

Public Private Models for TB Care in SA

Dr Anban Pillay

TB Indaba: June 2023



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

PPM Recommendations: Towards better access, improved quality and lower cost to patient

Key considerations:

Public sector: DoH / NHLS

1. Cover the cost of TB testing.
2. NHLS prepared to add private GPs as service points and collect specimens from GPs.
3. GPs able to receive TB drugs from public clinics and provide the DoH with treatment reports.
4. District / sub-district HAST coordinators providing training and oversight to GPs to ensure quality is maintained and surveillance/monitoring is intact.

Private Sector: Private GPs

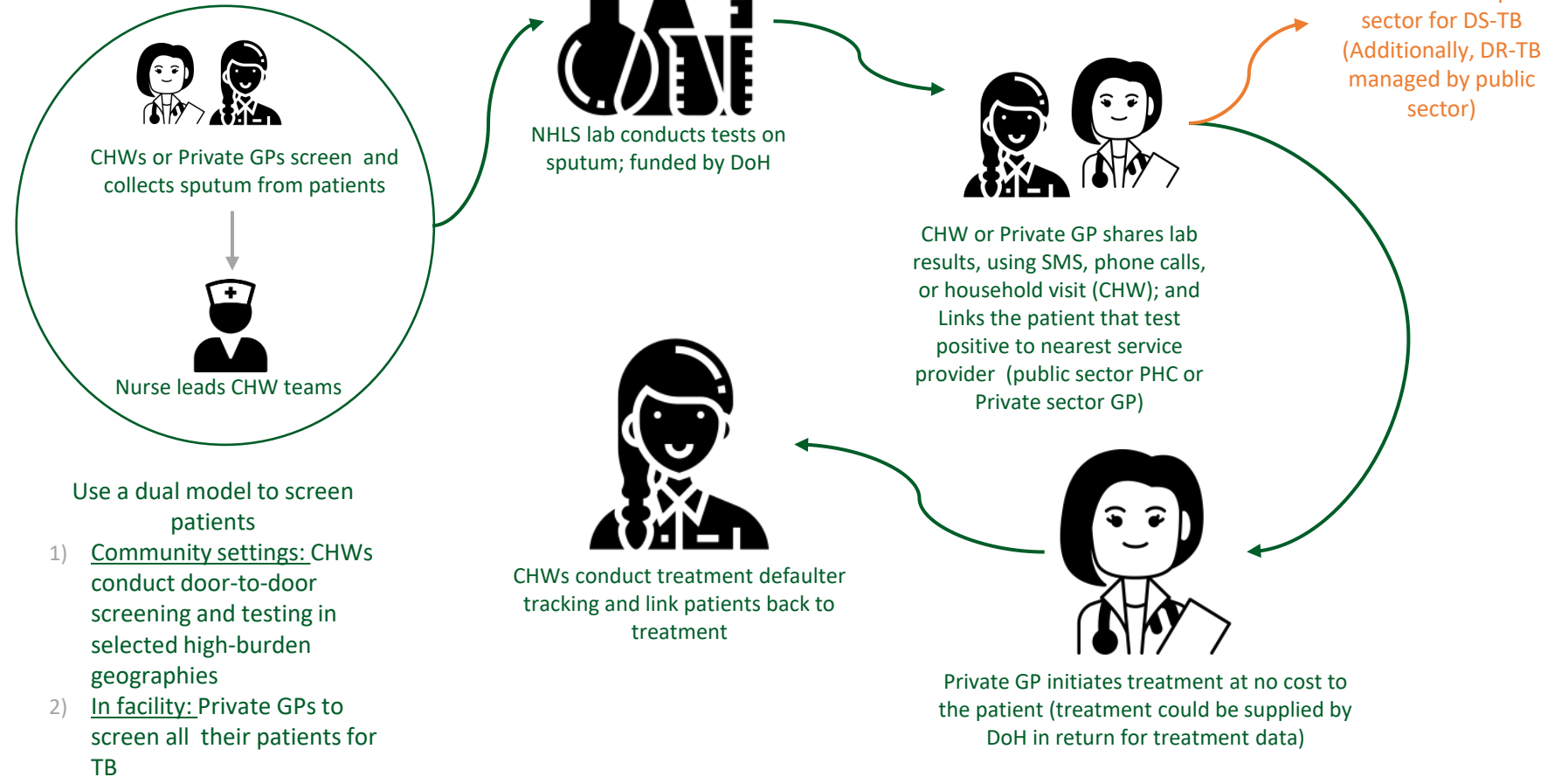
1. Privates GPs screen all their existing patients for TB and collect sputum from presumptive TB.
2. Submit sputum to NHLS for testing (at no additional cost to the GP and patient).
3. Share lab results over SMS, phone call with their patients and initiates them on treatment and retains them in care
4. Submits treatment reports to DoH.



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Patient Journey:



.....*Win-Win for Patient, Private Provider, DoH and public health*

✓ **Private provider:**

- ✓ Improves quality of care to their existing patients without any additional financial implications
- ✓ Missed opportunities reduced among those accessing care in the private sector
- ✓ Achieves compliance with TB guidelines

✓ **Patient:** Lower opportunity cost to patient for accessing TB care (patient will not need to make a separate visit to public clinic to access TB services)

✓ **Public provider:** Lower / more equitable workload for HCWs in public sector

✓ **Public Health / TB Control:**

- ✓ Reduction in diagnostic gap
- ✓ Over time reduce incidence and TB related mortality

Key questions for discussion : Improving quality of TB care among private providers and public private models

Screening

- How can we improve both active and or passive case finding? Of the options available which are most feasible in the short, medium and long term?

Diagnosis and linkage to care

- What factors will enable GPs/occupational nurses to support testing symptomatic/high risk TB patients (PLHIV, HH contacts and persons with previous TB)?
- What is the most efficient mechanism test and communicate the results to the doctor/nurse and patient?

Treatment access

- What interventions that would assist in improving health professional knowledge of TB treatment regimens.
- How could TB drugs be easily accessible for persons accessing care in the private sector.
- What challenges do private hospitals experience in the delivery of TB care?

Financing

What role should medical schemes play in financing TB diagnosis, treatment and care ?

Reporting/Monitoring

- How can private primary care have a reporting mechanism that they could use?



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Overwhelming support for PPM: Involve communities, work collaboratively with private providers, and build trust

Screening

- All providers (public and private) must screen for TB and test presumptive patients.

Diagnosis and linkage to care

- TB testing costs are prohibitive in private sector. Can a portion of state-funded 3 million TB tests be allocated to private sector to close diagnostic gap?
- Providing subsidised NHLS testing is sufficient incentive for GPs to participate.

Treatment access

- Providing subsidised first line treatment is sufficient incentive for GPs (and pharmacists?) to participate. (Regulatory hurdles may need to be overcome to enable this)
- Can multi-month dispensing be offered for TB like we do for HIV, especially among co-infected?
- What about a 6-month follow-up subsidy to reduce burden on public sector?

Private provider know/do gap and improving quality

- TB is a PMB, and medical schemes cover costs associated with TB care, but still challenges across schemes: e.g. only remunerated after positive test result
- Knowledge hub could be used to capacitate private providers on TB guidelines

Reporting/Monitoring

- Technology needed to ensure continuity of care and disease surveillance. Many learnings for options
- Intermediary is a necessity for success. Ideally District HAST Coordinator, but could be NGOs