



Summary Report for the Medical Office of the Asbestos Relief Trust

2006 - 2007

1. Introduction

The medical office has once again worked efficiently and effectively over the year in review, thanks to the superb collaborative efforts of our front-line doctors who see the claimants, the medical staff who run the Cape Town office, the medical specialists who make up the reading panels, and the support received from our other offices and the Trustees. The work of the medical office has changed with the years. In 2005 we worked on quantity and reading the huge numbers of claimants medical data that was coming through. 2006 was spent re-organising the data and servicing the non-urgent issues that were shelved through necessity in 2005. The incoming workload was less in 2007, so we have focused on improving the quality of our services, especially for the sicker claimants, improving the quality of our feedback, and doing more outreach as the direction of our work changes.

We have a dedicated staff in Sr Faieza Omar, Mr Thandikaya Mgoqi, Sr Nodu Nolokwe, Ms Sandy Tolosana and Dr Jim teWaterNaude, who work in the Neil White wing of the University of Cape Town's Lung Institute. Faieza (full-time) and Nodu (part-time) are our occupational health nurses who work with enthusiasm, organising the reading sessions and medical aspects of our work, and who liaise widely to improve our services; Sandy works on the administrative side, receiving and checking files, reliably communicating our findings to our service provider doctors and proof-reading outgoing documents; Thandikhaya is our data capturer who maintains the computer files and database religiously well; Jim is the medical specialist who organizes the office and takes the lead in providing direction and innovation.

We work with a group of medical experts who form our Specialist Medical Occupational Panel, affectionately known as SOMP, and who adjudicate claimants' cases according to the rules of the Trust Deed. This learned and respected group of senior academics and occupational health physicians comprises Professors Rodney Ehrlich, Hillel Goodman, Mohamed Jeebhay and Doctors Shahieda Adams, George Pillay, Shuaib Manjra and Vasanthra Reddy. We would like to thank them for their sustained energy and enthusiasm for our work.

The highlights of the year have been Dr TeWaterNaude's invitation to present at the International Mesothelioma Interest Group biannual meeting in Chicago, Gary Scott and Dr TeWaterNaude's presentation to the Actuarial Society of South Africa, Sr Faieza Omar and Sr Nodu Nolokwe representing the Trust at the South African Society for Occupational Health Nurses (SASOHN) annual meeting, the launch of our own website at www.asbestostrust.co.za, the appointment of Sister Phemelo Magabanyane as the Palliative Care Nursing Sister in Kuruman, the first Neil White Bursary being awarded to Dr Isaac Sekwayo, reaching our landmark of 10000 files, the institution of a pilot algorithm using immunohistochemistry to investigate pleural effusions, producing the first ART/KRT Newsletter, and the achievement of consensus on the process for environmental claimants. The greatest challenge we faced was the ongoing difficulty with our Asbestos Relief Trust database, ARTMIS.

Sr Faieza Omar has authored the description of our core activities in the Methods section of this report, which is followed by our Results. The conclusion deals with our success as a team.





2. Methods

What the Cape Town Office does, or Demystifying the Medical Process – Sr Faieza Omar

Our core function is to assess claimants' medical information for asbestos-related disease. It helps if we describe this in 2 parts. In the first we track a file as it goes through all our processes, and in the second part we make some important reflections.

Files arrive at the medical office via courier, email, fax or as hand delivered documents. The files are entered into ARTMIS (the Asbestos Relief Trust Management Information System) as 'received', and numbers are assigned to them. Administrative checks are done, i.e. for medical letter and copy of identity documents. Prioritizing of urgent files is done at the same time. Preparation for reading by SOMP then follows. This entails entering the claimants' details, exposure history and limited medical information onto a data capture form which utilizes the principles of the International Labour Organisation's reading system, where chest x-rays and spiromograms are read for quality before the results are assessed.

Readings take place twice a week, with 2 two-hour sessions running concurrently. The reading panel consists of 2 doctors (a radiologist and an occupational medical practitioner). The session is coordinated by an occupational health nurse practitioner who is responsible for preparation, logistics at the time of reading, follow up of complicated cases, feedback to various stake holders and other tasks that enable the panel to reach a confident outcome. Simultaneous reading sessions allow for immediate access to another panel for intellectual discussion. Once an outcome has been obtained on a file, whether Still investigating, No ARD, Pneumoconiosis-but not ART compensable, ARD1, ARD2, ARD3, or ARD4, the data are entered into ARTMIS.

We send data to the head office in Johannesburg by a weekly data export. Staff at the Head Office disseminate the results to the claims handlers, while the medical office does the same for the doctors who had seen the claimants, who then return for a post-examination consultation and feedback from the doctor. Quality checks occur at all steps in the process.

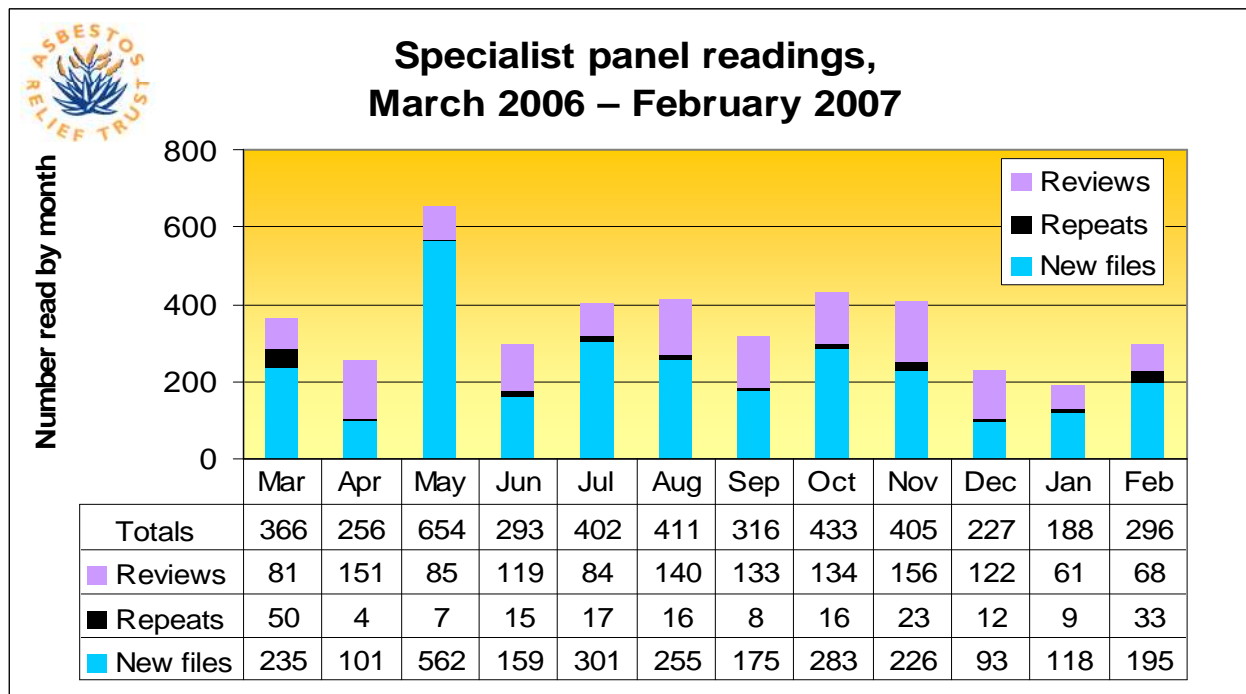
We are now entering our fourth year of assessing claimants. The medical information that reaches us from the various provinces differs widely in quality and because of this our office has provided guidelines and training for service providers, insisting on good quality tests for claimants. We have various methods to improve the functioning of our system, and these include evidence seeking, regular and thorough assessment of claimants' files, prioritizing urgent cases, effective communication both internally and with stakeholders, liaison with state and other private institutions for special investigations and additional medical information, conscientious record keeping and filing, and active interaction with academic institutions.

We would like to thank the following for their valuable involvement with us: the National Health Laboratory Service (NHLS), especially the Kimberley office; PathCare who have helped greatly with our newly instituted system of investigating pleural effusions by immunohistochemistry; Mr Gary Scott, Fifth Quadrant actuary, and Dr Helen Wainwright, Groote Schuur Hospital pathologist, who were both guest speakers at our quarterly SOMP meetings; and Professor Jill Murray and her team from the National Institute for Occupational Health who have been superbly helpful in providing us with autopsy reports.

In addition to our core activities, the medical office has been tasked with organizing the Neil White Bursary, overseeing the functions of the Kuruman Palliative Care Nursing Sister, convening and organizing the Medical, Social Responsibility and Environmental SubCommittees, establishing and running the website and producing the monthly newsletter. Dr teWaterNaude does regular site visits to existing service providers and ART offices in the Northern Cape and Mpumalanga, in addition to finding new potential providers, e.g. his recent Swaziland visit was to investigate a service for ex-Bulembu employees. He also attends monthly Trustees meetings in Johannesburg.

3. Results

Our specialist medical panel read 4247 files during the year, with 64% being new files, 5% being repeats (where the original test had to be repeated) and 31% being reviews (multiple readings of the same file where there was uncertainty or where new information had become available).



The quality of the submitted tests was very high, with 88.9% of the chest x-rays and 82.3% of the spiromograms being of good or excellent quality. One doctor who did not meet our quality standards was regrettably not re-appointed as a service provider. If those tests are excluded from the analysis, the levels increase to 92% and 83% respectively, which are superb results for rural service providers.

Test quality * Grading ▼	Chest x-ray quality	%	Spirogram quality	%
Excellent	1322	52.3	797	31.6
Good	925	36.6	1281	50.7
Bad	207	8.2	301	11.9
Unacceptable	72	2.9	147	5.8
Totals	2526	100	2526	100

We assessed 2526 claimants during the year under review, of whom 28.3% had a compensable disease. We had cumulatively seen the files of 10688 claimants by the end of February 2007, a full 30.0% of whom had a compensable disease. The distribution of ARD1 to ARD4 was similar to the previous periods, where most claimants had No ARD, and approximately a quarter had ARD1. The percentage of unresolved files has diminished. Our turnaround time from CXR being taken to SOMP reading improved from an average 247 days in 2005/6 to 43 days in 2006/7.

ART classification by period and category of illness

Period* Category ▼	March 2006 to February 2007	%	Cumulative to 28 February 2007	%
ARD 1	658	26.0	2576	24.1
ARD 2	32	1.3	416	3.9
ARD 3	4	0.2	36	0.3
ARD 4	19	0.8	188	1.8
Unresolved	205	8.1	489	4.6
No ARD	1608	63.7	6983	65.3
Totals	2526	100.0	10688	100.0



4. Conclusion

Our results are pleasing, and we have worked hard to achieve them. It is instructive to draw on the work of Larson and LaFasto who stated that successful teams possess the following characteristics:

◆ A clear, elevating goal ◆ A results-driven structure ◆ Competent team members ◆ Unified commitment ◆ A collaborative climate ◆ Standards of excellence ◆ External support and recognition, and ◆ Principled leadership.

We are a successful team, and taking the above characteristics in turn, this is why:

Our clear and elevating goal is to bring relief to those with asbestos diseases, who are less fortunate than ourselves, as the Stewart report into spending patterns of ART successful claimants has unequivocally shown.

We have a results-driven structure that allows us a milestone each Monday when we export the results of our previous week's readings to head office for payment.

Our team members are more than competent - they are recognized leaders in their professions. Everyone on our team independently brings their own expertise to our common and unified commitment to our job. We work together as a team where each recognizes the value of the other in making their task easier.

We work well and collaboratively at many levels, from helping individual asbestos sufferers who walk into our offices to obtaining information from medical doctors and specialists who may be in far flung corners of our country. We maintain an open mind on how to solve issues.

The standards of excellence that we require and maintain are visible in both the quantity and quality of our work.

We are increasingly consulted for advice on asbestos related diseases, providing pro-amico support to many colleagues, and the Trust is increasingly recognized as having a competent and caring medical staff who can be relied on to bring professionalism to asbestos medical issues.

The team has recognized and accepted the importance of principled leadership from the outset. Working in the fraught medico-political climate of asbestos, we value scientific integrity and rigour, insist on high ethical standards, and encourage openness and inclusivity.

We are proud of our achievements, and have built up a reputation for ourselves as an exceptionally good medical team, while recognizing that we also have even more to give and build. We would like to thank the Trustees for creating a climate in which we can make a meaningful impact.

**Dr Jim teWaterNaude and the Medical Office in Cape Town
3 August 2007**

