SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

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The Southern African HIV Clinicians Society is a non-profit membership organisation of over 3 000 health care workers with an interest in HIV in South Africa and the Southern African region. The Society's mission is to promote evidence-based, quality HIV healthcare in Southern Africa. The Society's membership includes doctors, nurses, pharmacists and other health care professionals working in the field of HIV. The Society strives to support and strengthen the capacity of its members to deliver high-quality, evidence based HIV prevention, care and treatment through its Journal, the *Southern African Journal of HIV Medicine* and its nursing magazine, HIV Nursing Matters; clinical guidelines; online clinical case studies; and regular Continuing Professional Development accredited meetings across South Africa.

The Southern African HIV Clinicians Society would like to make the following points to the Health Market Inquiry.

The administrative process

Our doctor-members have experienced challenges with the coding for claims where Medication associated with HIV prevention is not covered by schemes and only treatment related medication is paid for. The ICD 10 code for claiming for HIV treatment does not cover treatment for other HIV related/linked conditions like depression and diabetes, requiring patients to see another GP for that script.

The Council for Medical Schemes is now auditing all the HIV management companies and the issue of script expiry has been taken very seriously. Doctors are regularly faced with the scenario in which patient calls in at the last minute to say their medication is finished and they are unable to get an appointment with the doctor for follow up, for various reasons for a week or two. Sometimes there is difficulty in contacting the doctor's rooms or getting a repeat script issued. In order to avoid treatment interruption, this has sometimes been dealt with by contacting the doctors and getting consent to issue a 1 month repeat script if the patient has been adherent for the last few years with an undetectable viral load. The doctor will then be notified and requested by e-mail or fax to urgently provide a new script and new blood tests. However, auditors with the Council of Medical Schemes have now warned that this is a contravention of the rules, and scripts cannot be issued and accepted except for the original from the treating doctor. The challenge with this is that it will now result in many patients who have been adherent experiencing interruption in their treatment which could result in development of resistance especially with Non-nucleoside reverse-transcriptase inhibitors (NNRTI) based regimens and could seriously affect long term outcomes.

Conflicts of Interest

Regulation 15 of the Medical Schemes Act reads:

15H. Protocols. —If managed health care entails the use of a protocol— (c) provision must be made for appropriate exceptions where a protocol has been ineffective or causes or would cause harm to a beneficiary, without penalty to that beneficiary.
15I. Formularies. —If managed health care entails the use of a formulary or restricted list of drugs— (c) provision must be made for appropriate substitution of drugs where a formulary drug has been ineffective or causes or would cause adverse reaction in a beneficiary, without penalty to that beneficiary

Some of our doctor-members in the private sector have experienced an issue with medical schemes where even though a medical adviser is appointed by the scheme, a decision made by the appointed medical adviser is overruled by the scheme, usually by someone like the Senior Pharmacist as the ruling does not fall within the scheme's guidelines. The Schemes regard the guidelines, not as a guide but as a Protocol which cannot be altered in any way, making the appointment of an experienced medical advisor pointless in serving the dual needs of the best clinical advice for the patient, coupled with the best cost process for the scheme.

The trustees of the schemes often question medical decisions which may be in the long-term interest of the patient but do not fit in with short-term annual financial budgets. The bottom line is that the schemes do not understand that private doctors recognise the need for cost efficacy and cost savings but need to combine these issues with patient health and wellbeing, which involves a consideration of the effects of drugs on a patient.

Relationships between Medical Scheme and Courier Companies

The Society has received complaints about the inefficiency of courier companies, for example, medication being sent to patients is changed without informing the patient and communicating to them reasons why there is a change and how the new medication is used and possible side effects as would have been done over the counter. Section 6 of the National Health Act specifically states that healthcare users have a right to full knowledge of the treatment options available and their associated risks and benefits and the process of changing a person's treatment without consultation is a breach of that right. Regulation 15 of the Medical Schemes Act limits the prescription of formulary drugs if they adversely affect the patient. However, the dialogue between the patient and health care provider is suppressed by the courier process, and patients have no way of safeguarding against unrepresentative changes in their medical regiment. This may be an abuse and breach of the Regulations of the Medical Schemes Act. This is indicative of the need for openness and transparency between medical schemes and its members. The closed relationship between medical scheme and courier companies creates information asymmetries, which reduce the patient's ability to participate in the determination of their own health care needs.

TB treatment in Private Health Facilities

TB is currently being treated in the public sector, which is a huge challenge for patients using private health services as they are often required to go to public institutions for treatment which they would rather not do. It is also unclear if medical schemes actually pay the public institutions the minimum amounts that they charge and are due for the patient to pay. This places an additional burden on state facilities. In addition, because of the lack of clinical training, many private GPs do not know how to treat TB and do not recognise it when seeing it in the practice.

Even though South Africa has one of the highest TB rates in the world, PMB coverage for TB in the private sector is limited to diagnostic tests. The responsibility of treatment of TB is left to the public health sector. Patients with private health insurance are forced to use overburdened public health institutions. The private health sector is well resourced and should train private health care professionals on TB diagnosis, care and treatment as it is required to provide this treatment in terms of the PMB regulations.

Stockouts

Shortages of HIV and TB medication as a result of stock outs has been a huge challenge as it impacts on treatment and patients may develop resistance if they don't take their medication as required. Patients from the public sector may be referred privately to get their medication during a stock out causing difficulties for patients. There are numerous difficulties experienced by patients without medical aid accessing private healthcare. These patients often do not have the resources to pay out of pocket for medication, which is expensive. The government is required to provide affordable healthcare in its efforts to realise the right to healthcare.