



Alone we can do so little; together
we can do so much.

Helen Keller

At least once a year a media war surfaces between the regulators and the insurers, or, as we have seen recently, between the healthcare providers and insurers. Medical schemes and insurers with healthcare products continue to utilise tried and trusted methods to stem the flow of funds from their coffers, yet the media reports these methods as “medical aids spying on doctors”. The irony is that in many instances, it is the very healthcare providers who initiate such reports who perpetuate the scourge of fraud, waste and abuse against the medical schemes and insurers. One has to wonder if the small minority of healthcare providers who perpetuate such unethical behaviour are members of medical schemes themselves and if they are aware of the dent their behaviour makes in the benefit pot of a medical scheme – the same benefit pot upon which they would need to rely should their nearest and dearest require expensive medical treatment.

Why do the ethical and honest majority of healthcare providers not join forces with healthcare insurers and the regulators in order to minimise the reputational harm being done to their profession?

Regulators accuse medical schemes of “acting like police, prosecutors and prison warders”, yet leave a lot to be desired with their disciplinary processes – so much so that medical schemes and insurers alike have lost their faith in these very regulators to deal with the perpetrators effectively.

Over and above the “spying” and “withholding of payments” during a warranted investigation, medical schemes have been compelled to employ more and more sophisticated (and expensive) technologies to keep up with the problem of fraud, waste and abuse. What will the next media war entail? Will fault be found again with these methods employed to protect the medical schemes and their members?

Why do the regulators not join forces with healthcare insurers in order to minimise the impact of fraud waste and abuse on the industry and the economy?

Having said all of the above, it would be appropriate to add that an organisation’s capabilities and techniques to combat fraud, waste and abuse can no longer be seen as a competitive advantage, yet in South Africa, the various role players still have a reluctance to share their knowledge, skills, case details and modus operandi of perpetrators. Why can we not accept that the goal is common and that there is strength in numbers? Only once all the organisations, including the regulators and healthcare providers begin to stand as one, will we begin to find the true quantum of what this problem is really costing South Africa’s healthcare industry and will we begin to have greater successes in dealing with this problem. Collaboration across all silos and boundaries in healthcare is key to building a connected, engaged and sustainable healthcare environment.