

Private sector could help state implement healthcare scheme

THE first building blocks are being put in place on the journey to achieve universal healthcare for all South Africans through a National Health Insurance (NHI) scheme. SA already spends 8.5 percent of its gross domestic product on health and still has poor health outcomes when compared with similar middle-income countries, according to Heidi Kruger, head of corporate communications for the Board of Healthcare Funders (BHF). She said it was evident that SA needed to more efficiently use the money it spent on healthcare. In its submission to the government's NHI green paper, the BHF emphasised that the expertise and the sophisticated infrastructure that exists within the private healthcare sector could be utilised in the NHI. It said that the private funding sector was a national asset, rich in expertise and experience in governing and administering healthcare systems, which could be made available to the government as it implemented NHI. The BHF believes that, once fully implemented, the model could be similar to the Gautrain model where the private sector was contracted by the government to fulfil a function of building the entire system, and where the establishment of the Gautrain Management Agency, under the provincial government, manages the running of Gautrain. Kruger said this model would create flexibility and establish an appropriate platform to attract, retain, contract and remunerate the required skills and expertise adequately. She said that a well-functioning NHI system would certainly require such a model. The BHF's NHI task team, consisting of administrators, actuaries, clinicians and trustees, formulated the response that included the areas in which the private funding sector is able to contribute both during the pilot phase and within the full NHI. Many of these areas relate directly to the Department of Health's 10-point plan for health, as once these have been achieved, universal access to health will have been realised. The BHF underlined the urgent need for reform of the private sector in the build-up to NHI, in order to align this sector with current and future national health policy and to ensure a seamless integration of the 8.5-million medical scheme members into the NHI. It said reform must include the following areas:

- The prescribed minimum benefits (PMBs). These are hospi-centric and curative focused and are a main contributor to the high cost of private sector expenses. The benefits package underlying the PMBs must be restructured to focus on essential healthcare, which would bring them in line with health policy and what is stated in the green paper on NHI. The legislation must be reviewed to alter the focus to primary

and preventative care. This would enable resources to be directed to primary and preventative healthcare.

- The establishment of the proposed pricing commission. Kruger says this will act as the precursor to the single purchaser function, which is a cornerstone of the NHI and would bring an end to the runaway costs experienced by consumers in the private sector and enable medical schemes to further the social solidarity objectives under which they are governed. The proposed NHI single-purchaser model will include regulated prices for the NHI benefit package.
- Regulatory and professional bodies. The BHF says reform of the current regulatory and professional statutory bodies will be required to bring these bodies in line with the requirements of an NHI model.

Kruger said the services to be delivered should be identified, together with the service providers responsible for the delivery of the services. Healthcare services should be distinguished in terms of the level of expertise required and type of discipline required, including differentiation between primary care, secondary care, tertiary care and quaternary care or academic hospital environment. She added that access to specialist care should follow consultation with a primary care provider.

David Jackson: Business Day, 25 October 2012