

Private healthcare 'likely to implode'

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DEPUTY Health Minister Molefi Sefularo extended a reconciliatory hand to the private healthcare sector yesterday, saying that the government would welcome its assistance in implementing the National Health Insurance (NHI) scheme, but warned it would go ahead regardless.

Sefularo told the annual conference of the Board of Healthcare Funders (BHF) at Sun City that the NHI was integral to the African National Congress's health policy and was consequently one of the department's priorities along with overhauling the health system and improving its management and revitalisation of infrastructure .

"We have made it clear that we are determined to implement our 10- point plan and this health plan of action with speed," he said, adding that the NHI was a big part of that plan. He acknowledged the medical aid schemes' knowledge of the private healthcare sector, saying their expertise and experience would be needed for the implementation of NHI.

He warned, however, that private healthcare and the South African medical aid industry in their present form were "likely to implode because they are not sustainable".

Sefularo said it would be appreciated if BHF members came up with proposals of how they were going to "make the intellectual, financial and technical resources available" to assist the implementation of the NHI.

He said the new health system would be implemented in a phased manner to allow for consultation, policy making and legislation review. Discussions around adequate provision of funding would also be debated.

Prof Di McIntyre, of the health economics unit at the University of Cape Town, who also addressed delegates yesterday, was critical of private healthcare sector complacency. She said previous proposals by the private sector to extend medical scheme cover to more low-income workers was "fiddling at the edges" and that the private sector must suggest changes that really addressed healthcare problems.

The BHF proposals, presented by Dr Clarence Mini, included suggestions that medical schemes offer top-up cover for shortfalls in the NHI package and that medical scheme administrators collect patients' contributions for NHI benefits from the central NHI agency, and pay service providers.

"It protects scheme reserves, but at the same time makes it possible for individual schemes to take decisions concerning public private partnerships that benefit schemes members while strengthening the public health sector facilities," Mini said.

McIntyre was not impressed by BHF's proposal. "I do not think (BHF members) are thinking innovatively enough."

McIntyre said that for the NHI to work, administrative efficiency needed to be addressed urgently in the public sector, led by someone like Pravin Gordham, former head of South African Revenue Services, who overhauled departments there.

She supports a single purchaser model to bring down medical costs.