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Content

Food for Thought

More comments and opinions on NHI Bill

SAIRR Media Briefing

Dr Johann Serfontein, a senior consultant at health consultancy group HealthMan: Introducing the NHI scheme will destroy smaller medical schemes while allowing bigger ones to benefit from forced consolidation. Medical scheme cover is going to be more expensive than is currently the case, which means a smaller portion of the population, after paying NHI taxes, would be able to afford medical schemes.

Jonathan Broomberg, CEO of Discovery Health said in a written statement he did not envisage a material shift in the role of medical schemes for the foreseeable future.

Prof Alex van den Heever, Wits University: Most schemes and medical aid administrators told him in private conversations that they do not think NHI will work, but they support it publicly because it is the right thing to do politically.

The BHF's head of benefits and risk, Dr Rajesh Patel, said there was nothing political about supporting NHI because achieving universal healthcare was the "right thing to do".

Health Minister 'absolutely not concerned'

Health Minister Zweli Mkhize said the Democratic Alliance is welcome to take the NHI Bill to the Constitutional Court, adding he is "absolutely not concerned about this threat". This was his response after DA leader, Mmusi Maimane, questioned the bill's constitutionality earlier in the week.

Ferial Haffajee: *Daily Maverick*,
(15 August 2019)
"The idea of NHI would be great if South Africa was Sweden, but it's not. All the country's big funds like the Unemployment Insurance Fund, the Workmen's Compensation Fund and the Strategic Fuel Fund are either appalling mismanaged or subjected to looting.
"The system will remove choice and will drive up costs for income taxpayers who are already burdened by high tax rates and numerous stealth taxes. And it removes choice in how and when you are treated. The debate is coming down to a classic and historic one that creates a binary between equality and efficiency but it need not be so if greater co-governance and practicality was written into the law," wrote Haffajee.

Justice Malala: *Financial Mail*,
(15 August 2019)
"We take on these huge, ambitious projects without dipping our finger into fixing the small stuff. When many government hospitals cannot get the lifts to work or sort out a laundry system, how exactly are the same people going to run an NHI system?"

Editorial Comment: *Business Day,*
(15 August 2019)
"The state has proved so vulnerable to corruption that investors are rightly worried NHI may do more harm than good. They fear NHI will break what little still works in healthcare and are horrified at the prospect that their staff may be compelled to use a state-run service with no scope to purchase better care,"
"If President Cyril Ramaphosa is serious about attracting $100-billion in investment over the next five years, NHI needs a serious rethink."

News on Government

Parliament to study legality of NHI Bill

Parliament's health committee will request a meeting with the state attorney to discuss concerns around the constitutionality of the National Health Insurance Bill, reported ***Business Day*** (16 August 2019).

Sibongiseni Dhlomo, who chairs Parliament's health portfolio committee, said it will be important for the committee to hear from the office of the state attorney about the legal advice provided to the government regarding the constitutionality of the reforms. The committee will request a meeting with the state attorney, so that all members of the committee can be informed about the legal concerns that have been widely reported.

Special News

SAHPRA on track to finalise licensing on medical devices

MED BRIEF AFRICA
A news app for all medical professionals

The South African Health Products Regulatory Authority (SAHPRA) says it is on track to start with the call-up process for the registration of medical devices and IVDs in terms of the Medicines and Related Substances Amendment Act that came into force in 2017. This will follow the completion of the licensing process that requires all manufacturers of medical devices and IVDs, distributors, and individuals and companies involved in the import and export of such devices to have a valid licence from SAHPRA by the end of the year.

Speaking at the recent congress of the South African Medical Technology Industry Association (SAMED) in Midrand, SAHPRA's Deputy Director: Medical Devices, Andrea Julsing Keyter, updated representatives of the medical devices industry about the progress with the licencing of devices.

According to Keyter, the backlog with the processing of applications for licences have been eradicated and from the fourth quarter of this year, manufacturers of medical devices and IVDs, distributors, and individuals and companies involved in the import and export of such devices won't be able to sell or buy products in South Africa without a valid licence.

READ MORE

Financial News

Biovac may lose state tender

Biovac, the state-backed exclusive supplier of childhood immunisations, could be shut out of its next R12-bn tender.

According to a standard pharmaceutical tender clause in the latest agreement, bidders have to pitch SA-registered products.

This may preclude Biovac as it sources products from international companies. Biovac's existing agreement ends on June 30, 2020, at which point a new tender will kick in.

Mediclinic to challenge ruling

Private hospital group Mediclinic will challenge the Competition Tribunal's prohibition of its proposed acquisition of Matlosana Medical Health Services (MMHS) at the Competition Appeal Court, as it fights to expand in North West.

"The battle between Mediclinic and the competition authorities highlights the conundrum facing all three JSE-listed hospital groups Mediclinic, Netcare and Life Healthcare in regulatory constraints to domestic expansion." reported ***Business Day.***

U-turn for Bidvest

"Services, trading and distribution group Bidvest acquired a controlling stake in Adcock Ingram, in a departure from its previous intention to dispose of the pharmaceutical company's shares," reported ***Business Day*** (7 August 2019).

Bidvest now has a stake of 50.1% in Adcock - SA's second-largest manufacturer, marketer and distributor in the private pharmaceutical market. Adcock is one of the largest suppliers to the public sector.

Pharmaceutical News

Use of generic drugs hits all-time high

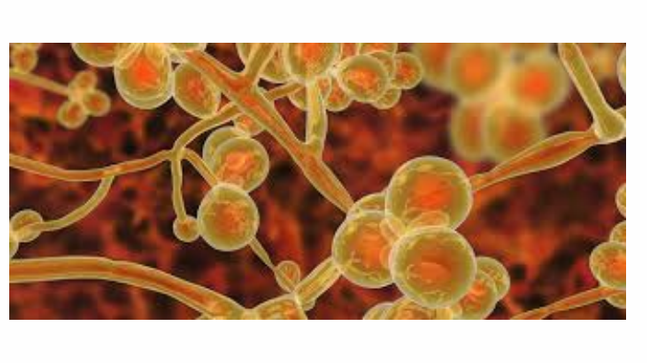
According to the latest Mediscor Medicines Review (MMR), the use of generic drug has reached an all-time high. In 2017 the use of generics increased to 59.9% from 58.9% in 2016 and in 2018 it increased to 77.7%.
In 80.4% of instances where a generic equivalent was available the generic medicine was used.

Ad for arthritis pills red-flagged

A TV commercial for an alternative arthritis remedy (Piascledine, manufactured by Austell Laboratories) was flayed by the ad watchdog for fearmongering and making misleading, unsubstantiated and disparaging claims. The ad was also found to contravene the rules on comparative advertising.

General News

Deadly bug has hit private hospitals hard



A drug-resistant fungus *(candida auris)* is rapidly spreading and infecting ill and newborn babies in the ICU wards of Gauteng private hospitals, according to data from the National Institute for Communicable Diseases (NICD), reported ***Times Select*** (7 August 2019).

In 2016 and 2017, there were 695 candida auris infections in private hospitals and 99 in the state hospitals. Private hospitals have more ICU beds, so the data might be biased in that way, said Prof Nelesh Govender from the NICD.

The fungus can cause bloodstream infections or meningitis, and only affects already-sick patients with weak immune systems. Since August 2017, the fungus has been infecting and living in Gauteng neonatal ICUs and wards for babies under the age of 28 days in SA. The NICD's data shows that four in ten infected patients die.

Big Brother could soon be watching

Doctors in SA and abroad cause thousands of avoidable deaths each year by ordering unnecessary tests, surgeries and hospital admissions for their patients according to Louisine Alpern, co-founder of the Irish medical services organisation Medical Reviews International.

What stops doctors from overusing medical services, is knowing that they're being watched, she said.
The organisation helps medical schemes save money and cut medical overuse through an online review process that evaluates whether the treatments doctors order for their patients were necessary.

The reviews are conducted by independent specialists, who weigh the claims against the best available evidence.

PrEP implants could revolutionise HIV prevention

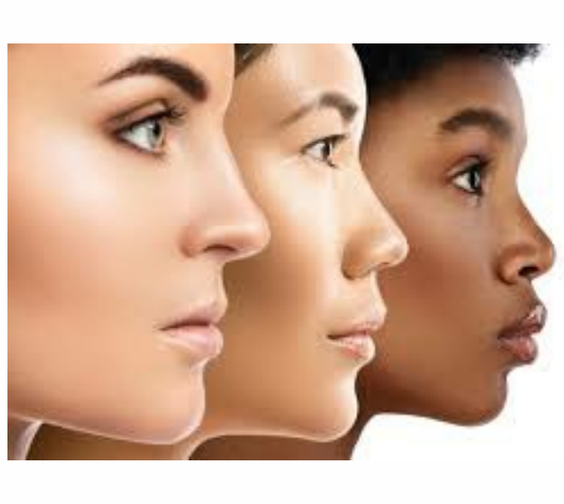
At the annual IAS Conference on HIV Science researchers revealed the first human clinical trial results of a first-of-its-kind implant that slowly releases an antiretroviral (ARV) drug to prevent people from contracting HIV.

A four centimetres-long implant, similar to the one that is used as birth control, was inserted into the arms of 16 people over three months.

The study found that the implant's slow-release of *islatavir* was maintained at high levels in the blood for over a year, despite being removed after three months. The implant was also found to be safe to use and mild side-effects were reported by participants.

News on Medical Aids

Practitioners testify that they were bullied by schemes



Black and Indian practitioners testified under oath at the CMS hearings on racial profiling that they were bullied by medical aid schemes who queried their claims and refused to pay, leading to some taking their own lives or losing their practices and homes.

"At the heart of their submission was that medical aid schemes demanded proof of consultation, including clinical notes, while their white counterparts were simply required to 'verify' a consultation before payments were made," reported ***The Citizen*** (30 July 2019).

The panel was told by the National Healthcare Professionals Association (NHPA) that medical aids and medical aid administrators Discovery and Medscheme are behaving unlawfully, reported ***Times Select,*** (1 August 2019). The panel asked the HPCSA for statistics on complaints on doctors' race, going back to 2016. Medical aid administrators have denied racial profiling, and say forensic software uses doctors and dentists' practice numbers that have no demographic information to highlight outliers who claim unusual amounts.

Discovery Health CEO Jonathan Broomberg said Discovery categorically does not and could not use a doctor's contract status, address details or any other data to identify their race.

Medscheme CEO Anthony Pedersen also denied racial profiling. He said nowhere on any Medscheme IT system are racial or gender demographics captured, and we do not keep any statistics on this.

Mvuyisi Mzukwa, SA Medical Association vice-chairperson, said the biggest problem faced was the lack of a referee for disputes between medical aid schemes and medical practitioners. The CMS, which he said was supposed to keep the medical aid schemes in check, denied this was their mandate.

Call for health costs inquiry

In his submission to the inquiry, Dr Anban Pillay, Health Department deputy director-general, admitted that there were serious problems with the coding system currently used and that practitioners were being unfairly treated.

He said the price referencing guide list was abandoned a decade ago as practitioners rejected the tariffs. And when they were asked to submit their tariffs, it was discovered that they were hugely inflated.

Pillay said practitioners billed whatever they felt was right and medical schemes, for budgeting purposes, took the reference pricing list that was published, for coding.

Medical aid merger nixed by CMS

In an unusual development the CMS has rejected a proposed merger between SA's third biggest medical scheme, Momentum Health, and a scheme restricted to the SA employees of the British oil and gas company BP. BPMAS is a small restricted scheme with 1 743 members and a pensioner ratio of 31% while Momentum has about 160 000 members and a pensioner ratio of just 9%.

According to a CMS industry circular the proposed amalgamation of BP Medical Aid Society (BPMAS) and Momentum was declined as the transaction was not in the best interests of scheme beneficiaries.

Fedhealth and Topmed may amalgamate

The Fedhealth Medical Scheme and Topmed Medical Scheme Boards of Trustees have received the Competition Commission's approval for amalgamation. The final step is now receiving the approval from the Council for Medical Schemes (CMS).

Circulars: Council for Medical Schemes

CMS COUNCIL FOR MEDICAL SCHEMES

The following Circulars were published by the CMS in August 2019.
Visit www.medicalschemes.co.za for more info.

49 of 2019
Standard guidelines on the format of business plans submitted to the CMS

50 of 2019
Guidance on benefit changes and contribution increases for 2020

51 of 2019
Communicationfor the Section 59 Investigation

52 of 2019
National Beneficiary Registry Pilot Program

53 of 2019
Benefit Definition Submission for Adult and Paediatric Haematology Oncology Conditions

54 of 2019
Amalgamation between Momentum Health and BP Medical Aid Society

55 of 2019
Fedhealth Medical Scheme and Topmed Medical Scheme merger confirmed

56 of 2019
Proposed Amalgamation Between Momentum Health and BP Medical Aid Society:
1 August 2019

Special Notices

Top Ten Takeaway Series - a first stop point of reference

natmed medical defence

Part 5 of Natmed's ***Ten Part Informed Consent Series: Consent for termination of pregnancy*** is now available.

The Natmed Top Ten Takeaway series is a first stop point of reference for busy healthcare practitioners and healthcare facility operators and is intended to be referenced in conjunction with *Natmed's Medical Defence Review*, *Natmed's What If series* and *Natmedipedia*. Also see N*atmed's Annual Survey of Medical Malpractice Judgments of 2018*
Existing publications in the Ten Takeaway series are:
Part 1: Informed Consent
Part 2: What Information must a healthcare practitioner provide?
Part 3: Special Rules for Children; and
Part 4: Special Rules for Emergencies
For more info: www.natmet.mobi