Lack of access to health services is a reality faced by many South Africans, particularly in rural areas. Systems to enable access to health services are fundamental in realising Universal Health Coverage (UHC). Public health facilities are often burdened by high patient volumes and a shortage of human resources. This results in increased patient waiting times that limit the duration of their consultation with healthcare professionals, which has a negative impact on the quality of treatment.

To realise UHC through the National Health Insurance (NHI), public and private health sectors must work synergistically. One of the key programmes that has already been implemented in achieving this partnership is the Central Chronic Medicine Dispensing and Distribution (CCMDD) programme. Patients who are knowledgeable about their chronic condition, are clinically stable, and are assessed as being adherent to their treatment are eligible for the CCMDD programme. These patients are able to collect their medicines from a convenient collection point, thereby eliminating the need for monthly clinic visits. The National Department of Health (NDoH) CCMDD programme was developed to improve access to essential chronic medicines for patients in the public health sector, enabling them to bypass their healthcare facility and collect their medications from a conveniently located pick-up point (PuP), thereby decreasing the patient volumes in health facilities.

The CCMDD programme incentivises patients to remain well, thus promoting self-management of chronic conditions and decreasing the number of health facility visits. An indirect benefit of this decanting strategy is the reduction of patient volumes within health facilities, allowing healthcare professionals to direct their efforts to the clinical management of acute patients and those with multiple morbidities or complex conditions.

Historically the CCMDD programme had been largely paper-based. It was therefore subject to process inefficiencies and a lack of transparency. To address this limitation, HST worked with the NDoH to develop a standardised, automated process for all provinces implementing the CCMDD programme. In addition, HST continues to support its operation in partnership with the NDoH. This is an SA SURE sub-project and the development, implementation and continued management is funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC).

Synchronised National Communication in Health (SyNCH) is a real-time web system that allows for electronic prescribing in accordance
with approved Provincial CCMDD formularies, selection of approved PuPs, the electronic management of patient medicine parcels at PuPs, and facilitates the early identification and tracking of patients who fail to collect their chronic medicines, thereby promoting the underlying principles of UHC and the NHI. In addition, real-time data is made available to health professionals reducing the reliance on data and communication from contracted service providers.

For health facilities, clinicians are able to easily retrieve patient demographic and prescription details, allowing for swift and efficient processing of prescriptions following clinical evaluation. This further benefits the patient as health professionals can now spend less time on administrative work such as completing patient details through paper-form data entry, and focus more on the clinical management of the patient. Patient details are loaded once, and the patient profile is available at all health facilities across the country where SyNCH is implemented. SyNCH assists in promoting rational medicine use by promoting compliance with Provincial CCMDD formularies. The system provides clinical decision support alerts such as drug interactions and recommendations for certain medicines to assist the prescriber with clinical decision-making. An automatic collection date is determined for Spaced Fast Lane appointments and external PuPs. Data are immediately available at health facilities for all patients who have not collected their medicine parcels after 48 hours and after seven days, enabling quicker initiation of patient tracing. SyNCH can also generate reports at all levels, which assists with monthly reporting by the facility to the District/Province.

For the patient, the SyNCH system provides up-to-date information on PuPs, enabling patients to make informed decisions in choosing collection points closer to their residence or place of work. SyNCH also allows capturing of patient-nominated proxies to collect medicines on their behalf. The system enables quicker enrolment of patients during six-monthly clinical reviews through the easy retrieval of patient and prescription information.

For the health system, using SyNCH provides prescribing trends around medicine use, epidemiological data, and patient cohorts. The SyNCH system also provides opportunities for local research, and identifies problematic areas that may require academic detailing, with the goal to improve health services for all South Africans. Data on prescribing trends also support informed decision making in terms of medicine quantification, forecast planning, and guideline development.

Developed by HEALTH SYSTEMS TRUST

For more information on this programme do email HST on hst@hst.org.za