QualiCare

Newsletter

A Guide to future National Health Insurance Benefits

(as explained by the Premier of Gauteng Province and a leading proponent of the NHI initiative).

In a video of a presentation on National Health Insurance, widely circulated in Social Media, Panyaza Lesufi, Premier of Gauteng Province advised an admiring , fawning crowd that , and we quote verbatim :

"After the 29th of May 2024, you can go to any hospital of your choice whether it's a private hospital or a public hospital or a private clinic, and get the best experts to treat you and after treating you, the government will pay the bill.

"That is what we are saying to our people: That is National Health insurance go and vote for the ANC."

"Gone are the days that if you do not have a medical aid you must die. Gone are the days that if you do not have a medical aid you will be mistreated. Gone are the days that if you have a medical aid you are even scared to go to a hospital."

"So that's what we are saying that after the 29th of May, that's the end! We will have one medical aid for everybody whether you are working, whether you are not working, whether you are old whether you are young, we will all have 1 medical aid!"

End of Video clip!

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Such vast amounts of misinformation in one short video clip leaves me wondering which National Health Insurance plan this minister consulted, before his speech was planned?

Certainly, it was not the one which any of us recognise and represents a one sided, vote grabbing initiative, based on providing hyperbolic wish lists to a gullible public gathering and raising their hopes with empty and untrue promises, in exchange for support at the ballot box!

Such propoganda has no place in the realms of **Universal Healthcare** and is deliberately fabricated and grossly inaccurate. It should be dismissed with the contempt it deserves!

Where does CPC/Qualicare stand on NHI?

We have mentioned on numerous occasions that we fully support Universal Healthcare. This means that every employed person in the country will be compelled to belong to a medical aid. This accounts for almost 20 million people in RSA.

The unemployed and indigent should look to the State for healthcare, with ample assistance from private practitioners as will be shown in my subsequent paragraphs.

The private General Practitioners in the Western Cape are willing and able to step up to the plate and assist in the service of these patients from whatever walks of life, from all backgrounds, regardless of race, sex, creed, colour, religion, political affiliations etc.

The large and influential bloc of General Practitioners in the Western Cape already see thousands of primary care patients daily, both private as well as medical aid reducing the burden on state run day hospitals, clinics and secondary hospitals.

A study some years ago in Cape Town, projected that annually , millions of rands worth of services were waived by the GPs of the Western Cape when treating indigent patients on a pro deo basis. So YES, we all see State liable patients aplenty and have done for years.

Come the 29th May 2024, and for years thereafter, we will still offer our unfettered services to all of the communities they have served and represented for the past 60 + year or more, with care, dedication, and most of all with ethics and honesty.

What is missing from the NHI plan is the cost of the plan in today's money. Also, what fees will a GP earn when seeing NHI patients, and whether this quantum of fees makes general practice financially viable or not? All this has yet to be advised and without this, we cannot advocate that GPs support the current plan for NHI!

We will, of course, reassess our position, once all of the facts are to hand from the NHI planners and , as always will take a pragmatic long term view for the GPs who we represent.

Meanwhile our message to the State on NHI has been unswerving, and specifically, on a primary care level:

- Fix up your primary care sights for health care delivery, nurse clinics, school clinics, feeding centres etc.
- Fix up your Secondary level hospitals to function as places where patients will be proud to go , not terrified at the thought of being admitted there.
- Fix up your State Outpatients departments and eliminate your stock outages and pharmacy queues so that human dignity is paramount. Noone wants to have to get up at 3 am to get a place in the queue for a OPD folder or wait 6 hours for medication , and then face stockouts!
- Employ all of the newly qualified , out of work doctors who are currently unemployed
- Foster close Cooperation with Private Primary healthcare practitioners to offer continuity of patient care. Have Private GPs accompany your teaching ward rounds, visit their patients in your state hospitals, and start them doing sessions in your outpatients departments again.
- Reintegrate the goodwill which has been lost between the State facilities and the private sector to enhance Multi Disciplinary Team approaches to difficult patient problems.

We can go on and on, but above all, DO NOT TRY TO FOOL YOUR PATIENT PUBLIC WITH POLITICALLY TAINTED PROMISES.

40 YEARS OF DEMOCRACY HAS THANKFULLY RESULTED IN A FAR BETTER- INFORMED PATIENT ELECTORATE THAN EVER BEFORE.

Dr Tony Behrman and the QC Team

Notice of CPC/ Qualicare Face-to-Face Open Day 2024

SAVE THE DATE
1st of June 2024

FABULOUS TALKS TO LOOK FORWARD TO:

- Smoking cessation workshop
- Diabetes Workshop
- Hypertension Workshop
- Managed Care Workshop
- Ethics Workshop

AND the one NOT to miss!!

- ***Cybersecurity: The need of cybersecurity to maintain ethics in Family Practice.***

We already received **220** registrations and more coming in each day

QualiCare

CAPE TOWN ANNUAL OPEN DAY EVENT 2024

SAVE THE DATE
1 June'24

TIME
07:00 - 18:15

CATERING
Lunch & Teas

Venue: Biomedical Research Institution, Opposite P5 parking area on the Tygerberg Medical School Campus.

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- ***Fun Atmosphere!***
- ***Great Food!***
- ***A chance to meet face-to-face with your colleagues !!***

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MILLIONS SPENT PAYING CUBAN DOCTORS 'JUSTIFIED' – MEDICAL ASSOCIATION

The R14m spent on salaries for 11 Cuban doctors in Gauteng is not unreasonable, according to Kgosietsile Letlape, president of the Africa Medical Association, and former chair of the South African Medical Association, who said an objection to the expenditure was unjustified.

"We know there have been Cubans who are willing to serve our people in rural areas when we, as South Africans, were not prepared to go there," he said, "and if they have proper employment contracts within the salary scales of public service, and they are delivering … then the DA has a problem."

Letlape said challenges in the health sector were centred around mismanagement, which had led to the department having no money to fund posts.

"The challenges are because of misspent budgets in the health sector. It's not that there are too many doctors – in fact, we still don't have enough doctors in the public system – but we have no money to pay them."

His comments were in response to criticism from the **DA** in Gauteng, which slammed the regional Health Department for hiring the foreign doctors amid high unemployment among local doctors.

DA shadow MEC for health Jack Bloom had said the hundreds of jobless South African doctors should be given preference, and that the contracts of the Cuban doctors should be cancelled.

In the Gauteng legislature, Health & Wellness MEC Nomantu Nkomo-Ralehoko had revealed that the provincial government spent R14m a year on the Cuban doctors who were employed at five facilities in the region, with annual pay packages ranging from R1.2m to R1.64m.

She said they were employed as part of an SA-Cuban agreement and had treaty visas to live and work here. Some of their contracts expire this year, and the department "will evaluate the staff needs at the end of their contracts".

Invitation to Dentists, Physiotherapists and Allied Health Care Professionals to become an Associate Member of CPC/QUALICARE

Dear Colleagues,

As we approach the new era of increased Government involvement in Health Care Delivery, we anticipate an increase in the speed of implementation of NHI Holding membership of the CPC/Qualicare Network, the largest and most widely representative Medical Network of Healthcare Providers in the Western Cape comprising Doctors, Dentist and Allied Health Care Professionals alike will, we believe, stand in good stead as Government looks to setting up the new Health Care Delivery system for South Africa.

Associate members of CPC/Qualicare offers you the following opportunities:

- Full access to our Monthly newsletter in electronic format.
- Free advertising in our monthly newsletter of your practice related information (max 200 words).
- Free advertising for a locum service, with no commission charges payable.
- Reduced fees to attend our CPC/Qualicare function, at Associate Member's rate.
  (Approximately 30% lower than Non-members rates)
- CPC/Qualicare is committed to providing our members and shareholders with all of their CPC requirements each year. Associate Members receive reduced cost of CPD offerings and other CME offerings compared to non-ember rates.
  (Approximately 30% lower than non-member rates).
- Free listing your practice as part of CPC/Qualicare's Western Cap Electronic Network, your practice will be listed as part of CPC/Qualicare at no charge. (Worth R6000.00 per annum)
- 2 Free stationary items worth R150.00 per month in the form of 1 Prescription pad - 100 leaves, 1 Sick certificate pad - 100 leaves and the ability to purchase further stationary at 30% below current market prices.
- Preferential rates on certain Practice management software systems depending on vendor.
- Inclusion into the CPC/Qualicare Mass email service to receive important health care updates.
- Certain personal banking offerings from commercial banks.
- NHI future possibilities for your practice...Watch this space as NHI starts to roll out!!
- Preferred wholesale and facilitation of opening new accounts with them.
- Assistance with registration of an Integrated Pollution and Waste Information System IPWIS off the Western Cape Government.
- Assist with late medical aid payments, claw-backs, and withholds, as well as advice on practice admin and responses to forensic investigations.

Cost of Associate Membership

- Dentist R416.00 VAT inclusive, per month
- Allied Health Care Professionals R332.00 VAT inclusive, per month

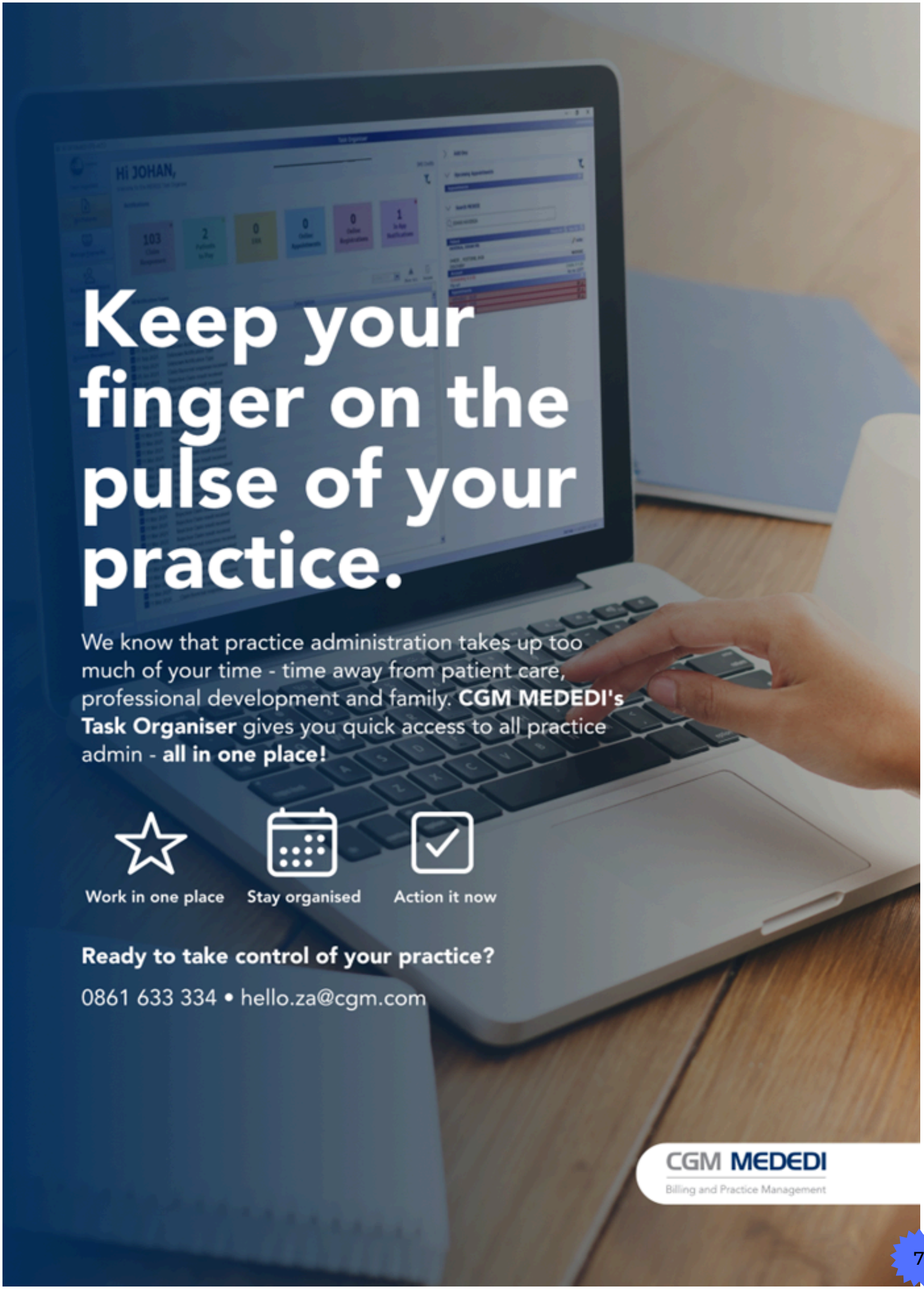
All fees payable by debit order only. Minimum membership period is 12 months with a 3-month notice period thereafter.

Please note that we also offer reduced membership fees for **first time Medical Practitioners** (GP's) in **private practice** for their first year of membership.

Should you be interested in this offering, please email Louna at pa@cpcqualicare.co.za and one of our 5 consultants will make contact with you shortly.

Warm regards,

Dr. Tony Behrman, CEO of CPC/Qualicare
Dr. Solly Lison, Chairman of CPC/Qualicare



NO BENEFITS FROM 'OUTDATED' BETA-BLOCKERS AFTER HEART ATTACK

Swedish researchers have described as outdated the standard practice of prescribing beta-blockers after a heart attack to lessen the risk of a future cardiovascular attack or death, saying there is no significant benefit to this.

In the REDUCE-AMI trial, the scientists randomly assigned participants to receive a beta-blocker after diagnosis of preserved ejection fraction following a heart attack, also called a myocardial infarction.

The findings showed no significant difference in cardiovascular outcomes between the beta-blockers group and the no-beta-blockers group, reports Medical News Today.

The trial abstract appeared in The New England Journal of Medicine.

One measurement of heart health is ejection fraction – or how well the left ventricle of the heart pushes out blood. If the measurement is low, it can indicate heart failure.

In the REDUCE-AMI trial, scientists wanted to find out if beta-blockers reduce the risk of death or another heart attack in people who had a heart attack but still had a normal ejection fraction.

The trial began in September 2017 and ended in May 2023. During that time, the researchers recruited 5 020 people from 45 healthcare centres for the study.

In addition to needing a normal heart ejection fraction, participants also had to have a coronary angiography during their hospital stay.

The scientists randomly assigned which participants would take a beta-blocker (metoprolol or bisoprolol) as a long-term treatment, and had a median follow-up of 3.5 years.

They found that the beta-blockers provided no overall benefit to these participants, as any-cause death in the beta-blocker group was 3.9%, and death in the group that did not receive a beta-blocker was 4.1%.

Do beta-blockers improve survival rates?

In the beta-blocker group, 7.9% of the participants experienced what the scientists classified as a "primary outcome" of either death or a new heart attack.

This is only slightly lower than the primary outcomes in the no-beta-blockers group, which was 8.3% of the participants either dying or having a new heart attack.

The scientists do not consider this small difference to be statistically significant.

After taking a closer look at the data, they found that beta-blocker treatment showed no significant benefit in preventing any-cause death, which was 3.9% in the beta-blocker group and 4.1% in the no-beta-blocker group.

They also saw no improvement in the risk of death from cardiovascular causes or hospitalisations for atrial fibrillation (AFib) and heart failure in people who took beta-blockers.

These findings challenge the conventional belief that beta-blockers are universally beneficial after a heart attack.

Lead study investigator Tomas Jernberg, MD, PhD, a cardiology professor and HoD of Clinical Sciences at Karolinska Institutet, said: "I think the guidelines will be changed, and the prescription of beta-blockers will be reduced in patients with a heart attack (myocardial infarction) and a preserved (or normal) heart function – that is, about half of all patients with heart attack."

However, he said the study was conducted only in patients with normal heart function after a heart attack, and not in people with a reduced ejection fraction.

Another limitation was that it was an open study versus placebo-controlled, but said this should not "affect the primary outcome, death or new myocardial infarction".

"For patients with reduced heart function or heart failure, we know that beta-blockers improve survival and symptoms."

Will physicians continue to prescribe beta-blockers?

Dr Cheng-Han Chen, board certified interventional cardiologist and medical director of the Structural Heart Programme at **MemorialCare Saddleback Medical Centre** in Laguna Hills, California, said: "This single study may not immediately change our long-standing practice regarding beta-blockers in patients with normal left ventricular function after myocardial infarction, but other similar trials are ongoing, which are examining this same question."

He said not prescribing beta-blockers to patients with normal heart function could reduce the stress of medication management.

Study details

Beta-Blockers after Myocardial Infarction and Preserved Ejection Fraction

Troels Yndigegn, Bertil Lindahl, David Erlinge et al. Published in The New England Journal of Medicine on 7 April 2024

Tax hikes will fund NHI scheme, Minister confirms

There are still no specific details on how the impending National Health Insurance will be paid for, but South Africans should gird their loins after the National Department of Health again confirmed that tax hikes and other tax changes are on the way to fund the scheme.

This week, in a written parliamentary Q&A, Health Minister Joe Phaahla was again asked about the funding and the rate of tax likely to be imposed on individual taxpayers.

As in the past, there was no real answer, reports Business Tech. Instead, he repeated that clause 49 of the Bill deals with the funding question – and that "possible tax amendments will be introduced through a Money Bill …as and when appropriate… subject to the 'transitional arrangements 'provided in Section 57 of the Bill".

What this actually means

Clause 49 outlines the funding mechanisms that also include general tax revenue as well as payroll taxes and income tax surcharges.

The "transitional arrangements" mentioned in Section 57 of the Bill refer mainly to the timelines for implementing the laws, which run from 2023 to 2028.

The first implementation phase of the NHI runs from 2023 to 2026, when the Fund will be set up and other groundwork initiated.

The second phase – which would see the "mobilisation of resources" and "the establishment and operationalisation of the Fund as a purchaser of healthcare services through a system of mandatory prepayment – runs from 2026 to 2028. This would ostensibly put the requirement for tax changes and other funding mechanisms into effect from 2026 onward.

Tax hikes will fund NHI .....continue to page 11

Funding issue

Various business organisations have described the NHI as it currently stands in the Bill as being unimplementable, with not enough money, skills, or state capacity to make it a reality.

Research from FTI Consulting showed that, even with the government's stated funding sources and conservative estimates of R200bn in additional funding being required, taxpayers would not be able to take the hit.

To raise R200bn will mean a VAT increase from 15% to 21.5%; or personal income tax rates increase by 31% across the board; or a payroll tax on those employed in the formal, non-agricultural sector of an estimated R1 565 p/m.

This would be completely unaffordable for already economically battered South Africans, the **Public Servants Association** (PSA) has warned, which has also urged President Cyril Ramaphosa to delay the signing of the Bill.

It described as alarming the plans to increase VAT and income tax, saying that the government should instead address fiscal inefficiencies, including fruitless expenditure and corruption.
The PSA said the current funding model lacks sustainability, and disproportionately burdens the poor, already labouring under the high cost of living, constant increases in petrol prices and high interest rates.

Salary increases had consistently lagged behind inflation rates, exacerbating the financial strain on households, it pointed out, recommending that the government should rather prioritise job creation.

It said any funds acquired through corrupt means must be recovered and redirected towards supporting the NHI, and tasked government with streamlining Cabinet and reducing unnecessary expenditure, reports **Polity.org**.

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PHAAHLA SAYS R2.4 BILLION NEEDED TO FILL 2 012 VACANT POSTS OF MEDICAL DOCTORS

This as the government has appointed at least 2,066 health professionals since January this year.

Health Minister Dr Joe Phaahla has revealed that there are currently 2 012 unfunded vacant posts of medical doctors in the health sector across nine provinces.

This numbers excludes other categories of health professionals like nurses, pharmacists, radiographers and dentists, among others.

The government will need R2.4 billion to fill them.

The Ministry continues to work closely with the provincial Health MECs to activate unfunded vacant posts using the allocated additional budget to enable recruitment of more health workers.

Phaahla on Friday provided an update on the state of public health service in the country, and touched on the challenge of unemployed health professionals and cholera cases in the country.

During Phaahla's State of the Nation Address debate in February, the minister announced that his department and National Treasury had found the solution to the crisis of unemployed doctors. "I am pleased to announce today that we're working with my colleague Finance Minister Enoch Godongwana. We have found a solution to the current difficulty of employing doctors who want to work in the public service," said Phaahla at the time.

R2.4 billion needed .....continue to page 14

“Our national teams are already working together between Treasury and Health to thrash out the details and with provincial departments to speed up the process so that by 1 April this year, all those who wish to work in the public sector will be able to get jobs.

“I’m confident that the provinces will have already started with the recruitment processes.”

On Friday, Phaahla announced that at least 2 066 health professionals had been appointed between January and March 2024 across the country.

This consists of 1 121 medical officers on Grade 1 of entry level, 579 professional nurses, 127 Allied Health workers, 100 pharmacists, 91 Radiographers, 23 Dentists Grade 1 and 9 Environmental Health Officers.

“The recruitment processes are continuing in provinces to finalise more appointments scheduled to enable the successful candidates to assume duties in May 2024,” said Phaahla.

“We are working closely with provincial health departments focused on all critical vacant posts to strengthen healthcare delivery to adequately respond to the needs of our people. We are making progress in the recruitment of the qualified health professionals across the country.”

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From Left : Mr Craig Pike, Mr Bethram Nkosi, Dr Tony Behrman, Mr Deryck Pike

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Neglecting doctors' mental health poses risks for profession

Doctors struggling with mental well-being issues need access to more support and resources, writes Dr Volker Hitzeroth, medico-legal consultant at Medical Protection.

A survey undertaken by the society of its members in 2023 was aimed at better understanding the key factors impacting their mental well-being and identify how MPS – as South Africa's largest medical defence organisation – could assist both its members and the wider medical profession.

The survey findings made for sombre reading, painting a picture of an industry grappling with serious mental well-being concerns. These were primarily due to the immense pressures and challenges doctors face on a daily basis, many of which are far too common across all facets of society in South Africa.

More than half (55%) of the 662 respondents said political, economic and financial concerns were affecting their mental well-being, while around a third cited the impact of exhaustion and burnout on patient safety as contributing to this.

Meanwhile, 75% said load shedding was affecting their mental well-being, raising concerns about delayed tests, surgeries and prescriptions, failing or unreliable systems, machinery and phones lines, and treating patients in the darkness when inverters or generators fail.

In addition, more than 90% said medication, medical equipment and staff shortages were affecting their mental well-being. Doctors working in state facilities, in particular, spoke of their distress at seeing patients suffer from the continually dwindling supply of staff, medication and equipment.

Respondents also spoke about the impact of abuse from patients and their families, with a quarter (24%) of them saying such behaviour was affecting their mental health.

Notably, one-third said this was worse in October 2023 – when the survey was conducted – than during the pandemic.

Neglecting doctors' .....continue to page 17

'Exodus'

It is clear from our survey findings that many South African doctors are becoming increasingly exhausted and disillusioned by their daily challenges. Throw in the uncertainty about the future direction of healthcare, and these challenges are understandably taking a significant toll on their mental health.
When mental well-being is poor, it is worrying for the individual practitioner, but can also jeopardise patient care. Without support, these issues can also worsen, and result in doctors needing extended periods of time off work or even contemplating leaving the profession altogether.

Without any meaningful action to support them with this, I fear South Africa may face an exodus of doctors. This fear is reflected in our survey findings.

Almost half of the practitioners surveyed planned to emigrate or leave the industry because of well-being concerns.

This will place even more pressure on the strained healthcare system and the remaining doctors.

Possible solutions

It is imperative that doctors struggling with these issues have access to the support they need. But how do we achieve that?

While most practitioners who took part in our survey feel that the government should do more in this regard, this is not just a challenge to be met by state.

Public and private hospitals, professional societies and medical aid funders and administrators all have a part to play. While many professional societies have recently stepped up with dedicated colleagues looking after the well-being of their members, far more still needs to be done.

At Medical Protection, we would like to see more local mental well-being resources established so those doctors struggling with issues can get the support they need. We also need measures to ensure the system has capacity so those needing time off to recuperate can take it without adding to staff shortages or detracting from patient care.
In addition, the central government, medical organisations and educational facilities could do more to increase research into mental health and its impact on healthcare and, by doing so, increase awareness of the issue.

Medical Protection members can also access counselling as part of their membership for work-related issues or stress that could affect their practice, like burnout, anxiety and conflict.

This service is provided by **ICAS** which offers a personalised and professional service tailored specifically to individual requirements and delivered by experienced qualified counsellors.

If we don't all do more to tackle this issue, sadly we may lose many more healthcare workers at a time when the profession can least afford it.

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OPEN DAY EVENTS 2024

SAVE THE DATES

We are excited to announce our upcoming CPC/Qualicare Open Day events for 2024.

CPD Points Galore! **Fun Atmosphere!** **Great Food!**

A chance to meet and interact with your colleagues !!

Cape Town Open Day

Date: 1 June 2024
Venue: Biomedical Research Institution, Opposite P5 parking area on the Tygerberg Medical School Campus.

George Open Day

Date: 17 August 2024
Venue: PINE LODGE, Corner of Knysna Road and Madiba Drive, George East

Worcester Open Day

Date: 19 October 2024
Venue: Worcester Faculty of Medicine and Health Sciences, Stellenbosch University, Campus, 1 Durban Street

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*The dosage of CLOBAZAM ADCO should be determined by monitoring the EEG and plasma levels of the other medicines.[1]

References: 1. CLOZABAM ADCO 10 & 20 mg tablets Professional Information, 27 June 2023. 2. Faulkner MA. Comprehensive overview: efficacy, tolerability, and cost-effectiveness of clobazam in Lennox-Gastaut syndrome. *Ther and Clin Risk Manage* 2015;11:905-914. 3. Generics dictionary. http://www.generic.co.za/frontend/generics?utf8=%E2%9C%93&q%5Bactive_ingredient_name_eq%5D=CLOBAZAM (Accessed: 03 October 2023).

For full prescribing information please refer to the Professional Information approved by SAHPRA (South African Health Products Regulatory Authority).

SS CLOBAZAM 10 ADCO. Each tablet contains 10 mg of clobazam. Reg. No.: 55/2.6/0546. SS CLOBAZAM 20 ADCO. Each tablet contains 20 mg of clobazam. Reg. No.: 55/2.6/0547.

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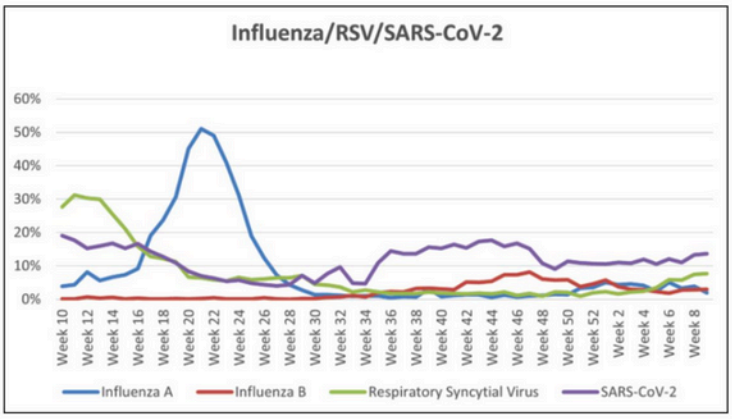
THE PATHCARE NEWS

Respiratory pathogen statistics: February 2024

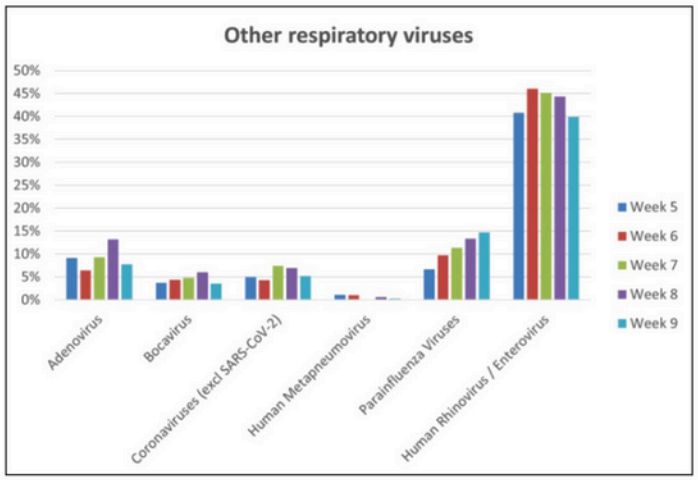
Influenza, respiratory syncytial virus (RSV) and SARS-CoV-2

- Influenza A and B continued to be detected at low rates during February (≤ 5%).
- RSV detection rates increased from 4% to 8% during the reporting period but did not reach the threshold for the start of RSV season. Higher detection rates were noted in KwaZulu-Natal (18-40%), however, this was based on a relatively small number of samples tested.
- SARS-CoV-2 percentage positivity ranged from 11-14% nationally, thus showing no notable change from the previous month overall. However, there was some variation in provincial rates, with the highest detection rates noted in the Western Cape at 16-23% as compared to 11-14% in January.



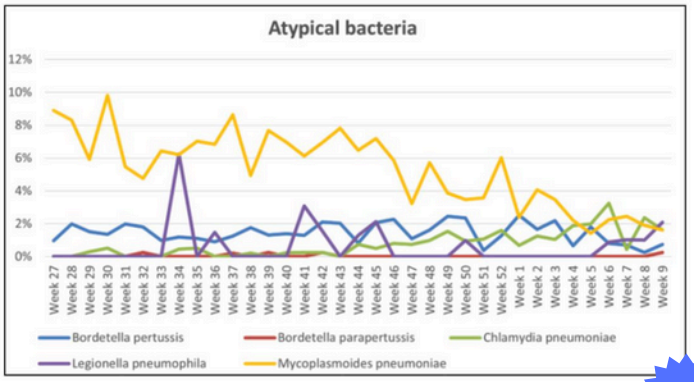
Other respiratory viruses

- Human rhinovirus/entervirus predominated during February, with the detection rates increasing further and peaking at 46% in week 6 (week starting 5 February).
- Percentage positivity of adenovirus, bocavirus, endemic coronaviruses and human metapneumovirus remained similar to the previous reporting period.
- The increase in coronavirus NL63 detections initially noted in January continued in February, accounting for 80% of endemic coronavirus detections for which typing was available. OC43 and 229E made up 9% of isolates.
- A slight increase was noted for the parainfluenza viruses, ranging from 7-15%. Amongst the parainfluenza viruses for which typing was available, type 2 and type 4 were most common and accounted for 39% and 36% of parainfluenza isolates respectively. This is a shift from the second half of 2023, where parainfluenza type 3 predominated.



Atypical bacteria

- *Mycoplasmoides pneumoniae* (formerly *Mycoplasma pneumoniae*) detection rates remained at approximately 2% during February.
- *Bordetella pertussis* and *Bordetella parapertussis* detection rates were low (0-2%). A single case of *Bordetella parapertussis* was detected in week 6 (week starting 5 February).
- Five cases of *Legionella pneumophila* were detected during February, three from Gauteng and two from the Eastern Cape. Please note that the inconsistent increases in detection rates are related to the relatively small number of samples submitted for testing.
- *Chlamydia pneumoniae* rates were variable at 2-3.2% overall. A slight increase was noticed over the last 12 weeks, from the <1% observed during the preceding months. The majority of cases were from Kwa-Zulu Natal and the Western Cape with detection rates as high as 8.5% and 4.8% respectively during February.



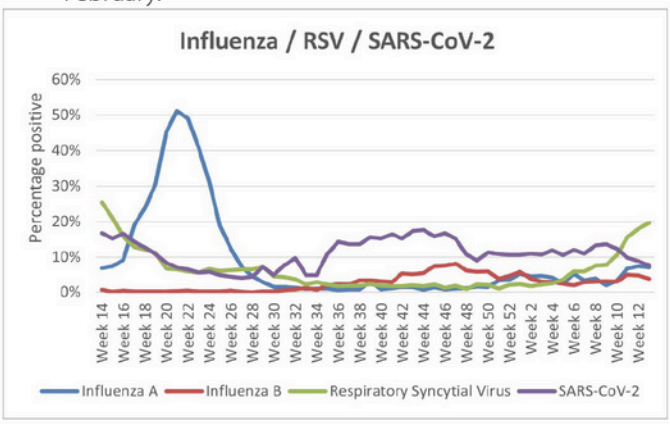
THE PATHCARE NEWS

RESPIRATORY PATHOGEN STATISTICS: MARCH 2024

This report is a summary of the results obtained from various molecular respiratory panels performed across PathCare laboratories during March 2024 (epidemiological weeks 10-13). The data is dependent on submission of samples by clinicians and therefore may not be representative of the general population but is intended to identify trends in the circulation of these viruses which may be of clinical relevance.

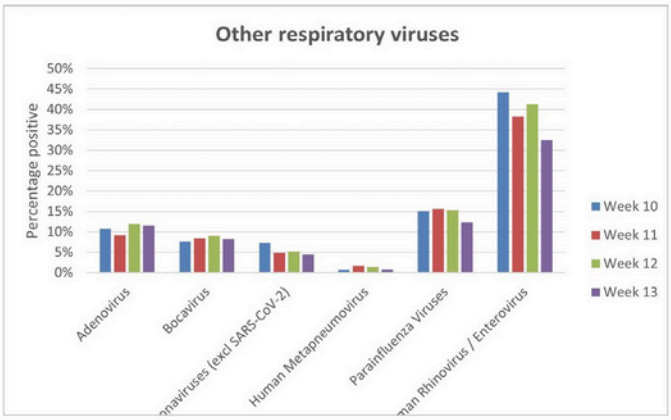
INFLUENZA, RESPIRATORY SYNCYTIAL VIRUS AND SARS-COV-2

- RSV detection rates continued to increase during March, ranging from 11-20% overall. The increase in RSV positivity occurred predominantly in those aged <5 years, with this age group accounting for approximately 88% of RSV isolates during the reporting period. RSV percentage positivity in week 13 reached 55% in those aged <6 months, 51% in 6-12 month olds and 35% in 1-5 year olds.
- The National Institute for Communicable Diseases (NICD) recorded the start of the RSV season in week 6 (week starting 5 February) when the three week moving average of the detection rate in children <5 years from inpatient pneumonia surveillance in public hospitals remained above 15% for two consecutive weeks (NICD Weekly Respiratory Pathogens Surveillance Report Week 9).
- Influenza B detection rates remained ≤ 5%, while influenza A increased slightly to 7% in weeks 11-13.
- SARS-CoV-2 percentage positivity ranged from from 12% in week 11 to 8% in week 13. As in February, the highest detection rates were noted in the Western Cape but decreased to 12% in week 13 as compared to 16-23% in February.



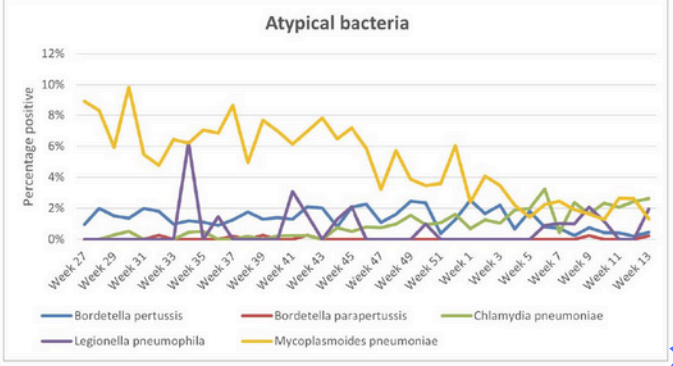
Other respiratory viruses

- Human rhinovirus/entervirus detection rates remained above 30% throughout March.
- Percentage positivity of adenovirus, endemic coronaviruses and human metapneumovirus remained similar to the previous reporting period, while a slight increase in bocavirus positivity was noted (8-9% as compared to 4-6% in February).
- Amongst the endemic coronavirus detections for which typing was available, NL63 continued to be most prevalent and accounted for 87% of cases, followed by OC43 at 6%, and 229E and HKU1 at <4%.
- The percentage positivity for parainfluenza viruses was similar to the previous month, ranging from 12-15%. Amongst the parainfluenza viruses for which typing was available, type 2 and type 4 continued to predominate and accounted for 34% and 45% of parainfluenza isolates respectively.



Atypical bacteria

- *Mycoplasmoides pneumoniae* (formerly *Mycoplasma pneumoniae*) detection rates remained low in March ranging from 1-3%. M. pneumoniae rates in 2024 are much lower compared to 6-8% detected in the 3rd quarter of 2023.
- In contrast *Chlamydia pneumoniae* rates have increased from <1% in the second half of 2023 to 2-3% in both February and March 2024. The majority of cases occurred in Kwa-Zulu Natal and the Western Cape.
- *Bordetella pertussis* and *Bordetella parapertussis* detection rates were low (<1%).
- Three cases of *Legionella pneumophila* were detected during March, two from Gauteng and one from the Eastern Cape. Please note that the inconsistent increases in detection rates noted are related to the relatively small number of samples submitted for testing.



COST OF DEVELOPING NEW DRUGS MAY BE FAR LOWER THAN INDUSTRY CLAIMS, TRIAL REVEALS

Exclusive: MSF calls for transparency after its bill for a trial of TB treatment came to a fraction of the billions claimed by pharmaceutical companies

Doctors have for the first time released details of their spending on a major clinical trial, demonstrating that the true cost of developing a medicine may be far less than the billions of dollars claimed by the pharmaceutical industry.

Médecins Sans Frontières (MSF) is challenging drug companies to be transparent about the cost of trials, which has always been shrouded in secrecy. Its own bill for landmark trials of a four-drug combination treatment for drug-resistant tuberculosis came to €34m (£29m).

Current estimates for research and development of new medicines range from €40m to €3.9bn. The extortionate cost of trials is used to justify high prices of new medicines, but companies do not publish either the topline or a breakdown of their spending. MSF says this opacity should end. It has produced a toolkit for drug trialists, which categorises each item of expenditure and allows the costs to be collated throughout the process, which can last for years.

MSF's trial, called TB Practecal, has transformed prospects for people with drug-resistant forms of TB, which have high mortality rates and, in some countries, have been untreatable because of the high price of the few drugs that still work.

Cost of developing new drugs .....continue to page 25

Dr Bern-Thomas Nyang'wa, MSF's medical director and the chief investigator of the trial, said: "We hope that our disclosure of clinical trial costs for identifying an improved regimen for drug-resistant tuberculosis will serve as a clarion call for other public and nonprofit actors to join us and publicly share their clinical trial costs to ensure broader transparency in medical R&D costs."

He added: "We encourage clinical trial sponsors and implementors to try our Transparency Core toolkit, and to build on it as a guide to facilitate the publication of cost data. While transparency in R&D expenditure remains largely elusive, transparency in clinical trial costs is a transformative step towards exposing what medical innovation actually costs and building a future where access to medicines and medical tools is not hindered by high prices."

The two antimicrobial drugs that have been the staple treatment for TB for decades, isoniazid and rifampicin, no longer work as well as they did. The outlook for patients with drug-resistant TB has been bleak in middle and low-income countries. Even if alternative drugs were available, they had to be taken regularly for an entire year.

Bedaquiline, a new drug with a different mechanism against drug-resistant TB, was developed by Johnson & Johnson and, in 2012, became the first TB drug to be approved by the Food and Drug Administration in the US in 40 years. But the cost was prohibitive for many of the worst-affected countries. It took a long battle by campaigners to get the price reduced. The cost of R&D was a key factor.

Eventually, it was revealed by academics that the drug was developed thanks to public funding, which was five times more than private investment.

MSF trialled the use of a combination of four oral drugs, including bedaquiline, against drug-resistant TB. Its success led to the World Health Organization (WHO) recommending six months' treatment with the combination for rifampicin-resistant TB. It is now in use in 40 countries.

Roz Scourse, a policy adviser with MSF's Access Campaign, said: "The global movement that pushed for a significant price reduction of the lifesaving TB drug bedaquiline demonstrated that transparency of R&D costs can lead to increased access to medical tools and help save more lives.

"The unsubstantiated yet dominant narrative that high prices are needed to recoup high R&D costs can no longer remain an evidence-free zone – this information is a critical piece of the policy puzzle that can inform the price of medical products, and who gets access."

MSF's paper, presented Thursday at a WHO conference on medicines pricing, showed it was possible to collect good data on spending in trials, Scourse said. She urged public disclosure, so that governments and communities can have the evidence they need to discuss pricing and work towards access for all those who need the medicines.

Cost of developing new drugs .....continue to page 26

Although MSF's trials took place in middle-income countries, the costs were not low, said Scourse, because they had to invest substantial sums to upgrade infrastructure – such as TB clinics – to be able to conduct high-quality research.

The pharmaceutical industry trade body, the International Federation of Pharmaceutical Manufacturers and Traders (IFPMA), said most estimates for the cost of an approved drug ranged from $2.2bn-$3.2bn (£1.7bn-£2.5bn), and pointed to a Deloitte analysis from 2022 which put the average at $2.3bn.

"The pharmaceutical industry invests around $200bn every year on research and development," said James Anderson, IFPMA's executive director of global health. "Over the last 10 years alone, companies have developed over 470 medicines to treat diseases such as cancer, cardiovascular diseases and diabetes, as well as vaccines to protect against significant infections from malaria, RSV and Covid-19, among others.

"Medicines should be affordable to healthcare systems, available to patients everywhere, and prices must reflect the value that a medicine delivers to societies in different countries. This can only be achieved by recognising the value of medicines, while engaging in dialogue on how to make innovations more affordable and accessible to all."

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Tadalafil 5 mg/20 mg tablets

The patient's choice for ED[2*]

*In a meta-analysis comparing tadalafil with sildenafil for the treatment of ED.

ED – erectile dysfunction; EF – erectile function

References: 1. TADALAFIL ADCO Professional Information. October 2022. 2. Gong B, Ma M, Xie W, *et al.* Direct comparison of tadalafil with sildenafil for the treatment of erectile dysfunction: a systemic review and meta-analysis. *Int Urol Nephrol* 2017;49:1731-1740.

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S4 TADALAFIL 5 mg ADCO. Each film-coated tablet contains 5 mg tadalafil. Reg No.: 52/7.1.5/0084.080. S4 TADALAFIL 20 mg ADCO. Each film-coated tablet contains 20 mg tadalafil. Reg No.: 52/7.1.5/0085.081.

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CORRUPTION TRAP: WHY HEALTHCARE FRAUD IS COSTING YOU MONEY

- *Fraudsters seeing gaps in the healthcare system — whether private or public — are pushing the cost of services up.*
- *But medical schemes are pushing back hard to clamp down on the up to R28-billion they're losing every year because of false claims and dishonest behaviour.*
- *In the March edition of Bhekisisa's TV programme Health Beat, Botho Mhozya of Discovery Health tells Mia Malan what they're doing to get people's money back — and what this could mean for the National Health Insurance fund.*

Four in 10 South Africans say corruption is one of the top three things on their mind when deciding where they'll put their cross in this year's elections, a large survey of 30 000 people across 15 countries showed last year.

It's not unexpected. Over the past 10 years, South Africa has been performing poorly — with a score hovering in the low 40s — on Transparency International's Corruption Perception Index, which gauges people's view of dishonest money spends in the public sector. (A score closer to 100 means people think their governments are clean; closer to 0 means they think of them as highly corrupt.)

But the scourge of corruption mars not only the public sector; private companies face dodgy deals, too. The healthcare sector is not exempt, with fraud costing the industry up to R28-billion a year, the Council of Medical Schemes says.

Add in a mention of the National Health Insurance (NHI) fund, which will be like a massive, state-funded medical aid to give everyone the same package of quality health services, regardless of their income, and people get worried. Because how will the government be able to stop abuse of a really big pot of money like this if fraud is so rife in the industry — especially with risk and fraud management being the only one of the NHI's five chief directorates that's still without a head?

Corruption trap .....continue to page 29

Could South Africa's largest private medical scheme have some advice for the NHI?

Mia Malan (MM): How serious is fraud in the private health sector?

Botho Mhozya (BM): It's estimated that between 3% and 10% of healthcare spend across the world is attributed to fraud, waste and abuse. At Discovery, recoveries (of around [R]500-million per year) represent about 1% of our healthcare claims costs. The issue has a far-reaching impact on [affordability of] healthcare, both in South Africa and across the globe.

MM: What are the most common types of fraud in the private healthcare sector?

BM: One is card farming, which is when an insured member allows their friends or family to use their card to get medical care. Another one is ATMing. This is when members and a healthcare provider collude. The provider submits a claim to Discovery and then, on receipt of payment, the healthcare provider splits the funds with the member. There's also submitting false claims, for services that were never delivered, and submitting claims that disguise services for cosmetic surgery [while] understanding that it's an exclusion within the medical schemes.

For example, [someone] submits a claim for an appendectomy, but meanwhile they've had liposuction [surgery to remove fat from your tummy, hips, thighs or buttocks].

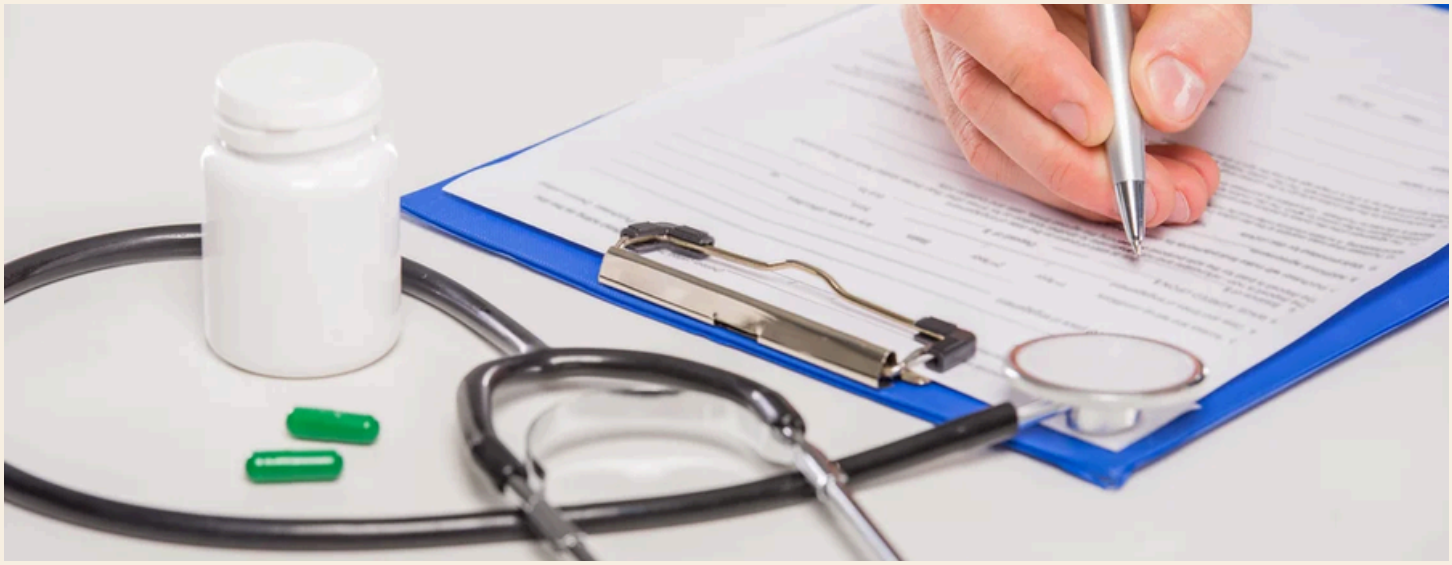
MM: How do you pick up fraudulent behaviour?

BM: Our systems look for outlier trends [among all the claims we receive]. We also have a team of around 44 forensic investigators, who analyse and audit claims, supported by 50 [more] people [such as] coding, clinical and non-disclosure experts, as well as actuaries and analysts. It's a big team that looks for irregular patterns and over-servicing.

MM: If, for example, someone had plastic surgery and claimed for their appendix being removed, what would that team of analysts do to pick up this fraud?

BM: Our reports will often look at [a patient] relative to [their] peers. So we would pick up that [for example] certain codes are used more than [among] peers and more than our national benchmarks. Once we've picked up that anomaly, we audit the claims and look for suspicious behaviour. We also [get in touch] with the practices [if] some untoward behaviour [is suspected], or ask for hospital records to ascertain what happened in theatre and look at ancillary claims linked to that medical event [such as from the pharmacy], to get an overview of the incident before we call it fraud.

Corruption trap .....continue to page 30



MM: Once you've caught a fraudster, how do you deal with them?

BM: We get in touch with the clinician and present our findings, and then allow them to provide supporting evidence around the anomalies or trends we're seeing. If we [then] identify a provider as having been fraudulent, a legal process takes place. For blatant fraud, like ATMing or card farming, we have to report [the perpetrators] to the HPCSA [Health Professions Council of South Africa] and also to the South African Police Service. Along with that process, there's an acknowledgement of debt: if a provider acknowledges that they were fraudulent or [engaged in] wasteful behaviour, a payment process is put into place. All monies that are recovered through these investigations go back into the trust that holds members' funds.

MM: What is an example of a recent discovery of fraud and how did it play out?

BM: [We recently dealt with] a syndicate [that] involved both member and provider collusion, working across multiple practices. In that instance, our analytics were able to quickly pick up the relationship between those practices and the members involved through the auditing process.

MM: Many people in the country are concerned that the NHI fund will be a really big pot of money that would be open to corruption and abuse. What kind of rules would you like to see in place to prevent that from happening?

BM: Fraud exists across all industries, whether public or private. You need robust processes in place to detect fraud in a timely manner and recover those funds. At Discovery, there's a team of experts: forensic investigators, a clinical team, coding specialists, actuaries and analysts. One would expect a similar composition of skills to detect fraud within the NHI fund.

MM: If you didn't have these measures in place to detect corruption and fraud, how much more would premiums have been?

BM: As a direct impact of the work we do on fraud, we've managed to keep contributions 14% lower than what they would be if we didn't have those processes in place.

MANAGING OBESITY CAN LEAD TO SARCOPENIA: A 'HIDDEN' PROBLEM

ASUNCIÓN, PARAGUAY — Sarcopenic obesity, which is characterized by excess adiposity and muscle loss, is an "underestimated and underdiagnosed" condition, said the panelists at a session of the XV Latin American Obesity Congress (FLASO 2024) and II Paraguayan Congress of Obesity. The condition often affects older adults but can also occur at any age as a result of unhealthy habits or intensive or repeated weight loss efforts.

"The drugs currently used for managing obesity promote significant weight loss, but by losing fat, muscle is also lost," said Fabiola Romero Gómez, MD, a professor of medicine at the National University of Asunción and president of the Paraguayan Society of Endocrinology and Metabolism. "We must handle [these drugs] with extreme care. When we employ a strategy that achieves this significant weight loss, we must ensure that the patient receives a good protein intake and engages in resistance exercises, because otherwise, the cure may be worse than the disease."

Some patients develop sarcopenic obesity after using glucagon-like peptide-1 (GLP-1) analogs, undergoing bariatric surgery, or pursuing restrictive diets, Romero told the Medscape Spanish edition. The condition is more common when there are long-standing cycles of weight loss and subsequent gain, "which accounts for the majority of our patients," she said.

"An important, largely ignored aspect of weight loss, whether through pharmacological or lifestyle intervention, is that a portion of the weight loss comprises lean muscle," according to a recent editorial in Nature Medicine. "Weight regain, however, is almost entirely fat. People with chronic obesity often lose and regain weight in repeated cycles, each of which results in body-composition changes (even if they experience some net weight loss). This cycling puts people unable to sustain weight loss at risk of being metabolically less healthy than they were before the initial weight loss was achieved — in effect, at risk of developing sarcopenic obesity."

Managing Obesity .....continue to page 32

A 'Hidden' Problem

Sarcopenic obesity is "something hidden, something that we often do not see. Why? Because if we do not make measurements of body composition, we will not realize it," said Romero.

According to the 2022 consensus of the European Society for Clinical Nutrition and Metabolism and the European Association for the Study of Obesity, clinical signs or factors suggesting sarcopenic obesity include age over 70 years, diagnosis of a chronic disease, repeated falls or weakness, and nutritional events such as recent weight loss or rapid gain, long-standing restrictive diets, and bariatric surgery.

The European guidelines also propose screening in individuals at risk to check for an increased body mass index (BMI) or waist circumference and suspicion parameters of sarcopenia. In this group of patients, the diagnosis should be made based on the analysis of alterations in muscle-skeletal functional parameters, such as grip or pinch strength or the 30-second chair stand test, followed by a determination of body mass alteration using dual-energy X-ray absorptiometry or electrical bioimpedance.

Electrical bioimpedance is Romero's preferred method. It is an economical, simple, and easily transportable test that calculates lean muscle mass, fat mass, and body water based on electrical conductivity, she said. Experts have pointed out that bioimpedance scales "will revolutionize the way we measure obesity," she added.

In an as-yet-unpublished study that received an honorable mention at the 3rd Paraguayan Congress of Endocrinology, Diabetes, and Metabolism last year, Romero and colleagues studied 126 patients (median age, 45 years) with obesity defined by percentage of fat mass determined by bioimpedance. When their BMI was analyzed, 11.1% were "normal" weight, and 35.7% were "overweight." Even waist circumference measurement suggested that about 15% of participants were without obesity. Moreover, almost one in four participants presented with sarcopenia, "implying a decrease in quality of life and physical disability in the future if not investigated, diagnosed, and treated correctly," said Romero.

Managing Obesity .....continue to page 33

Prevention and Recommendations

Exercise and nutrition are two key components in the prevention and management of sarcopenic obesity. Physicians prescribing GLP-1 receptor agonists "must also counsel patients about incorporating aerobic exercise and resistance training as part of the treatment plan, as well as ensuring they eat a high-protein diet," wrote Yoon Ji Ahn, MD, and Vibha Singhal, MD, MPH, of the Weight Management Center of Massachusetts General Hospital in Boston, in a commentary published on Medscape.

Paraguayan nutritionist Patricia López Soto, a diabetes educator with postgraduate degrees in obesity, diabetes, and bariatric surgery from Favaloro University in Buenos Aires, shared with Medscape Medical News the following general recommendations to prevent sarcopenic obesity in patients undergoing weight loss treatment:

- Follow a healthy and balanced Mediterranean or DASH-style diet.
- Increase protein intake at the three to four main meals to a minimum of 1.4-1.5 g/kg/day.
- Try to make the protein intake mostly of high biological value: Beef, chicken, fish, eggs, seafood, cheese, skim milk, and yogurt.
- Ensure protein intake at each meal of between 25 g and 30 g to increase protein synthesis. For example, a 150 g portion of meat or chicken provides 30 g of protein.
- If the protein intake is not achieved through food, a supplement measure like isolated and hydrolyzed whey protein is a good option.
- Engage in strength or resistance training (weightlifting) three to four times per week and 30 minutes of cardiovascular exercise every day.
- To improve adherence, treatment should be carried out with a multidisciplinary team that includes a physician, nutritionist, and physical trainer, with frequent check-ups and body composition studies by bioimpedance.

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Practice Details

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Qualicare EDN ..... continue to page 35

Qualicare EDN ..... continue from page 34

Please also provide:

1. **Photo of yourself** - So that the patient can familiarize themselves with the Dr they are going to see.

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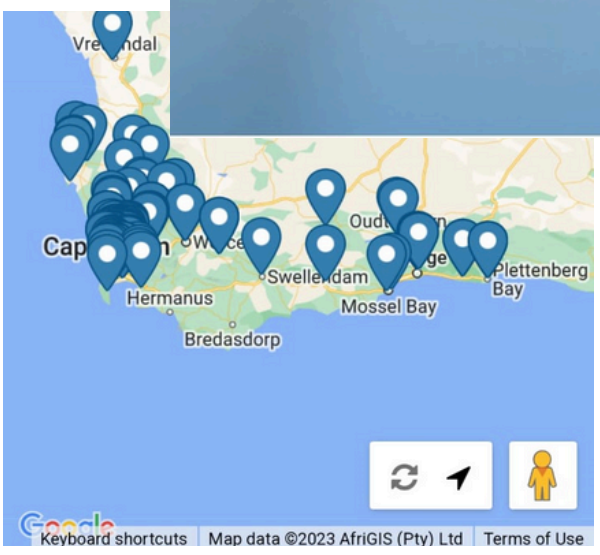

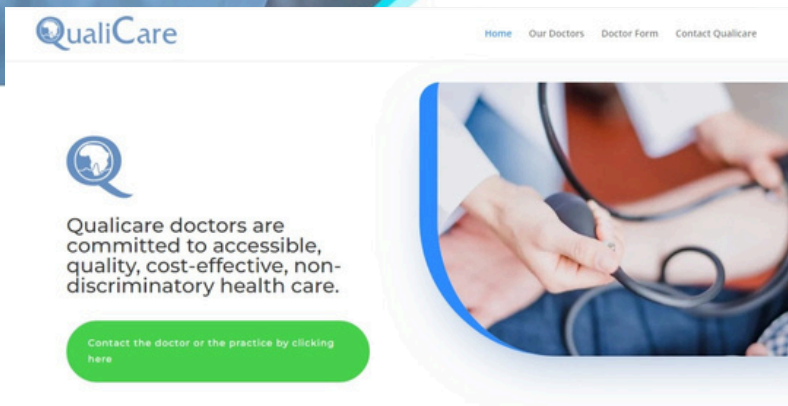

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	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Viewed traffic *	**1,750**	**2,257** (1.28 visits/visitor)	**4,202** (1.86 Pages/Visit)	**21,186** (9.38 Hits/Visit)	**3.09 GB** (1436.96 KB/Visit)
Not viewed traffic *			**21,127**	**32,280**	**2.61 GB**

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.

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HERE IS THE BROCHURE FOR THE QUALICARE OPEN DAY

Biomedical Research Instuon

GPS Coordinates (33°54'29.1"S 18°36'43.6"E)

Biomedical Research Institution, Opposite P5 parking area on the Tygerberg Medical School Campus.

FREE PARKING

AGENDA

5 Clinical & 3 Ethics CPD Point/s have been applied for.

Related Reading Material 13 Clinical & 2 Ethics point/s have been applied for.

QualiCare

TIME	TOPIC	Sign In/Out	SPONSOR	SPEAKER
07hr00 - 08hr00	Welcome: Delegates arrive: Coffee and rusks			
08hr00 - 08hr20	Harmonising the management of cardiovascular disease	SIGN IN	Cipla	Prof Dirk Blom
	Healthy Practice Financial Management			
08hr20 - 08hr40	PPS: Maintaining a healthy private practice		PPS	Bronwyn Davidson
08hr40 - 09hr00	Discovery : Personal Health Pathways and Primary Care Provider Initiatives		Discovery	Darren Sweidan
09hr00 - 09hr20	Enabling practice growth - Billing & eMR software solutions		Healthbridge	Ivone Moroldo Dr
09hr20 - 09hr40	Hijacking Habits: Motivating Patients to Change Behaviour		Universal	Odwa Mazwai
	Diabetes Workshop			
09hr40 - 10hr00	The Diabetes Puzzle		Servier Labs	Dr Elmo Pretorius
10hr00 - 10hr30	MORNING TEA & VISITS OF STALLS			
10hr30 - 10hr50	Piecing together the best care for patients with type 2 diabetes	SIGN IN	Servier Labs	Dr Elmo Pretorius
10hr50 - 11hr10	Type 2 diabetes: Insulin Treatment (Beyond the Basics)		Nova Nordisk	Dr J Trokis Dr
11hr10 - 11hr30	GEMS: Diabetes and it's Manifestations and treatment in the EYE		GEMS	Kgao Legodi
	Ethics Workshop			
11hr30 - 11hr50	Medscheme: Advancing Care Quality Through Evidence-Based Practice-Management Strategies		Medscheme	Dr E Delport
11hr50 - 12hr10	MPS : Ethical guidelines		MPS	Dr Z Sonday
12hr10 - 12hr30	Qualicare : The Ethics of outcomes reporting		Qualicare	Dr Tony Behrman
12hr30 - 12hr50	Questions and answers from the ethics Sessions		Qualicare	Dr Tony Behrman
	Respiratory Workshop			
12hr50 - 13hr10	Casting light on Severe Asthma, Diagnosis & Symptom Control		AstraZeneca	Dr PJ Chapman
13hr10 - 14hr00	LUNCH IS SERVED & VISITS OF STALLS			
14hr00 - 14hr20	What you need to know about digital prescriptions from a legal perspective	SIGN IN	EMGuidance	Dr Mohammed Dalwai
	Hepatitis c			
14hr20 -14hr40	Hepatitis c		Gi lea d	Prof Mark Sonderup
	Smoking cessation workshop			
14hr40 - 15hr00	Tobacco Harm Reduction: What we know, What we ignore and What we hope for		PMI	Prof P Valodia
15hr00 - 15hr20	Don't fear the smoke: Engaging successfully for a smoke-free patient		Macleods Pharmaceuticals SA	Prof R van Zyl Smit
	Cybersecurity: The need of cybersecurity to maintain ethics in family practice			
15hr20 - 15hr40	Cybersecurity and protecting your patients pathology results		Pathcare	Marike Ubbink
15hr40 - 16hr10	AFTERNOON TEA IS SERVED & VISITS OF STALLS			
16hr10 - 16hr30	What you need to know about digital prescriptions from a legal perspective	SIGN IN	Discovery	Larry Borowitz Dr
16hr30 - 17hr00	Update on the POPI act		MPS	Tony Behrman Dr
17hr00 - 17hr20	InterActive Ethics workshop on cybersecurity and patient confidentiality			Tony Behrman
	Managed Care Workshop			
17hr20 - 17hr40	Questions from the Clinical Sessions. NB! This is a sign-out session for CPD	SIGN OUT	CPC/Qualicare	Dr Tony Behrman
17hr40 - 18hr00	Prize giving: DO NOT MISS THESE SUPER PRIZES before you leave			

AstraZeneca

ALTYS Group

Discovery

NETCARE

gems
Government Employees Medical Scheme

embecta

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MACLEODS
Challenging Frontiers in Healthcare

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EMGUIDANCE

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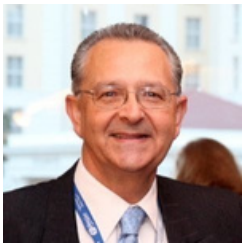
Cipla

Speakers



CPC/Qualicare

Medical Protection Society

Speaker : DR ANTHONY (TONY) BEHRMAN

Topic 1 : The Ethics of outcomes reporting

Topic 2 : InterActive Ethics workshop on cybersecurity, patient confidentiality and update on the POPI

Degrees/Fellowships

M.B.Ch B. (1970 to 1975) UNIVERSITY OF CAPE TOWN.
DIPLOMA in OCCUPATIONAL HEALTH (1995 to 1997) U.C.T.
FOUNDATION FELLOW of the Faculty of FORENSIC and LEGAL MEDICINE (Royal College of Physicians) UK 2005 (FFLFM)
Accredited Mediator, UCT Law@work, Legal Faculty UCT 2014.

Current Positions held:

- Chief Executive Officer of CAPE PRIMARY CARE / QUALICARE IPA, WESTERN CAPE 1990 to date comprising 535 Family Practitioners, Dentists, Physios, Occupational therapists and Allied Medical Professionals.
- Past CEO of and current Director of the IPA Foundation of SA (IPAF)
- Past CEO and current Director of the SAMCC
- Medicolegal adviser to Medical Protection Society (MPS) 1998 to 2012 and latterly Medical Business consultant and Medicolegal adviser to MPS from 2018 to date

Personal:

· Married, with 2 children and 5 grandchildren
· Walker
· Recreational Pianist and Guitarist

AstraZeneca

Speaker : Dr PJ Chapman

Topic : Casting light on Severe Asthma, Diagnosis & Symptom Control

Dr Peter Chapman commenced his illustrious career in medicine when he enrolled for MBChB in 1969 at UCT. He completed his degree with distinction in 1974. In 1987 he started his journey as a physician in the Respiratory Clinic at UCT. Since 2003 till to date, he is still serving the public as a Pulmonologist at Vincent Palotti Hospital. Dr Chapman's career as a physician echoes his dedication to the improvement of healthcare, in particular the respiratory well being of our society at large.

Numerous publications and articles, years of teaching and presenting on especially Respiratory challenges, are testament to the value Dr Chapman brought to our health industry. Dr Chapman is also a seasoned mentor. As a highly regarded mentor/teacher, Dr Chapman ticked all the boxes of excellence as a teacher and mentor i.e. the enthusiastic sharing of relevant expertise and knowledge, a respectful attitude, eagerness and love to invest in others, etc. are indeed proven hallmarks of a caring physician. On a question, 12 years ago on what he cherished, Dr Chapman summarised it succinctly…"my faith, my wife, my children & my fellow human being!"

Speakers continue to page 5

Cipla

Speaker : Prof Dirk Blom

Topic : Harmonising the management of cardiovascular disease

- Associate Professor Dirk Blom is the Head of Division of Lipidology at the University of Cape Town and heads the Lipid Clinic at Groote Schuur Hospital.
- Professor Blom's personal research interests include genetic disorders of lipoprotein metabolism with a particular emphasis on dysbetalipoproteinaemia and familial hypercholesterolaemia.
- Professor Blom is a member of multiple international societies and currently serves on the executive committee of the Lipid and Atherosclerosis Society of Southern Africa.
- He has published in multiple peer-reviewed journals.

Discovery

Speaker : Darren Sweiden

Topic : Personal Health Pathways and Primary Care Provider Initiatives

Darren Sweidan is the Head of the Health Professional unit at Discovery Health.

His undergraduate training was in clinical physiotherapy.

Following training in business administration he joined the Netcare Hospital group in 1999,where he spent 3 years in hospital administration and a further 2 years in group hospital finance.

He joined Discovery Health in 2004 where , he together with the Health Professional strategy team was responsible for engagement with Medical Specialists, General Practitioners, Dental and Dental specialists' as well as Allieds.

Darren now heads the Health Professional unit with continued responsibly for engagement with medical professionals in addition to the Discovery Health Value Based Care, Professional Billing Intelligence, Health Quality and Auditing Risk Management units.

Discovery

Speaker : Larry Borowitz

Topic : Personal Health Pathways and Primary Care Provider Initiatives

Speakers continue to page 6

Larry Borowitz has university degrees in Information Systems and is a certified Lean Six Sigma Master Black Belt.

Larry is the Deputy Information Officer of Discovery Health, responsible for its privacy compliance and program.

He heads up Service Lab Operations Management in Discovery Health which is the custodian of the company's certified ISO 9001 quality management system.

His team is also responsible for, inter alia, quality assurance, data integrity, business process management and measuring and monitoring key performance metrics. He leads programs and initiatives relating to Lean Six Sigma, business continuity and Treating Customers Fairly (TCF).

In his career, Larry has garnered a wide array of leadership, systems and consulting experience through the positions he has filled in various capacities at some of South Africa's leading companies.

Larry is a published poet of two books and is married with three children.

EMGuidance

Speaker : Dr Mohammed Dalwai

Topic : What you need to know about digital prescriptions from a legal perspective

Dr Mohammed Dalwai is the co-founder and chief product officer at the digital healthcare information platform, Essential Medical Guidance (E M Guidance), which empowers healthcare professionals to make better decisions for their patients and improve medical outcomes.

A qualified medical doctor with a PhD, Dr Dalwai worked for Doctors Without Borders across multiple countries, including northern Pakistan, Afghanistan, Syria, Sierra Leone and Haiti, before entering the field of medical technology and entrepreneurship. Dr Dalwai is a TED Fellow, an Ashoka Fellow, and a former Doctors Without Borders, Southern Africa president. He holds an MBChB from the University of Stellenbosch and a PhD from the University of Cape Town.

The leading digital platform for clinical decision-making support in South Africa and sub-Saharan Africa, EM Guidance aims to optimise patient-care outcomes by giving healthcare professionals access to the latest treatments, protocols, diagnostics, education and local medicines guidance from across the healthcare ecosystem and medical industry, delivered transparently at the point of care.

Gems

Speaker : Dr Kgao Eddie Legodi

Topic : Diabetes and it's Manifestations and treatment in the EYE

Speakers continue to page 7

- Graduate of Medical University of South Africa (Medunsa)
- Internship at Tintswalo Hospital
- Medical Officer at Voortrekker Hospital
- Joined the Ophthalmology residency program from 1999 to July 2003 at Nelson Mandela Medical School under Professor Anne Peters
- He was also engaged with sessional work at Pretoria Academic Hospital (Steve Biko) in teaching and training retinal specialists
- Attended a course in Germany to learn more about vitreoretinal theory and operations

GILEAD
Creating Possible

Gilead

Speaker : Prof Mark Sonderup

Topic : Hepatitis c

Professor Mark Sonderup was born and schooled in the Eastern Cape. He obtained a B Pharm degree cum laude from the University of Port Elizabeth in 1990 and an MBChB cum laude from the University of Cape Town in 1995 where he later obtained a Fellowship of the College of Physicians in 2002.

Between 2002 and 2004, he completed a 2 year fellowship in Hepatology at the UCT/MRC Liver Research Centre and Liver Clinic at Groote Schuur Hospital.

He was appointed as a Senior Specialist in the Department of Medicine and Division of Hepatology at UCT and Groote Schuur Hospital in 2007 and is currently Associate Professor in the Department of Medicine and Division of Hepatology.

His research interests include HIV/AIDS associated liver disease, viral hepatitis, drug induced liver injuries and the porphyria's. His publications included peer reviewed articles, chapters and proceedings. He currently serves on the WHO Strategic Advisory Committee on Viral Hepatitis.

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Healthbridge

Speaker : Ivone Moroldo

Topic : Enabling practice growth - Billing & eMR software solutions

Head of Client Experience at Healthbridge

I am passionate about technology, and how it can be leveraged to enhance healthcare.

Speakers continue to page 8

 continue from page 7

I am privileged to lead a team of product. managers, business analysts, marketers and trainers who continuously strive to design and drive the adoption of products that deliver real business value to clients.

I completed a B.Com (Hons) degree at the University of the Witwatersrand (Wits) and have 18 years of strategic marketing, product management, leadership and business experience.

Macleods Pharmaceucals SA (Pty) Ltd.

Speaker : Professor Richard van Zyl-Smit

Topic : Smoking cessation

MBChB, FRCP(UK), Dip HIV(Man), MMED, FCP(SA), Cert Pulm(SA), PhD, ATSF,

Professor Richard van Zyl-Smit is a Professor of Pulmonology and consultant pulmonologist, in the Division of Pulmonology, Department of Medicine at the University of Cape Town and Groote Schuur Hospital, Cape Town South Africa.

He is a principal researcher at the UCT lung Institute.

Currently he serves as the president of the South African Thoracic Society, and co-Chair of the American Thoracic Society International Health Committee.

After qualifying as a pulmonologist in 2007, he completed his PhD investigating the effects of tobacco smoke and nicotine on human pulmonary defence mechanisms to tuberculosis infection. He was supported by an NIH Fogarty fellowship and additionally completed a Post-Doctoral Fellowship at UMDNJ. His major research interests are airways diseases specifically; asthma and COPD with a focus on tobacco, household air pollution, electronic cigarettes and their impact on pulmonary immune responses (to pneumococcal and mycobacterial infection) and the development of COPD, particularly in low-income settings.

After a 5-year period as Head of the Lung Clinical Research Unit at the UCT Lung Institute, he took up a full-time appointment at the University of Cape Town and Groote Schuur Hospital, being promoted to full Professor in 2020.

He has over 100 peer review publications spanning smoking cessation, vaping, tobacco smoking and infections, TB and critical care to asthma and COPD. Many of these papers are self-initiated research projects in addition to clinical trial related primary or follow up publications. He furthermore has authored two books on mental health and sustainability in academia and medicine.

As a clinical trial investigator, he has completed over 130 trials over the past 16 years. He been PI on many of these trials and frequently acts as the national coordinating Principal Investigator. He recently was the international coordinating principal investigator for the Novartis Platinum programme Palladium study. The spectrum of trials includes asthma and COPD, TB vaccines, TB drug development, smoking cessation, cystic fibrosis, chronic cough and pulmonary fibrosis. He has also served as a member for Drug Safety Monitoring Boards.

He is a frequent speaker at both local and international meetings and educational events. He is a Global GINA ambassador and serves as the South African representative on the GOLD committee.

Speakers continue to page 9

Medscheme

Speaker : Dr Eduard Delport

Topic : Advancing Care Quality Through Evidence-Based Practice-Management Strategies

- **Advanced Specialist: Healthcare Professional Strategy**
  Strategic Lead: Family Practitioner and Primary Care Delivery
  Medscheme
- **Consultant Medical Advisor: Healthcare Provider Strategy**
  Medscheme
- **Medical Doctor and Clinical Manager: Family Practice**
  Citi-Med Hout Bay Western Cape

Dr. Eduard Delport is an enthusiastic healthcare manager who strategic role includes facilitating improved collaboration between Healthcare Funders, Healthcare Professional Leadership bodies and, most importantly, GPs at the frontline of care.

Dr Delport believes Primary Care and Family Practice to be the most important, but often overlooked, cog in our private healthcare system - promoting the role of the Family Practitioner, both in his function as part of Medschemes' Health Professional Strategy Unit internally towards Funders, as well as clinician.

He has post graduate certification in Value-based care from the University of Houston and a post graduate certification in Digital Health from the Imperial College London.

He also serves as the chair of the Afrocentric Primary Care Strategy and Integration Forum.

MPS

Speaker : Dr Zarina Sonday

Topic : Ethical Guidelines

Medicolegal Consultant, Medical Protection

Dr Zarina Sonday began her medical career by qualifying as a medical doctor from the University of Stellenbosch in South Africa. She went on to complete her specialist training in Nuclear Medicine and is a fellow of the College of Nuclear Physicians. For the past 10 years she practised as a Nuclear Medicine Specialist with a special interest in Paediatric Nuclear Medicine in both the private and public healthcare sectors within South Africa.

Speakers continue to page 10

Keen understanding of the importance of ethics and ethical conduct as an admirable trait in one's personal and professional persona was the driving force behind her obtaining a post-graduate diploma in Applied Ethics from University of Stellenbosch and continued her reading in Applied Ethics (social and political ethics) also at University of Stellenbosch.

Over the years she has amassed vast knowledge and interest into imaging, bioethics and the resolution of ethical dilemmas at the interface of social justice.

She now integrates her expertise in her role as Medicolegal Consultant at Medical Protection.

Nova Nordisk

Speaker : Dr J Trokis

Topic : Type 2 diabetes: Insulin Treatment (Beyond the Basics)

Dr Julien Trokis is a diabetologist, in practice at the Diabetes Care Centre, Cape Gate. He has a multidisciplinary CDE clinic, and also runs a large clinical trial centre.

He has been an investigator in over 80 clinical trials and has been principal investigator in about 40 clinical trials.

He has a special interest in diabetic kidney disease and is currently national principal investigator for South Africa in a large international clinical trial in diabetic kidney disease. He currently serves as a member of the independent data monitoring committee on a multinational clinical trial.

He has been published in peer-reviewed journals, and has given talks both nationally, as well as internationally.
He has also taught part time in the Department of Medicine, Victoria Hospital/ University of Cape Town.

Philip Morris Internaonal

Speaker : Prof Praneet Valodia

Topic : Tobacco Harm Reduction: What we know, What we ignore and What we hope for

Prof Praneet Valodia obtained his bachelor's and master's degrees in pharmacy from the University of the Western Cape and a PhD in pharmacology, Faculty of Health Sciences, University of Cape Town.

He is currently a healthcare consultant and an adjunct professor at the University of the Western Cape.

He has worked as an executive in Innovation and Development, Director of Medicines Management, Clinical Executive, Head of Product Development, Chairman of Drugs and Therapeutics Committees, and business consultant.

Speakers continue to page 11

 continue from page 10

In 2015, Praneet started his own consultancy business as a healthcare consultant offering advisory services in market access solutions for medicines, pharmaco-economics, digital health innovation, medicine and disease risk management, research and health outcomes measurement.

In 2015 and 2016 he was the recipient of the Titanium Lifetime Achievement Award bestowed by the Board of Healthcare Funders of Southern Africa and the University of the Western Cape Chancellor's Award for Outstanding Alumnus in Health Sciences.

PPS

Speaker : Bronwyn Davidson

Topic : Maintaining a healthy private practice

Qualification:
CSSA Professional Advanced Qualification: Governance and Administration
Post Graduate Diploma in Financial Planning
Regulatory Exam (RE5)

Professional memberships/Associations:
General Tax Practitioner (SAIT)
Associate Member of the Chartered Institute for Business Management (ACIBM)
SAIBA Membership - Business Accountant in Practice (BAP(SA)

Industry experience:
10 years having in the last 5 years joined PPS Specialist Support Services in May 2019 as a Financial Planning Strategist, offering technical support to financial advisors

Interests and Hobbies:
Outdoor & Travel with a keen passion and enthusiasm for the African bush and experiencing diverse cultures.

Bronwyn started her career in tax and accounting and then moved into a financial planning department as a tax support team member for high net worth individuals where, she worked closely with financial planners on managing their clients' tax affairs and tax structuring.

She has a Postgraduate Diploma in Financial Planning to develop a comprehensive understanding and acquire skills that best serve those who seek reliable and rewarding long-term financial planning advice.

Speakers continue to page 12

Servier

Speaker : Dr Elmo Pretorius

Topic 1 : The Diabetes Puzzle

Topic 2 : Piecing together the best care for patients with type 2 diabetes

Specialist Physician and Endocrinologist

Qualifications: MB,ChB(Stell), MMed(Int)(Stell), MPhil(Endo)(Stell), FCP(SA), Cert Endo & Metab (SA) Phys

Dr Elmo Pretorius practices full-time as a physician and endocrinologist at Mediclinic Vergelegen in Somerset West. He did both his undergraduate and postgraduate training at Stellenbosch University.

His practice focuses on endocrine and metabolic disease, with a specific interest in cardiometabolic medicine. He however remains an active hospitalist in general internal medicine. He is a strong advocate for healthy living as the primary treatment for metabolic disease and has a passion to enable patients to improve their health through lifestyle changes.

Universal Healthcare

Speaker : Dr Odwa Mazwai

Topic : Hijacking Habits: Motivating Patients to Change Behaviour

Odwa is a medical doctor also holds a Diploma in Anaesthesiology. After serving in the Office of the Director General the National Department of Health, he moved into private managed care and now heads up Managed Care at Universal.

He is extremely interested in how the advent of new technologies impacts patient and patient health seeking behaviour.

250 Delegates already registered!

ONLY 30 seats still available. Book

NOW before they are all gone.

Speakers continue to page 13

Speakers continue from page 12

Pathcare

Speaker : Marike Ubbink

Topic : Cypatient's pathology results bersecurity and protecting your

B.Sc (Computer Science), B.Sc Hons (Stascs), MEM (Masters in Engineering Management, UP)

Marike is the Chief Information Officer (CIO) of PathCare where Information Security is part of her bigger portfolio.

Marike Ubbink has focused on pathology informatics and IT leadership.

She gained extensive experience in software development, reliability and maintainability engineering, data analytics, management information.

She is also keenly interested in the IT experience including the banking, defence, engineering and manufacturing spaces, finding the application of Information Technology in the healthcare sector the most rewarding.

THANKS TO ALL OF OUR PATICIPATING COMPANIES FOR THEIR SUPPORT

Disclaimer:

The entire contents of the CPC/Qualicare Newsletter is based upon the latest and most up to date information at the time of sending.

Due to the fluency of the situation, information changes daily. Please visit our website for more updated information.

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https://www.medicalbrief.co.za/neglecting-doctors-mental-health-poses-risks-for-profession/#:~:text=When%20mental%20well-being%20is%20poor%2C%20it%20is%20worrying,work%20or%20even%20contemplating%20leaving%20the%20profession%20altogether.
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https://th.bing.com/th/id/OIP.aWBS_igAd6PQMsWQcpgk2gHaF7?pid=ImgDet&w=172&h=137&c=7&dpr=1,1
https://louisnel.co.za/wp-content/uploads/2018/07/two-senior-healthcare-workers-in-consultation-PKMHFJZ-800x533.jpg
https://medicaldialogues.in/h-upload/2022/09/20/185927-sarcopenic-obesity.jpg
https://designsforhealth.com.au/wp-content/uploads/Sarcopenia-and-Diabetes.jpg
https://www.healthyads.com/wp-content/uploads/2023/11/Impact-of-Ads-Aimed-at-Elderly-Diabetes-Patients-Featured.jpg

THE END