

National health what's in it for me?

SOUTH Africa's National Health Insurance Scheme, due to be phased in over a 14-year period, is set to change the healthcare landscape.

But as to the impact on hard-pressed consumers faced with medical bills that seem to mount by the year, the horizons are distinctly hazier.

Roly Buys, a board member of the Hospitals Association of South Africa (Hasa) and funding relations executive at MediClinic, says there is an expectation that the NHI is going to be cheaper than a medical aid scheme.

"I'm not sure that is valid," he says. "To provide fair and equitable service for everyone at the same level implies that a lot more services will need to be provided over time," Buys points out.

"I don't think there is going to be a significant impact on the medical aid population for quite some time, because there will have to be an increase in the numbers of doctors and nurses and other healthcare providers, for example, so that the access to care can improve first.

"But only when the quality of service is reasonably good will one start to ask oneself: "Do I need to have a separate medical aid or don't I?"

"If South Africa has to double up on the volume of services needed, then I believe it's going to take more than the 14 years to provide it, simply because the resources will have to be made available - and it takes seven years to train a GP and four years to train a nurse.

"It's something we have to do, but it's a long process and we are in it for the long haul. I believe it will take quite a while before it impacts on people who are on medical aid."

He points out that medical schemes provide access to a doctor of your choice, among other benefits - with no referral system or waiting lists, for example.

"People will be very clear about making those choices. Some will be happy to live with an NHI system and others won't."

Heidi Kruger, head of corporate communications for the Board of Healthcare Funders, says: "The NHI has the potential to fix a lot of current problems within the country's health system.

"The recently released green paper highlights the government's commitment to upgrading and fixing up the public sector health facilities, and introducing a benefit package which emphasises primary and preventative care. It is most likely that funding of the system will be, in part, through an earmarked health tax. All South Africans would be covered by the NHI," Kruger says.

Adds Ashleigh Theophanides, healthcare director at Deloitte: "We anticipate that medical schemes will continue to exist in parallel to the NHI fund, as is currently the case. Schemes would most likely also be in a position to provide top-up benefits.

"You would need to contribute to the fund, irrespective of whether you belong to a scheme or not. The funding mechanism used (for example, VAT, levy or earmarked tax) and the level of contribution to the fund may impact the affordability of belonging to a scheme. It is therefore very likely that dropouts will occur.

"Additional dropouts may occur if the principles underlying the NHI fund are achieved. Therefore, if members are able to access comprehensive enough quality healthcare within state facilities, they may opt out of the medical scheme environment," she says.

David Jackson: The Business Times, 20 November 2011