

MAY 2023

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into healthcare



SPOTLIGHT ON

Double Titanium Award Winner
Bestmed Medical Scheme

p. 4-8

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MAY 2023

FOREWORD

From the EDITOR'S DESK

Welcome to this edition of the BHF360 magazine – a celebration of the 22nd annual BHF conference, centred on convergence towards a person-centric health ecosystem.

We are honoured to present you with a collection of thought-provoking articles curated by leading healthcare experts, thought leaders and industry insiders. This issue tackles critical topics such as digital health, AI, Universal Health Coverage (UHC) and patient-centred care. It spotlights the latest developments and insights into how we can work together to build a healthcare system that prioritises the needs of patients.

Our delegates represent more than 300 organisations from 18 countries. We are ecstatic to welcome you all to the conference. This year's event promises to be the most exciting yet, with top-class speakers, strategic partners and sponsors, who have demonstrated unwavering support. We are also thrilled to recognise the incredible achievements of this year's Titanium Award winners at the highly-anticipated BHF Titanium Awards gala dinner on 15 May. The evening will be an unforgettable celebration of innovation and excellence in healthcare.

BHF remains committed to promoting gender equality in healthcare. As part of our efforts, we have partnered with five exceptional women-led businesses for this year's conference exhibition, as well as unemployed women in Khayelitsha to make our conference bags. These partnerships represent a significant step towards our goal of creating a more equitable and diverse healthcare system.

We are confident that this magazine will spark crucial conversations and provide valuable insights for our delegates. So, let us come together to create a healthcare ecosystem that puts the needs of patients first. Thank you for joining us at the 22nd annual BHF conference. We cannot wait to engage with you over the next few days!

Zola Mtshiya

Head of Stakeholder Relations and Business Development, BHF

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IN CONVERSATION WITH Leo Dlamini

Chief Executive Officer/Principal Officer,
Bestmed Medical Scheme

This Q&A article spotlights Bestmed Medical Scheme, a 2022 double Titanium Award winner, known for strong performance, member satisfaction and social initiatives.

Bestmed won two Titanium Awards in 2022. Can you share with us some of the outstanding initiatives or campaigns it implemented that earned it these accolades?

A Bestmed Medical Scheme's corporate social investment (CSI) initiatives, sponsorships, and health and wellness initiatives earned the Scheme the prestigious Titanium Award for Excellence in Creating Access to Healthcare in 2022.

Our CSI initiatives included, inter alia, our partnerships with Operation Hunger, Palesa Pads and Partners for Possibility. We carefully select our sponsorships to ensure that we achieve the Scheme's sponsorship objectives. Our sponsorships included TuksSport, MamaMagic, and SuperSport Let's Play Family Fitness Mornings.

The health and wellness initiatives showcased in our entry for 2022 included our Tempo wellness programme, which is offered to members at no additional cost. Bestmed also added benefit enhancements to its options for 2022, as well as launching an income-based option aimed at offering quality healthcare to a wider market.

We also received the Titanium Award for Service to Membership: Open, Closed & Self-administered Medical Schemes, Administrators and Managed Care Organisations. This reflects our *Personally Yours* service promise, which is executed via our operational performance. Our results in the Ask Afrika Orange Index® and South African Customer Satisfaction Index (SA-csi) surveys of 2019-2022 are

“ Our service promise is to be *Personally Yours*. We take this into account in everything we do... ”

testament to our service promise of being *Personally Yours*. Bestmed's strong financial and operational performance further strengthened the entry for the award.

What impact do you think the Titanium Awards have on the healthcare industry?

A The Titanium Awards' high standards and recognition of excellence help to keep the healthcare industry accountable to its communities and other stakeholders. They have become a benchmark and motivation for excellence in the industry. More importantly, the Awards provide a platform not only to encourage action, but also to communicate the positive impact the industry has on South African society. This also encourages other role-players within the industry to improve service delivery, which is rewarded by both peer recognition and, ultimately, positive member experience.

The Awards can also help to address challenges related to access to quality healthcare, especially for those who cannot afford medical aid. It is also important for the industry's contribution towards alleviating the broader economic and social challenges of the country to be felt and seen by all of society (including political leadership), especially since a significant part of the South African population cannot afford private healthcare and the narrative around the role of medical schemes within the National Health Insurance.

In a highly competitive market, what sets Bestmed apart from other medical schemes?

A The most important differentiators for the Scheme are its high level of service delivery and competitive value-for-money benefit options. These are achieved through hard work and commitment. Maintaining a positive and healthy organisational culture is a top priority for the Scheme, and this includes genuinely caring for our

employees, wider communities and other stakeholders. The customer satisfaction accolades we have received over the last three years are testament to the fact that members truly experience our service as adding value to their lives, more particularly to their health and wellbeing.

Bestmed won the Titanium Award for Service to Membership. Can you tell us about your approach to customer service and member engagement?

A Our service promise is to be *Personally Yours*. We take this into account in everything we do, from customer service to product design.

We communicate with members via a monthly newsletter, as well as via official email and SMS communication regarding benefits, contributions and claims. Members may also learn more about their benefits and ask questions at member engagement sessions. Comprehensive information on the Scheme's benefit options is also easily accessible on our website. Bestmed partnered with Ogilvy South Africa to develop an improved user-friendly website, for which they won an Assegai award.

Overall, the organisation has strict key performance indicators that relate to service delivery in various areas of the business, including claims, member feedback and contact centre service. The relevant teams are committed to meet and exceed service standards continuously.

Can you tell us more about the specific CSI initiatives that Bestmed has implemented and how they are making a positive impact?

A During 2020 and 2021, funds were made available to contribute towards COVID-19 relief efforts, which included allocations towards much needed food sustainability in underprivileged communities and high-quality, reusable sanitary pad kits.

Operation Hunger: Bestmed's partnership with Operation Hunger started in 2020, after the onset of COVID-19. During the first campaign, #FeedAFamily, Bestmed donated 2 352 food parcels via Operation Hunger.

ON THE COVER Q & A

The second campaign commenced in April 2021 and included three vegetable gardens at Chirella Jane Furse (Limpopo), Mgwangwa Village (KwaZulu-Natal) and Nyeleti's Children's Home (Gauteng). The vegetable gardens form part of sustainable food security projects that directly benefit people in the relevant area.

Sanitary pad kits: Bestmed donated over 2 600 reusable sanitary pad kits during 2020/2021 to ensure that girls do not miss school and sporting activities because female sanitary products are too expensive. This phenomenon is referred to as 'period poverty'. Bestmed also partnered with 30 Unjani Clinics to help distribute the sanitary kits and assist with the necessary training/information sessions.

Bestmed, in collaboration with SuperSport Let's Play, also donated kits to the young ladies of Cosmo City Junior Primary School.

Partners for Possibility: The Partners for Possibility (PfP) programme facilitates partnerships between schools and businesses to solve problems at grassroots level. A few of Bestmed's PfP projects for 2020 were placed on hold due to strict lockdown regulations. Talent Manager, Michelle Ward, oversaw the completion of these projects at the end of 2020, ensuring that Mamelodi East Prevocational School has optimally functioning classrooms and a multipurpose sports field. Bestmed and SuperSport Let's Play also partnered to donate football and netball kits to the relevant sports teams.

Back from left to right: Pieter van Zyl (Chief Operating Officer), Ntando Ndonga (Executive: Legal, Risk and Governance), Elmarie Jooste (Executive: Corporate Services and Wellness), Dr Dion Kapp (Executive: Managed Healthcare and Service Providers), Jessogan Chetty (Chief Financial Officer). Front from left to right: Madelein Barkhuizen (Executive: Marketing and Sales), Leo Dlamini (Chief Executive Officer and Principal Officer), Rentia Aspeling (Acting Executive: Information Technology)





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NOTABLE ACHIEVEMENTS

- # 2020
- Ranked first in medical aid industry category of the Ask Afrika Orange Index® benchmark.
 - Won Titanium Award for Excellence in Creating Access to Quality Healthcare (Organisations) .
 - Scored highest on Afriforte database for employee morale, workplace support and management in OHFB Employment Culture and Climate Survey.
 - Ranked highest in SA-csi medical scheme industry research for perceived quality, perceived value, overall customer service index and customer loyalty.

- # 2021
- Scored the highest on the Afriforte database for employee morale, and workplace support and management in the OHFB Employment Culture and Climate Survey.
 - Ranked highest in the SA-csi's medical scheme industry research on perceived quality, value, overall customer service index, customer loyalty and customer expectations. Member complaints were the lowest in the industry.

- # 2022
- Won the Titanium Awards for Service to Membership and Excellence in Creating Access to Quality Healthcare.
 - Won FIA Intermediary Experience Award 2022 for Product Supplier of the Year: Healthcare.
 - Ranked first in customer experience in the Ask Afrika Orange Index®: Medical Aid Companies category.
 - Ranked first, for the third consecutive year, in the SA-csi survey.

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ON THE COVER Q AND A

What role does Bestmed envision in the health-care ecosystem and how will it contribute to the industry's transformation in the future?

Bestmed is committed to the healthcare industry and to providing healthcare cover at an affordable price. The Scheme is also committed to transformation and has a clearly defined Broad-Based Black Economic Empowerment (BBBEE) strategy in place that is regularly reviewed by the Board of Trustees. We are currently in the verification and auditing stage of level 7 BBBEE process. We believe that we will be the only self-administered scheme to achieve level 7. We hope to facilitate the development of a sector-specific score card for the industry.

Bestmed also contributes to the development of skills in the industry. Bestmed annually offers learnership development initiatives, and funds all professional registrations for its employees. Costs for continuous professional development (CPD) training that employees need to comply with their professional bodies' CPD requirements are also covered.

How does Bestmed balance the competing demands of cost-containment and ensuring high-quality healthcare outcomes for its members?

As a self-administered medical scheme, Bestmed has considerable control over its overhead costs. As we continue to grow, our execution capacity increases to match membership growth. This ensures that efficiency and increased productivity are synonymous with our growth, based on our philosophy that any cost saved is a benefit to members. For several years, Bestmed has been able to ensure that its non-healthcare costs are lower than the industry norm.

Any advice for companies looking to foster positive change in their communities and industry?

We believe in being good corporate citizens and that even small actions can make a difference. By partnering with credible organisations that share our passion for excellence and impact, we can create a more sustainable change in communities. ■

BOARD OF HEALTHCARE FUNDERS

Achieving a person-centric HEALTH ECOSYSTEM

All over the world, patients often experience the feeling that they are not respected in their encounters with healthcare personnel. The International Society for Quality in Health Care (ISQua) have made it their business to document what a person-centred, rather than diagnosis-centred, healthcare service is, its benefits and how to make it happen. The world is listening to what they have to say.

- Health workers may be faced with claims for compensation if they dispense the wrong medicine. But a doctor is allowed to carry out a gynaecological examination without exchanging so much as a word with the patient along the way.
- There are HIV-positive people who stop going to the hospital to get the vital medicine they depend on in order not to develop AIDS. They know they are risking their lives by not collecting their medicine, but the mechanistic treatment offered at the clinic often feels so toxic that they choose to disconnect from healthcare.
- It is a huge challenge that many women opt out of professional care for pregnancy and birth. When asked why they choose to give birth at home, they reply that the paternalistic organisation of the health service is unsatisfactory and does not treat them respectfully. They would rather take the risk of giving birth at home.

"I have to admit that I didn't feel very confident when I started the work together with ISQua on what was to become a white paper on person-centered care,"¹ says Professor Gro Rosvold Berntsen. Berntsen led the work on the report, written in collaboration with seven other patient partners appointed from both low- and high-income countries and from widely different contexts. From the African continent, Professor Morgan Chetty (South Africa) and Louis Ako Egbe (WHO, Liberia) contributed. The white paper, entitled Person-Centred Care Systems: From Theory to Practice, was recently presented at ISQua's international conference in Brisbane, Australia.

"What surprised me most," says Berntsen, "is that although we had vastly different backgrounds, we quickly had the same understanding of person-centred care (PCC) from day one. Healthcare's neglect of the patient voice and what matters to the patient is a universal problem."

Coming from Norway, one of the world's richest countries, Berntsen worried that PCC may be something that is perceived as a 'nice-to-have' and not a 'need-to-have' in low-resource settings. "However, I was quickly corrected by my colleagues from low- and middle-income countries: Especially in low-resource settings, we cannot afford NOT to work person-centred. Working with the patient ensures that we are

The key advantages of a person-centred healthcare model include improved patient outcomes, better patient engagement and increased patient satisfaction.

Berntsen G, et al. Person-Centred Care Systems: From Theory to Practice. A White Paper for ISQua. ISQua Editor. ISQua: 2022.

<https://isqua.org/partnership-with-patients.html>



Professor Gro Rosvold Berntsen has made person-centred health services her passion. Now, on behalf of ISQua, she has led an international working group in the field. Together they have prepared an 'instruction manual' called Person-Centred Care Systems: From Theory to Practice.

targeting our scarce resources at issues that matter most. Secondly, in low-resource settings, often complicated by a backdrop of violence and conflict, patients are more vulnerable. They need to feel seen, heard and respected for who they are."

She adds: "PCC ensures that dignity and respect are part of every encounter, which is even more important in vulnerable situations. Today's health service is set up to work reactively, often without seeing diagnoses in context. This is something that, in the worst case, is wasteful, and can also push patients away from sorely needed care and result in more illness."

A basic tenet of PCC is to support the person who 'owns' a body to self-

manage the health of that body in the best possible way. The patient him/herself is both the most effective and the cheapest preventive care provider. But, if what a professional suggests does not align with what the patient understands as important and feasible, there is a risk that they might not follow the professional advice.

Consider a situation where a patient's health management, such as frequent clinic visits that require time off from work, might jeopardise their source of income. Unless the health provider can tailor care to the person's situation, the patient might withdraw from care, and like falling domino pieces this may have consequences for their long-term health, family and community. The resources set aside for that patient in the clinic are wasted. It is

a negative spiral. Partnering with the patient, building trust to ensure that care and life-issues are not in conflict, is not only the right thing to do, but also cost-efficient.

Supporting patients to manage their own health in a way that is both meaningful to them and supported by professional knowledge simply provides better results, because the most important resource, the patient, is fully onboard.

A PARADIGM SHIFT

The ISQua white paper on PCC, presented in Australia is a kind of 'instruction manual' for what it means to work person-centred. All over the world, people identify with the system flaw that this report addresses, a system error that has grown in

PERSON-CENTRIC HEALTH ECOSYSTEM

strength as the health service has achieved ever more wonderful medical results and can treat ever more disease. Because the more specialised the health service becomes, the more skewed the distribution of power between patient and practitioner becomes.

“In a curious way, both the patient and the healthcare worker lose their real identity, and are assigned roles based on the organisation of the healthcare service. In the role of ‘patient’, many individuals report that they are not included in decisions about their own health, and often they do not get the right help for what they really think they are struggling with. Some also say that they are exposed to experiences that are both devastating and traumatic,” explains Berntsen.

GUIDE TO SOLUTION

The ISQua white paper is a guide for anyone who wants to learn what person-centred health services are and what they contribute to. Previously, through research in Tromsø, Berntsen documented that patients who receive person-centred services live longer; 43% of the frail elderly who received person-centred, holistic and proactive health services from an interdisciplinary treatment team lived longer than the patients in the control group who received normal Norwegian health services.

“The research results are so clear that if person-centred healthcare were a medicine, it would be unethical not to give it to everyone,” Berntsen adds.

SINCE 1934

In the ISQua report, Berntsen and co-authors explain that person-centred healthcare is not a new idea. They found that in the literature, it was mentioned as early as 1934. “There is no doubt that making person-centred services the norm in the health service requires major changes in legislation, organisation, funding, data and information systems, education and research. We must have systems that facilitate person-centred healthcare and that stimulate the various parties involved - from home care to specialists - to work together to achieve the patient's goals,” says Berntsen.

MANY POSITIVE SIDE EFFECTS

“Unfortunately, there are many examples of how the health service should not meet patients, and much of this is simply due to the way we organise and finance it. If we want a person-centred health service, then this must be entered as an expectation and a feedback point at system level - something that both politicians and decision-makers must contribute to,” explains Berntsen.

While in the last 13 years she has used her career to document the effects of person-centred healthcare, she has also found several positive ‘side effects’: Patients experience better treatment and become less ill, healthcare personnel experience going the extra mile for the individual and therefore feel better in their profession. In addition, there will be reductions in emergency hospitalisations, which is a benefit both for patients and services.

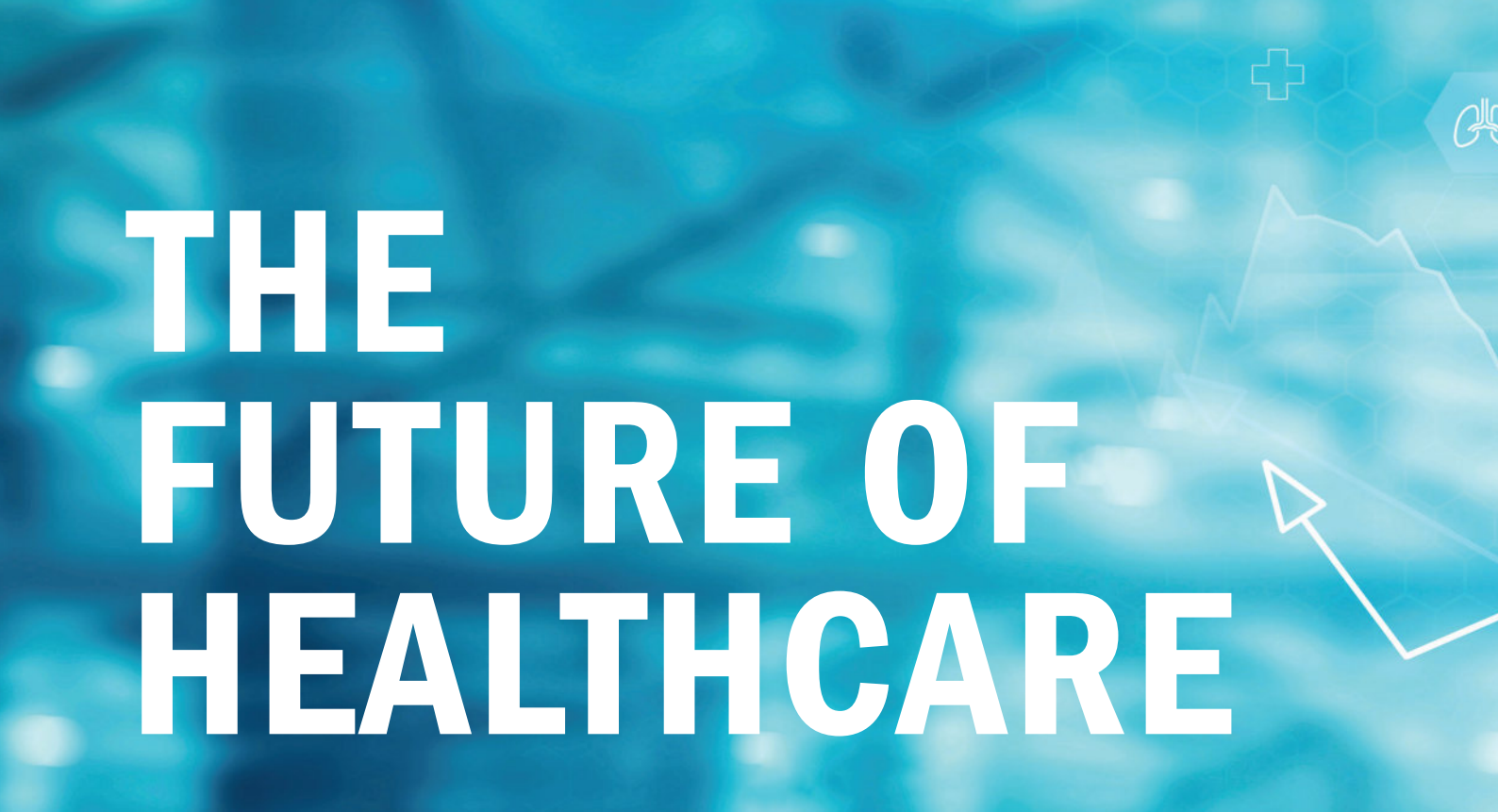
ISQUA FACTS

ISQua is a member-based, non-profit organisation that works to increase the quality of health services. The organisation has been working to improve quality and safety in healthcare worldwide for more than 30 years - through education, knowledge-sharing, external evaluation and bringing together people who think alike on these issues across national borders. The ISQua network now includes over 70 member countries from six continents. The members work continuously with quality improvement in their healthcare services around the world.

In its report, the working group led by Berntsen addressed four central questions related to person-centred healthcare services:

- Why is person-centred care so difficult?
- What is person-centred care?
- What are the consequences of a person-centred health service?
- How do we make person-centred healthcare the norm?

“As long as the funding of the services does not stimulate person-centred work, then nothing will change. The aim must be that person-centred services are the logical choice, and are expected, measured and rewarded both organisationally and financially,” Berntsen concludes. ■



THE FUTURE OF HEALTHCARE

Rebuilding Trust and Restoring Health

By Dr Katlego Mothudi

MANAGING DIRECTOR: BHF

The COVID-19 pandemic turned the world on its head and many health systems, in developed and developing economies alike, were found wanting. We were already facing many challenges before COVID-19 hit, which in many cases were put on the back burner while dealing with the urgent challenge of saving lives and livelihoods during the pandemic. We were disrupted and, in many instances, stopped dead in our tracks as other priorities simply took a backseat.

Unfortunately, the challenges we had pre-pandemic did not diminish or simply vanish. On the contrary,

they all remained intact and, regrettably, have in many cases been exacerbated. In addition to the immense burden of disease we have in Africa, due to COVID-19, we have also experienced healthcare neglect, which came as a result of de-prioritising key health practices, such as regular check-ups and follow-ups, which led to complications and missed screening opportunities. This in turn led to delayed detection of diseases.

The time to lick our wounds must come to an end. It is now time to dust ourselves off and get on with the work at hand. We must move swiftly without forgetting the lessons we learned during the pandemic. The future of healthcare is now! We have before us

the mammoth task of achieving universal health coverage (UHC) by 2030.

We need to be wise and strategic as we move forward. Regrettably, an additional aftermath of the pandemic is the breakdown of trust in the healthcare system. For various reasons, valid and not, many health citizens have lost trust in the system. One of our goals as we move forward must be to restore and rebuild trust.

What should we do post COVID-19?

Many of the healthcare challenges we need to tackle are nothing new. Conversations about the health reforms we need in our industry have been taking place for many years.



Among others, we have been talking about the need to move towards a preventative and primary health care focus, with many health experts in agreement that this is the best approach to address the fundamental challenges on our continent. However, South Africa and many other countries in Africa currently have a curative healthcare model, which poses challenges for our health systems.

In 2007, the World Health Organization published a health systems 'building blocks' framework with the aim of promoting a common understanding of what a health system is and what constitutes health systems' strengthening. In this framework, a health system is conceptualised as consisting of six building blocks.

I. Service delivery, to ensure citizens receive the health services they need, where and when they need them.

For various reasons, valid and not, many health citizens have lost trust in the system. One of our goals as we move forward must be to restore and rebuild trust.

II. A health workforce or human resources for health. Many countries worldwide struggle with inadequate healthcare worker-to-population ratios. Key factors include healthcare professionals, especially in Africa, migrating for improved work conditions and pay. To transition towards preventive and primary healthcare, a sufficient workforce under favourable conditions is crucial.

III. Technological advances and innovation that help us optimise current systems, ease physicians' work and, overall, improve patient care. The objective is to achieve this while lowering costs and ensuring

a seamless experience throughout the entire value chain.

IV. Access to essential medicine and vaccines is a priority, and the availability, accessibility, acceptability and affordability of medicine and vaccines of assured quality need to be addressed to achieve UHC.

V. Healthcare financing that makes various financing models available for exploration, with NHI being only one of those models.

VI. Leadership and governance that fosters leading ethically with proper governance to decrease the trust deficit that the health sector is experiencing.



*Dr Katlego Mothudi,
Managing Director: BHF*

At the centre of these building blocks is access to healthcare where and when required, essential coverage, quality of outcome and safety of patients. Once the building blocks are in place, we will have as an outcome, improved health, responsiveness, social and financial risk protection and improved efficiency.

Empowering health citizens to take charge of their own health

During the pandemic the National Institute for Communicable Diseases played the authoritative educator role in South Africa, educating the public about COVID-19. For optimal results when it comes to healthcare, we need to form a three-cord bond between the health citizen, the health practitioner and healthcare funder. This must be supported by a strong policy and regulatory environment underpinned by agile and responsible stewardship.

The time has come for active health citizens or patients to emerge, who are empowered to take charge of their own health. This, of course, can only happen if we allocate sufficient resources to educate and empower them as much as possible.

Furthermore, we need strong collaboration between healthcare practitioners and funders. Working in silos does not serve the health citizen, but collaboration does. When determining what is best for the health citizen, UHC principles must lead the dialogue.

Isn't it time for us to change our approach?

Rather than healthcare practitioners trying to see as many patients as they can, how about spending more time to determine the real cause of the illness and finding the best way to treat the cause?

How about medical schemes and other health funders incentivising primary health practitioners for spending sufficient time with their patient in pursuit of favourable health outcomes, which will ultimately result in savings downstream?

Can we explore alternative reimbursement models that are outcomes based and encourage healthcare practitioners to take more accountability for their patients?

Isn't it time we challenged the way we have always done things and not simply accept them as the way they have always been?

Some reforms will happen only if we are willing to do things differently and challenge the status quo.

Technology and innovation with which to move into the future

Many innovative ideas in the past have often emerged from crisis. The recent pandemic was no different, in that despite the many challenges it brought us, many opportunities for innovation or repurposing solutions to meet new needs were born.

- **Hospital at home or home nursing:** Although not new, we saw an increase in this due to COVID-19. Approximately 35-45% of healthcare claims received by medical schemes are hospital claims, and an estimated 40% of these costs

INSIGHT THE FUTURE OF HEALTHCARE

go towards the payment of hospital accommodation. Utilising hospital-at-home alternatives where appropriate would lead to the reduction of these costs. This model will surely increase efficiencies and the appropriate use of limited resources.

- **Remote patient monitoring services:** This is another need amplified by COVID-19, due to the limitations of in-person appointments. These devices add accessibility and convenience to healthcare by allowing the collection of data outside a traditional healthcare setting. They transmit the data to healthcare professionals for evaluation. The use of these

services also allows patients to be actively engaged in monitoring their own health.

- **Genomics/gene sequencing/pharmacogenetics:** These developments allow health providers to treat patients with more precision. Not all patients with a similar disease can be treated successfully with the same drug. Advances in this field will lead us closer to precision medicine, which should drastically improve health outcomes, particularly with regard to the treatment of chronic conditions.

Health sector sustainability

As we move towards the future and the attainment of UHC, we must not

lose sight of what we have accomplished through all our collaborative work. The fight against fraud, waste and abuse in our industry remains a challenge we must keep our eyes on and we need to continue our joint efforts to reduce and ultimately eliminate it.

We need to rebuild and restore trust in our industry. With the rise in fake news, disinformation and misinformation, it is important for trusted leaders at the highest level to rise. We must do better and improve how and what we communicate. The health citizens who entrust us with their most important asset, their health, are counting on us. ■



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PAYING FOR value-based care

*South Africa
is faced with
challenges of
disease burden
and rising
healthcare costs.
A shift towards
value-based care
(VBC) is needed
for a sustainable
system.*

By Dr Vuyo Gqola

CHIEF HEALTHCARE OFFICER, GEMS

South Africa is faced with a quadruple burden of disease, which is exacerbated by the escalating cost of private healthcare. In addition, the private healthcare system is severely fragmented and volumes driven, which can sometimes lead to suboptimal care. Porter *et al* (2016) argue that to achieve a sustainable healthcare system, there needs to be a fundamental shift towards a value-driven patient-centred delivery model, in which healthcare providers are reimbursed based on the value of care delivered to the patient.

DEFINING VALUE

Value in healthcare, which measures both the cost and quality of healthcare, is defined as the way in which patient outcomes (patient experience and quality of care) are achieved at the lowest possible cost.

Value-based care (VBC) is a delivery model in which healthcare providers are reimbursed based on health outcomes. Unlike volumes-based fee-for-service (FFS) reimbursement models, VBC ensures that providers are rewarded based on health outcomes relative to the cost of delivering those outcomes (N Engl J Med Catalyst, 2017).



Upon concluding its work in 2019, the Health Market Inquiry indicated that value-based purchasing has not been widely adopted in South Africa, with FFS remaining the predominant form of reimbursement.

Literature review dating back from the Donabedian era to Porter & Lee's Value Agenda reveals several frameworks that can be utilised in the transition to VBC. The commonality between all these frameworks includes:

- Creating value for the patient.
- Organising care around the patient's medical condition and allowing for the full cycle of care.
- Measuring clinical outcomes, cost efficiencies and population health.
- Reducing the cost of care.

THE CASE FOR VBC AT GEMS

Like other healthcare funders, GEMS faces significant challenges, including escalating costs of healthcare (primarily due to increased utilisation beyond explainable changes in beneficiary profiles), the increasing prevalence of chronic diseases and an ageing membership profile. GEMS has been working towards the realisation

INSIGHT VALUE-BASED CARE

of VBC by championing care coordination, healthcare networks and active disease risk management underpinned by alternative reimbursement models.

VBC in the ambulatory setting is critical to addressing the hospicentric nature of the private healthcare system. Central to this is restoring general practitioners (GPs) to their role as primary healthcare (PHC) providers who are empowered to holistically manage patients. Only then can GPs be reimbursed based on the value they generate. This is consistent with the envisaged National Health Insurance (NHI).

OVERCOMING BARRIERS

Barr et al (2019) reported several barriers to the implementation of VBC in South Africa, such as regulatory constraints, scheme benefit design and the lack of collaboration between funders

and healthcare providers. To address these barriers, there needs to be transparent collaboration between funders and healthcare providers, an overhaul of hospicentric benefit design, as well as a comprehensive review of the current legislative frameworks.

Despite these barriers, GEMS has made significant strides towards demonstrating that a move towards VBC is feasible and continues to adopt an open-door policy to all stakeholders in the healthcare industry.

THE ROAD AHEAD

GEMS will continue to expand its VBC efforts with innovative projects in maternity, palliative, mental healthcare, PHC, and performance-based contracting for managed care providers to incentivise quality, cost-effective care. ■

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VBC AT GEMS

Below are some of the various forms of value-based care that GEMS has implemented:

- The addition of care coordination options, Tanzanite One and Emerald Value, has led to improved outcomes and significant cost reductions, including decreased admission rates, increased screening tests, and lower member contributions. In the GEMS context, care coordination refers to GP nomination, GP-to-specialist referrals and the use of an efficient hospital network.
- Health quality outcomes-based contracting with managed care service providers has resulted in GEMS outperforming other medical schemes in over 70% of the predetermined quality and process criteria tracked by independent agents.
- Multidisciplinary/integrated care initiatives have led to improved cost and quality performance metrics and patient outcomes. For example:
 - The population medicine pilot with PPOServe, which has been associated with a 30% improvement in specified cost and quality performance metrics. This has led to the full implementation of population medicine value-based initiatives with 'any willing and able providers'.
 - The GEMS Chronic Back and Neck Rehabilitation Programme with document-based-care and workability, which has been associated with a 25% reduction in medical and surgical admissions, as well as improved patient-reported outcomes like improved range of movement and reduced pain.
- Value-based reimbursements through alternative reimbursement models, which have contributed to the delivery of more predictable and more cost-effective care, particularly in hospitals.

UNIVERSAL HEALTH coverage and the role of medical schemes

By Dr Rajesh Patel

HEAD OF HEALTH SYSTEM
STRENGTHENING, BHF

With less than eight years to go to the deadline for achieving universal health coverage (UHC) across the continent and globe, there is an insurmountable amount of work that still needs to be done. All recent key health convenings in Africa, in particular those with a focus on public health, have included in their agenda the important topic of UHC.

practitioners, donors, health NGOs and medical schemes and insurers, must put their hands on deck to help their people and communities to meet these goals.

What exactly is UHC?

According to the World Health Organization (WHO), health is a fundamental human right and UHC is widely recognised to be critical to achieving that right. UHC represents the aspiration that everyone should receive good-quality health services, when and where needed, without incurring financial hardship. The goal of UHC is expressed in the United Nations 2030 agenda as part of the Sustainable Development Goals (SDGs) - Goal 3, which focuses on health (target 3.8).

Progress towards the attainment of UHC is tracked by the WHO through global monitoring reports, which are published every two years. The target measures are firstly, the coverage of essential health services and secondly, financial protection. Good progress has been achieved in many developing countries; however the COVID-19 pandemic derailed some of

“*The key objectives of UHC, which are the provision of essential health services and financial protection, give a clear indication to medical schemes of what they should be focusing on.*”

From the time this massive goal was set in 2015, it was apparent that governments and ministries of health across the continent would not achieve it on their own. Like many other public health goals, all health stakeholders, from governments to healthcare

'If the business of medical schemes is clearly understood by all key stakeholders, it would ultimately call for realigning their focus and goals.'

the work, as some resources had to be channelled to the more pressing challenge that the pandemic was. Thankfully, eyes are back on the ball that is UHC and there are accelerated efforts to get things back on track.

What does UHC have to do with medical schemes?

In many countries across the continent, a sizeable percentage of the population is covered by medical schemes and insurance. Many employers make the investment in the health of their employees by subscribing to medical schemes, with the hope that this will ensure quality health for their employees, reduce absenteeism and ultimately lead to increased productivity.

Now, to better understand the key role medical schemes must play in the attainment of UHC, it is important to take a step back and ask: "What is the business of a medical scheme?"

The business of medical schemes is not simply that of a short-term health insurer and should not be mistaken for one. The business of medical schemes is to ensure the health





Dr Rajesh Patel, BHF Head of Health System Strengthening

of their beneficiaries. The business of medical schemes is that of protecting, promoting, maintaining and improving the health of beneficiaries.

If the business of medical schemes is clearly understood by all key stakeholders, it would ultimately call for realigning their focus and goals.

Medical scheme strategies should not be created and operated in isolation. They should function within the context of the bigger community, and local, national, regional and global health goals. As one of the key role-players in the health eco-system, medical schemes must embrace the attainment of UHC as one of their goals. This goal must be adopted by scheme trustees, management, administrators and managed care organisations. The beneficiaries they represent are counting on them to do so. They trust them to do what is best for them as members. Medical

schemes need not wait for regulation to come into effect before incorporating UHC principles into their offerings. Doing so now and voluntarily would be in the best interests of their members and would be good corporate citizenship in action.

What then, should medical schemes be doing?

For good governance guidelines, medical schemes turn to the King IV report, which encourages a shift from financial capitalism to inclusive capitalism, from a short-term capital market to a long-term, sustainable market and from a siloed approach to reporting to integrated reporting.

In recent years, the responsibility of trustees has increased considerably. Not only do they have to ensure the financial health of the scheme and adherence to all applicable regulations and laws, but they must also ensure that medical schemes and

their operations are embracing the principles of UHC. This directive and oversight role of trustees must not be limited to medical schemes only, but must also apply to the administrators and managed care organisations contracted to offer those services by the medical scheme. Scheme rules need be reviewed to ensure that they are aligned towards UHC. Protocols and treatment guidelines may need to be revised to ensure that the entire value chain is working together towards the same goal. The entire health eco-system must work towards offering UHC for members.

The key objectives of UHC, which are the provision of essential health services and financial protection, give a clear indication to medical schemes of what they should be focusing on and this should therefore be central to their goals and objectives.

Improving access to essential health-care services means that medical schemes must review their benefit design and other services. In line with UHC, the primary focus should be on the inclusion of all essential common health benefits as part of schemes' basic health offering.

Additional 'nice-to-have' benefits could then be available as top-up options for members who choose to have them and can afford to do so. Medical schemes must avoid falling into the trap of offering 'cookie cutter' benefits; rather they must study and understand their own population and offer what is essential for them.

INSIGHT UNIVERSAL HEALTH COVERAGE

An offering guided by UHC principles should have as a minimum the following benefits:

- Essential benefits lasting 365 days
- Preventive care services
- Essential medicines list
- Essential dental benefits.

There must be great consideration for where and how these benefits are accessed. UHC, after all, represents the aspiration that everyone should receive good-quality health services, when and where needed, without incurring financial hardship. Are these essential benefits accessed through nominated GPs or unstructured channels? Is there referral management in place? Finally, is there coordination of care? These are all important considerations as we move towards remov-

ing barriers to access to essential health services.

Ensuring the financial protection of members

Members of schemes are already financially burdened by their contributions towards schemes and these costs escalate annually for various reasons. Increasing financial protection of members must include reducing out-of-pocket payments (OPPs). OPPs come in various forms, such as co-payments and levies for certain benefits or at certain healthcare providers, short payments of claims and paying for benefits that are not covered by medical schemes.

Minimising OPPs must start with monitoring OPPs and reporting on them,

as what is not measured cannot be managed. The extent of the challenge must be adequately understood so it can be appropriately managed. Analysed correctly, this information will give a clear indication of what benefits members are frequently paying for out of pocket and which of these are essential and should therefore form part of the essential benefit package that all members, ideally, should have access to.

UHC may certainly seem like an impossible dream when looking at the challenges facing Africa, but if each stakeholder in the health eco-system could do what they can in their area of influence, then soon this giant elephant will be eaten, one piece at a time. ■



Innovation and digital transformation while retaining that personal touch in healthcare

Introducing Universal, the healthcare management company that puts people first. At Universal, we believe that every healthcare interaction is an opportunity to touch a life and make a difference. With our innovative and integrated services, we are forever searching for new ways to enhance the patient experience, both locally and globally.

From humble beginnings, we have grown into a successful multinational company with our core business and head office based in South Africa. We have an innovation hub in Silicon Valley, California, where we develop cutting-edge healthcare technology. This allows us to be at the forefront of the era of digital transformation in healthcare, where we push the boundaries of technology to enrich and elevate the healthcare experience of our clients and their members.

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At Universal, we believe that healthcare is not just a business; it's a purpose, a calling to help those in need and encourage wellness and well-being. We are proud of our roots in the South African healthcare funding industry, but we also understand the untold value of a globalised healthcare society. With our unwavering commitment to putting people first, the potential for what can be achieved is limitless. Join us on our journey to a future of better health for all.

SOUTH AFRICA'S JOURNEY TOWARDS an Integrated National Health System

Since the advent of democracy in 1994, the South African government has faced unparalleled and somewhat distinct challenges in its urgent pursuit to establish a fair, accessible and affordable healthcare system for all citizens. The apartheid system, unique to South Africa and enshrined in law, contributed to these difficulties.

The new ruling party, the African National Congress (ANC), observed at the time that healthcare institutions 'were built and managed with the specific aim of sustaining racial segregation and discrimination in healthcare. The net result has been a system which is highly fragmented, biased towards curative care and the private sector, inefficient and inequitable'.

The remedy? 'A single comprehensive, equitable and integrated National

Health System must be created. There will be a single governmental structure dealing with health, based on national guidelines, priorities and standards. It will coordinate all aspects of both public and private healthcare delivery, and will be accountable to the people of South Africa through democratic structures'.

Well-intentioned indeed amidst the euphoria stimulated by the new dawn. Equality, accessibility and affordability became the order of the day and quite rightly so. The millions of South African who had been deprived of quality healthcare through the years were now in the needs forefront and had to be accommodated accordingly.

Under new Minister of Health, Dr Nkosazana Dlamini-Zuma, the first task was to revise existing legislation, which from the start inadvertently

Healthcare, housing and education were identified as priorities by South Africa's new democratic government in 1994. Of the three, healthcare has probably received the most dynamic attention because of its many human and emotive variables. So, confronted with a brief to describe how the government has contributed to healthcare in South Africa, it goes without saying that an historical perspective is required before any attempt can be made to provide any answers. Health sector journalist, Roy Watson, shares some insights.

“ The challenges facing the South African government’s desperate need to create an equitable, accessible and affordable health system have been largely unprecedented and, to a point, unique globally. ”

formalised what was soon to become a two-tier health system and, more generally, a private/public sector divide.

REVISING LEGISLATION

Existing bills had to be amended, notable among which were the Medicines and Related Substances Act Amendment Bill, the Health Professions Amendment Bill and the Pharmacy Bill. These were among the first developments to spark a simmering relationship between government and the private sector, elements of which still exist today.

While equality became the primary objective, accessibility and affordability were very much at the forefront of the new government’s objectives, clearly manifesting in healthcare delivery practices and pricing.

An early move was to dissolve the original South African Medical and Dental Council (forerunner of the Health Professions Council of South Africa) and introduce an Interim National Medical and Dental Council (INMDC).

MEDICINE PRICING ISSUES

A significant issue to emerge from this was the INMDC’s proposed ruling on the right of medical practitioners

to dispense medicines. In one of my reports at the time (Medicine Today, November 1997), I wrote: “Mechanisms to deal with any conduct on the part of registered persons which may be regarded as unprofessional – including the dispensing of medicines – are in place at the INMDC.”

In its objection, the newly formed National Convention of Dispensing argued: “Dispensing general practitioners play a significant role in providing cost-effective medication, dispense at a much lower dispensing fee than most pharmacies and, as proven by cost reviews, provide the most cost-effective scripts for their patients.” This was to be honoured some eight years later by a Constitutional Court ruling allowing doctors to dispense medicines.

Another medicine pricing issue that took time to resolve immediately post-democracy was the intellectual property rights of the pharmaceutical brand manufacturers, exacerbated by the proposed ‘parallel importation’ of medications.

On the heated relationship between government and industry in this regard, Health Minister Dr Dlamini-Zuma was quoted as saying: “Tension

IN SUMMARY

- South Africa faced unique challenges in creating a fair healthcare system post-1994.
- Apartheid’s legacy complicated healthcare equity establishment.
- ANC government aimed for a single integrated National Health System.
- Revised legislation targeted the private/public sector divide.
- New government focused on healthcare accessibility and affordability.
- INMDC replaced the existing Medical and Dental Council.
- Medicine pricing issues led to tensions with the pharmaceutical industry.
- National Health Act 61 of 2003 encountered implementation challenges.
- Infrastructure and inter-provider relations remain as challenges.
- Digitization, like AxxessHealth, may enhance healthcare communication.
- COVID-19 exposed deficiencies in the South African healthcare system.
- Poor communication and information dissemination contribute to healthcare issues.



Health sector journalist, Roy Watson

revive its efforts to implement the already decade-old National Health Insurance (NHI) proposal.

Several matters for debate and current contention arising from these developments have included the controversial Certificate of Need legislation devised to equalise the distribution of primary care. Its implications, however, in terms of enabling government to dictate to doctors where they can practise and under what conditions have, not unexpectedly, created a sub judice situation. The NHI bill, reportedly in its final stages, is yet to pass through parliament.

And so today the government sits with many challenges, some historic and some that can now be deemed as very African.

On the historic side, issues between the public and private sectors still persist. A huge bone of contention in the public sector has been infrastructure, much of which has been regarded as still unsuitable to accommodate the needs of a desired universal healthcare system such as that delineated in the proposed NHI system. And the private sector is not without its shortcomings, most of which can be attributed to an unregulated environment and the consequent strained inter-provider and funding relations.

The COVID-19 experience, to a large extent, exposed some of these deficiencies – ‘the soft underbelly of the

will always be there but it must be a healthy tension (Medicine Today, April 1997).”

This, in a sense, also applied to the Department of Health’s simultaneous resolve to enforce a non-discriminatory medicines pricing system through the establishment of a Pricing Committee as part of the National Drug Policy ‘to stamp out certain practices by non-aligned service providers whose businesses thrived on the distorted market which is created by bonusing and other unethical market practices such as rebates, kick-backs, pay-backs...etc.’

Also contended at the time was the ‘tired argument’ that the current remuneration system (for pharmacists) encouraged the dispensing of more expensive medicines.

FURTHER LEGISLATIVE CHALLENGES

Needless to say, there were more hard Acts to follow until it was realised that most of what had transpired could be consolidated into one. And so the much vaunted National Health Act 61 of 2003 came into being. Its stated intention was to ‘provide a framework for a structured health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services; and to provide for matters connected’.

Again, well-constructed and well-intentioned, this proposed piece of legislation has since been plagued by distractions, not least those associated with the ANC’s resolve at its 2007 Polokwane conference to essentially

INSIGHT THE ROLE OF GOVERNMENT

“A shining light emanating from the dark tunnel of these frustrations must be the advent of the digitisation of healthcare...”

South African healthcare system’ – as pointed out by Gift of the Givers’ Dr Imtiaz Sooliman, in a stimulating Health Summit presentation last year: “Now we’re not blaming any individual, any minister, any D-G, any staff; it is the system that needs to be looked at.”

On the strength of these and earlier observations, can South Africa now be bracketed with other African countries and their healthcare experiences? “African health systems are weak,” noted Ugandan-based public health specialist and African Development Bank consultant, Peter Ogwal Ogwang, told his audience recently

in an African Health webinar on quality health systems and access on the continent. “The continent is still faced with a persistent high burden of disease and uneven access to health services,” he added. A case in point, he noted, was health infrastructure, ‘which is at the centre of health systems but is weak and neglected’.

Integral to and generally accepted as the root cause of many of the healthcare problems in South Africa and across the continent at large is poor communication – inadequate information dissemination and resulting education inefficiencies.

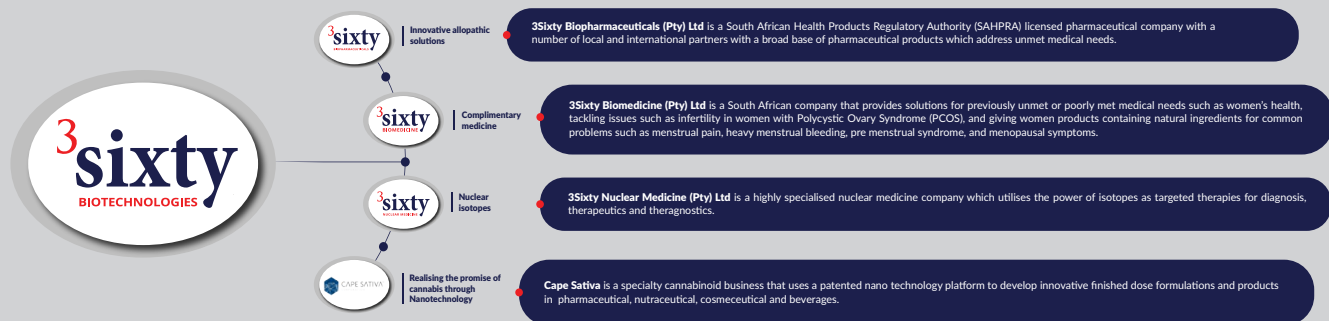
A shining light emanating from the dark tunnel of these frustrations must be the advent of the digitisation of healthcare – technology-based sources such as those enabling all healthcare practitioners and relevant stakeholders to be in touch 24/7 on any matter of import to their daily endeavours, regardless of their status, location or disposition.

Innovative solutions already available on digital platforms, are in a continued process of development to enable healthcare professionals and associates to keep pace with and derive immediate benefit from advances in our rapidly changing world of medicine and healthcare services at large.

Without a doubt, the future is brimming with potential. ■

“SOLVING MARKET PROBLEMS THROUGH DISRUPTIVE SERVICES, PRODUCTS AND TECHNOLOGIES”

3Sixty Global Solutions Group (“The Group”) is a diversified Healthcare and Biotechnology group of companies. The Group owns 3Sixty Health which is the administrator for both Sizwe-Hosmed Medical Scheme and The South African Breweries Medical Aid Society (SABMAS) in South Africa, this makes 3Sixty Health one of the top 5 medical scheme administrators in South Africa. The biotechnology part of the group is made up of four subsidiaries, namely; 3Sixty Biopharmaceuticals, 3Sixty Biomedicine, 3Sixty Nuclear Medicine and Cape Sativa Corporation. The Groups strategy is to focus on the development of innovative biotechnology solutions using various patented technological platforms and applications. We collaborate with a number of scientific houses in an effort to commercialise cutting edge technologies, the focus areas of these subsidiaries are defined below:



No health without mental health

Mental health directly impacts physical health. In South Africa, a high psychiatric burden necessitates collaboration, improved access to services, reduced stigma, regular screening and upskilling providers to address health disparities.

I can recall several patients where this was the case. Some stared blankly, others wept. 'I just didn't see the point anymore,' they would say. The stories are surprisingly similar: in recent months; their chronic non-psychiatric conditions had become uncontrollable despite numerous admissions and treatment adjustments. When they see me, they disclose symptoms of depression and anxiety related to multiple stressors and how these were eating away at their ability and motivation to care for their health.

Cases like these make obvious the wisdom of Dr Brock Chisholm, the first Director-General of the World Health Organization, who famously said: "Without mental health, there can be no true physical health."

One might speculate that Dr Chisholm, a psychiatrist, made his statement in an aspirational manner. However, in the time since, the bi-directional relationship between psychological wellbeing, the brain and the rest of the body has become ever clearer. Mental health can no longer be considered a luxury because we

now know that its impact on general health is more direct than might ever have been imagined.

It is not simply psychological and behavioural factors, such as low drive or substance use that impact non-psychiatric illness. Psychiatric disease often causes inherent changes in circadian rhythms, immune response, the autonomic nervous system, endocrine system and the gut microbiome, among others, which contribute to high comorbidity and poorer outcomes, including shorter lifespans.

Couple these multifaceted problems with the high psychiatric burden of disease in South Africa – around one in three adults suffer from a mental illness at some point in their lifetime – and it becomes clear that psychiatric disease poses a major public health risk in this country.

This isn't just theoretical. At an individual patient level, the power of these interactions is evident in the fact that a depressed patient's risk of myocardial infarction is double that of the general population – but also that treating depression lowers mortality after a heart attack. Similar data suggest that treating psychiatric comorbidity improves cancer survival time.

The mental health fraternity in South Africa – including psychiatrists, other psychiatric doctors, mental health nurses, psychologists and various other therapists, counsellors and social workers – is simply too small to manage adequately the immense burden of psychiatric disease. It is a well-known fact that we lag behind our peers in terms of the number of psychiatrists per 100 000 population and, unfortunately, this situation is also expected to worsen in future.

“ Part of the answer lies in fighting stigma. Research shows the persistence of stigmatisation of mental illness, despite mental healthcare users often reporting optimism that their conditions can be managed. ”

EVERYONE NEEDS TO WORK TOGETHER TO ADDRESS PSYCHIATRIC ILLNESS

The onus therefore falls on everyone involved in healthcare – from the frontline primary care providers to policymakers and healthcare funders – to ensure that access to evidence-based mental healthcare services becomes more widely available.

Part of the answer lies in fighting stigma. Research shows the persistence of stigmatisation of mental illness, despite mental healthcare users often reporting optimism that their conditions can be managed.

The targeted delivery of interventions, especially education, has been shown to reduce stigma, which can in turn improve health outcomes. Stigma reduction is also important among healthcare providers, and there is evidence that South African doctors and medical students still harbour high levels of stigmatisation towards psychiatric patients.

Regular screening of patients, upskilling providers in mental healthcare and adequate funding models (which appropriately view and fund mental health problems as chronic diseases similar to hypertension or diabetes) can also go a long way towards assisting patients with mental health problems.

Several interesting international examples include teaching and improving basic communication skills and primary care - appropriate self-help interventions that can be offered to patients.

This kind of approach not only improves provider confidence in managing mental health problems, but leads to lower costs to funders through fewer medication prescriptions and robust clinical improvement in patients.

This was recently summarised by an unlikely source. Earlier this year, US Senator John Fetterman suffered a relapse of major depressive disorder. He was discharged on 1 April, having made a full recovery. What's remarkable, of course, is not his recovery, but the political non-event that his diagnosis and treatment was. US president, Joe Biden, was asked about this and responded: "The idea that we treat mental health and physical health as though they're distinct – it's health."

This is the attitude needed across the healthcare system if we are to truly make a difference in health disparities in South Africa, and in the care of every patient. ■

MS NEO KHAUOE

Principal Officer, POLMED



POLMED would like to thank Dr Petrus Steyn for his outstanding contribution to this article. Dr Steyn is a Senior Lecturer in Psychiatry at Stellenbosch University and a Consultant Psychiatrist at Stikland Hospital in Cape Town.

ABOUT POLMED

POLMED has established a Member Engagement and Experience Division that educates members on self-monitoring and management of their chronic diseases. The Scheme also has a Mental Health Programme that offers comprehensive support to members who are diagnosed with mental health conditions.

References for this article are available upon request.

Innovative benefit design

GEMS Principal Officer Dr Stan Moloabi shares his views on providing accessible and affordable healthcare and the importance of catering to a diverse population by employing an incremental approach.

The United Nations' Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development is to: 'Ensure healthy lives and promote well-being for all at all ages'. As South Africa's largest restricted medical scheme providing accessible, affordable and comprehensive benefits to qualifying public service employees and their nominated beneficiaries, GEMS' member value proposition and mandate are aligned to this goal.

Based on our incremental approach to achieving the scheme's objectives, we have had and continue to experience member growth, which we attribute to providing affordable, bespoke options, combined with the broadest eligibility criteria possible.

Our benefit design, as well as the incremental process, take into account our members' different needs and expectations. In addition, a deep understanding of our diverse member base

with its varied income and family backgrounds allows us to continuously improve member services, ensuring improved access to and optimal use of benefits. For us, it also means managing a healthy reserve ratio, a vital measure of the financial strength of any medical scheme, open or closed.

With this in mind, we reviewed our member base and, using insights into member needs, enhanced our offering by introducing the Tanzanite One and Emerald Value Option (EVO) options, each with unique and thoroughly considered and targeted benefits. Indeed, this is why this year's BHF conference theme, 'Convergence towards a person-centric health ecosystem' resonated so profoundly with GEMS.

These flagship benefit options provide cost-effective solutions to meet the healthcare needs of members. On both options, our members can

access a selection of private and public hospitals on the GEMS hospital network without a hefty price tag.

Tanzanite One, our entry-level option offers members comprehensive benefits with access to private and public hospital facilities, subject to a hospital network and specific care coordination rules. In addition, out-of-hospital care such as visits to a general practitioner (GP), dentist and optometrist, maternity care at private facilities, and in-hospital cover at public and private facilities are provided.

On this plan, our members receive coordinated care for improved healthcare outcomes. Among other benefits, members can nominate a network GP who will coordinate all their healthcare needs, including those of their dependents, which means that they will experience far fewer out-of-pocket payments when visiting their nominated GP. In addition, all members on Tanzanite One have access to a network of private hospitals with which GEMS has negotiated agreed rates so that all members on this package can access quality healthcare. As a result, using GEMS network providers and private network hospitals will

“As an industry, we must ensure that nobody is left behind in accessing quality essential healthcare services.”

reduce our members' risk of out-of-pocket payments, allowing them to access more care for their families.

The EVO was introduced on 1 January 2017 as an efficiency-discounted sub-option of the existing Emerald Option.

Members on this plan enjoy more significant savings on their monthly contribution while experiencing the same benefits they would on the Emerald Option. These are comprehensive in-hospital benefits for healthcare services rendered by facilities on the GEMS network; comprehensive out-of-hospital benefits for healthcare services typically rendered by healthcare providers on the GEMS network, subject to network GP nomination and specialist referral rules; access to Emerald GEMS network providers and medicine on the applicable GEMS formulary list, which is accessible on the GEMS website.

We will continue to leverage our position within the industry and our reach to negotiate competitive rates with service providers and healthcare providers to benefit our members. This includes analysing the benefit options in the market, specifically those that are similar to the GEMS options, and innovate using advanced information and communication technology to drive member access to services and benefits.

Finally, in a recent and significant development toward the scheme's contribution to a 'person-centric health ecosystem', GEMS has recently been authorised as a financial service provider (FSP) in terms of the Financial Advisory and Intermediary Services Act, 2002. All matters relating to our status as an authorised FSP are subject to regulatory scrutiny. This is a significant achievement in the scheme's journey, as our accredited client liaison officers across nine regions will now be able to offer financial advice pertaining to the benefit options available to existing and prospective members. This means increased assurance, accountability and trust in the GEMS brand – all of which better position us to continue innovating in the benefit option space.

As an industry, we must ensure that nobody is left behind in accessing quality essential healthcare services. The scheme is committed to fostering a culture of innovation in developing benefit options and is constantly looking for opportunities to improve how we deliver healthcare services and stay inspired to keep evolving, keep caring for our members when they are at their most vulnerable, and keep doing so in an unquestionably principled way. ■

DR STAN MOLOABI

GEMS Principal Officer





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- ▶ Improving health outcomes.
- ▶ Assisting members to improve on their quality of life.

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Elevating the Healthcare Customer Experience

Prioritising the patient experience in health and illness is a business imperative for KeyHealth



Customer experience has become an undisputed differentiator in a landscape where customers increasingly demand tangible value. The healthcare sector is no exception to this development, but the response to meeting customer needs has been slower. This is due to the construction of the healthcare system, the complex nature of interactions and other legacy issues.

Healthcare organisations are, however, starting to take steps to improve customer experience by leveraging technology such as artificial intelligence, automation and data-driven insights. This has enabled them to provide better and more personalised care, while also improving operational efficiency and reducing costs.

In the healthcare context, customer experience is extremely important, given that when patients access healthcare services, they are in a very vulnerable position and need to feel valued, respected and heard.

Healthcare customers want to be treated like individuals and require interactions to be personal and

simple. They do not necessarily care how hospitals, doctors and funders organise themselves. They want and expect the experience to be seamless and efficient, especially considering that they pay for these services.

At KeyHealth we recognised that the ultimate outcome of patient care is highly dependent on their experience of the entire pathway and the member's interactions with the processes and people throughout the system. We have made it a business imperative to improve the journey for patients during times of both sickness and good health.

We have achieved this by creating a model of integrated care where high-risk members are assigned a healthcare coach who supports them to understand and navigate the healthcare ecosystem. These members are supported with home monitoring to manage their chronic conditions and by home-based nurse visits or hospital-at-home-solutions for more complex care.

The treating doctors, through our connected care network, are also

partners in the process. Electronic health records provide a comprehensive view of the patient's data, allowing for ease of engagement and optimisation of care, while preventing duplication of healthcare services. This means that doctors can access patient data in real time, which helps them make more informed decisions, ensuring that patients get the most appropriate care. It also helps to reduce the costs associated with unnecessary tests and treatments.

KeyHealth appreciates that the member journey needs to be consistently re-engineered, and the use of machine-learning, predictive analytics, insight-led design thinking and patient-centric care should be aligned to ensure a seamless member experience. With this in mind, we strive to create an environment that encourages open communication and creative solutions to ensure that we are continuously delivering the best experience to our members. ■

SILINDZILE SHEILA MASEKO

Head: Marketing, PR, Communications & Stakeholder Engagements, KeyHealth Medical Scheme

Empowering the patient voice

STRATEGIES FOR ACHIEVING PATIENT-CENTRED CARE

By Dr Solly Motuba

METROPOLITAN HEALTH GROUP

First, do no harm (Latin: primum non nocere), is a dictum attributed to the ancient Greek physician and philosopher, Hippocrates, who is considered the father of medicine and source of the Hippocratic Oath, pledged by medical practitioners upon entering the profession. In modern times, 'First, do no harm' has become the bedrock and sine qua non of patient-centric care.

At the heart of patient-centricity is the principle of prioritising the patient's needs by engaging with them in a respectful and compassionate manner, with the aim of achieving the best possible outcome for them and their family. This definition underscores the importance of embracing four ethical principles that govern all aspects of healthcare and, in particular, patient care. These four ethical

"First, do no harm" is the foundation of patient-centric care that prioritises patients' needs. To achieve this, healthcare providers must adhere to ethical principles, incorporate performance-based remuneration, and prioritise patient education.

principles, as identified by Beauchamp and Childress, are:

1. Autonomy
2. Non-maleficence
3. Beneficence
4. Justice.

The advent of managed care and evidence-based medicine, coupled with the medical coding nomenclature, has had a significant impact on our ability to consistently and diligently deliver on these four ethical principles.

As we move towards a patient-centric health ecosystem, we need to iden-

tify and implement effective solutions that manage and enhance benefits, while preventing fraud, waste and abuse and ensuring these are effectively balanced with the paramount goal of preserving patient well-being.

It is critical that we prevent situations where physicians and case managers do harm, whether by commission or omission. But the question is: how?

Determining fair compensation

For example, the medical aid industry's determination of fair compensation for healthcare providers is based on relative value units (RVUs) and rand



STRATEGIES FOR PATIENT-CENTRED CARE

Dr Solly Motuba

Metropolitan Health Group

conversion factors (RCFs). An RVU is a value that is assigned to current procedural terminology (CPT) codes to help determine healthcare providers' payments by medical schemes and other health insurers. RVUs are based on three components:

1. The work performed by the physician, which considers their skill level, time spent, training and complexity of the procedure.
2. The cost of operating and maintaining a medical practice, including expenses for rent, staff, equipment and infrastructure.
3. Liability expenses, such as malpractice or liability insurance, which are determined by the level of risk associated with the physician's specialty.

The RCF represents the monetary value by which the unit value of a code is multiplied to determine the cost. The RVU is multiplied by the RCF to calculate the tariff consult or procedure. $RCF \times RVU = \text{Tariff per consultation or procedure}$.

However, this calculation does not consider treatment outcomes, which are a key aspect of person-centred care and patient-centricity. It is only when medical tariffs are integrated with performance-based remuneration (PBR) that we begin to see patient-centricity take centre stage.

IN A NUTSHELL

- Prioritise patient-centric care
- Adhere to ethical principles
- Use PBR and VBC to prioritise patient-centric care
- Educate and involve patients in healthcare decisions
- Uphold the principle of "Nothing about us without us"

PBR is often defined as 'a payment model that rewards healthcare providers for achieving specific performance metrics related to the quality and cost of care they provide'. This model seeks to incentivise the delivery of high-quality care that is cost-effective and patient-centric. By linking payment to performance, healthcare providers are held accountable for the outcomes they achieve, and patients may benefit from improved health outcomes and reduced healthcare costs.

Value-based care (VBC) is a shining example of PBR that prioritises patient-centricity. VBC aims to improve the outcomes that are most important to patients. It is therefore a key attribute of PBR and certainly enhances patient-centric care.

CONVERGENCE OF DIGITAL AND PHYSICAL CARE

The convergence of digital and physical care is inevitable and will create a blurred line between the two. We have the burgeoning industry of remote

STRATEGIES FOR PATIENT-CENTRED CARE

patient monitoring, which is largely driven by artificial intelligence, the Internet of Medical Things and precision medicine. With the introduction of ChatGPT, patient-centricity will be catapulted to new heights. However, technological advances must be balanced against the traditional practices of physical examination, which include a good bedside manner, history-taking, palpation and auscultation, as well as impeccable clinical acumen. In this new realm, patient-centricity must remain the catalyst for developing an ideal person-centric care model.

To achieve this, we recommend the following:

1. All healthcare providers, including physicians, case managers, medical

schemes and managed care organisations, as well as their clinical advisory panels, should subscribe to the 'First do no harm' principle.

2. Patient education should be prioritised over patient communication, and informed consent should be mandatory whenever necessary.
3. Total adherence to the four ethical principles of healthcare – autonomy, non-maleficence, beneficence and justice – should be strictly followed.
4. PBR should be incorporated into the RVU and the RCF calculation. This could be achieved by discounting the product (RVU*RCF) with a factor or constant that is based on the PBR grading of the physician.

By implementing these recommen-

dations, we can ensure that patient-centricity remains at the forefront of healthcare, even as we embrace the technological advances of the digital age.

In conclusion, the principle of 'Nothing about us without us' (Latin: Nihil de nobis, sine nobis) should be applied by all stakeholders in the healthcare value chain, including patients, administrators, managed care organisations and healthcare providers alike. This slogan underscores how important it is that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy.

Ultimately, patients are the be-all and end-all of the healthcare ecosystem. ■



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The healthcare industry must shift towards a patient-centric healthcare model that uses technology, IoMT, hospital-at-home, predictive analytics and AI, and interdisciplinary collaboration.

SEEING PATIENTS DIFFERENTLY: delivering a patient-centred healthcare model

DR ABONGILE QAMATA

Head: Alternatives to Hospitalisation Strategy at Medscheme

In the world of healthcare, when patients seek medical attention for illness or injury, they are often vulnerable and in need of support. As healthcare providers, we are entrusted with the critical task of providing them with the necessary expertise and care to help them transition from acute illness to recovery, with minimal disruption to their daily lives and a reduced risk of complications.

To support patients in navigating the healthcare system and promote healing and recovery, we need collaboration among all stakeholders and a focus on prioritising the patient's well-being. This entails providing clear information on their condition and treatment options, as well as minimising disruptions to their life by offering flexible scheduling and alternative healthcare delivery models like hospi-

tal-at-home. Additionally, involving their loved ones in the care process is essential.

As stakeholders in healthcare provision, our primary objective is helping patients achieve the best possible outcome and experience, both in terms of their physical health and their overall well-being. However, with a rapidly evolving healthcare land-

PATIENT-CENTRED HEALTHCARE MODEL



One technology that has gained significant attention in recent years is the IoMT, which has made it possible to collect vast amounts of patient data and use it to improve patient outcomes.



scape and the increasing complexity of patient care, this objective has become more challenging. Patients are becoming more informed and tech-savvy, and they expect more from their healthcare providers and funders. To deliver the best possible care, we need to start seeing our patients differently and adopt a patient-centred healthcare model.

The Medscheme model puts the patient at the centre of the care delivery process and focuses on delivering care that is tailored to each patient's unique needs. We leverage technology, the Internet of Medical Things (IoMT), predictive analytics, artificial intelligence (AI) and strategic partnerships to provide more personalised care that is accessible and convenient for patients. It is a model that embraces alternative care settings where appropriate and reduces the burden of traditional hospital care while promoting collaboration between providers and funders to achieve the best clinical outcomes and patient experience.

TECHNOLOGY, THE IOMT AND HOSPITAL-AT-HOME

Technology continues to play a significant role in transforming the healthcare industry. The use of electronic

health records, telemedicine and mobile health has improved access to care and allowed for more personalised and convenient healthcare services.

One technology that has gained significant attention in recent years is the IoMT, which refers to the connection of medical devices and wearables to the internet, allowing for real-time monitoring of patients' health status. The IoMT has made it possible to collect vast amounts of patient data and use it to improve patient outcomes. By using wearable devices and other remote monitoring tools, clinicians can continuously monitor patients and intervene when necessary, reducing the need for in-person visits and hospitalisation while improving patient outcomes.

Hospital-at-home is an emerging acute care delivery model that allows patients to receive hospital-level care in the comfort of their own homes. By using technology, remote monitoring and mobile healthcare teams, clinicians can provide the same level of care as in a hospital setting. This approach reduces the risk of hospital-acquired infections, improves patient comfort, reduces the burden on hospitals and reduces healthcare

IN A NUTSHELL

- Healthcare providers need to focus on prioritising patients' well-being and collaborate among all stakeholders to support them in navigating the healthcare system and promoting healing and recovery.
- Medscheme's patient-centred healthcare model uses technology, IoMT, predictive analytics, AI, and strategic partnerships to provide personalised care that is accessible and convenient for patients.
- Hospital-at-home is an emerging acute care delivery model that uses technology and remote monitoring to provide the same level of care as a hospital setting, reducing costs and improving patient comfort and outcomes.
- Predictive analytics and AI can identify patterns and predict outcomes, allowing for early intervention and more effective treatment. The interdisciplinary team approach to care delivery improves patient outcomes and reduces healthcare costs.
- Collaborative efforts between healthcare providers and funders are necessary for a sustainable healthcare delivery model.

PATIENT-CENTRED HEALTHCARE MODEL

costs – making it a more sustainable care model than the traditional hospital-centric model.

In 2020, Medscheme partnered with Quro Medical, a black-owned, South African digital health company that pioneered a technology-based hospital-at-home solution, which combines in-home and virtual visits with remote monitoring, offering patients timely, hospital-level care in their homes. Together, we enabled care at home that is safe and unlocked great value for our client schemes, their members and healthcare providers.

Leveraging innovative, clinically proven technology, hospital-at-home goes beyond telemedicine and traditional home care. It intelligently incor-

porates clinical data as well as the remote healthcare monitoring value proposition — closing the active data and patient monitoring fault lines often found in more traditional telemedicine approaches. Ultimately, by bringing all the essential elements of in-hospital care to the patients' home, the technology-enabled hospital-at-home reduces the costs of healthcare delivery and provides a solution that is an alternative to a general ward hospital admission.

PREDICTIVE ANALYTICS AND AI

Predictive analytics and AI have the potential to transform the way healthcare is delivered. By analysing large datasets, AI can identify patterns and predict outcomes, providing clinicians with insights that can help them

make better-informed decisions. In the healthcare sector, employing predictive analytics enables the identification of individuals who may be susceptible to specific ailments or negative occurrences. By facilitating early intervention and targeted treatment, healthcare providers can either avert the onset of these conditions or lessen their consequences.

Building on the success of hospital-at-home and keeping the focus on driving down hospitalisation, Medscheme and Quro Medical conceptualised the Transitional Care Program (TCP), which sought to address the hospitalisation challenge from a different angle. Our collective hypothesis was that combining hospital-at-home (reducing hospitalisations) with the

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PATIENT-CENTRED HEALTHCARE MODEL

“ Predictive analytics and AI have the potential to transform the way healthcare is delivered. ”

TCP (reducing readmissions) would have an exponential impact on our desired healthcare outcomes.

Improving in-hospital efforts can help bridge the gap in transition care and reduce avoidable readmissions. However, even with the best in-patient care, readmissions can occur due to factors beyond the treating practitioner's control and visibility. To mitigate this, Medscheme developed a risk of readmission model that identifies patients at high risk of being readmitted within 30 days by considering factors such as morbidity data, admission characteristics and patient demographics during their hospital stay.

INTERDISCIPLINARY TRANSFORMATION

- Interdisciplinary team approach improves patient outcomes and reduces healthcare costs.
- Collaboration among all stakeholders is essential to deliver patient-centred care.
- Shift to value-based care model encourages focus on positive patient outcomes and efficiency.

The TCP provides a technology-enabled care programme that interfaces clinical care teams with patient data for rapid, efficient, individualised and disease-specific support to patients outside facility walls.

THE INTERDISCIPLINARY TEAM APPROACH

Finally, an interdisciplinary team approach to care delivery has been shown to be more effective than a siloed approach. When healthcare providers from different disciplines work together, patients receive more comprehensive care that considers all aspects of their health. This approach improves patient outcomes and reduces healthcare costs by avoiding unnecessary treatments and hospitalisations.

To deliver a patient-centred healthcare model, it is essential that all key stakeholders including clinicians, service providers and funders work collaboratively to provide coordinated care that is tailored to the patient's unique needs. This approach ensures that patients receive the care they need when they need it, reducing the burden on the healthcare system and improving patient outcomes.

Furthermore, this requires a shift away from the traditional fee-for-service model, where healthcare

providers are paid for each service they provide, towards a value-based care model, where healthcare providers are paid for achieving positive patient outcomes. Such a model encourages healthcare providers to focus on improving patient outcomes, rather than providing unnecessary services. It also encourages payers to work with healthcare providers to develop more efficient and effective care models.

The collaboration between Medscheme and Quro Medical is critical not just for the success and longevity of the hospital-at-home and TCP initiatives but also for achieving their overarching goal of transforming the healthcare system. This transformation involves decreasing healthcare expenses, enhancing patient outcomes and working towards a healthier continent. This partnership fosters commitment from both funders and healthcare providers, culminating in a more sustainable healthcare delivery model.

CONCLUSION

We need to shift our perspective and embrace a patient-centric healthcare model that incorporates diverse resources and methodologies, including technology, IoMT, hospital-at-home, predictive analytics and AI, as well as strategic collaborations. By doing so, we can offer customised and accessible care to our patients, while improving clinical outcomes and enhancing the satisfaction of patients and their families, all in a manner that is cost-effective and sustainable. ■

EDUCATING MEMBERS:

Do we have their attention?

By shifting from traditional educational strategies to more effective, data-driven methods, medical schemes can empower members and enhance the care experience.

By Andrew Wright and Vukosi Sambo
MEDSCHEME & AFROCENTRIC GROUP

Let's hypothesise that we lost the battle to educate members long ago. The war can still be won. Scheme benefits are, by default, complex and members select their options based on perceived affordability, with little understanding of the benefits and associated rules, and how best to navigate their benefits at the time of need. Traditional educational strategies fall flat, given that members only give their attention (turn up) at the time of need.

The problem with the traditional approach to educating members is that it assumes they can reach a state of full knowledge of their product. This is a fundamental error, simply because the product itself is not just complex, but evolves every year. The ecosystem in which the product is experienced is a complex weave of broad healthcare regulatory dynamics, technology advances and socioeconomic factors. This implies the need to treat every service touchpoint as a potential opportunity to assist ('educate') the member. Furthermore, the amount of information involved is arguably beyond the comprehension of an average member. One must unlock a 'cache memory' style capability at points

of care and service, providing information relevant to the need. Responsible use of data and modern digital solutions is the only way to achieve this, to ensure effective member utilisation of benefits.

Contact centres are under pressure to meet transactional service levels, rather than incentivise to navigate the service experience. Hence they often provide partial support, not the high-touch empathetic care required to educate and enable members. Before one even tries supporting members, one should declutter the customer service journey through enabling real-time, always available self-servicing.

Enable the member (and healthcare provider) to check benefits and limits, obtain pre-authorisation and submit claims in real-time, at the point of service, and through the channel of choice. Technologies are available to orchestrate high levels of data interpretation and ingestion (natural language processing [NLP], APIs), automated decision-making (decision engines coupled with master and reference data solutions), process and workflow automation (robotic process automation).

However, the missed opportunity still lies within the communications that follow.

MEMBER EDUCATION

Unless done in a way that is understandable, relevant and nudges to the next best outcome, the automated self-servicing simply addresses an administration need and adds little value to the customer. This is when members are most likely to engage with content and understand their entitlement and next steps.

Content creation has received much press, with the release of ChatGPT into the public domain. Generative AI is a real opportunity to provide relevant content, based on the interpretation of the situation, assuming that one has well architected content that is accessible.

We strongly enforce elements of responsible AI practices in how we implement technologies. These satisfy attributes of model fairness, explainability, counterfactuals and causal analysis; supported by a responsible AI scorecard to ensure ethical outcomes. To ensure these outcomes, foundational data management practices around our datasets and platforms promote security, efficient operations, observability abilities, data quality and discoverability of data. We are thus able to wrap our summarisation models on content delivery with citations to the data and content sources to validate the integrity of information supplied.

All these are aimed at personalisation of care and service experience that deliver cost-savings, improve health outcomes and improve access to care. Our adoption of these technologies



Vukosi Sambo

Executive Head of Data Insights at Afrocentric Group

is carefully considered and aimed at providing accurate information, facilitating communication and streamlining data analysis, while preserving customer privacy and confidentiality. We focus on four key benefit categories that flow from this modern and effective form of care delivery.

ENHANCE PATIENT ENGAGEMENT

Ability to drive patient support by enabling contextualisation of the history of member care and interaction history delivers insightful understanding of member needs at each care touch point.

This is empowered by pattern recognition from our machine-learning algorithms that allow us to ensure hyper-personalised care and service navigation in the most pro-active and real-time way.

ENHANCE CLINICIAN EXPERIENCE

Augmentation of these technologies at point-of-care ensures data-driven support for clinicians to unlock a view of alternative treatments based on historic patterns, and simplifies the ambient clinical intelligence that helps clinicians prioritise more complex care.

MEMBER EDUCATION



Andrew Wright

*Head: Business Engineering
and Solution Design at Medscheme*

AI can provide more accurate and efficient analysis of patient data, making it easier for practitioners to make informed decisions about treatments and detecting potential health risks, allowing them to respond quickly to reduce these.

COST OF CARE

Access to quality healthcare is largely dependent on affordability. AI helps detect patterns in a person's health history that could indicate a higher

risk of certain diseases or conditions, enabling health providers to tailor preventative care plans accordingly. This not only reduces costs but also improves patient outcomes.

OPTIMAL SERVICE WITH CARE

Although typically perceived as robotic and inhuman, it is important to understand that care sits at the heart of AI-driven health innovation. In simple terms, AI-driven systems can quickly analyse large amounts of data and generate insights that help inform care and service decisions.

Caring interactions

At point of service, it is critical to note the emotive and possibly life-changing nature of each conversation that members have with care consultants. Use of speech-to-text technology that enables sentimental analysis and of technologies such as ChatGPT is one of the unique ways that our people are empowered with information to ensure caring experiences that match the totality of cognitive, affective, sensory and behavioural customer responses at all service touch points.

Elevating care and service navigation to high-touch services

People should still own the high-touch/high-value engagements. Directed by the deep insights derived from the AI models, where empathy, caring and time are required to educate and support the member. A future-fit approach shifts 'education' to a conversational capability whereby AI reproduces aspects of human intelligence, including the ability to communicate effectively. AI can adapt to the

user, context and moment. AI listens, learns, engages, acts, measures and together with other hyper-automation techniques can provide relevant content at the time of need.

Omni-channel care coordinators

Identifying those instances where high-touch intervention will add high value is key - using NLP to understand the request, AI models to interpret the need and then referring to the right skill. Agents work across all channels, assisted by virtual agents that supply content relevant to the situation and assist in directing the discussion, including recommending the next steps for the member to follow.

What channels do members prefer and is this even relevant? Designing a solution application landscape that is channel agnostic (yet integrated) delivers the same result, irrespective of preference. Conventional channels requiring more effort from members will naturally be succeeded by those that are more convenient and add greater value. Over 60% of Medscheme's three million total monthly interactions are digitally enabled across all channels.

Care and service in the moment

The opportunity exists to shift the way in which members are enabled with relevant information at the service moment. Considering all of these, it is fair to conclude that AI-enabled strategies will soon enable personalised support, replacing conventional educational strategies. ■

References available on request

Investing in the new era of VALUE-BASED CARE

By Shivani Ranchod

Adjunct Associate Professor in
Management Studies, University of
Cape Town, and Director and
Shareholder: Percept and Alignd

It is evident that our healthcare system cannot be sustained by the status quo, regardless of the metric used. The value delivered by the system is increasingly under fiscal and affordability pressure, and across both the public and private sectors the lived experience of patients lacks respect, dignity and an orientation to what matters to them. The question of sustenance is a deep, wide and far-reaching one – in part because health and wellbeing are fundamental to what it means to be human, and in part because the structural failures of our healthcare system reflect the broader social and economic ills of non-inclusive, end-stage capitalism, intractable inequality and an alienation from ourselves, each other and the planet.

Value-based care (VBC) is a way of imagining a different future. It is deceptively simple in its require-

Value-based care addresses healthcare sustainability by prioritising patient outcomes, fostering collaboration, and disrupting entrenched hierarchies. South Africa leads this movement, promoting innovation and compassionate care.

ments to measure quality and cost at a patient level and the alignment of incentives to support the ongoing improvement in the quality that can be achieved within a resource envelope. It is deceptive because it represents an ethos that is deeply challenging to the numerous vested interests of the existing system – an ethos that requires compassion, disruption and collaboration.

To be able to measure quality, there is a requirement to understand healthcare outcomes from the patient's perspective. This requires paying attention to the lived experience of patients, believing that their voice matters in their care journey and then prioritising care around what has been expressed. This may seem obvious – what are we doing in health-

care if we are not even aware of what matters to patients? Unfortunately, the way in which care is delivered is often centred on the preferences of the funders of care and healthcare providers, with a deep disregard for patients.

When we first conceived Alignd, we used to talk about patient-centred care. It didn't take long to realise that this phrase was not sufficiently inclusive, because we also needed to be attuned to the friends and family surrounding the patient, and the sustained wellbeing of the providers of care: so the language then shifted to human-centred care.

But in recent times this hasn't felt sufficient either, because in order to be truly sustainable we need to be

VALUE-BASED CARE

conscious of our relationship with the planet too: so we have now arrived at the language of compassion-centred care, care that has an open-hearted awareness of the suffering of others. This language has also emerged in the VBC arena as compassion-based financing. How do we build the measures, pay for care and incentivise the reorganisation of how care is delivered in the service of abiding compassion?

As a first step it is necessary to recognise that true compassion is undermined by our habit of making some things more than and other things less than, a habit that permeates every aspect of our lives without us realising it. It is present in the clinical hierarchy: doctors are treated as if they are more than nurses. Nurses are treated like they are more than doulas. All healthcare workers are treated like they are more than patients. Trees are more than weeds. White people are more than black people. Men are more than women. We confer power and status and build linear hierarchies to make sense of the world around us.

This way of being is oppressive for everyone involved; we can't breathe easily. The work of subverting and disrupting these artefacts that separate us from each other and from a deep sense of belonging is the work required to transform our healthcare system. The work of deep listening to patients, the work of true dignity and respect requires us to face our prejudices and the ways in which we have internalised systems of oppression.



Shivani Ranchod, Adjunct Associate Professor in Management Studies, University of Cape Town, and Director and Shareholder: Percept and Alignd

CREATING SPACE FOR NEW MODELS OF CARE

It is easy to mistake sustainability for the perpetuation of the status quo. The question of how we thrive and flourish is very different from the question of how we keep doing what we are doing. By measuring the quality of care, and incentivising value, VBC has improvement and innovation built into it. VBC doesn't dictate the models of care delivery – it creates the space for new models to emerge in the pursuit of value. It may seem paradoxical to see innovation, disruption and ingenuity as central to sustenance. But if we think about the history of life, we can see that it is through evolution, adaptation and movement that life has been sustained.

South Africa is perfectly placed to be at the forefront of a new way of being in the world: a compassionate way that disrupts old systems of power that no longer serve us. This is because of our long engagement with systems of oppression and the teachings of Steve Biko, Nelson Mandela, Desmond Tutu and others. It is also because we have arrived at a moment in history of deep distrust that the changes we require will manifest in a top-down way from the powers that be. The voices of the people need to be activated and made audible.

To drive this change in the health system requires us to shake off the parts that are parochial and defensive, territorial and unambitious. The

Collaboration is how life moved from water to land. It is how trees are sustained – by their collaboration with mycelium networks and with each other.

system needs to be more welcoming of new ways of doing things, to be comfortable with diversity. The need for health system transformation is immense - we are nowhere close to meeting the human need for care. Imagine if we were?

It feels as though we have reached an inflection point in VBC in South Africa. The recent VBC symposium in Johannesburg reflected a deepening understanding and commitment from funders of care, and an increasing number of organisations and people doing pioneering work on the ground. We now have a community of practice for VBC organisations.

May sees the launch of a global collaborative for maternal and child VBC in Cape Town. This global collaborative, with projects in South Africa, East Africa and India, will be housed at Percept and is the first in what is intended to be a series of donor-funded initiatives of this sort. This connection into a global community is essential to accelerate change, to

share knowledge and to support the persistence of pioneers.

Even the appropriation of VBC language by organisations that clearly do not have a sincere commitment to the necessary system disruption is a positive sign. Pseudo-VBC is a signal from the defenders of the status quo that genuine VBC is a threat to perverse incentives and sustained systemic oppression.

The shift to VBC is far from easy. The term 'disruptive innovation' was made sexy by Clayton Christensen and colleagues – mostly because people focus on the innovation aspects and not on what it means to disrupt extractive commercial models and the power held by those in the 'more than' position in favour of those in the 'less than' position. We must be sincere in our commitment to do this work if we want to sustain and be sustained.

COLLABORATION IS KEY

This brings me to the last of the three areas: collaboration. Again, if we look to nature, we see that collaboration is a feature of sustained life. Collaboration is how life moved from water to land. It is how trees are sustained – by their collaboration with mycelium networks and with each other. It is how we are sustained – the oxygen we breathe comes from a collaboration with trees. The nature of life is a profound inter-connectedness, an inter-being. Healthcare exists in an ecosystem comprising those providing care, those receiving care and those paying for care.

AT A GLANCE

- Healthcare systems face fiscal and affordability pressures, necessitating a new approach to sustain and improve patient outcomes.
- VBC measures quality and cost at the patient level, aligning incentives to improve quality within available resources.
- VBC requires understanding healthcare outcomes from the patient's perspective and prioritising their needs.
- Compassion-centred care and compassion-based financing are emerging concepts within VBC, focusing on the suffering of others.
- VBC promotes innovation and the development of new care delivery models by incentivising value creation.
- South Africa is well-positioned to lead the VBC movement due to its history of social activism and the growing momentum of VBC initiatives.
- Genuine commitment to VBC is necessary to disrupt entrenched hierarchies and power structures in the healthcare system.
- Collaboration between care providers, patients, and funders is essential for success in VBC.
- Personal and organisational practices supporting compassion, disruption and collaboration are crucial to enable system change.
- The future of healthcare depends on embracing VBC, investing in it, and fostering a system that values patient outcomes and sustainability.

“ Collaboration requires the personal work of accepting support, realising that we are never going it alone. ”

Collaboration requires the personal work of accepting support, realising that we are never going it alone. It is the organisational work of teamwork and dismantling hierarchies - which again requires us to work with all the inter-sectional aspects of othering. And the endeavour is bigger than any one of us. We can and must make room for new models of care, we must deepen the collaboration between payers and providers, we must build more multidisciplinary teams and continue to find ways to legally pay for teamwork.

My work in VBC through Percept, Alignd and Leapfrog to Value has taught me about the importance of this framework for coherence, the sort of coherence that we see in frac-

tals. Fractals are shapes that recur at progressive scales. They are a striking feature of the natural world: we see the same shapes from the miniscule to the galactic. A fractal occurs when the geometry of a whole, when split into component parts, has the same shape: coastlines, blood vessels, ocean waves, heart rates, lightning bolts, heart sounds, snowflakes. The system change we would like to enable requires us to mirror the same characteristics in our organisational design and way of being, and each of us in the organisation needs to be doing the personal work – fractals, coherence, all the way through.

It is tempting to look externally to ask what someone else needs to do for the health system: the govern-

ment, the Competition Commission, the CMS, the HPCSA. And yes, there is much policy and system reform work that needs to be done. But we must also be looking at the organisations we work in and have built. The tenets of compassion, disruption and collaboration all need to be supported through personal practices and through organisational practices.

I hope that when we look back, it is from the vantage point of the sort of healthcare system we all dreamed of when we entered this industry. I hope that we will see that we leveraged this moment of inflection and that we invested in VBC. In that world we all know what PROMS are, our healthcare funders compete on the basis of their ability to fund value, and healthcare providers have a hard time remembering when they didn't work in teams. I hope that when we get there you will know that you played a part in getting us there. ■

Did You Know...

VBC puts patients first, fosters collaboration and drives global initiatives

1

VBC prioritises patient outcomes by measuring quality and cost at a patient level, aligning incentives to support ongoing improvement in care quality within a resource envelope.

2

South Africa is leading the way in VBC, with a growing community of practice for VBC organisations and the launch of a global collaborative for maternal and child VBC in Cape Town.

3

Collaboration is key to the success of VBC, requiring the dismantling of hierarchies and fostering teamwork between healthcare providers, payers and patients.



NAVIGATING THE FUTURE

The role of digital health technologies in a person-centric health ecosystem

By Lee Callakoppen

PRINCIPAL OFFICER: BONITAS MEDICAL SCHEME

Technology has become an integral part of healthcare and holds the key to transformation – particularly in driving a patient-centric approach.

Healthcare technology refers to any technology that exists within the healthcare ecosystem, including medical devices, IT systems, algorithms, artificial intelligence and cloud-based solutions. The intention is to optimise support provided to patients – with convenience, education and improved clinical outcomes at the epicentre.

THE RESPONSIBILITY IS A COLLECTIVE ONE

Medical schemes, administrators and healthcare providers need to be forward-thinking when finding innovative solutions to help members manage their health and extend the level of care. All role-players need to be agile to adapt to the changing healthcare landscape and members' needs by embracing digital solutions – allowing for easier access to information, continuity of care and smarter service delivery.

By embracing digital health innovations, healthcare providers can enhance patient experience, access and outcomes while containing costs.

- Healthcare technology optimises patient support by focusing on convenience, education and improved clinical outcomes.
- All role-players must embrace digital solutions for smarter service delivery and better access to care.
- Health technologies, such as mobile apps, wearable devices, telemedicine platforms and electronic health records, facilitate patient engagement and management of chronic conditions.
- The COVID-19 pandemic accelerated the adoption of digital healthcare innovations, such as telemedicine and hospital-at-home services.
- Digital innovations help reduce rising healthcare costs by enabling more efficient and effective care delivery.
- Integration of data across various touch-points is essential for creating personalised, patient-centred healthcare, but remains a challenge.
- As health technologies continue to evolve, it is vital to monitor their impact on patient care and data accuracy to inform appropriate decision-making.



Overall, these technologies are transforming the healthcare landscape by putting individuals at the centre of their own care and enabling more efficient and cost-effective delivery.



Within the private medical scheme environment, technology enables a more member-centric approach to care and improves access, particularly for members living in remote or underserved areas, and facilitates patient engagement and outcomes while also containing costs.

It is important to empower and educate patients by providing access to tools and platforms driven by convenience. As these technologies continue to evolve, they have the potential to revolutionise healthcare.

HEALTHCARE TECHNOLOGY DEVELOPMENT

Numerous healthcare technologies are being developed and enhanced, and their uptake is increasing exponentially – including mobile apps, wearable devices, telemedicine platforms and electronic health records. However, the need for cohesion between these platforms is essential to allow patients an overall view of their health. These capabilities will allow individuals to monitor their health status, manage chronic conditions and access medical care from virtually anywhere. For schemes, they can pre-empt certain conditions and help manage existing conditions.

THE IMPACT OF COVID-19

The pandemic forced several innovations in the digital healthcare space to enhance patient experience. From a Bonitas perspective, this included the likes of free virtual care to all South Africans – sparking the trajectory that led to the acceptance of telemedicine. This was a definite enabler for treatment adherence in chronic populations while also meeting the needs of younger patients.

The emergence of initiatives like an enhanced member app (to simplify engagement such as requesting pre-authorisation and viewing benefits), WhatsApp channels (to streamline customer service outcomes and drive self-service) and even hospital-at-home (to improve treatment adherence and patient outcomes) has advanced the digitisation journey.

RISING COST OF HEALTHCARE

In addition to improving access to care and driving membership, digital health technologies help reduce spiralling healthcare costs by enabling more efficient and effective care delivery. Remote monitoring technologies – such as hospital-at-home – can reduce the need for hospital re-admissions, while predictive analytics tools

DIGITAL HEALTH TECHNOLOGIES

**Lee Callakoppen***Principal Officer:**Bonitas Medical Scheme*

can help to identify individuals at risk for developing chronic conditions and intervene early to prevent costly complications.

INTEGRATION REMAINS A CHALLENGE

Unfortunately, the approach is fragmented. The data are out there, being collected at various touch-points across the value-chain, but unless they are connected, integrated, organised and activated, health systems will struggle to translate them into personalised, patient-centred healthcare.

It starts with a clear focus on using digital innovations to integrate health science data. Compatibility is required throughout the value chain - in labs, hospitals and across all disciplines of the provider network. Successful

transformations start with a holistic mindset that includes a diverse network of innovative collaborators and a clear focus on patients' needs, while effectively protecting personal information.

PLACING THE PATIENT AT THE CENTRE

In a person-centric ecosystem, the focus is on an individual's unique health needs, preferences and goals. Digital health technologies facilitate this by providing patients with tools to track their health data, communicate with their healthcare providers and access personalised care plans. By giving members a more convenient and personalised healthcare experience, these technologies build trust and loyalty. This leads to increased engagement with healthcare providers and, ultimately, better outcomes.

One example of how Bonitas has used technology to bolster members' access to managing their health is the introduction of Panda. This is a free mental health and wellness mobile app that provides scientifically validated assessment tools to enable users to objectively measure their mental wellbeing. Our new partnership with Hear Connect allows members and non-members to screen their hearing online.

For us, the role that digital health technologies play in transforming healthcare from a provider-centric model to a person-centric model is vital. Overall, these technologies are transforming the healthcare landscape by putting individuals at the centre of their own care and enabling more efficient and cost-effective delivery. As the adoption of these technologies grows, we expect to see even greater improvements in healthcare access, quality and affordability.

If we don't adapt and embrace innovative digital solutions we will be left behind. However, we need to monitor the impact of technology on patients and their health, especially in terms of maintaining accurate data to timeously inform appropriate decision-making in patient care. In a fragmented eco-system this remains a key challenge but also a major opportunity for positive transformation. ■



DRIVERLESS HEALTHCARE

By Dr Grant Newton

CEO: CDE HEALTHCARE GROUP

Can access to sophisticated non-invasive screening technologies solve the 'screening conundrums'?

"Our analysis of screening rates among Discovery Health Medical Scheme (DHMS) members who are living with diabetes, unfortunately, shows low levels of adherence to important annual screening checks.

In 2020, only 24% of DHMS members living with diabetes were screened for diabetic retinopathy," explains Dr Ryan Noach (25 Nov 2021).

What is the author's notion of the 'screening conundrums'? Experience shows several fundamental reasons why patients are not screened and that referrals to specialist non-interventionist screening from primary treating doctors fail. Drivers are clichéd and obvious; cost, quality screening and access. The private healthcare industry in South Africa has been set

up for curative, not preventative care. Bleeding forms the backbone of most high-volume, baseline protocol-driven communicable disease screening.

However, other vital screenings specific to cardiometabolic diseases must include fundus-based diabetic retinopathy and electrocardiograms (ECGs). In cardiometabolic protocols, early detection protects patients from blindness and other cardiovascular complications. The question this begs is: should specialists be doing eye and cardiovascular primary screening?

EXPLORING THE POTENTIAL OF AI

Embracing AI and health-tech for accessible and cost-effective cardiovascular health and diabetes management

Until now, we have had no choice but to use the costly rooms of the consulting specialist to evaluate the data from funduscopy cameras and ECGs. Family practitioners' inability to afford the equipment to do the tests or medical funders' downgrading of primary healthcare environments' reimbursement due to the perception that these clinicians cannot read the data creates barriers to the more prolific use of these devices. This has inadvertently left necessary primary care screening at the level of ophthalmologists and cardiologists. There has been little incentive, or reasonable/quality alternatives, until now to actively remedy the problem.

'Enter from left stage: the 'Machine' – artificial intelligence (AI) and, more specifically, machine-based learning, working with diagnostic equipment like fundus cameras. For example, AI reporting solutions using fundus photos have revolutionised how we view disease screening. Not only have

clinical trials proven that AI is more powerful than humans in assessing the data from point-of-care diagnostic devices, it is even more powerful and accurate than not just one ophthalmologist looking at the patient data but a panel of ophthalmologists.

The guidelines of the Ophthalmological Society of South Africa state that every diabetic person should have his or her eyes screened at least once a year for diabetic retinopathy, and this should entail a dilated retinal examination by an ophthalmologist. There is no argument that this is a critical non-invasive screening process for all people living with diabetes.

However, while all agree that this is necessary, patients are reluctant to visit an ophthalmologist due to the high cost of an essential primary-level screening. With the advent of AI, this vital screening process can move down into the primary value chain at a far more affordable price.

In addition, AI, as approved by the American Food and Drug Administration, can now diagnose and monitor disease progression as well as or better than a panel of ophthalmologists; in the right hands of nurses, family practitioners and diabetologists, it can create ubiquitous access at a lower cost with quality outcomes.

This non-invasive technology can assess a person's risk of heart disease using machine learning. By analysing retinal scans of the back of a patient's eye, AI can deduce data, and beyond seeing whether there is eye disease, accurately ascertain a patient's age, stage of diabetes, blood pressure and whether or not they smoke, among other factors. These accessible AI reports, now in the hands of primary health practitioners, can be used to predict patients' chronic disease risks and the risk of suffering a major cardiac event — such as a heart attack — with roughly the same accuracy as current leading methods.

EXPLORING THE POTENTIAL OF AI

By empowering caregivers, algorithms and machine-learning software potentially make it quicker and easier to analyse a patient's cardiovascular risk. But we need more rigorous testing before blood-based pathology is completely replaced as baseline screening in clinical settings. However, as a non-invasive technique to do large-scale screening, monitoring and disease management in the public sector, medical schemes, life and disability insurance, and corporate onsite occupational health and safety environments, the value of deploying fundus devices and coordinated AI solutions cannot be disputed.

In South Africa, for example, Gauteng recorded the highest incidence of diabetes: 67% higher than the reported global diabetes incidence estimate. A similar pattern was also

noted for the incidence of diabetes in people aged <18 years, with Gauteng again having the highest rates in South Africa. Several population-based studies have already used retinal imaging to relate ophthalmic abnormalities to the risk of hypertension, renal dysfunction, cardiovascular mortality, subclinical and clinical stroke, and cognitive impairment. The possibility of using telemedical consultations in conjunction with digital retinal photography can significantly increase access to timely and accurate subspecialty care, particularly for underserved areas.

CONCLUSION

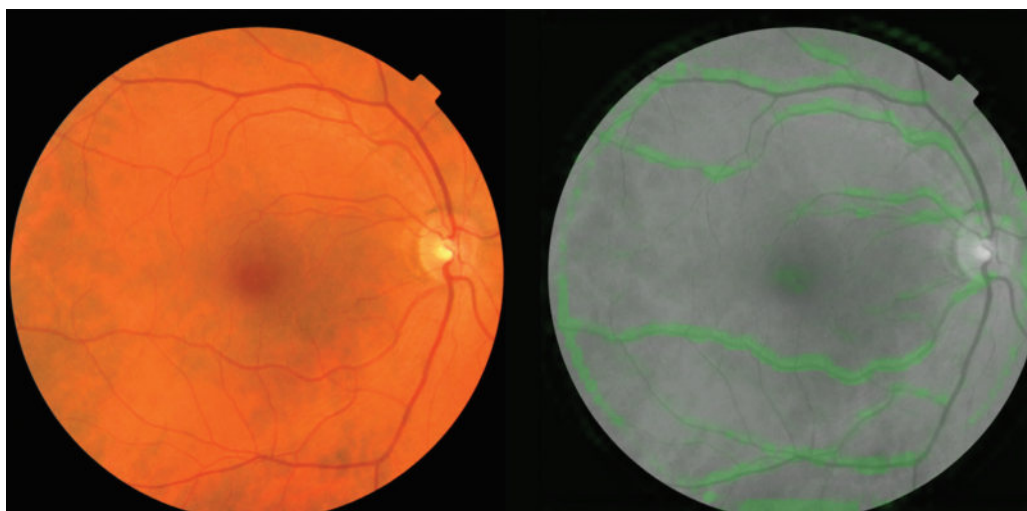
Despite being expensive, logistically cumbersome and open to contamination of samples, among other quality factors, blood-based forms of screening remain necessary and therefore

ubiquitous. Nevertheless, it is not science fiction that soon AI-based funduscopy will be able to diagnose and suggest treatment plans for diseases beyond diabetes, hypertension and dyslipidaemia, for example, Alzheimer's, cancers and rheumatoid arthritis, among many others, without the need for invasive and costly blood screening analysis.

These AI-based fundus camera solutions exist today, and the CDE, with AeyeConnect as a partner, has secured exclusive licences for one of the first mobile handheld AI-supported fundus cameras.

The CDE is already working with medical schemes, administrators, corporates, retail pharmacies and insurers to cross-skill primary care and specialist-interest clinicians and optome-

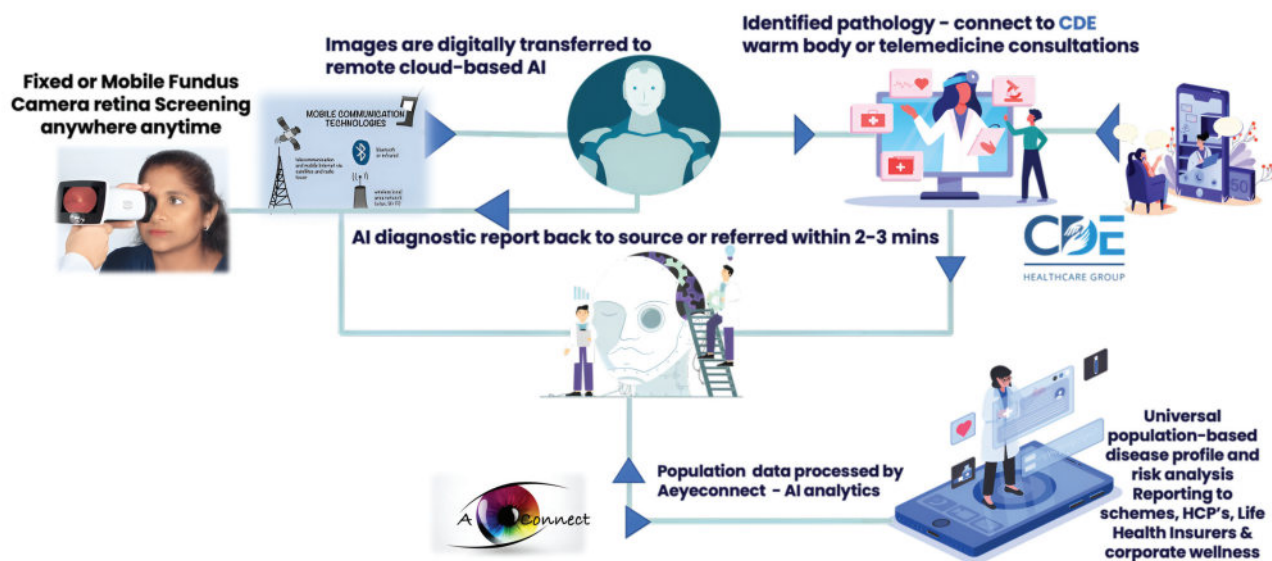
Two images of the fundus or interior rear of the eye. The one on the left is a regular image; the one on the right shows how Google's algorithm picks out blood vessels (in green) to predict blood pressure. Photo by Google / Verily Life Sciences



EXPLORING THE POTENTIAL OF AI

Non Invasive AI based Fundus Camera Screening

Automatic detection of 39 fundus diseases and conditions in retinal photographs using deep neural networks



trists trained by the CDE Academy. We empower them with AI-supported chronic disease management technologies to reduce costs and create access to these lifesaving tools for screening and diagnosis.

Screening can now be done at community levels. Linking pharmacies, optometric practices and nurse-based clinics with family doctor-based networks, payors, employers and the life insurance industry can expand the benefits consequent on the broader use of non-invasive cost-effective screening modalities. Our intention must be to disrupt the current market and place the power of AI-based diagnostic screening and supportive diagnosis of most microvascular-related diseases in the hands of the many and, as per the infographic above, triage patients appropriately. This

also opens up significant opportunities for population risk assessments, management and appropriate allocation of our scarce health resources.

Luke Oakden-Rayner, a medical researcher at the University of Adelaide, Australia, who specialises in machine learning analysis, said in an interview with The Verge: "They are taking data that's been captured for one clinical reason and getting more out of it than we currently do. Rather than replacing doctors, it is trying to extend what we can do."

Viability and thus improved prospects of not just transforming screening for and diagnosis of non-communicable disease using non-invasive AI-based technologies are less in question. There is a patient-centric quest to disrupt the entire screening value

chain through 'revo-lation' (revolutionary transformation change) by empowering primary-based clinicians with the power to detect, diagnose and manage non-communicable diseases and then only refer patients to the appropriate specialists for necessary treatment.

The CDE and AeyeConnect believe that we should be empowering, but not replacing, the warm clinical bodies with AI-based solutions to help address the pandemic of non-communicable diseases on our continent. ■

CONTACT INFORMATION

For a more in-depth presentation of this paper's current solutions and concepts and other AI-based solutions for non-communicable diseases, please contact info@cde-ayeconnect.org.

Your Partner in Patient-Centric Care



At Cimas Medical Aid Society and Private Health Group our purpose is to ensure healthier communities by providing global standard health and wellness solutions. We are an integrated healthcare organisation inspired by our quest for value-based healthcare. We are proud of our managed healthcare division, which has a disease management programme and case managers that maintain a database of members with chronic conditions. We empower our members to manage their chronic conditions, while balancing professional autonomy and patient safety in our quest for patient-centric care.

Cimas Health Group provides primary healthcare services to Cimas Medical Aid Society members at 13 clinics in all major cities and towns in Zimbabwe. These health services improve access for members because they don't pay shortfalls. The clinics are manned by doctors, nurses and support staff who offer comprehensive services along the continuum of care.

The patients have access to laboratory services at Cimas laboratories and each clinic has a pharmacy where members get their medicines. The Cimas executive clinic in Harare also offers dental and radiology services and these services are being decentralised to all Cimas clinics. Cimas dialysis provides dialysis for members who need the service, while Cimas Rescue is an ambulance service that members use when they have emergencies.

The care provided at Cimas clinics is patient-centric, comprehensive and continuous. Staff consider the biopsychosocial aspects of their patients to better understand the social determinants of their health and to ensure that the treatment offered is suitable and convenient for each patient's lifestyle.

There are queue management systems at all clinics and each patient books their place and gets a ticket with a number, which is then called when it's that patient's turn to be registered and undergo observations. Doctors spend at least 20 minutes in each consultation, allowing enough time for the pa-

tient to elaborate on their issues while also explaining to them about their condition. We respect our members' and patients' belief systems and ensure that the interventions we offer are discussed with them to ensure conclusive solutions.

We are the only Zimbabwean medical scheme that pays for and offers mental health services to our members, including drug and substance abuse rehabilitation services, something our competitors have yet to think of. We have over 20 members who are more than 100 years of age, whom we visit in their houses or invite to a get-together at our premises, just to spend time and understand their journeys along the continuum of care for their chronic conditions.

We are now scaling up to tertiary care where we will have hospitals for our members where they don't pay shortfalls and where we can measure clinical outcomes and institute continuous quality improvement programmes. We are tightening our network of health service partners according to our member preferences and using our tech-intensity strategic imperative to ensure that members have a pleasant care experience through the continuum of care. Our customer experience department is on point in monitoring process quality as patients go through their care journey. We have put in place a system of recording patient-reported outcome measures as part of our quest to improve patient-centric care. We conduct a net promoter score survey among our members and service partners to measure trends in our support of patient-centric care and service partner advocacy tendencies. We have Indian and South African-based agents that walk our members through their care when referred to those destinations for care that is unavailable in Zimbabwe.

At the heart of our purpose are our members and patients that we want to live longer and healthier happier lives.

 08677008306

 fb.com/cimasmedicalaid

DIGITAL HEALTH

screening trends

By Dr Nkateko Msimeki

SENIOR MANAGER FOR
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DEVELOPMENT UNIT
AT MEDSCHEME

Heart disease, respiratory disease, diabetes and cancer account for almost two-thirds of healthcare expenditure for medical schemes. These chronic conditions, which are often caused by modifiable risk factors, are not well managed. This is often due to a combination of lack of health awareness and education, and lack of access to primary and secondary prevention services.

Of additional concern is that almost half of South Africans who have diabetes or hypertension are unaware of their illness.

Chronic conditions burden healthcare expenditure, with many South Africans unaware of their illnesses. Digital health solutions, like app-based health screening services, show potential in overcoming these barriers and improving population-level health risk data.

They risk remaining undiagnosed until they require the aid of regular medication to support and manage their condition and the complications consequent on late diagnosis. Earlier intervention may present

them with the opportunity to change lifestyle habits to prevent disease, be diagnosed early and receive timely care and reduce the risk of developing additional non-communicable diseases.

Health risk assessments (HRAs) are well accepted as an important contributor to the provision of equitable healthcare and have been formally incorporated into the healthcare systems of the UK, USA and South Africa. The Commonwealth Fund described these types of screenings as 'enormously effective' as 'part of a broader programme to engage [participants] in their health, shape lifestyle choices and promote prevention'.

The ability to screen a population holds many benefits, including providing population-based insights and risk stratification for further intervention.

ADDRESSING THE ISSUE OF LIMITED PARTICIPATION

The value of health and wellness screening assessments is acknowledged; however, new solutions are needed, given low levels of participation in traditional screening opportunities that limit the benefits on a population level. While uptake of wellness benefits has increased over time,

typically only a single-digit percentage of medical scheme beneficiaries complete HRAs.

General challenges with screening and preventative services contributing to the low take-up of these benefits include:

- Low perceived value in exchange for the effort to go for screening
- Screening events provide easy access only to main members and not their dependents
- Limited incentives for participation
- A misalignment between how the wellness service provider is remunerated, on the one hand, and the need to encourage higher participation during wellness events, on the other. An example would be where the service provider is paid only for organising the event; there is a disincentive to encourage greater participation as this may increase the cost to the service provider without an increase in revenue.

Additionally, participation bias results in more members who are already engaged in their healthcare (either healthy or on a chronic programme) going for screening assessments – thereby reducing the ability to identify at-risk beneficiaries.

INCREASING ACCEPTANCE OF DIGITAL SOLUTIONS

Addressing the limitations in participation is essential to understanding true population-level health risk. In recent years, digital health enablement has supported the rise of digital healthcare services. The COVID-19 pandemic accelerated not just digi-

tal health uptake, but also technological advancement in the space, thereby increasing access and making it more affordable and acceptable. A good example of mobile health that predates COVID-19 is MomConnect, a South African NDoH initiative that has been shown to increase antenatal care uptake.

There are currently over 350 000 healthcare apps; 110 of these account for 10 million downloads – almost half of all app downloads. This suggests a willingness on the part of people to engage with their health, whether from

a quantified self-perspective, wellness or disease management perspective.

Based on these findings, Deloitte predicts that app-based solutions will empower patients to manage their health through digitally enabled care pathways, broaden access to healthcare services and increase participation and awareness of the wider population's health and wellbeing.

Providing health screening services on a digital platform can address the barriers to accessing primary prevention services and serve as comple-



*Dr Nkateko Msimeki, Senior Manager for Medical Advisory
- Health Policy Development Unit at Medscheme*

“ The digital enablement of health screening shows promise from a scalability and risk stratification perspective. ”

mentary to traditional HRA services. Digital health effectiveness has been improving in maturity over the last few years as more high-quality studies have been published on their efficacy and safety. An IQVIA report has identified an increased acceptance of digital solutions to support healthcare provision.

While digital therapeutics and diagnostics may require further investigation and the use of stand-alone devices, progress has been made in determining digital biomarkers through existing smartphone technologies. These biomarkers can provide objective, quantitative measures of an individual's health status that can guide appropriate health-seeking behaviours.

REFINED TECHNOLOGY APPLIED THROUGH A FACE SCAN

Some digital health companies have refined technology such as photoplethysmography (PPG) and transdermal optical imaging to create awareness around traditional biomarkers like heart rate, blood pressure and breathing rate. Using evidence-based algorithms, these technology companies can risk-stratify populations and provide deeper insights into individuals who may not currently be accessing health services.

Some wellness screening solutions incorporate a facial scanning technology that determines a host of critical wellness measurements; the face scan operates via cell phone, tablet or laptop camera. Such facial scans can utilise the latest remote PPG (rPPG) technology to perform the assessment coupled with AI and machine learning.

rPPG is a non-invasive optical technique that detects blood volume changes in the microvascular tissue bed beneath the skin. No longer requiring physical contact, it relies on ambient light being reflected from the skin and captured remotely by a camera, whose image sensors convert light into electrical signals. These are then filtered using AI techniques.

It's a progression on pulse oximeters that monitors a subject's heart rate and peripheral oxygen saturation but relies on the fact that arterial blood displays different optical absorption relative to other tissue components in certain light wavelengths. By emitting light through the skin layers and measuring the amount of light propagating in the tissue, the signal reflects blood volume changes over time. The waveform can then be used to calculate physiological variables such as heart rate, respiratory rate and blood pressure.

- Chronic conditions make up nearly two-thirds of healthcare expenditure in South Africa.
- Almost half of South Africans with diabetes or hypertension are unaware of their condition.
- HRAs play an important role in equitable healthcare provision.
- Traditional screening opportunities have low participation rates, limiting population-level benefits.
- Digital health enablement has supported the rise of digital healthcare services, accelerated by the COVID-19 pandemic.
- Over 350 000 healthcare apps are available, with a small subset accounting for nearly half of all app downloads.
- Digital health screening services can complement traditional HRAs and address barriers to accessing primary prevention services.
- Digital biomarkers can be determined through existing smartphone technologies.
- Non-invasive optical techniques like rPPG can be used for health screening through facial scans.

In addition, the following risk factors can be estimated following the face scan and answering a few questions:

- Stress
- Cardiac workload
- Calculated BMI
- Diabetes risk probability
- Cardiovascular disease risk
- Hypercholesterolaemia risk probability
- Hypertriglyceridaemia risk probability.

BENEFITS OF SCREENING APPLICATIONS

Increasingly, there are applications available that have been developed with clinical rigour, with some even having US-based FDA approval. Following digital screening, members can receive individualised reports for discussion with their treating physician for potential diagnosis of previously unidentified conditions; the

Providing health screening services on a digital platform can address the barriers to accessing primary prevention services and serve as complementary to traditional HRA services.

screening data can also enable health risk stratification of the population health of medical schemes.

Clinically validated health screening applications can potentially fulfil the following functions:

- Pre-screening to nudge high-risk candidates to go for a full HRA
- Promote health awareness
- Used in combination with other metrics to guide lifestyle and disease management interventions
- Support virtual consultations.

CONSIDERATIONS

Since this is not a mature technology, careful consideration should be given to the rollout of these services. This is to ensure that minimal harm is done to beneficiaries:

- Education on the technology must be clear about its limitations
- Deployment must be responsible
- Screening must lead to actionable insights
- Risk stratification must integrate with the existing managed care process.

HEALTH ADVANTAGES

The digital enablement of health screening shows promise from a scalability and risk stratification perspective. Understanding that beneficiaries are now looking more to digital health for solutions, this can improve health-care engagement and early interventions. Fully digital solutions are also hugely cost effective and can be done anywhere in the world from any

KEY TAKE-AWAYS

- Chronic conditions contribute to major healthcare expenditure.
- Many South Africans remain unaware of their illnesses.
- HRAs face low participation rates.
- Digital health solutions, like app-based screenings, show promise.
- Improved population-level health risk data are achievable through digital tools.

person's smartphone. Addressing the low participation rate in traditional screening, those beneficiaries that have been excluded from HRAs in the past can now access digital health risk stratification. Any members that show potential risk factors identified by a smart digital solution should be referred to health days, mobile clinics or their family practitioner for further assessment.

The member screening data collected can be shared with the managed care organisation with members' consent which, in turn, could enhance clinical support to members. More importantly, through earlier detection and diagnosis of disease, accessibility and equity of care can be improved at scale. ■

Integrated health and insurance solutions for workers

Rand Mutual Assurance (RMA) was founded in 1894 by three mining companies as a mutual assurance company to insure and administer workmen's compensation benefits. Given our purpose, we have a significant opportunity to enhance social insurance and therefore partner with healthcare providers and employer groups seeking to give employees a full suite of health, wellness and insurance services.

Our strategic posture represents a fundamental shift from a product-based organisation to a provider of integrated and holistic solutions that benefit workers across their life journey. Each of our solutions is designed with the worker in mind. Leveraging the mandatory Compensation for Occupational Injuries and Diseases (COID) base, we provide integrated and holistic products to workers for their needs at work and outside work.

RMA is part of the RMA Group that is licensed by the Minister of Labour in terms of section 30 of COIDA to provide and administer workers' compensation benefits in respect of employees, employed by class mining and class metals employers, who are injured in the scope of their employment, including employees who subsequently become pensioners. In addition, RMA provides non-COID benefits and services related to the provision of COID and non-COID benefits.

RMA has created competitively priced COID gap solutions for workers through their employers in the forms of eight value-added products - Augmentation Policy, Group Personal Accident, Riots and Strike Policy, Commuting Journey and Crime, International Cover, RMA Funeral Cover, Commuting

Journey Policy and Group Risk. Through providing holistic solutions across the life journey of a worker, we enable the worker to gain better value and better benefits, which will essentially provide a better life. Our unifying trait is our obsession with finding new, relevant, innovative and cost-effective solutions through our RMA Life offerings.

As COID administrators we abide by the COID Act No. 130 of 1993, which has specific provisions that require RMA to implement an effective prevention programme and rehabilitation and early return to work programme.

RMA OF THE FUTURE

Our organisation has, over the years, moved from a traditional mono-life business with limited product offerings to a multi-life business with a pioneering approach to our solutions offering.

From being just a targeted COID cover and benefits organisation, we are now an organisation that leverages the COID base for innovation advancement to produce solutions that are flexible, all-encompassing and consider every aspect of the customer experience.

This shift has allowed the RMA of today to form joint ventures and partnerships that enable growth through a shared-value model that considers the challenging regulatory and interest-rate environment. Moreover, to create the RMA of the future, the shift has allowed us to focus on tailoring solutions for different life stages of workers by investing in new capabilities that will enable a radically different workforce, underpinned by skills of the future.

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Prevention programme

The prevention programme is designed to reduce occupational injuries and disease in the workplace. Having this programme in place ensures a beneficial partnership for RMA and its clients that is not only about compensation but also about assisting our clients to prevent work-related accidents and injuries and promoting the safety of employees. We believe that prevention of injuries and diseases at work is crucial to contribute to enhanced employee productivity for employers and, more importantly, to improve the health and safety of employees too.

We have introduced the prevention programme to support employers' existing initiatives for the benefit of their employees. The programme is driven by the provisions of the Occupational Health and Safety Act No.85 of 1993.

The pilot programme was launched in the metals sector in April 2022. To achieve a successful and effective prevention programme requires the involvement of all key stakeholders in the occupational health and safety value chain. Our prevention programme is premised on partnering with employers, employees and unions to reduce occupational incidents by offering a blend of OHS and financial wellness solutions that improve employee safety, reduce the severity of injuries and reduce the debt burden of employees.

Extensive studies have shown that there is a strong correlation between financial wellness and injuries at work. Our prevention programme therefore includes an intensive financial wellness element to ensure that we address the needs of employees holistically to promote their safety.

Rehabilitation and early return to work programme

The amendments to the Act will include mandatory provisions of rehabilitation, reintegration and early return to work in addition to the traditional focus on compensation benefits for work-related injuries and diseases:

- to provide a holistic approach for the rehabilitation of occupational injuries and diseases, promoting functional independence.
- to ensure sustainable outcomes that contribute to early return to work and social integration.

A REHABILITATION PROGRAMME IS:

- A multidisciplinary team intervention designed to optimise functioning, reduce complications from an injury/disease and offer an assistive device to improve quality of life.
- Something that ensures sustainable outcomes that contribute to early return to work and social reintegration.
- A significant lever that delivers social value to RMA stakeholders through enhanced benefits to the disabled employee.

The pilot programme is currently underway in the mining sector with 10 employers and is anchored on three pillars:

- 1. Clinical rehabilitation:** Provision of optimal medical care, appropriate medical procedures/assistive devices to limit complications, reduce extent of disability.
- 2. Vocational rehabilitation:** Assist an employee to maintain employment, obtain employment, regain or acquire vocational independence, and ultimately restore the dignity of the disabled worker.
- 3. Social reintegration:** Restoring an employee's independence and social integration to the maximum extent practicable.

We partner with key players such as the Compensation Fund, organised labour, mining employers, rehabilitation professionals and professional rehabilitation bodies. The programme boosts employability for permanently disabled workers and helps them reintegrate into the workforce or start their own business.

A CASE FOR CELL CAPTIVE arrangements for schemes

By **Charlton Murove**

HEAD: RESEARCH, BHF

Risks are traded and shared among many participants. The point of sharing risks is increasing capacity for any insurer to take on more risks. This also significantly lowers the reserves an insurer may hold. Sharing of risks commonly takes place through reinsurance, where insurers take out a policy to protect themselves and then pay a premium to a reinsurer.

The trading of risks has evolved so much over time and one such mechanism of interest is cell captive arrangements. This is a reinsurance arrangement where insurers (or any entity) buy reinsurance from the cell captive arrangement, which is owned

by the same group of insurance companies buying reinsurance cover.

The major advantage of a cell captive arrangement is that the entities participating in the cell benefit from any underwriting profits generated. They do not lose any premium through reinsurance profits as a collective. Essentially it is a mechanism which allows participants to share risks among themselves.

Medical schemes are confronted with various high-cost medical interventions; these include medicine claims for newer drugs, which may require up to R5 million a year for a significant period. Car accident victims and neonates may also accumulate hospital bills into the millions for a single beneficiary. Providing for such benefits requires medical schemes to hold significant reserves; for smaller schemes, no amount of feasible reserving is adequate to cover the financial risks associated with such claims.

Setting up a cell captive arrangement would go a long way towards covering this gap. A typical arrangement would entail identifying a group of benefits covered by participants that meet a certain cost threshold, establishing the rules of the arrangement and then sharing risks among schemes.

In this article, BHF Head of Research, Charlton Murove, examines cell captive arrangements in insurance schemes, highlighting their benefits for risk management among insurers. He discusses their potential to assist medical schemes with high-cost interventions and their role in expanding access to treatments in pursuit of universal healthcare, addressing a key recommendation of the Health Market Inquiry.



The overall impact would reduce the funding uncertainty associated with these high-cost interventions. It may lead to better and standardised coverage of such interventions across medical schemes. This will make a huge step towards improving access to such interventions in pursuit of universal healthcare.

The BHF is investigating the establishment of such a cell captive arrangement. The initial benefits that have been earmarked for cover are medicines costing more than R250 000 per beneficiary per year.

The benefits of a cell captive arrangement are that medical schemes determine the rules of the arrangement since they will own it. Collectively, medical schemes can therefore construct a cell captive arrangement to meet their needs and make changes as appropriate over time.

This is a huge advantage as medical schemes are in an environment that requires agility, and this has been lacking for decades.

Since medical schemes will own the arrangement, any underwriting profits from the cell captive arrangement will belong to the schemes. Other than the administration fees of running the cell captive arrangement, there is no cost to the schemes.

If a cell captive arrangement is successfully implemented, it will go a long way towards addressing one of the Health Market Inquiry recommendations on the establishment of a risk adjustment mechanism. ■

Charlton Murove

Head: Research, BHF

IN A NUTSHELL

- Cell captive arrangements offer a reinsurance mechanism for insurers to share risks and benefit from underwriting profits collectively.
- Medical schemes can leverage these arrangements to manage high-cost interventions, reducing funding uncertainty and improving access to treatments.
- These arrangements allow medical schemes to determine rules and make changes as needed, providing agility in a dynamic environment.

LEADERSHIP AND GOVERNANCE

Addressing Corruption Decisively

By Adv Andy Mothibi

Head of the Special Investigating Unit

In the Presidential Health Summit held on 19-20 October 2018 at Birchwood Conference Centre, Leadership and Governance was identified as one of the key risk areas in the provision of quality healthcare system. Therefore, this suggests that the overall government priority of ensuring universal access to health remains at risk if issues of leadership and governance are not addressed decisively. Among the drivers of poor leadership and governance in the health sector are lack of ethical leadership, accountability, consequence management and proper oversight that has eroded the ability to deliver quality healthcare services.

The Special Investigating Unit (SIU) is pursuing quite a number of investigations in the health sector to

ensure that there is accountability and consequence management. These investigations cover all spheres of government, ranging from regulatory bodies in the health sector to national and provincial departments of health. The Proclamation (R74 of 2022) issued by the President related to Medico Legal claims is one of the examples whereby SIU has been given a go-ahead to conduct a wide-ranging investigation into corruption in the national and provincial departments with a key focus on investigating dodgy medico-legal claims perpetuated by unscrupulous legal firms in collusion with officials in the national and provincial departments of health.

These dodgy medico-legal claims by legal firms are huge to such an extent that they are crippling the budget for the department of health, which ultimately impacts negatively on the provision of quality healthcare. However, the SIU requires collaboration with key stakeholders,

Collaboration in the health industry is crucial to combat corruption, enhance leadership and governance, and assist the SIU in addressing fraud for better healthcare.

INDUSTRY PERSPECTIVE

particularly in the health sector to successfully conduct its investigations. The health industry can play a critical role by doing the following to assist SIU investigations:

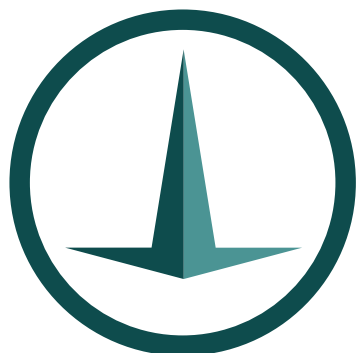
- Firstly, the health sector is called upon to report all allegations of fraud, corruption, maladministration and malpractice in the health sector through the SIU independent Whistleblower Hotline, 0800 037 774.
- The fight against fraud and corruption in the health sector is by and large dependent on the protection of whistleblowers who detect and report corruption. Therefore, the industry is called upon to do everything in its power to protect whistleblowers from retaliation and victimisation.
- To achieve positive legal investigations outcomes such as civil litigation, prosecution and disciplinary, the SIU relies solely on evidence. Therefore, the entities in the health industry are called upon to fully cooperate with investigations and provide adequate evidence to enable investigations to proceed successfully and within projected timeframes.
- The National Anti-Corruption Strategy (NACS) 2020–2030 calls upon all stakeholders, particularly in those sectors classified as vulnerable to incidents of corruption and/or unethical behaviour to collaborate. To this end, the Health Sector Anti-Corruption Forum (HSACF) under the Chairmanship of SIU was established since 2019.

All stakeholders in the industry are called upon to participate and collaborate through this forum.

- The HSACF is a multi-stakeholder collaboration between civil society, government, law enforcement agencies, health sector regulators, private sector health entities, and business that has a mandate to collaborate in order to combat fraud and corruption in the health sector.
- The health industry is also called upon to proactively fight fraud and corruption by implementing health sector corruption prevention initiatives individually as entities but also collectively through the health sector anti-corruption forum. ■

Entity Investigated			
Health Professional Council of South Africa	Council for Medical Schemes	National Department of Health	South African Health Product Regulatory Authority
Investigation Outcomes			
• SIU submitted a report to the Presidency report in May 2022 • 19 - Disciplinary referrals • 21-NPA referrals • 2- SARS referrals • 1- Office of Health Standards Compliance referral	• 13-Disciplinary referrals • 18-NPA referrals • 4- Systemic recommendations	This matter relates to senior officials who defrauded the Department of Health millions in subsistence and travel irregularities. The docket has been submitted to the State Prosecutor for decision.	• 5- NPA referrals for fraud in respect of five officials who caused the issuing of irregular licenses. • 5- Disciplinary referral • The SIU's investigating team is busy drafting the Final Presidential Report.





TITANIUM AWARDS

Recognising Excellence in Healthcare

2022 Award Recipients

The seventh Titanium Awards ceremony, honouring individuals and organisations that have made an impact in various areas of healthcare, took place at the 21st annual BHF conference, held in Cape Town, South Africa, on 20 May 2022.

Titanium Lifetime Achievement Award **Dr Imtiaz Sooliman**

Gift of the Givers Foundation founder, philanthropist Dr Imtiaz Sooliman, received the Titanium Lifetime Achievement Award 2022.

The award was in recognition of the outstanding humanitarian work done by the Gift of the Givers Foundation, the non-governmental disaster relief group. Since he founded Gift of the Givers 30 years ago, the organisation has conducted community outreach programmes and provided humanitarian assistance to the tune of over R3.8 billion to people in need in over 44 countries.

The award acknowledges and celebrates an individual who has, over several years, made outstanding and exceptional contributions to promote, grow, improve and advance the healthcare sector and the wellbeing of the society it serves.



2020 TITANIUM AWARD WINNERS

Titanium Award for Service to Membership **BESTMED (Member Service) & BONITAS (Operational Service)**

The Titanium Award for Service to Membership: Open, Closed and Self-administered Medical Schemes, Administrators and Managed Care Organisations went to Bestmed in Category A for member service and to Bonitas in Category B for operational service. Other nominees in these categories included Metropolitan Health and Medscheme. This award recognises and rewards medical schemes (open, restricted and self-administered), administrators and managed care organisations that provide the best service to their members. It celebrates industry excellence and unprecedented contributions to members by providing value for money.



Titanium Award for Excellence in Creating Access to Healthcare **BESTMED**

The Titanium Award for Excellence in Creating Access to Quality Healthcare went to Bestmed. Nominees in this category included Alignd, Dischem Pharmacies Ltd, Afrocentric Group (Medscheme), Momentum Health Solutions (Pty) Ltd, Ndlovu Care Group and Vaccines for Healthcare Workers. This award honours organisations driving programmes, initiatives and campaigns that create access to healthcare for communities. The award is open to all organisations in the healthcare sector, including medical schemes, administrators, pharmaceutical companies, managed care companies, small, medium and micro enterprises, healthcare professionals, and non-profit and government agencies, including social investment programmes.



2022 TITANIUM AWARD WINNERS

Titanium Award for Best Integrated Report **Medscheme**

The Titanium Award for the Best Integrated Report went to Medscheme for upholding King IV's principle 5 that states reports should enable stakeholders to make informed assessments of the company's performance as well as its short, medium and long-term prospects. Nominees in this category included Bestmed, Bonitas and the Government Employees Medical Scheme (GEMS).

Titanium Award for Young Achiever **Asanda Madi**

Asanda Madi walked away with the Titanium Award for Young Achiever. Other nominees in this category included Khangale and Anele Siswana. This award celebrates young professionals who have made a notable impact in the healthcare industry. It seeks to promote effective succession within the sector to sustain the future of the medical profession.

Titanium Award for Best Paper **Mind the gap**

The Titanium Award for Best Paper went to Emma Finestone, Jodi Wishnia and Shivani Ranchod for their paper, 'Mind the gap: South Africa's mental health burden'.



About the Awards

As the representative body of medical schemes, administrators and managed care organisations throughout southern Africa, including South Africa, Lesotho, Zimbabwe, Namibia, Botswana, Malawi and eSwatini, since 2014, the BHF has used the awards to honour healthcare professionals and healthcare organisations driving programmes, initiatives and campaigns that create access to healthcare across communities. More importantly, they recognise and honour the top performers delivering superior service to their customers and members. The 2022 awards were adjudicated by independent auditors Nexias SAB&T.

The BHF will host the eighth annual Titanium Awards on 15 May 2023, at the 22nd annual BHF Conference taking place at the Cape Town International Convention Centre.

CONFERENCE PROGRAMME



CAPE TOWN ICC
14-17 MAY 2023

The
**22nd Annual
BHF Conference**

Convergence to a person-centric healthcare ecosystem
Leaving no health citizen behind

Conference Programme

Summary of Events

EVENT	DATES	TIMES
Exhibition Set-up	13 May 2023	06h00-24h00
Delegate Registration	13 May 2023	15h00-18h00
Golf Challenge	14 May 2023	07h00-15h00
Governance Workshop	14 May 2023	09h00-15h00
Opening Ceremony	14 May 2023	17h30-22h00
Delegate Registration	14 May 2023	08h00-16h30
Exhibition	15-17 May 2023	07h00-18h00
Delegate Registration	15 May 2023	07h00-10h30
Plenary Session	15 May 2023	08h00-15h00
Titanium Awards Gala Banquet	15 May 2023	18h30 for 19h00 till late
Plenary Session with Parallel Streams	16 May 2023	09h00-17h00
Plenary Session	17 May 2023	09h00-12h00
Exhibition Breakdown	17 May 2023	13h00

Saturday, 13 May 2023

TIME	SESSION DESCRIPTION	VENUE
06h00-24h00	Exhibition build-up (for exhibitors only). <i>Exhibition hall will be open throughout the night for the stand builders</i>	
15h00-18h00	Delegate registration	Registration foyer CTICC2

Sunday, 14 May 2023

TIME	SESSION DESCRIPTION	VENUE
07h00-12h00	Exhibition build-up	CTICC 2
07h00-15h00	BHF Golf Challenge 2023	Arabella Golf Course
08h00-16h30	Delegate registration	CTICC 2
09h00-15h00	BHF Governance Workshop	CTICC 1

BHF Governance Workshop

Sunday, 14 May 2023

TIME	SESSION DESCRIPTION
09h05-09h05	Session Chair: Francina Mosoeu - Principal Officer SAMWUMed
09h05-09h15	Welcome: Neo Khauoe, BHF Chairperson & Polmed Principal Officer
TIME	SESSION 1
09h15-09h50	Global trends in healthcare – sustainability starts with a mindset shift Dr Anuschka Coovadia, Founder & Partner: Usizo Advisory Services
09h50-10h25	Adoption of universal health coverage principles in a medical scheme environment – putting the interests of the health citizen first to achieve greater access Dr Rajesh Patel, Head of Health Systems Strengthening: BHF
TIME	SESSION 2
10h25-10h35	Role and responsibility of trustees in setting the strategic direction for person-centricity
10h35-11h35	Indemnification of trustees from legal action taken against a scheme Janine Mosetlhi, Managing Director: Dara Consulting
11h35-11h50	Networking Tea Chats

CONFERENCE PROGRAMME

Sunday, 14 May 2023

BHF Governance Workshop		Sunday, 14 May 2023
TIME	SESSION 2	
11h50-12h20	Managing conflicts of interest on the board Cynthia Schoeman, Managing Director and Chief Ethics Activist: Ethics Monitoring & Management Services	
12h20-12h50	Navigating the top emerging risks impacting medical schemes – the role of trustees in scheme risk management Khaya Skhosana, Chartered Accountant, Author: CEO of Carepoint Advisory	
12h50-13h20	Q&A Session	
TIME	SESSION 3	
13h20-13h50	The importance of trustee independence Alicia Tait, Director: Group Legal Affairs, Risk and Compliance: Universal Healthcare	
13h50-14h20	Why compliance is key in addressing governance failures – acceleration of self-regulation Ms Malebona Precious Matsoso, Co-Chair: Intergovernmental Negotiating Body, World Health Organization	
14h20-14h50	Understanding the Medical Schemes Act – the role of the trustee vs the regulator in protecting the interests of the beneficiary Adv. Craig Burton-Durham, Managing Director: Durham & Associates	
14h50-15h00	Q&A Session	

Sunday, 14 May 2023 (Opening Ceremony)

TIME	SESSION DESCRIPTION	VENUE
17h30-20h00	Hosted By: Neo Khauoe, BHF Chairperson & Polmed Principal Officer	CTICC Hall 6
17h30-17h45	Ceremonial Opening	
17h45-17h50	Setting the scene Zola Mtshiya, Head of Stakeholder Relations & Business Development: BHF	
17h50-18h25	Economic Perspective Dr Azar Jammie, Director and Chief Economist: Econometrix	
18h25-19h00	Regional Political Analysis Hopewell Chin'ono, Award-Winning Political Journalist Anti-corruption Activist (Zimbabwe)	
19h00-19h30	Keynote Address A patient's journey – 'a pendulum swing experience?' Margo Riley	
Opening Ceremony kindly sponsored by AstraZeneca		
20h00-22h30	Networking cocktails Reconnect with friends and colleagues	CTICC 2 Hall 9 and 10
Cocktails kindly sponsored by AstraZeneca		

CONFERENCE PROGRAMME

Monday, 15 May 2023

TIME	SESSION DESCRIPTION	VENUE
PLENARY SESSION 1		CTICC 2 Hall 6
Session Chair	Cathy Mohlahlana , Senior News Anchor: Newzroom Afrika & SAfm	
08h05-08h30	Official Opening: Dr Joe Phaahla, Minister of Health (tbc)	
08h30-09h00	Keynote: Achieving a person-centric health ecosystem is not just another fad Dr. Wuleta Lemma, Founder of Lalibela Global-USA (Portugal)	
09h00-09h20	Changing context – combatting health shedding Bruce Whitfield: Business Speaker, Journalist and Author	
09h20-09h30	Q&A Session	
09h30-10h00	Case Study: Revolutionising lung cancer screening: innovation, advocacy and public health implications Prof Coenie Koegelenberg, Division of Pulmonology, Faculty of Medicine and Health Sciences: Stellenbosch University	
10h00-10h10	Q&A Session	
AV kindly powered by: Universal Healthcare		
10h10-10h50	BHF Networking Hub – Tea Chats	
Kindly powered by: Rand Mutual Assurance (RMA)		
PLENARY SESSION 2		
Session Chair	Cathy Mohlahlana , Senior News Anchor Newzroom Afrika & SAfm	
10h50-11h20	20 year reflection – Future in the past Barry Childs, Joint CEO: Insight Actuaries & Consultants	
11h20-11h50	The Trust Barometer and its Implications for Healthcare Carolyn Paul, Global Managing Director and EMEA chair, Health (UK) and Busi Roberts, Head of Health, Edelman Africa	
11h50-12h00	Q&A Session	
AV kindly powered by: Universal Healthcare		
12h00-13h00	BHF Networking Hub – Lunch	CTICC Hall 9 and 10
Kindly powered by: Rand Mutual Assurance (RMA)		

Monday, 15 May 2023

TIME	SESSION DESCRIPTION	VENUE
PLENARY SESSION 3		CTICC 2 Hall 6
SESSION CHAIR	Moraki Mokgosana, Principal Officer: BOMAID (Botswana)	
13h00-13h20	The constitution and how it empowers the health ecosystem to protect the interest of the health citizen Adv Kholeka Gcaleka: Acting Public Protector (South Africa)	
13h20-13h40	Innovative approach to funding high-cost medicines Charlton Murove, Head of Research: BHF	
13h40-14h10	Ensuring Patient safety – ‘the Harm Reduction Manifesto’ Dr Imane Kendili, President: African Global Health (Morocco)	
14h10-14h40	Transforming healthcare with AI – impact on healthcare delivery Huguette Diakabana, AI and Digital Health Advisor to WHO AFRO Region (Switzerland)	
14h40-14h50	Q&A Session	
8TH ANNUAL TITANIUM AWARDS BANQUET		CTICC 2 HALL 5 AND 6
18h30 for	MC: Bongani Bingwa , Host: 702 breakfast show	
19h00-01h00	Theme: ‘I am red-carpet ready’	
	Guest Speaker: Dr Sibongiseni Dhlomo, Deputy Minister of Health, South Africa	
Evening kindly sponsored by Insight Actuaries and Consultants		

CONFERENCE PROGRAMME

Tuesday, 16 May 2023

TIME	SESSION DESCRIPTION		VENUE
07h00-08h00	Networking Chats – Tea On Arrival		CTICC 2 Exhibition Hall 9 & 10
PLENARY SESSION 1: MULTISECTORAL PANEL DISCUSSION			Hall 6
SESSION CHAIR	Dr Stan Moloabi , Principal Officer: GEMS		
SESSION THEME			
Collaboration to accelerate the necessary actions required for improved healthcare outcomes – in pursuit of a person-centric health system			
09h05-09h15	Overcoming challenges to care coordination in mental health care Cassey Chambers, Operations Director: The South African Depression and Anxiety Group (SADAG)		
09h15-09h25	Bringing the hospital home Dr Frederick Bester, Specialist Physician & President of FCPSA		
09h25-09h35	Addressing fraud and corruption Adv Andy Mothibi, Head of the Special Investigating Unit (SIU)		
09h35-09h45	Innovative collaboration to promote development of new technologies in the care continuum Dr Odwa Mazwai: Managing Director, Care: Universal Healthcare		
09h45-09h55	Value of peer mentorship in improving outcomes Prof Morgan Chetty, Chairman: IPA Foundation of South Africa		
09h55-10h05	Transforming healthcare systems towards person-centric care Dr Siphso Kabane, CEO & Registrar: Council for Medical Schemes		
10h05-10h15	Health financing from a patient perspective – Financing bankable projects Dr Amit Thakker, Executive Chairman: Africa Health Business (Kenya)		
10h15-10h30	Q&A Session		
AV kindly powered by: Universal Healthcare			
10h30-11h00	BHF Networking Hub – Tea Chats		
Kindly powered by: Rand Mutual Assurance (RMA)			

CONFERENCE PROGRAMME

Tuesday, 16 May 2023 (Streams 1-3)

STREAM 1 Venue: Hall 6 11h00-12h30	STREAM 2 Venue: Watsonia & Bluebell 11h00-12h30	STREAM 3 Venue: Nerina & Protea 11h00-12h30
SESSION THEME Impact of fraud, waste and abuse on access to affordable quality health services	SESSION THEME Holistic approach to lung health: The cost of inaction <i>Session powered by: AstraZeneca</i>	SESSION THEME Affordable benefit design – innovation for better healthcare delivery
SESSION CHAIR: Dr Hleli Nhlapo, Managing Director: Medical Schemes Division: DENIS	SESSION CHAIR: Dr Becky Kgole, Pulmonologist	SESSION CHAIR: Phumelele Makatini, CEO: BCIMA
Namibian Case Study Maggie da Silva Mota: Paramount, Healthcare Medical Aid Administrators: (Namibia)	Presentation of the 'Cost of Inaction' report (speaker tbc)	Driving change - GEMS experience & recommendations Case Study Dr Vuyo Gqola: Chief Healthcare Officer GEMS
Q&A Session		Q&A Session
FWA is not a victimless crime Gregory Whittaker, Actuary: Algorithm Consultants & Actuaries	Policy perspective Salome Meyer, Project Manager: Access to Medicine, cancer alliance	Redesigning medicine benefits Christo Rademan , Managing Director: Mediscor
Q&A Session		Q&A Session
Member engagement – Fraud prevention Mark Hyman , Founder and CEO: MediCheck		Are we meeting the needs of our members? Dr Rajesh Patel, Head of Health Systems Strengthening: BHF
Q&A Session		Q&A Session
12h30- 13h30	BHF Networking Hub – Lunch Chats	

Kindly powered by: Rand Mutual Assurance (RMA)

CONFERENCE PROGRAMME

Tuesday, 16 May 2023 (Streams 4-6)

STREAM 4 Venue: Freesia/Daisy/Orchid 13h30-15h00	STREAM 5 Venue: Hall 6 13h30-15h00	STREAM 6 Venue: Nerina/Protea 13h30-15h00
SESSION THEME UHC – access to essential medicines	SESSION THEME Reducing the burden of harm to improve patient safety in Africa	SESSION THEME Preventative healthcare – the new currency in healthcare
SESSION CHAIR: Andile Khumalo, Founder & CEO: KhumaloCo	SESSION CHAIR: Anele Siswana, Director, Clinical Psychologist: Indigo Wellness & Consulting Services	SESSION CHAIR: Dr Nomalungelo Nyathi, CEO: Alignd
<i>Session powered by:</i> Cape Sativa Addressing unmet medical needs with cannabinoid therapeutics Prof Sean Chetty, Associate Professor and Executive Head of Department – Anaesthesiology and Critical Care, Faculty of Medicine and Health Sciences	Unpacking harm reduction across the care continuum Prof Morgan Chetty, Chairman: IPA Foundation of South Africa	Behavioural economics – ‘influencing healthy choices’ Pedro Sibara, Operations Executive Head: Metropolitan Health Corporate
<i>Session powered by:</i> 3sixty nuclear medicine Progress and the promise of nuclear medicine Dr Stuart More, Acting Head of Division: Nuclear Medicine, Groote Schuur Hospital	Addressing burnout by healthcare professionals – clinical implications on the patient Prof Solly Rataemane, Psychiatrist & Independent Consultant	Accelerating screening for better outcomes Dr Wayne Riback, General Manager: Provider Relations and Health Professionals Strategy: Medscheme
		How can preventative health benefit performance in the workplace? Dr Jessica Hutchings, Head of Prevention Programme RMA and Dr Miranda Moloto, Head of Rehab Programme: RMA
Q&A Session	Q&A Session	Q&A Session
15h00 –15h30	BHF Networking Hub – Tea Chats	

Kindly powered by: Rand Mutual Assurance (RMA)

Tuesday, 16 May 2023 (Streams 7-8)

STREAM 7 Venue: Watsonia & Bluebell 15h30-17h00	STREAM 8 Venue: Hall 6 15h30-17h00
SESSION THEME Measuring what matters to the patient – a harmonised approach to a system that pays for value	SESSION THEME Addressing the increasing disease burden
SESSION CHAIR: Dr Gunvant Goolab, Board Member, Chairperson: Thebemed Medical Scheme	SESSION CHAIR: Fezeka Nompumza, Managing Executive: Clinical Risk & Advisory: AfroCentric Group
Healthcare accountability - Data Science as the key to unlock the vault of person-centred healthcare Prof Wim Delva, Managing Director: Wimmy (Pty) Ltd	Medicine adherence as a determinant of complication development in diabetes and hypertension patients Dr Tsitsi Moyo, Managing Director: Cimas Medical Aid Society (Zimbabwe)
Transforming member care, empowering the individual patient in the care process Pius Ojonugwa Illah, Chief Strategy & Innovation officer: Machine Intelligence Institute of Africa (MIIA)	The role of the private healthcare sector in cancer prevention and surveillance Babongile Ndlovu, Epidemiologist: National Cancer Registry
Standardising and leveraging performance-based reimbursement of health service providers to improve health status of the community Dr Ayanda Mbuli, General Manager – Health Policy Unit and Medical Advisory: Medscheme	Obesity Dr Ahmed Riaz Motara: Physician Cardiologist Obesity – (Classic interventions) Mayuri Bhawan: Dietician
Q&A Session	
SESSION CLOSURE	

CONFERENCE PROGRAMME

Wednesday, 17 May 2023

TIME	SESSION DESCRIPTION	VENUE
08h30-09h00	Networking chats – tea on arrival	Exhibition Hall 9 and 10
PLENARY SESSION DISCUSSION		Hall 6
Industry Dialogue with Professor Khama Rogo		
Chair of the Lake Basin Economics Bloc’s Eminent Persons’ Advisory Committee (Kenya)		
Health systems strengthening		
– Our role in making the ecosystem person-centred and creating an enabling health system		
SESSION SUMMARY		
This session is a dialogue session with key industry players and experts who will share ideas on the strategic change required to ensure equity and that the system is responsive to health citizens’ needs. Creating an enabling environment for a person-centric health ecosystem is a shared responsibility that requires collaboration and commitment from governments, healthcare providers, patients and communities.		
SPEAKERS		
09h05-09h25	Dr Sandile Buthelezi, Director-General: National Department of Health	
09h25-09h45	Dr Ali Hamdulay, CEO: Metropolitan Health Corporate	
09h45-10h05	Mapato Ramokgopa, Divisional Manager: Office of the Commissioner: Competition Commission	
10h05-10h25	Prof Alex van den Heever, Chair: Social Security Systems Administration and Management Studies	
10h45-11h30	Q&A with closing remarks by Professor Khama Rogo	
11h30-12h10	Closing ceremony	
	Wrap-up and industry declaration – commitment to person-centric care	
	Dr Katlego Mothudi, Managing Director: BHF	
	Vote of thanks	
	Josua Joubert, BHF Deputy Chairman & Principal Officer: CompCare	

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The
**22nd Annual
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CAPE TOWN ICC | 14-17 May 2023



The Government Employees Medical Scheme (GEMS) is the largest restricted medical scheme in South Africa and the second largest medical scheme overall, boasting over 800,000 principal members and more than two million beneficiaries. Established in 2005, GEMS opened its doors to qualifying public service employees in 2006, and has since gained valuable experience to become a leader in the South African healthcare industry, setting a standard of excellence to be emulated.

In a collective effort to ensure the wellbeing of its members and stakeholders, GEMS offers six comprehensive healthcare benefit options: Tanzanite One, Beryl, Ruby, Emerald Value, Emerald, and Onyx. All of these options are designed to provide public service employees and their families with the best possible medical care at the most affordable rate.

Our vision is to become an excellent, sustainable, and efficient medical scheme that drives transformation in the healthcare industry, aligned with the principles of Universal Healthcare Coverage (UHC).

TEL: 0860 00 4367
EMAIL: enquiries@gems.gov.za
WEB: www.gems.gov.za



3Sixty Health formally known as Sechaba Medical Solutions, was founded in 1978 by 38 black professionals, mostly doctors, who had a vision of starting up a medical aid primarily for disenfranchised black South Africans.

It was under the leadership of political and business stalwart Dr Nthato Motlana and several other visionaries, including Dr Abner Tlakula, that 3Sixty Health was established together with Sizwe Medical Fund.

Today, more than 40 years later, 3Sixty Health continues to administer the newly amalgamated Sizwe Hosmed Medical Scheme and SAB Medical Scheme providing access for over 70 000 principal members.

The reason for our existence is to offer best-in-class administration and managed-care services to our clients and their members, fostering a caring service culture that is responsive, imaginative, innovative and cutting edge.

TEL: 011 353 0000
EMAIL: info@3sixtyhealth.co.za
WEB: www.3sixtyhealth.co.za

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AstraZeneca is a global innovation driven biopharmaceutical company pushing the boundaries of science to deliver life-changing medicines.

Science can change our vision of the world and how we deal with the diseases that affect us. The future of treatment for many of today's diseases lies in uncovering disease mechanisms that are newly emerging or are still to be discovered. Science challenges us to push the limits of what is possible to deliver life-changing medicines for patients in Africa.

This is why we put science at the centre of everything we do.

Our commitment to improve health outcomes for African patients extends far beyond our medicines.

We offer programmes that advance patient health and access along the care continuum and provide reliable support networks.

When we see an opportunity for change we seize it and make it happen, because an opportunity no matter how small can be the start of something big.

Phakamisa v/t [phaga'mi:sa]: IsiZulu for elevate, lift, raise, uplift, upliftment.

Phakamisa is AstraZeneca's access to healthcare initiative in South Africa.

Through partnerships with multiple healthcare stakeholders we aim to improve the health outcomes for patients in South Africa and reduce the burden of non-communicable diseases on South Africa's public healthcare system. The Programme specifically addresses early detection of disease, promotion of primary prevention, and access to care.

Phakamisa is delivered through a three-pillared approach – Training, Awareness and Access – with a current focus on improving breast, prostate and lung cancer management in the public sector.

Universal is a fully accredited, full-service third-party administrator and managed care organisation and is an established leader in the provision of evidence-based healthcare solutions aligned to international best practice.

With our comprehensive suite of integrated services that touch the lives of more than 10 million people, we fulfil the needs of major medical schemes, health plans and a growing list of blue-chip corporate clients.

We have established a healthcare technology innovation hub in Silicon Valley, where our team of healthcare and technology experts developed Universal.one™, a truly cutting-edge platform that enables healthcare providers to connect on a single digital platform. We now have a multisided healthcare technology platform that forms the basis of an entirely new health and wellness ecosystem.

Our innovative business intelligence, underpinned by experienced industry insights, ensures that we consistently achieve excellence in healthcare management for our clients, delivered with a compassionate approach that always places the member at the centre of every decision made.

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Cape Sativa seeks to help mankind realise the promise of cannabis through nanotechnology. Development of cannabinoid-based pharmaceutical products is underway, some of which are about to enter human trials for the treatment of infectious diseases, including COVID and long COVID. Our beverage products are the clearest and clinically formulated in the market, owing to our patented nanotechnology application.

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We supply Rhenium-188 a radiopharmaceutical that is used in rheumatology and oncology. Rhenium-188 is an accessible, low-cost, generator-based radiopharmaceutical.

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With eight decades of solid gold service to our name, MediKredit's global, electronic health benefit management expertise today extends across pharmacy benefit management, claims switching and processing for both public and private sectors, provider network management and real-time connectivity for healthcare funders.

We offer one of the fastest, most robust online claims adjudication solutions in SA, servicing approximately three million lives across 451 medical schemes and healthcare funder options, comprising more than 270 million claim lines annually. Our 'always on' technology is the same as that used internationally by banks and stock exchanges, so that members have uninterrupted access to their medicine benefits.

A fully accredited managed care services provider, MediKredit's integrated solutions support the provision of clinically appropriate, cost-effective chronic medicine benefit management at all times.

MediKredit also owns, manages and maintains the National Pharmaceutical Product Interface (NAPPI) coding system, enabling the electronic transfer of information throughout the healthcare delivery chain with forward-thinking functionality.



Making its debut at the BHF Conference is the newly revitalised Performance Health, an 'innovative company in trusted hands'.

This CMS-accredited managed care organisation is a majority black-owned business with a 27-year track record in the provision of PBM and medicine risk management services as well as soon-to-be-launched clearinghouse services.

Performance Health is owner managed by a hands-on entrepreneurial team with extensive pharmaceutical experience and an innovative, refreshing approach to delivering sustainable, appropriate healthcare services to the public sector. Under its new leadership, the company aims to bring about change for previously disadvantaged individuals, placing a strong emphasis on the value of patient-centricity while contributing positively to NHI.

Backed by trusted and dynamic information technology systems, robust processes, evidence-based clinical protocols and experienced staff focused on safeguarding the health of its clients' beneficiaries, the company enables instantaneous access to information at point of service, affording stakeholders the benefit of choice while ensuring accountability.

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The AfroCentric Group is South Africa's most extensive, diversified, and majority black-owned JSE-listed investment holding company specialising in health administration, risk management, pharmaceuticals, wellness, and health-centric technology-based solutions.

Through its operating subsidiaries, the AfroCentric Group manages over 3.8 million lives, making them the largest managed care organisation in the country and the second-largest medical schemes administrator.

AfroCentric Group offers world-class pharma solutions through their value chain capabilities, including manufacturing, distribution, marketing, and retail services. AfroCentric Corporate solutions address mental and physical wellbeing needs of organisations through comprehensive, integrated workplace health and wellness solutions. Their complementary solutions aim to reduce primary costs, increase productivity, and deliver tangible savings to employer groups.

AfroCentric is revolutionising healthcare by enabling communities, businesses and people to reach their full potential by making quality healthcare more affordable and accessible.



Insight, the leading provider of independent clinical, actuarial, and analytics services, has launched its new Strategic Health Governance Unit to revolutionise healthcare solutions.

Led by Dr Tebogo Phaleng, the unit offers tailored health governance and clinical consulting services to clients in over 30 countries. With its multidisciplinary approach to healthcare solutions and a reputation for exceeding expectations, Insight provides market-leading consulting, data management, analytical, and business intelligence expertise.

Its advanced toolkit includes market-leading clinical and actuarial tools, such as the Diagnostic Related Group and the Voice of the Patient.

Insight's hand-picked team of actuaries, clinicians, engineers, developers, and data scientists are passionate problem-solvers who tailor their advice to each client's unique context. From large open schemes to small single employer restricted schemes, Insight provides independent clinical, actuarial, and analytics services to assist clients in managing risks and developing opportunities.



Momentum Metropolitan's Health business represents a culmination of solutions and capabilities that support and empower consumers, businesses and medical schemes alike on their journey towards sustainable healthcare. As a business born from the merger between two industry leaders, we have access to a wide range of administration and health risk management capabilities that allow us to deliver on our purpose: more health to more South Africans for less.

We provide services to more than 3.3 million beneficiaries across the African continent, while our international footprint covers in excess of 18 million lives. This includes servicing more than 175 000 lives with our health insurance solutions and providing primary healthcare for 106 000 mining sector employees.

Our clients include the largest restricted medical scheme in South Africa, one of the fastest growing open medical schemes in South Africa and a number of restricted schemes linked to blue-chip corporate brands and state-owned enterprises (SOEs).

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Boasting a history of 129 years of existence, we've redefined our reason to exist and purpose as: We believe that workers are the heartbeat of the economy; therefore, we pioneer unique value for money social insurance solutions to support their life's journey.

Given our purpose, we have a significant opportunity to enhance social insurance and therefore partner with Healthcare Providers (HCP) and employer groups seeking to give employees a full suite of health, wellness, and insurance services.



Members come first at CompCare where our client-centric, results-driven approach underpins every aspect of our service offering.

Throughout our proud 44-year history the scheme has maintained its reputation for reliability and is today stronger than ever. Our knowledgeable and experienced team supports members at every step of their healthcare journey, ensuring efficiency with a caring approach at each touchpoint.

Ever cognisant of the demand for affordability and uncompromising quality, our extensive modular offerings are designed to meet member needs across a broad spectrum of requirements.

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Core to our offering is meaningful healthcare cover for life's unforeseeable moments so that every man, woman and child who is part of the CompCare family has a medical scheme they can count on, time after time.

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Responsible health data sharing, now more than ever, is a fundamental cornerstone of effective healthcare. The first of its kind in South Africa, the CareConnect HIE facilitates the secure exchange of patient clinical and demographic information between clinicians, health facilities, medical schemes and other healthcare entities in the interest of better health outcomes and efficiencies.

WEB: www.careconnecthie.org

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Iso Leso Optics is a well-respected national network of optometrists (over 2 500 practices) with a reputation for delivering high quality service and products. Our mission is to ensure the stability of the optometric environment for all role players. Iso Leso is a leading innovator with integrated Artificial Intelligence screening technology that allows early disease detection and monitoring as part of routine optometric practice. Our cost-effective benefit design options allow for scheme savings while delivering a comprehensive clinical solution.



Knowledge Objects (KO) is a multi-award-winning company that provides intelligent risk management solutions through Artificial Intelligence (AI) and knowledge-driven systems. We have a rich history of more than two decades, and have gained local and international recognition for our boutique and integrated approach to the industry's most pressing challenges. With a data driven culture at our core, KO fully empowers our clients to innovate faster, continuously improve through real-time responses and make smarter business decisions.



Quro Medical is a purpose-driven organisation on a mission to improve the well-being of others by leveraging technology and harnessing the best of our people. Our vision is to push the boundaries of innovation and deliver premium healthcare solutions that are more accessible and affordable for everyone. We have brought together the brightest minds in healthcare, digital tech, and innovation to offer world-class services. Quro Medical uses innovative technology and analytics to enable remote patient monitoring, providing affordable, high-quality healthcare in emerging markets.



Abovax is a leading international health and lifestyle administrator. As a global solutions provider we aim to address existing health and medical challenges through the provision of ease of access to medical services. We offer a suite of digital services that enable healthcare to be accessed and delivered with convenience and flexibility. Through our integrated healthcare platform, we support individual members and corporate clients in South Africa, UK, EU, Middle-East, Asia, as well as 20 countries across Africa.



Touching the lives of over 1.1 million satisfied clients, Medipost is one of South Africa's most reputable pharmaceutical distribution brands. Founded in 1991 as the first courier pharmacy in the country, Medipost has stood the test of time. The pharmacy operates from two main branches located in Gezina, Pretoria and Parow, Cape Town, dispensing high volumes under strict quality control. Medipost specialises in seamless dispensing and delivery of chronic medication including ART, TB prevention, anti-diabetics, oncology and other specialty medicines to any address in South Africa.



Argon Asset Management is an authorised financial services provider registered with the FSCA under the FAIS Act of 2002. Operational since April 2005, Argon boasts a multi-skilled team of experienced investment professionals. We manage institutional and retail client mandates, including Retirement Funds, Insurers, Medical Schemes, Multi Managers and Unit Trusts. We are an active, research-driven investment management company and believe that value unfolds over the medium-to-long term. We aim to build long-term partnerships with our clients.

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Capital Link Partners (Pty) Ltd (CLPSA) is a 100% black-owned boutique asset management company founded in 2013. We are a financial services provider licensed by the Financial Sector Conduct Authority, holding the following licenses: Category I, Category II, and Category IIA. Our asset management offering is Fixed Income, Global Funds, and Alternatives. We invest according to an absolute return mindset; and risk management encapsulates all our processes to ensure that we minimise the impact of uncertainty that exists within capital markets.



Dental Risk Company (DRC), a subsidiary of Pan African Managed Care, is a B-BBEE level 1 leading managed care organisation with more than 1.4 million lives under clinical adjudication. Our vision is to provide funders with quality and cost effective clinical and administrative services. DRC facilitates the full dental administration process for medical schemes and health insurance companies where claims and authorisations are measured against established and regularly reviewed protocols. DRC ensures that members' dental benefits are coordinated accordingly.



HaloCare, a wholly owned subsidiary of Mediscor PBM, provides comprehensive disease management services to funder beneficiaries and employees living with chronic conditions. We are fully accredited by the Council for Medical Schemes as a managed care organisation. Our disease management programmes coordinate the different role players in chronic disease care to achieve best practice outcomes for the patient.

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The Day Hospitals Association of South Africa strives to be recognised as a private healthcare role player and contributor in reducing the cost of private same-day healthcare through the promotion and development of day hospitals. The DHASA is determined to be involved in "process" and "solutions" to help make private healthcare more cost-effective, through positive stakeholder engagement and relationship building. The DHASA stays committed in actively participating and contributing to find solutions to key issues faced by the hospital industry.



GENE diagnostics (Pty) Ltd is a leading genetic testing, research and training business, dedicated to providing a comprehensive, cost-effective service throughout Africa. To this end, we work closely with selected partner laboratories both locally and abroad as well as private healthcare clinics to make our service accessible. We provide a full range of genetic tests, from Whole Exome Sequencing and Pharmacogenetics, to Specific Disease Panels and Paternities. We are continuously innovating and developing new genetic tests to take to market, with the aim of improving the quality of life of all.



The HPCSA, together with the 12 Professional Boards under its ambit, is established to provide for control over the education, training and registration for practicing of health professions registered under the Health Professions Act. In order to protect the public and guide the professions, the council ensures that all health practitioners uphold and maintain professional and ethical standards. It facilitates the investigation of complaints concerning practitioners to ensure disciplinary action is taken against persons who fail to act accordingly.

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Old Mutual Wealth is a client-centric, advice-led and future fit business – from our philosophy and solutions, to our processes and fees. As part of our fully integrated offering, we provide a holistic investment consulting service, with a single point to access a range of services, such as consulting and reporting. Our highly qualified and experienced team collaborates to ensure that trustees receive the best service and advice, based on their unique requirements.



The Wockhardt group of hospitals in India is a preferred destination for patients from Africa, Europe, USA, Middle East, SAARC and South Asia. Wockhardt Hospital's existence is the result of a 50-year tradition of caring and innovation nurtured by Wockhardt Ltd, India's 9th largest Pharmaceutical and Healthcare company with a presence in 20 countries across the globe. We have been delivering world class treatment to international patients for more than a decade and have an exposure of successfully treating 40 000 plus patients in our hospitals.



ER24, South Africa's leading private emergency care provider, operates 59 bases and offers comprehensive services like emergency response, pre-hospital care, and support to public/private hospitals. Owned by Mediclinic Southern Africa, ER24 provides an integrated solution including fund management, aeromedical and evacuation services, medical concierge, case and international patient management, hospital referrals, medical repatriation, minor escorting, and repatriation of mortal remains, making it a top choice for medical services across Africa.



Pan African Managed Care (PAMC) is an accredited managed care organisation that provides risk management and general practitioner network management. PAMC specialises in provider network management which results in improved clinical outcomes targeting the main day to day PMB conditions as listed in the current Chronic Disease List. PAMC developed extensive clinical protocols based on the Chronic Disease List and these protocols contain guidelines on the diagnosis, treatment, and monitoring of these conditions.



Our mission is to provide advanced technology for the early detection and treatment of women's health issues in South Africa. We exclusively distribute the iBreastExam (iBE), a US FDA-cleared, non-invasive, radiation-free device for breast lesion examination and documentation. Healthcare professionals can use the tool almost anywhere to aid in the detection of lumps in a patient's breast. It is portable, wireless, battery-powered, and delivers immediate results.



Pharma Dynamics is a leading pharmaceutical company. We are one of South Africa's largest generic medicine providers and the country's leading provider of heart medication. Our purpose is to improve the quality of life for all South Africans in everything we do by offering postscript and lifestyle-related support. Our quality generic medicines not only offer a cost saving of up to 70%, but we also invest in several patient wellness programmes to support them on their journey to wellness.

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No longer can schemes rely on coding systems to prevent fraud as any coding system is as effective as its weakest link. Coding systems that solely rely on a provider's input are no longer effective mechanisms to prevent fraudulent claiming. PPN has developed its own coding system that has been in place now for 29 years and is available on all practice management software systems for providers. The PPN coding system that builds our optical benefit is identical for each and every medical aid. In addition PPN has developed the most sophisticated fraud controls in the optical market.



The African Global Health (AGH) is a non-governmental and non-profit organisation born from the willingness of African experts (Morocco, Senegal, South Africa, Zimbabwe, Sudan, Egypt, Zambia, etc.) to reunite scientific experts, economists and lawyers but also policy makers in health of all Africa, projecting into a work of continental scale and rethinking about public Afro-African health policies. The organisation is embracing health promotion objectives in Africa following multiparty directions, including responsible and supportive health dimensions under the banner of health for all by all.



Med Brief Africa

Meet AxessHealth – the latest addition to MedBrief Africa's family!

Our digital platform brings together healthcare providers, organisations, government departments, industry, and NGOs in Africa to strengthen the healthcare system. AxessHealth offers HCP engagement, educational content, cross-sector communication, and news and career updates. With our platform, showcase your initiatives, promote events and webinars, and access valuable data on HCP behaviour. Join now at africa.axesshealth.org to establish a strong presence among your target audience and captivate members effortlessly.



Syked is an online wellness company that focuses on mental health assistance for clients. We're changing the game by making counselling more accessible and affordable through private and secure video consultation on our platform. In the past 12 months we've grown from strength to strength after winning top startup in the mental health category at AfricArena.



The Council for Health Service Accreditation of Southern Africa (COHSASA), an NPO in Cape Town, assists healthcare facilities to meet and maintain quality standards for the purpose of achieving accreditation. This process enables the facilities to provide safe, quality services to their patients and families. In the past 26 years of operation, COHSASA has worked in over 600 facilities in both the public and private sectors in 14 African countries.



The South African Medical Association (SAMA) was established in 1927 and became known, as it is today, through the unification of a variety of doctors' groups on 21 May 1998 that had represented a diversity of interests. SAMA is a non-statutory, professional association for public and private sector medical practitioners, existing to serve the best interests and needs of its members in healthcare-related matters, for the health of the nation.

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The South African Depression and Anxiety Group (SADAG) is a registered Non-Profit Organisation, a Registered Section 21 Company, with an 18A tax exemption. SADAG is the leading voice of patient advocacy, education and destigmatisation in the mental health sector, working in urban, peri-urban and rural communities across South Africa. Its expertise lies in assisting patients and callers throughout South Africa with mental health queries. SADAG currently manages a 30-line counselling and referral Call Centre that caters for all nine provinces in South Africa.



Africa Health Business is a health consultancy dedicated to transforming Africa's health sector. We offer specialised knowledge and support for partners, foster public-private and private-private collaborations, and link development partners with the public and private sectors. Our team includes experts with direct experience working with the public and private health sectors, civil society, academia, and development agencies. Together with various stakeholders, we work to co-create customised local solutions, leveraging our expertise to impact health outcomes across Africa.



Case Manager Association of South Africa (CMASA) is a non-profit association, promoting professionalism, ethics values and excellence through education, networking and support for the individual Case Manager and the collective development of case management in South Africa. CMASA has endorsed the training and development of clinical Case Managers practising in South Africa through recognised academic institutions as well as looking into endorsing certification for prior learning based on a criteria set by the National Board and endorsed by the DUX Academy of Healthcare.



Zenith Global Health was founded in 2016. With a passion for celebrating excellence in healthcare, Zenith Global Health is an organisation with healthcare professionals at its core, which is proudly diverse in terms of the health engagements, relationships and partnerships that are formed along the journey, globally. Our mission is to close the global north/global south divide in healthcare, through partnerships, collaborations, shared learning and sustenance of these.



Cabbow Studios, is an award-winning Johannesburg-based full service animation production and illustration studio; producing short films, series, medical animations, and corporate projects. Skilled in rapid digital 2D animation with a hand-drawn feel, we specialise in medical animation for local and international pharmaceutical, insurance and wellness companies. We efficiently meet tight deadlines, offering services from visual development to animation production, supporting clients every step of the way. using the charm of animation to simplify complex medical topics!!



Lady-D Healthcare provides Primary Health Care services, IV treatments, Wellness Programs and Occupational Health services. We provide comprehensive quality healthcare services at the comfort of your own home and workplace. Our IV treatments emphasise rejuvenation, immune function, and support for chronic treatment clients. We enhance memory, concentration, treat acne, pigmentation, boost energy, and promote glowing, youthful skin. We guarantee results. For an appointment contact us on 0713372558

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Matched Media is a solutions focused company offering health communications, technology and consulting services. The company is black women owned and managed with the capability of offering its services throughout South Africa. Matched Media's establishment is grounded on social impact and built on profound medical experience. The organisation has found a niche point converging media, health, digital ethics and the understanding of public health issues. The organisation employs sound strategy and methodologies to all its offerings. Integrity, honesty, creativity and inclusion form the core of our character.



Mpilonhle Wellness and Brokers offers on-site corporate wellness days, Health Risk Assessments, Vaccinations, Primary Healthcare, health promotional talks, Nursing agency and Homecare services to both Medical Aid and non-Medical Aid members nationally. We have more than 1200 SANC accredited nurses of all categories in all 9 provinces. Please contact us on 011 475 0817 or email mpilonhlewb@gmail.com to book any of the above onsite health and wellness preventative care services for your employees and medical aid members. My Health, My Life, My Choice!



Tshela meaning "Live" is a healthcare management and consulting advisory firm whose mission is to both improve healthcare through preventative care programs, create access to healthcare by providing bespoke solutions to clients through health-risk management, research, project management and advisory services. Our 75-member multi-disciplinary and advanced data analytics predictive health-modelling ensures that we remain agile and continue to provide valuable insights to our clients, drive innovation. Key areas of business are: Maternity Health Risk Management; Workplace Health risk management and Wellness; and Management Consulting and Advisory



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LESOTHO

Lesotho's Patient-Centric Healthcare Vision

In a patient-centric healthcare ecosystem all the needs, preferences and values of patients are prioritised. It involves healthcare providers such as doctors, pharmacists and specialists, working together to provide coordinated and personalised care to the patient.

In Lesotho, patient engagement is a crucial component of a patient-centric healthcare ecosystem. Patients are actively involved in their care and treatment, and empowered to make informed decisions about their health. This can be achieved through shared decision-making, patient education and patient feedback.

At Mamoth Health, for example, we intentionally aim to engage our members on a wellness programme to ensure that they are

well educated on health matters and their benefits. Our wellness programme offers discounts for physical activities such as going to the gym, to encourage a culture of physical fitness. It also covers mental health, nutritional and spiritual wellbeing.

Technology is also an important aspect of the patient-centric healthcare ecosystem in Lesotho. The use of technology improves communication between healthcare providers and patients, providing patients with access to their medical records, test results and other health information. Additionally, technology is used to remotely monitor patient health, allowing healthcare providers to intervene quickly if a patient's condition deteriorates. In Lesotho we use various platforms like member portals and phone



Monyaola Mosoloane, Chief Executive, Mamoth Health

applications for communication and sharing of information with clients.

Another vital component of a patient-centric healthcare ecosystem is care coordination with healthcare providers working together to provide coordinated care to the patient, exchanging information and collaborating on treatment plans to ensure that the patient receives the best possible care. This is particularly important in a country where healthcare access is limited and healthcare professionals are often scarce, especially in rural areas.

Preventive care also plays a significant role. We focus on identifying and addressing health prob-

lems before they become critical through regular check-ups, screenings, and chronic illness monitoring. This approach is essential in Lesotho, where the prevalence of both communicable and non-communicable diseases is high.

In conclusion, a patient-centric healthcare ecosystem is an effective approach to healthcare in Lesotho, where patients face significant healthcare challenges. By prioritising patient needs and preferences, engaging patients in their care, utilising technology, coordinating care and emphasising preventive care, healthcare providers can provide high-quality, personalised care to patients in the country. ■



MALAWI

The Need for Industry Collaboration

There are only a handful of medical schemes operating in Malawi, covering less than 3% of the entire population, so it is a very small industry. Medical schemes cover an estimated 500 000 beneficiaries out of the approximately 20 000 000 population of Malawi. Employer-paid or subsidised group schemes account for the bulk of medical scheme membership.

The job and financial losses caused by the pandemic, unfortunately, put additional pressure on the industry and members were lost as a result.

As small as this industry in Malawi is, it is regrettably not immune to fraud, waste and abuse, a trend that affects the whole African continent. It is estimated that fraud, waste and abuse account for 15% of claims received. Medhealth believes that if the industry could be unified and collaborative, solutions to reduce the extent of this scourge could be jointly explored and the results would benefit all.

There is also a view that it would be meaningful if all industry-players joined forces to ascertain what is best for the advancement of the

industry. This, of course, would call for regulating the industry and ensuring that everyone plays by the same rules. This would further ensure that there is pricing regulation of the health services offered by health providers to scheme members.

Members of medical schemes in Malawi have access to some exceptional benefits. One such benefit is emergency international medical evacuation, available as a standard offering. Due to inadequate medical equipment and access to treatment within the country, medical schemes give members access to treatment outside the country, when required. Patients are often sent to countries such as Tanzania, Zambia, South Africa and even India to access necessary medical treatment. This is an excellent example of providing members with meaningful benefits that are part of the essential offering.

Despite the challenges that the industry faces in Malawi and its size, it is making a tremendous impact and there is hope that it could see growth in the future, which is vital for its sustainability.



Bright Kamanga, CEO: MedHealth, Malawi



NAMIBIA

ADDRESSING HEALTHCARE CHALLENGES:

Collaboration and Adaptation in Namibia's Medical Aid Industry

Namibia's medical aid industry is confronting significant hurdles, as healthcare costs have risen sharply over the past two years, following the 2020 COVID-19 lockdown.

Rising healthcare expenditures were reported for 2021, 2022 and the first quarter of 2023; the industry initially attributed this surge to delayed elective surgeries during the

2020 lockdown period and lingering expenses from prolonged COVID-19 treatments.

What was hoped to be a temporary spike in claims, however, now seems to have become the new trend and the continued claims increases into 2023 have raised concerns about the long-term viability and sustainability of medical aid funds in Namibia.

On the back of the drop in claims during the lockdown, not expecting the high bounce back in claims thereafter, schemes only implemented an estimated 5% contribution increase in 2021. In hindsight, this was too low and led to contributions being underval-

ued. Noteworthy indicators of the industry's struggles include:

- A 107.9% claims ratio for 2022 for all open and closed funds, followed by an 18% growth in claims for the first quarter of 2023,
- A 10% decrease in reserve levels across Namibia's eight funds within the 2022 benefit year ending 31 December 2022,
- A marked rise in the number of claiming members, and
- Increased utilisation and line items claimed.

This was accompanied by a 65% contribution to the claims cost increase for hospitals, specialists and medicines.



*Callie Schäfer,
Principal Officer, GEMHEALTH Medical Aid Scheme*

It is vital that all stakeholders address these challenges to protect the sustainability of funds. Medical aid funds in Namibia have proactively taken measures to mitigate escalating claims costs, shield members from financial strain and protect the healthcare service sector.

The Independent Principal Officers' (IPOs) Forum was formed among all funds as they opted to collaboratively tackle rising healthcare expenditures, engage with the Namibia Association of Medical Aid Funds (Namaf), and collaborate with Namaf's medical advisor and actuarial consultant, Clinical Governance Services, to gain insight into the factors contributing to claims cost increases.

Key priorities for funds to address include, among others, managing the growing number of healthcare professionals entering Namibia, addressing stagnant membership numbers, limited growth, reducing the impact of co-payments and out-of-pocket expenses carried by members, removing barriers so that the uninsured can join entry-level benefit options and successfully launching low-cost benefit options.

It is critical for funds and all other private healthcare stakeholders to participate in the country's national healthcare reform and the planned implementation of the essential health package currently under consideration.

The objective of this is to address the inequity within the healthcare sector and to allow all Namibians access to quality healthcare services. Some funds contemplate implementing interim increases during 2023 or benefit cuts for 2024 that may well create the risk of members leaving medical aids or selecting lower benefit options to save on premiums.

Moreover, the industry is determined to vigorously manage risk, as well as combat fraud, waste and abuse, with funds and administrators intensifying their efforts to address these challenges effectively.

The prime aim of such an initiative will be to change the behaviour of those who may be misusing the system and threatening the future of medical aids and the interests of those healthcare providers who conduct their practices and busi-

AT A GLANCE

- Post the COVID-19 lockdown, a sharp rise in healthcare costs in Namibia is threatening the sustainability and long-term viability of medical aid funds
- The Independent Principal Officers' Forum collaborates with stakeholders to address challenges, including engagement with Namaf and Clinical Governance Services
- Key priorities involve managing the growing number of healthcare professionals, addressing stagnant membership, reducing co-payments, and launching low-cost benefit options

nesses with medical aids in an ethical way.

Recent macro-market developments have also had an impact on health consumers and medical scheme members. The Financial Institution Market Act (FIM Act), initially planned for implementation on 1 October 2022, has been postponed indefinitely by the Minister of Finance.* Nevertheless, the development of the supporting prudential standards to establish a regulatory framework for the FIM Act proceeds.

Furthermore, a Namibia Competition Commission (NaCC) investigation found an estimated 180 Namibian pharmacies guilty of violating the Competition Act through collusion, price fixing and exclusive

dealings. The Competition Commissioner published a Government Gazette indicating that the NaCC had reached a settlement with five pharmacies; it is believed that the Pharmaceutical Society of Namibia and the other pharmacies involved will contest the NaCC's findings in court.

Recognising these challenges, the IPO Forum's members are prioritising engagement initiatives with healthcare providers as critical and working with them to identify solutions to safeguard the future of private healthcare in Namibia.

** Notice was given by the Minister of Finance at a Capital Markets Annual Industry meeting on 29 March 2023 that he had decided to 'indefinitely stay the implementation of the FIM Act'.* ■



ZIMBABWE

Convergence towards a Person-centric Healthcare System

Healthcare worldwide has evolved over time and the need for a shift towards a patient-centric healthcare system has never been more urgent. The Zimbabwean healthcare ecosystem has proved to have diversified approaches in healthcare delivery. The main approaches hinge on curative- and disease-centred solutions. Zimbabwe, like most African countries, still has a long way to go in shifting its healthcare ecosystem to focus on the person-centric healthcare narrative.

As the country goes through tough economic times, the healthcare industry has not been spared. The official inflation rate closed the

year 2022 at 105%, and the attention of most healthcare service providers has been more on monetary value preservation and profit maximisation. Patients in Zimbabwe have experienced frequent price adjustments in respect of healthcare costs, posing affordability challenges and therefore forcing them to hop from one service provider to another or completely default on treatment.

This economic and healthcare scenario has resulted in serious inefficiencies as far as patient access to healthcare is concerned, as the sharing of medical records among service providers is non-existent.



Ms Thembelihle Mloyi-Ncube, MD, BonVie Medical Aid Scheme

Electronic health records (EHRs) have been shown to be important tools to improve access to patient information, leading to improved attendance and quality of care.¹ When it comes to the future of healthcare in Zimbabwe, a system that focuses on the patient is required for the best results, which include better health and cost-effective outcomes. The dream for future healthcare providers in Zimbabwe is the establishment of a national central secure system that will capture both public and private patient records, which will be shared between providers in accordance with strict policies and with the consent of the patient.

The benefits of a national central secure patient record system will not only aid in achieving a patient-centric healthcare ecosystem, but also inform national health policies at large in both public and private sectors, focusing on critical and strategic areas of healthcare.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5654179/> ■



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BOARD OF HEALTHCARE FUNDERS

Members

South Africa and other SADC Countries

HEALTH FUNDERS (SA)

AECI Medical Aid Society
<https://aecimedicalaidsociety.co.za/>

Alliance-MidMed Medical Scheme
www.alliancemidmed.co.za

Barloworld Medical Scheme
www.medscheme.co.za

Bestmed Medical Scheme
www.bestmed.co.za

BIMAF WC
www.bibc.co.za

Bonitas Medical Scheme
www.bonitas.co.za

BP Medical Aid Society
www.bpmas.co.za

Building & Construction Industry
Medical Aid Fund
www.bcima.co.za

Cape Medical Plan
www.cmp.co.za

Compensation Fund
www.labour.gov.za

CompCare Medical Aid
www.compcare.co.za

Engen Medical Benefit Fund
www.engenmed.co.za

Fishing Industry Medical Scheme
www.fishmed.co.za

Government Employees Medical
Scheme (GEMS)
www.gems.gov.za

Horizon Medical Scheme
www.medscheme.co.za

Imperial Motus Med
www.imperialmotusmed.co.za

KeyHealth Medical Scheme
www.keyhealthmedical.co.za

Libcare Medical Scheme
www.libcare.co.za

Makoti Medical Scheme
www.makotihealth.co.za

Medimed Medical Scheme
www.medimed.co.za

MEDiPOS Medical Scheme
www.medipos.co.za

Medshield Medical Scheme
www.medshield.co.za

Old Mutual Staff Medical Aid Fund
www.omsmaf.co.za

Optimum Medical Scheme

Pick n Pay Medical Aid Scheme
www.pnpms.co.za

PG Group Medical Scheme
www.pgmeds.co.za

South African Police Service Medical
Scheme (POLMED)
www.polmed.co.za

Rand Mutual Assurance
www.randmutual.co.za

Rand Water Medical Scheme
www.randwater.co.za/medicalaid.php

Rhodes University Medical Scheme
www.rumed.co.za

SABC Medical Aid Scheme
www.medscheme.co.za

SAMWUMED
www.samwumed.org

SEDMED
www.sedmed.co.za

Sisonke Health Medical Scheme
www.sisonkehealth.co.za

Sizwe Hosmed Medical Scheme
www.sizwehosmed.co.za

Suremed Health Medical Aid Scheme
www.suremedhealth.co.za

TFG Medical Aid Scheme
www.tfgmedicalaidscheme.co.za

Thebemed
www.thebemed.co.za

The Federated Employers Mutual
Assurance Company (FEM)
www.fem.co.za

Tiger Brands Medical Scheme
www.tbms.co.za

Transmed Medical Fund
www.transmed.co.za

Umvuzo Health
www.umvuzohealth.co.za/

Witbank Coalfields Medical
Aid Scheme
www.wcmas.co.za

Wooltru Healthcare Fund
www.wooltruhealthcarefund.co.za

BHF AT A GLANCE



B·H·F

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ADMINISTRATORS (SA)

Medscheme Holdings

www.medscheme.com

Metropolitan Health Group

www.mhg.co.za

3Sixty Health

www.3sixtyhealth.co.za

Momentum Health Solutions

www.momentumhealthsolutions.co.za

Universal Healthcare Administrators

www.universal.co.za

MANAGED CARE ORGANISATIONS (SA)

Dental Information Systems (DENIS)

www.denis.co.za

Prime Cure

www.primecure.co.za

HEALTH FUNDERS BOTSWANA

Botsogo Health Plan

www.botsogohealthplan.co.bw

Botswana Medical Aid Society

(BOMAID)

www.bomaid.co.bw

Botswana Public Officer's

Medical Aid Scheme (BPOMAS)

www.bpomas.co.bw

PULA Medical Aid Fund

www.pulamed.co.bw

ADMINISTRATORS BOTSWANA

Associated Fund Administrators

www.afa.co.bw

HEALTH FUNDERS eSWATINI

Swaziland Medical Aid Fund

www.swazimed.com

HEALTH FUNDERS LESOTHO

Mammoth Health

www.mammoth.co.ls

Metropolitan Health Lesotho

www.metropolitan.co.ls

HEALTH FUNDERS MALAWI

Medhealth

www.medhealth.mw

HEALTH FUNDERS NAMIBIA

GEMHEALTH Medical Aid Scheme

www.gemhealthmedical.com.na

Napotel Medical Aid Fund

www.napotelmedical.com.na

Renaissance Health Medical Aid Fund

www.rmanam.com

Nammed Medical Aid Fund

www.nammed.info

HEALTH FUNDERS ZIMBABWE

Bonvie Medical Aid Scheme

www.bonvie.co.zw

Cimas Medical Aid

www.cimas.co.zw

Generation Health Medical Fund

www.generationhealth.co.zw



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BOARD OF HEALTHCARE FUNDERS

Our Value Proposition

1. REPRESENT MEMBER INTERESTS

- Lobby and advocate policy position on behalf of our members
- Assist members with regulatory compliance
- Provide legal advice to membership on industry issues
- Assist in containing healthcare costs
- Protect the image of the industry
- Identify and monitor trends impacting our members

2. CREATE PLATFORMS FOR MEMBER ENGAGEMENT

- Promote unity and collaboration by creating platforms that enable our members to engage with the BHF and participate in industry issues
- Create networking opportunities
- Engage and develop relationships with key stakeholders

3. DEVELOP INDUSTRY STANDARDS

- Promote best practice in the healthcare funding industry
- Promote healthcare quality
- Identify and recognise key role players in the industry

4. FACILITATE EDUCATION AND TRAINING

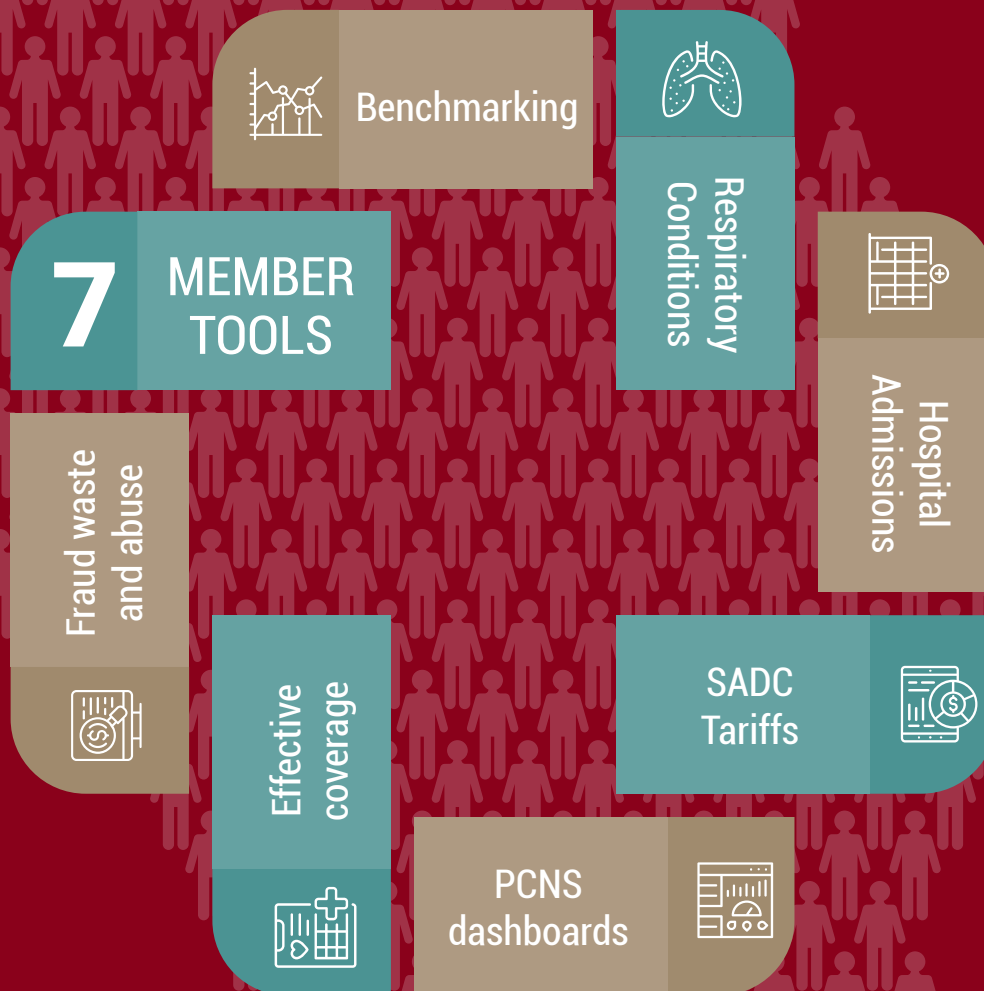
- Provide guidance
- Provide stewardship and facilitate thought leadership exchange on industry issues
- Enhance skills and knowledge within our membership
- Progress tracking reports on industry issues
- Promote stakeholder, consumer awareness and medical scheme member education

5. TRANSFORMATION THROUGH DEVELOPMENT

- Identify opportunities to drive transformation in the industry
- Graduate programme development

PROVIDE AND IDENTIFY OPPORTUNITIES

- Profile our members and our industry



B.H.F
BOARD OF HEALTHCARE FUNDERS

We believe that industry cohesion is crucial, especially during times of transformative reforms. Together, we can create a sustainable healthcare ecosystem that puts the **HEALTH CITIZEN FIRST**.

Join us today and be a part of the solution!

To become a member, email Zolam@bhfglobal.com