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The Commission conducts a market investigation into the private health sector in accordance with Chapter 4A of the Competition Act, 89 1998 (Amendment) (Act) and in accordance with the objectives and functions of the Commission established in section 2 and section 21 of the Act respectively. Section 21 of the Act calls on the Commission, in particular, to implement measures to increase market transparency and to advise and receive advice from any regulatory body. In order to fulfil these functions and in accordance with the purposes of the Act, Chapter 4A of the Act allows the Commission to conduct market investigations into the general state of competition in the market for specific goods and services, without necessarily citing the conduct or activities of a particular firm. Thus, market research is a general investigation into the state, nature and form of competition in the market, rather than a narrow investigation into the specific conduct of a particular firm. The Commission has initiated an investigation into the private health sector because it has reason to believe that there are features in this sector that prevent, distort or limit competition. The Commission further believes that this investigation will help to understand how this can promote competition in the health sector in advancing the purpose of the Act. Home News and Information Centre Latest News Health Market Investigation Competition Commission For Health Market Investigation (HMI) began in 2014 and was created to probe the dynamics of the private healthcare market to determine whether there are barriers to competition, and to examine factors affecting private health care costs. The Competition Commission published a brief overview of the key preliminary findings and recommendations of the comprehensive report, detailed below, on 5 July 2018. Key findings: The private health sector in Southern Africa includes a complex set of interconnected stakeholders that interact in markets that are not transparent and therefore not easy to understand. This situation is exacerbated by a two-tier health system in southern Africa, where the cost of private health care is high and rising, while affordable public health services tend to be of poor quality. Thus, the public health sector does not place significant competitive restrictions on the private sector for patients or service providers. The market is characterized by high and increasing costs for medical care and medical coverage, highly concentrated markets of sponsors and facilities, disenfranchised and uninformed consumers, general lack of purchase based on cost, ineffective restrictions on the growing amount of medical care, practitioners who are doctors who poor regulation and accountability failures at many levels. Teh Teh the market in its current form is a consequence of the changing regulatory framework that has led to the status quo. The overall incomplete regulatory regime is largely attributable to regulatory failure and inadequate management by the Ministry of Health over the years. HMI Conclusions related to the hospital market: The private hospital market is highly concentrated. Nationally, the three largest hospital groups have a very high market share, which limits the power of sponsors in price negotiations. Hospitals do not compete directly for patients, but compete for practitioners who have taken patients to hospitals. Various incentives and mechanisms between hospitals and practitioners have been identified to attract practitioners, which increases misuse. The report highlights evidence of supplier-induced demand from practitioners and agencies. Recommendations: The recommendations are consistent with key findings and are aimed at increasing transparency, accountability and alignment between consumers and sponsors. They also address the lack of cost indicators (and, in particular, health outcomes), failures in pooling funds, improved supply-side demand management, and methods for addressing market concentration. The recommendations are also aligned with the national policy trajectory towards universal health coverage - NHI. General recommendations: Changes in how the parameters of the scheme are structured to increase comparability between schemes and increase competition in the market system to increase transparency of health outcomes, so that to create a cost set of measures to improve competition in the market through the proposal side of the regulator The existing regulatory system does not go far enough in terms of achieving optimal health outcomes and proper access to quality health services and the investigation has made comprehensive recommendations for additional recommendations to supply regulation in such areas : as: health capacity planning, cost assessment, HMI payment mechanisms and HMI recommendations related to the hospital market: the provisions of the National Health Act 2003, which regulates the licensing system, have not been fully implemented, and the Ministry of Health has implemented these provisions without delay. The investigation looked at a number of alternatives to address the high level of hospital concentration, including a reluctant asset exemption proposal and a moratorium on the issuance of licences to three large hospital teams. In the course of the investigation, the interested it was suggested that their submissions in that regard should be provided. Life Healthcare fully supports the health market research in its commitment to understand the overall state of competition in and identify the factors that contributed to the rise in health inflation and will continue to cooperate with the Competition Commission during the investigation period. Similarly, we support the introduction of universal health coverage and hope that the preliminary report will contribute to the development of the solutions needed to achieve this goal. The previous following health market inquiry (HMI), set up by the Competition Commission to investigate the private health market in South Africa, published its preliminary report on 5 July 2018 in the presence of the Minister of Health, the media and stakeholders from the health sector. The HMI was chaired by Judge Sandile Ngkobo, former Chief Justice of the Constitutional Court. After four years of detailed investigation and numerous consultations with stakeholders, the Commission concluded that : the private health market is characterized by high and increasing costs of health care and health coverage; disenfranchised and uninformed consumers; and poor regulation and lack of accountability at many levels. The 808-page preliminary report contains a number of interesting findings and lists some recommendations, including (but not limited to): the creation of a regulator by proposal to establish rules of the game and careful consideration of the private sector: measuring and public reporting of health outcomes for private providers to improve competition and inform patients about the quality of care; Replacing certificates of necessity with hospital licenses for fair distribution of facilities throughout the country. An earlier study by the Organisation for Economic Co-operation and Development (OECD) and WHO on health expenditures in southern Africa was a key catalyst for THE research and conclusions of the IED. An OECD-WHO study indicated that health spending in southern Africa was comparable to that of OECD countries, while the purchasing power of people in southern Africa was significantly lower than in OECD countries. Thus, private health care is only available to about 10% of the South African population. In general, these findings were very well received by the majority of stakeholders, as it was clear that they could rid the system of anomalies in the voluntary health insurance and private health care sectors. It also comes at a time when the National Health Insurance (NHI) Bill and the Medical Amendment Bill are also up for public comment. All of this complements and builds strong examples for NHI-related health systems reforms in southern Africa that could help propel the country towards universal health coverage A detailed health market investigation report, resumes and other documents are available on the following website. HMI will receive public comments by the 7th of the number Based on public comments, the final report is likely to be published at the end of November 2018. WHO will continue to support the HMI process and implement its final recommendations with NDoH and other key stakeholders. Home Health Pharmaceutical Law Health Market Investigations - Presentation of the final findings and recommendations of the Healthcare Market Investigation (HMI) today released its final findings and recommendations in line with its nearly six-year investigation into the healthcare industry. In this regard, HMI has concluded that the South African private health market is characterized by the high and increasing cost of health care and health coverage, as well as excessive overuse (with stakeholders unable to demonstrate related improvements in health outcomes). In addition, GMIs noted that there had been no mismanagement of the private health sector, including the failure of the Ministry of Health to use the existing legislative powers to manage, review and regulate the sector. In reaching these findings, HMI has identified various features that in themselves or in combination prevent, limit or distort competition in the health sector. While this is not a closed list, HMI noted in particular that: the facility market is concentrated, with three groups of hospitals, Netcare, Mediclinic and Life dominating the sector. Although there are a small number of national hospital networks and independent hospitals, they are not an effective competitive restriction for three hospital groups. The current three hospital teams are fading for new entrants to grow and compete on merit, distorting and preventing competition, in particular by linking the best medical professionals with their hospitals. Thus, existing facilities are not forced into innovation or active competition; agencies operate without any quality control of their services and the clinical results they deliver, as there are no standardized publicly available quality indicators and health outcomes for comparison. Therefore, it is not possible for any patients, sponsors or practitioners to exercise choices that are based on cost, versus quality and price; there are no standardized means by which the quality and results of practitioners' health can be measured. As a result, the public is unable to compare results between activities and practices. In addition, practitioners themselves are not able to sell their own practices or determine (objectively) to whom to refer patients; hospitalization rates, the level of care and the length of time (i.e., usage rates) are excessively high and are a significant factor in health care costs. The investigation found that there are a number of incentives in the market that contribute to this in the method of payment (from the point of view of which the more practitioners provide more of their income), mandatory coverage of prescribed minimum benefits paid at cost by sponsors (which allows practitioners to determine their own degree of intervention and rates to be paid in full), the design of the allowance, the guarantee of payment for hospitalization costs and the reduction of out-of-the-mill coverage, which encourages the admission of patients; the regulatory framework in which sponsors compete is incomplete and distorts the parameters of competition. In this regard, the principles of open enrolment (sponsors must accept all applicants) and community rating (sponsors must charge for contributions under a specific plan that is identical to all members, regardless of age, gender or pre-existing conditions) should always be implemented alongside a risk adjustment mechanism (over-average risk schemes are balanced by funds received from lower-middle-risk schemes) and compulsory membership. The lack of such a mechanism and the ability to pay for TMR at cost means that the costs of sponsors and therefore premium members are largely correlated with the overall risk profile of their members, leading to schemes competing on the risk profile of their members, for example by developing benefit options to attract younger and healthier members (as opposed to cost-based competition, by increasing benefits, accepting innovation, improving services and/or competition on the basis of premiums); users are unable to easily compare benefit options and not easily switch schemes in response to better deals from competitors; and there are high barriers to entry into the admin market, resulting in little or no market entry for several years. In order to address the aforementioned failures in the private health sector, GMI recommended, inter alia, the following interconnected measures: the Competition Commission is reviewing its approach to creeping mergers to address high concentration levels through an effective review of mergers; regulating supply in the market by creating a new regulatory body that is the regulator for health supply (SSRH). The role of the SSRH will include the regulation of health care providers (including institutions and practitioners) and will be responsible for, among other things(i) capacity planning and the issuance of building licences (in accordance with the development of national guidelines in this regard) (ii) the establishment of a multifaceted negotiating forum for all practitioners to set maximum prices for established minimum benefits and reference prices for unspecified minimum benefits(iii) (iv) the establishment of a committee to establish and regularly review the codes used Practitioners and sponsors, etc.; measures to promote the competitiveness of contracts and move away from paid contracts between practitioners and sponsors; establishing the Organization for Performance Monitoring and Accountability as a platform for health care providers, patients and other health stakeholders to provide patient-centered health outcomes and scientifically reliable information; Develop Guidelines for Associations to Reduce the Risk of Potentially Anti-Competitive Behaviour; The introduction of a single, comprehensive, standardized baseline option (which should be offered by all schemes); the introduction of a risk adjustment mechanism that would be linked to a single, comprehensive, standardized baseline benefit; and the introduction of an active opt-in system for brokers. HMI believes that these measures will reduce costs and prices in the healthcare industry, increase the cost of money for consumers and increase innovation in the healthcare sector. Finally, it should be noted that the Competition Commissioner, Tembincosi Bonakele, has confirmed that recent amendments to the Competition Act 89 1998 (especially with respect to market requests) do not apply to the health investigation report, which means that the Commission is unable to make binding decisions arising from GMI, such as remedial action against a separate firm as a result of a market investigation. See also: (This article is provided only for informational purposes and not for the purpose of providing legal advice. For more information on this topic, please contact the author/with or relevant provider.) health market inquiry report 2019 pdf. health market inquiry report pdf. health market inquiry findings. health market inquiry executive summary. health market inquiry recommendations. health market inquiry provisional report. health market inquiry terms of reference. health sector market inquiry

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