

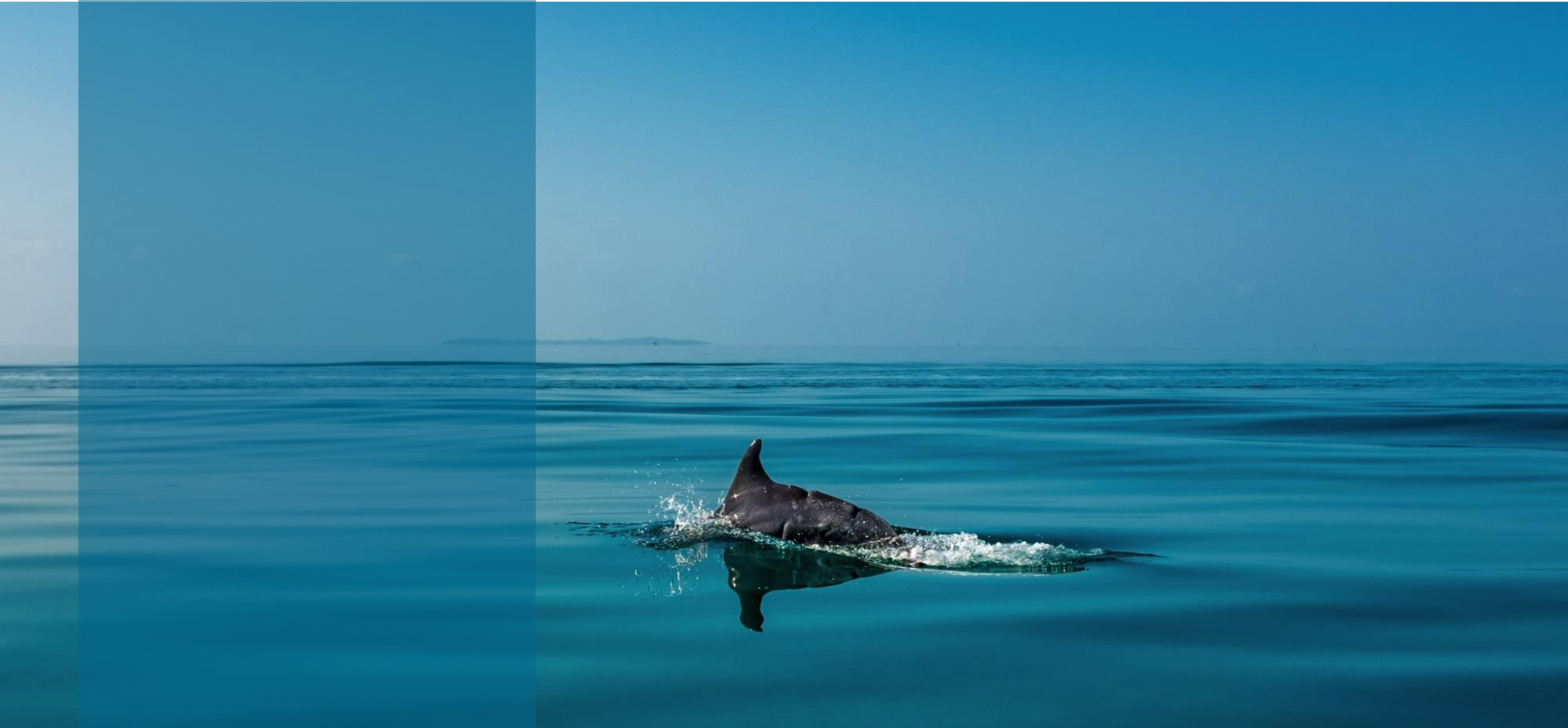


**POLMED**<sup>®</sup>

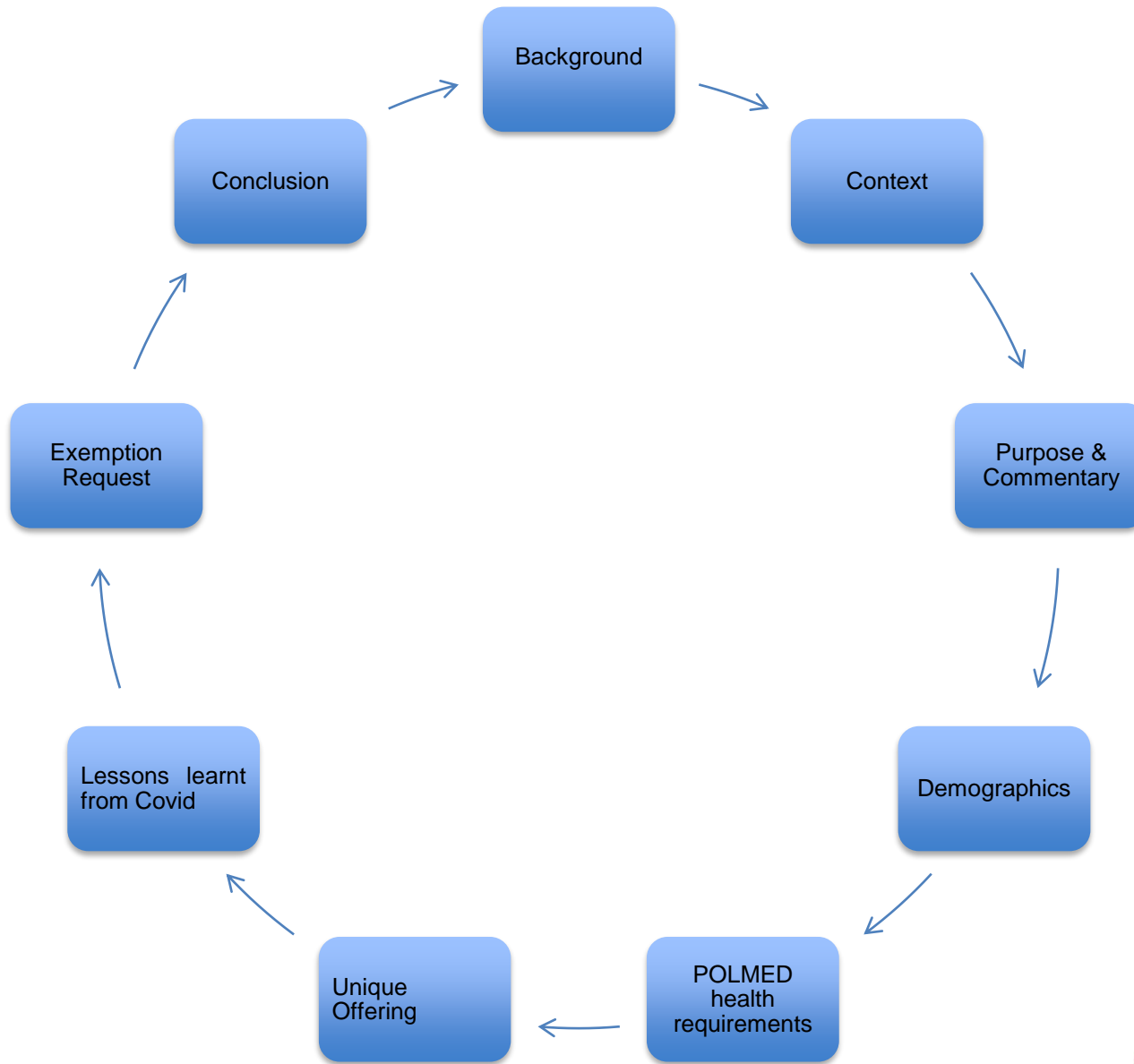
OUR INVESTMENT OUR HEALTH OUR FUTURE

# POLMED: NHI Public Hearings

## 25 January 2022



# Contents



# Background

1. The South African Police Service Medical Scheme (“POLMED/ the Scheme”) is a closed / restricted scheme registered with the Council for Medical Schemes (“CMS”) in terms of the Medical Schemes Act, 131 of 1998 (“MSA”).
2. Only the employees of the South African Police Service (“SAPS”) (active, retired and medically boarded) who have been appointed in terms of the SAPS Act No. 68 of 1995 as amended, are eligible to join as members of the Scheme.
3. The Scheme offers two benefit options, namely Aquarium (offering basic cost-effective benefits aimed at the young and healthy) and Marine (offering basic and enhanced benefits for the older and sickly members).
4. Principal members 172 940, beneficiaries 492,259

# Context

1. The nature of the work done by members of the SAPS and risk attendant thereto, are consistent with those envisioned in the National Defence Force and State Security Agency. (“SSA”)

In particular, section 199 of the Constitution provides as follows:

**“199. Establishment, structuring and conduct of security services**

*(1) The security services of the Republic consist of a single defence force, a single police service and any intelligence services established in terms of the Constitution.”.*

Without further elaboration on section 199 of the Constitution, and in the interests of brevity, it suffices to draw the attention of the Committee to sections 199 to 210 of the Constitution, read with sections 17 and 24 of SAPS Act and regulations 30 and 31 of the Regulations issued under the SAPS Act.

# Context Continued

2. These set out the commensurate purport and the equating of the defence force, national intelligence and the police service and all make provision for the distinguishing of the civilian services from the core of these functions. There can be no better and more comprehensive articulation on why the SAPS should be part of the excluded military health services and other establishment, namely the SSA, from the application of the National Health Insurance Bill, (B11-2019), (“the NHI Bill”).
3. It is our considered view that members to whom the NHI Bill is not intended to apply should include the members of the SAPS. The nature of the work done by members of the SAPS and risk attendant thereto, are consistent with those envisioned in the South African National Defence Force (“SANDF”) and SSA.
4. Policing is a psychologically stressful occupation filled with danger, high demands, human misery and exposure to trauma and death. Research undertaken has identified connections between the daily stresses of police work and higher risk of long-term physical and mental health effects. It is accepted that there are general health disparities between police officers and the general population

# Context Continued

5. The provision of health-related **services/benefits to the SAPS members, far exceeds** the provisions allowed for in the current MSA and the Prescribed Minimum Benefits. (PMB)
6. POLMED has over time, **collected significant clinical data** in order to better understand its members' unique profile and has responded by developing disease management programmes that are **member-centric** and aimed to improve the health outcomes of its members.
7. These programmes require **innovative benefit design solutions** and simple, yet effective, delivery techniques to **manage underlying conditions**

# Purpose and Commentary

1. We note the purpose of the Bill as set out in the Preamble. In particular, the Preamble sets out the following as the intention of the legislature in enacting the NHI Bill:
  - a. To achieve the progressive realisation of the right of access to quality personal health care services (section 27 of the constitution);
  - b. To make progress towards achieving universal health coverage;
  - c. To ensure financial protection from the costs of health care and provide access to quality health care services by pooling public revenue in order to actively and strategically purchase health care services based on the principles of universality and social solidarity;
  - d. To create a single framework throughout the republic for the public funding and public purchasing of health care services, medicines, health goods and health related products, and to eliminate the fragmentation of health care funding in the republic;








# Purpose and Commentary Continued

- e. To promote sustainable, equitable, appropriate, efficient and effective public funding for the purchasing of health care services and the procurement of medicines, health goods and health related products from service providers within the context of the national health system; and
- f. To ensure continuity and portability of financing and services throughout the Republic.
- g. The national values underpinning the above set intentions, can only be commended.

***It is for this reason that we wish to open our submission with an emphatic resonance with the intentions enumerated herein above***

# Demographics

Scheme demographics per plan as at Nov 2021

	Marine Plan	Aquarium Plan	TOTAL
 <b>Members</b>	114 189	58 721	172 910
 <b>Beneficiaries</b>	306 520	185 739	492 259
 <b>Female vs Male</b>	27%   73%	36%   64%	30%   70%
 <b>Average Family size</b>	2.68	3.16	2.80
 <b>Chronic Ratio</b>	10%	31%	Principal members- 42,1% Beneficiaries- 23,5%

# Why are our member health requirements different?



Health Condition	Prevalence		Tailored benefits and programs offered by POLMED	Impact achieved
	POLMED	Industry		
<b>1. Mental Health Disorders</b>				
Depression	10.1% ('15) 2.7% ('20)	5.1% ('15) 2.7% ('20)	<ol style="list-style-type: none"> <li>1. Debriefing sessions payable from risk</li> <li>2. Holistic member management at point of discharge from hospital</li> <li>3. Extensive out of hospital Psychiatric benefits</li> <li>4. Effective provider networks</li> <li>5. Chronic medication adherence</li> <li>6. Early referral to Psychiatrists</li> <li>7. Psychiatric disease risk management program, where services are funded from risk and not members' out of hospital benefits</li> </ol>	<ul style="list-style-type: none"> <li>• Effective disease risk management interventions by POLMED, reduced the prevalence of Depression from 10.1% in 2015 to 2.7% in 2020, compared to Industry 5.1% in 2015 to 2.7% in 2020.</li> <li>• Lowest condition specific mental health readmission (2020 HQA report)</li> <li>• Although the extreme work related environment, prevalence of Depression is lower than industry, due to proper patient management.</li> <li>• Annual attempted suicides have remained constant over the last 5 years.</li> </ul>
Bipolar mood disorder	0.6%	1%		
Schizophrenia	0,06%	0.09%		
PTSD	600 patients (2021)			
Attempted suicides	3 patients (2021)			

# Why are our member health requirements different?



Health Condition	Prevalence		Tailored benefits and programs offered by POLMED	Impact achieved
	POLMED	Industry		
2. HIV	6.1%	3.6%	<ol style="list-style-type: none"> <li>1. HIV disease risk management program</li> <li>2. All Care plan related services is funded from risk and not member's out of hospital benefits.</li> <li>3. ARV compliance management</li> </ol>	<ol style="list-style-type: none"> <li>1. POLMED'S viral load coverage compared to Industry 93% vs 88%</li> <li>2. POLMED'S HIV related hospital admissions 0.65% vs Industry 1.32% although Polmed's HIV prevalence is almost double that of industry.</li> </ol>

# Why are our member health requirements different?



Health Condition	Prevalence		Tailored benefits and programs offered by POLMED	Impact achieved
	POLMED	Industry		
3. COVID 19	12%	0.1%	<ol style="list-style-type: none"> <li>1. PCR testing and member screening at SAPS road blocks and Training colleges</li> <li>2. PCR tests funded from risk before it became PMB LOC</li> <li>3. Funded PPE to providers</li> <li>4. Introduced virtual consultations during lock down</li> <li>5. Extensive on site vaccination roll out program in collaboration with NDOH, SAPS EHW.</li> <li>6. Multivitamin provision to the highest at risk patients.</li> <li>7. Provided Isolation support to members that were unable to support themselves.</li> <li>8. Daily monitoring of COVID statistics</li> <li>9. Close collaboration between POLMED and SAPS COVID Steering committee.</li> </ol>	<ul style="list-style-type: none"> <li>• 0.3% morbidity due to COVID infections</li> <li>• Screening program detected 72 symptom free patients that potentially would have infected numerous other members had they not been Isolated as early as they had been.</li> <li>• 68% of all POLMED'S beneficiaries have been tested for COVID, compared to 0.7% of the National population that have been tested for COVID.</li> </ul>

# Unique Offering

- 1. Member centric benefits based on member needs analysis (Targeted to improve overall health status of SAPS members)**
  - a. Weight loss program
  - b. Smoking cessation program
  - c. Prolonged/Home based care services
  
- 2. Extensive managed care programs to address mental health disorders**
  - a. Debriefing sessions payable from risk
  - b. Holistic member management at point of discharge from hospital
  - c. Lowest condition specific mental health readmission (*HQA report, 2020*)
  
- 3. Independently analyzed as the most cost-effective medical aid in the country (*Signal model*)**

# Lessons from COVID 19

## Unprecedented support to members during the COVID-19 pandemic

1. Screening and testing at SAPS operational sites during lock down (14,136 members tested).
2. Additional support was provided to the Roadside Police and other law enforcements agents.
3. Leading scheme collaborating with the Department of Health (DoH), POLMED implemented 72 SAPS (80 634) vaccination sites through this strategic partnership.
4. POLMED provided Isolation/quarantine support to members on a national basis.
5. (Five) 5 months supply of multi vitamin to the 179,000 highest at-risk members.

# Lessons from COVID 19 Continued

6. Extended benefits (in excess of PMB level of care) to Marine plan through a needs assessment of SAPS members.
7. Agility is key.
8. Strategic partnerships with SAPS EHW & DoH enabled POLMED to be at the forefront of supporting and providing service to SAPS members during uncertainty and under limited timelines.
9. Synergistic patient management involving SAPS EHW and SAPS' health risk manager.
10. Enhanced focus on preventative measures and member education proved to be one of our greatest strengths during the pandemic



# Why should POLMED not be included in the NHI?

1. Due to the unique nature of the working conditions of the SAPS, the SANDF and National intelligence, as outlined in Section 199 of the Constitution, the above-mentioned categories have been included in the Security cluster of services.
2. Based on the nature and the risk exposure the employees in the Security cluster are exposed to, it is a pre-requisite, and in the interest of National security that members of the Security cluster have access to medical services as and when it is required.
3. COVID-19 experience have demonstrated how important it is to for SAPS members to have access to medical services without any delays and the agility required by the Scheme
4. Access by SAPS members to medical care must always remain a priority

# Why should POLMED not be included in the NHI?

5. POLMED's mental health support program is unique in that it provides support to SAPS employees in excess of what is provided by any other medical aid.
6. The synergistic interaction between POLMED and SAPS Employee Health and Wellness will be lost in the NHI Bill implementation, which will be detrimental considering the value such interaction provides and the oversight of various disease risk management programs
7. The preventative screening benefits that are provided to SAPS members via the Wellness days, are unique in that valuable clinical data is obtained in order to screen members and to identify clinical risk before complications set in.
8. The mental health benefits that will be provided to SAPS employees via the NHI will not be as extensive as is currently the case via POLMED.

# Conclusion

- POLMED supports the NHI and understands the rationale and the access it will provide for all South Africans.
- We have presented to the Committee the uniqueness of the SAPS member base and the agility required to care for our member profile.
- Lessons learnt from COVID has taught the Scheme that SAPS members ought to be reclassified and their medical needs can not be compared to those of ordinary citizens.
- We have submitted detailed sub mission in November 2019, together with letters of support from the then acting SAPS National Commissioner, Lieutenant General JK Phlahlane, as well as the current SAPS National Commissioner, General KJ Sitole (SOEG). The main focus of today's presentation was to put more emphasis and seek audience with the Committee to consider our proposal for re-consideration or re-classifying SAPS under the security cluster.

**THANK YOU!**