



2017 POLMED WELLNESS DATA

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**SENIOR MANAGER:
COMMUNICATION AND WELLNESS**



POLMED®



PRESENTATION CONTENT

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CLAIMS INFORMATION

NON-COMPLIANCE MEMBERS

NON-COMPLIANCE PROVIDERS

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PROPOSED SOLUTIONS



POLMED DATA

INFORMATION FROM WELLNESS EVENTS

- THE PERCENTAGE OF MEMBERS WHO PARTICIPATED IN MENTAL HEALTH SCREENING
- THE PERCENTAGE OF MEMBERS IDENTIFIED AS “HIGH RISK” – ESPECIALLY THOSE WHO HAVE CO-MORBIDITIES
- AREAS PER PROVINCE IDENTIFIED AS HIGH-RISK AREAS (POLICE STATIONS/OFFICES) – PREVELANCE PER PROVINCE
- PERCENTAGE OF MEMBERS WHO ENROLLED TO THE MENTAL HEALTH PROGRAM DURING THE EVENT



POLMED DATA (CONTINUED)

- PERCENTAGE OF MEMBERS ENROLLED AFTER THE WELLNESS EVENT – CONTACT MADE BY EITHER THE MEMBER OR THE MANAGED CARE PROVIDER
- PERCENTAGE OF MEMBERS ON TREATMENT/NOT ON TREATMENT
- INABILITY TO MAINTAIN A BALANCED LIFESTYLE (EXERCISE, EATING AND DRINKING HABITS, RECREATIONAL ACTIVITIES)
- STIGMA ATTACHED TO THE CONDITION DUE TO THE “NAME” OF THE PROGRAMS?



POLMED DATA (CONTINUED)

- PERCEPTIONS ABOUT CONFIDENTIALITY
- REGULATIONS THAT IMPACT ON THE FUNCTIONALITY OF MEMBERS WHEN DIAGNOSED WITH A MENTAL HEALTH CONDITION
- CONDITIONS IN THE WORKPLACE – BUILDINGS/ENVIRONMENT
- MENTAL WELLNESS CONDITIONS CAPTURED BY GENDER



CLAIMS INFORMATION (UTILISATION)

- PERCENTAGE OF MEMBERS THAT HAVE POTENTIALLY BEEN ABSENT FROM WORK – BASED ON CLAIMS FOR TREATMENT OF SPECIFIC CONDITIONS
- PERCENTAGE OF MEMBERS WHO ARE REGISTERED TO THE MENTAL HEALTH PROGRAM
- MOST PREVALENT MENTAL HEALTH DISORDERS – DEPRESSION, PTSD, SUBSTANCE ABUSE
- PERCENTAGE OF MEMBERS WHO ARE REGISTERED ON CHRONIC MEDICINE MANAGEMENT PROGRAM



CLAIMS INFORMATION (CONT.)

- PERCENTAGE OF MEMBERS ADMITTED FOR TREATMENT
- PERCENTAGE OF MEMBERS WHO EXCEED THE 21-DAYS AND THE LOS EXTENDED
- PERCENTAGE OF MEMBERS WHO EXPERIENCE A RELAPSE AFTER DISCHARGE FROM HOSPITAL
- PERCENTAGE OF CLAIMS PAID BY THE SCHEME FOR TREATMENT OF MENTAL HEALTH
- PERCENTAGE OF CLAIMS PAID FOR ATTEMPTED SUICIDES/HOMICIDES



NON-COMPLIANCE: MEMBERS

- THE PERCENTAGE OF MEMBERS WHO CLAIM MEDICATION FROM THE ACUTE MEDICINE BENEFIT
- THE PERCENTAGE OF MEMBERS WHO ACCESS TREATMENT BUT NOT REGISTERED TO THE MENTAL HEALTH PROGRAM
- PERCENTAGE OF MEMBERS IDENTIFIED DURING WELLNESS EVENTS BUT FAIL TO REGISTER TO THE MENTAL HEALTH PROGRAM



NON-COMPLIANCE: MEMBERS (CONT)

- MEMBERS WHO ARE IN DENIAL OF THE SIGNS THAT ARE INDICATIVE OF MENTAL HEALTH PROBLEMS FOR EXAMPLE ANXIETY, DEPRESSION, MOOD DISORDERS, INSOMNIA
- UNDER UTILISATION OF THE PSYCHO SOCIAL BENEFIT
- CHANGE IN LIFESTYLE BEHAVIOUR - REFUSAL TO CHANGE



NON-COMPLIANCE: MEMBERS (CONT)

- LONG HOURS WORKED TO RECEIVE “OVERTIME” PAY RESULTING IN BURN-OUT
- FAILURE/REFUSAL TO DISCLOSE TREATMENT TO EMPLOYER – STIGMA ATTACHED
- NO DEBRIEFING SESSIONS ATTENDED
- DIFFERENT FORMS OF ABUSE UNDER-REPORTED



NON-COMPLIANCE PROVIDERS

- PRESCRIPTIONS ISSUED FOR PERIODS LONGER THAN 3 MONTHS TO PATIENTS WHO QUALIFY TO BE REGISTERED TO THE MENTAL HEALTH PROGRAM
- PROVIDERS WHO FAIL TO CONVERT MEMBERS CLAIMING MEDICATION AS ACUTE INSTEAD OF CHRONIC
- INCORRECT DIAGNOSIS ON SICK NOTES – IMPACT ON ABSENTEEISM RATE/IDENTIFICATION OF PROBLEM



NON-COMPLIANCE PROVIDERS (CONT)

- **PATIENT NOT MANAGED VIA THE PROGRAM – RESULTING IN POOR OUTCOMES**
- **LACK OF INFORMATION TO PATIENTS IN RESPECT OF COPING MECHANISMS**
- **CONTINUED PRESCRIPTION OF HABIT FORMING DRUGS**

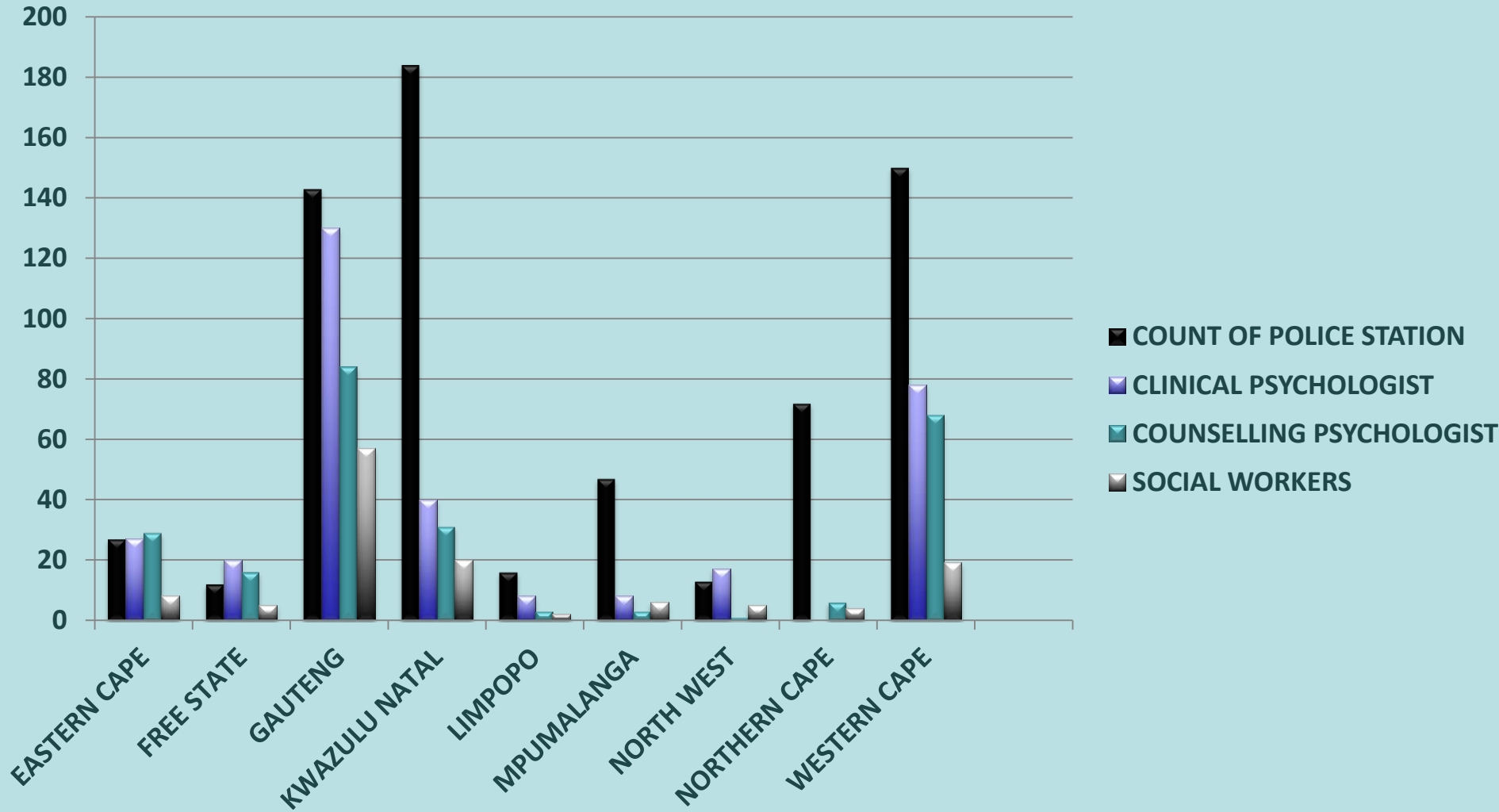


GEOGRAPHICAL DISTRIBUTION OF THE NETWORK BY DISCIPLINE & PROVINCE

PROVINCE	PSYCHOLOGY - CLINICAL	PSYCHOLOGY - COUNSELLING	SOCIAL WORKER	TOTAL
E/CAPE	29	31	8	68
FREE STATE	20	16	5	41
GAUTENG	127	83	58	268
KZN	40	30	21	91
LIMPOPO	8	3	2	13
MPUMALANGA	9	3	6	18
NORTHWEST	18	1	5	24
N/CAPE	1	5	4	10
W/CAPE	83	69	19	171
TOTAL	335	241	128	704



POLICE STATIONS DISTRIBUTION VERSUS PRACTITIONERS





CHALLENGES

- **STIGMA ASSOCIATED WITH THE CONDITION**
- **DISCRIMINATION /LACK OF SUPPORT**
- **NON-RESPONSIVE MEMBERS – ENROLMENT TO PROGRAM**
- **TREATMENT PROTOCOL AND LOC – PMB REGULATIONS**
- **IGNORANCE OF OWN MEDICAL BENEFIT**
 - **PSYCHOLOGICAL CONSULTATIONS/SESSIONS**
 - **PSYCHIATRIC CONSULTATIONS/TREATMENT**
 - **TREATMENT/CARE PLANS**



CHALLENGES (CONT)

- **CHANGE IN LEGISLATION eg. POPI ACT/MEDICAL SCHEME'S ACT**
- **CONFIDENTIALITY OF MEMBER INFORMATION**
- **NON-RESPONSIVE MEMBERS – ENROLMENT TO PROGRAM**
- **SELF DISCHARGE DUE TO DENIAL**
- **CHANGE IN PROVIDERS - IMPACT ON INTEGRATED APPROACH**
- **DATA COLLECTED BY DESIGNATED OR PREFERRED PROVIDERS NOT SHARED WITH POLMED OR SAPS**
- **LACK OF RESOURCES (MEDICAL)**



PROPOSED SOLUTIONS

- REFER TO BEST PRACTICES – DESTIGMATISING THE CONDITION
- PROVIDERS TO UNDERSTAND AND SUPPORT GOVERNMENT AND INSTITUTIONAL OBJECTIVES
- RAISE AWARENESS ABOUT THE SHORTAGE OF RESOURCES TO POTENTIAL STUDENTS IN SCHOOLS AND IN MEDIA
- MEDICAL AIDS TO ADOPT BUSINESS MODELS THAT ARE MEASURABLE AND OUTCOMES BASED IN THE TREATMENT OF PERSONS IDENTIFIED AS SUFFERING FROM ANY OF THE MENTAL HEALTH CONDITONS



PROPOSED SOLUTIONS

- PARTNERSHIPS TO BE CONSIDERED BETWEEN PRIVATE AND PUBLIC SECTOR TO ESTABLISH MORE POINTS OF ENTRY WHERE TREATMENT CAN BE ACCESSED
- COLLECTIVE OWNERSHIP AND TASK TEAM FROM THIS FORUM TO MONITOR AND EVALUATE PROGRESS AND REPORT ON OUTCOMES ON A QUARTERLY BASIS- CAN BE ROTATED PER DEPARTMENT/STAKEHOLDER



**REPLACE “I” WITH “WE”
AND “ILLNESS” BECOMES “WELLNESS”**

THANK YOU