

NHI White Paper: Day 10

This is the tenth in a series of daily analysis pieces of the NHI White Paper that will be sent to SAPPF- and HealthMan Members. Different aspects of the NHI will be analysed on a daily basis, which will help to assist providers in understanding how the NHI initiative will impact the private provider and their practice, as well as the impact on their own access to healthcare. Some broader economic impacts will also be included on occasion.

Extract from the White Paper

EMS and Patient Transport Services under NHI - EMS will include both non-facility and facility-based emergency care:

- Basic life support;
- Intermediate life support;
- Advanced life support;
- Medical rescue;
- Screen and triage;
- Initial assessment, stabilisation, management; and
- Cardio-pulmonary resuscitation, including in neonates.

Critical Analysis

There are indications that all ambulances will not be branded under NHI and that ambulance services will be paid according to capitation type models with consideration of case complexity. Emergency care will also be delivered by multi-disciplinary teams.

There is no further indication on the implementation of this model and whether it will apply to state and private facilities.

It is currently unknown whether one will be able to report to a casualty centre of a hospital with a non-emergency illness, as is currently happening, or whether one will only have the option of reporting to a PHC clinic or GP. There are indications of co-payments for not following referral paths in the system.

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