EDITORIAL

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Delivering cardiac care: The next frontier

The 17th annual South African Heart congress, co-hosted with the annual meeting of the World Society of Cardiothoracic surgery, brings together both local and international pioneers in the field of cardiology and cardiothoracic surgery. The combination of adult and paediatric cardiologists, cardio-thoracic surgeons and allied professionals epitomises the emergence of the the "Heart team" as an integral component of providing optimal cardiac health care.

The last decade has brought the importance of cardiac medicine sharply into focus as the incidence of cardiovascular disease keeps on increasing and our capacity to treat it improves. Previously thought to be a disease of developed nations, cardiovascular disease is now a major cause of mortality in people older than 40 in South Africa and will, most likely, overtake HIV related mortality in the foreseeable future. Cardiac health care has advanced rapidly with new medications, new devices and new techniques improving quality of life and prolonging life. Given the rise in cardiovascular disease in South Africa, an important question to ask is: "How are we going to deliver cardiac care to the population?"

The health-care system in South Africa has developed two systems of care – the public/academic sector (most cardiology centres are attached to Universities) and the private sector. Both systems have received significant criticism from many quarters – the public sector mostly for under-servicing and inconsistency and the private sector for the opposite, namely over-servicing. There is probably an element of truth to these criticisms, but that should not deter us from recognising the strengths and improving on the weaknesses.

The public sector is largely state funded with contributions by patients according to income, while the private sector is mostly funded via medical insurance payments. If we evaluate the cardiology service within these systems specifically, we would have to conclude that the rise in cardiovascular disease has been anticipated by the private sector. The private sector has more cardiology units in more centres than the public sector although the population it serves is a fraction of the total population, with the majority being served by the public sector. In the private sector market forces of supply and demand have ensured rapid evolution and expansion of the infrastructure. Patients, usually with medical aids or private funds, have adequate access to these centres as they are distributed across most provinces and private patients usually do not rely on public transport to access health services. Training of health care workers has barely been able to keep up with the demand and there is a clear shortage of cardiologists and allied health professionals in the private sector. In recent times private hospital groups, medical aids and the the health care industry have realised the shortage in training capacity and are gradually starting to invest in academic units where future health care workers are being trained.

The landscape for public sector cardiology is vastly different. Cardiac medicine is restricted to the academic hospitals, located in the larger cities of South Africa. A number of these centres excel in specific areas of cardiology, providing world-class service, training and research. This is available to both sectors and patients in the private sector access this service as needed. In contrast to the private sector, the public sector has however not planned for the increase in cardiovascular disease and thus it is currently under resourced in terms of both infrastructure and human resources. The last couple of years have seen a major drive by many academic institutions to increase the output of health care professionals by creating additional training posts in collaboration with the private sector. Unfortunately, this has not been met by more public sector posts, thus resulting in a work force, most of which will join the private sector or seek opportunities abroad, a situation that is similar to the scenario unfolding amongst recently qualified medical students. The fact that a large proportion of these additional training posts (super-numerary posts) are funded via either the private sector or the governments or universities of other countries, creates the illusion of additional cardiologists being produced, but very few end up in the public health care service after completion of training. This shortcoming in our health care policy needs to be addressed urgently. The burden of disease demands that more training posts be made available and to retain the training expertise required in our training centres will require sufficient employment opportunities in the public sector to provide a career path to the aspirant teacher in the academic sector.

It is clear that one of the fundamentals to improving care is closer collaboration between the public and private sectors. This has to be done with careful consideration, avoiding a negative impact on either of the two sectors. The public sector needs to expand its infrastructure and create more posts for health care workers, specifically in the field of cardiac medicine. We also need more research into systems of care, to gain more knowledge on how to deliver the benefit of advances in medicine to a population with an ever-increasing burden of cardiovascular disease.

How do we deliver cardiac care to the population drawing on the strengths of both sectors? The first step would be to increase the cooperation between the two sectors.

The strength of the private sector is based on service, efficiency, good planning and management – all factors that the public sector can benefit from. Promoting private-public partnerships will lead to the establishment of cardiology service in areas where there is limited availability in the public sector. The benefits to the private sector, and to South Africans in general, will come from strengthening the academic units which will improve the quantity and quality of trainees, increase the access of patients to cardiac care and provide access for all patients to the areas of excellence that are located in the public sector. Industry, including private hospital groups, medical device companies and pharmaceutical companies are playing an increasingly larger role in supporting academic units, thereby benefitting trainees. The synergy between the South African Heart association (and its special interest groups) and industry is therefore vital for the maintenance and improvement of our training capacity.

The cost of delivering cardiac care is often used by various role players to deflect scrutiny from the true facts. An efficient, guideline driven system of care will always be the most cost effective. As a developing nation every patient might not be able to access high-end devices, but skeptics will be surprised at the amount of money saved by running an innovative, efficient system.

Improving the synergy between the different service models will greatly improve the outcome of patients. This, however, can only be achieved if it truly is synergistic – not compromising the one for the other. Policy makers should learn from the "Heart team" approach – drawing on the strengths of complementary disciplines to deliver optimal results to patients. With adversity comes opportunity – we as the "Heart team" have a great opportunity to partner for a better future for all our patients.