

Heading towards value-based care

Accessible and quality healthcare is a pillar of sustainable development and global security. The principle behind this is that no one should fall into poverty because they get sick and need healthcare. South Africa's response to the global call for universal healthcare is the National Health Insurance (NHI) bill, which aims to provide everyone with access to appropriate, efficient and quality health services.



Dr Brian Ruff, co-founder of PPO Serve

“The Health Market Inquiry has spelt out the failure of the private sector to make affordable quality healthcare available to more people. To move towards universal health coverage, holistic care delivered by a multidisciplinary team is required,” says Dr Brian Ruff, co-founder of PPO Serve.

Access to quality healthcare forms the basis for the realisation of a wide variety of socioeconomic rights. The purchaser role put forward by the NHI will ensure the efficient use of resources to benefit the country’s entire health system. “The model introduces a single fund that will also support the purchasing of medical services for the country,” he says.

In contrast to the current model, in which schemes attempt to manage care and spend through restricted benefits and pre-authorisation, the NHI fund will be responsible for the lives of 57-million South Africans. “Under it, providers – whether public, private, or not for profit – will compete for local contracts based on how well they deliver value. This includes primary healthcare and hospital services,” says Ruff.

Value-based care

The goal of universal health coverage is to provide full comprehensive care to all citizens and legal residents of a country. “By pooling funds, the NHI has the ability to provide access to quality and affordable health services for all South Africans based on their healthcare needs and irrespective of their socioeconomic status. There are many countries, with less resources who provide quality healthcare care for everybody,” he says.

To work effectively, the NHI needs to appoint a competent team to design template strategic contracts that are robust and fair. “These value-based care contracts must use payment models that support the use of all available resources, that reflect population needs and that reward good outcomes. This means the model needs case mix tools – data which shows that patients are treated at the right level of care relative to their illness – to be available at every level of the system.”

Population medicine models demonstrate their value by improved measures of both the quality of healthcare delivered, as well as a reduction in spend. “The strength of this team-based and community level model is in managing complex medical conditions as well as the direct impact of social, psychological and financial circumstances on patients’ illnesses and treatment,” says Ruff.

For more, visit: <https://www.bizcommunity.com>