PO Box 74960
Lynnwood Ridge, 0040
Tel +27 (0)82 453 5130
Email lj.botha@iafrica.com
www.hqa.co.za

COMMUNIQUE THIRD QUARTER 2024

1) 20th Annual Industry Results Presentation and Clinical Quality Conference

On 16th August 2024 HQA held its 20th annual Industry Results Presentation and Clinical Quality Conference.

The guest speaker of the day was Prof Rob Tollenaar, founding member and strategic advisor of DICA (Dutch Institute for Clinical Auditing). Prof Tollenaar is professor of surgery at the Department of Surgery at the Leiden University Medical Centre. Prof Tollenaar spoke about the value of Public Reporting, the challenges to expect, and how to overcome these.

Some important points to highlight from this keynote speaker session included that DICA was approached by the Dutch Government in 2006 to develop a national platform for making healthcare quality measurable. To do this, quality indicators and measuring methodologies had to be developed, measurements had to defined and standardised and norms had to be developed.

Key to this was that Quality Measures data had to be made public so that institutions can be compared and these quality measurements had to become obligatory and oversight had to be horizontally, at the level of peer review. However, a “no naming – no blaming” culture and trust amongst stakeholders was essential to getting buy-in and commitment.

Important for DICA’s success were:

- Robust methodologies for indicator definitions, risk adjustment and data validation/site checks

- Nationwide IT platform which included agreements with hospitals, facilitated data exchange and quality data, PROMS, financial data as well as robust privacy protection
- National Boards of Medical Professionals were involved to ensure nationwide coverage
- Taking a stepwise road to full transparency, building trust, and showing the value of having these quality measures.

This approach has resulted in DICA developing 27 clinical registries over the last 15 years. The health outcomes of these registries are widely used for decision making, locally, regionally, and nationally.

The HQA Industry Results were presented by Dr Johann van Zyl. The 2024 Report is based on data representing 7 430 038 beneficiaries, or 83% of all the medical scheme insured lives in South Africa.

Some of the highlights from this year's report include:

- near doubling of flu vaccine uptake among members over the age of 65 since 2010
- a significant increase in diabetes screening and the effective management of diabetes patients
- despite the availability of benefits from many medical schemes, there has been little progress in the number of women aged 50-74 accessing mammography services
- since 2010 the rate of C-sections has risen slowly and remains high with 75.81% of deliveries among participating medical schemes being by C-section. This high rate corresponds with a 3.1% increase in neonatal ICU admissions since 2018.
- the length of stays for hip and knee replacements has decreased. Readmission rates for knee replacements have also decreased, whilst there is an uptick in readmissions following hip replacements
- South Africa ranks 25th worldwide for asthma prevalence and 5th for asthma-related deaths. The decline in lung function testing for asthmatics by nearly 3.5% since 2010 is troubling. Moreover, while nearly 50% of asthmatics are on controller therapy, compliance remains low
- there has been a noticeable decrease in hospital admissions due to pneumonia, likely due to increased awareness of infection control measures

HQA's results provide valuable insights into the state of healthcare in South Africa. However, these findings should be interpreted with caution, as the healthcare system is complex and various factors contribute towards the performance of specific healthcare quality indicators.

The first panel session discussed possible reasons for certain indicators performing well, and others not so well. The session was facilitated by Adam Lowe (NMG) and the panellists were Dr Unben Pillay (IPAF/HQA Director), Dr Dalen Alexander (Bankmed), Dr Paul Soko (Life Healthcare/HQA Director) and Dr Vuyo Gqola (GEMS/HQA Director).

The panel considered potential reasons for some of the trends observed in the categories of prevention and screening, maternity and newborn, chronic disease management, and hospital care.

- The positive trend for flu vaccines can be ascribed to a combination of a greater awareness of the value of vaccines, sanitation and washing of hands, resulting from the COVID-19 experience, and a greater focus on at-risk populations from schemes and GP's.

- The low uptake of mammograms and pap smears is probably due to a lack of education and focus. Breast, colorectal and prostate cancers are very expensive to treat. Costs and lives can be saved with a greater focus on early identification, patient education, and behavioural change.

- The ever-increasing rate of C-section deliveries and NICU admissions were discussed. Contributing factors could potentially be higher-risk mothers giving birth when older, and perhaps having additional chronic diseases. Focus should be on good antenatal care including appropriate ultrasounds and reducing unnecessary deliveries earlier than 39 weeks. and should insist on radio-sound and mid-wives being part of the antenatal process. If elective first time C-sections can be reduced through better education and comprehensive antenatal procedures, repeat C-sections can be substantially reduced.

- In the chronic disease management category, reasons for diabetes and hypertension measures performing better than asthma and COPD were explored. Not only do process measures for diabetes and hypertension perform better, admissions are also lower than for asthma and COPD. The panellists concluded that more focus should be placed on asthma and COPD, through a multi-stakeholder approach including schemes as well as GP's. Initiatives in this regard should focus on costs, behavioural changes, and quality management.

- An interesting trend from the HQA results is the shift from patients seeing general practitioners (GP's) to specialists, with a higher admission rate for specialists than GP's. This trend needs to be investigated further, to get a deeper understanding of the driving forces behind it, and any remedies required.

Dr Johann van Zyl presented on the question: 'Should there be a differentiation between screening and monitoring when measuring uptake and access to tests or procedures for a specific condition? To measure separately or to lump together? Is it feasible and useful to differentiate between these?'

It was concluded that differentiation makes sense when the objectives and the population measured differ. Counting both screening and monitoring tests together

would make sense for a holistic view of the patient's care, whereas differentiation between screening and monitoring can be feasible, but not at the expense of the holistic view of the patient. Put differently, the indicators presented should aim to answer the question being asked.

The last session of the day was a panel session about quality measurement required in a system of Universal Health Coverage. What would the priority quality indicators be, what data to use, methodologies to follow, where to begin, etc? The session was facilitated by Dr Boshoff Steenekamp (HQA Vice Chairman), and the panellists were Dr Grace Labadarios (NHI Branch), Dr Siphiwe Mndaweni (OHSC), Mr Percy Dames (CMS), Prof Jacqui Miot (Chairperson HQA CAB), Dr Stan Moloabi (GEMS CEO), and Ms Shirley Collie (DH Chief Research Actuary).

In South Africa private healthcare covers only a small minority of the population, whereas the majority relies on public healthcare. The aim of NHI, or Universal Health Coverage (UHC), would be to extend access to quality healthcare services to all citizens, with no-one suffering financial hardship.

Dr Siphiwe Mndaweni said from the perspective of the OHSC the aim of UHC should be to improve the patient experience, improve the health status of the population, and reduce the per capita cost of healthcare. Another objective would be to reduce the burnout of healthcare workers. Priority quality indicators for healthcare in South Africa should focus on maternal, neonatal and child healthcare, infectious diseases, non-communicable diseases, patient safety, effectiveness of care, and patient experience. Dr Mndaweni said it would be important to collaborate on what should be measured, whilst recognising what is being measured and available already. The OHSC is currently reviewing its norms and standards. A centralised data collection mechanism is going to be required for the collection of clinical data. Quality indicators will have to be developed according to clinical pathways. Success is going to be determined by effective collaboration, good governance, and accountability.

Dr Grace Labadarios from the NHI Branch said the purpose of quality measurement in a UHC System should be to improve health outcomes, improve user experience, improve access, reduce fraud, waste and corruption, and integration of private and public healthcare sectors.

Mr Percy Daames from the CMS stated the CMS's constitutional and legislative mandates, and its responsibility of advising the Minister of Health on matters relating to private health insurance. He suggested priority quality indicators should focus on access to care, and health outcomes, for example mortality rates, disease prevalence and management. Mr Daames concluded by saying going forward priority health needs should be determined, quality should be ensured, disparities should be reduced, and a sustainable funding model should be developed.

Professor Jacqui Miot, Chairperson of HQA's CAB, emphasised the importance of a set of generally accepted principles for selecting the indicators. Priorities in the private sector and the public sector should be determined, also data availability in each sector will need to be considered. A good starting point towards quality measurement in a UHC model would be to start where the overlaps are between existing indicators.

Dr Stan Moloabi, CEO of GEMS, presented a model for moving towards UHC that consists of raising and pooling of revenue for purchasing healthcare services that would result in equity in resource distribution, efficiency, transparency, and accountability, and deliver on utilisation relative to need, equity in financial protection, and quality health outcomes.

Ms Shirley Collie from Discovery Health mentioned that there are already several current examples of how quality is measured in South Africa, namely the District Health Barometer, Wagstaff, the collection of PROMS, HQA's annual reports, etc. She mentioned the healthcare sector will continue to improve using mobile technology, long term digitization, and the consistent clinical coding practices across the public and private sectors.

2) AGM

At the AGM in the afternoon of 16th August 2024 Dr Vuyo Gqola of GEMS was re-elected as a director of HQA. Mr Shane Perumal was elected and welcomed as a new director. Shane is the Head of Operations at Bonitas. The BOD now consists of: Mr Bruce Dickson (Chairman and an independent), Dr Boshoff Steenekamp (Vice Chairman), Prof Morgan Chetty* (IPAF), Dr Guni Goolab (Thebemed), Shirley Collie (DH), Dr Vuyo Gqola (GEMS), Dr Unati Mahlati (DHMS), Dr Philip Matley (SAPPF), Shane Perumal (Bonitas), Dr Unben Pillay (IPAF), Dr Kim Smith (Mediclinic), Dr Paul Soko (Life Healthcare) and Geraldine Timothy* (DH). (*Alternate directors) Mathilda Marais (Bonitas) was not available for re-election and was thanked for her valuable contribution over the last three years.

The Audited Financial Statements of 2023 were adopted by the Members and the going concern status of HQA was noted.

Fourie and Botha were reappointed as the auditors for 2025.

3) CAB

The CAB meeting held on 10th September 2024 marks the beginning of a new cycle of indicator review.

'If everyone is moving forward together,
then success takes care of itself!'
Henry Ford