

# Terms of Reference: Clinical Advisory Committees, PMB Review

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# Terms of Reference: Clinical Advisory Committees, PMB Review

## I. Background

The terms of reference underpinning the review of the prescribed minimum benefits (PMBs) includes the need to identify gaps and inconsistencies in the current prescribed minimum benefits (PMBs) with the intention of making recommendations for addressing them. With the assistance of the Council for Medical Schemes (CMS), the Department of Health (DoH) has embarked on a process of reviewing the PMBs as provided for in the legislation.

The PMB review Steering Committee, consisting of Officials from the DoH and CMS, has published three PMB review consultation documents. Subsequent to the consideration of stakeholder comments on the proposals in the consultation documents, the committee has identified changes that could be made to the PMB regulations within the existing health policy framework, and has invited stakeholders to serve on advisory committees that will advise the PMB review committee on these specific matters. Annexure A lists the specific items that must be considered by each advisory committee, and contains the meeting dates for each of the committees. (Note that some of the agenda items and meeting dates specified in Annexure A has been changed since Circular 15 of 2009 was published.)

This document serves to outline the terms of reference that will guide the technical teams involved in the task of revising the PMB conditions. It includes the principles guiding the revisions of PMBs as well as the appointment and role of a chairperson in the clinical advisory committees.

## II. Policy Framework

The PMB regulations in the Medical Schemes Act (MSA) make provision for the review of PMBs based on:

- i. Inconsistencies or flaws in the current regulations
- ii. Cost-effectiveness of health technologies and interventions
- iii. Consistency with current health policy development
- iv. The impact on medical scheme viability and its affordability to members.

## III. Composition of clinical advisory committees (CACs)

The CACs consist of multidisciplinary teams comprised of individuals from relevant clinical disciplines especially those likely to be involved in the management of the particular condition under review, patient groups, funders, and manufacturers of medicines and devices. Members of the CAC were appointed to the committees by virtue of their qualifications, relevant experience and exposure, and technical skills. The CACs vary in size depending on the degree of interest a discipline has generated and the number of people that have been nominated to participate in the given CAC.

#### **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

#### **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.

#### **VI. Code of conduct for CAC members**

1. Members of the CAC must act with the highest professional and ethical standard at all times
2. Members must disclose, at the earliest opportunity, any special relationships, circumstances, or business interests which might influence their conduct for consideration by the chairperson and the PMB Steering committee.
3. The members of the CAC will regard the views expressed by individual members of the CAC as confidential
4. The members of the CAC will regard the contents of the draft final recommendations as confidential until approved by the Minister of Health.
5. Members of CAC must avail themselves for meetings related to them. Members must indicate their failure to attend any meeting in writing to the respective chair.

## 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.



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

<i>Items for consideration by advisory committees</i>	<i>Previous comments made by stakeholders that must be considered<sup>1</sup> by the advisory committees</i>
<b>Meeting with chairpersons of advisory committees, Date to be arranged with chairpersons</b>	
A PMB Review Steering Committee representative will meet with the advisory committee chairpersons to discuss the terms of reference of the committees and the process and procedure associated with the work that needs to be performed	
<b>Endocrinology advisory committee, Thu 20 Aug 09</b>	
Addison's disease algorithm Diabetes Insipidus algorithm Diabetes mellitus algorithm Hypothyroidism algorithm	Momentum Medical Scheme Administrators, AstraZeneca, Mediscor, Sanofi-Aventis, Novo Nordisk, SEMDSA, Mediscor
<b>Cardiology advisory committee, Friday 21 Aug 09</b>	
Cardiac failure algorithm Cardiomyopathy algorithm Coronary artery disease algorithm Dysrhythmias algorithm Cardiovascular DTPs, including rheumatic fever	MSD, Providence, Momentum Medical Schemes Administrators, Mediscor, SA Heart Association, Medikredit
<b>General medicine advisory committee, Mon 24 Aug 09</b>	
Crohn's disease algorithm Haemophilia algorithm Ulcerative colitis algorithm Hypertension algorithm Musculoskeletal DTPs	Mediscor, Medscheme, Medikredit, Pfizer, Mediscor, Boeringer-Ingelheim, MSD, Janssen-Cilag, Insight Medicine, Providence Healthcare Risk Managers, Vmed, Dr ND Burman and Dr C Golding, Heart and Stroke foundation, Dr LA Moses, Metropolitan Health Group, Polmed, DHS, SAMA, Biokinetic association, BHF, PHANGO, National Pathology group, SA Society of nuclear physicians, South African Society of Physiotherapy
<b>Neurology advisory committee, Tue 25 Aug 09</b>	
Epilepsy algorithm Multiple sclerosis algorithm Parkinson's disease algorithm	Mediscor, Dr S Lison, TEVA, Multiple Sclerosis SA (MASSA), Medscheme, Medikredit, Pfizer, Department of Neurology (Tygerberg Hospital and Stellenbosch University), Mediscor, Janssen-Cilag, Insight Medicine, Vmed, Epilepsy South Africa
<b>Metabolic and lipid advisory committee, Wed 26 Aug 09</b>	
Hyperlipidaemia algorithm	AstraZeneca, Medscheme, MSD, Schering Plough, SA Heart Foundation, SA Heart Association, Pfizer, Medihelp, Medikredit, Mediscor, Insight Medicine, Vmed.
<b>Ophthalmology advisory committee, Tue 01 Sep 09</b>	
Glaucoma algorithm Ophthalmology DTPs	BHF, Ophthalmological Society of SA

<sup>1</sup>Submissions on the PMB review consultation documents are available at <http://www.medicalschemes.com/publications/publications.aspx?catid=33>

<i>Items for consideration by advisory committees</i>	<i>Previous comments made by stakeholders that must be considered<sup>1</sup> by the advisory committees</i>
<b><i>Psychiatry advisory committee, Thu 03 Sep 09</i></b>	
Bipolar Mood Disorder algorithm Schizophrenia algorithm Psychiatric DTPs	Medihelp, SASOP, SA Depression and Anxiety Group, SA Society of Psychiatrist(SASOP), Psychiatrists in Private Practice (P3), DHS, Momentum Medical Scheme Administrators, Polmed, MHG, Medikredit, Mediscor, Lily SA, Insight Medicine, Medihelp
<b><i>Respiratory advisory committee, Mon 07 Sep 09</i></b>	
Asthma algorithm Bronchiectasis algorithm Chronic Obstructive Pulmonary Disease algorithm ,Tuberculosis	Allergy Society of SA (ALLSA), SAPA, SAMA, South African Thoracic Society (SATS), Physiotherapy Association, DHS, Medikredit, Mediscor, Insight Medicine, Boehringer Ingelheim, SA society of Physiotherapy
<b><i>Rheumatology advisory committee, Wed 09 Sep 09</i></b>	
Rheumatoid arthritis algorithm SLE algorithm	South African Rheumatism and Arthritis Association (SARAA), Arthritis Foundation of SA, Roche, Dept of Rheumatology (UKZN), Dept of Rheumatology (UCT), DHS, Medscheme, Vmed, DHS, Rheumatic Disease Unit (University of Witwatersrand), Mediscor , Insight Medicine, Providence Healthcare Risk Managers, Vmed
<b><i>Oncology advisory committee, Fri 11 Sep 09</i></b>	
Oncology DTPs	SpesNet, CANSA, Roche, Pfizer, SA Oncology Consortium (SAOC), Campaigning for cancer, Lily SA
<b><i>Reproductive health advisory committee, Tue 15 Sep 09</i></b>	
DTPs relating to the female reproductive system	Momentum Medical Scheme Administrators, Novartis, Gynaecology management group, JH Coltman, HOLD consulting
<b><i>Paediatric advisory committee, Monday 21 Sep 09</i></b>	
Neonatal care (including ELBW<600g) Cystic fibrosis Asthma algorithm Epilepsy algorithm	DHS, SAMA, Medical and Scientific Advisory Committee of Cystic Fibrosis in SA, Biokinetic association, BHF, SEMDSA, National Pathology group, SA Society of nuclear physicians, United South African Neonatal Association
<b><i>Nephrology advisory committee, Wed 23 Sep 09</i></b>	
Chronic Renal Failure algorithm	Wits University Donald Gordon Medical Centre, Roche, National Renal Care (UCT), Dept of Nephrology (UCT), SA Transplant Society, DHS, Novartis, Medikredit, Mediscor, MSD