



NEWS

FIRST SUDDEN INFANT DEATH AWARENESS CAMPAIGN LAUNCHED IN SOUTH AFRICA

To create awareness of sudden infant death syndrome (SIDS), Baby Talk (publishers of the *Expectant Mother's Guide*) and Baby City Stores launched the first infant death awareness campaign in South Africa — Snuggle Time Safe Sleep Campaign, on 9 September 2003.

'The launch of this project is of great significance, because it's a first for South Africa and we believe that is an area where we can make a huge difference,' explains Director of Baby Talk, Lynne Bluff.

Although the rate for cot deaths has fallen dramatically by 60% worldwide, with 1 baby in every 1 400 live births dying, it is still the most common cause of death in infants over 1 month of age. Some countries have an alarming SIDS rate: Australia has 0.9 and the USA has 0.8 per 1 000 live births.

In the UK, 7 babies die every week. Cot death remains the most common death in the age group 1 month - 1 year. The number of cot deaths is twice the number of children under 15 years killed on the roads, 5 times greater than the number of children who die of leukaemia and 13 times greater than those who die of meningitis.

The website of the Foundation for the Study of Infant Deaths in the UK (FSIDS UK) (www.sids.org.uk) recommends nine key steps parents and carers should take to help prevent cot death:



- Cut smoking in pregnancy — fathers too
- Do not let anyone smoke in the same room as your baby
- Place your baby on its back to sleep
- Do not let your baby get too hot
- Keep baby's head uncovered — place your baby with the 'feet to foot' positioner wedge in the cot, to prevent wriggling down under the covers
- Keep the cot in your bedroom for the first 6 months
- Parents shouldn't share a bed with their baby if they are smokers, have been drinking alcohol, have taken drugs or medication that makes them drowsy, or if they are excessively tired
- Do not fall asleep on the sofa or settee with your baby
- If your baby is unwell, seek medical advice promptly.

Bluff concludes, 'Through the launch of the Snuggle Time Safe Sleep Campaign we aim to create awareness and support around cot deaths, highlight simple and easy steps to reduce the risk of cot death and ultimately reduce the cot death rate in our country'.

A HEALTH-E SITUATION THAT BOOSTS DOCTORS' CASH FLOW

The advent of a range of electronic technologies in health care administration is fast changing the perception of slow-paying medical aids, and bringing relief to cash-strapped doctors.

According to André Meyer, CEO of Medscheme, it is encouraging to see how e-technology is working for the doctor, patient and funder. In August 2003, over 80% of accounts were paid within 30 days of treatment — regardless of when the bill was submitted. Only 5 years ago, the figure was just over 50%, he said.

Electronic claims reaching Medscheme have risen from 63% in May to over 76% in August, said Meyer. He says that this is a major boost to a practitioner's cash flow.

Healthbridge, a joint venture between Dimension Data, Medscheme and Discovery, has also demonstrated clear benefits for doctors by enabling claims to be processed in under 5 minutes.

Tiaan Serfontein, CE of Interpharm, said that this was recently quantified by an MBA student who monitored his father's practice when the latter switched to e-administration. The results proved that conversion to an e-practice led to a reduction in debtors days from 90 to 12,7, bad debt of less than 1% and a 46% reduction in administration costs.

André Meyer added that doctors and medical aid members are now changing their details online, viewing statements and

solving queries via the Internet. Most doctors get their credits sent via SMS each week, and rather get their statements from a website or via e-mail, he continued.

For those corporates that don't allow their staff Internet access, Medscheme has introduced a facility that allows the company to have dedicated access to the Medscheme website via the company's own secure Intranet.

Health care intermediaries are also used to accessing administrator websites, getting online quotes, benefit information and the like, while employers also find e-administration faster and more accurate.

MEDICAL AID OPTIONS FOR AGEING PATIENTS

Doctors should be able to advise patients about which medical aid to choose based on the new regulations contained in the amended Medical Schemes Act. This is especially important for elderly or aged patients.

Gary Taylor, director of Medscheme, provided information about the options facing not so young medical aid members.

Prior to the new Medical Schemes Act many older members were either excluded from joining a scheme (especially the insurance-type funds), or priced off the scheme through unaffordable premium loading.

The Act now protects the rights of the ageing member. The law prevents unfair discrimination on grounds of 'race, gender, marital status, ethnic or social origin, sexual orientation, disability or state of health'. No scheme may now exclude or price-load an ageing or sickly member. The principle of open enrolment means that anyone may join any multi-employer scheme without waiting periods or exclusions if they have 2 years continuous prior membership of another medical aid, or if they join within 3 months of changing employment.

However, for those who were hoping to self-fund while young, and then join a medical aid later, should be prepared for lawful exclusions and waiting periods, as well as a loaded premium on a sliding scale up to 75% more than the standard premium. It is therefore best to get onto a medical scheme while young.

A prescribed list of minimum benefits now applies to all schemes, and medical aids must provide benefits for items like transplants and hospitalisation for mental illnesses. Taylor says that there is a slight catch, as schemes can stipulate that patients receive some of these services at state facilities — which may mean queues and delays. As from January 2004, these minimum benefits will include benefits for certain chronic conditions, which will be welcome news for older members.



Options

Doctors should advise patients, firstly, to become a member of a medical scheme when they are younger, and to stay a member. This should be an established fund with a benefit design which will allow them to choose different options at different stages of life.

Secondly, they should choose a plan which has comprehensive managed care. These programmes are the best way to ensure that they are getting the most cost-effective deal on chronic medication, hospitalisation, etc.

Patients should check with their employer to ascertain whether the company pays a subsidy after retirement. This relates directly to the employment contract. The affordability of post-retirement medical aid will be significantly impacted by this issue. Patients should not wait until their last year in employment to find out about this policy.

Furthermore, patients should investigate whether their retirement fund can or will assist with paying pre-retirement funding or post-retirement premiums. Some companies have vehicles to assist with tax-effective pre-retirement funding for both employers and employees.

Any plan should be evaluated carefully. For example, 'hospital plans' might be cheaper, but cover only in-hospital expenses, which typically comprise only 25 - 30% of total costs. Patients should be advised to weigh this up very carefully to determine whether a hospital plan really suits their needs.

Conclusion

As with most financial services, you get what you pay for. Patients can be referred to a reputable broker or consultant, or an independent administrator which can offer choices, and who will not simply sell you their sole product.

The issues are complex, and the consequences of getting this wrong can have a serious quality-of-life impact.

DISCOVERY HEALTH LAUNCHES NEW PLAN OPTIONS

The annual Discovery Health launch attended by about 1 000 intermediaries (brokers and financial advisors) provided interesting new approaches, significant for both providers and patients.

Their main areas of improvement were enumerated by their CEO, Adrian Gore, Barry Swartzberg and Neville Koopowitz, and include real time responses in both claims processing and emergency responses, initiatives to gain more members, and additional plan options for patients.

The new plan options for medical cover are the Priority Series and the Medi-Clinic Priority Plus plans. The former is divided into Classic and Essential Priority plans, which provide similar benefits to the original Classic and Essential plans, with some limited benefits but at a lower cost. For example, the Chronic Illness Benefit is limited to the 25 Prescribed Minimum Benefits (PMBs) conditions described in the Medical Schemes Act (compared with the 63 conditions covered by the Comprehensive Classic and Essential plans). The monthly subscription for a member plus one dependant compared with the Classic Comprehensive plan is about 20% less.

The Medi-Clinic Priority Plus plan is also divided into a Classic and an Essential plan, both of which are based on the Comprehensive Classic and Essential plans, but with reduced contributions and reduced cover as mentioned above. The proviso is that full cover is provided only if one attends a practitioner registered with the Medi-Clinic Network. If not, the medical aid rate will be paid. The subscription on this plan for a member plus one dependant is about 25% less than the Classic Comprehensive plan.

Dental cover has been restructured, and pre-authorisation will no longer be required for procedures to be conducted in a hospital, except for major maxillofacial surgery, e.g. jaw infections, joint replacements and cancer and trauma-related surgery. Increased benefits for both routine and specialised dentistry will also apply. The Dental Association's Dr Neil Campbell has responded most positively to this change, saying that it will enhance dentist-patient relationships.

The other previously available plans remain in place, and Discovery has announced an average subscription increase of about 13.5%, but in the case of some 25% of members who have accumulated money in their Medical Savings Account (MSA), there will be no increase in 2004, while many will be able to reduce their MSA contributions without affecting the level of benefits. This is due to the fact that they do not have to top up their MSA to reach required threshold levels.

They also announced the end of the notorious 'claims run'; all claims received will be processed within 24 hours and payment will be made within about 3 working days. Technology advances will allow locating of persons making emergency calls even if the person is not able to speak. Among the initiatives to gain more members were the Key Care and Key Club options which were introduced last year and which have been receiving excellent responses. New Vitality tie-ups for 2004 include funeral cover, a retail chain, music stores, and motor purchasing and finance, providing added benefits to Vitality members.