Could SA's NHI have helped with COVID-19 - ON Line – 28 April 2020

During a pandemic, access to accurate and current information is key.

Data sharing is more important than ever under the current coronavirus pandemic, writes Andrew Brown, deputy managing executive at Altron HealthTech.

One of the key tenets of the government's mooted National Health Insurance is that public and private healthcare be able to share patient data as the person moves through the system. This data should be secured and only shared with the patient's permission.

All healthcare practitioners, regardless of whether they're public or private sector, face an enormous challenge around capturing patient information accurately, one way of doing that would be to allow the patient themselves to capture their information.

Regardless of how they manage it, going forward, as envisioned by the NHI, private and public sector healthcare providers will need to be able to share salient patient data, which will have to be managed in a secure and compliant fashion.

Does that mean that COVID-19 is bringing the NHI deadline forward? Well, it could certainly help prepare the healthcare system for its implementation. However, it's unclear where the money is going to come from to pay for the implementation of solutions required to enable the type of data sharing that's envisioned. The COVID-19 lockdown is costing the South African economy an estimated R13-billion a day.

The economic implications are huge, impacting businesses of all sizes, creating unprecedented unemployment and the resulting decline in tax collection. The government is going to need to spend money to get the NHI up and running, but where will it come from? We need the NHI sooner rather than later, but the pandemic is going to make that dream unaffordable.

The digitisation of patient data and the ability to share that data holds benefits for healthcare providers, those who pay for the healthcare (either medical aids or government) and patients alike. The aim is to digitise interaction across these three parties, improving communication to provide more cost-effective and better quality healthcare to the patient.

The pandemic means that the patient's world has changed significantly. Instead of arriving at their GP's rooms and sitting in the waiting room to see a doctor who is invariably running late, they want to book their appointment online, fill in their demographic details at the same time and be told how late the physician is running so that they can wait at home or in their car. Nobody wants to sit in a waiting room full of sick people.

Telemedicine guidelines are changing to allow doctors to consult with existing patients remotely. A repeat prescription can be issued digitally and the medicines couriered to the patient's house.

However, during virtual consultations it's vital that doctors and other healthcare professionals capture information electronically so that it can be shared. Health complications as a result of COVID-19 might require referrals between practitioners – such as pathology or radiology – and ongoing care to get people back to full health.

This team of care givers will require visibility into a single clinical record for that patient. Results can be shared with the patient via virtual session. All of which reduces the risk of cross contamination, which is as relevant for the patient as it is for the healthcare provider, who doesn't wish to risk either their own or their employees' health.

While telemedicine is convenient for patients in that they can get on with their day while waiting for their appointment to happen, it has now become a safety consideration for healthcare professionals, driven by the pandemic.

There's a growing need for on-demand healthcare, digitisation and accessibility – both for information and previous records – which provides an opportunity to drive innovation so

patients can have access to physicians using their smartphones. Putting more data about their health into the hands of patients is a major driver of innovation in this space.

For the payers, access to good quality data means they can better manage their member population. By providing them with detailed information about every COVID-19 patient being seen by a general practitioner, they could develop care and treatment plans to pre-empt people having to be admitted to hospital. Having access to information would enable them to do a better job of protecting their fund and the rest of their insured patients.

The ability to better manage costs while getting treatment plans out as quickly as possible, equally applies to the public sector. The hospitals just can't cope with the numbers of patients that are turning up, so if they have advanced warning in the form of up-to-date, accurate information, they can plan around anticipated patient numbers, while also helping people to isolate themselves and self-medicate before they require hospitalisation. This speaks to education, and this is where targeted digital campaigns come into their own.

Patients just arrive at public hospitals and queue to see a healthcare provider, it's very difficult to enforce social distancing under these conditions. These patients should also be able to make an appointment and be told what time they should enter the facility, so that they can remain at home until the time of their appointment. Alternatively, a ticketing system could be implemented, where people are allocated a number in the queue and told roughly what time to return.

The one key aspect of the current pandemic, and one that keeps being raised, is access to up to date data. Currently there's a three to four day lag in the data, which means that the statistics around infection rates are a couple of days old. Digitisation could reveal whether the National Health Laboratory Service is doing sufficient testing compared to private pathology labs, for example.

Faster test results will make a big difference to understanding how the pandemic is playing out. Providers need to capture data electronically so it can be fed into a centralised data base for collation.

For this to be effective, the country needs to establish a really basic electronic health record for the public and private sector that includes basic information about the patient, what they were diagnosed with and the medication prescribed.

The data already exists, in many instances, but what's needed is a national standard where it's submitted into a centralised database. The NHI will ultimately require this in order for healthcare providers to be paid for their services.

This is where the big data really comes into its own, identifying where to deploy providers, where to do more screening, which areas are running out of tests and getting the right medication to the right areas on time. It's also possible to mine the data to see where the next big outbreak could occur, using predictive analytics.

The biggest two challenges in enacting the digitisation of patient healthcare across public and private sector, remain budget and skills. Healthcare workers under the considerable pressure of dealing with a pandemic don't have time to be trained on new systems. Any system that is implemented will have to be fairly intuitive to operate if it's not going to add to health workers' burden.

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