VIRTUAL AGM CHAIRMAN'S REPORT
10 September 2020

Dear Colleagues

As we head towards the end of a calamitous year for the world, we also need to report on a tumultuous past 2 years for the Medical Advisors Group. As I present the current status of the group and Exco's endeavours over the past few years, it would appear organic causes relate to the ongoing issues with membership numbers over the last decade, and the various reasons underlying this. Then on top of that was last years' cancelled conference, all of which have impacted MAG's financial figures. So, to first try and unpack the membership figures…

Membership

The following is the graph of total membership by year.



However, this represents total membership on the database and not the number of paid-up members. The Chairman's report of 2012 noted less than half of the membership had paid their contributions. Currently 57% are paid-up members.

The membership figures have consistently been raised as concerns at all the AGMs. So where does the value of a MAG membership lie?

Under the Constitution, MAG has the following strategies:

- Identify guidelines to best practice and cost-effective therapy and provide a resource for collaboration and guidance on funding decisions related to appropriateness of therapy.
- Identify and prioritise issues of medical management which are impacting on the health care industry, and, where possible, reach consensus which will simplify funding decisions.
- Set up a process whereby information sharing can contribute towards accumulation of meaningful datasets upon which rational therapy and funding decisions can be made.
- Contribute to the debates on health policy and the structure of the health system in South Africa where it affects medical advisors.

MAG is only performing on the first bullet in terms of its conferences and monthly presentations, but that is not as a collective guiding organisation. And for the other 3 bullets, there has always been industry and member reluctance in terms of IP, and it would be a prohibitive burden for the Group.

So then where lies the value?

At the 2018 AGM Prof Sparks reported on his membership survey. He got 45 responses from 128 questionnaires, and 64% were MAG members. 55% were medical doctors, and the others in various positions in the funding industry.

The main reasons the MAG members joined MAG and their reasons they thought the group should exist were:

REASON TO JOIN	FREQ	%	REASON FOR MAG	FREQ	%
Sharing, Education, Networking and Professional Development	13	54.2%	For Brainstorming, Collaboration & Guidance	13	41.9%
Part of Job description	6	25.0%	Supply Knowledge on Cost-effective Care & EBM	7	31.8%
			To Assist members with Appropriate Decisions	6	19.3%
			Represent Interests of Med Advisors	2	6.4

So the basic drive to create MAG by the few who were pathfinders all those years ago in what was a new industry still remains. Currently MAG is providing what limited resources it can for professional information, networking, collaboration and guidance in its conferences and monthly meetings.

But there was also a long list of other provider, regulatory and operational concerns which would remain predominantly collaborative:

Expensive New Drugs and Technology	Locating out of hospital providers
Interactions with Providers, and their lack of Understanding of the Schemes and their rules	Member number increases
Abuse of Scheme benefits – members and providers	NHI and Legislation
Complex Systems and Processes	Change in Attitude of Providers
Acceptance of Clinical Governance	Issues related to PMBs and CMS
Best Practice Guidelines and EBM	Workload
Career Progression	Lack of Formal Training for Job
Defensive Practices and Resulting Costs	Ensuring Enough High Caliber Medical Advisors
Providers demanding New Drugs & Technologies	Demanding Members
No Team Work in Health Care	Disposable Surgical and other Equipment
Reduced Work Hours	Effective Communication
Remuneration	Unprofessional Provider Referrals Failure to drive patient adherence and compliance
Administrator Scheme Corruption	

And the respondents thought the following should also be provided by MAG:

FUNCTION	% YES
Create Clinical Management Guidelines	57.6%
Debate Scheme Admin Issues	57.6%
EBM Discussions & Guidelines	53.8%
Update on Industry Issues	69.2%
Forum Training New Advisors	73.0%
Publish Position Papers on Relevant Issues	50.0%
Forum for Solo Advisors in Small Schemes	53.8%
Assist M Adv's in Reporting to HPCSA	65.3%
Forum to share on fraud / legal issues	69.2%
More Access to other M Adv's/Case Managers/Pharmacists etc	76.4%
……. Chat groups / views on problems / issues etc	

MAG through its conference and monthly meetings (at least now being 'virtual' / web-based) provides about 50% of a medical doctor's annual CPD requirements. We are also increasing the 'ethics' proportion of topics. The virtual meetings also enable members across the whole country to now join what has only been a JHB function for the last few years.

In view of Bruce's survey, last year we introduced a 'Masterclass' to improve Medical Advisor support and collaboration as well:



Only 2 members showed an interest in the 'Masterclass' which was subsequently shelved. There's also been a 'blog / forum' on the MAG website which has also never been used.

There will be a natural attrition of members as schemes and administrators amalgamate and consolidate. But this does not adequately explain the loss of membership, despite Bruce's survey above suggesting MAG is providing member's needs at least to a certain degree.

So then how do we increase membership? The opening up of membership to other professionals and other non-professionals in the funding industry, as well as removing the restrictions on specific membership categories has been debated at previous AGMs and at most Exco meetings.

The different membership categories per the Constitution are as follows:

- Full Membership
  Any medical or dental practitioner who is registered as such with the HPCSA

- Associate Membership
  Any other person who is registered with the HPCSA or with another clinical statutory council and is employed or contracted in the funding industry but does not fulfil the criteria of a full member. Associate Members shall not have voting rights in matters affecting the Group or be liable for election to the Executive Committee.

- Honorary Membership

Honorary Membership may be granted by the Executive Committee of the Group to persons who qualify for such membership. Honorary Members shall be entitled to such privileges as may from time to time be determined by the Executive Committee of the Group.

Thus, under the current Constitution all members need to be registered with a statutory council. Only 'full members' (doctors and dentists) or honorary members may vote, and only full members on the Exco.

Bruce's survey also asked for responses regarding opening up membership to other professionals:

ANSWER	FREQ	%
YES	14	30.4
NO	6	13.0
NO ANSWER	26	56.5
TOTAL	46	100

Even if we distribute the 'no answers' equally, it still creates a 50/50 split for and against. Further,

- There already exist alternative societies / groups for others involved in managed healthcare eg pharmacists (many options), case managers / nurses, physios, suppliers etc. There are also other industry-related societies.
- There isn't any group for other non-medical MHC / administrator staff, although it is unlikely they would be interested in the clinical emphasis of MAG
- To change our constitution ito membership, we would lose the focus and principles for which MAG was created, and potentially the control of the group.
- As most of our oncome is from conference sponsorships, MAG fees are not a significant source of income on which MAG depends. There is no reason to open up membership for this.
- Importantly, we need to distinguish between membership and attendance. We ultimately need attendance at our meetings and conferences. A few others have mentioned they don't get the invites but would like to attend.

Any change in membership as opposed to just opening up attendance would require a change in the Constitution. And that may be difficult to reverse.

We have had a few membership drives recently which have had little impact.

- We had a visibility and membership drive at the 2017 BHF conference:



- We also communicated with the MAG database to try and improve attendance at meetings across the industry:

Notice to all MAG members

We frequently receive comments other people would like to attend our monthly meetings (and conferences) yet they feel they can't because they're not members, and they don't qualify to be members in terms of the MAG constitution.

Although we don't have many meetings throughout the year, they are a good opportunity as educational forums for other people in Managed Healthcare, and potentially other areas of funding administration as well. Speakers are sourced not only from academic circles, but also specialists with a particular interest in a certain field. Topics are either identified by exco organising the meeting, or from member requests, often with suggested speakers as well, which we continue to encourage.

MAG meetings are thus excellent avenues for education for ourselves and for other Managed Healthcare staff, including pre-authorisation, case management and pharmacy departments, product design and reporting structures, and scheme staff as well. The meetings are also a great opportunity for companies to enrol their staff in corporate training programmes. Where possible we try to organise unrelated sponsors for the meetings as well. The JHB meetings are held usually on the first Thursday of the month, first thing in the morning to avoid disruptions during the day.

MAG will remain an interest body as it was intended – for Medical Advisors, but there is a great opportunity to extend our reach outside our professional circles, to other industry-related people as well. We would therefore like to extend the offer to include all those in your funding organisations potentially interested in our meetings to be included on our mailing lists advertising the events. If you have people you would like to be included in the email lists, please complete their details below and we will add them to our meeting email database:

Title
First name
Surname
Council registration number (if applicable)
Company
Position
Cellphone
Landline
Fax number
Email(s)

However, again the uptake was virtually nil.

There is provision for the membership issue to be debated further on the AGM agenda.

2019 Conference

Last years' conference was organised for 12 September with an emphasis on forensics following the Waste and Abuse Summit at the CMS in February 2019 at the Riverside Sun. The draft programme was quite varied as well:

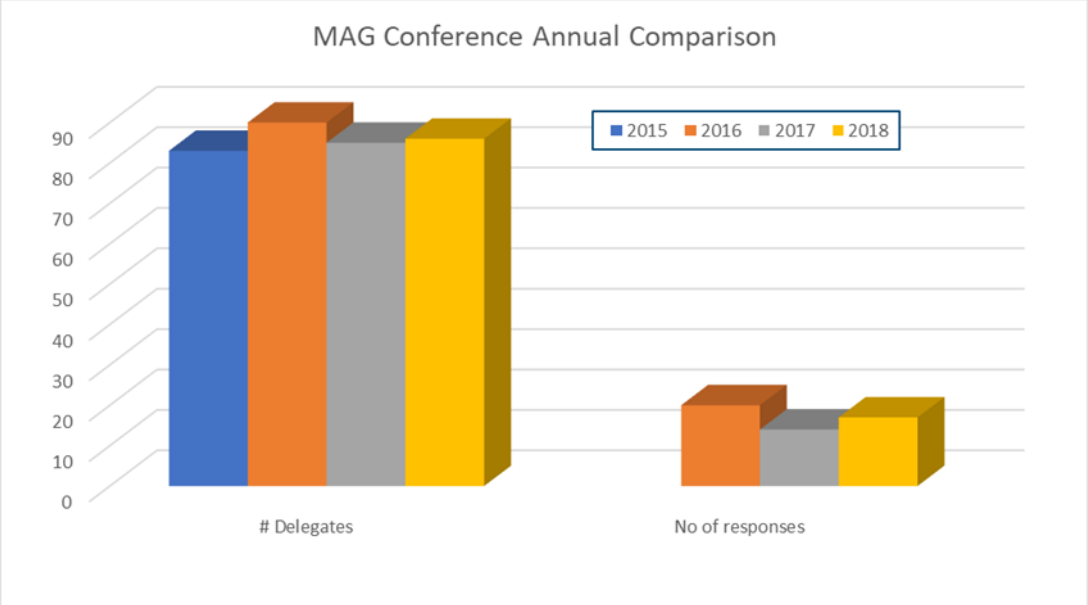




However, by 26 August we had the following RSVPs:

- 16 delegates –
    - 4 exco,
    - 2 honorary
    - 3 medical doctors
    - 7 non-doctors
- 8 invites guests
- 11 sponsors

We had already received complaints from the sponsors about 2018's poor attendance which was 86 in total. However, this was not very different from the previous attendances:



We had to decide to cancel the conference only 2 weeks before it was due. However, although we managed to recoup some of the losses this incurred a ~R220,000 loss for the booked accommodation, venue, meals, entertainment etc. In addition to this, we lost the sponsors contributions to attend the conference, which is MAG's main source of income. With Covid-19 we have now lost 2 years of sponsor contributions.

We sent out a survey after the 2019 cancellation to all the database to evaluate possible reasons for the lack of interest in the conference. There were only 13 responses:

			If you didn't plan on attending or register or the 2019 Conference was it for any of the folloiwng reasons?								
Position	**Did you register for the 2019 Conference?**	**How many Conference have you attended in the last 5 years?**	**Date of the Conference**	**Conference Programme**	**Your availability from a company perspective**	**Your availability from a personal perspective**	**Other industry commitments**	**Conference Cost**	**Conference Venue**	**Lack of interest in MAG's endeavours**	**Any other reason not mentioned**
PO	Yes	4									
Clinical Design	No	1			Could not get time or funding					From the company perspective Sent one person only	Large companies are not keen on sharing what happens in their business.
MCO	Yes	5									
General Manager	No	4	No - workload	Workload							
Consulting firm	Yes	4	No. I wanted to attend the conference.	No. I wanted to attend the conference.	No. I wanted to attend.	No	No	No	No	No. I wanted to attend the conference and I was very disappointed that there was a lack of interest from the other MAG members.	No
Protocol & Training specialist	Yes	5							This should not be the reason for not attending - see final comments		
GM: Health Facility Strategy	No	1		I cant recall the detail of programme, but recall thinking it was a bit 'light'	Medical advisory services not my core function, so would only attend if the programme would provide value to my role at Medscheme						As indicated my role is no longer medical advisory, and as such I would only attend if the programme speaks to funding models, hospital quality, value based reimbursement, outcome models etc
Advanced Specialist in Clinical Governance	No	1	No	No	Yes	No	Yes	Yes	No	No	No
Clinical Risk Manager	No	1	The specific date presented a	N/A	This is linked to the feedback regarding the date	Would have loved to attend	N/A	N/A	N/A	N/A	N/A
Medical Advisor	Yes	1									
Head managed care	Yes	1	Date should be end of first quarter	Oral health.general principles of managed care evidence based research	Flexible	Flexible	Bhf gems symposium sada conference	Reasonable	Within a 50 km radius		
Industry body	Yes	4	August too many competing interests	Too boring the couple of years			Often, this prevents me from attending			Sponsor focused cpd events is wrong	
Medical Advisor	No	2	no	no	yes	no	no	no	no	no	no

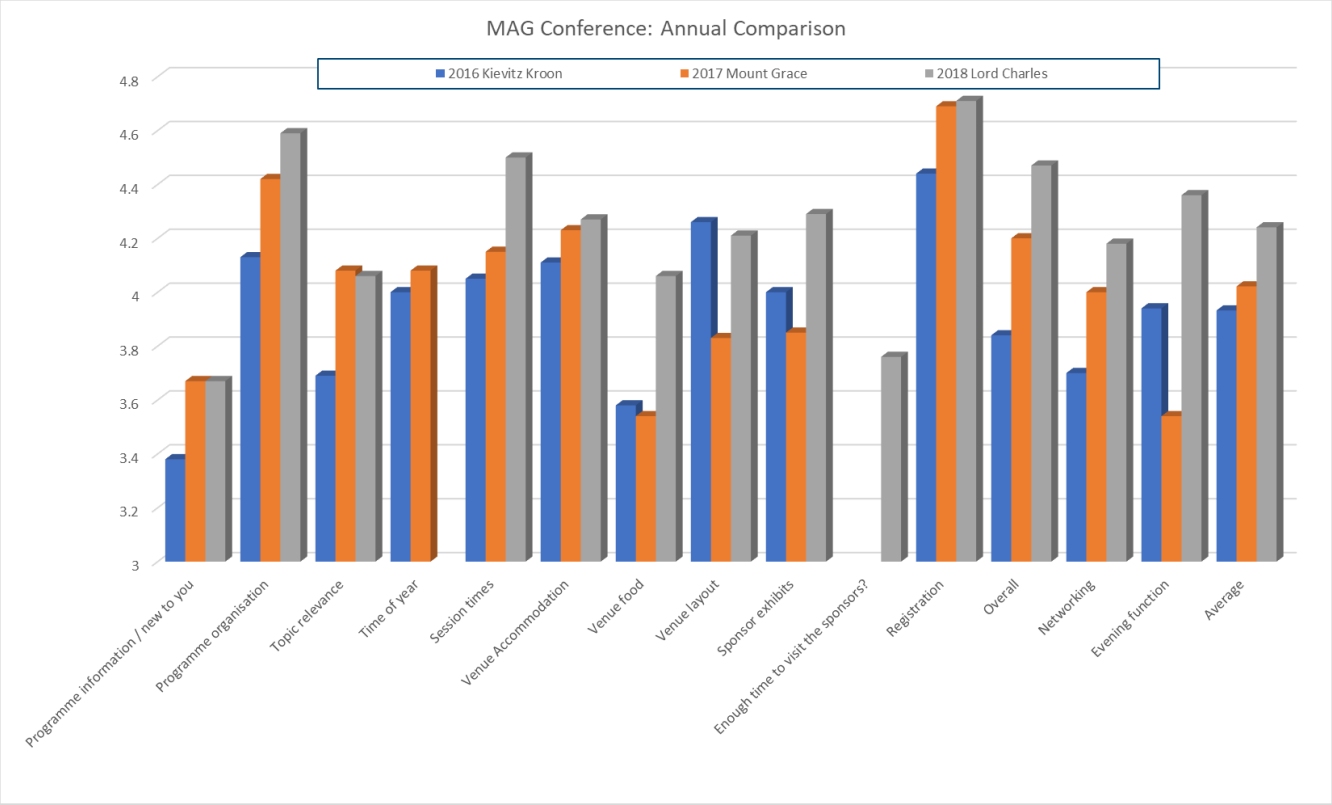
Position	What topics, speakers, disciplines, vs clinicaletc would you like to see at Conference	Is there anything you thin would make the Conference more attractive?
PO		
Clinical Design	What about some book/reading discussion of half an hour.	Mix field of interest. Perhaps in different sessions. Regulatory, Managed care, Global trends, Clinical, Stimulating thinking
MCO	Home Based Ventilation Case Management and the Medical Advisor Readmission Prevention	
General Manager		
Consulting firm	I would like to encourage discussion around the around the accreditation and formalization of medical advisory as a profession.	The invitation of other stakeholders and industries besides managed healthcare organizations that require suitably experienced medical advisors (such as insurance companies and pharmaceutical companies) to discuss training opportunities for medical practitioners who are interested in entering the medical advisory field.
Protocol & Training specialist	Note that I DID register for the conference, but have noticed that there have been less and less Clinical topics in the last few years. Presentations on the structure and outcomes of Chronic Disease Management Programmes would be welcomed. I'm also looking forward to Dr Goodman's presentation on the impact of the Discovery Vitality programme.	Venue should not be an important consideration, as the academic programme should be the most important factor determining attendance. I did not have a problem with the Riverside Sun that was planned for 2019. In fact, it was a welcome change from Mount Grace and Kivietskroon, which have become somewhat too familiar....! There are lots of other nice venues in the Cradle of Humankind / Magaliesburg / Hartbeespoort Dam area, so no need to go to Mount Grace and Kivietskroon every time.
GM: Health Facility Strategy	I would suggest that you look at some of the HASA programmes over the last few years. They often get the balance right. Definitely think you should do something on value based purchasing and talk to outcome based remuneration	a great programme.
Advanced Specialist in Clinical Governance	CLINICAL DISCIPLINES AND MANAGED HEALTH CARE TOPICS TO ENLIGHTED THE DOCTORS OUT THERE HOW MANAGED HEALTH CARE WORKS	
Clinical Risk Manager	Current topics are spot on	Perhaps access to virtual conferences especially now with the movement and lock-down restrictions. Otherwise a routine online video content that could be charged for.
Medical Advisor		
Head managed care		
Industry body	Professional development Public health Epidemiology Health policy and the law Focus on population health improvement...currently narrow focus on cost	Health governance and accountability
Medical Advisor	psychiatry focus for general practitioners	no

- 50% of the 13 respondents had registered for the conference. 9 were full members
- The average number of conferences attended in the last 5 years was 4
- There were a few comments regarding the date, and we also noted a few other new conferences were also scheduled prior to the MAG conference. A few respondents noted conflicting commitments while others were available from a work and personal perspective
- Apart from one comment about the programme being 'too boring' it was generally approved and many provided suggestions.

- Cost, venue and distance were not an issue
- There was 1 adverse comment each referring to IP conflict and sponsor-focused topics

The maxim still applies – you can't please everyone all the time. However, from the limited responses it appears the programme, date, venue and cost were not an issue. We unfortunately do not have the data for who had attended or which companies had already committed to another event.

The MAG conference has traditionally been well attended and well received:



In view of the Covid-19 pandemic we decided against a conference this year, and have opted for more frequent morning presentations to provide the same exposure and CPD benefit. We hope a conference next year will be feasible as a virtual meeting just doesn't have the other benefits and camaraderie of a physical meeting.

Monthly meetings

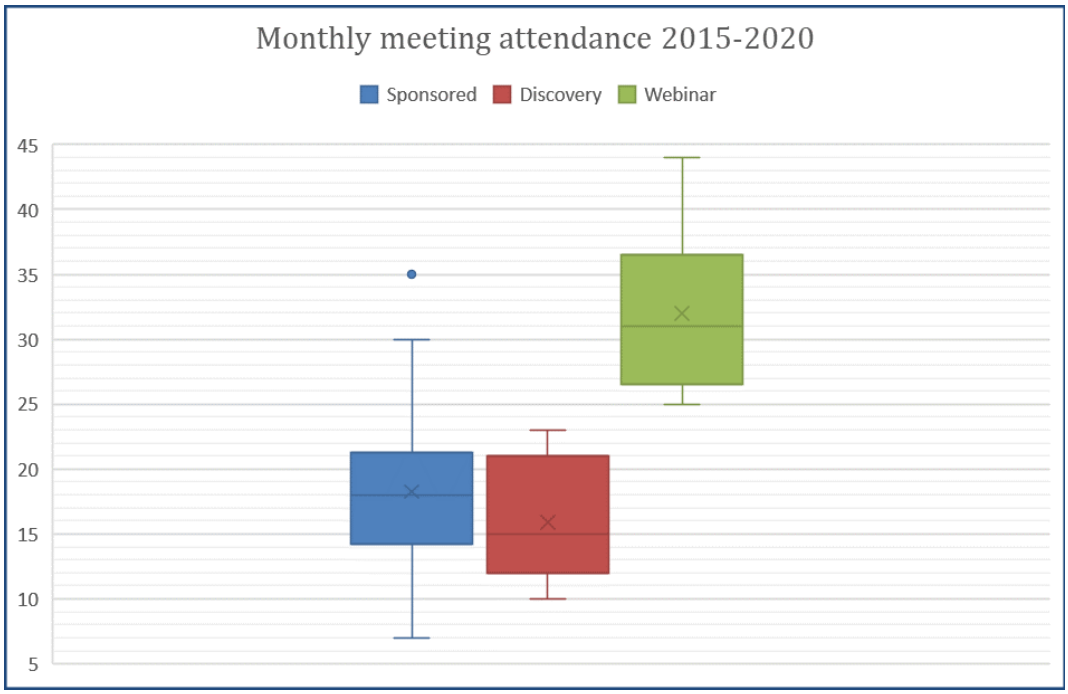
Until the Covid-19 lockdown, we ran about 8 monthly physical meetings throughout the year. These were usually sponsored by pharma and technology companies but they have decreased recently due to their opting for their own topics and speakers. We have always been concerned about bias in such as a 'key opinion leader' can always slant a presentation in favour of a supporting sponsor's product.

We offered their opportunity to market anything and everything to medical advisors at our meetings for unrelated talks but they apparently cannot get funding unless the topic is directly related to their product stream. This happens despite their international ethical limitations on any marketing at the same time – which they are happy with. However, the bias remains.

With the Covid-cancelled conference this year we decided to rather have virtual presentations roughly every 2 weeks to compensate. We have split these 50/50 into company-sponsored, which topic the Exco chooses from their offered lists, and unsponsored, chosen and organised by Exco. We have also decided to levy a R7,000.00 fee on sponsors for each of their presentations to get some income lost over the last 2 years.

However, it would be severely remiss of us not to acknowledge the role Discovery Health has played in the provision of these 'unsponsored' meetings prior to the lockdown. Maurice's team has been instrumental in organising the meeting rooms, facilities and breakfasts at no cost to MAG, and for that they deserve a heartfelt thanks from all of us.

It still remains to be seen whether we continue with the virtual meetings or revert to the tangible meetings once it is safe to get together again. The latter has certainly provided the opportunity for us to get together and complain, commiserate and comfort each other occasionally. However, the virtual meetings have certainly had higher attendances, which may also be due to non-JHB people also being able to join. The Cape Town meetings have stopped as we have had no Exco representation since Manie left the Exco. The comparative attendances over the last 6 years are as follows:



Financial reports

These reports were only received yesterday from new auditors after the previous one took ill. There is no signed auditors report and they cover two 2-year periods.

They reflect the losses from last years' conference. We've subsequently had a loss from R906,640 in 2018 to R428,657 at July 2020. With ongoing monthly expenses and the loss from this years' cancelled conference the current situation would be even worse.

Medical Advisors Group
Balance Sheet as at 31 July

	2020		2018	
ASSETS				
Cash and Bank Accounts				
Monet Market Account	351 536.79		668 314.00	
Current Account	77 120.88		238 326.47	
Total Cash and Bank		428 657.67		906 640.47
Other Assets				
Accruals	-		-	
Total Other Assets	-		-	
TOTAL ASSETS		**428 657.67**		**906 640.47**
LIABILITIES				
Other Liabilities				
Accruals - Conference Cost	10 459.75		11 202.00	
Total Other Liabilities		10 459.75		11 202.00
Equity				
Excess Income beginning of peri	895 438.47		1 111 385.23	
Deficit for period	-477 240.55		- 215 946.76	
Excess Income end of period		418 197.92		895 438.47
TOTAL LIABILITIES AND EQUITY		**428 657.67**		**906 640.47**

Medical Advisors Group

Income and Expenditure Account

	for the 24 months August 2018 to July 2020		for the 23 months September 2016 to July 2018	
Conference Income:				
Fees	80 894.8		340 636.00	
Sponsors	241 600.00		620 514.50	
		322 494.79		961 150.50
Conference Expenses				
Conference Coordinator	157 561.70		167 777.88	
Conference Venue	374 423.06		746 064.17	
Conference other	27 342.21	559 326.97	105 320.45	1 019 162.50
Net Cost of Conference		- 236 832.18		- 58 012.00
Other Income				
Interest Received	49 294.84		72 285.76	
Membership Fees	41 150.00	90 444.84	88 529.88	160 815.64
Expense items:				
Accounting Fees	8 000.00		6 250.00	
Audit Fees	15 000.00		14 750.00	
Bank Charges	6 200.09		4 443.84	
Executive Secretary	240 000.00		230 000.00	
Web Site support	61 653.12	330 853.21	63 306.56	318 750.40
Excess/(Deficit) for the period		**- 477 240.55**		**- 215 946.76**

Revision: an updated I&E statement was received on 23 September 2020 with minor changes:

Medical Advisors Group

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Audit Fees	15 000.00		14 750.00	
Bank Charges	6 200.09		4 443.84	
Executive Secretary	240 000.00		230 000.00	
Travel for Exco meeting	2 225.21		-	
Web Site support	61 653.12	333 078.42	63 306.56	318 750.40
Excess/(Deficit) for the period		**- 477 240.55**		**- 215 946.76**

Exco

I am grateful to the following Exco members who have provided valuable advice and assistance over the past 2 years:

Maurice Goodman – Vice-chairman
Jaco Makkink – treasurer
Eric Hefer – secretary

Lesego Moeng – exco member
Bruce Sparks – exco member
Philly Masopha – exco member

Website

There have been minor changes to the website including adding potential training avenues for medical advisors and listing the main Covid-19 resources as recommended by one of our recent presenters.

The webinars are now being added to the presentation tab, but these are actual Zoom recordings, and may have to be discontinued in that format as that takes a lot of space on the web.

As mentioned previously the 'blog / forum' has not been used. According to Bruce's survey that function should have been widely used, particularly as many respondents noted operational and regulatory issues which one would think would be solved at a company level, but which would have been ideal for the 'blog / forum'. The function could also be used for members to suggest topics for future meetings.

30% of respondents reported they used the MAG website, but there was no deeper analysis of that to distinguish between RSVP'ing to meetings vs whatever else is available on the website.

Final words

We're doing some of what members want according to Bruce's survey. So, where's the lack of interest from? Or was the survey only answered by relatively new members? And there are only 10 members attending this virtual AGM – 6 existing exco and 4 new exco.

Any further in terms of developing EBM, publishing data or establishing a political footprint would be prohibitive in terms of manpower unless additional members were to start with small projects along these lines. The scheme utilisation data is already in the HQA space….

My thanks and appreciation for the last 2 years are extended to my fellow Exco members and Sharon and Belinda for all their hard work on the membership, conference, meetings, website and so many other areas.

Again also, a special mention to Discovery Health for all their support with the monthly meetings and Maurice and his team.

My best wishes and support for MAG and the new Exco in the future.