

“Who is who” and “what is what” in health

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Who's who in healthcare environment

Health-care Issue	Statutory / regulatory body	Voluntary associations
Overall custodianship - health	<p>National Dept of Health and provincial Departments into National Health Act and regulations (also other laws such as TOP Act, Sterilisation Act, Mental Healthcare Act, etc)</p>	None
Patient rights	<p>Dept of Health (Patient Rights Charter), National Health Act (compliant procedures & responsibilities of users of healthcare services), Medical Schemes Act</p>	<p>Phango (umbrella patient body for most patient groups in most disease areas), TAC, etc</p>



Who's who in healthcare environment

Health-care Issue	Statutory / regulatory body	Voluntary associations
Public hospitals	<p>National Dept of Health (Hospital Services) and provincial Departments ito National Health Act and provincial regulations</p>	None – DoH head: Dr Thabo Sibeko
Private hospitals	<p>Dept of Health (often provinces, with some reference to National DoH) ito National Health Act and provincial regulations</p>	<p>Hospital Association of SA (HASA) – representing 3 large groups, independent hospitals and not-for-profit hospitals</p>



Who's who in healthcare environment

Health-care Issue	Statutory / regulatory body	Voluntary associations
Medicines Registration, clinical trials. Incl. safety & quality, standards, etc.	Medicine Control Council (MCC) i/o Medicines and Related Substances Act & regulations (incl units for traditional- and complementary medicines)	IMSA – R&D manufacturers PIASA – R&D manufacturers and some generic companies NAPM – generic manufacturers SMASA – over the counter medicines

Who's who in healthcare environment

Health-care Issue	Statutory / regulatory body	Voluntary associations
Medicines pricing	Pharmaceutical Evaluations Unit, Dept of Health & Pricing Committee ito Pricing regulations	<p><u>Single Exit Price:</u> manufacturers (IMSA, PIASA, NAPM, SMASA) refer above)</p> <p><u>Dispensing fee:</u> PSSA (Pharmaceutical Society of SA – <i>pharmacists</i>)</p> <p>And for <i>doctors</i> – SA Medical Association (SAMA)</p> <p><u>Logistics fees:</u> NAPW (Nat Assoc Pharmaceutical <i>Wholesalers</i>)</p>



Who's who in healthcare environment

Health-care Issue	Statutory / regulatory body	Voluntary associations
Medical schemes, scheme administrators	<p>Council for Medical Schemes (CMS) i to Medical Schemes Act and regulations</p> <p>Legislation under control – DoH, in particular unit dealing with social health insurance</p>	<p>Board of Healthcare Funders (BHF) – representing medical schemes</p>
Medical scheme brokers	<p>Financial Services Board & Council for Medical Schemes</p>	<p>None at moment, but often affiliated to other business organisations (such as banks) represented at BUSA (Business Unity SA)</p>

Who's who in healthcare environment

Health-care Issue	Statutory / regulatory body	Voluntary associations
Healthcare professionals (conduct, fees, accounts, types and place of business)		
Doctors & Dentists	Health Professionals Council of SA , ito Health Professions Act & regulations (also governs physio's, emergency staff, etc)	SA Medical Association (SAMA) SA Dental Association (SADA)
Pharmacists	SA Pharmacy Council ito Pharmacy Act & regulations	Pharmaceutical Society of SA (PSSA)
Nurses	Nursing Council of SA ito Nursing Act & regulations	Denosa and nurses affiliated to other trade unions



What is going on in our environment – legislative changes?

Medical schemes:
Basic requirements, new
proposals (REF,
trustee duties, etc)

NRPL

HPCSA, SAPC
ethics

National
Health Act

New Children's Act,
Sexual Offences
Bill

Health Charter & BB
BEE

Medicines
pricing

National Health Act

- Patient rights: informed consent, treatment without consent, confidentiality
- Outstanding: & upcoming:
 - Various sets of regulations, most importantly on:
 - Fees charges by various healthcare stakeholders
 - Certificate of Need (CON)
 - Those who qualify for free treatment

www.doh.gov.za

Medical schemes issues

- Basic rights which all members of medical schemes have in terms of
 - PMB & CDL list which all schemes must fund in full and without co-pay
 - Regarding limitation of rights/entitlements (regulations on managed care, co-pays)
- New issues:
 - Basic benefits
 - Low-income Medical Schemes
 - REF
 - Trustees!!!!

www.medicalschemes.com

Medicines Act and its regulations

- Two major sets of important regulations:
 - General regulations (on advertising, labeling, licensing, etc)
 - Medicines pricing regulations
- Pricing regulations still being implemented and subject to comment by stakeholders:
 - Capping of logistics fees
 - Benchmarking of prices
 - Dispensing fees
- Recent issues – OTC medicines & section 22G

Children's Act

- VERY comprehensive law
- Not in force yet, but new rules on:
 - Children and consent to medical treatment, special provisions on HIV and reproductive health
 - Parental rights and responsibilities, e.g. parental plans
 - Child abuser registers
 - Etc.

HPCSA

- Published ethical rules as regulations - August 2006
- Published all ethical guidelines & policy documents as single set – 2006
- Documents set rules on who doctors may be in practice with, how they can advertise, their relationships with commercial entities such as hospitals and pharma, and also contains rules and rulings on HIV, for example

www.hpcsa.co.za

THANK YOU!

admin@imsa.org.za

Children's Act

- Parenting plans (sharing rights and responsibilities, guardianship, etc)

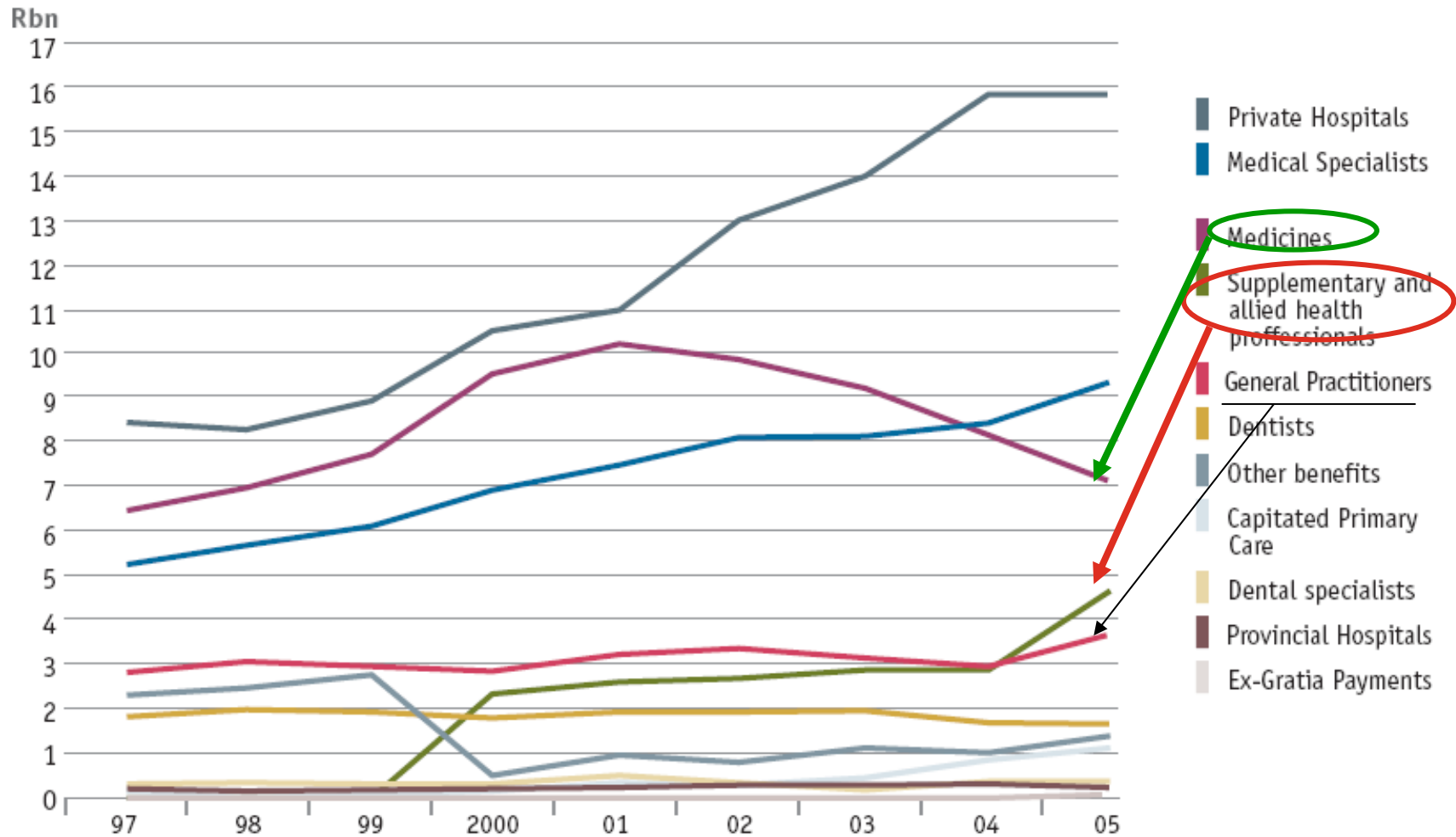
<i>Treatment</i>	<i>Operations</i>	<i>Contraceptive</i>	<i>HIV</i>
12 and	12 and	12 and	12 OR
Mature to understand risks, benefits etc	Mature to understand risks, benefits etc and	Medical advice and	Under 12 and mature ...
-	Assisted by parent / guardian	Medical Examination	-

Children's Act

- Super can consent if:
 - treatment or operation is necessary to preserve the life of the child or to save the child from serious or lasting physical injury or disability; AND
 - the need for the treatment or operation is so urgent that it cannot be deferred
- Children under 12 with HIV:
 - Parent / caregiver!
 - Organisation placing child

Figure 4

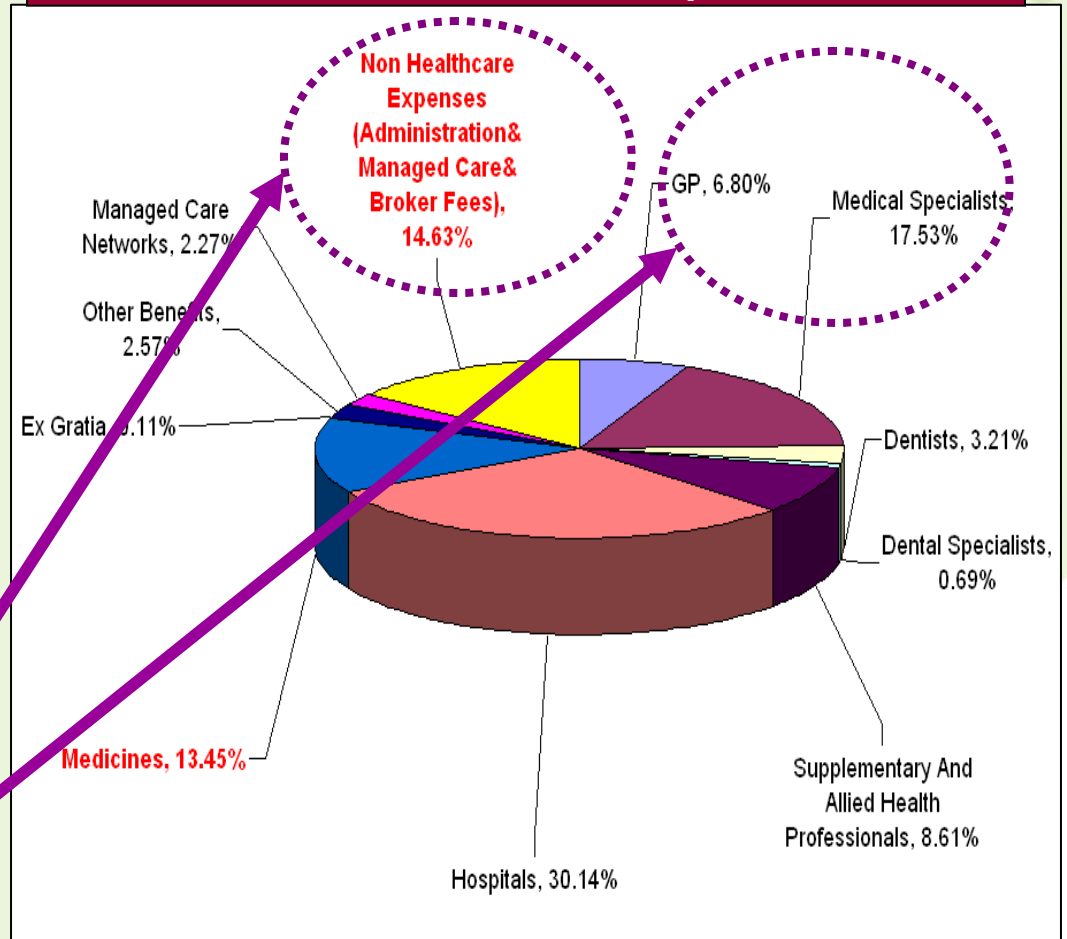
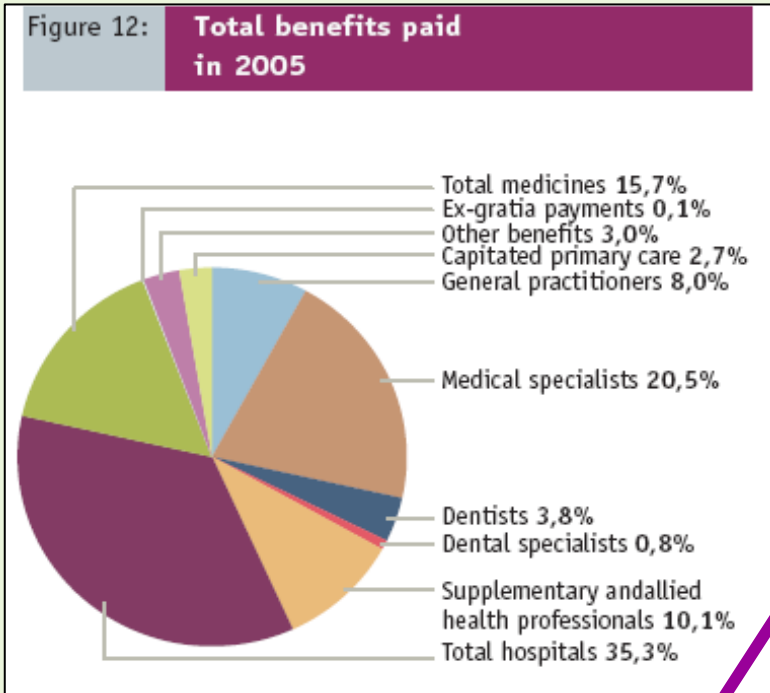
Total benefits paid



Schemes are spending more on non-health costs than on medicines dispensed!

If We Include Non Healthcare Expenses For 2005

Figure 12: **Total benefits paid in 2005**



Non Healthcare Expenses Consume More Of The Total Healthcare Rand Than Medicines dispensed or nearly as much as total on doctors!!!

Summary of % of benefits paid for medicines

<i>Paid by schemes:</i>	<i>In 2004</i>	<i>In 2005</i>
Total spend on medicines	19.2%	15.7%
From risk pool (PMBs & CDLs)	17.3%	14%
From savings accounts	34%	29.5%

Medicines per beneficiary in context

Administration PABPM	R45.80	R41.95
Broker fees PABPM	R31.10	R35.50
Medicines PBPM	R95.90	R87.95

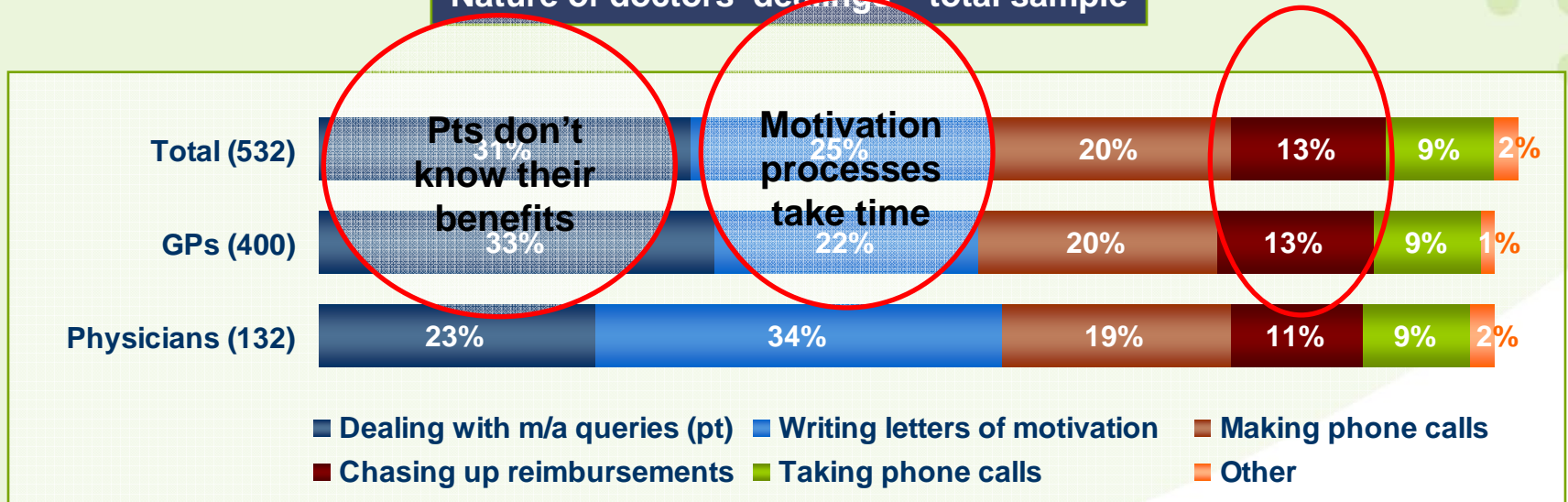
* Range from self-administered restricted schemes (as cheapest) to third party administered open schemes (as most expensive)

2. The administrative burden

Ave no. hours spent per week dealing with medical aids – total sample

		TOTAL (532)	GPs (400)	PHYSICIANS (132)
Personally:	Ave	4 – 5 hrs	4 hrs	4 – 5 hrs
Staff:	Ave	9 – 10 hrs	9 hrs	10 – 11 hrs

Nature of doctors' dealings – total sample



Doctors and their staff spend significant portions of their time on medical scheme issues

2. The administrative burden:

% cases where medical aids intervene – total sample

	TOTAL (532)	GPs (400)	PHYSICIANS (132)
Ave %	39%	40%	36%
Median	21 – 30%	21 – 30%	21 – 30%
IN NON-CASH PRACT (MED SCHEME)	TOTAL (361)	GPs (262)	PHYSICIANS (99)
Ave %	41 – 42%	42 – 43%	38 – 39%
Median	31 – 40%	31 – 40%	21 – 30%

Reaction to intervention – total sample



Interventions in approx a third of cases