Headline: How the NHI can keep patients well

Full Script

Voice Over (VO): Three days a week at 8 am sharp, members of a walking club in Chiawelo's ward 11 pile into Masechaba Tolk's home — her garage, their gym.

MASECHABA CATHERINE: I am 68 years but I can do everything. There's a 74 here, 79 and also 94 years. It's here. 94 years. We do the same … no one is "I cannot do". If we say up, they do up, they do down.

VO: Getting fit and staying healthy in this community was inspired by Wits University family physician Prof Shabir Moosa.

MASECHABA CATHERINE: Many of us here, we've got chronic disease, high blood and so on. And then Dr Moosa says why can't you start a gym so that you can help the medication to work?

VO: The idea is to prevent and manage illness — through exercise — and regular visits from community health workers based in the same building as the local clinic. It's called the Chiawelo Community Practice — or CCP.

SHABIR IN THE CLINIC: Essentially we said, from here we are going to pretend and create a practice of NHI for this community. We told everybody, you know what? The NHI is here already, 2014 come here and use us. Don't bother to go to the clinic… you are now allocated to us.

THANDI KUNENE: This is my street, this is my name. It's Luanami street.

VO: Community health workers like Thandi Kunene went from door-to-door assessing every household — 30,000 people in all.

THANDI KUNENE: I was the bridge between healthcare and the patient…we did build that relationship with them.

VO: Residents' health information was returned to the CCP for filing.

THANDI KUNENE: We're using the blue file for individuals. Then if somebody else comes again in that house, we just check to say, oh, Ayanda is here. Then we open her file again. Now, then there's the orange file… This is only for me and the doctor… Then I know, when I

open the file, I know, oh, I have to go to this address to do this, maybe to talk with the patient about smoking or maybe not adhering to the treatment.

VO: Patients get appointments.

WINNIE MOLOI: Say, I want to come to the clinic on such a day… You book your day, and then you come on your own time, not to wake up early.

VO: At Chiawelo at the moment, doctors are paid a monthly salary by government. In the private sector, they are paid for each service provided.

Under the NHI it will work differently. A GP who contracts with the NHI will be paid a capitation rate — that's an annual fee paid monthly in advance. For this, they need to keep the patient healthy by providing certain services.

The Chiawelo project shows how to limit patient visits by focusing on prevention — so fewer people get ill.

But residents who serve on a committee to support the clinic, say the CCP, which started strong, is battling.

BUSI RAMBAU: It was very neat by then when they opened it, and it was very organized. It's the shortage of the staff, and another thing the communication. If they can communicate like before, everything will go back.

VIZ: 2015 Photo of Qedani Mahangu & Thandi Kunene in the clinic…

VO: When then-health MEC Qedani Mahlangu visited in 2015 — and saw happy patients and community health workers — she told the CCP to cover more people … but without adding staff.

VO: Now the practice is at a crossroads. The hope is that the NHI could see this community model adopted and learn from it. But is it affordable and does the government have the ability to roll out such a detailed system?

STUDIO INTERVIEW:

Mia Malan
With me in the studio is the brain behind the Chiawelo community practice. Professor Shabir Moosa from Wits University. Prof, why did you start the project? And when?

Shabir Moosa
We started this project in 2014 — essentially, it was about testing out the idea of, how do you build a practice that GPs can engage with. Remember that the NHI, all the way in 2007 talked about the NHI being created to not only contract differently with public service clinics but also bring GPs and other private providers into the public service by contracting with them using a system called capitation, where people enroll into a practice saying, listen, I want to belong to that doctor and then cared for by that doctor or team. So I did some research around it with GPs across the country. We asked them what their costs would be and how they would engage with it. They turned out to have literally one rand more per person per month in terms of their costs to charge the Department of Health or NHI for their service in that survey — which is remarkable, one rand more than the public service was costing. And what we found is that with that system, given their current practice, that they would earn 30% more. The payment is actually creating the right incentive, namely to prevent and that's a very critical cost driver, because the fewer people I see in the clinic and the healthier they are, the more I save money, which means that I'm getting a fixed amount to be looking after people. The healthier I keep them, the happier I am. The primary prevention is about “Mr. Dlamini is not sick, but he's overweight”. That is a risk. He hasn't got diabetes or obesity yet, but he's at risk, so we need to educate him, and that's what we do, both in the clinic, but also in the community. And a lot of the times, because we are dealing with patients, we try and link them up with a community health worker to say, Thandi will visit you at your home to do this much more extensively, but please, you need to think about your diet.

Mia Malan
How many daily visits do your community health workers do?

Shabir Moosa
They're doing what the public service is doing, which is six visits per community health worker. But it's nowhere near the kind of quality that I expect, and I think is what is possible in the future.

Mia Malan
If the NHI is going to be rolled out with community health workers who only do six visits a day and who are not necessarily trained, all in the same way — how do we get around that?

Shabir Moosa
Instead of making community health workers employed by the state, the contracted party or private provider needs to manage the community health workers and then pay what they need to to achieve the outcomes.

Mia Malan
So what are the lessons that the NHI can learn from Chiawelo? Because Chiawelo is also going to be an area in which the NHI is initially, at least the primary health contracting units will be tried out there very soon, I believe.

Shabir Moosa
The value is that, because of the CCP work, we've got a huge engagement with the private providers, as well as with the community. So that's a very useful platform, and we've got a ready-made example. So I've got lots of time and experience in that place. So it's been helpful. But in terms of the NHI readiness, there — is simply to get the public service ready by having all their clinics up to scratch, which is a big question, whether that scratch means anything. The second one is the question of the health patient registry system, which is data that's collected of the population as they walk in, and then as they use the service. And that's something that the National Department of Health wants as a spine to the entire system. And in the public service, they're struggling with Internet and computers etc, usage of that system, so we've said you need to get that right. And that means that every patient, every person, every user in the language of the NHI Act has got a number, and that number is linked to the Department of Home Affairs, so that their fingerprint is essentially their medical aid card.

Mia Malan
The very legitimate fear of many South Africans about the NHI is it will cost an enormous amount of money to implement — to have quality health services. What's your opinion on that?

Shabir Moosa
That's actually one of the things we've tried to do as well. What is the cost of this whole exercise? We found that we, in fact, have been able to reduce the visit rate, and we, in that survey, asked the community, how much do you think the community health worker has affected your visit rate up or down? Almost half said that the way we worked reduced their visits.

Mia Malan
But you still have funding problems?

Shabir Moosa
Well, I have funding problems largely because the public service itself functions in this way where nobody really has the money. It's all higher up, and those higher-ups seem not to think that's important, that this project does mean, in fact, in the district of Johannesburg, I don't know of any manager except one in the subdistrict that's visited the place after 10 years. I, at the moment, have tried to — using the budgets available to me — to try and get a simple thing

like filing to support that place. And it's just impossibility, because systems in the public service are just so bureaucratised, you know, that it's just so impossible to get simple things.

Mia Malan
If it's difficult to get a file in the public system, do you think it's ready for the NHI?

Shabir Moosa
Well, as I say, remember, the NHI is not just about the public service. So to me, the public service is going to have to play catch up. And that's the idea. Remember, what drives the world is money, and that's what the NHI is. It's a financing system to change the way money drives health delivery, health service. It's saying principally, that we're going to take money, put it together in one pool, and from there we're going to risk-adjust for all the population of South Africa. It's about saying a budget is attached to every person, you, me, everyone in this country has a budget. When I walk into that clinic, that person knows that I've got a little dollar sign in my head. And if they don't look after me, I'm going to walk elsewhere. And that's the strategicness of it. And remember that all I need is my fingerprint, no other complication. Go to an enrolled provider. He then puts me on a system that is linked up DHA to confirm. Then NHI pays me in my account, and I see the money, and I have to see the patients. I have to make people healthier. I can deny care, but if they've got a hotline, they can complain, and I can lose the patient. So I might as well do what needs to be done to keep you healthy.

Mia Malan
Shabir Moosa, thanks very much for sharing your time and insights.

Shabir Moosa
Thank you.