Transcript: Discover Healthier: Episode 2, Hospital Journey

Speaker	Start time	Dialogue	End time
Azania	0:00	Welcome to Discover Healthier: everything you need to know about health brought to you by discovery health. I'm Azania Mosaka. You can join the conversation as we explore some of the most pressing matters in the healthcare environment today. Our wide variety of topics and specialist guests will empower you to care for your health now and in the future. Going to hospital for surgery or treatment can be really stressful, no matter your age or understanding of the hospital environment. But knowing what happens when you arrive and understanding your hospital's admissions procedure can really help you settle in. So I'm finding out everything there is to know about going to hospital. Imagine being hospitalized for more than 200 days for a rare condition that occurs in one in a million people. Jean Slabbert is a modern day miracle because he successfully fought and defied the odds to regain his health. He joins us to share his remarkable story.	1:01
Azania	1:07	Jean, it's really great to chat to you, to catch up with you after what was an unbelievable condition and, of course, years of recovery. So you contracted neuromyelitis optica. Take me through this condition. What were you presenting with what was going on in your body?	1:24
Jean	1:24	Thank you Azania and thank you for the opportunity. He said- it turns out it was a rather rare diagnosis. I always thought I was special- this was not what I had in mind. So my initial symptoms started on the 15th of December 2013. Initially, I thought I had hay fever symptoms, you know, it was just weird, I couldn't really put my finger on it. It was a persistent headache, no medication helped, at least nothing I had on me at the time. It persisted for a couple of days until I eventually went to an emergency ward in Rustenburg. I used to live in Rustenburg at the time. So firstly, I was probably the healthiest person you'd meet in your life. In my entire life, as far as I can recall, missed one day of school and one day of work prior to this, so I was never sick. And then suddenly this happened. I was in and out of three emergency wards in that first week in middle December. And their doctors keep saying that it's stress related headaches. At that stage I	2:57

		wasn't very stressed. I couldn't really understand it. And by that Friday evening, I came back to Pretoria to visit friends of mine. My parents had been in Taiwan at the stage visiting an aunt of mine. And that evening, I just couldn't urinate. It just... as much as I tried and I felt like I had to go big time but there was nothing. The next morning I went to an emergency ward again. The doctor again there told me that it's stress related and gave me a drip, which helps momentarily, of course, and sent me back home again.	
Azania	2:57	So how long did this back and forth with emergency admissions and being discharged and going home, How long did that go on for?	3:04
Jean	3:04	That all happened in the first week. The pain is just intolerable. So I just kept going back and saying to them, listen, something's wrong. You know, this is this is not normal and I actually contacted my mother in Taiwan and said to her, listen, something's up and she generally knows that if I complain then something's wrong. And then she immediately contacted a neurologist friend of hers, Dr. Wiebrem Duim. He then said, "You should immediately go to the emergency ward at Life Groenkloof" and he's sending one of his colleagues to assess me. And they admitted me, they finally gave me a catheter. I nearly kissed the nurse that administered it because of the relief- that instant relief. They drained 1.7 liters of urine from me in 10 minutes, and the average is about 400 milliliters. So that puts it into perspective.	3:56
Azania	3:56	That's amazing. So did they know what was wrong with you at the time? What was the journey to ultimately being diagnosed? Because I understand your condition presents similar features with multiple sclerosis, but it's quite aggressive.	4;10
Jean	4:10	So positive diagnosis with NMO is more symptomatic, at least then. I understand these days there are tests, blood tests, that can pick it up faster. But at that stage, it was symptomatic. NMO still a relatively young disease, a young condition rather, and, you know, it's still learning a lot about it. So I was in and out of hospital, spent Christmas and New Year 2013 in hospital. The food in hospital on Christmas Day is brilliant, by the way, just FYI. But ya, so also on the 31st of January 2014, I finally had a diagnosis. As I mentioned, the diagnosis is symptomatic. So you have to have a lesion on your spinal column that's	5:49

		at least three vertebra long. So you must have quite severe damage by the time that they can positively diagnose you. But fortunately, Dr. Dan who said from day one, he said, "I think you have a NMO, I think you have NMO. I just can't prove it yet." And that was the first thing he checked every time. Discovery had to fit the bill for for quite a few MRIs during that first month and a half, until they finally got the diagnosis. It is such a big relief, because we finally knew what we were finding. That first month and a half you're so confused, because you don't know which way you're going. They pump you with cortisone, which doesn't make you feel very wonderful. And you know, I'm talking about 1500 milligrams cortisone a day, which is really, really a lot and you just keep getting sick. It's, you know, it's symptomatic treatment rather than treating the cause. And yeah, as I said that diagnosis was a massive relief to me.	
Azania	5:49	Yes. And of course, there was paralysis, there was blindness. you were quite sensitive, you know, there was tactile sensitivity. So it sounds really concerning and debilitating. Talk to me about your care in the hospital and just what you were experiencing during that time, as you understood, leading up to understanding what it was but as it progressively got worse.	6:11
Jean	6:11	So at that stage the paralysis and blindness wasn't quite there. My vision was affected during an attack, but we quickly managed to relieve it. So, my first 11 attacks were in a space of 15 months, which is very severe. The average enema patient has about 3.6 attacks per annum. I had the 11 in 15 months. And that 11th attack on the 31st- it was the 12th of March 2015, was much more severe than any of the others. By the 31st of March, I was completely blind, completely paralyzed. I couldn't move and I couldn't see anything. It was pitch black. If you shone a bright light in my eyes, I wouldn't know that you were doing it.	6:53
Azania	6:53	What was going through your mind, Jean?	6:56
Jean	6:56	Well, it was really quite hectic. So on the 5th of April, I lay in my hospital bed and I asked my neurologist, Dr. Duim, I said "Doctor, what does my [...] look like?" He said to me," I believe that you'll probably see again, but you'll possibly never read. And if you were able to walk again, it wouldn't be in six months. You're in this for the	8:17

		long run." I had to wear a catheter. I was wearing nappies. The nurses had to change me in the hospital bed, bathe me in the hospital bed, my poor brother had to learn how to give me a shower. And on the 7th of April 2015, I laid in that hospital bed and I, you know, the reality just hit me. I just bawled my eyes out, you know, it's just so overwhelming. And there was a nurse, Dr. Rita, sister Rita rather and she, by the way, I think there's a special place in heaven for nurses. But she came and she consoled me and she put my headphones- I had a work iPad at that stage- and she put the headphones in my ears and switched the music on and obviously being blind, you can't really skip on an iPad because there's no buttons, and there were two songs that played in a row. The first one was "Go the Distance" by Michael Bolton and the second one was "Courageous" by Casting Crowns. I just felt the spirit council to me at that stage and I just declared that failure is not an option, whatever the distance I will go it.	
Azania	8:17	Your journey to recovery meant that you were in the hospital for a very long time, which would mean enormous hospital bills. How was your cover? You know, what was the relationship, the exchanges with Discovery like during that time?	8:32
Jean	8:32	It was brilliant. I often tell people that if I did not have medical aid, I would not be here now. And that's just a fact. That's not me being facetious. I spent, by my calculation, 203 nights in a two year period in hospital, and there's been more treatments since then. I get a biological treatment twice every six months, which is rather expensive. And it's still a, if you will, an experimental drug for this condition, being such a young condition. And Discovery paid just about everything. And I am truly grateful for that. I understand the total bill was an excess, just for those two years, an excess of R4.3 million. That's money that I don't have, and neither does my family. So we would have been bankrupt if we had to foot that bill.	9:18
Azania	9:18	So that hospital journey. Were there people coming to keep you up to speed about the processing of your claims and the needs that you had at that time?	9:28
Jean	9:28	Yes there was but it also really wasn't all that necessary. The digital platforms that Discovery has available are just incredible. And I was put in touch with the Health Touch Team, with Discovery's Health Touch Team, and as I	9:55

		understand it's patients with particularly difficult conditions that have, basically like your own personal contact person at Discovery, and that just helps the process tremendously.	
Azania	9:55	Listening to your story now, I think you are just walking miracles, a testament to the fact that anything is possible. Anything, absolutely anything is possible. I shouldn't even say anything. You're a believing man. It should be everything is possible. Exactly.	10:10
Jean	10:10	Dr. Duim actually, when he wrote a letter to Discovery to motivate for my mind mabthera treatment in October 2015, that was about 6 months after my paralysis. The first paragraph of the motivation letter it just read four words: " a modern medical miracle." His words to me personally were that "Jean, medical science cannot do what happened here. I can only describe it as a miracle."	10:34
Azania	10:34	Jean, I really want to thank you for sharing your story. It just shows the commitment, the passion that clinicians have in this country, and of course, your fighting spirit. Thank you.	10:45
Jean	10:45	Thank you so much, Azania, I really appreciate it.	10:53
Azania	10:53	Up next, we'll be walking you through your hospital journey from admissions to discharge, with Dr. Nonthuthuzelo Thomas, Head of Contracting and Raphaela Ruttell, Service Executive, both of them from Discovery Health.	11:12
Azania	11:12	Well, there are different reasons why anyone would end up getting admitted to hospital. But this must be one of the most stressful times in anybody's life, a hospital admission. How stressful is it?	11:23
Nonthuthu	11:23	You know, Azania, it's very stressful. I think if you consider the fact that just being told that you have to go to hospital, it's something that for anybody is daunting, because obviously you're going in there with a lot of fear, a lot of anxiety. And it becomes even more daunting when you start to layer on top of that concerns around what's going to be funded, what's not going to be funded. So there's a lot that an individual has to deal with and process when it comes to a hospital admission.	11:51
Azania	11:51	So Raphaela, you work very closely- your team works closely with the scheme members in their hospital journey. How's the hand-holding? What is	12:05

		your role in making sure that this is a gentler journey?	
Raphaela	12:05	So I have a group of ladies who look after our top 20 admitting hospitals and they literally troll the passages every day looking for members. Usually a specific set of members, people who've been through a traumatic, maybe amputation or they're going to have a very big operation or they're going to be in hospital for a very long time. They will go and introduce themselves to the member. Their role is specifically non-clinic. So it's really "I'm here to be hand-holding, to walk the journey with you, answer any questions you may have, explain what's going to happen next." They also support the family because it's not only the member with a patient who's going through a traumatic time, often it's- especially when it's a child- the parents are very anxious about what's going to happen next. And so these ladies are there literally 24/7 hand-holding. We've even got to a point where some of our ladies have been invited to weddings once they've been discharged from hospital. So that's the kind of relationship my ladies have with the patients and hospital.	13:00
Azania	13:00	It's really hard stuff. Really, really hard stuff because it is a matter of life and death. So when it comes to a hospital journey, we have to arm ourselves, we go into it, we have to, at least I assume that, we have to do our research, we have to be as best prepared as possible. Where is the starting point? And how informed do we have to be?	13:19
Nonthuthu	13:19	You have to be very informed and I like the word that you're using when you say we have to arm ourselves. Because you going into a space where it's foreign territory. So you need some kind of GPS, so that you can locate yourself in the context of this hospital admission and an environment that is not always a welcome experience for a patient. But you have to. So it always starts with a specialist or a doctor informing you that you need a particular procedure, or you need to be admitted to hospital for a particular reason. Once you have that information from the doctor, it becomes very important for the member to then, first of all, understand that reason for admission- what is going to be done. And the second layer is to understand how is my medical aid going to assist me with the funding of this particular hospital event. And that journey is then triggered by getting the relevant information from the doctor who is	14:57

		admitting you. Because patients don't submit themselves to hospital, it has to be under the supervision of a clinician who's made a decision that the correct setting of care for you as member 123 is to be in a hospital. Because remember I said earlier, you can still get very good treatment whilst you are at home, you can get very good treatment on an outpatient basis. And when a doctor makes that decision to then take you through to a hospital, you need to equip yourself with really sort of three basic pieces of information in terms of what you have to navigate. The first one is getting the information from the doctor that you can notify your medical aid scheme of the admission to hospital.	
Azania	14:57	Is this where we get the practice number?	14:59
	14:49	[...]	15:03
Nonthuthu	15:03	All of those details, all of that jargon, all of that stuff that the doctor will finish you with big words, very big words. And it's important for you to also just ask the doctor what things mean. Because if you are that, you know that way inclined, it's actually nice to know that he just gave me an ICD 10 code. This is my diagnosis. He just gave me a procedure code, or she's planning to actually put up an IV infusion, and they're going to be running certain medications through my body, because knowing his power, and having that knowledge of this is what the doctor is going to do also helps to supplement what you sometimes have to do when you have to sign for example, informed consent before a procedure, because you now have an opportunity to actually have a conversation with your doctor. What is this? What does it mean? What is going to be done? So it's a lovely opportunity when you get those quotes as well, to actually ask and seek clarity because the more information you have, I think the calmer you become, the more certainty you have around what's going to be happening to yourself. Because to a degree, you lose your agency over yourself when you go into a hospital environment. So at least if you know what to expect, I think it's a much better experience for a patient.	16:16
Azania	16:16	So that's one of three, what are the other two?	16:19
Nonthuthu	16:19	The other two... the second thing you'd have to do is to notify your medical aid as mentioned, because when you purchase medical aid cover, you will have made certain decisions at the point	18:18

		of inception of that contract with your medical scheme. And there are certain considerations that would have gone into that choice. So if you are purchasing through a broker-mediated plan, you would have had a discussion around what are your needs. If I'm young, I'm healthy, I don't have any chronic illnesses, I may choose a particular type of plan. If I'm a little bit older, I've got some chronic illnesses already, I may gravitate towards another kind of plan. Or if I'm actually financially well off, and I need a pure risk portion for catastrophic cover and I'm very comfortable to pick up the bill for my own day-to-day expenses. So all of those conversations would have happened with your broker so that you can make a selection in terms of what plan is going to work for you based on your risk profile as an individual or as a family. Based on your affordability and also based on geographic location. Where are you going to be? Are you somebody who's going to be traveling abroad a lot? Or are you somebody who's fairly grounded who commutes between home and office, where you can have a very contained experience in terms of your health care, because you're not that mobile. So all of those considerations would inform the plan that you are on and at the time of receiving the information that you are going to hospital, it becomes important then to get in touch with your medical aids so that you can get clarity that I'm going to hospital. These are the details from my doctor. Can I have an authorization so that as I've notified you, you are giving me back a confirmation that it's a gold, please proceed. And any T's and C's that are applicable in terms of the particular admission, that is when the medical aid will have an opportunity to communicate back to you as a member.	
Azania	18:18	That's such an interesting way of putting it because yes, we wonder why do I need an authorization number, why do I need this permission? So it's just confirmation to say that we note this, and this is how you will be covered so that nobody has some unwanted, ugly surprises later on.	18:34
Nonthuthu	18:34	Exactly. We know, Azania, from experience that for most of us, when you receive information around hospital admissions, and you are not planning to get hospitalized anytime soon, that information largely goes ignored. You don't read it, you don't look at the finer details. And our understanding is that if we actually give the	19:10

		member or a patient, the opportunity to just pursue that information, again, almost an ondemand piece of information, there's a better opportunity for that individual to then consume that information and make informed decisions.	
Azania	19:10	So Raphaela, this is what your team reinforces then.	19:13
Raphaela	19:13	Yes.	19:14
Azania	19:14	While I'm in my hospital bed, doubtful, worried. The last thing I need to worry about is the financials. So this is where you're there to hold my hand and say it's covered.	19:24
Raphaela	19:24	Yes. So what Nthuthu was saying is that often people will pre authorize so you are prepared to a point. You know you're going into hospital, you think about the point up until that operation, and then you come up from an operation and suddenly you think "Now what? I hadn't prepared myself for it." For example, if someone's got, has been diagnosed with cancer, they found they have a tumor, they've had the tumor removed, the patient often only thinks up to that point. What happens to me now? I still have to go for treatment for the cancer- and that's where we come in where we say "Okay, so we've gone to step one, how can we help you go to step two? This is what you need to next. Once your doctor has decided what your treatment plan is, this is what you need to do, you need to apply to the oncology department so that we can approve your treatment plan according to certain clinical criteria, and I'm here with you the entire step of the journey."	20:14
Azania	20:14	That's interesting, because at the start of this conversation I had imagined a start-to-finish kind of journey. You know, from point A to point B and pretty straightforward. But from the picture that you've just painted, the admissions and the process with the hospital journey, it becomes a little bit of a maze. You know, it might be that at this point, we deviate to another point, this aspect now gets drawn into the picture. Or once we get to point D, we have to veer off a little bit depending on a person's treatment. So it's not a straight line. It can be very dynamic.	20:50
Raphaela	20:50	Well, the hospital journey is often just the start of a much longer journey. If you for example, take again an oncology patient, you know, they've had the tumor removed now they start with oncology	21:45

		treatment, they may go into remission and maybe sometimes it comes back again. So it's a continuous journey. And that's where we come in, we become almost like a personal banker. That one point of contact, where we help you navigate the system that is Discovery Health. Where we can say, okay, you're at this point of your journey, this is what you need to do, maybe you need to plan for prescribed minimum benefits and here's the form that you need to apply. Or, for example, if someone is really, really ill, and we need a family member to become the third party person, this is the form you need to fill in before that member gets too ill. You get to the end of life, what do we do? How can we help you? There's another team who can help you from a hospice point of view. So it is very much a journey that most often never ends.	
Azania	21:45	Yes. Wow. So now we've covered two of the aspects that we need to be armed with, what is the third one?	21;52
Nonthuthu	21:52	The third one is really around understanding, Azania. Now that I'm going to go to hospital, how long am I going to be there for? What kind of treatment am I going to be receiving? Because it's important for the patient to actually prepare and this goes beyond just packing a bag and showing up in hospital. It's also about a young mom who's got children at home. It's about knowing that I'm actually supposed to be away for three days. But it could also happen that my stay gets extended. It's important to understand that I'm just going in for a day procedure. I'm going to be in and out for the day, but I'll be heavily sedated, so it's not safe for me to drive. So I must make arrangements for somebody to come and fetch me after my procedure. As much as I will be discharged it is not advisable that I drive. So it's those kinds of finer details around the individual in the context of their own personal life, making the necessary arrangements in preparation of this hospital state so that when they are in hospital, they've made the necessary sort of preparations and all the logistics of being in hospital.	22:56
Azania	22:56	Because life is going on.	22:57
Nonthuthu	22:57	Life is going on, yes, and it's important at that point when you have got the information to understand, is it an in and out kind of visit? What we would call a day case. Or is it going to be a lengthy hospital admission? And sometimes it's	23:44

		unknown. Sometimes you go in, because you've had seizures. And we don't know if that is something that you're just going to be observed overnight, or if that is something that can end up in a prolonged hospital state. So it's that kind of, sort of interpretation of what is going to happen that the member needs to be empowered with, so that when you go into the hospital as a patient, you've actually mobilized, I guess, your support systems and made the necessary arrangements because that also helps to minimize worry. Whilst we are in hospital, exactly like you're saying, life has to continue back home.	
Azania	23:44	What constitutes an emergency?	23:47
Nonthuthu	23:47	An emergency is actually defined in the medical schemes act, and that is the act that governs all medical aid schemes in this country so that there is a common and sort of universal understanding of what is an emergency, and when is that member of a medical aid scheme entitled to benefits. Because ultimately, when you are in a situation of a medical emergency, you either have a threat to your life, you also could have a threat to a limb, or you could have a situation that needs to be averted or intervened on with a degree of urgency. So an emergency can really be defined in many ways but fundamentally, it's about your life needs to be saved, or some part of your body or a limb that needs to actually be salvaged. And also, importantly, there is something that you need which can only be done in a hospital environment to avert a deleterious outcome.	24:42
Azania	24:42	So we've invited a couple of people to ask questions, to share their experiences if they've had a hospital journey. So let's take a listen and hopefully this will be able to help us out, help us navigate these particular scenarios.	24:56
Brandon	24:56	Hi, my name is Brandon. I want to know why are there network hospitals? I don't really understand what that's all about.	25:02
Azania	25:02	Network hospitals . So what's the need for network- what are we referring to? What's Brendan referring to, firstly?	25;09
Nonthuthu	25:09	What Brandon is referring to is really tied in with what I was describing earlier to say, at the point of policy inception, when you purchase the medical aid scheme covered, you would have had a conversation with your broker, where you actually	26:59

		look at what are my needs as an individual? What chronic illnesses do I have? What are my travel routines? Do I have a job that takes me all over the country? Or am I somebody who is grounded and fairly local, because those are all the considerations that go into the mix, to allow me to make an option selection that is suitable for my own individual needs. Now, network plans are a function of us coming up with more cost effective plans for members, because in a network plan, what we do is we restrict choice a little bit so that you can get a better rate. What Discovery Health does is to go out into the market. So if there's a universe of hospitals out there, and it's 100 hospitals, we will actually have contracting discussions with those hospitals, and select, let's say, 80 hospitals out of 100, who are able to meet our needs, who give us the geographic footprint. And because we've been able to broker that kind of contract where 80 out of the 100 will participate, we are able to get better rates from the 80 that are now in the network, because we've left out the 20. So Brandon's question then ties in with... he would have purchased a network plan, which means in that universe of 100 hospitals, he has already access to 80 out of the 100, and he needs to be able to follow the rules of his plan to go to a network provider. Because that provider is contacted in and when he goes to that hospital, it will be funded in keeping with the contract that has been agreed to with that facility.	
Azania	26;59	Well, here's another member question.	27:02
Loyiso	27:02	Hi, my name is Loyiso. So if I had a medical emergency, can I go to any hospital? Say I were away from home on holiday and had an emergency and just went to a nearby hospital, would my medical scheme cover my treatment?	27:15
Nonthuthu	27:15	Definitely. I think Loyiso is asking a very important question. In an emergency, Azania, the most important thing is for the patient to get the necessary care first. So that patient would have to be assessed by the clinicians, they would have to be treated. If however, the patient can be stabilized and then moved to a facility that is within their network according to the plan type that they are on, we will always endeavor them to have that patient moved from the first location where they were stabilized to actually get the rest of the care from a network facility. So any patient or a member out there who is on a network plan, should expect that they will always get care for	28:10

		emergencies from the nearest facility that can give the care that they require. But there will be a requirement that once they are stable, they must move to a facility that is within their network.	
Azania	28:10	What happens then in cases where perhaps I'm at the network hospital, I've done everything I'm supposed to according to my plan of choice, but in the process of my admission, I need say, a specialist or facilities that are in a hospital that's not part of my network. Would that be possible or would I be denied that treatment elsewhere?	28:32
Nonthuthu	28:32	We actually do get those instances as well, where I am in my network facility, I have followed all the rules, but there's a specific service- a super specialized clinician needs to look after me and that type of specialist, that discipline is not available in the environment of my own network hospital. Again, in those instances, you have to notify your medical aid scheme. The doctor who's looking after you in the network facility must write a letter of motivation or talk to one of our clinicians, because we have a clinical advisory team that is a team of doctors who can take calls from clinicians and actually have a conversation around why does this particular patient need to move out of network and be looked after elsewhere? And the scheme would then authorize that out of network hospital stay or that out of network visit, because there's a specific service you require, which is not otherwise available within the network. So we've seen those instances. And the important thing is to talk to your medical aid scheme. Because once they get the clinical details and they understand what is going on, they will make it possible for you to get the care that you require, even beyond the network hospital.	29:46
Azania	29:46	So just as an aside, how do people know- emergency service workers, the hospital that's receiving you, whether or not you have a medical aid? So I'm unable to communicate my status that I have a medical aid or not; the people, perhaps that have brought them to the hospital do not know my circumstances; so how do they know then? Could I be sent to a public hospital? Because there's no way of knowing?	30:10
Nonthuthu	30:10	If we continue with...just thinking of a supposed scenario where I have a medical emergency...perhaps I'm unconscious, I can't even communicate what benefit entitlement or what plan I'm on, I'm not able to tell anybody the story	31:21

		of what cover I enjoy. It's exactly in those instances where the nearest hospital is duty-bound, not just in terms of the medical schemes act, but also in terms of the Health Act, to stabilize that patient, to assess that patient and to render the life-saving care that is necessary. So in instances where you're just unable to communicate what you have, you would have to be dealt with by the nearest facility. If for whatever reason you do- because sometimes what we do, Azania, is we will actually have wristbands that members can wear which identify who you are. If you consider perhaps if you are in a car, you could have a Discovery sticker that is on your vehicle. So there are all these little tools that we've put out into the market to help exactly with this process of identification of an individual who is compromised and perhaps unable to communicate for themselves when they need medical care.	
Azania	31:21	Raphaela, what has been your experience with this? Especially being at the hospital and seeing patients coming in under all sorts of scenarios.	31:29
Raphaela	31:29	I think for me, it goes even further than the patient themselves only. There's often a family behind that patient. So if you think for example, a near-drowning case of a child. While the child is being tended to by the doctors, you've got this family that is completely distraught and they don't know what to do with themselves. So we tend to be there to get a cup of coffee, just sit with him just to help contact other family members, contact friends. Just maybe even go off and buy some toothpaste and a toothbrush because they're going to be spending the night in the hospital with the child. So that's a very important aspect which often gets forgotten. The family is the one that needs to support more at times.	32:11
Azania	32:11	But I want to stay a little bit longer, Raphael, with the other aspects to the work that you do.	32:17
Raphaela	21:17	We try and establish what it is that the patient needs the whole way through the journey. And as I say, the way our teams are set up, if the patient goes into hospital, you will have our member liaison manager who is there with them through the journey. Again, if we go back to that oncology patient who's had a tumor removed and now needs to go into oncology treatment, I have another group of people who are called the oncology liaison managers. That patient then gets passed on to them, who then deal with them and	33:16

		their oncology practice. They're well known in the practices, they work hand in hand with the practice managers, they work hand in hand with the oncologist themselves and so they they know how that system works. And they assist them with that. But you know, at the end of the day, you can make a difference even if it's in a very small way. And often it's those small differences that make the biggest difference to a family or to a patient. So we will never say no. Whatever we can do to help. We may say, no, we can't do this, but we can help you, you know, navigate the system or whatever it may be, but we will try whatever we can to help them through this process.	
Azania	33:16	Another reason for admission is maternity, a very special time in any family's life, a beautiful time, but it's quite a journey. You know, there is this systematic build-up to the child being born, to that admission, which can either be planned or an emergency. So it falls under both scenarios. How is it being managed? What's the approach to maternity admissions?	33:41
Nonthuthu	33:41	I like how you described it, Azania, it's such a beautiful time in a woman's life. And definitely as we have been chatting today, the best thing that the mom can do, or the mom-to-be can do, is to empower herself with information. So amidst all the excitement and celebrations and expectancy, it's also very Important for that mom to be a powerful, informed, expectant mom. And it starts from conception because you have to make certain choices around where are you going to now get care. So once you have confirmation that you are pregnant, it's a very important decision that you have to make early on that I'm going to be looked after by this specialist, I'm going to deliver at this particular facility and to actually book your bed if you have an opportunity to do that. Because as you can imagine, sometimes these beds are in high demand and it's good to actually get into the queue early on so that you also allay any anxiety and you can focus on the maternity journey. And you can focus on the little one or little ones that you are expecting. And for me, another piece of information that I would like to share today is really around that most mothers focus on the gynecologist because that is who is going to deliver your baby. But it's important to start getting an understanding of who else is that hospital associated with who will be part of my hospital journey. Because once you are in that hospital, you will actually get looked after by a pediatrician	36:04

		who's going to help catch the baby. So once the baby has been delivered, there's a pediatrician who's going to have to assess this baby, there's an anaesthetist team who are going to be putting me to sleep, there's also an entire team of other clinicians, and other parent clinical service providers like physios, people who are going to come into audiology and test your baby to see that they can hear properly, start understanding the lay of the land, so that you can make certain decisions when you are not under duress. Because certainly with babies, they come when they want to. So you can plan all you want and they could decide to show up on a day that you haven't necessarily chosen. But at least if you know your environment, you've checked things out, you've had conversations with the clinical team that is on location, you've got more certainty than uncertainty.	
Azania	36:04	How are day clinics regarded? How are they treated? Do they still fall under a hospital plan? Do they require the same meticulous procedures as other admissions?	36:14
Nonthuthu	36:14	Oh, definitely. The big difference between day clinics and large, acute hospitals is that day clinics tend to do smaller procedures. There's a shorter theater time, and they work faster in terms of turning patients over. So you go in, you go out. And you'll remember our earlier discussion around a patient having to make arrangements to be fetched, because you will be in no position to drive after you've had sedation in a day clinic. So it's still the same rigor that has to be applied in terms of checking in with your medical aid, getting your pre authorization and making sure that you understand how long is this going to be? And also importantly, to understand what if things don't go as planned? What is going to happen? Which other hospital can I actually have access to if I need to be transferred from the day clinic?	37:03
Azania	37:03	Ladies, thank you so much.	37:04
Azania	37:05	I'm connected with Dr. Roshini Moodley Naidoo, Executive Head of Strategic Risk Management at Discovery Health. Roshini, thanks for your time. Really looking forward to getting a sense of how patients are assured of great quality health care.	37:27
Roshini	37:27	Thank you so much. Happy to be doing this and talking with our Discovery members and the wider community.	37:33

Azania	37:33	Yes. So what does a patient-centered healthcare system look like?	37:38
Roshini	37:38	So, patient centricity is an idea that sounds, you know, a little academic. But it actually is, it's really what healthcare is all about. It's why we became doctors and nurses and, you know, why we became providers of care. So the central idea around patient centricity is, to some extent, going back to our roots, and remembering and factoring into our entire design of the healthcare system, that patients come first. Our healthcare system has become so complicated, and so layered over the decades and it's not necessarily a bad thing. One very important benefit of this kind of sophisticated healthcare system is that we're able to cure diseases that we would not have cured, perhaps 20 or 30 years before, our medicines are better than they would have been. and our surgical devices for operations, for example, are much more sophisticated. So, all of that is the benefits of the sophistication of health care in our current present. However, in that kind of complexity, and in that kind of layering, it's not always easy to keep the patient's interest center, or central to how healthcare is designed. And that's really what patient centricity is about; that in this very sophisticated system of very modern medicines, very high tech hospitals, doctors are practicing absolutely at the top of what we call their licenses, or who are, these days, around the world digitally connected, spending a lot of time on their computers, we still do not forget the human side of healthcare, which is about hearing from patients what their needs are and then responding in a way that places value on what patients preferences, and what patients decisions are before anything else in the healthcare system.	39:37
Azania	39:37	So having said that, with all this layering, with all the sophistication, does it not make it more complicated to assess that patients have been taken care of to a satisfactory level?	39:48
Roshini	39:48	That's exactly right. It is more, it's more complicated to do that because there's so many input points now in the healthcare	40:54

		system. So to truly understand the overall journey of a patient, or the overall healthcare system, you have a lot more information available, a lot more touch points that you ought to be examining to adjudicate what a good quality or what a high performing healthcare system is about. We're finding it very important that, as we design systems now, or infrastructure, to collect data that tells us how healthcare systems are performing, one very important factor that comes into that entire equation is the voice of the patient. You cannot have a patient centered healthcare system if all we're capturing is value or if all we are capturing are inputs from the lens of the providers of care. We also have to be smart enough to have patients' input; their view of whether the system is performing well or not well.	
Azania	40:54	So how do you capture that view?	40:56
Roshini	40:56	In Discovery, there are a few ways that we capture that view. One very direct way is what we call the patient survey score. It's an initiative and the patient survey score initiative is based on a patient experience survey. The survey is conducted in different healthcare settings. So we have surveys on patient experience that are captured out of hospital. So for example, a patient who goes to the GP, after the visit to the GP would have a survey and the more prominent and the more established survey is one that's conducted after the patient is discharged from hospital... to let us know how the patient experienced a whole wide set of aspects of care in hospital. And we use that to have an understanding of what patients are saying about their care. And then we use that to... that feedback to influence and improve on the care.	41:50
Azania	41;50	That's so interesting, because so many of us opt out of that process. We get given a little, quick survey or "Please rate my service at the end of this call." You know, those opportunities to give feedback, and we often opt out. Meanwhile, it's actually for our interest that we can help to improve the service. So clearly, it helps you to analyze where the best care has	42:21

		been given. But do members of medical aids have access to the patient survey score, and how should we use it to inform our decisions?	
Roshini	42:21	I'm going to answer that question very directly. But before I get there, you made a really interesting point at the beginning of your comment, you know, around just a plethora, or almost an abundance of surveys. At Discovery, we refer to that as survey fatigue. And that's very important. Patients do receive lots of surveys. Some of them are administrative surveys, you know, I guess there's real value in surveys, and some perhaps more value than others. The patient experience survey, we regard as a really critical survey for collecting this information. Patients also tend to disregard surveys if this information is not being used in a meaningful way, or if they do not know that the information is being used in a meaningful way. And also, if they don't get the feedback returned to them in some kind of feedback loop. And that's what passes about this patient survey score. This is why I say it's an actual initiative. The initiative involves collating all of the survey results every year from Discovery members who have taken the time to fill the survey out and send it back to us. We then aggregate all of those surveys, we analyze the survey...So, we have actuaries at Discovery who spend quite a bit of their time analyzing the trends and analyzing what the actual performance is in a year, then they compare it to what the performance looked like last year, they look for what the improvement opportunities are and then, very importantly, we publish those results on the Discovery website. By publish, I mean, we make those results visible in what I hope is a user-friendly structure so patients don't have to necessarily have, you know, a very strong, actuarial background like I our skilled actuaries is in the building, but can go into the website and understand, you know, from a consumer's point of view, how their feedback, or what their feedback in aggregate is saying about the hospitals that they rated. So, at the end of all of this, when you as a patient are logged into the website, you get a score for the hospital that you rated, so you can see how everyone scored that hospital, and then you're able to	45:25

		compare that hospital to all of the other private hospitals in South Africa, where there were enough surveys collected from patients. And very importantly, the next time you might unfortunately need to go to hospital, you can understand whether that hospital, your hospital of choice, has improved on those scores. So, did they pay really close attention to what it is you asked them to improve on? You as well as everybody else who rated that hospital. And you can make an informed choice. If you don't like what you're seeing in the results, you know, down the road, you can make a choice about whether you choose to go there. And very importantly, if you see an improvement, you will also know that your survey results, together with everybody else's, was used for improvement if that hospital paid very important attention to what it is you said and improved.	
Azania	45:25	Now, I'm really curious about the questions after what you said now. So, is it quite detailed? As in, were the noise levels correct? Where the staff attentive? Did I feel well-informed? How's the admissions when I arrived or when I was discharged? Is it down to that sort of meticulous detail of the hospital journey?	45:47
Roshini	45:47	The questions are very detailed. The survey is also an international survey tool. So, while we every year have around 60,000 members who will send us survey responses back, which is, you know, a very material number for any kind of analytical analysis, the survey has been in existence for a few decades now in other countries. So, how the questions were thought of, and how the questions were structured so that there were not too many, there were not too little, and how the categories of questions come together in a very complimentary manner- all of those, you know, were thought of very seriously, very rigorously, very methodically over a long period of time. So, the questions are granular, but the questions also speak about many different categories, some of those that you're talking about... how carefully did nurses listen to what it is I was articulating, as a patient, and you know, what would the noise levels like? Was I able to get a good night's sleep in the hospital? When I rang	48:04

		that buzzer, did someone respond to me ringing the buzzer when I needed help? Was I treated respectfully in communication from my doctors? And it has some very clinical aspects as well, in the questions. Did I receive information about my medicine when I was discharged? Do I know what my diagnosis is when I'm discharged? So in the unforeseen circumstance, three days after you are discharged from hospital, you end up not feeling great, you need to pop up into Casualty and the Casualty doctor says, "I don't have a record" you know, "What is your diagnosis?" you are empowered with that information because someone told you about it. So, pain management- another very important category. Before we did the survey, we had to do our homework at Discovery. W spent a long time understanding whether those questions were relevant for our membership in South Africa, in the private sector, and whether those questions were structured enough to give us information for the purpose of improving. This is entirely what this is all about. It's about improving healthcare, based on what patients put a premium on.	
Azania	48:04	It sounds like because as patients, we often are not aware of our rights. Does this further, in some ways, help to empower us to know our rights, but also reinforce them in the broader industry in this value chain?	48:17
Roshini	48:17	It's a really important question about patients' rights. And sometimes, you know, we visit certain hospitals or, you know, we might have a meeting with some doctors or the hospital management, and our hospitals will have the patient rights charter on the wall. And personally, as a doctor, I've often wondered whether there was real meaning to that, you know, whether in the healthcare system, those many, many very technical sounding words on the walls became really meaningful and lived every day in how patients experience care. I do think that survey tools like this one, allow patients' rights to become more practical, to be lived in a very pragmatic way. At the essence of patient rights is this concept of integrity, and about respect and empowerment. And by	49:30

		empowerment, we mean voice. So wherever in the world you have civil rights organizations that talk about rights, or you have governments that are talking about or enforcing certain bowls of rights, at the essence of all of those rights, is this notion of empowerment, and about respect and creating an ecosystem for people to speak for themselves.	
Azania	49:30	So, a final question to you Roshini, has this reduce the care gap? Does it reduce the care gap?	49:37
Roshini	49:37	We think it does. So, you know, I can answer that question in two ways. One is a very analytical way. And what we've seen from the survey results is that very important clinical categories have improved. So, pain management, for example, has improved. Information about discharge planning has improved and we see this starting to correlate with some of what we see in the readmission. Patients who are better prepared for discharge, and are telling us that through the surveys, we are starting to see positive improvements in the readmissions. That directly answers, you know, if there's a drop in readmissions, if pain is managed better, that has to mean that care gaps are closed. The more indirect way of answering that is, our survey response rate has gone up from 14% when we started the survey, to 19%, in the last survey and that, to me, is saying something about members and patients being more engaged; people looking out for themselves as they ought to be looking out for their families; looking out for their communities and for the, you know, for the South African consumer, more generally. And that in itself, you know...people being more empowered about healthcare, to seek out information, also has to be a solution for closing care gaps. Perhaps not in the short term but absolutely in the medium and long term.	50:59
Azania	50:59	It was a pleasure just understanding risk management differently and better from Discovery Health's perspective. Thank you so much, Roshini.	51:14
Roshini	51:14	Thank you very much.	51:15

Azania	51:15	I think we can all sleep easier now that we know everything there is to know about a hospital admission. Thank you for listening to this episode of Discover Healthier, brought to you by Discovery Health. Join the conversation on social media with the hashtag #discover healthier and tag @discovery_SA. You can subscribe to our podcast channel Discovery South Africa on your favorite podcast app or visit discovery.co.za to listen to our shows.	51:47