



COUNCIL FOR MEDICAL SCHEMES

PMB Review Introductory remarks at Clinical Advisory Committee meetings

August and September 2009
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REF Project Specialist




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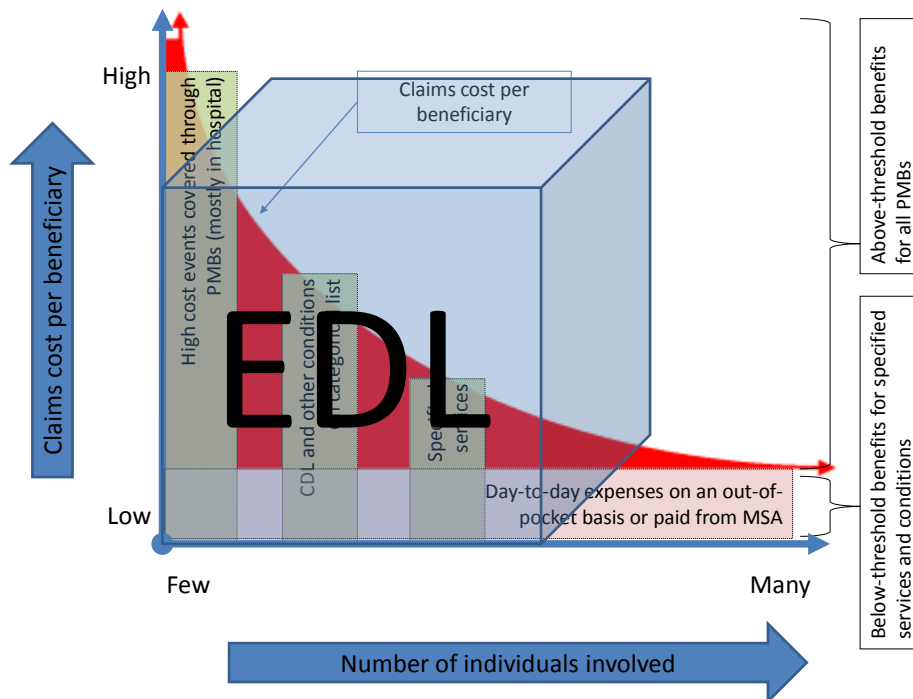
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Process to date

- PMB Review workshops early in 2008
- 3 drafts of a PMB review consultation document
- Numerous stakeholder submissions on these drafts



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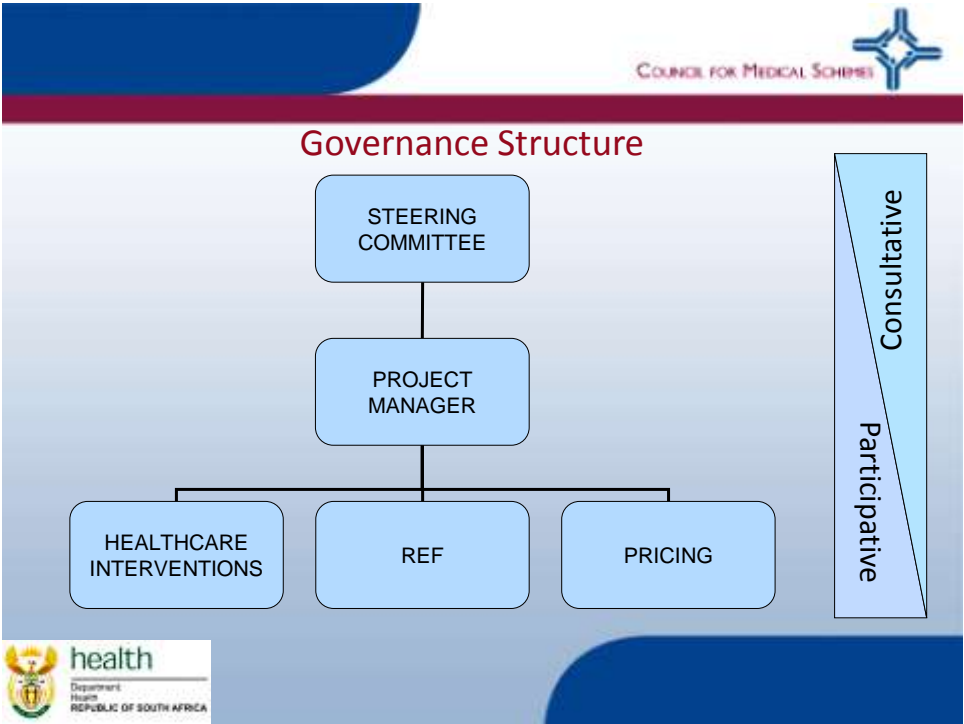
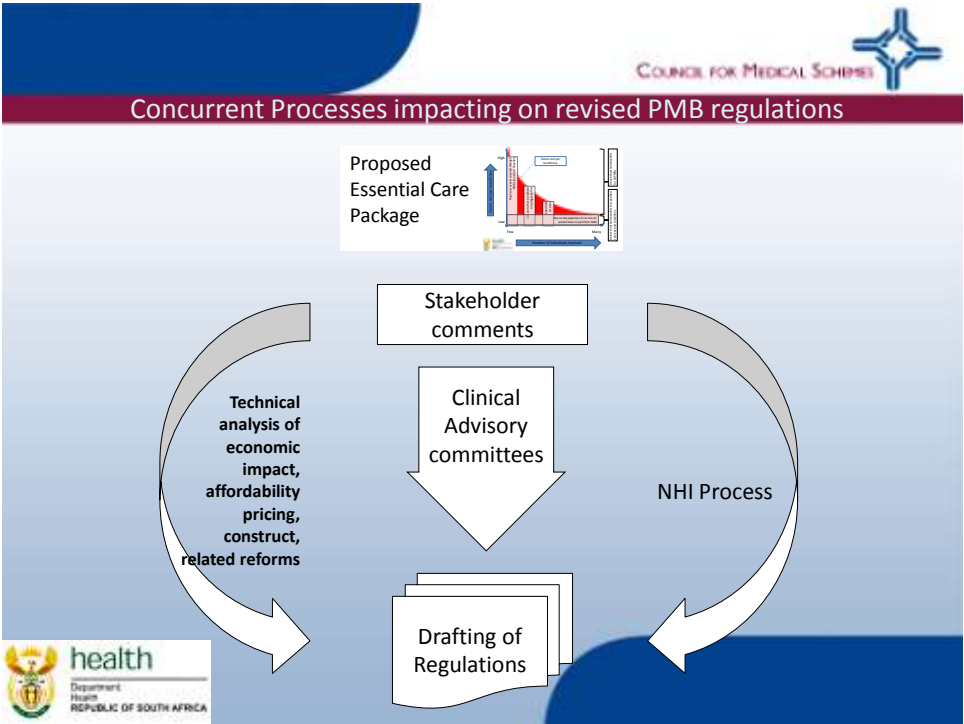


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Frequently raised matters

- EDL inappropriate in current environment
 - The intention of the EDL list is not to limit medicine use to drugs on this list, but simply to state that any of the drugs on the list must be covered from first Rand
- Exclusions: Annexure I
 - The intention is that these conditions should be excluded within the specified setting, not a general exclusion
- Challenges
 - Constitutional rights, mandate of DoH & Council

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Sources for consideration

- Existing PMB regulations
- Third draft of the PMB review consultation document
- Stakeholder comments on the consultation document relevant to the specific advisory committee
- Final submissions by committee members to the committee

Terms of reference

- I. Background
- II. Policy Framework
- III. Composition of clinical advisory committees (CACs)
- IV. Criteria for evaluating a recommendation
- V. Role of the Chair
- VI. Code of conduct for CAC members
- VII. Logistics

Annexure A: Clinical Advisory Committee agenda items, meeting dates, and relevant comments on the PMB review consultation documents




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IV. Criteria for evaluating a recommendation

Submitted recommendations must comply with the principles of evidence-based medicine decision making and therefore it is crucial that sufficiently detailed information on how the evidence was obtained is provided. In addition, the criteria outlined below should be adhered to:

1. Clinical effectiveness
2. Degree of discretion
3. Urgency
4. Cost-effectiveness/ economic evaluation
5. The health benefits of the recommendation should be compared with the next best available alternative treatment. If possible a balance sheet of the benefits, harms and major costs of recommendation should be itemised against those of the available alternative

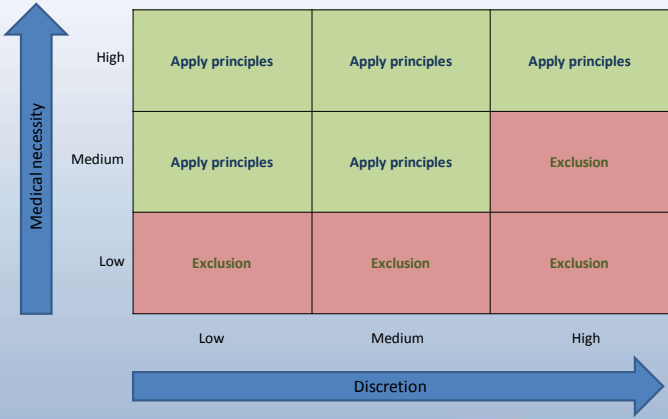


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Degree of discretion



Medical necessity ↑	High	Apply principles	Apply principles	Apply principles
	Medium	Apply principles	Apply principles	Exclusion
	Low	Exclusion	Exclusion	Exclusion
		Low	Medium	High
		Discretion →		

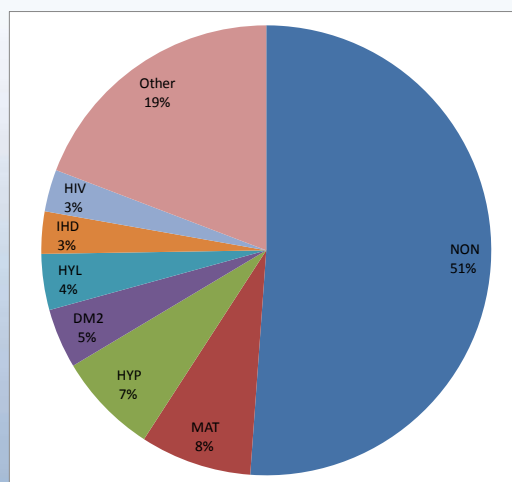


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The health benefits

- The health benefits of the recommendation should be compared with the next best available alternative treatment. If possible a balance sheet of the benefits, harms and major costs of recommendation should be itemised against those of the available alternative

Cost weight of the top six REF risk factors, December 2008





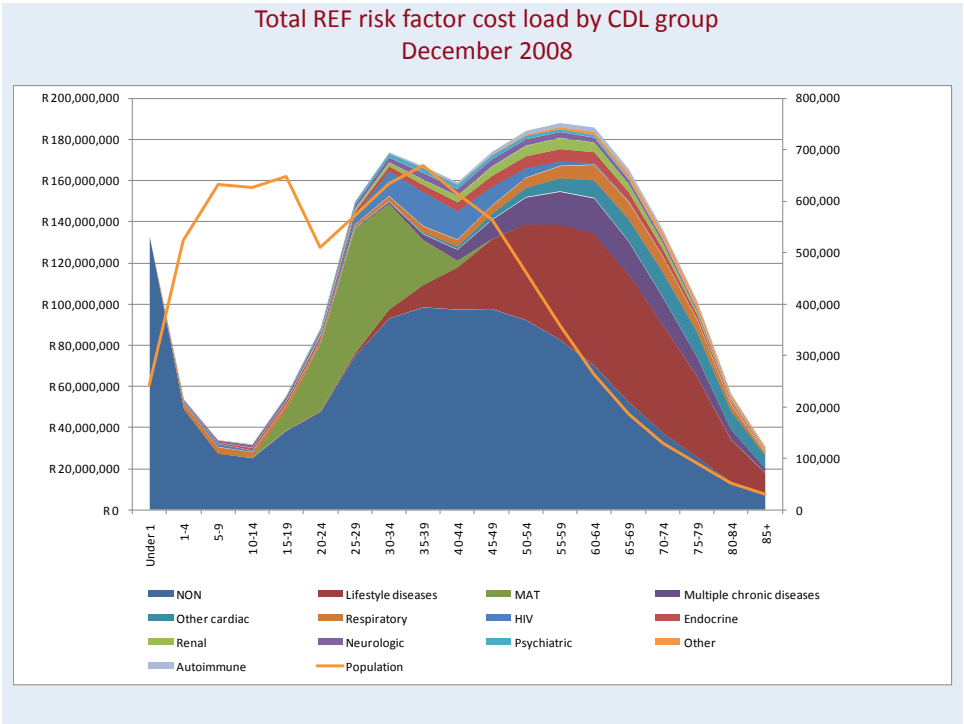
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CDL groups

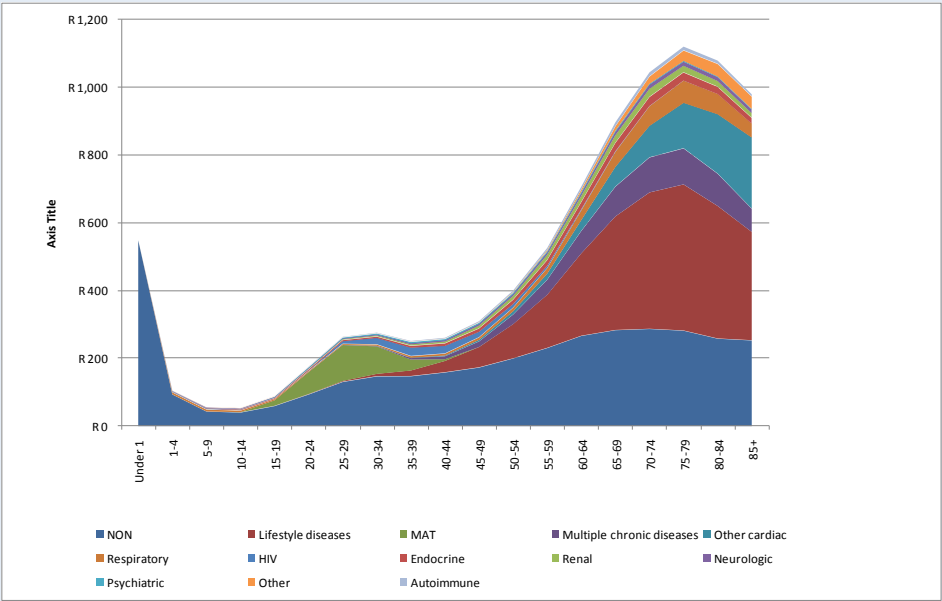
Lifestyle diseases	HYP, IHD, HYL, DM2
Other cardiac	CMY, CHF, DYS
Multiple chronic diseases	CC2, CC3, CC4
Psychiatric	BMD, SCZ
Renal	CRF
Respiratory	AST, COP, BCE
Endocrine	DM1, TDH, ADS, DBI
Neurologic	EPL, MSS
Autoimmune	RHA, SLE, CSD, IBD
Other	HAE, PAR, GLC



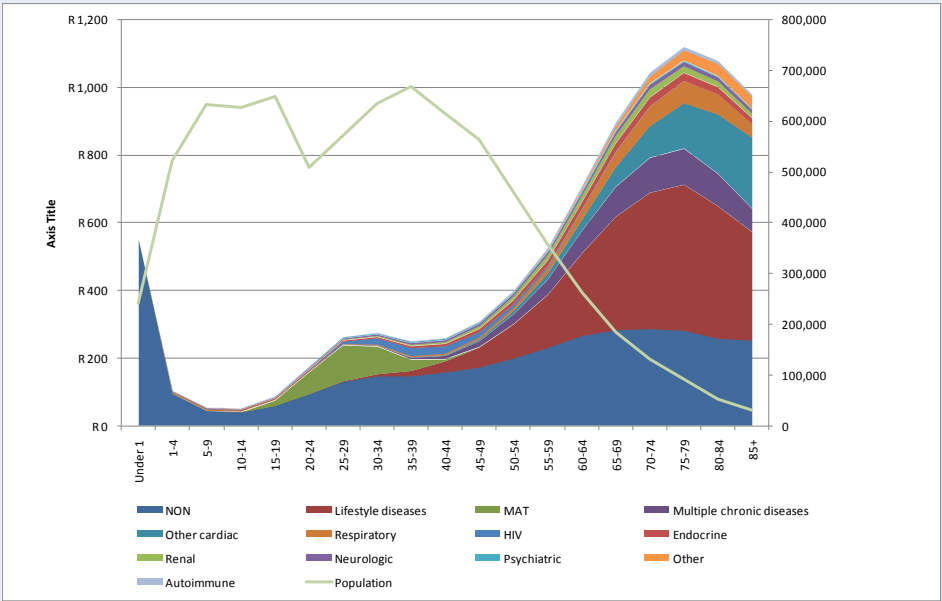
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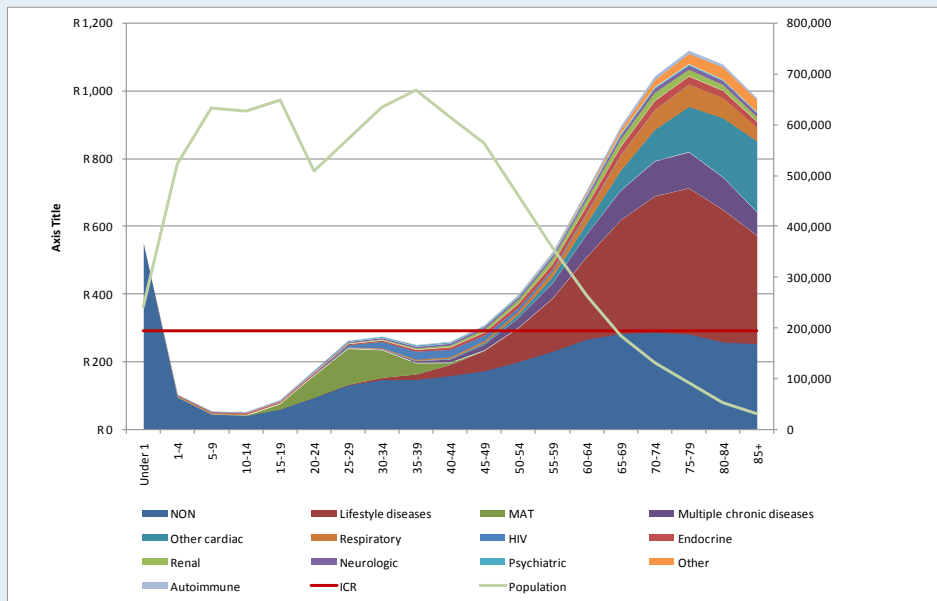
Cost pbpm of the REF risk factors by age and CDL group
December 2008



Cost pbpm of the REF risk factors by age and CDL group
December 2008



Cost pbpm of the REF risk factors by age and CDL group December 2008



V. Role of the Chair

The Chair of each of the CACs will be appointed by the Steering committee and will be briefed by the project manager on the scope of the project.

The chair will:

1. Guide the task of developing final recommendations and the process thereof.
2. Assist the team to work collaboratively and effectively together ensuring that there is balanced contribution from all members.
3. Steer the discussion according to the agenda
4. Summarise the main points and key decisions from the debate, noting any points of disagreement.
5. Sign off minutes compiled the secretariat.

VII. Logistics

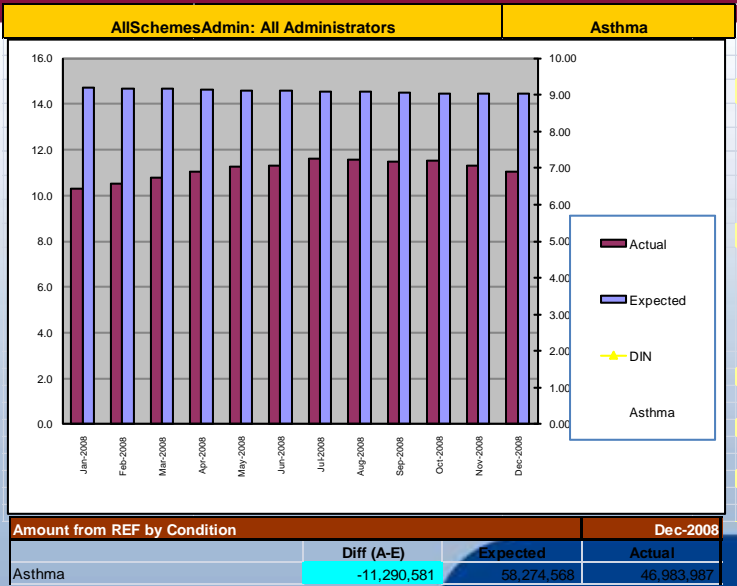
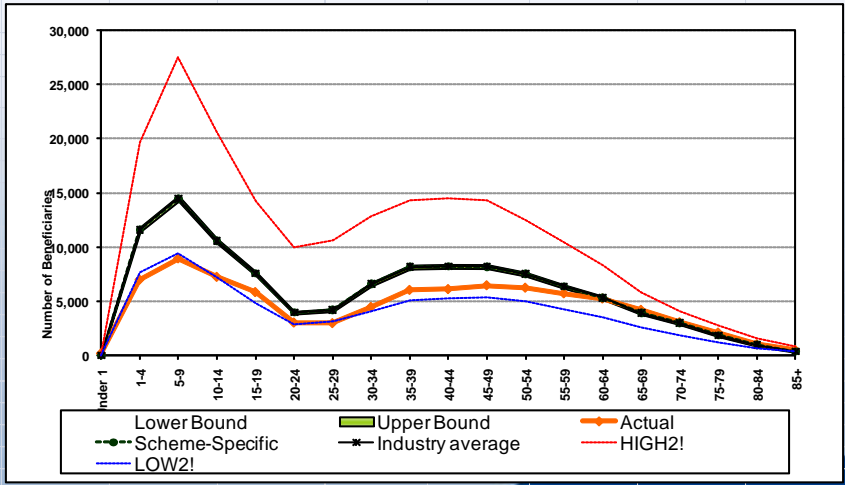
1. Committee members must review the comments made by other stakeholders as listed in Annexure A and submit their final proposals at least seven days prior to the scheduled meeting.
2. The chairperson of each advisory committee must make final recommendations to the PMB Review Steering Committee by 29 September 2009.

REF data relevant to this committee

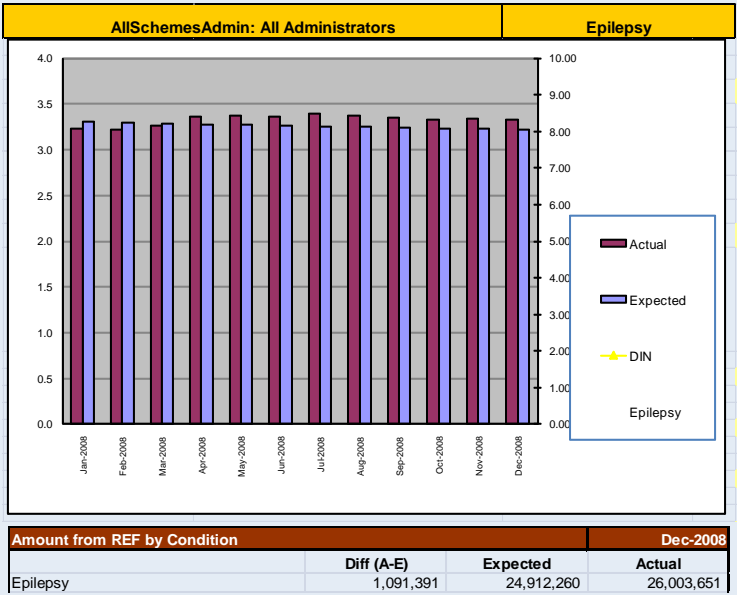
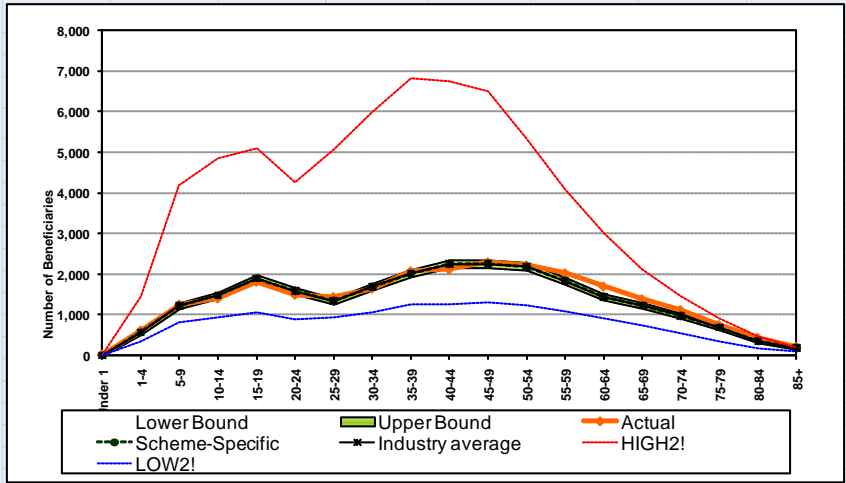
- Paediatric Asthma *
- Paediatric Epilepsy *
- Cystic Fibrosis
- Neonatal Ventilation

* REF data available

AllSchemesAdmin: All Administrators	Asthma	Dec-2008
Number of beneficiaries: 7,812,388; Actual reported: 86,241		
Industry average: 112,826; Scheme-specific: 112,771		

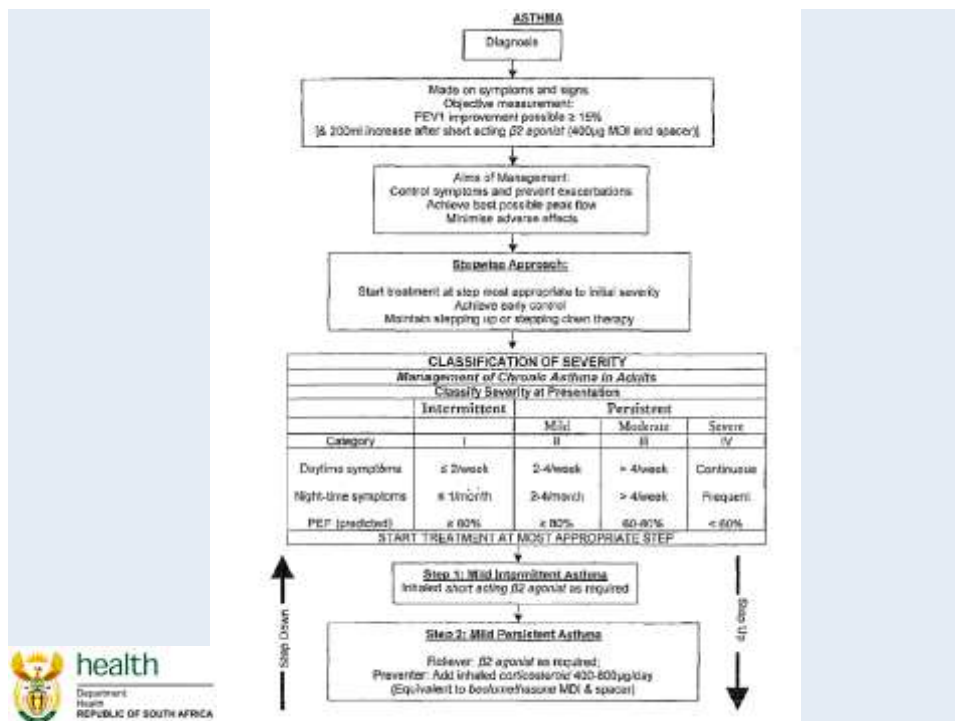


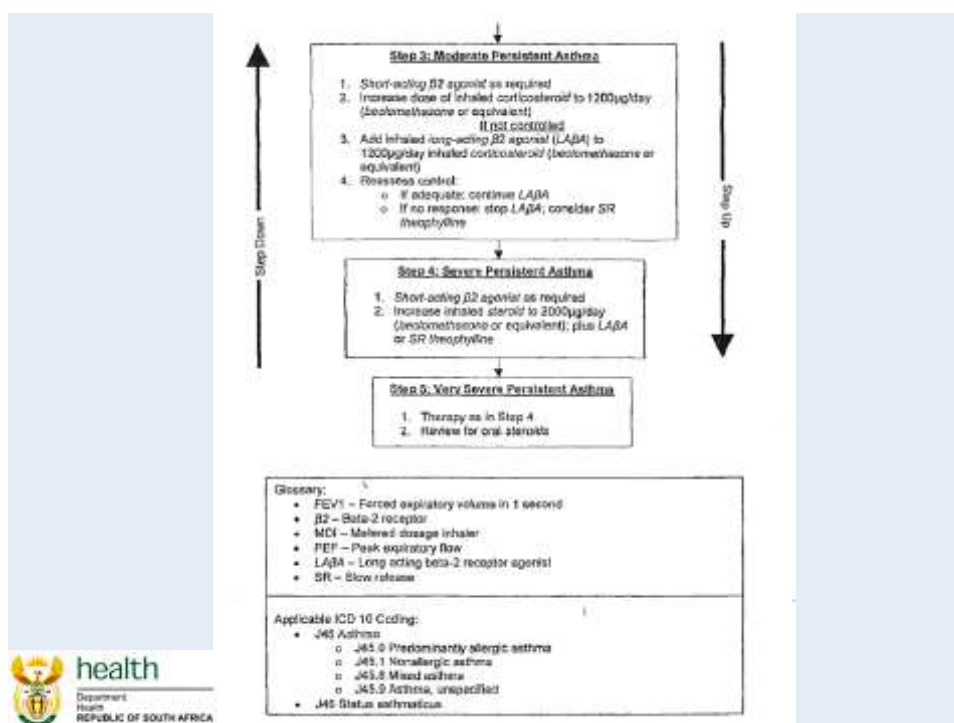
AllSchemesAdmin: All Administrators	Epilepsy	Dec-2008
Number of beneficiaries: 7,812,388; Actual reported: 26,018		
Industry average: 25,171; Scheme-specific: 25,171		



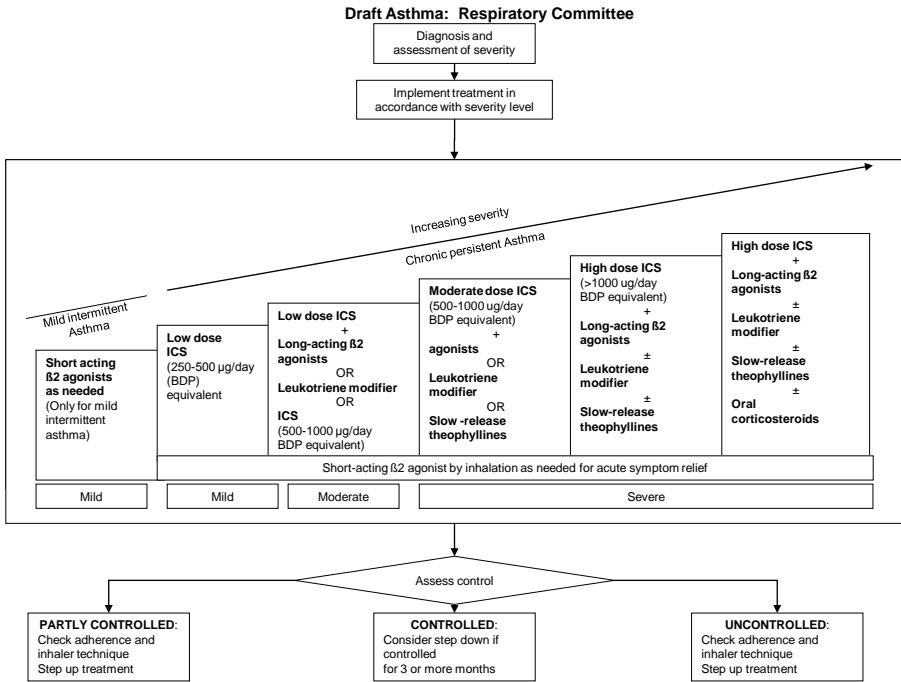
Purpose of today's meeting

- Consider the respective agenda items in view of
 - Existing regulations
 - Proposals made in the 3rd draft of the PMB review document
 - Stakeholder comments on the 3rd draft
<http://www.medicalschemes.com/publications/publications.aspx?catid=33&selectid=199>
 - Final submissions must be introduced by committee members
- No time for additional presentations or the introduction of new items



**Note:**

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.
2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
 - a. not be inconsistent with this algorithm;
 - b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
 - c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998
3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.



Assessment of Asthma severity				
	Intermittent	Chronic persistent		
Severity	Mild	Mild	Moderate	Severe
Daytime symptoms	≤ 2 / week	3-4 / week	> 4 / week	Continuous
Night symptoms	≤ 1 / month	2-4 / month	> 4 / month	Frequent
PEF	$\geq 80\%$	$\geq 80\%$	60 – 80%	< 60%

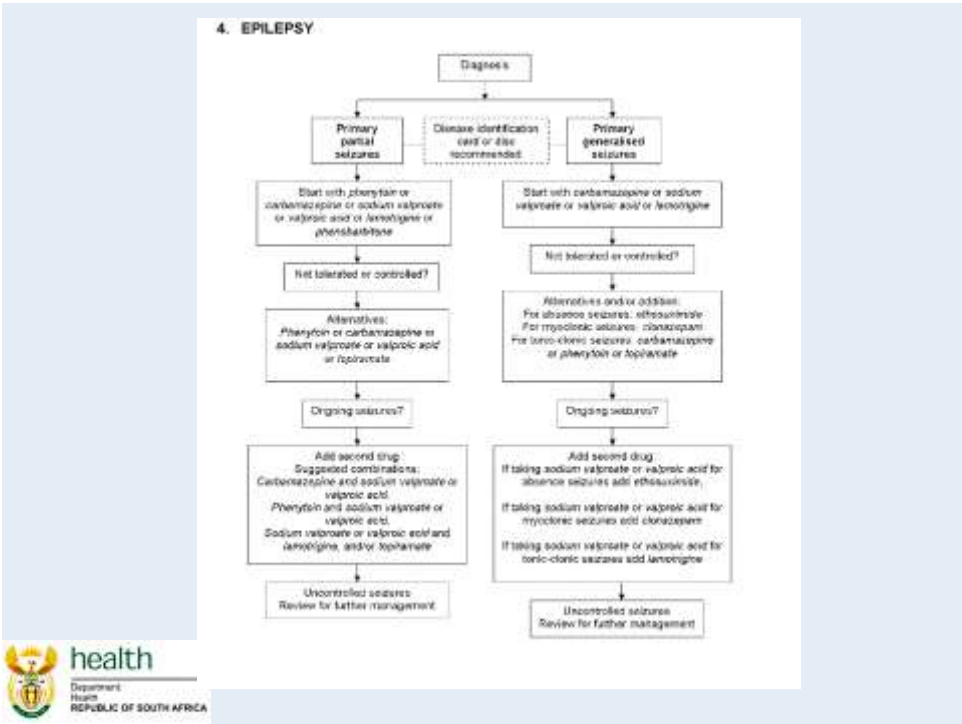
Assessment of Asthma control			
CHARACTERISTIC	CONTROLLED (All of the following)	PARTLY CONTROLLED (Any measure present in any week)	UNCONTROLLED
Daytime symptoms	≤ 2 / week	≥ 2 / week	3 or more features of partly controlled asthma in any week
Limitation of activities	None	Any	
Nocturnal symptoms/awakening	None	Any	
Need for reliever/ rescue treatment	≤ 2 / week	≥ 2 / week	
Lung function (PEF/FEV1)	Normal	<80% predicted or personal best (if known)	1 in any week
Exacerbations	None	1 or more per year	

Glossary:

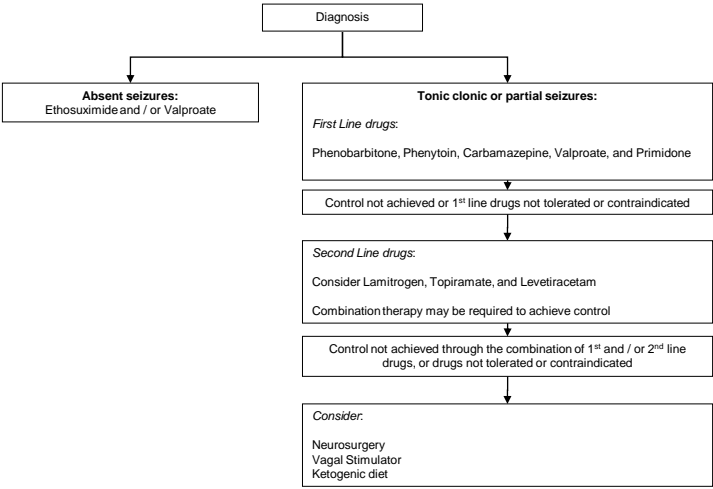
- ICS – Inhaled corticosteroid
- BDP equivalent - Beclomethasone dipropionate equivalent
- PEF – Peak expiratory flow

Applicable ICD-10 Coding:

Note:



Draft Epilepsy: Neurology committee



Applicable ICD-10 Coding:

G40 Epilepsy
 •G40.0 Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
 •G40.1 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures
 •G40.2 Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
 •G40.3 Generalized idiopathic epilepsy and epileptic syndromes
 •G40.4 Other generalized epilepsy and epileptic syndromes
 •G40.5 Special epileptic syndromes
 •G40.6 Grand mal seizures, unspecified (with or without petit mal)
 •G40.7 Petit mal, unspecified, without grand mal seizures
 •G40.8 Other epilepsy
 •G40.9 Epilepsy, unspecified
 •G41 Status epilepticus
 •G41.0 Grand mal status epilepticus
 •G41.1 Petit mal status epilepticus
 •G41.2 Complex partial status epilepticus
 •G41.8 Other status epilepticus
 •G41.9 Status epilepticus, unspecified

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Structure of today's meeting

- Introduction – CMS / DoH
- Agenda items
 - Regulations, Third draft proposals, Submissions & Summaries
- Lunch
- Attendance list



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THANK YOU



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