



Perceptions of the impact of the National Health Insurance on Occupational Therapy Services

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INTRODUCTION AND LITERATURE REVIEW

- Structure of South African Health System 1-2
- Universal Health Coverage (UHC) 3-4
- National Health Insurance (NHI) 5
- Occupational Therapy Services 6-8





OBJECTIVES

- To describe the views of the NHI and its impact on service provision held by occupational therapists in the public and private sector.
- To describe the similarities and differences in views based on the sector of employment.

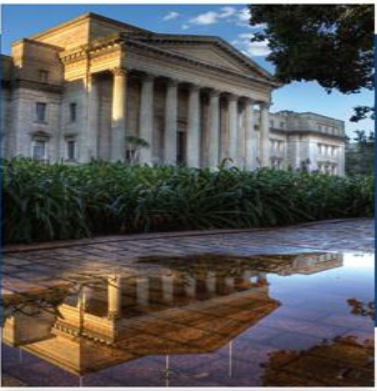




METHODOLOGY AND STUDY POPULATION

- Descriptive quantitative cross sectional survey design.
- Study Population: OTs working in South Africa.
- Convenience sampling- OTASA and Public Sector National Forum databases.





RESEARCH PROCEDURE

- A questionnaire
 - designed specifically for research
 - based on existing literature to ensure content validity.
- Questionnaire piloted for content validity.





DATA COLLECTION AND ANALYSIS

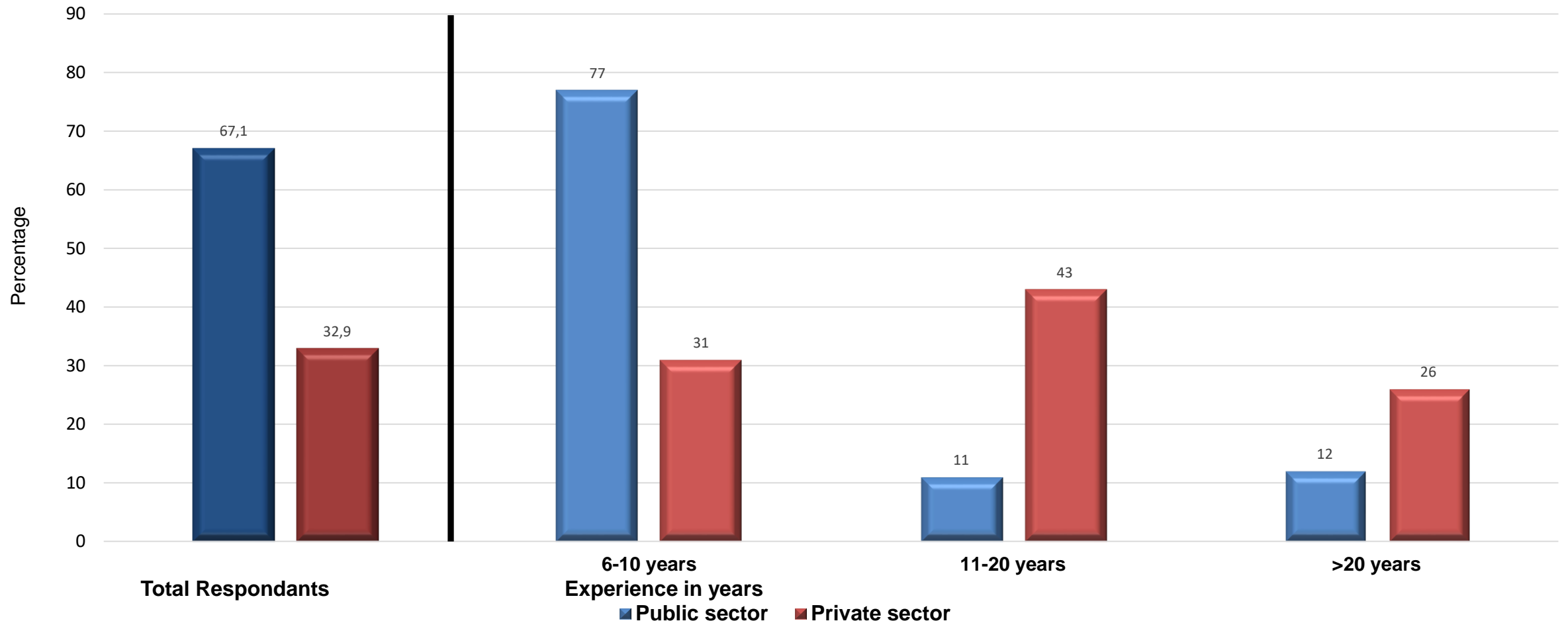
- Survey monkey electronic platform.
- Questionnaire required within 4 weeks with 2 automated reminders.
- Descriptive analysis - Likert scale and true /false questions.
- Content analysis - open ended question
- Return rate





RESULTS AND DISCUSSION- Demographics of sample

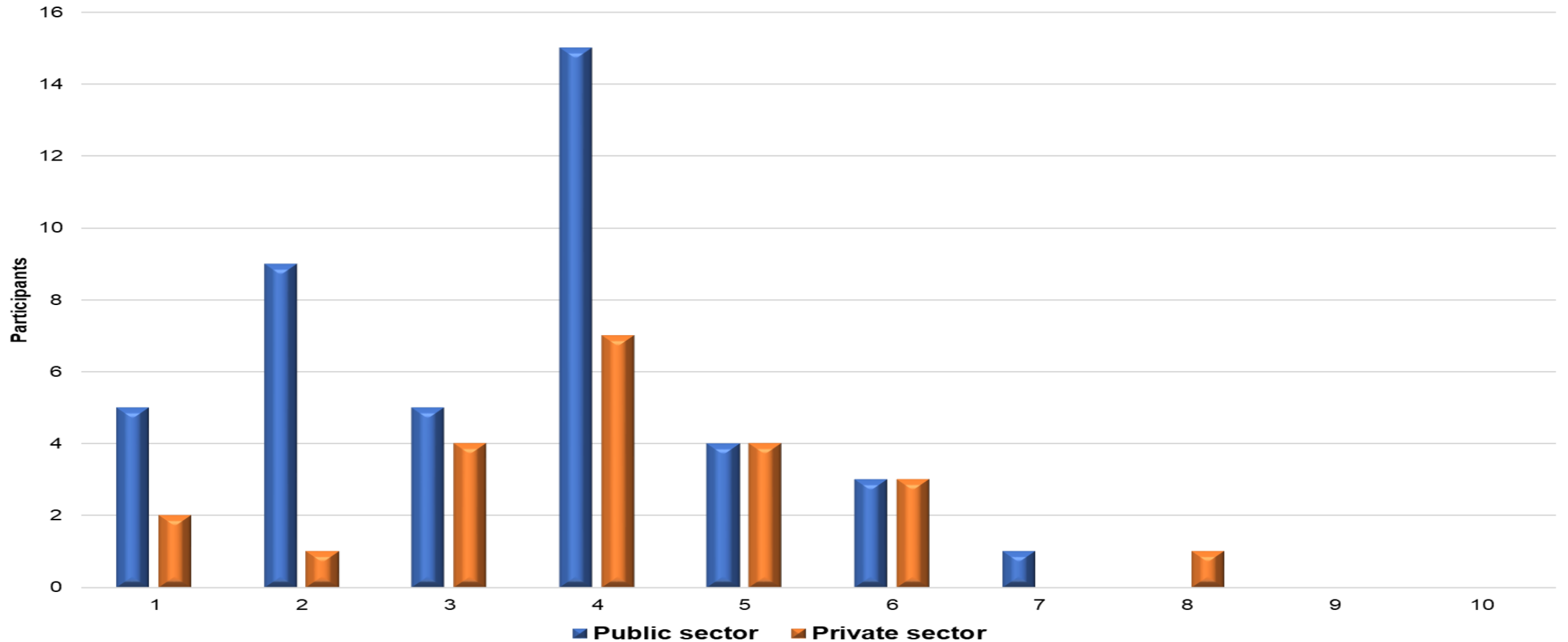
Total respondents and experience in the public and private sector





Self rating VAS on knowledge of NHI

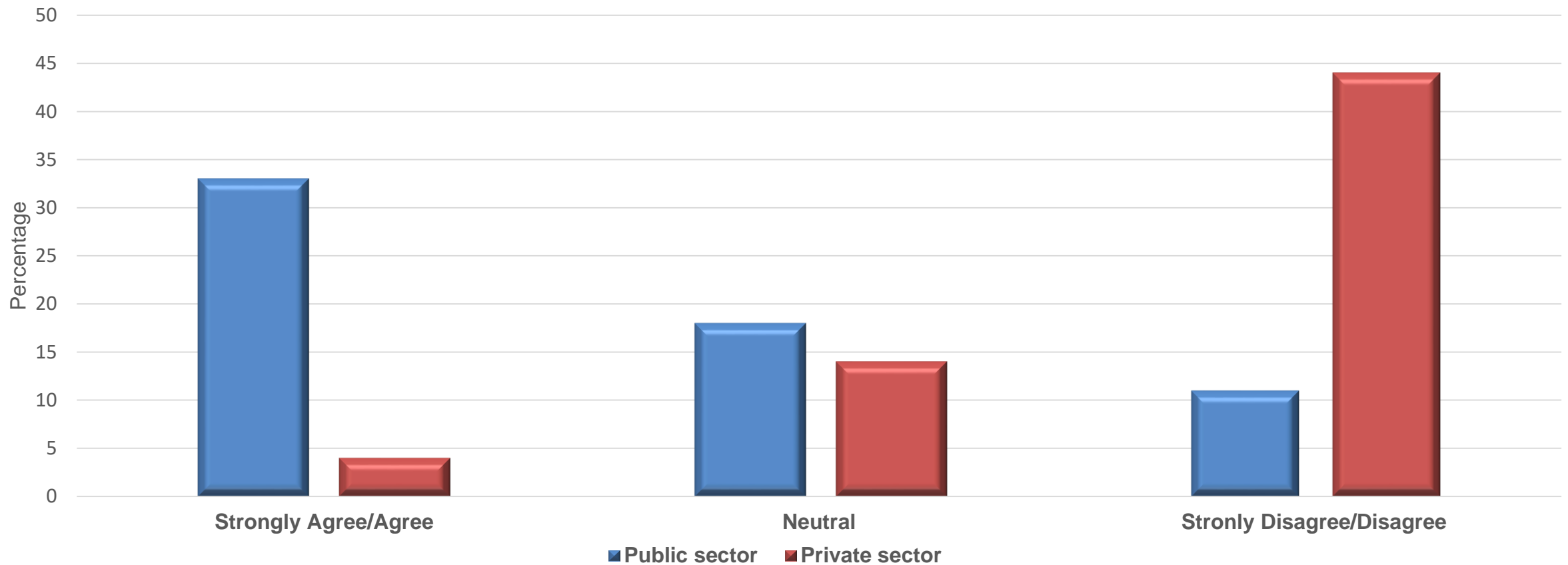
Self rating VAS on knowledge of NHI





Impact of NHI on occupational therapy services

Will the NHI improve the working environment in the private and public sector





Perceived purpose of the NHI

| | Private sector | Public sector |
|---------|--|---|
| Purpose | Equal access to all citizens | |
| | Provision of basic health care for all people of South Africa | |
| | Access to better healthcare | |
| | Improving standards of healthcare of public facilities | |
| | Equal distribution of resources between public and private sectors | |
| | Health system where the wealthy and less advantaged benefit | Eliminating private healthcare as much as possible |



Financing of services

| | Private sector | Public sector |
|--|---|---|
| Finance | Evidence for future funding for therapeutic and medical services (Auditing) | |
| | Tax payers contributing to fund the NHI | |
| | All citizens contributing to fund the NHI | |
| | Wealthier citizens subsidized the provision of healthcare for less advantaged | |
| | Costs covered by state | NHI will work together with medical aid schemes |
| | Private practitioners to adjust fees | Equal remuneration in public and private sectors |
| | Private healthcare users to pay more for services | |
| | Affordable healthcare | |
| Insurance for those who cannot afford medical aid | | |
| Replacing medical aids | | |



Views of the restructuring of health care

| | Private sector | Public sector |
|---|--|---|
| Restructuring of healthcare | Nationalization of medical services | |
| | Public health care users to utilize private facilities | |
| | Merging of public into private sector | |
| | Private practitioners to work in public healthcare | |
| | No distinction between private and public health | |
| | Improving quality of public health facilities | |
| | Decentralization of healthcare | Specialized healthcare available to South Africans |
| Forced use of government services | Focus on primary healthcare | |
| Referrals through primary health practitioners | | |



FURTHER FINDINGS

- 53%N HI would not be successfully implemented in SA (n= 43).
- 30% Rehabilitation services were sufficiently emphasized in the NHI policy; 20% disagreed.
- Levels of care for provision of OT services:
 - 36% primary level (n=29)
 - 35% secondary level (n=28)
 - 29% tertiary (n=23)





FURTHER FINDINGS continued

- 29% would allow for better recognition of OT services (n=23)
- 30% public sector: patient load would not change (n=24)
- Both sectors: would improve their remuneration
- public sector: less of a financial advantage than the private sector practitioners.





RECOMMENDATIONS

- Ensure remain abreast as much as possible
- Comment and submissions through professional associations
- Network and communication within OT as well as interdisciplinary
- Recognize strength in aligning and positioning with other rehabilitation professionals as per policy





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