



S A S C I

South African Society of
Cardiovascular Intervention

SASCI NHI
15 June 2021

Dr Hellmuth Weich
President

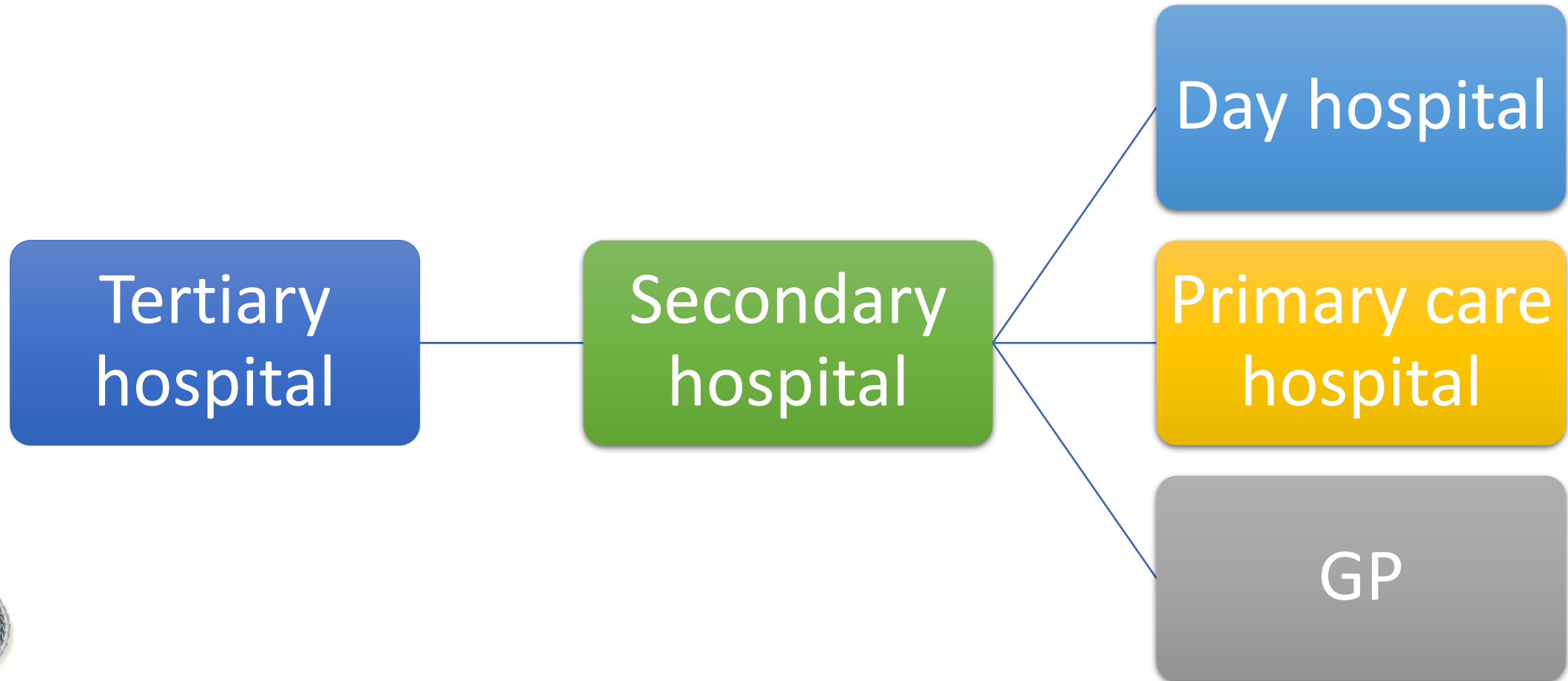
sasci@sasci.co.za
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Who am I?



What do I do?

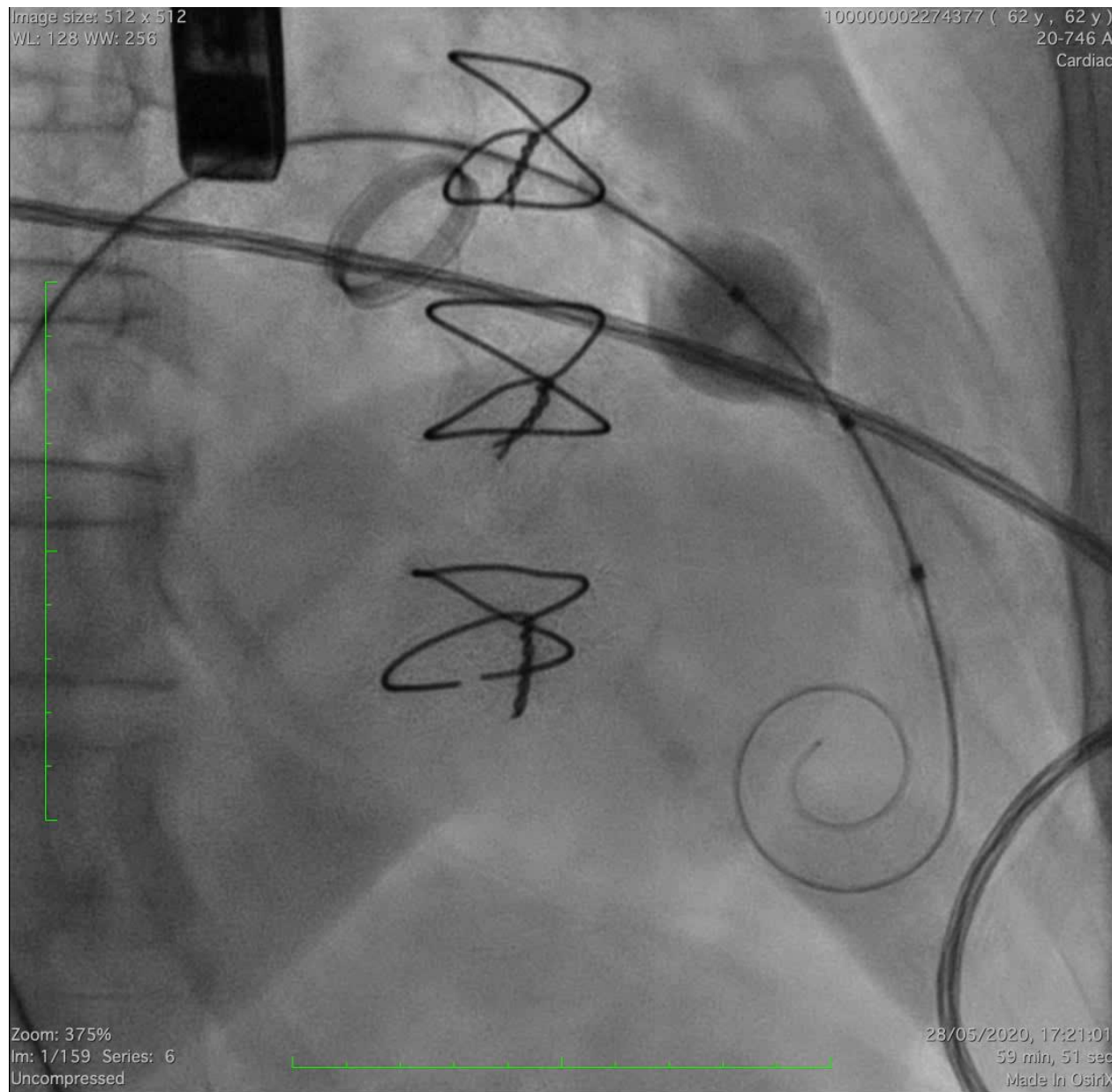


Who do I treat?

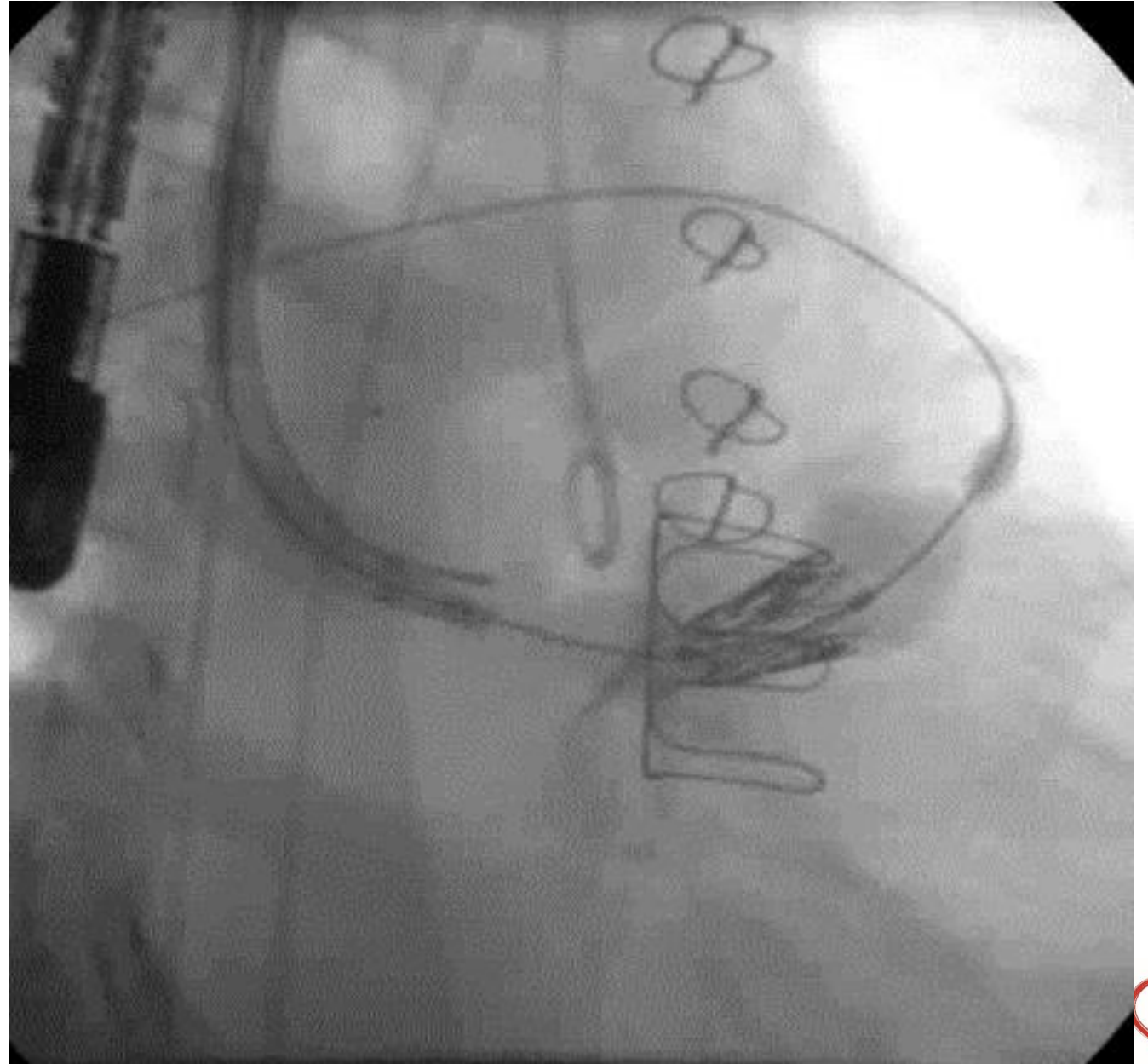


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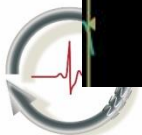
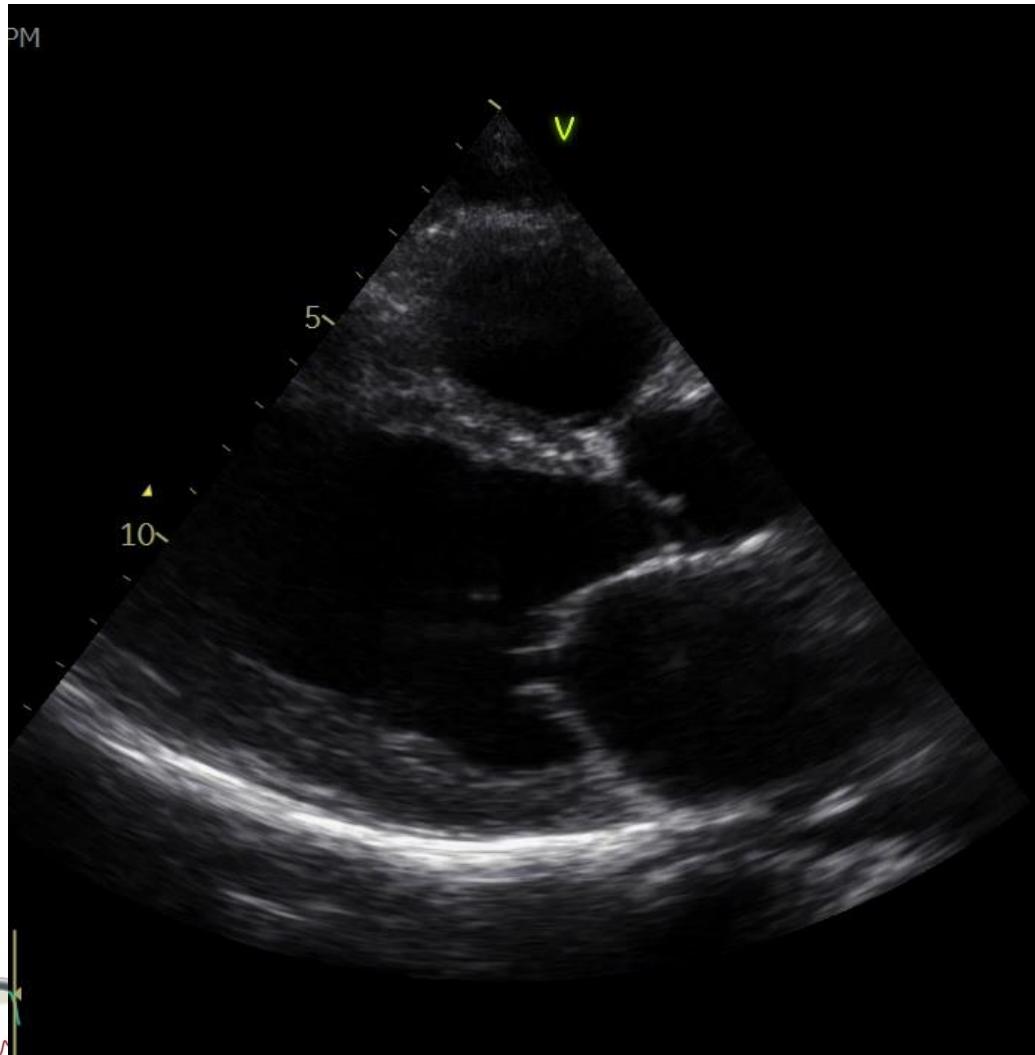


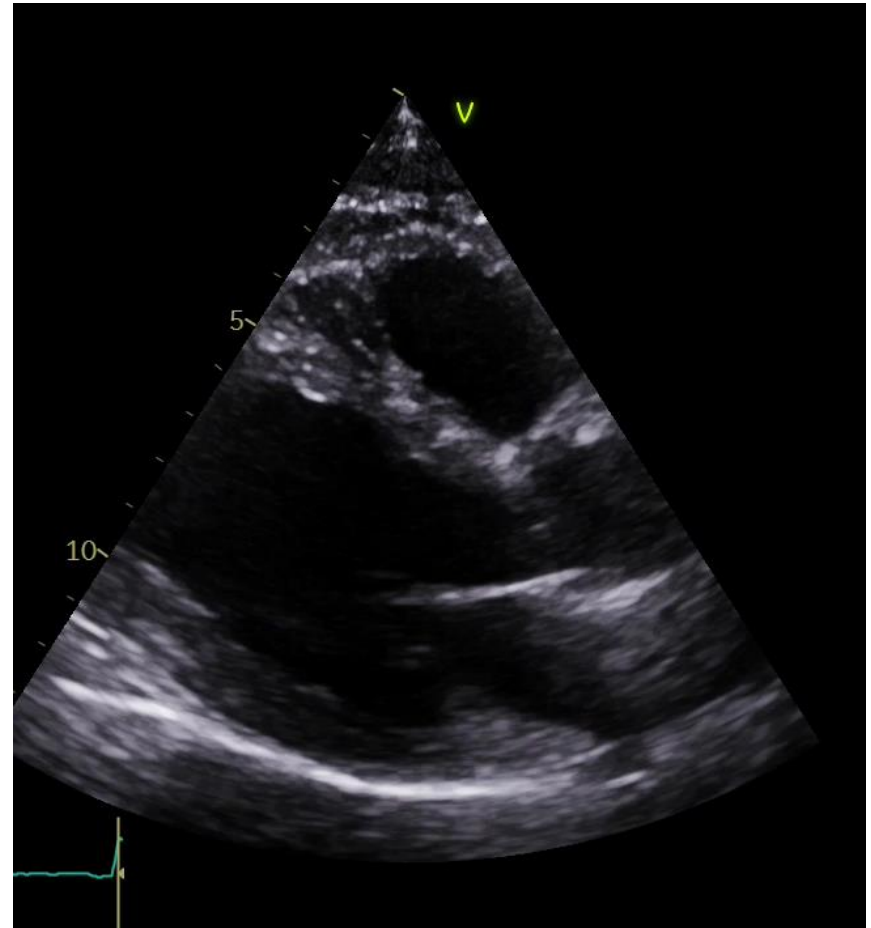
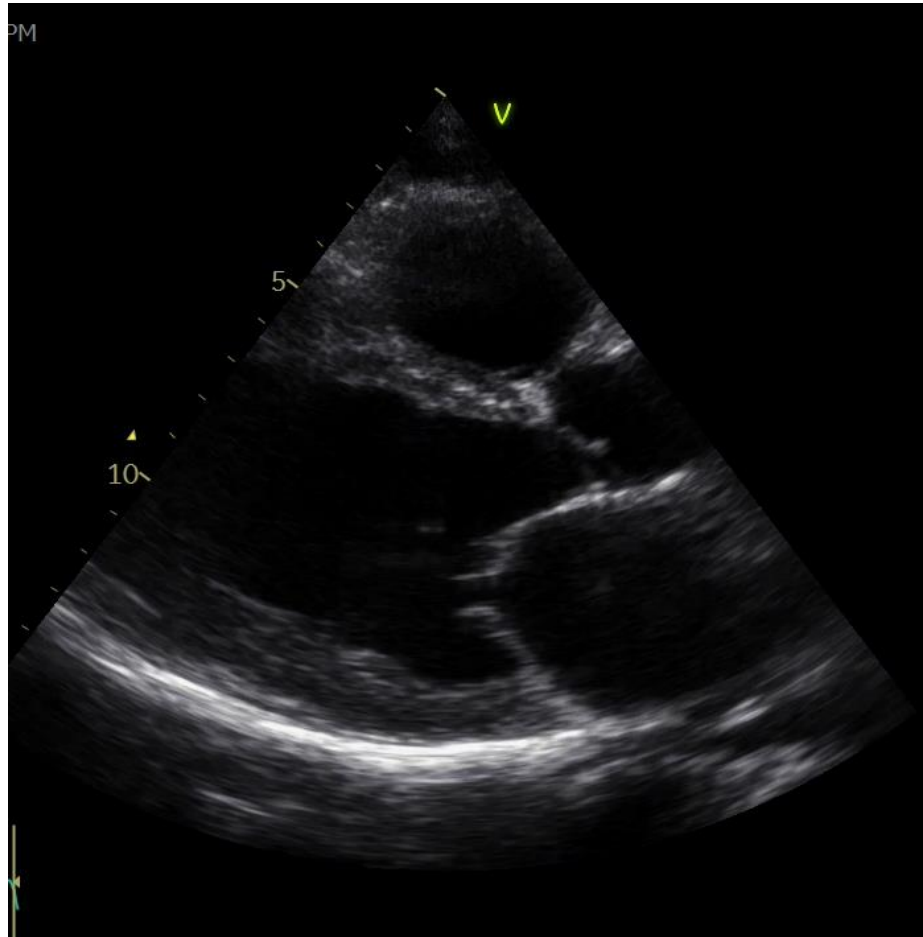
Who do I treat?



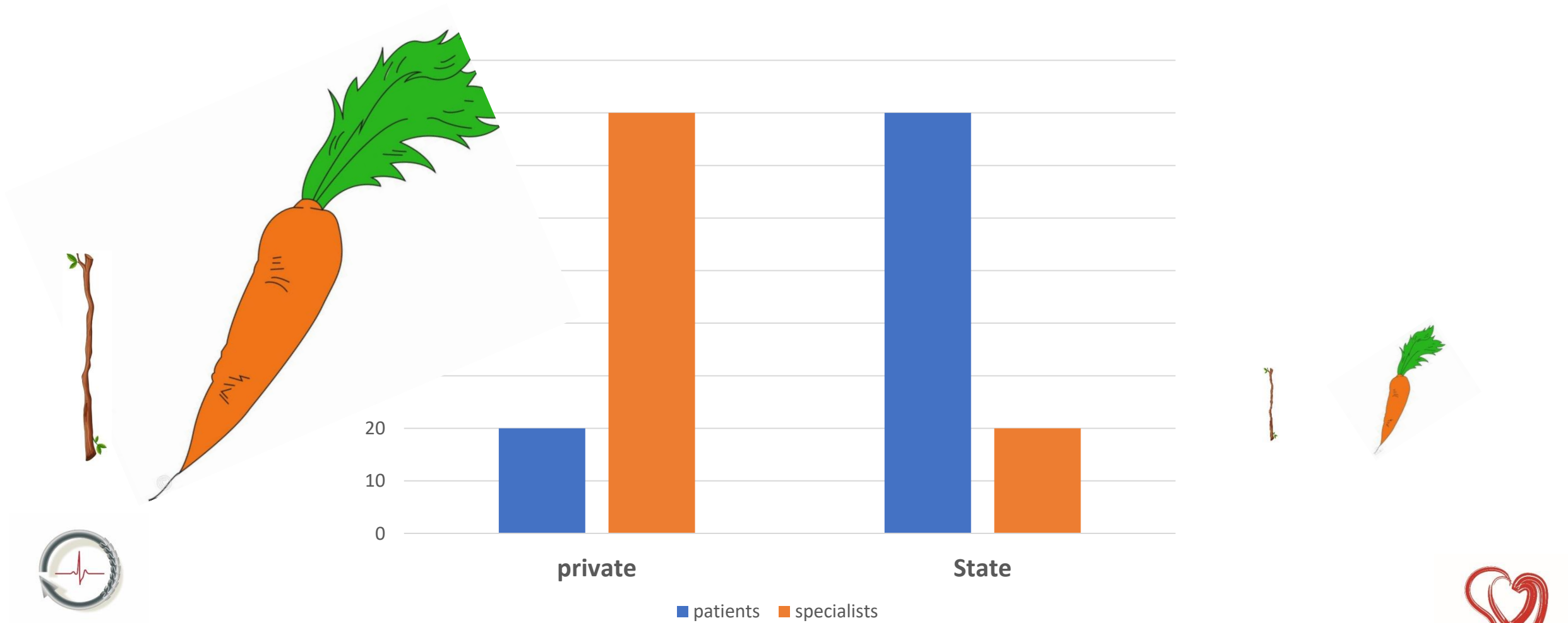
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Is our health care system healthy?



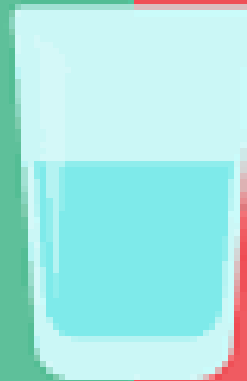
The Health Market Inquiry

- The HMI investigated what is “wrong” in private healthcare, and proposed reforms that would ready it for the NHI
- Two of these are import for the NHI:
 1. Health **T**echnology Assessment [**HTA**] and the setting of treatment protocols, including coding (as independent body) [value for money]
 2. A health **outcomes** organization(as independent body)
 - Are treatments leading to patients getting better?
 - [cheap care could be expensive care]



**HALF
FULL**

**HALF
EMPTY**



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What motivates **people** to do better?



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1. Money

- Makes systems more efficient
- Reduce this driver....reduce productivity
- Potential for corruption
- Governance /outcomes.



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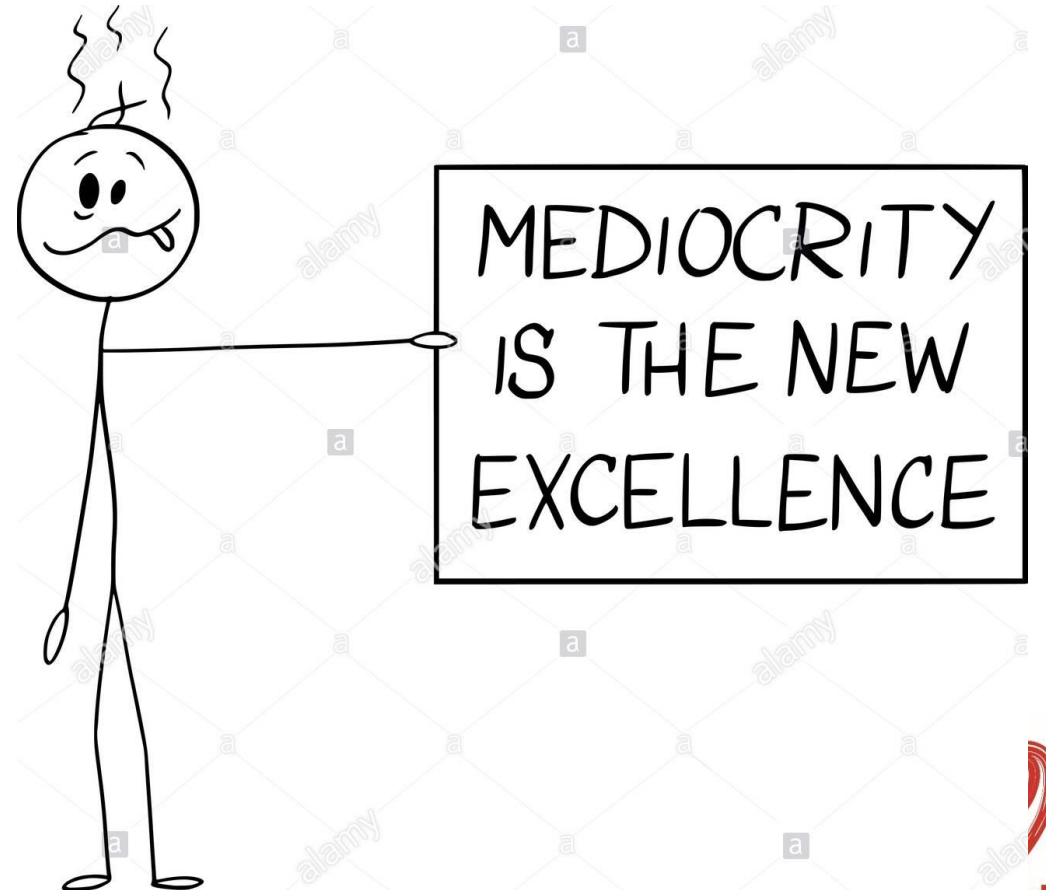
2. Teach

- Emphasis on service
- How will teaching hospitals be funded?
 - Specialist training, currently funded via grants from the National Treasury
 - Based in provinces, most trainees and lecturers co-employed by the province and the universities – how will NHI fund this?
 - Teaching medicine significantly slows down service

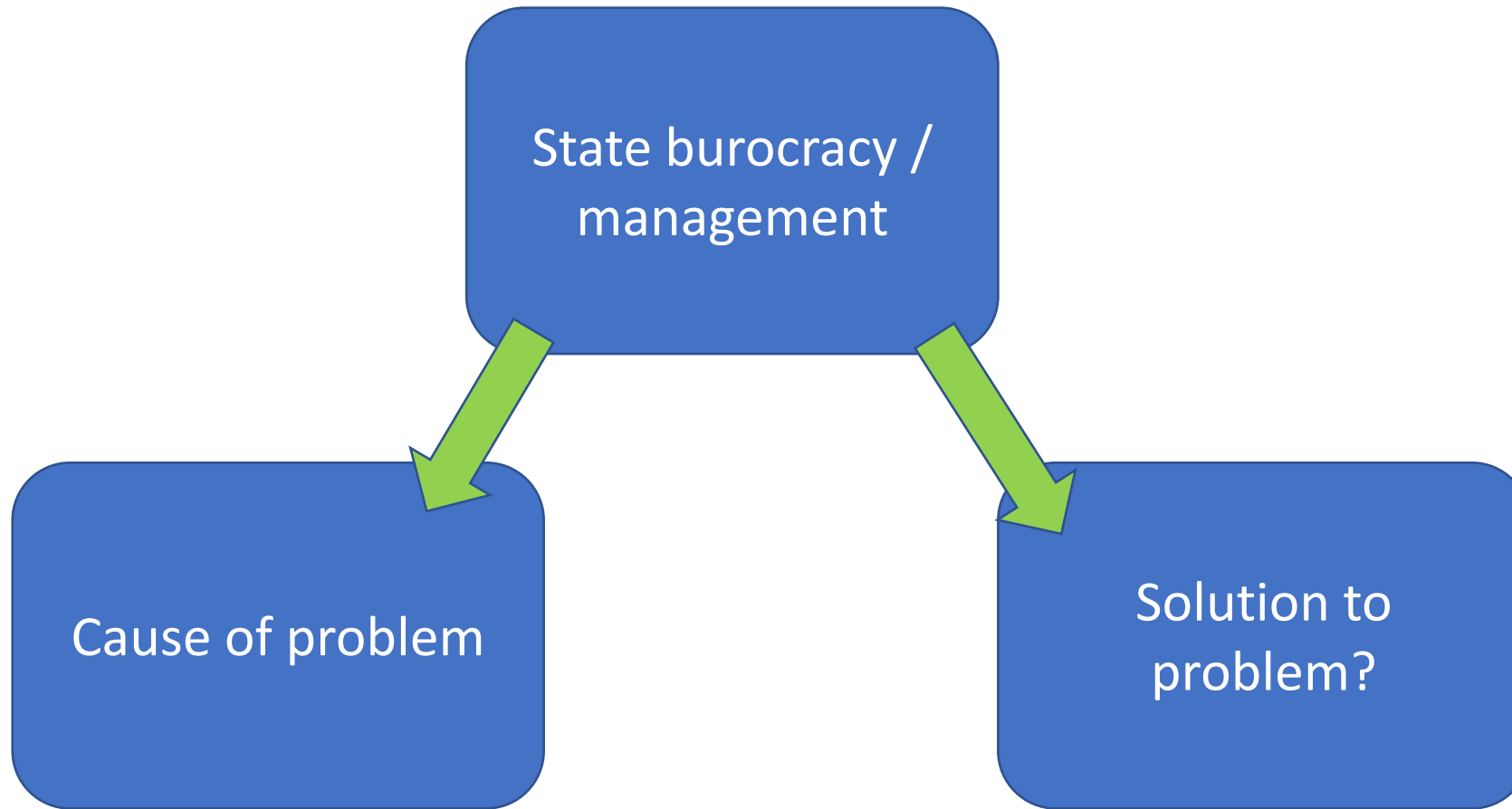


3. Academic excellence

- Inadequate description of how research-teaching- service interaction will function.
- Room for centers of excellence?
- Who decides if you are excellent?

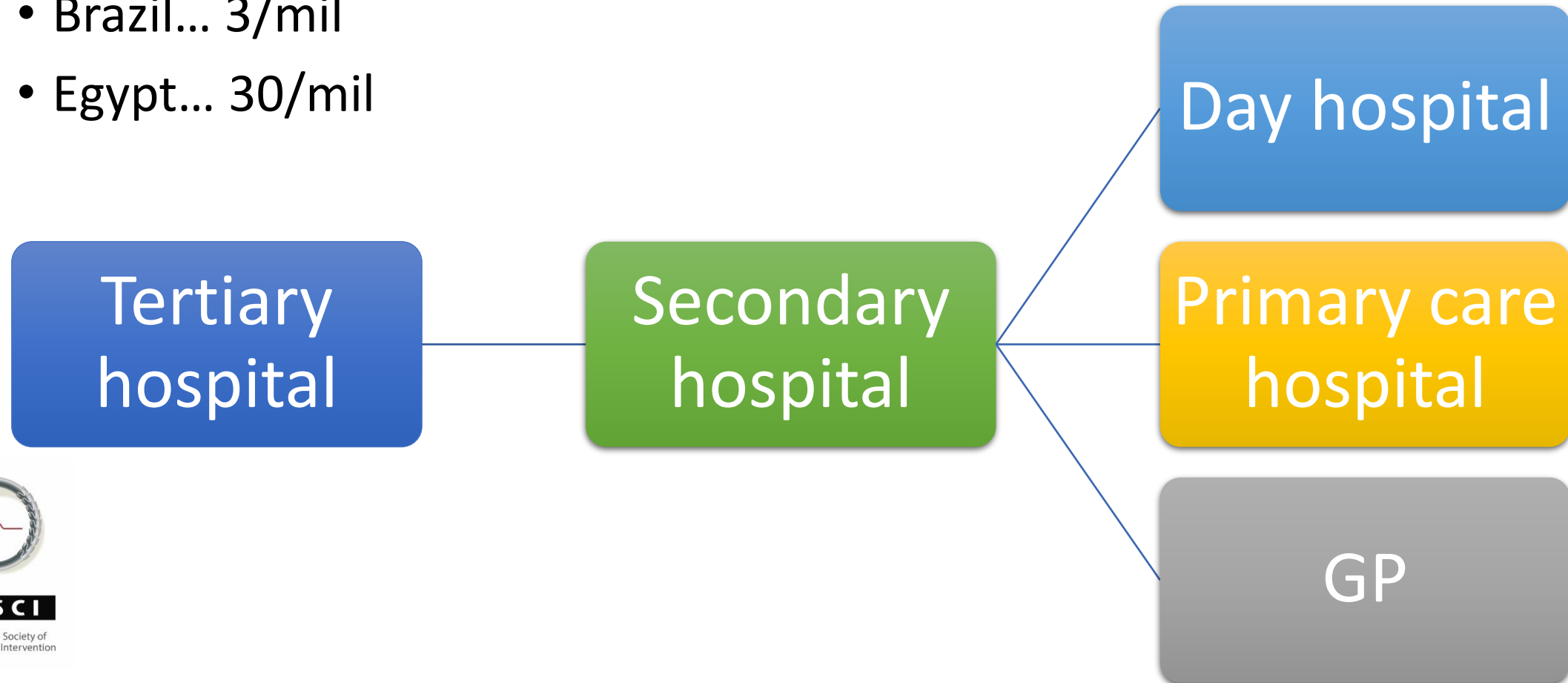


4. Functional environment

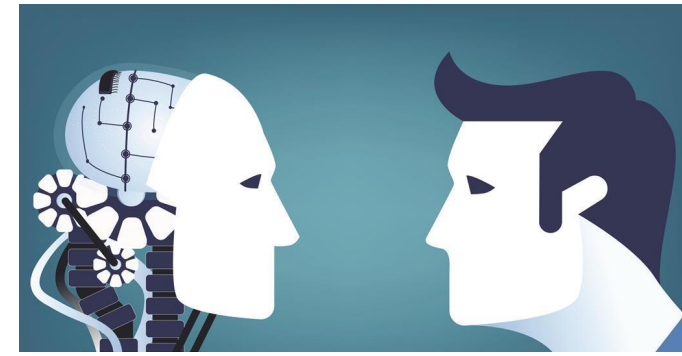


5. Provide service/ care

- 160 cardiologists for 55million population= 0,3 cardio/mil
- Brazil... 3/mil
- Egypt... 30/mil



5. Provide service/ care : Evidence-Based Medicine

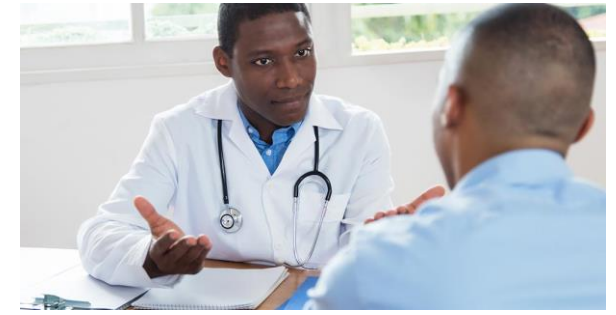


- Section 27 of the Constitution: access to healthcare should be realized through principles of “reasonable measures”, “available resources”
- Requires strict pathways, strict adherence – no room for outliers (often the most vulnerable)
- To solve this: protect the principle of EBM in the Bill- [was in NHI White Paper]



- Health Technologies Assessment
- Outcomes

5. Provide care: who decides?



- According to the Health Professions Act, only persons who are trained, skilled and experienced in the registration categories they are in, are allowed to “practice”, which includes making pronouncements on care
- The NHI Committees must therefore include experts from specific fields, generalized experts would not work



6. Job security

- Unclear how private specialist will contract into the NHI
- Unclear how private hospitals will contract into the NHI

7. Future security?

- What will access to care be in an environment where medical schemes can only provide “complementary cover”
- Medical schemes: what they could provide-is it per diagnosis, or per type of treatment, e.g.:
 - If NHI provides Aortic Valve Stenosis care, can a scheme provide it, or not?
OR:
 - If NHI only provides open heart surgery, and not TAVI, can schemes provide TAVI (and would that be financially feasible?)
- What will this mean for
 - high-end procedures?
 - EBM – rare diseases?



7. Future security: do we have the money?



THE DAVIS TAX COMMITTEE

March 2017

The DTC found: *“Given the current costing parameters outlined in the White Paper, the proposed NHI, in its current format, is unlikely to be sustainable unless there is sustained economic growth.”*

■ NATIONAL

Treasury draws up new financing paper for NHI

Estimate on a limited National Health Insurance package of only 15 benefits may have put shortfall as high as R30bn by 2025

■ BL PREMIUM

26 AUGUST 2019 - 05:10 by CAROL PATON AND TAMAR KAHN

Do we have a copy of this funding paper ... and 15 benefits?

Does the NHI Bill, with its mention of “comprehensive care” and not incremental Implementation, not raise unrealistic expectations?



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<https://www.taxcom.org.za/docs/20171113%20Financing%20a%20NHI%20for%20SA%20-%20on%20website.pdf>;
<https://www.businesslive.co.za/bd/national/2019-08-26-treasury-draws-up-new-financing-paper-for-nhi/>;



Conclusion

- Major concerns:

- Lack of governance
- Academic medicine
- Centres of excellence
- Strict adherence to rigid pathways
- How will private healthcare feature
- Can we afford it?

- Outstanding:

- Key info from NHI pilot sites
- National Treasury financing paper
- Availability of basic infrastructure [e.g. ICD-10 coding]

Proposal:

Start with a limited roll-out and not as the Bill says “comprehensive care”, e.g. PHC

