be deposited into the card account each month. Once this is done, the health card holder may present the card at any medical service provider, where it will be verified electronically to establish whether or not there are sufficient funds available. If so, the transaction will be authorised and processed.'

The card holds numerous benefits for both service providers and members, some of which include: immediate payment, no accounts, and bargaining power for discounts. It is safer to carry a debit card than cash.

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FAILURE TO TAKE PRESCRIBED MEDICINE FOR CHRONIC DISEASES IS A MASSIVE, WORLD-WIDE PROBLEM

Poor adherence to the long-term treatment of chronic diseases, such as cardiovascular diseases, HIV / AIDS or depression is an increasing, worldwide problem of striking magnitude. Adherence problems are observed in all situations where the self-administration of treatment is required, regardless of the type of disease. In developed countries, adherence among patients suffering from chronic diseases averages only 50%, and it is even lower in developing countries.

In Gambia, China, and the USA only 27%, 43% and 51%, respectively, of patients adhere to their medication regimen for high blood pressure. Similar patterns have been reported for other conditions such as depression (40 - 70%), asthma (43% for acute treatments and 28% for maintenance), and HIV / AIDS (37 - 83%).

The adherence problem is set to expand as the worldwide burden of chronic diseases increases. Non-communicable diseases (e.g. cardiovascular disease, cancer, diabetes), mental health disorders, HIV / AIDS and tuberculosis combined represented 54% of the global burden of illness in 2001 and are expected to exceed 65% in 2020.

Better adherence does not threaten health care budgets. On the contrary, adherence to those medicines already prescribed will result in a significant decrease in the overall health budget. This is due to the reduction in the need for more costly interventions, frequent and longer hospitalisations, unnecessary use of emergency room and highly expensive intensive care services.

Patients are too often blamed when prescribed treatment is not followed in spite of the evidence that health care providers and health systems can greatly influence patients' adherence behaviour. 'Incentives must be created to reinforce the efforts of all health professionals in favour of adherence,' said Dr Rafael Bengoa, Director, Management of Non-communicable Diseases, World Health Organisation.

At present, there is no doubt that health care teams are failing to provide behavioural support to patients; they are generally not trained to do so. Moreover, health systems do not enable health professionals to support patients' behavioural change; they have not been designed for it.

Improving adherence may well result in better health outcomes than making new technologies available. Better adherence will avoid excess costs to already stretched health systems and will improve the lives of people with chronic diseases.

1.Adherence to long-term therapies. Evidence for action ***www.who.int/chronic_conditions/adherencereport/en).***

Fred N Sanders

MEDICAL ORGANISATIONS

BOARD OF HEALTHCARE FUNDERS OF SA

The essential function of the Board of Healthcare Funders (BHF) of South Africa is to monitor and address the constant cost spiral within the private healthcare sector. This is reflected in BHF's vision statement, which reads: 'Aprivate health care funding system that ensures lifetime access to comprehensive and affordable health care for the family of the average working person.'

BHF is responsible for oversight of an industry in which efficiency and value are key. BHF's roles include:

Lobbying and advocacy

Because BHF has such a large member base, it has the ability to influence policy in the industry. In this regard, BHF is constantly engaged with bodies like the Department of Health and the Council for Medical Schemes, business organisations, labour organisations, NGOs and consumer bodies on all aspects of health care funding and delivery.

Research

BHF is currently researching certain aspects contained in the Taylor Commission Report on a Social Health Insurance system for South Africa, such as the proposed risk equalisation fund, tax subsidies and medical schemes savings accounts. It is also

examining factors influencing non-health care costs like managed care, re-insurance and administration costs. BHF is in the process of developing alternative reimbursement models for private hospitals and alternative reimbursement models for oncology and radiology. BHF is part of the task team to assess the readiness of the public sector to efficiently serve the prescribed minimum benefits to members of medical schemes.

Establishment of an industry forensic management unit

Inappropriate behaviour is estimated to cost the industry between R8 billion and R12 billion per annum. To this end, BHF has formed an industry forensic management unit. This unit will develop industry strategies to deal with member fraud, medical scheme administrator employee fraud, provider fraud and other inappropriate behaviour. The unit will also look at kickbacks, over-servicing and rebates. This industry unit has been formed with the support of regulatory bodies and providers such as SAMA, the Health Professions Council and the Council for Medical Schemes.

Strategic communication

BHF is engaged in the dissemination of information to medical schemes and administrators, medical scheme members and consumers, regulatory authorities and relevant government departments, business and labour organisations.

Tariffs

On an annual basis, BHF engages with 28 different provider associations on tariff codes and benefits paid to providers of health care services by medical schemes. In the light of the competition commissioner's ruling on tariff setting, BHF is engaging with the commissioner on alternative ways in order to provide a benchmark for reimbursements.

Information and statistics

BHF regularly publishes key performance indicators and other statistical information pertinent to medical schemes and members of medical schemes.

Practice code numbering system

Developed and maintained by BHF, this database contains comprehensive information on all registered health care service providers in SA(about 55 000).

The demographics of South Africa and the fact that private hospitals, pharmaceuticals and specialists consume a combined 78% of the overall annual spend in the industry means that cost containment is vital. BHF is involved in ongoing investigations into methods to contain the spiralling cost of private medical care.

The consistent spiralling of costs perpetuates the barrier to entry by lower income individuals to medical schemes. BHF actively supports the establishment of low-cost benefit options which utilise preferred provider networks and other models for containing costs.

With the HIV / AIDS threat increasing by the day, BHF is also involved in finding suitable vehicles for funding the fight against an epidemic which has already claimed many thousands of lives in South Africa.

Guy Hawthorne, Rivalland Computing

Rivalland Computing specialises in medical claims administration including price lists, reconciliation and the follow-up of unpaid claims. For futher information please contact us on (021) 864 3338.