

New NHI will see no difference between private and public

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Health minister Dr Zweli Mkhize says that there will be no difference between public and private hospitals once South Africa introduces its new National Health Insurance (NHI) scheme.

“We are starting a new decade in which we will be instituting decisive actions in (the) implementation of NHI,” he said in a statement on Wednesday (1 January).

“When it is fully implemented, there will be no distinction between public and private hospitals. We believe we are going to be seeing changes and improvements in quality.”

The Portfolio Committee on Health embarked on a public participation process involving written submissions and public hearings around the new National Health Insurance Bill towards the end of 2019.

The bill promises universal health coverage to every South African, but will also act as a form of ‘compulsory insurance’ as the NHI Fund acts as a single purchaser and single-payer of healthcare services in South Africa.

Under current legislation, a medical scheme member generally chooses the doctor, hospital and specialist and the medical scheme refunds that expense to the member, or for convenience directly to the provider of the service.

Under NHI, the fund purchases the health care service “on behalf of the user” (mainly South African citizens and permanent residents) at accredited healthcare providers free of charge at point of care.

While the NHI is only expected to be introduced in several years time, government and regulators have already begun making major changes in preparation for the new system.

Public vs private

Mkhize has previously said that his department is working on a number of plans to ensure that the required skills are in place for the successful implementation of the NHI.

In an October interview, he said that this will include training up new doctors and incentivising doctors currently in the private sector.

“You actually just train the people and get the people with the necessary skills. The skills are not only locked in the private sector,” he said.

Critics of the NHI plan have previously highlighted the flight of medical skills as a major risk to the scheme, with some surveys showing that 43% of respondents in the medical field would consider leaving the country when the scheme is implemented.

Some have noted that an exodus is already underway.

Speaking on the choices that South Africans will have under the new NHI, Mkhize said that patients will still be able to make a number of key healthcare decisions – including the ability to choose their own general practitioner (GP) who is based in their local area.

This GP will then be able to refer you to a specialist if the need arises, he said.

He added that South Africans will continue to be covered by their choice of medical aid – and its full offerings – until the NHI is fully established. Once it has been established, whatever the NHI is unable to cover will then be covered by medical aids, he said.

“Members will still be able to keep their own private schemes but they will act in a complementary role. Sometimes people think they can afford medical aid, but they are not aware that government is ‘putting subsidies’ in terms of medical tax rebates.

“Once government removes (these rebates) and uses them to help fund the NHI then it will become a bit more difficult for people to actually afford medical aid,” he said.