

SAAPI Conference 2018



Moving towards Universal Health Coverage: NHI Expectations for Pharmacists



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A long and healthy life for all South Africans





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What's it
all
about?

South Africa's NHI



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NHI should not be an experiment



" I TOLD YOU AT THE START - THIS DRUG IS STILL IN THE EXPERIMENTAL STAGE."



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But it is an evolutionary path



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Need a South African approach



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Dialogue is needed



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Moving from conflict...



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... to collaboration



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Patient centred dialogue

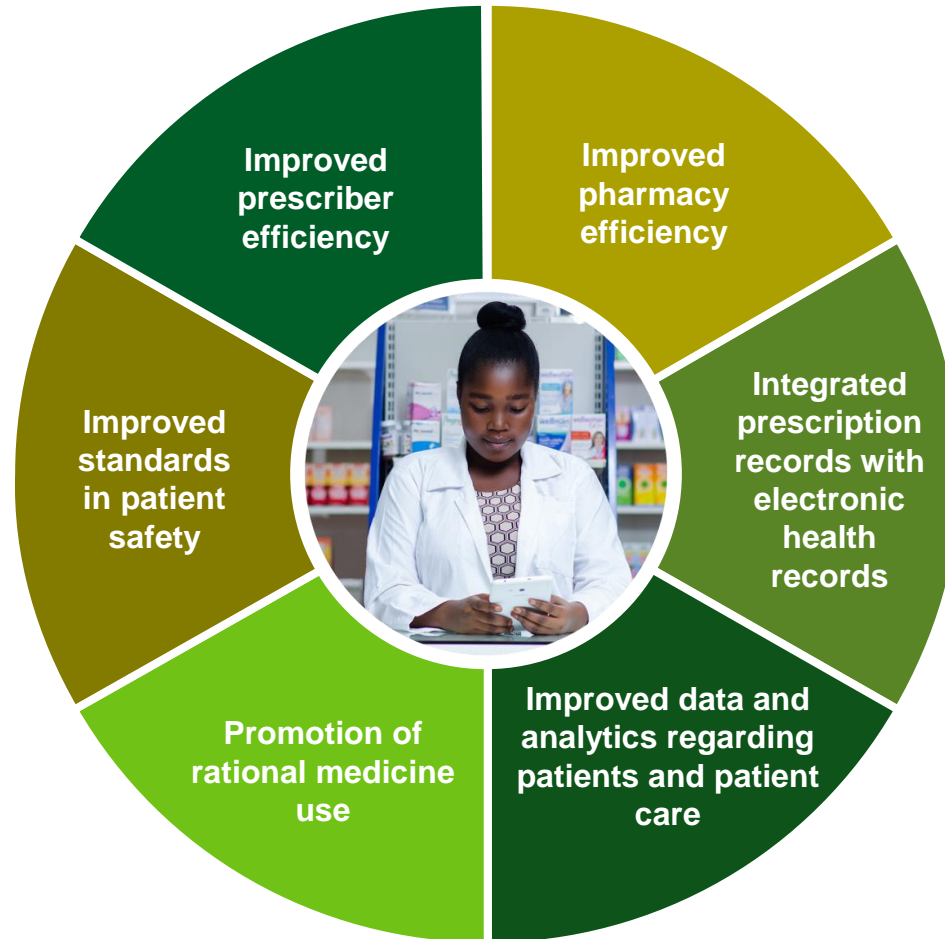


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One pharmacy approach



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Outline



1. Strategic Context

2. NHI White Paper Directives

- Contracting with pharmacies (public & private)
- Pharmacies and role in alternative access points
- Accreditation as an NHI provider

3. Payment, and alternative payment mechanisms

4. Supportive, enabling tools and policies

- Electronic transactions and centrally governed processes



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Strategic Context



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Strategic Context



South Africa carries the **third largest** burden of TB, DR-TB and MDR-TB in the world

The incidence of TB has more than tripled in the last 20 years

South Africa has the **largest ART** programme in the world



Among 18 to 35 year olds, **20%** have hypertension, **12%** have diabetes... and will increase to **30%** and **26%** respectively among 36 to 45 year olds



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Strategic Context



GLOBAL IMPERATIVE

- United Nations adopted **17 Sustainable Development Goals (SDGs)** 25 September 2015 .
- Goal 3.8 of the SDGs urges all countries to:
- “Achieve universal health coverage including financial risk protection, **access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all**”



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Strategic Context



UNIVERSAL HEALTH COVER | WHO Definition:

“ensuring that all people can use promotive, preventative, curative, rehabilitative and palliative services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship

This definition of UHC embodies three related objectives: (1) **equity** in access to health services – those who need the services should get them, not only those who can pay for them; (2) that the **quality** of health services is good enough to improve the health of those receiving health services; and (3) **financial risk protection** - ensuring that the cost of using care does not put the people at risk of financial hardship.

UHC brings the hope of better health and protection from poverty for hundreds of millions of people-especially those in the most vulnerable situations.”



World Health
Organization



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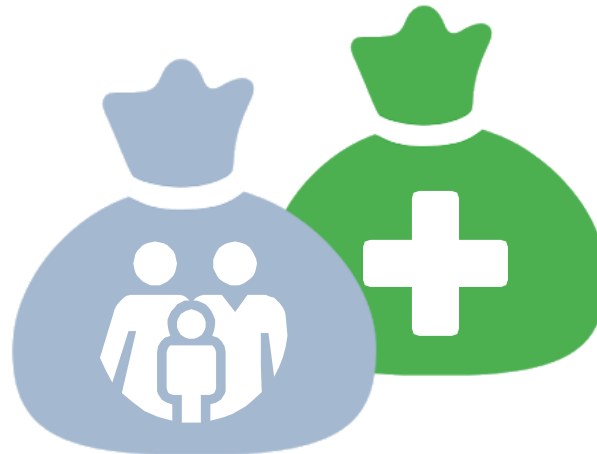


Strategic Context



WHAT IS NHI?

- Strategy to move South Africa towards the goal of universal health coverage.
- A health financing system that pools funds to provide access to quality health services for all South Africans based on their health needs and irrespective of their socio-economic status.



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Strategic Context



WHAT IS NHI?

- To put into place the necessary funding and health service delivery mechanisms, which will enable the creation of a health system in South Africa that is **efficient, equitable and sustainable**.
- This system will be based on the principles of the **right to health, social solidarity and universal coverage**.



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Strategic Context



A stable supply of medicines is a prerequisite for achieving the targets for 90-90-90 and the successful implementation of Universal Test & Treat.

To participate in the NHI Service Provider Landscape pharmaceutical services must enter into a modern state of preparedness.



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National Strategy To Improve Medicine Availability



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NHI White Paper Directives



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NHI Pharmaceutical Services



- NHI will **accredit** and **contract** with private retail pharmacies based on **need**. Accredited and contracted retail pharmacies will prescribe & dispense according to Standard Treatment Guidelines, using NHI medicines.
- Strong mechanisms will be established to **monitor** medicine prescribing and dispensing.
- Pharmaceutical services will also be provided through determining medicine **collection points in the community** such as schools, churches and community pharmacies.



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Adopt a Multi Disciplinary Approach



Point of entry = primary health care

Integrated teams of multidisciplinary practices serve a catchment population with referrals to higher levels of care

The Multidisciplinary Team



Required Team Members



Recommended Team Members



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Accreditation of Providers



- In the context of a purchaser-provider split, where the NHI Fund acts as a strategic purchaser, **health benefits will be delivered by both public and private providers**, if they have been accredited and contracted by the NHI Fund.
- Accreditation will require that providers meet the minimum quality norms and standards and be certified by the **Office of Health Standards & Compliance**, as well as the relevant statutory professional council.



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Purchaser – Provider Split (PPS)

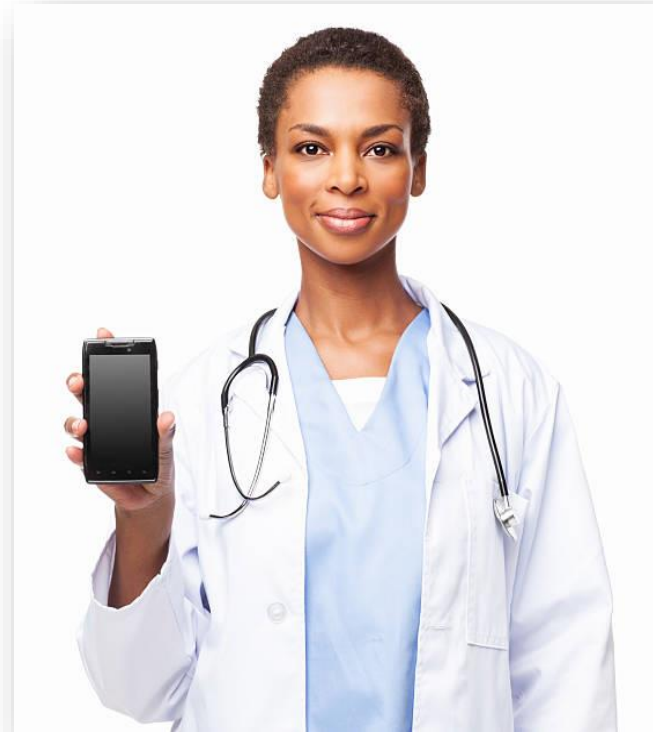


- Third-party payers are kept organizationally separate from service providers.
- Managed by contracts.
 - Create competition between providers.
 - Incentive structures
 - improved cost containment,
 - greater efficiency,
 - organizational flexibility, better quality and
 - improved responsiveness of services to patient needs.

Accreditation of Providers



- Providers must also be able to **submit routine information**, including but not limited to:
 - Patient information
 - Diagnosis information
 - Prescribing and dispensing information



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Alternative Access Points



- CCMDD Pick-up-Points currently receive pre-dispensed parcels.
- This process is being used to develop the business rules and governance that will support the expansion of pharmaceutical services as part of NHI service delivery
- **Distribution of services should be aligned with need**



**CCMDD
Pick-up-Points**



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CCMDD

Central Chronic Medicine Dispensing & Distribution



Growing chronic disease burden and patient population + Test & Treat = Even greater burden on already overburdened health facilities

Central Chronic Medicine Dispensing and Distribution Programme = Vehicle for achieving Universal Health Coverage, 90-90-90 and Test & Treat



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Payment for Pharmacies



- The NHI Fund will pay a capitated administration fee to the retail pharmacies.

Capitation:

- A 'capped' amount of money paid to a health care provider in a defined catchment area, based on patient numbers. The capped amount can be 'risk adjusted' to account for differences in patient demographics.
- The goal is to reduce the financial incentive to over-provide unnecessary services that are currently linked to Fee-for-Service reimbursement.



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Alternative Payment



Incentives for efficiency and for the provision of quality care

- **Purchasing Value:**
Align financial incentives with behaviours that will result in improved health outcomes, rational medicine use and prudent financial management.
- ‘Grade’ pharmacies or pharmacists based on a composite score relating to the quality of care provided, and reward good service provision.



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Alternative Payment



- **Payment could be linked to performance related to:**
 - Medicine availability
 - Compliance with standard treatment guidelines, formularies or pre-approved scripts
- **Over time, these measures would increase in sophistication and scope. For example, by monitoring:**
 - Therapeutic interchanges
 - Diagnostic services and vital check-ups
 - Medication error identification
 - Counselling
 - Patient education & support

NHI White Paper Directives



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Health Technology Assessment



In implementing NHI, health technology assessment will **inform prioritization, selection, distribution, management and introduction** of interventions for health promotion, disease prevention, diagnosis, treatment and rehabilitation.

Efficient use of resources is a crucial factor for achieving a sustainable health system especially when significant increase in access to **essential medicines, including generic medicines**, medical devices, procedures and other health care interventions are envisaged.



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Essential Drugs List & Procurement



An inventory of pharmaceutical, medical supplies and devices will be linked to the Essential Drug List (EDL) and will be updated on a regular basis by the NHI Benefits Advisory Committee.

Existing evidence based selection process will continue. These medicines will form the basis of all services.

The treatment algorithms that have been developed for PMB conditions in terms of the Council for Medical Schemes regulations will be reviewed to assess if they can be used to complement the EDL and Department of Health Treatment Guidelines.

As part of the process of moving to NHI, various procurement strategies will be applied to obtain **fair prices, access to innovation and a secure supply of medicines.**

Value-based purchasing & pricing for pharmaceuticals

Cochrane



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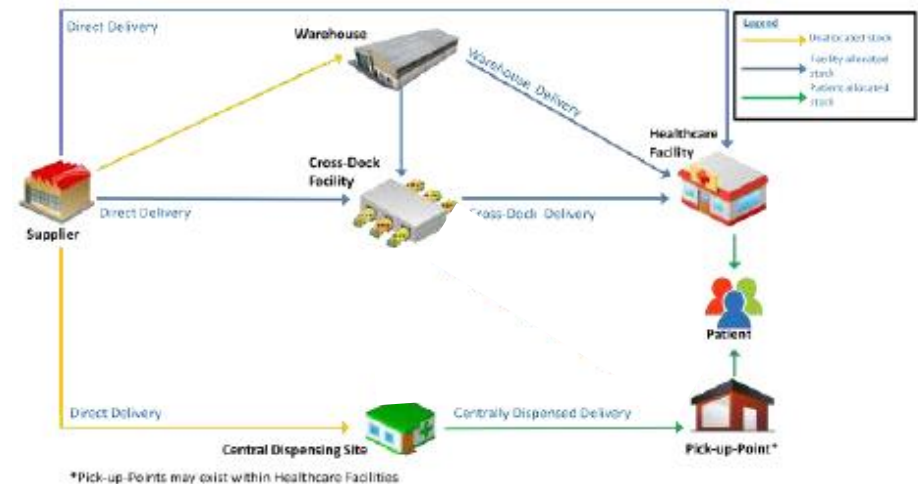
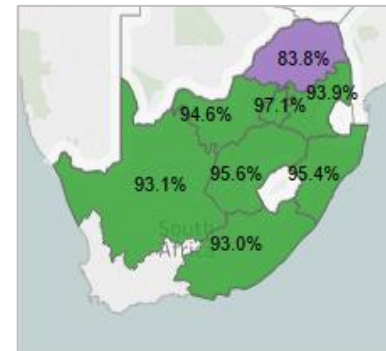
Supply Chain Reforms



Another key element of improving service delivery is to ensure that **the full range of essential medicines and other medical supplies are available in all public health facilities.**

Various interventions are currently being assessed and initiated to improve the **distribution of medicines, including direct delivery by suppliers to health facilities.**

Visibility & Analytics Network & supportive National Surveillance Centre



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Systems supporting NHI transformation in the Public Sector



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Vision



- End to end visibility VAN
- Master Health Product List
- Process efficiencies.
 - e Prescribing
 - Standard regimens
- Bar code
 - Track and trace
- Pharmaco-epidemiological analysis

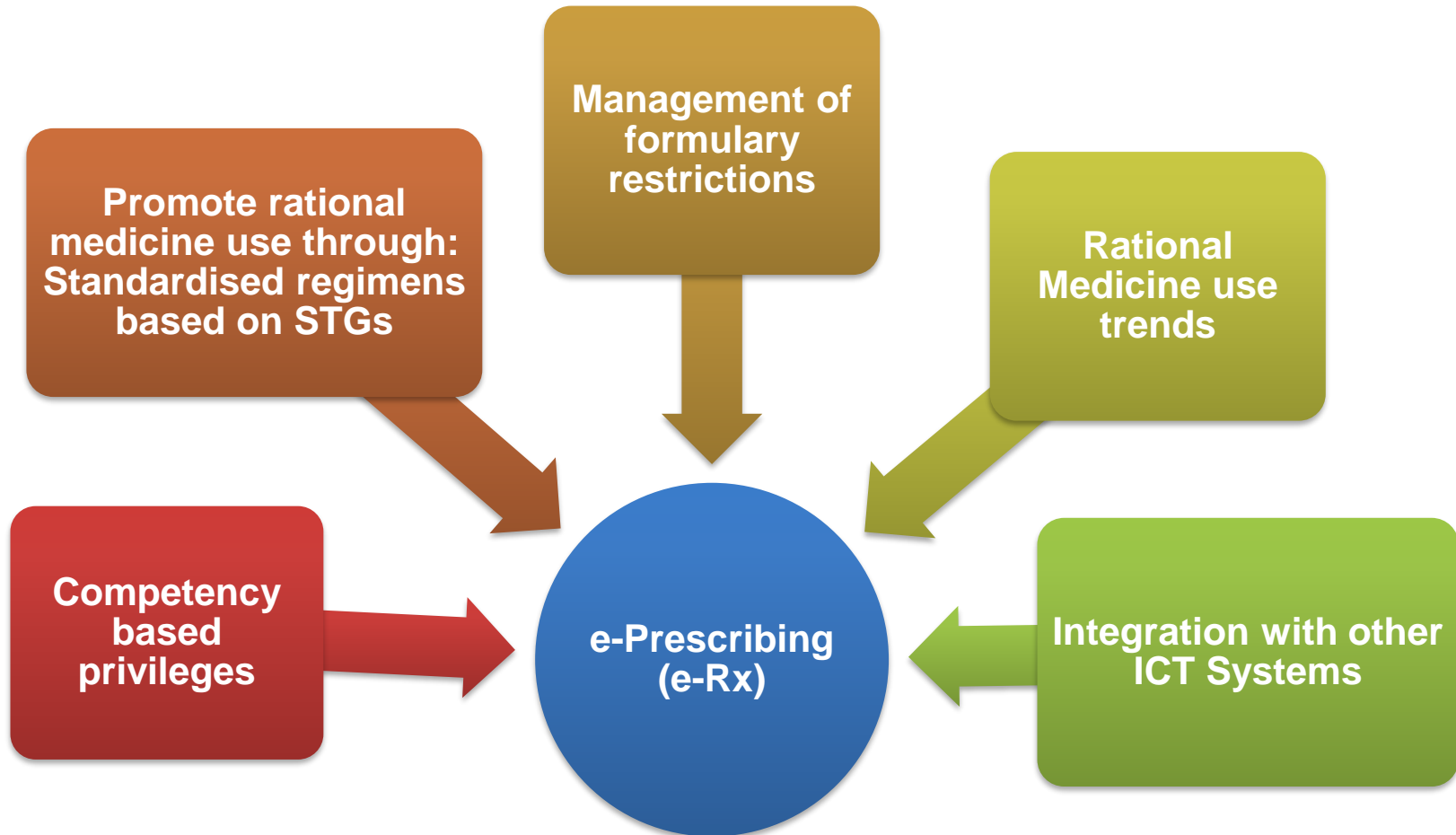
EML Clinical Guide



- **Access to STGs & EML on your phone**
 - Live updates
 - Can be used off-line
- **Usage:**
 - Nationally and internationally
 - Google analytics: identify user access patterns
 - Most frequently accessed guidelines
 - Time of day most commonly used, etc..
 - Statistics
 - > ½ million sessions
 - Adults: Hypertension most commonly accessed guideline



Electronic Prescribing



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Electronic Dispensing



Rx Solution:

- Improved accuracy
 - Predefined rules set, e.g. dosing calculations, STG regimens
 - Dispensing outside of standard regimens flagged for clinical pharmacist review
 - Barcoding (medications, patient scripts)
- Improved efficiency
 - Electronic, patient-level medication history
 - Linked to e-prescribing
 - Barcoding to enhance stock management
- Patient safety
 - Minimisation of medication errors

Other Systems



**gCommerce:
Contracting,
Procurement and
Warehouse
Management**

**SVS: Stock
Visibility System
at PHC**

**Hospital
Dashboards**

**Supplier
Performance
Dashboards**

**Pharmaceutical
Services
Dashboards**



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Conclusion



Public and private pharmacies and pharmacists play an **important role in the NHI service delivery landscape.**

We must ensure that **reimbursement strategies incentivise the provision of a professional service,** including health outcomes and system sustainability.

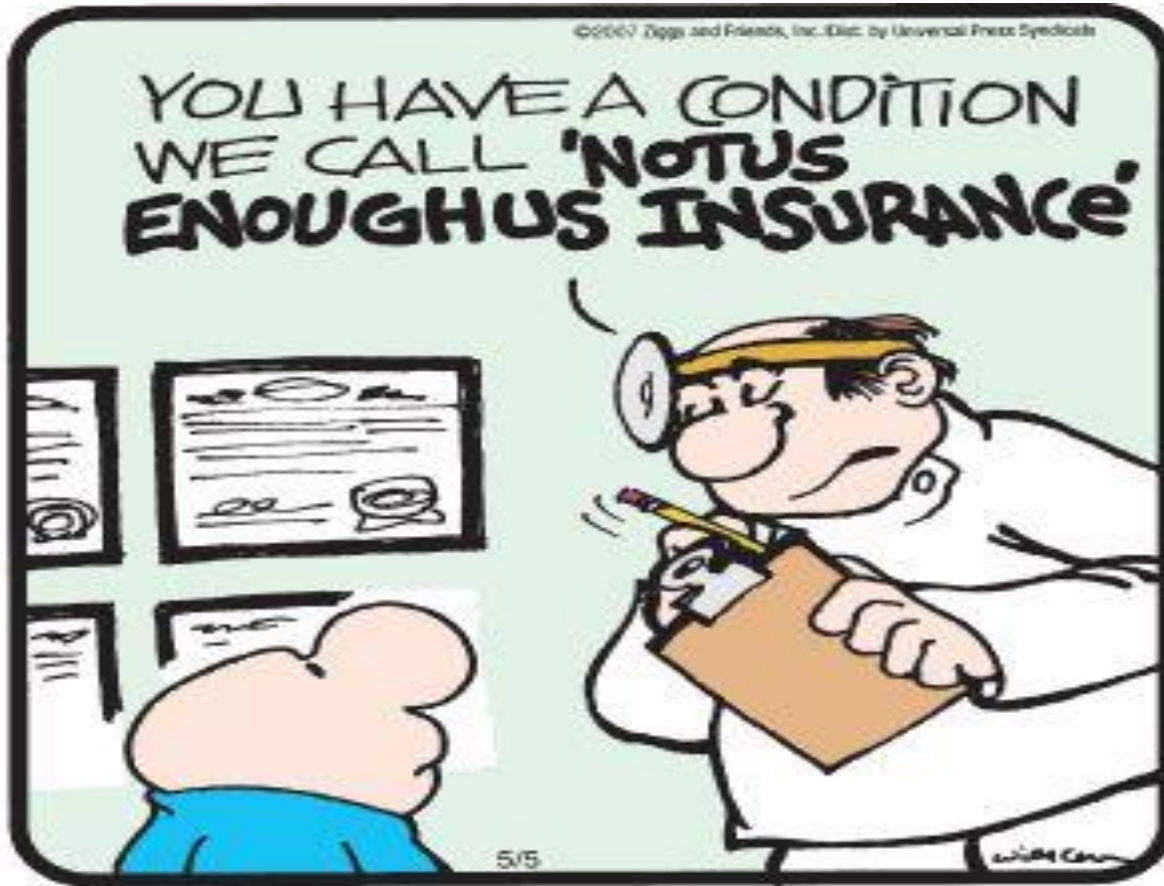


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Thank you!



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