

A GUIDE TO THE IPA FOUNDATION

CENTRE FOR DIABETES AND ENDOCRINOLOGY PROGRAMME

Aspects of the IPAF/CDE Diabetes Programme explained

The following aspects of the Programme are covered here:

1. Overview of the IPAF/CDE Programme
2. Contracted schemes and options
3. Registration of a Doctor as a preferred provider in the network
4. Services provided by preferred provider Doctors
5. Doctor performance measurement
6. Doctor remuneration
7. Accreditation of Doctors
8. Patient registration onto the Programme
9. Patient servicing plan and coordination of care
10. Patient medications for Diabetes
11. Information and data

The IPAF and the CDE have entered into a working agreement that will revolutionise Diabetes management in South Africa. Effective Diabetes management requires a unique approach, and the partnership between the IPAF and the CDE provides the opportunity to enhance Diabetes care across the country.

This partnership means that all participating doctors are given full support to optimise the health of their patients with Diabetes, as well as have the opportunity to be rewarded, through an enhanced remuneration programme, for good health outcomes.

1. Overview of the IPAF/CDE Diabetes Programme

The Diabetes Programme (DP) is designed to ensure that persons with Diabetes receive the best Diabetes care possible. This entails more than a simple doctor consultation and medication. It has been shown in well-established trials that a team approach is required to achieve best health outcomes.

The Diabetes Programme is a holistic programme of care that ensures that patients consult with a number of practitioners, including Doctors, Dieticians, Ophthalmologists, Podiatrists and importantly, Diabetes Nurse Educators, who act as mentors and coaches and provide support to persons with Diabetes. In addition, the Programme ensures best practice in terms of medication and blood glucose testing. In effect, each patient on the Programme has a customised Treatment Plan that is best for him or her.

Contracted Medical Aid Schemes allow patients with Diabetes to join the Diabetes Programme. Once a patient joins, they are obliged to receive their diabetes care and diabetes medication (as described in the paragraph above), through the Diabetes Programme service providers.

The IPAF/CDE Diabetes Programme becomes responsible for covering the costs of the Diabetes services and Diabetes medications provided to these patients.

As a preferred provider in the IPAF/CDE network, you shall have the opportunity to have Diabetes patients on the Programme allocated to you. You shall be their designated Doctor. *Importantly, the allocation of patients to Doctors is entirely driven by patient choice.*

Thereafter, services are provided to the patient by you, and the other service providers, according to the patient's Treatment Plan.

Full, specialised support is available through this partnership, which shall ensure that patients receive optimum benefit.

It is important to understand that in this network model, participating doctors are remunerated on an enhanced fee-for service basis. As such, the payment of all other treatment costs, including other service providers, laboratory tests, and medications are made by the IPAF/CDE Administration.

2. Contracted Schemes and options

The Medical Aid Schemes (and options) that are contracted include:

ADMINISTRATOR	MEDICAL AID	ELIGIBLE OPTIONS
ALLCARE	P.G. BISON MEDICAL AID SOCIETY	ALL
CAPE MEDICAL PLAN	CAPE MEDICAL PLAN	HEALTHPACT SELECT
DISCOVERY HEALTH	ALTRON MEDICAL AID	ALL
	ANGLOVAAL GROUP MEDICAL SCHEME	ALL
	DISCOVERY HEALTH MEDICAL SCHEME	ALL COMPREHENSIVE PLANS & EXECUTIVE
	IBM SOUTH AFRICA MEDICAL SCHEME	COMPREHENSIVE
	LA HEALTH	LA COMPREHENSIVE & LA CORE
	M-MED	ALL
	QUANTUM MEDICAL AID SOCIETY	COMPREHENSIVE & SAVER
	RETAIL MEDICAL SCHEME	COMPREHENSIVE
	TSOGO SUN GROUP MEDICAL SCHEME	ALL
	UNIVERSITY OF KZN	ALL
	REMEDI	COMPREHENSIVE ONLY
ETERNITY PRIVATE HEALTH	CAMAF	CA-Alliance, CA-Double Plus, CA-Vital & CA-First Choice
MEDSCHEME	AECI MEDICAL AID SOCIETY	COMPREHENSIVE PLAN
	BARLOWORLD MEDICAL SCHEME	ALL
	BONITAS MEDICAL FUND	STANDARD (020) / BON COMPREHENSIVE (477)
	FEDHEALTH MEDICAL SCHEME	ULTIMAX, ULTIMA 300 OHEB; & MAXIMA PLUS & MAXIMA EXEC
	MBMED	ALL
	SABC MEDICAL SCHEME	ALL
	WITS STAFF MA FUND	ALL
	XSTRATA MEDICAL AID SCHEME	ALL

METROPOLITAN HEALTH	PICK N PAY MEDICAL SCHEME	ALL
MOMENTUM	ANGLO MEDICAL SCHEME	ALL
MEDSHIELD	MEDSHIELD	MEDIBONUS
RAND WATER	RAND WATER MEDICAL SCHEME	ALL
VMED	LIBCARE MEDICAL SCHEME	ALL

3. Registration of a Doctor as a preferred provider in the network

If you wish to register as a preferred provider, the following conditions apply:

- Only doctors who are members of the IPA Foundation (IPAF) may register
- Doctors must attend the CPD accredited Diabetes Core-Curriculum Course, to be provided by the IPAF/CDE, within 6 months of registering as a provider

If you wish to register as a preferred provider in the IPAF/CDE Diabetes Network, please sign the IPAF Contract addendum, which is supplied to you with this document. This should be forwarded to the IPAF, whereupon you shall receive further documentation.

4. Services provided by preferred provider Doctors

The following services shall be provided by participating healthcare providers:

- 1) During the “First Consultation”, which means the first consultation between the healthcare provider and the Patient, subsequent to the Patient joining the Programme, the healthcare provider shall perform the following:
 - i) An “initial assessment” of the Patient. The initial assessment shall consist of:
 - (a) a history taking;
 - (b) a physical examination;
 - (c) a review of laboratory tests previously conducted;
 - (d) a recommendation in terms of a prescription, which shall undergo an authorization process.
 - ii) The completion of a “data form” and the provision of data to the IPAF/CDE Administration in the prescribed format.
- 2) During any “Subsequent Consultation”, which means any consultation subsequent to the first consultation between the healthcare provider and the Patient, whilst the Patient is a member of the Programme, the healthcare provider shall perform the following:
 - i) A “follow-up” of the Patient. This shall consist of:
 - (a) a history taking;
 - (b) a physical examination;
 - (c) a review of laboratory tests previously conducted;
 - (d) a review of the Patient treatment goals and treatment plan;
 - (e) if appropriate, a recommendation in terms of a prescription change, which shall undergo an authorization process.

(f) if appropriate, a recommendation in terms of a treatment plan change, which shall undergo an authorization process.

ii) The provision of data to the IPAF/CDE Administration in the prescribed format.

5. Doctor Performance Measurement

The principle of rewarding for best care and outcomes shall be applied across this network.

Each participating network Doctor shall be measured according to certain criteria, with the aim to improving health outcomes and rewarding performance. Each doctor shall have a bi-annual grading (A, B or C) upon which preferential reimbursement shall be based.

The grading principles and methodology has been agreed upon by the IPAF, and is considered appropriate and fair. Details of the methodology are provided in the contract annexures provided to you.

Four metrics shall be reviewed during the performance scoring process. These are:

- HbA_{1c} levels of Patients,
- acute diabetes hospitalization rates of Patients,
- compliance of Patients to their treatment plan and
- the provision of data by healthcare providers

6. Doctor Remuneration

Doctors are remunerated in 2 ways, for Patients on the Programme that are registered with them.

- Remuneration for consultation services that are provided according to the patient's treatment plan, and according to performance grading.
- A monthly retainer fee, per patient on the Programme registered with them.

Consultations that are provided to Patients on the Programme must be in accordance with each Patient's treatment plan.

For consultations provided to the patient, Doctors should claim directly from the CDE, via normal claiming processes, using the claiming codes provided in Annexure C. This would typically be via practice management software, doing a direct claim to the CDE.

NB. Please do not claim from the Medical Schemes, as they will not pay you for services rendered to patients on the programme.

Payment for validated consultation claims shall be made directly into Practice accounts, much like medical schemes do.

Please note that no balance billing of patients, nor balance billing of medical aid schemes is allowed, for these diabetes related consultations.

Consultations for any other conditions are to be charged in the normal fashion, either to the medical aid scheme or to the Patient.

Over and above these consultation claims and payments, Doctors shall be paid a monthly retainer fee, for every patient registered on the Programme, who is allocated to them.

Retainer fees for participating healthcare providers shall be calculated and paid at the end of each quarter.

7. Accreditation of Doctors

In order to ensure quality across the IPAF/CDE network, it is imperative that each Doctor within the network is sufficiently trained in the principles of Diabetes management.

The IPAF and CDE shall be providing various training days, across the country.

These sessions shall be CPD accredited, and shall be made available to Doctors at a fee of R 750. Doctors who are members of both an IPA and the IPAF shall receive a discount of R 250 (total payable = R 500). Additional staff of Doctors may attend at the reduced rate of R 250. Doctors shall be given a period of 6 months subsequent to registering as a preferred provider, in which to attend the Course.

Details will be made available at a later stage.

8. Patient registration onto the Programme

Patients with Diabetes, who are members of the schemes (and options) listed above in this document, are able to join the Programme.

It is important that each patient understands that once they join the Programme, they have to receive their Diabetes consultations and Diabetes medicines via the Programme.

This means that Patients registered to you as part of this Programme, **MUST** only see you, as their doctor, for their diabetes related doctor consultations. They cannot see another doctor for their diabetes, for as long as they are on this Programme.

We recommend that the following process be followed to register your current Diabetes Patients onto the Programme:

- Identify your patients with Diabetes, who are members of the schemes and options listed in this document.
- Speak to them about them joining the Programme, and get their acceptance (they will have to sign an acceptance form, which will be supplied to you)
- Send the signed acceptance forms to the IPAF/CDE Administration, to the address or fax number on the form, which will be supplied to all contracted doctors.

Patient registration takes between 2 – 6 weeks, depending on when in the month the forms are received.

Once the Patient is approved by their medical scheme, they shall become “members” of the Programme, and you shall start to receive your monthly retainer fee for each Patient registered to you.

The Patient will then start to receive services and medications from the Programme.

9. Patient servicing plan and co-ordination of care

Each Patient shall have a Treatment Plan, specific to their needs. This includes consultations with various healthcare professionals (including you as their doctor), laboratory tests, and Diabetes medicines and accessories.

This Treatment Plan shall be made available to you.

The IPAF/CDE Administration Team shall take responsibility for the co-ordination of care, and shall regularly engage the Patient to ensure their compliance to their treatment plan.

You shall have access to information relating to each of your Patient’s compliance to their Treatment Plan.

10. Patient medications for Diabetes

Patients registered on the Programme MUST receive their Diabetes medicines from the Programme-specified pharmacy network.

Patients shall have the option to choose whether they receive their Diabetes medicines from a Courier Pharmacy, or from a land based pharmacy network.

Each chronic Diabetes prescription is checked and authorised to ensure that current best practice is applied. In addition, the use of generic equivalents is preferred in cases where this possible, and where quality is assured.

11. Information and Data

Any good healthcare programme relies heavily on the availability of data. This allows for early detection of poor Diabetes control, and ultimately, for better health outcomes.

The Programme is geared to assist Doctors by providing them with enough data to manage their Patients with Diabetes effectively.

Conversely, data shall be required by the IPAF/CDE Programme, from each Doctor.

This shall not be an onerous task, as most data shall be collected automatically (e.g. from the Labs), but some data shall be required on a regular basis.

After each consultation with a Patient on the programme, the following information shall be required from participating doctors:

- (a) Patient weight (in kg);
- (b) Patient blood pressure (systolic and diastolic readings [in mmHg]);
- (c) New co-morbidities that may have arisen;
- (d) Additional clinical findings that have a bearing on the Patient’s diabetes health.

A simple electronic interface / database shall be made available to Doctors, for easy data collection. Alternatively, information may be faxed. Details required shall be provided to Doctors once contracts are received by IPAF/CDE Administration

Conclusion:

This information package on the Programme is designed to give you an overview of the Programme, and your participation as a preferred provider in the network.

Once you are a registered preferred provider (you have signed and submitted the contract addendum), you shall receive a package that includes Patient acceptance forms, and patient brochures.

We look forward to your participation!