



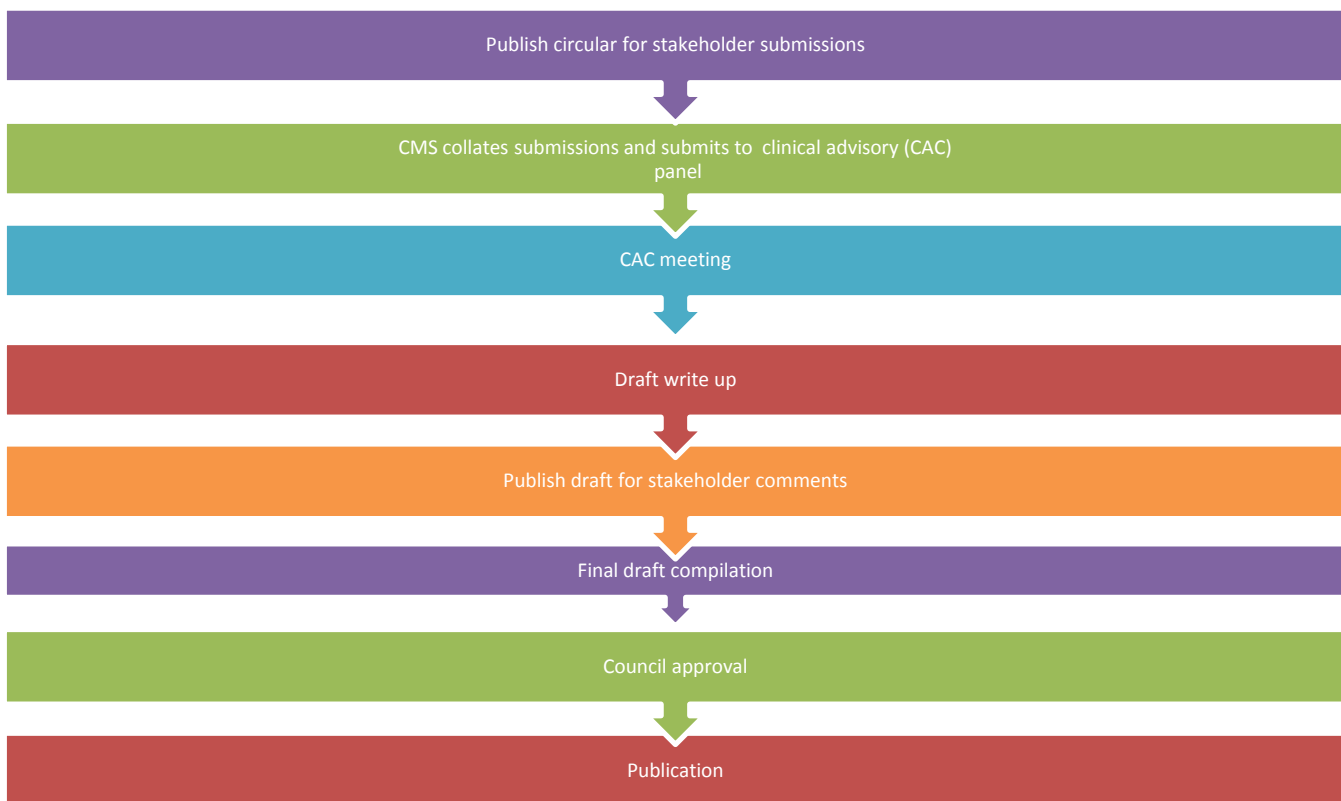
Reference: Digestive system PMB definition guidelines  
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## **CIRCULAR 90 OF 2016 : BENEFIT DEFINITION SUBMISSIONS FOR DIGESTIVE SYSTEM CONDITIONS**

The Council for Medical Schemes (CMS) is calling for submissions for PMB benefit definition for the following conditions:

- hepatocellular cancer,
- appendicitis,
- gastric and intestinal ulcers with hemorrhage or perforation
- hernia with obstruction and/or gangrene; uncomplicated hernias under the age of 18years

While the CMS takes cognizance of the PMB review process that is currently underway, there are existing gaps identified in the funding of some conditions which warrants the need to continuously develop funding guidelines. These guidelines will be updated and reviewed once the PMB review process is finalized. The process for the PMB definition exercise for the above conditions is outlined below:



Submissions from different stakeholders should follow the templates provided below and emailed to [pmbprojects@medicalschemes.com](mailto:pmbprojects@medicalschemes.com) by 17<sup>th</sup> January 2017.

The CMS hereby also extends an invitation to all stakeholders who would like to be part of the clinical advisory committee meeting on the 30<sup>th</sup> January 2017, to submit CVs by 15<sup>th</sup> January 2017 to [pmbprojects@medicalschemes.com](mailto:pmbprojects@medicalschemes.com). The committee will consider all the submissions received, and propose recommendations regarding the basket of benefits and care to be made available in the management of digestive system conditions mentioned above. In order to protect the intellectual property of stakeholders, submissions will be treated anonymous and distributed to committee members only.

PP

**Dr Humphrey Zokufa**

**Chief Executive and Registrar**

**Council for Medical Schemes**

## TEMPLATE FOR HEPATOCELLULAR CANCER SUBMISSION

Please provide separate submissions for early and metastatic disease.

### Diagnosis basket

**NB: Please clearly distinguish between pre-diagnostic and diagnostic benefits**

Consultations – specify the number and frequency of consultations per discipline including GP
Imaging radiology
Imaging procedures
Laboratory investigations
Histopathology
<b>Exclusions</b>

### Staging and risk assessment basket

Consultations – specify the number and frequency of consultations per discipline
Imaging radiology
Imaging procedures
Laboratory investigations
Histopathology
<b>Exclusions</b>

### Response evaluation and follow up

Consultations – specify the number and frequency of consultations per discipline
Imaging radiology
Imaging procedures
Laboratory investigations
Histopathology

**Exclusions**

**Treatment options**

- Surgical
- Chemotherapy – do not give regimen details; only individual drug names
- Radiation
- *Exclusions*

**Best supportive care**

Include any supportive interventions – e.g. supportive drugs, physiotherapy, nutrition etc.

**Any other comments**

**TEMPLATE FOR SUBMISSION FOR:**

- APPENDICITIS
- GASTRIC AND INTESTINAL ULCERS WITH HAEMORRHAGE OR PERFORATION
- HERNIA WITH OBSTRUCTION AND/OR GANGRENE; UNCOMPLICATED HERNIAS UNDER 18 YEARS

**Diagnosis**

**Please include resuscitation and any pre-diagnostic benefits**

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| <ul style="list-style-type: none"><li>- Laboratory investigations</li><li>- Imaging radiology</li><li>- Imaging procedures</li></ul> |
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**Medical management**

- |   |
|---|
| <ul style="list-style-type: none"><li>- For each medical intervention, please include the:<ul style="list-style-type: none"><li>• Inclusion criteria</li><li>• Exclusion criteria</li></ul></li></ul> |
|---|

**Surgical management**

- |  |
|--|
| <ul style="list-style-type: none"><li>- For each surgical intervention, please include the:<ul style="list-style-type: none"><li>• Inclusion criteria</li><li>• Exclusion criteria</li></ul></li><li>- Role of laparoscopic intervention</li></ul> |
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**Post-operative and follow up care**

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**Any other comments**

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**TEMPLATE FOR SUBMISSION FOR SINGLE INTERVENTIONS – COMPLETE THE RELEVANT SECTIONS APPLICABLE**

Name of product / device / intervention	
Indication	
Mechanism of action	
Clinical evidence available (Yes or No)	
Is clinical evidence from: <ul style="list-style-type: none"><li>- head to head randomized controlled trials</li><li>- from an indirect and/or mixed treatment comparison</li><li>- Non randomized studies</li></ul>	
Acquisition costs of intervention	
Method of administration	
Frequency of use	
Average length of treatment	
Average cost of treatment	
Any additional tests or investigations needed for patient selection	
Any costs for monitoring patients	
Any supportive therapies that should be administered with the specific technology	
Please give any therapies that are needed to manage any adverse reactions	

**Any other comments/supporting documents**

- Please supply any costing studies done in the South African context if available
- Please do not attach clinical trial documents to the submissions. However, they could be cited and be made available on request.