🗱 BIZCOMMUNITY

Access to quality, affordable healthcare is the goal

Actively campaigning against rising healthcare costs, using effective managed care interventions, family practitioner upskilling and partnerships with qualified service providers to flag and treat symptoms as early as possible, while ensuring medical aid members have access to affordable, quality healthcare are among the innovations likely in 2017.



Cost containment

Rising costs is the biggest challenge facing medical aids. "Expenditure in the private sector has continued to increase on an annual basis since the 1980s," explains Dr Bobby Ramasia, principal officer of <u>Bonitas</u>. 'This medical inflation (unavoidable contribution increases on medical schemes) ranged between 5% and 3% higher than consumer price index (CPI) over the past 13 years.

"We have to adapt our business model to meet the challenges, most of which are beyond our control, such as rising hospital and specialist costs. We believe that the landscape is changing rapidly as a result of treatment innovations, increasingly early detection and treatment."

Bonitas would like to see:

• A reduction in the number of medically unnecessary tests and procedures ordered by physicians through managed care initiatives aimed at actively managing disease. This will help ensure the co-ordination of care as well as strategic

purchasing and wellness.

- Exploration and implementation of solutions to limit contribution increases.
- Continued use of the innovative tool, emerging risk model, to identify high risk members before they develop high risk
 conditions, thereby implementing managed care protocols on those members. High risk members comprise a small
 proportion of the scheme's membership but account for the largest proportion of the scheme's costs. Early detection
 and proactively managing the diseases associated with these members enables the scheme to effectively manage
 costs.

Managed healthcare

"An example of our managed care initiatives is the DBC programme. This interdisciplinary programme is designed for people suffering from chronic back and neck pain," says Ramasia.

Developed by a group of Finnish experts in 1993 and being put into practice by DBC, it uses effective methods of physiotherapy and musculo-skeletal rehabilitation for back and neck pain. The team includes treatment from doctors, physiotherapists and biokineticists.

The protocol begins with an in-depth assessment followed by a 12-week regime that incorporates active exercise with appropriate weights and motion which target the trunk and neck muscles of the spine, helping restore mobility and control.

Excellent results and success stories are being seen in the 22 countries in which they operate. The success rate for treating chronic pain in the back and neck and helping avoid surgery is 85%.

Technology

Medical aid fraud, waste and abuse contributes significantly to cost increases. The financial burden of fraud, wastage, abuse and irregular practices committed in the private healthcare sector are estimated to add as much as R22bn per year to the overall annual cost of private healthcare in South Africa as a whole.

"To help detect fraud, we use advanced software. This analyses a set of data by applying various algorithms over a period to identify outliers or abnormal data compared. These outliers are then scored in terms of the probability of the data being fraudulent," he says.

Only recently implemented the initial results and indications are that levels of fraud, waste and abuse previously not identified have, and will be, identified for recoveries and or prosecution. Bonitas predicts a reduction in fraud of 7%.

Ramasia says the scheme will also be introducing various apps, tailored differently for members, brokers and doctors to make dealing with Bonitas quicker, easier and more user-friendly.

One of these is Babyline, a dedicated parent advice line. Available 24/7, 365 days a year, the service offers healthcare advice to parents with children and is run in conjunction with the department of paediatrics at the University of Pretoria.