Report on the Council for Medical Schemes Fraud, Waste and Abuse Summit

28 February and 01 March 2019

Sandton Convention Centre

Healthcare fraud or waste and abuse is a global problem. According to the Global Health Care Anti-Fraud Network (GHCAN) it is estimated that approximately 6% of global health care spending is lost on fraud each year.[1] There is an element of organised crime involved and it can stretch over multiple countries and/or continents.

The Fraud, Waste and Abuse (FWA) Summit for South Africa was hosted by the Council for Medical Schemes (CMS) on 28 February and 1 March 2019 after the Presidential Health Summit which was hosted on 19 and 20 October 2018, where Deputy President David Mabuza announced that the Special Investigations Unit (SIU) would focus on fraud or waste and abuse in the healthcare sector.[2] CMS is part of the SIU National Anti-Fraud Forum: Health Care Sector, where CMS specifically focusses on the private healthcare market and the SIU and various National Departments focusses more on the public healthcare system.

The provisional report on the Health Market Inquiry (HMI) also made reference to the fact that not-for-profit-schemes are managed by for-profit administrators, and no evidence could be found that schemes demand information on the costs saved by administrators related to, for example fraud control, and whether the related savings are passed on to scheme members.[3]

On 8 February 2019, CMS released the draft Industry Charter to address healthcare Fraud, Waste and Abuse, as well as a discussion document for comment. These two documents were drafted by a working group consisting of representatives from Board of Healthcare Funders (BHF), Health Care Funders Association (HFA), SIU, Health Professionals Council of South Africa (HPCSA) and Health Care Forensics Management Unit (HFMU), in preparation for the FWA summit.

The FWA summit was well attended by stakeholders from the private healthcare sector i.e. medical schemes, administrators, BHF, SIU, statutory councils such as HPCSA and South African Pharmacy Council (SAPC), and professional associations such as the PSSA, South African Medical Association (SAMA) and Independent Practitioners Association Foundation (IPAF). The Hospital Association of South Africa (HASA) was absent from the gathering.

The FWA summit was very informative and useful and the figures were staggering. It is estimated that about 15% of all claims, equating to about R25 billion a year, is lost due to healthcare FWA.[4] It was highlighted that it remains quite a challenge to actually criminally prosecute health care professionals who are guilty of healthcare fraud partly due to a lack of training and understanding from the South African Police Service's (SAPS) side relating to the Medical Schemes Act as well as due to the overburdened legal system in South Africa.

The main theme of the FWA summit was to stimulate industry-wide stakeholder collaboration in order to curb healthcare fraud or waste and abuse. If this expenditure can be limited, medical aid contributions should not continue to increase by above inflation increments each year and would therefore make medical schemes more affordable to more people.

All the stakeholders at the FWA summit agreed that healthcare FWA should be addressed decisively. However, the main message from the professional associations present was that the current practices of forensic investigation are often questionable. There were allegations from some of the representative of the medical associations about entrapment and coercion during some of these investigations.

A presentation was done by Garth de Klerk, CEO of the Insurance Crime Bureau. He explained how the insurers in the short and long term insurance industry work together to share information with each other in order to curb fraud in their industry. The collaboration between these insurers has had some very positive outcomes. He pointed out that unless the medical schemes and the medical scheme administrators start sharing information about offending health care professional and/or institutions or medical scheme members they would not be able to address the matter successfully.

The PSSA, represented by Anri Hornsveld, was granted an opportunity to present the perspective of the pharmacist during the professional association panel discussion. PSSA agreed with the other panellists in that we are supporting the effort to curb healthcare FWA in general but that the PSSA insists on a process that is fair, transparent and objective as well as within the law at all times. The PSSA shared three examples of where pharmacists were subjected to unfair forensic investigations:

1. A pharmacist was asked to submit two years' evidence of invoices relating to a specific product to the forensic investigation unit. The invoices reflected that 34 units were bought from a wholesaler or supplier during this time frame, although 36 units were claimed. The investigator did not take into account that the pharmacy might have had two units on the shelf at the start of the two years' review period. Instead, the pharmacist was asked to submit an additional two years' evidence of invoices in an attempt to account for the two 'missing' units.
2. Pharmacies often buy-out stock amongst each other if they do not have enough stock on hand at a given time in order to assist a patient with a prescription thereby not delaying or interrupting treatment by having to wait for an order to arrive. Independent community pharmacies sometimes form buying groups in order to benefit from larger order quantities and associated discounts. This type of inter-pharmacy buying is apparently not accepted by the forensic investigation unit, who only deem invoices between the wholesaler and pharmacy as valid, although it is accepted by the SAPC.
3. A pharmacist, over a number of years, has dispensed medication prescribed by a nurse practitioner registered as an authorised prescriber with the HPCSA and the nurse has a BHF practice number. The medical scheme administrators approved these claims to the medical aids. According to the forensic investigation unit the nurse was not authorised to prescribe due to some outstanding paperwork and they have requested that the pharmacist pay back the claims submitted for the past 4 years.

Some of the understandable concerns raised by the medical schemes, administrators, CMS and BHF at the FWA summit were that the fines imposed by the statutory health councils are not a deterrent as the fines are relatively small. As an example, the highest fine that can be imposed by SAPC is R25 000.[5] In the event where a criminal case is opened by any party e.g. the medical aid or the administrator, the SAPC or HPCSA cannot commence with their disciplinary or legal processes before the health care professional has been found guilty through the criminal case which can take many years while the professional can continue to practice and claim from other medical schemes.

Going forward, an Industry Code of Good Practice must be drafted to govern forensic investigations in the health care sector. The current steering committee would be expanded to include representatives from other industry stakeholders and terms of reference will be drafted for the steering committee. The medical schemes and administrators would need to look at ways of sharing information about guilty offenders and their associated activities among each other. BHF is busy developing a portal that could be used for this purpose. The SIU indicated that they are training members of the SAPS and aim to have one dedicated staff member per province that would handle cases of healthcare fraud, waste and abuse opened in that province.

What would be the role of the PSSA and the pharmacist in combating healthcare fraud, waste and abuse? If a pharmacist becomes aware of another pharmacist or pharmacy committing healthcare fraud or contributing to healthcare waste or abuse, it is their professional and ethical duty to report these incidents to both CMS and SAPC. If a pharmacist is approached by a patient, whether or not this patient is a member of a medical scheme, asking them to supply him/her with non-medical or non-approved items claiming the cost from their medical aid funds a pharmacist should say NO and educate the patient on why this is illegal and unethical.

Going forward, the PSSA will submit further comments on the Charter as well as the Industry Code of Good Practice. PSSA will monitor the activities stemming from this FWA summit and will also inform all its members on the issues of healthcare fraud or waste and abuse and the correct and approved forensic investigation process that should be followed once finalised.

The negative effects of healthcare fraud or waste and abuse have a ripple effect affecting the whole population. The rising cost of private healthcare due to fraud, waste and abuse results in reduced accessibility as patients cannot afford private healthcare insurance anymore. The ripple effect is that these patients resort to the already overburdened public healthcare sector, which in the end affects the country's economy on various levels.

In the words of Garth de Klerk, CEO of the Insurance Crime Bureau, "*It takes a community with a common cause to be truly successful*". Let's become a community of pharmacists working together to address and eliminate healthcare fraud, waste and abuse.

References

1. GHCAN website http://www.ghcan.org/global-anti-fraud-resources/the-health-care-fraud-challenge/
2. Bhekisisa article - Billions lost: Doctors, hospitals and medical aid members collude to commit fraud 01 March 2019. https://bhekisisa.org/article/2019-03-01-00-private-healthcare-corruption-losing-more-than-r22-billion-a-year-to-fraud-waste
3. Provisional recommendations from the Health Market Inquiry
4. According to Dr Sipho Kabane, Registrar of CMS's presentation at the summit
5. Government Notice 1056 of 3 September 1999

Pharmacy Symposium 2019

23 & 24 October 2019 | Gallagher Convention Centre | Johannesburg

The Pharmaceutical Society of South Africa (PSSA) has joined forces with SAPHEX (South African Pharmaceutical Exhibition) and The Pharmacy Show in 2019 to present a two-day symposium which will be open to anyone working within the pharmacy sector in South Africa and SADC region whilst attending The Pharmacy Show this year on 23 and 24 October at the Gallagher Convention Centre.

This collaboration will see a two-day conference programme organised and hosted by the PSSA with the inclusion of their four sectors, namely the Academy of Pharmaceutical Sciences of South Africa (APSSA), South African Association of Community Pharmacists (SAACP), South African Association of Hospital and Institutional Pharmacists (SAAHIP) and South African Association of Pharmacists in Industry (SAAPI).

PSSA and its four sectors will also have an integrated exhibition stand at the event creating a fantastic opportunity for visitors to not only access the PSSA symposium free of charge and gain up to date, reliable and relevant information, but to interact with office bearers from the National and Sectoral offices and executive committees.

The Pharmacy Symposium will be open to any visitor to attend (both PSSA members and non-members) and promises to deliver an exciting, integrated programme that caters for all spheres of pharmacy. The full symposium programme will be available in the next issue of the *SAPJ*.

The Pharmaceutical Society of South Africa

74th Annual General Meeting

Notice in terms of the Constitution – Section 22.2

To:

All members of the General Council of the Pharmaceutical Society of South Africa

You are hereby notified that the 74th Annual General Meeting of the General Council will take place at the Lynnwood Conference Centre, Lynnwood, Pretoria on Tuesday, 20 August 2019 commencing at 10:00

Issued by:

Ivan Kotzé, Executive Director
Pharmaceutical Society of South Africa
May 2019

Die Aptekersvereniging van Suid-Afrika

74ste Algemene Jaarvergadering

Kennisgewing ingevolge die Grondwet – Artikel 22.2

Aan:

Alle lede van die Algemene Raad van die Aptekersvereniging van Suid-Afrika

U word hierby verwittig dat die 74ste Algemene Jaarvergadering van die Algemene Raad gehou sal word by Lynnwood Conference Centre, Lynnwood, Pretoria op Dinsdag, 20 Augustus 2019 om 10:00

Uitgereik deur:

Ivan Kotzé, Uitvoerende Direkteur
Aptekersvereniging van Suid-Afrika
May 2019

The PSSA/Alpha Pharm distance learning programme 2019

The PSSA/Alpha Pharm Distance Learning Programme continues to offer pharmacists useful, practical, up-to-date information that enables them to provide optimal pharmaceutical care to their patients.

Module 2/2019 – Updated SA lipid guidelines

Although hyperlipidaemia does not cause symptoms, it can significantly increase the risk of developing cardiovascular disease, including disease of blood vessels supplying the heart, the brain and limbs. Because of these risks, treatment is often recommended for people with hyperlipidaemia.

This Module updates you on the management of dyslipidaemias based on the recent publication of the updated South African Guideline Consensus Statement.

We discuss screening for and assessing cardiovascular risk by means of the Framingham Risk Charts which have been updated. This Module also indicates the latest targets for treatment (ideal lipid levels) and discusses the various doses of medication required to achieve these target lipid levels.

The pharmacist has an extremely important frontline role to play in screening patients for high cholesterol levels. By referring them to their doctor for treatment, and advising them on lifestyle modifications, you will be helping patients to control their cholesterol levels and prevent the development of cardiovascular disease.

For more information about this programme contact Gill or Glynis at Insight Medicine Information on 011 706 6939 or email cpdalphapharm@insightmed.co.za.

The PSSA/Alpha Pharm clinical education programme 2019 for pharmacy staff

The PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme continues to offer front-shop assistants or pharmacist's assistants up-to-date information that enables them to provide optimal pharmaceutical care to their patients. All pharmacy staff need to be familiar with the use of unscheduled medicines and should be reminded of when it is necessary to refer the patient to the pharmacist.

Module 2/2019 – Common infant ailments

Infant ailments understandably create much parental concern and anxiety. It is difficult enough for new parents to cope with a crying or fussy infant, let alone an infant who is not well. Front shop staff members in the pharmacy, especially if they have children of their own, can offer a valuable service to new parents by recommending suitable approaches to managing infant ailments and referring parents with an ill infant to the pharmacist or doctor when symptoms suggest warning signs of a more serious problem.

Most common infant ailments, however, are not serious and include colic, fever, colds and teething. Infants also commonly have skin problems like nappy rash, cradle cap, heat rash or have feeding problems like reflux. Many of these ailments can be managed at the community pharmacy level. However, it is important to err on the side of caution when dealing with infant ailments and to trust the parent's instincts. If the parent is particularly concerned, it is best to refer the infant to a healthcare provider.

This module discusses some of the common infant ailments that the front shop staff member is likely to encounter in the pharmacy and outlines their signs and symptoms, approaches to their management and guidelines as to when to refer the infant to a healthcare provider for further evaluation.

If you would like to participate in the 2019 PSSA/Alpha Pharm Pharmacy Staff Clinical Education Programme, please contact Gill or Glynis for further information at 011 706 6939 or email cpdalphapharm@insightmed.co.za.