune response in relation to adherence



65% of patients have a viral load less than 400 after 12 months.



Mortality	2008	2009	2010 YTD
Percentage enrollee deaths	2.50%	2.20%	0.60%

40% of deaths are due to TB

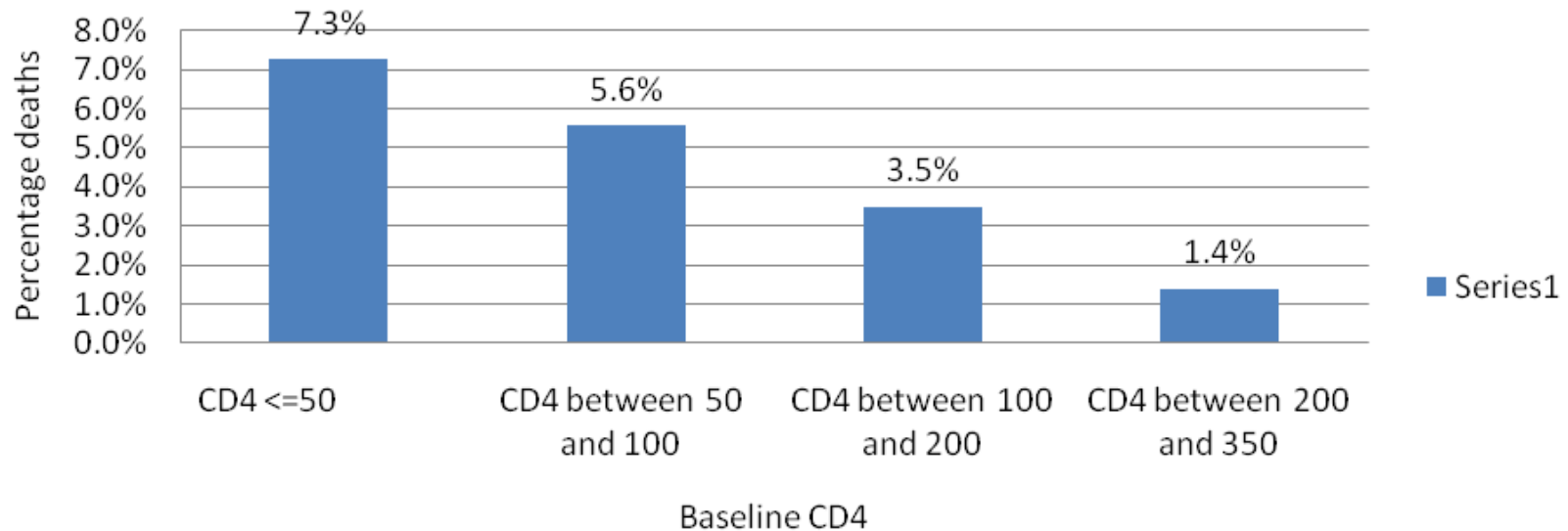
Lower CD4 at time of death, results in increased risk of death from AIDS-related causes.

	0-50	51-200	201-350	>350
Average CD4 count at enrolment	14.29%	50.00%	14.29%	21.43%
Average CD4 count at death	14.29%	21.43%	21.43%	42.86%

Number on ART at death	85%
Average months on programme until death	22

- The impact a low baseline CD4 has on mortality
- Desmond Tutu Foundation Study: 11.9% mortality for those patients with a baseline CD4 less than 50

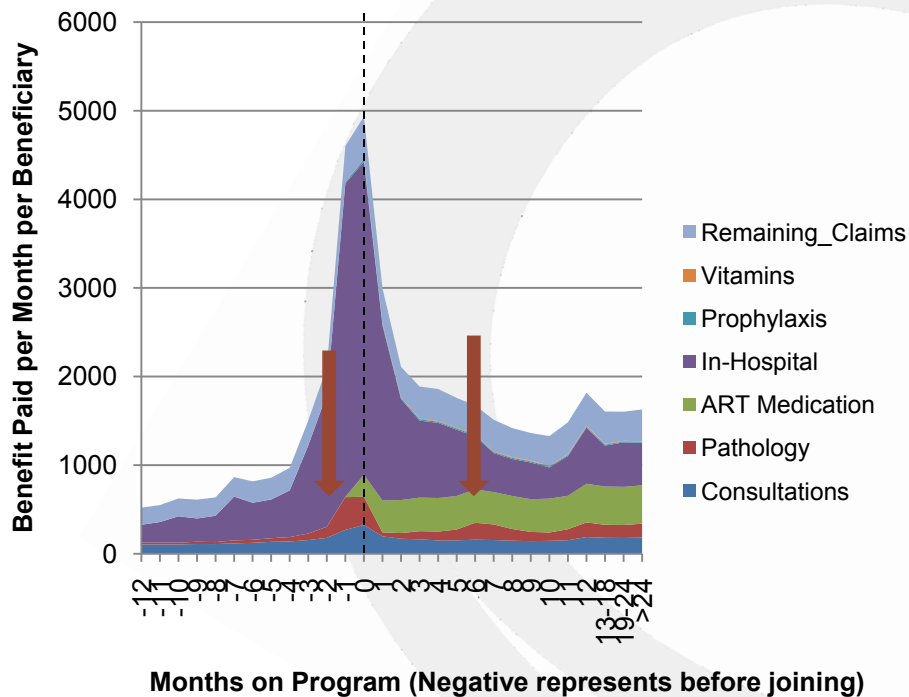
Percentage Deaths per CD4 Baseline Category



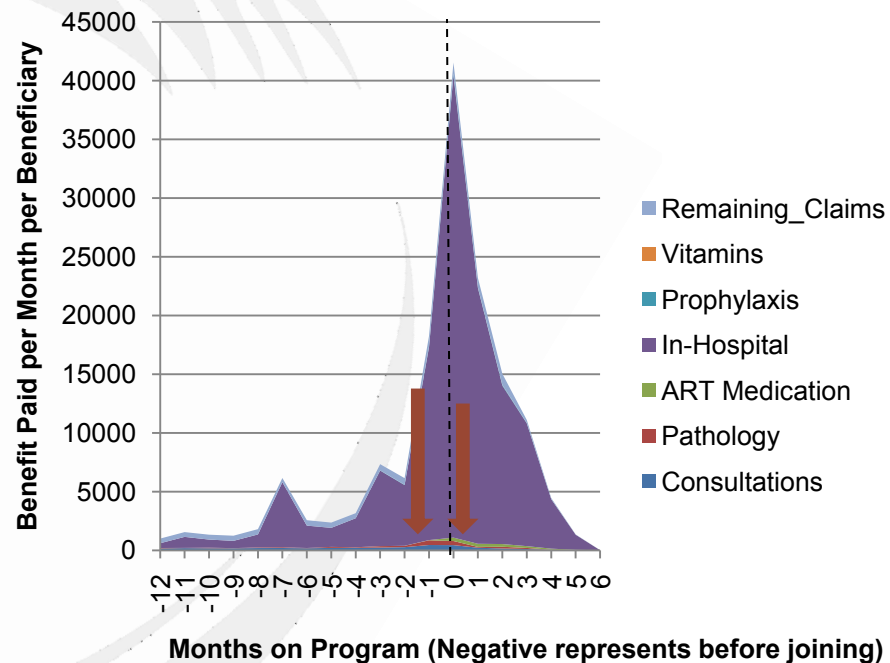
Actual utilisation YTD % variance: Comparing 2009 to 2010 YTD

Benefits	weight	YTD % monthly variance
ART medication	21.00%	20.11%
Consultations	11.07%	16.98%
In-hospital	56.93%	1.26%
Pathology	10.16%	18.34%
Prophylaxis	0.61%	9.09%
Total value of claims increase	100.00%	6.90%

HIV Financial Outcomes Analysis



HIV Financial Outcomes Analysis for Enrollees who Died within 6 Months



Early enrolment versus late enrolment

	First 6 months on program ART enrollees	Enrollees who died within 6 months	Average Saving pbpm	Average Saving over the 1st 6 months per beneficiary
Average pbpm cost	R 2,091	R 16,118	R 14,027	R 84,162

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Capture Form

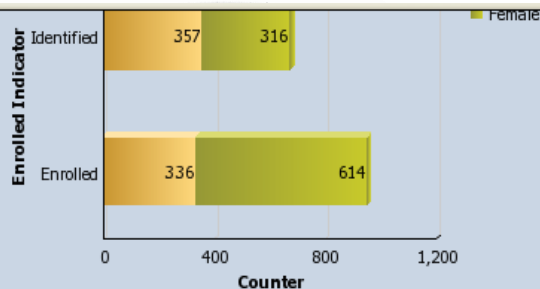
DASHBOARD OF ENROLMENT RATES

28 Apr 2010

Months between Date Identified and Date Enrolled

Counter	0 - 3 Months	4 - 6 Months	7 - 12 Months	More than 12 Months	Not Enrolled	Total
				4	34	38
	57	49	56	485	42	689
	3	1		18	2	24
	1	8	3	56		68
	1		2	3	1	7
					6	6
					14	14
					3	3
	69			21	491	581
					7	7
	1				14	15
			2	9	3	14
	9			4	53	66
	4	4	4	76	3	91

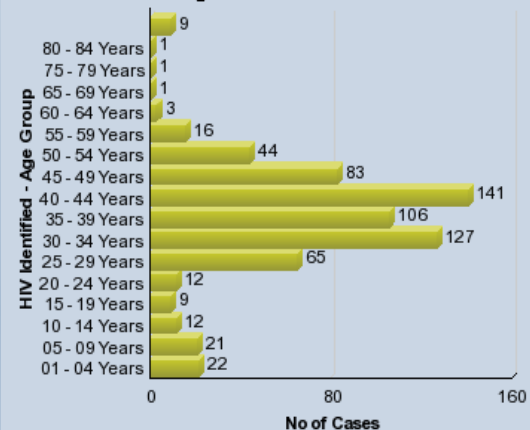
Scheme name



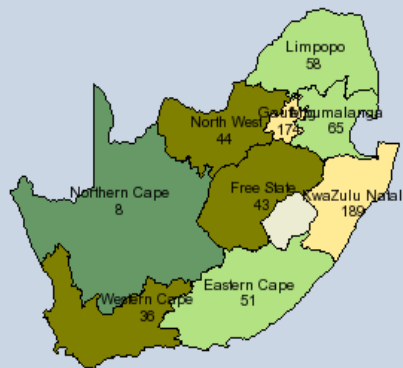
HIV Identified and Enrolled Cases per Practice

Counter	Identified	Enrolled	Total
Dermatologist		1	1
General Practitioner	428	598	1,026
Gynaecologist	18	36	54
Medical Oncologist		1	1
Medical Technology	1	1	2
Medicine	191	282	473
Neurologist	2	2	4
Ophthalmologist		2	2
Paediatrician	32	26	58
Registered nurses		1	1
Urologist	1		1
All Practices	673	950	1,623

HIV - Identified Age Distribution



No of Identified Cases per Province



HIV - Identified Cases per Month

Counter	201002	201003	201004	Last 3 Months
	29	1	4	34
	33	8	1	42
		2		2
		1		1
	5	1		6
	9	1	4	14
	2	1		3
	353	71	67	491
	5	2		7
	11	3		14
	3			3
	35	9	9	53
		3		3
All Schemes	485	103	85	673

Scheme name

Manufacturing sector

- VCT system integrated with HIV disease management system: B2B
- Point of diagnosis enrolment
- Point of diagnosis CD4 done
- Number tested=92
- Number positive=14
- 15% prevalence
- Average baseline CD4 = 439

- TB should be managed in conjunction with private sector HIV management.
- Late stage enrolment is still a problem - joining when they are sick.
- Circumcision should be encouraged in young HIV-negative males and potentially in newborn males.
- Point-of-diagnosis enrolment is vital
- Measurable clinical indicators illustrate value, e.g. low mortality.
- Quantifiable financial outcomes prove excellent savings.