COMMITTEE REPORTS 2014

Education Committee
Members:
Dr Martin Mpe (Chairman), Dr Brian Vezi, Dr Anthony Becker, Dr P Obel, Dr Farouk Mamdoo, Dr Mamotabo Matshela, Dr Tom Mabin, Dr Andre Brooks and Prof Johan Brink

Subcommittee – All heads of cardiology departments
Prof M. R. Essop, Prof A. Doubell, Prof M Ntsekhe, Prof P. Mntla, Prof P. Manga, Prof D. Marx, Prof D. Naidoo, Prof A. Sarkin and Dr J. Lawrenson

1. SA Heart Events calendar
There has been some improvement in the report or announcement of intended educational activities to the SA Heart secretariat. There are still events that are report late or not at all. The listed SIG events will have more support since the SA Heart events calendar serves both as an announcement of events and affords an opportunity to prevent double bookings of dates for the same target audience. The spacing of meetings can also be optimised to allow breaks in between the meetings.

2. SA Heart Lecture Series
The SA Heart EXCO has initiated a lecture series programme for non-cardiologists. The series is another platform to expand on the education programmes that are run by the association to reach out and disseminate information on contemporary treatment guidelines. The SA Heart sourced funding from industry through the secretariat to sponsor the venue and the faculty. The SA Heart lecture series runs parallel with the current lecture/educational programmes as run by the SIGs.

The first series was on Atrial Fibrillation. The slide set was developed with input largely from CASSA members. The first project gave us lessons on how to involve the SIG which focuses on the specific therapeutic area. The completed slide set and MCQ assessment questionnaire had to be reviewed by CASSA following the first few meetings. The road show could not be completed within this calendar year because of poor attendance. The series will be concluded in the New Year.

The second series will be on Hypertension. The SA Hypertension Society gave blessings to this initiative. The slide set is being finalised and the format that was used for the AF series will be followed. The sponsorships for the Hypertension series will also be sourced separately from Industry. The SA Heart/Education Committee will come up with proposals for future topics. It is envisaged that this will be a long term annual programme.

3. Certificate in Cardiology: Curriculum review
The meeting of the HODs for the “final” review of the curriculum was held during the World Cardiology Congress in Cape Town in February 2013. The meeting also discussed the format of written papers to ensure more consistency and to align with the college’s reviewed approach to examinations as in the other subspecialties. The meeting further discussed the minimum logbook requirements in line with the minimum standards of training. The revised curriculum is available on the SA College of Medicine website.

4. SA Heart Annual Congresses
The 2014 SA Heart Congress is the first where the SA Heart EXCO, represented by the Education Committee, was involved in the Congress Organising Committee together with the local branch (Natal) and SIGs. Dr Tom Mabin was nominated by the EC Chairperson as the “Conference Convener” and was as a result co-opted into the SA Heart Exco to report back on the progress. The outcome of this approach will inform the future SA Heart meetings.

Dr Martin Mpe
Chairman of the Education Committee of SA Heart

Ethics & Guidelines Committee: not yet received, will be updated.
Fulltime Salaried Committee:

Members
Andrew Sarkin (chair), Sajidah Kahn, Riaz Dawood, Johan Jordaan, Paul Adams.

Thanks to all of the committee members for their time, input and assistance.

Strengthening and challenges facing the full-time academic departments
This remains a priority from all aspects including the training of cardiologists, service delivery (including volumes of patients and stock problems) and research. The committee is looking into ways to formalise proposals for solutions and to unify the various academic departments. This committee partook in a discussion involving all the academic departments regarding primary pulmonary hypertension and from this guidelines and units of special interest are being looked at. The committee also assisted SA Heart with how best to deal with its concerns with the crisis at Universitas with the Cardiology Department (which looks like it is on its way to resolution).

Booklet
The Full Time Practice Committee is working earnestly on the preparation of a booklet aimed at GP’s, district and secondary level hospitals covering the main cardiac diseases taking into account current pragmatic therapies, with a cardiology and cardiothoracic component.

SA Heart NHI policy document
After drawing up a NHI policy document previously, the committee is keeping abreast of developments in relation the NHI and the way forward in this regard. Obviously, the primary concern is how this will impact on clinicians.

Cardio Alex Congress in Egypt
Andrew Sarkin of this committee represented SA Heart at the Cardio-Alex meeting in Alexandria, Egypt and partook speaking on HIV and the heart. It was a very valuable meeting from a networking point of view and many contacts were made on behalf of SA Heart.

ESC Congress 2014
The committee assisted the SA Heart to answer queries raised by attendees of this meeting with a view to improving collaboration between SA Heart and international delegates.

Andrew Sarkin
Chairman of the Full Time Practice Committee of SA Heart

Private Practice Committee:

Members
Makoali Makotoko (Chair), Daryl Smith, Andrew Thornton, Jaco Botha, Jeff Harrisberg, Mark Ableson, Len Steingo.

Heavily supported by David Jankelow, vice president, SA Heart

As the representative of cardiac practitioners in private practice, the private practice committee interacts with many stakeholders who are involved in health care.

The National Department of Health: National Health Insurance
Through its health policies, the national department of health governs framework within which we practice and the NHI is, at this moment, the most significant new player in the horizon. We still await clarification on how the department sees cardiac practitioners getting involved. However, the South African Heart Association was proactive and we wrote a letter to the Minister of Health in 2013 indicating the recognition that there is a great need for a more equitable distribution of cardiac care throughout the country. We recognize that there are four provinces in our country without public sector cardiac centres: Limpopo, Mpumalanga, North West and Northern Cape provinces. There is also a discrepancy between the available care between urban and rural areas. We have offered our services in all areas of service provision: teaching, training and skills transfer, outpatient clinics, theatre and cath-lab work, mobile echocardiograms in remote areas etc. We reiterate our commitment to work with the department of health to make cardiac care nationally accessible to all.

The Competition Commission
On the 6th January 2014, the Competition Commission of South Africa announced that it was setting up a market enquiry into the Private Health Care Sector. The stated aims of this enquiry are to assess if the sector is operating effectively, to determine the cost-drivers within the sector, make recommendations to improve the sector, to protect consumers and to ensure that the markets remain fair and competitive. The Chairman of the commission,
other Commissioners have been chosen. Submissions from stakeholders such as hospital groups, medical schemes, doctors, associations/societies, pharmaceutical and device companies have been invited. The South African Heart Association will be represented by the South African Medical Association (SAMA), of which we are members. We hope the enquiry will be impartial and open, and we welcome its establishment. We are confident that the findings will confirm what we know, that doctors are not the cost drivers in the private health care sector. In 2010, the Council for Medical Schemes found that 13% of all expenditure in private healthcare was spent on administering healthcare. 19.5% was paid out to specialists while general practitioners were paid 5.5%. We submit that the 13% that was paid to managed health is an unnecessary expense which should be done away with. It is used to generate unnecessary motivations, requests for authorization, chronic medicine forms which merely delay and often deny patients treatment that is deemed necessary by their doctors.

The Health Professions Council of South Africa
We remain in a vacuum with no benchmark for the fees that should be charged by medical practitioners since the Competition Commission ruling of 2004. The HPCSA, which was to give a guide to tariffs, only states that a patient who feels that he/she has been overcharged should, within three months submit his/her complaint to the council. The council will give the practitioner the opportunity to explain the basis for the fee charged and then the council will make a ruling on the appropriateness of the fee. Obviously this is a flawed and very cumbersome system. It is. Reactive rather than proactive, does not guide, but rather waits for somebody to complain. SAMA, in conjunction with a private accounting firm, Medical Practice Consulting, has come up with a Practice Cost Calculator which our members are encouraged to try out. This enables each practitioner to calculate his/her specific cost of providing a service based on the geographic location, the surrounding community's socio-economic level, the practitioner's overhead costs: equipment cost, office space, personnel, transport to and from work, insurance etc. these costs can then be submitted to the patient or medical scheme.

Medical Schemes
We continue to engage with medical schemes regularly when our members’ ability to practice as we best know how, or when our right to earn the money we have worked for is being challenged. There is an ever-increasing tendency for medical schemes to be very prescriptive, designing straight-jacket type treatment algorithms which, if not followed to the letter, lead to the practitioner not being reimbursed. We vehemently reject these because we believe that the practitioner is trained to do his/her work, he/she is with the patient and should use his/her clinical judgement on the best way to manage the patient.

Members are encouraged to look at suggestions currently being made for global fees for coronary syndromes. I am not at liberty to say more.

Some schemes have attempted to prescribe how we should do echocardiograms, attempting to say which procedures are indicated for which medical conditions. This too is ridiculous and has been rejected by SA Heart Association and CISSA

Medscheme Specialist Forum
Towards the end of 2012, SA Heart Association, together with many other specialist associations and societies, was invited by Medscheme to be part of a specialist forum whose aim was to facilitate interaction between Medscheme and doctors, to bring about quicker and more direct access to solve problems, and to discuss issues of mutual interest like medicine formularies, processes involved in the authorization of procedures and so on. We joined the forum and had four meetings in 2013. The process was slow but promising. However, at the end of that year SA heart withdrew from that forum after we objected to insults that were directed at specialists by one of the doctors from Medscheme. She stated that specialists are given incentives by device companies to endorse products, and that we do not follow scientifically supported guidelines in recommending treatment protocols. We objected to this kind of derogatory sentiment and we demanded an apology and retraction. When none was forthcoming from the senior management of Medscheme, we felt that we could not carry on participating in the forum. It is our belief that the great majority of our members are well qualified, hardworking and ethical professionals. We condemn the implications made by Medscheme.

Unresolved Coding Issues
New codes that were submitted to the SAMA coding committee in 2012 were given the Z code for a year. We will need to discuss with the committee as to whether they can now be given permanent codes. These include codes for TAVI, MitraClip, RDN.
Hospital Codes
Once again, codes for patients in hospital has been a big issue leading to large amounts of money being withheld by a medical scheme from some of our members. We would like to urge members to please ensure that ICU, High Care and general ward codes are the same between the treating doctor and the hospital. If there is a discrepancy, this leads to problems.

The SA Heart executive committee has resolved that there should be a body that will be involved with arbitration in matters of this nature.

Many queries continue to come regularly from members, medical schemes and other quarters about codes, we would like to thank everyone who has helped with researching and answering the queries. Thank you to all the SA Heart SIGS, who take up coding and practice related issues in their areas of expertise and run with them for the benefit of all of us.

We wish the new members of the private practice committee all the very best.
Makoali Makotoko
Chair, Private Practice Committee, SA Heart

SA Heart Registry – SHARE
After several years as Chair of the SHARE committee, Andrew Thornton stepped down at the 2013 AGM to pursue other commitments within his practice and CASSA, leaving behind a legacy of a functioning and viable registry with over 15,000 patient records captured. Following the addition earlier in 2013 of Prof. Karen Sliwa to the SHARE committee to drive the research component of the cathlab registry, and with the continued strong research input on the surgical side from Prof Francis Smit, Prof Mpiko Ntsekhe of UCT was approached to Chair the SHARE committee and bring a new perspective and strategic direction to the project. With the evolving clinical practice and funding landscape nationally, a growing emphasis on the importance of outcome data and other similar information on patient care, and rapidly changing information technology capabilities, the mandate to the new SHARE committee was to develop and grow a program suited to the new environment.

The SHARE committee, consisting of Professors Ntsekhe, Smit and Sliwa, Ms Erika Dau and Elizabeth Schaafsma, reviewed several alternative models for SHARE. They sought a model that would build on the achievements to date, add valuable information such as patient outcomes, would attempt to rein in the large ongoing financial commitments by SA Heart, and which would mitigate the problems being experienced in the registry at the time. The main problems identified included the high manpower and IT/software costs associated with rolling out to more sites, technical issues relating to networks and firewalls, absence of mechanisms to ensure data quality, absence of patient outcome data, and the non-representativity of participating sites.

Following the presentation, endorsement and adoption of the new model for the second phase of the SHARE Registry project by the SA Heart Exco at a meeting in January 2014, data collection for the national cathlab registry in its old format was gradually terminated. However after much discussion and deliberation, the National Cardiothoracic Surgical Registry component, whose expansion to include multiple sites around the country had been significantly curtailed by costs, will continue under the control and auspices of the Society of Cardiothoracic Surgeons. The wealth of information collected over the previous 15 years, and its provision of important information on cathlab practices and patient profiles over that period, will be duly recognized and acknowledged. Analysis of the over 15,000 data points is underway with the goal of presenting and publishing it for consumption of the SA Heart community and other interested stakeholders over the coming months and year. The relationship which SHARE had with the E-MD database management company has been phased out and terminated amicably.

The main purpose of the registries in the new SHARE model will be to improve standards of patient care and outcomes in cardiology and cardiac surgery across the South African landscape, by focussing on specific diseases and interventional procedures. SA Heart, through the SHARE Committee, will provide, staff and contribute to funding a central SHARE office, which will co-ordinate the research projects under the SHARE umbrella, provide a range of assistance and guidance including an IT solution for data capture & management, assist with Ethics approval and the submission of protocols, perform required data analyses, and facilitate feedback of the information to the SA Heart community to help improve care and outcomes.
This project-based model is similar in set up to that adopted across Europe and North America, and is governed by a set of criteria which are available on the SA Heart website, and which will help ensure that the registry is representative of South African demographics in terms of population and geographic distribution, and the split between State and Private Healthcare. In addition, each project must strive to be self-funded and have a budget that covers the costs of the IT development for the project’s dataset and databases, and the monthly database usage fees, and an apportioned contribution towards the costs of the SHARE office. The specific registry needs to have an approved protocol and obtain ethics approval, and be led by project champions akin to two Principal Investigators in a clinical trial. Participation will be voluntary and it will be up to the project leaders and the SHARE committee to drive and encourage participation, advocate involvement and contribution of data by individuals and units, and to publish from the collected data.

Various potential IT solutions were investigated and it was decided that the new phase of SHARE data collection must work within a web-based system, to reduce technical difficulties by avoiding problematic installations of proprietary software. e-MD’s business model does not currently cater for a web-based system, so several web-based service providers were evaluated, and Kontos Databases were chosen as the most cost-effective service provider with a proven track record of web-based databases in the market. Kontos Databases has already proven to be a good partner, with a very quick turnaround time on development, and they have upheld their reputation for delivering on time and within budget, so will be strongly recommended as the provider of choice for databases to SA Heart SHARE II projects.

Central to the future success of the new SHARE is its national character and the use of the national organization (SA Heart) as the vehicle through which all registries of national importance are driven and to which all the collected data belongs. In keeping with this important concept, in January 2014 Exco endorsed this vision and pledged to commit R400 000 for the SHARE office and staff running costs from the SA Heart budget for this financial year, and to reassess the quantum of the funding annually based on the number of projects run, the available SA Heart funds, and the funding income received by each project. To compliment the committed funds from SA Heart, the SHARE committee will be actively looking for partners who share the SHARE vision, and recognize the importance and value of national registries to improve clinical practice and patient outcomes. To that end SHARE is very grateful to Astra Zeneca following the receipt of a very generous unrestricted grant. Several other grant proposals are being evaluated at the time of writing this report. The committee looks forward to many more government, NGO, industry and medical funder partners committing to the cause.

In terms of progress to date, two SHARE projects have already been initiated namely the SHARE II TAVI registry led by Drs Jacques Sherman and Hellmuth Weich, and the SHARE Cardiac Disease and Maternity Registry (CDMR) by Prof Karen Sliwa and Dr Pillay. Initial planning and Investigators’ meetings have been fruitful – protocols have been submitted and approved, ethics approval obtained, the datasets have been defined and IT development is completed, and the databases tested. Live data collection for each of these projects will be officially launched at the SA Heart Congress 2014 in Durban. A third registry –the SHARE STEMI-registry championed by Dr Adriaan Snyders is well down the road to being ready to be launched in the near future.

On the current trajectory the future of SHARE looks bright. We anticipate that as capacity and resources grow we will be able to welcome new projects on board and expand the stable of registries in order to make valuable contributions at national congress, other SA Heart affiliated clinical meetings and potentially influence and improve clinical practice, patient care, and public policy in the future.

Mpiko Ntsekhe
Chair, SHARE

SA Heart Journal
This report covers the period since the 2013 AGM. SA Heart is a quarterly publication and during this period five issues of SA Heart appeared with the 6th issue scheduled to appear within weeks.
Liezl Zuhlke was the guest editor for the Autumn 2013 issue which dealt mainly with aspects of paediatric cardiology. The Winter 2013 issue focused primarily on percutaneous and surgical intervention including an editorial commenting on the PRAMI trial. The Spring 2013 issue reviewed various aspects of managing grown-up patients with congenital heart disease with Sara Thorne serving as guest editor. The Summer 2014 issue also addressed percutaneous intervention for structural heart disease, including the much debated issue of closing a patent foramen ovale to prevent cerebro-vascular events (guest editors: Hellmuth Weich and Stephen Brown). The Autumn 2014 issue featured the management of common cardiac conditions presenting in pregnancy. Rob Scott Millar, who continues to provide the regular ECG quiz on behalf of CASSA, has now been joined by Ashley Chin to form a formidable team. The SA Heart Journal continues to be an asset of the South African Heart Association. The vision of a quality Journal that is widely read and adds value to the readership remains.

Anton Doubell, Editor, SA Heart Journal

SA Heart Newsletter

Our SA Heart Newsletter, part of our SA Heart Journal, remains a very important source of information on the activities within our society. I am grateful to George and Sannette (Medsoc) as well as Francisca for assisting in having reports from the SIGS available in time. The addition of reports from HSF and SAMED broaden our knowledge and with our new collaboration with HMPG and SAMA we hope to also have more reports on the activities within SAMA available to members.

A special word of appreciation to our executive officer, Erika Dau, for assisting me with research and supplying of information for the newsletter.

Participation and contributions from members as well as feedback from attendees to meetings and congresses worldwide is limited. I invite members to assist with sharing the knowledge they gained at these meetings for the benefit of all.

New ideas and innovation are necessary to take the newsletter to the next level. If you have the courage and enthusiasm to assist please contact me.

Adriaan Snyders, editor, SA Heart Newsletter