

THE STATE OF **STATE** **HEALTHCARE**

&

How we can
ACCESS
TREATMENT

TZIVIA GRAUMAN

The vast majority of the South African population, roughly 84% in a country of 65 million, cannot afford private health insurance (medical aid) and rely on the country's healthcare system for their survival. The resultant strain on government hospitals and clinics profoundly affects patients and can often be life-threatening. What they are encountering are under-resourced hospitals functioning without adequate equipment, staffing, or senior supervision and critical administrative, infrastructure and systemic failures. The demand for care vastly exceeds the available capacity.



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Patients can wait weeks or months for appointments, tests and surgical procedures. The time lapse, for example, between having a blood test taken and receiving the results puts patients at risk, sometimes dangerously. There are some procedures, like hernia operations, which are routinely provided in the private sector, regardless of age, but often not accessible in the State sector. People live with significant pain and discomfort when they are not considered a priority for treatment. There are difficulties meeting eligibility criteria for assistive devices and there is limited access to medications which are often out of stock. Waiting times for appointments or medication can be excessive, and overcrowding, overworked staff and exhausted doctors compromise treatment.

At the same time, it must be acknowledged that there are numerous exceptional clinicians in our State hospitals - many of whom are part of the Jewish community - who do excellent work despite the challenging conditions. Historically, our public hospitals provided the finest and toughest training environments for doctors and young medical students anywhere in the world. It was not unusual for medical students to come specifically to South Africa to train. It stands to reason that operating under these difficult and demanding conditions has so often produced the very finest doctors.

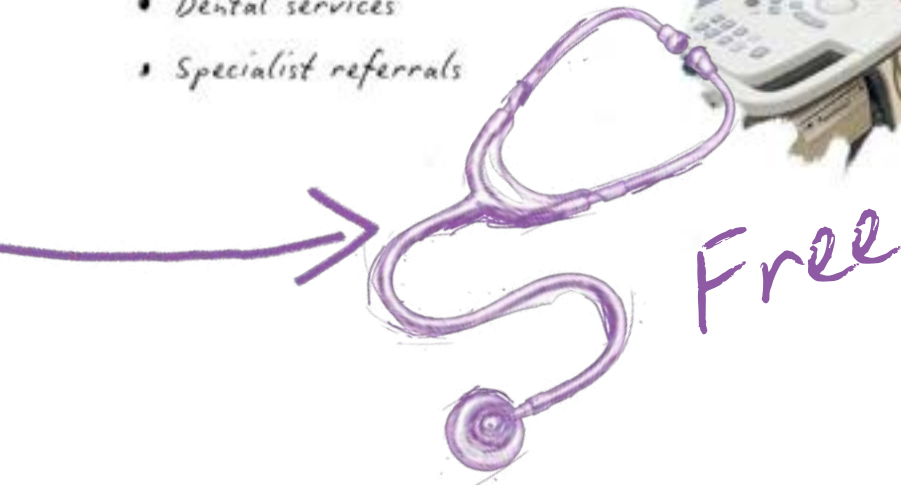
Rimon Health - Improving Access to Free Community Primary Healthcare

It is this combination of underprovided public health care and the lack of access to private medical care for community members, that has led the Chev to launch **Rimon Health**, the first of its kind, primary healthcare initiative. The Rimon Health free offering is a three-pillared approach with the vision of supporting proactive, affordable, quality primary healthcare while working in partnership with private practitioners and allied health professionals and specialists, and government services. The Chev is fortunate to have some registrars and specialists within the State sector who have volunteered to help it coordinate tertiary referrals for surgeries and other procedures. Rimon Health is founded on a healthcare system that is proactive and preventative as opposed to reactive. Routine screening (such as Mammograms, Pap smears, CT scans and PSA testing) are generally performed as part of preventative care before there is suspected pathology.

Chev Group CEO, Saul Tomson, said, “The Chev has for many years been cognisant of deteriorating State healthcare services and the increasing inaccessibility of private health. Many of our beneficiaries suffer as they are caught in-between. Our aim

Eligible patients can access

- GP visits
- Annual wellness assessments
- Preventative screening
- Chronic disease monitoring
- Investigations
- Acute and bridging medication
- Dental services
- Specialist referrals



is for Rimon Health, the brainchild of Dr Richard Friedland, a member of the Chev's Board of Governors, to close this gap. Over many years the Chev has refined the level of care it provides to its residents - most of whom are without private medical care - and has harnessed its internal skills to deliver comprehensive services. **More about that later.**

Earlier this year, close to 250 doctors, dentists and allied health professionals attended the launch of Rimon Health at the home of Dr Richard Friedland. It was an important moment for the Chev and for the community, and the culmination of many years of research, planning and preparation.

As Dr Friedland presented the initiative to those present, his enthusiasm was evident. "This is an extraordinary gathering," he said. "For us it is a dream come true, because today we are launching something unique: the Chev's Rimon Primary Healthcare Initiative - a structured membership programme designed to provide free, accessible, preventative and coordinated care to vulnerable, uninsured and lower-income community members. The Chev is aware of some 3,000 community members who have no access to health insurance or even a hospital plan, and today we are here to fix that for them."

Dr Friedland introduced Dr Jordan Ochayon, Project Manager of Rimon Health at the Chev. She explained that Rimon Health provides eligible patients with coordinated primary healthcare including GP and Clinical Associate consultations, annual wellness assessments, preventative screening and structured chronic disease monitoring. Depending on clinical need, programme resources and provider availability, patients may also access investigations, acute and bridging medication, dental services, allied healthcare and specialist referrals through Rimon's growing provider network.

"Rimon Health will manage all referral appointments centrally," she said, "and will ensure an equitable distribution of resources. Many clinicians quietly carry the burden of welfare-based care, informally, generously and often without structure or shared responsibility. But that can be administratively heavy and difficult to sustain. Rimon Health is here to help both patients and doctors. Our intention is not to increase clinician burden, but to alleviate it. We have also introduced an electronic medical record for each patient. Where appropriate, patients referred through Rimon Health are supported by a structured medical summary, relevant investigation results and other clinical documentation to facilitate continuity of care".

Dr Friedland said, “In general terms, our healthcare is broken”. “Whether or not people have health insurance, healthcare has become uncoordinated and patients have abdicated their care to clinicians without taking responsibility for their own health or becoming equal and active partners in their own wellbeing. We want to change that. We will focus not only on what is the **matter** with our patients, but also on what **matters** to them. We may not be able to change a diagnosis but together with their participation in primary care we can improve their functionality and quality of life. The Rimon Health programme will work best when our patients work with us. In order to qualify we expect attendance at appointments, engagement with treatment plans and involvement in wellness activities, because good health is not something we can give them, it is something we can build together. Prevention means identifying problems early, monitoring chronic conditions like unstable hypertension, asthma, or diabetes and preventing avoidable complications.”

“While it is still early days”, said Dr Ochayon, “the most rewarding part of the programme is seeing people receive care that they may otherwise never have been able to access. Because this remarkable community has come together – the Chev, a donor, healthcare professionals and State facilities – we are now able to overcome barriers that previously stood in the way of patients receiving the care they needed. That is incredibly rewarding and as the programme grows, I believe this community’s trademark *chesed* will be increasingly evident”.

None of This is New for the Chev’s Residents

While Rimon Health is a new offering for the community, the same primary healthcare system has been in place within Chev residential facilities for years, where every effort is made to augment the State healthcare system.

Lijahne Beetge, Group Care Manager at the Chev’s residential facilities said, “We do our very best to provide extensive in-house services to our residents so that we can reduce their dependence on State facilities. We’re incredibly fortunate to be able to offer a very comprehensive basket of healthcare services,” she says. “The residents of Sandringham Gardens, Selwyn Segal, Arcadia and Sandringham Square have access to nursing, medical and allied healthcare professionals, including physiotherapy, occupational therapy, speech therapy, audiology, dentistry, radiology, dermatology, ophthalmology, psychiatry, pharmacy and psychological support, among many other services. This integrated, multidisciplinary approach enables us to deliver coordinated, quality care tailored to each individual’s needs. Right now, we have some 420 employees across this field whose rosters provide care 24 hours daily, 365 days per year”.



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Most in Sandringham Gardens do not have medical aid and many have no family in South Africa who can provide support, so they are entirely dependent upon the Chev's offerings for all their needs. Because of the challenges imposed by our State healthcare, it can take months to get an appointment for a simple diagnosis. Due to the fact that waiting lists for small surgeries like cataract or hernia operations can be hundreds of people long - and are generally prioritised by age, the younger the sooner - the Chev medical team has managed to arrange, with the support of our generous donors, small procedures for residents that enable them to circumvent the State's long delays. "We are delighted now to be able to organise cataract operations, blood tests, mammograms, specialised dental procedures, MRI and PET scans as well as colonoscopies and gastroscopies," Lijahne explains. "In this way diagnoses are quickly attainable. We can also arrange hearing aids, dentures and other assistive devices without State assistance". These procedures are carried out by professionals at pro bono or greatly reduced rates.

Our onsite pharmacy at Sandringham Gardens - comprised of four pharmacists and four pharmacist assistants - is now in the unique position to be able to access State medication. Prescriptions are sourced and repackaged so that residents are no longer required to go to State facilities to get their medication. This is a very unique offering which enables comprehensive care. More recently we have moved toward integrating our various services through a digital system so that our nursing, pharmaceutical and medical care all share a collaborative view.



The Balancing Act

"This is exactly why we've invested so heavily in developing a primary healthcare model at Sandringham Gardens," says Lijahne. "By integrating nursing and caregiving teams with clinical associates, consultant doctors and a broad range of allied healthcare professionals, we've created a coordinated, multidisciplinary service that enables us to meet most of our residents' healthcare needs on our campus".

Despite these efforts there are still times, unfortunately, when residents are unable to avoid admission into State hospitals. "Sandringham Gardens is not a hospital," says Lijahne, "it is a long-term care facility. This is frequently misunderstood by the community and we find ourselves having to explain it quite often. The range of our medical services, however, is unmatched in both the NGO and private sector relative to other long-term care facilities. When residents have to be hospitalised, we make it our business to actively support them through that process and they are never alone from the time they leave Sandringham Gardens until they return home. When they require surgery, specialised investigations or acute hospital treatment, we work closely with our State and tertiary hospital partners. Our team coordinates referrals, arranges transport, escorts residents to appointments and hospital admissions, assists them in navigating often complex healthcare systems, liaises with treating teams, sends social workers, collects medication, delivers kosher meals and there are even many times when the Chev sends its own care workers to help the overtaxed nursing staff care for our residents. The aim is to get them well enough to come home as soon as possible".

It is worth noting that while Sandringham Gardens is not a hospital, it is a registered Step-Down facility where residents and community members are able to receive excellent care while they recover from surgeries, injuries or illnesses.

Residents benefit from the expertise of a team of consultant doctors led by Dr Daniel Brozin, Specialist Physician and Geriatrician; a dedicated group of General Practitioners; and a number of other highly respected senior doctors from the community. As Consultant Group Head Doctor, Dr Brozin consults with the team regularly, supporting clinical governance, providing oversight and facilitating collaboration.

In order to remain sustainable and effective, Sandringham Gardens has revised its medical health model. "We have a nurse-led care model, with which we are very comfortable and confident", said Dr Brozin. "What this means is that most residents are on a maintenance plan for (often multiple) chronic conditions. It is essential that these are properly managed at all times. Our nurses are well-trained, competent and carefully supervised. They monitor blood pressure, diabetes

and other chronic conditions every day and there is always a medical person - either a doctor or a clinical associate - on campus during the day, and on-call at night - available for acute interventions", Dr Brozin explained.

Dr Brozin runs a geriatric clinic once a week in the Sandringham Garden's Outpatient Department. "We deal with complex medical problems which are common in the elderly like falls and mobility, osteoporosis, hypertension, urinary tract infections, diabetes, arthritis, chronic diseases like cholesterol, thyroid, late onset depression and neuro-cognitive disorders," he says. "Polypharmacy is also of great concern and we go through the, often long, list of pills being taken by residents to check if they are all required. We like to de-prescribe and are guided by the Beers List, a guideline of medications considered potentially inappropriate for adults aged 65 and older."

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The Wellness Wheel -

It's not only about
medical care





"At the Chev we understand that our residents have diverse needs that extend beyond the physical and medical," says Lijahne. "We work according to the eight spokes of the Wellness Wheel to fulfil social, emotional, spiritual, intellectual and other needs, in addition to supporting their good health. Our Life Enrichment team offers a variety of social, intellectual and entertainment activities and the schedule is so full that residents often have to choose between several activities. There are regular themed banquets, dinners and outings which bring great pleasure. Volunteers play an essential part in the Chev's success story. Many people visit and entertain our residents; Jewish school students are frequently onsite, playing board games or bringing Shabbos and Yomtov treats. There are countless ways in which the community assists and supports the Chev's efforts to provide joy. Our magnificent Shabbat programme attracts hundreds of residents and some community members. Group Rabbi, Jonathan Fox, runs the beautiful Sandringham Gardens shul and is available to offer spiritual inspiration and guidance at all times. In fact, I can't think of a single need on the Wellness Wheel that a person might have, that we don't provide for".

Saul Tomson says, "Governments are ordinarily responsible for society's most fundamental obligations: providing emergency and ongoing reliable healthcare, offering security services, caring for the elderly, protecting vulnerable children, housing the destitute, and supporting those in crisis. In many Jewish communities around the world, the State-funded NGOs fulfil these roles. In South Africa, these systems are increasingly dysfunctional.

The consequences of this are harsh - those without means are extraordinarily vulnerable. In Johannesburg, the Chev helps ensure that our community members do not end up on the streets. Without this safety net, many would have nowhere to turn.

We continually evolve alongside the changing needs of our community. Our work is driven by kindness, tempered by sustainability. Our donors are our partners in this mission, providing a lifeline to an organisation that, in turn, provides a lifeline to people who have exhausted every other avenue of support. Providing access to excellent healthcare in our residential facilities and now, through Rimom Health, to those in the community, is yet another way the Chev ensures that No Jew Gets Left behind". 🍇