



**SERVING THE NEW HEALTH CARE CONSUMER-THRIFTY,  
SAVVY, AND MORE COMPLEX**

**DR RIAZ AHMED**

**CHAIRMAN-PRIVATE HOSPITALS ASSOCIATION OF ZIMBABWE**

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# Presentation outline

1. Introduction
2. Non-Medical aspect on improving the care and service
3. Medical aspects on improving the care and service
4. Current challenges faced
  - Tariffs
  - Non chargeable
  - Liquidity crisis
  - Dictatorship by medical aid societies
  - Conflict of interest
5. Recommendation
6. Conclusion

# 1. Introduction

Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction.

The modern day client has become more aware of their environment through research on internet and social media. Gone are the days when clients only rely on Doctor's opinion.

Other factors that have caused the healthcare providers to be more patient centric are:

- Greater awareness among the public.
- Increasing demand for better care.
- Keener competition.
- More health care regulation.
- The rise in medical malpractice litigation.
- Concern about poor outcomes

# 1. Introduction

The quality of patient care is essentially determined by:-

- The quality of infrastructure
- Quality of training of staff.
- Competence of personnel.
- Efficiency of operational systems

The fundamental requirement is the adoption of a system that is patient-orientated and a comprehensive system that improves care and service for both aspects of non medical and medical must be implemented.

## **2. Non-medical aspects on improving the care and services.**

The fact that the patient is the most important person in a medical care system must be recognised by all those who work in the system. The issues that need to be addressed to improve patient care and services are as follows:

- **Access**

Accessibility and availability of both the hospital and the doctors should be assured to all those who require health care.

- **Waiting time**

Waiting times for all services should be minimised. In Zimbabwe, the high demand for services often makes this a huge problem.

## 2. **Non-medical aspects on improving the care and services.**

- **Privacy of Patient**

Privacy of patient is key to the comfort of the patient.

- **Patient information**

Patient information and instruction about all procedures, both medical and administrative should be made very clear.

- **Administration**

Check-in and check-out procedures should be “patient friendly”.

- **Communication**

Communicating with the patients and the family about possible delays is a factor that can avoid a lot of frustration and anxiety.

- **Ancillary Services**

Other services such as communication, internet services, food etc, should be accessible both to patient and to attending families.

### **3. Medical aspects on improving the care and services**

The following factors contribute to the improvement of patient care:-

- **Trained Personnel**

A well trained staff is critical to providing high quality care with desirable outcomes. The number of training programmes must be increased and the existing programmes must be improved. Making a uniform basic curriculum available for all training programmes should help to bring about standardisation.

- **High Quality Service**

Through providing customer care training to staff and also incorporation of quality assurance system in every aspect of patient care is critical.



- Equipment**

All the necessary equipment must be in place and properly maintained. This is vital to the performance of the medical system and contributes significantly to better result.

- Use of Appropriate Medications**

Access to low cost medicines is an absolute necessity for appropriate care.

- Use of Newer Technologies**

It is important to continually employ newer technologies that improve the quality of care. Of-course, this must be done with reference to cost efficiencies.

## **4. Current Challenges Faced**

The above-mentioned improvements in both medical and non-medical can be hampered by the current challenges faced in the medical care.

All private hospitals in Zimbabwe are facing massive if not critical challenges in the delivery of healthcare. This is worsened by the failure by some medical aid societies to reimburse claims timeously.

### **Tariffs**

The current legal tariff was gazetted on 23 May 2014 (Government Notice 159 of 2014). Unfortunately, some sectors of the funding industry are not complying with the legal instrument.

## •**Current Challenges Faced**

### •**Non- Chargeables**

TPHAU First Edition dated November 1997 contains a list of non- chargeables which historically constituted an insignificant value on the total cost. Since that date many items have been superseded by more modern, often disposable products.

Non-chargeable items have now become a more significant cost that contributes considerably to the total service cost.

Changing disease patterns and current modern infection control practices have increased usage quantities.

If some non- chargeables listed in the TPHAU can be charged this will guarantee and improve the quality of healthcare services.

# •Current Challenges Faced

- Liquidity Crisis



## Current Challenges Faced

Challenges of foreign currency and cash shortages is affecting business operations resulting in failure to replace or upgrade equipment or to refurbish

### **Debtor –versus creditor paying period**

According to SI330 of 200 the maximum settlement period for the reimbursement by a medical aid society shall be sixty days from date of lodging the claim form. Members subscriptions are collected in advance whilst service providers are often paid in excess of 120 days after providing services by some medical aid societies. In a harsh economy where the suppliers are demanding cash upfront. This has resulted in some private hospitals facing collapse due to delayed and even non-payment of claims by medical aid societies.

- **Current Challenges Faced**

## **Conflict Of Interest**



# Current Challenges Faced

Some funders are becoming health service providers also, although we say competition is healthy. There is need for more private institutions, but they should be built by private corporations or individuals, and not by funders.

However some medical aid societies are failing to pay the service providers, whilst at the same time are on expansion drive coming up with new hospitals and property investments causing a conflict of interest.

Membership subscriptions are meant for meeting the medical costs , this money should not be diverted towards buying properties and investments and giving loans to employees of medical aid societies.

Medical aid societies are not investment companies or banks

## •Current Challenges Faced

### •Dictatorship from medical aid societies

Hospitals are often penalised by certain medical aid societies i.e. **service necessity form** to be collected by hospitals and forwarded to the medical aid societies. Failure to collect service necessity forms from the doctors, hospital claims are being returned.

•Hospitals cannot continue with restrictions unilaterally declared by medical aid societies as these affect hospitals' operations.

## •Recommendations

- Priority to be given to hospitals to access foreign currency from banks to purchase equipment.
- Medical aid societies to stick to recommended payment period which is sixty days. Any defaulters to be punished.
- Government should implement policies which remove conflict of interest.
- Funders and service providers stick to their respective core business.

## •Conclusion

Patient care can be improved if the above recommendations can be taken seriously and implemented. Also the move taken by the government to have an Authority which looks over medical aid societies is well commended and was long over due.

