

Presentation to the SA HIV Clinicians Society Conference 2012

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Mission and Vision

Vision

- To be the leader in pathology; service, surveillance and academic health sciences

Mission

- To provide quality, affordable and sustainable health laboratory services, train for health science education and undertake innovative and relevant research.

Values

- Excellence,
- Responsive
- Ethical
- Accountable
- Customer service
- Respect





NHLS 10 point plan

1. Determine a best fit service delivery model;
2. Developing a new service delivery model that is more affordable for the public sector;
3. Deliver a quality, customer focused service;
4. Align resources, support services and infrastructural development for service delivery;
5. Become laboratory services “Employer of Choice”;
6. Prioritise teaching, innovation and research to be relevant, appropriate and leading edge;
7. Become the health information powerhouse;
8. Drive stakeholder collaboration;
9. **Position NHLS as the “Provider of Choice” for NHI; and**
10. Protect our community and environment.



The 4 pandemics

- Most severe and very expensive burden or pandemic is that of HIV and AIDS and TB
- Unacceptably high maternal and child mortality
- Alarming and ever increasing incidence of non-communicable disease i.e. high blood pressure and other cardiovascular diseases; Diabetes mellitus; chronic respiratory disease; the various cancers and mental health.
- The pandemic of violence and injury.





NSLA

- NHI -11 pilots Districts
- Reengineering PHC and the DHS
 - specialist teams
 - School health programme
 - Ward based PHC
- Increased thru-put and New medical schools
- New teaching hospitals





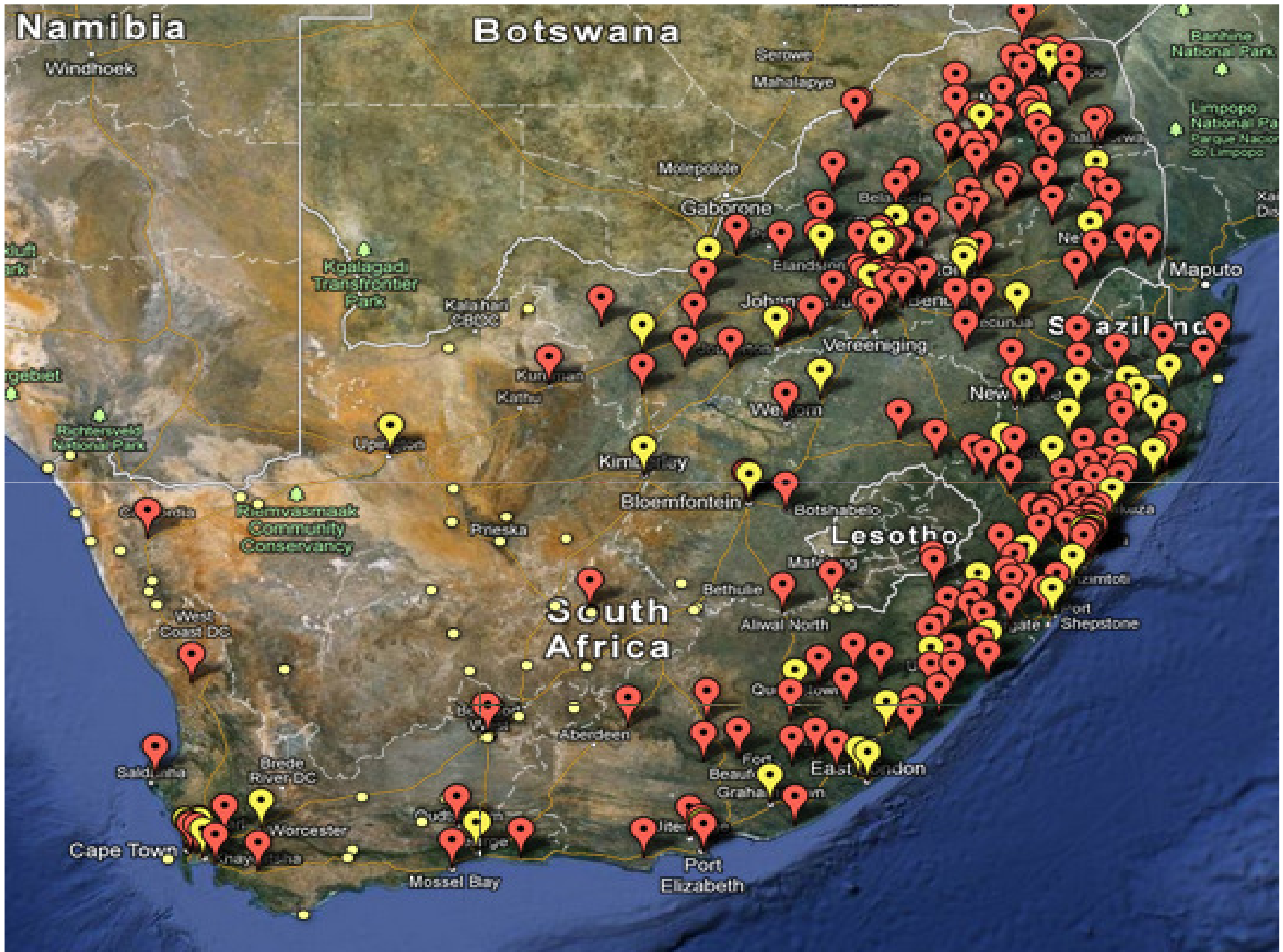
Key Strengths

- **NPP -Largest GeneExpert roll out in the world.**
- Process over 80m tests per year.
- No facility without daily pickup
- Excellent test repertoire
- Sanas accredited academic labs
- Strong service focus
- Cost effective and affordable pricing strategy
- WHO collaborating centres status in NICD/NIOH



- Good lab infrastructure
- Modern and relevant technology platforms
- World class academics and researchers
- Largest footprint
- 7200 staff
- Official commissioning and accreditation of the level-4 biosafety laboratory – only one of its kind in Africa







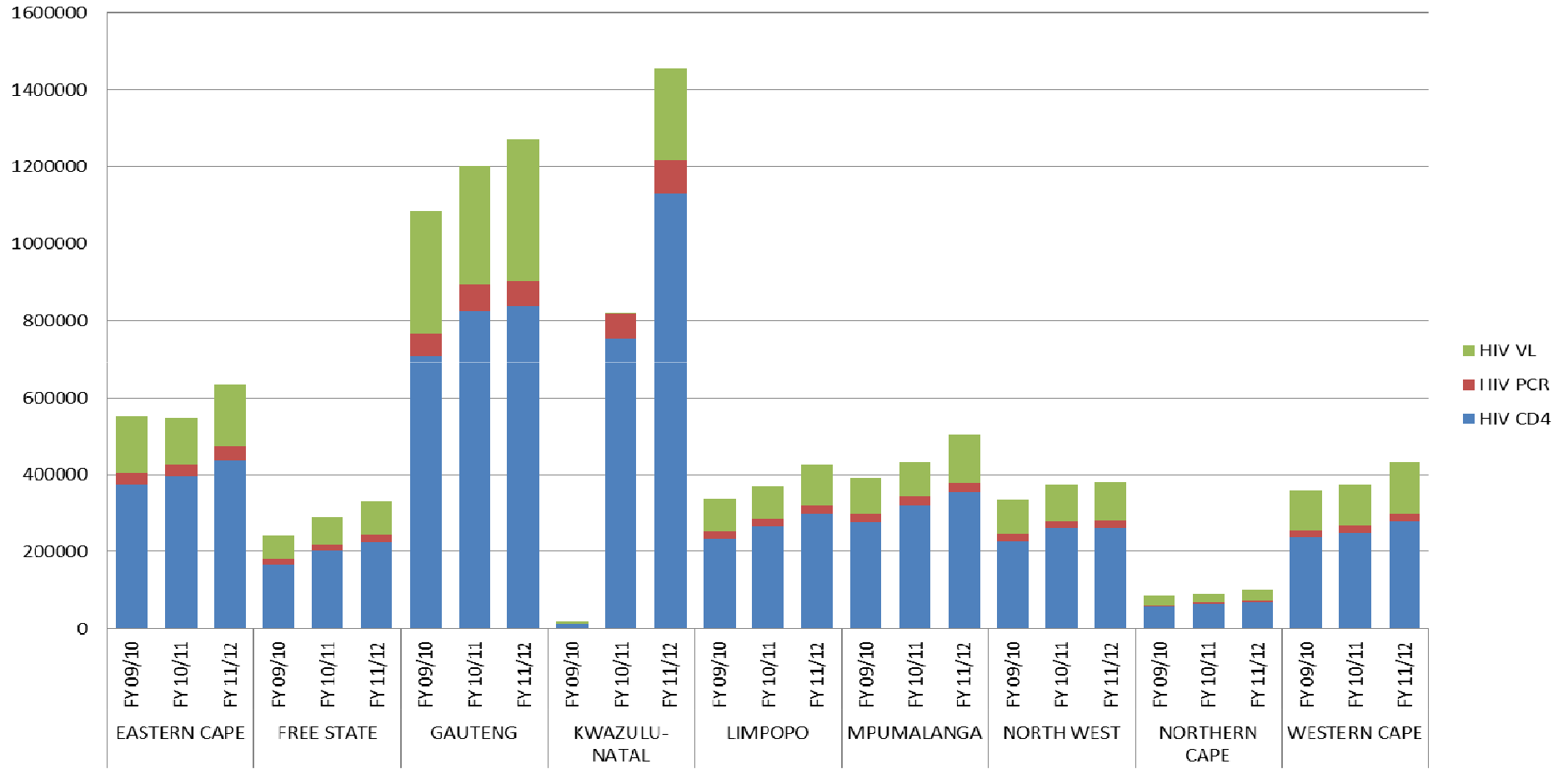
Strengths

- GDD one of 8 in the world
- Establishment of Health Technology Assessment Unit
- Learning Academy
- Web and Mobile enabled Electronic results

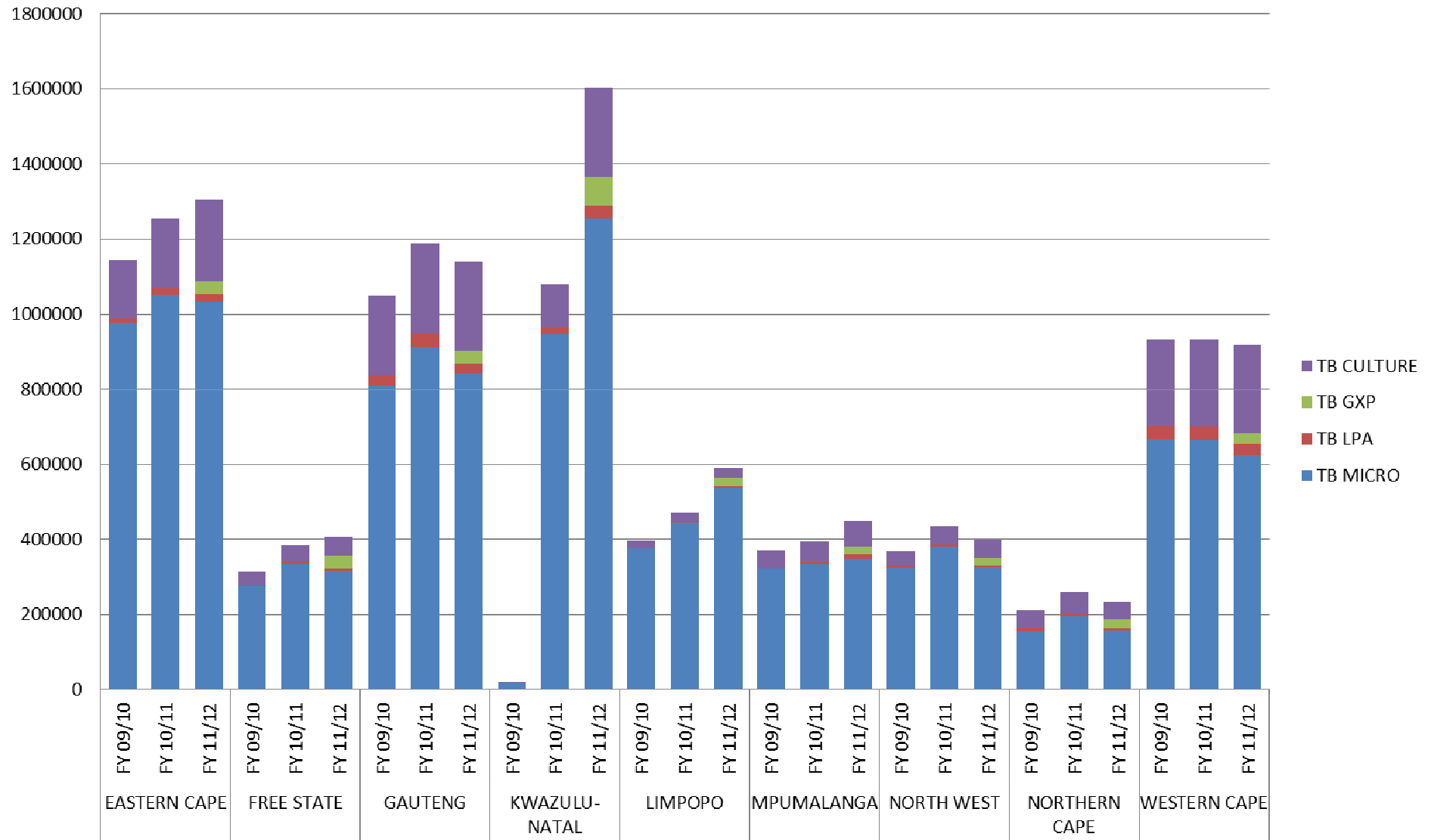




HIV Test Volumes FY 09/10 - FY 11/12



TB Test Volumes FY 09/10 - FY 11/12



Monitoring tools for TAT's





Some successes 2011/12 cont

- 510 Peer-reviewed publications authored/co-authored by staff
- Core professionals qualified:
- 47 pathologists (compared to 28 the previous year)
- 11 scientists
- 80 medical technologists
- 206 medical technicians





- New tests: everolimus, sirolimus and vitamins D2 and D3 breakdown; paroxysmal nocturnal haemoglobinuria by flow cytometry
- **performed 311,1176 Xpert MTB/RIF** .Current national coverage of the GeneXpert is ~23% with 100% coverage in high burden TB districts initiated in pilot study. **Test numbers are increasing rapidly (8-10% monthly).**





- The Division of Anatomical Pathology, University of Cape Town, was placed first among 67 international participating laboratories in the general diagnostic external quality assessment module of the Royal College of Pathologists of Australasia





Challenges

- Cash Flow –debt R2.1b
- Poor pathologist outreach





NHI: Aim

- Universal health care for all South Africans - 15 year plan





NHI Principles

- The Right to Access Health
- Social Solidarity
- Equity
- Effectiveness
- Efficiency
- Appropriateness
- Affordability



NATIONAL HEALTH
LABORATORY SERVICE





Objectives

- To provide improved access to quality health services for all South Africans irrespective of whether they are employed or not
- To pool risks and funds so that equity and social solidarity will be achieved through the creation of a single fund
- To procure services on behalf of the entire population and efficiently mobilize and control key financial resources.
- To strengthen the under-resourced and strained public sector so as to improve health systems performance





Health System Re-engineering

- Shift emphasis from high cost, curative service delivery/provision to health promotion and prevention (incl. community outreach)
- Primary health care services shall be delivered according to the following three streams:
 1. District-based clinical specialist support teams supporting delivery of priority health care programmes at the district level
 2. School-based Primary Health Care services
 3. Municipal Ward-based Primary Health Care Agents



Provider Reimbursement

- **PHC Level**: Risk-adjusted per capita payments for accredited and contracted public and private providers
- **Hospital level**: Global Budgets with a move to Case-based payment mechanisms as an alternative to fee-for-service; with a strong focus on cost containment





Unit of Contracting

- Create District Health Authority
 - Key competencies
- Responsibility of contracting with the NHI
 - Supported by the NHI Fund's sub-national offices to manage the various contracts with accredited providers
 - Monitor and evaluate the performance of contracted providers within a district





What are the challenges ?

- Quality of Public health services And how will this be improved?
- What is the ideal level of funding to PHS and NHLS?
- Will the NHLS and private sector respond to NHI contracts
- Pricing strategy of the NHLS and Private Sectors?
- Purchaser/Provider split How will NHLS respond?






Challenges

- District capacity to negotiate and manage contracts
- What ,if any, contracts need to centrally managed eg NHLS





NHLS Road Map :NHI and beyond

- New service model/s
- New financing model
- New delivery model
- New funding for teaching & research



Risks for NHLS

- **NHLS loses contracts – principle of solidarity**
- Managing clinicians in capitation/global budget model
- Poor IT systems : EHR, order entry, gate keeping, billing
- Introducing discipline for clinical and procedure coding





Risks general

- Poor data
- Weak contracting skills
- Inefficiency /wastage
- High administrative cost
- Poor management skills and systems
- Negative patient centred culture.
- Mis-management of public funds





Opportunities for NHLS

- Competition thru patient satisfaction not price.
- Good Quality , TAT & service levels drive revenue
- New revenue streams
- cash flow stability single payer





What does this mean for HIV positive patients

- Conditional grants provide protection.
- Funds argued for seperately to treasury currently
- More money becomes available over time.





Conclusion

- What ever the challenges, or the concerns NHI is the right thing to do. There is global consensus now.
- I thank you

