

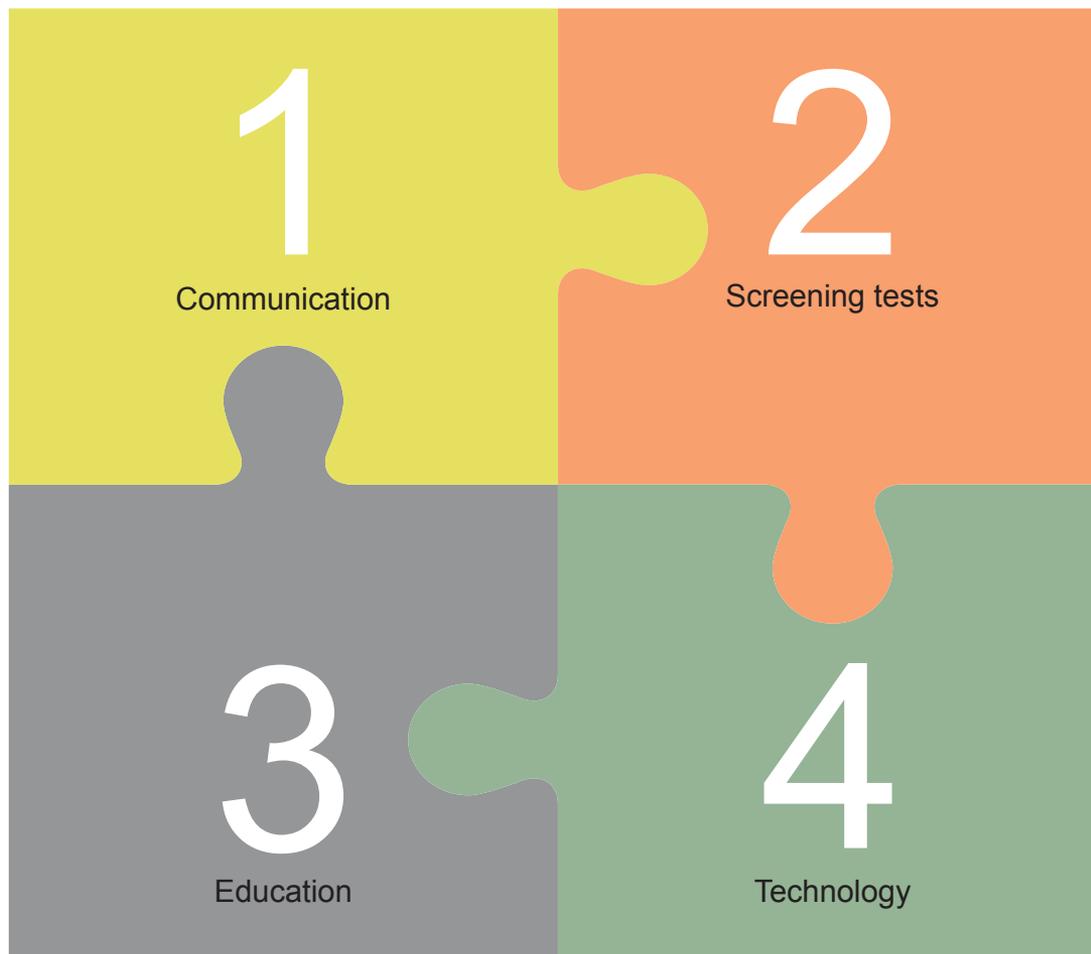
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## POSSIBLE SOLUTIONS

While cost-management techniques may assist to reduce overall costs and hence the management of future increases in contributions **within** medical schemes, this may be outweighed by additional out-of-pocket expenses if members do not fully understand how to use their benefits efficiently.

How do we manage this in the current environment?

Effectively, these techniques mean that the responsibility and costs are transferred from the experts who developed them to the members themselves, who naturally have a more limited understanding. It should therefore be up to these experts to ensure that members are adequately educated so that they can make informed decisions.



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1 One solution would be **communication**. We need to ensure that members have adequate access to information about the healthcare benefits they are entitled to, but balance this with the need for them to understand this information. There is no point in making reams of information available that nobody will understand if they bother to read through it at all.

People tend to become interested in a topic once they know it will affect them directly. With this in mind, individuals may only become interested in the cover for a certain condition after they have been diagnosed with the condition. At this point, it may be too late to obtain adequate cover without underwriting penalties being applied.

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2 Early diagnosis of conditions through **screening tests** at wellness days could assist in reducing overall costs by treating diseases before they become too complex. Many medical schemes now cover preventative care for this very reason.

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3 Health **education** with the intention of improving health literacy is extremely important. This should ensure that individuals seek medical assistance where necessary and before it is too late. Health education should give them a better understanding of their conditions and required treatment.

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4 This is where advances in **technology** may actually assist in bridging the gap between individuals and experts, so that they can make appropriate decisions about their medical treatment:

- Health information technology is helping to provide doctors with more information on patients from a variety of sources. This enables the doctor to get a more holistic understanding of the patient, their medical history and the treatments that have or have not worked historically. With this information at hand, doctors should be able to prescribe more effective treatment for patients, which should reduce costs in the long run.
- Online mobile health applications (or apps) that are accessible to members can also help in providing immediate information on where to go in an emergency or what medicines are approved under various treatment plans, thus simplifying the decision-making process.
- The use of telemetry can simultaneously assist medical providers and members where this technology is used to better manage the care of certain conditions. With closer, more frequent monitoring of key health indicators (such as blood sugar, blood pressure and cholesterol), care givers can pick up potential problems sooner and prevent further, more intense (and costly) health events, which could lead to hospitalisation and further complications at a later stage.

**Example**

Discovery Health Medical Scheme introduced telemetric glucometers into their benefits for 2014. Members registered on the chronic illness benefit for diabetes qualify for a telemetric glucometer, whereby they can actively monitor their blood sugar levels, and this information is transmitted to their smartphones via Bluetooth. If they are registered with HealthID™, their doctors can also monitor their blood sugar levels and better understand patterns and key drivers.

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