

Telephone: 011-936-1124/5
Facsimile: 086 560 6315

Cell: 082 441 6513
E-mail: exo@icon.co.za
1725



Office of the Secretary
Gate 1/2, Nasrec Expo Centre,

Mondeor, Johannesburg
P O Box 2224, Roodepoort

February 2019 Report and Update to Members

1. Introduction

It is another year and new challenges are coming. Universal Healthcare Coverage (UHC) seems to be a reality that we should all prepare for. Progress has been made in its introduction in this country as the National Health Insurance (NHI). We are presently on its second stage and its full implementation is promised to be rolled out from 2022 – 3. As Family Practitioners (FP/GP), we are supposed to form the backbone of its implementation. It is envisaged that medical schemes will exist alongside it, but certainly not in their current format.

We circulated a document last year that is the most recent update regards what NHI is and how you should position to benefit from it. Note that it will be practices that will be accredited. These practices should have allied health, nursing care and should be able to take risk and cover these patients probably 24/7. The payment method will be by capitation. They must be accredited by the Office of Health Standards Compliance (OHSC). If you want to be part of the new dispensation, you must start moving towards creating an integrated healthcare platform where you are able to provide the kind of healthcare that will meet the new standards. It is envisaged that implementation of NHI will start around 2022.

I hope you have received the 2019 schemes rate. It is compliments of our sister organization KZNMCC as they compiled them and ensured that they get accurate rates from all the schemes. The Nelson Mandela University has announced that it will confer an Honorary degree of Doctor of Philosophy in the Faculty of Health Sciences in April 2019 to our IPAF current chairman Prof Morgan Chetty. This is a great achievement to a hardworking and deserving individual who has contributed greatly to the profession. We wish him all the best.

2. Overview of what you should be considering

2.1 2019 Schemes' Rate

Most of the schemes have given us as FPs an increase of around 5% for our services in 2019. This is far below medical inflation. Our costs are escalating, and some schemes have options that pay pittance for consultation fees. We have seen the growth of Low-Cost Benefit Options (LCBO) that have made it difficult for us to be profitable if we contract with them. But we have limited options as our patient base is shrinking as more doctors join private healthcare as FP/GPs. **These challenges make it imperative that we should revive our IPAs and Networks to enable us to be better positioned to deal with these challenges and changes.** Can you please revive your IPAs as we will

need you to be functional if we have to deal with these challenges. For any queries, please contact me, your local IPA/Network office or Sonette at our IPAF Pretoria office.

2.2 Supersession and Healthcare Digitilization

This term is defined as an act of replacing one person or thing by another especially one held to be superior. There is presently a tendency by some of the schemes/administrators to channel patients to their preferred provider who are digitally engaged or compliant. **Accepting these patients might lead to a situation where the HPCSA can find you guilty of this practice.** Unsuspecting patients are being redirected to other practices without informed consent of the patient, warning to the doctor, or reason offered to either. In some of these cases, the Family Practitioners have not managed their chronic patients poorly, nor have these patients suffered poor outcomes. Many of these patients and their families have been cared for, successfully, by the "losing" practices in question for years. There appears to be no reliable clinical grounds for doing this let alone any ethical considerations regarding doctor patient relationships that will be destroyed

2.3 Schemes' rate for 2019

We have circulated the 2019 Schemes' rate to our members. If you have not received them, please contact our offices. **Section 4 of the Competitions Act prohibits conduct arising out of an agreement between, or concerted practice by, firms who compete against each other.** As a provider representative's group, we are not allowed to negotiate rates with schemes. This will be viewed as horizontal collusion. As you know, most schemes opted to give us as Family Practitioners (FPs) an increase of less than 6%. Our worth as FPs is grossly undermined and this has made family practice unattractive. The average age of the GP is around 50 and we are not attracting younger doctors into the profession. Secondly, the annual average pay of the GP is less than R500 000 (Doctor GP Pay scale SA). Based on this revelation no wonder why we are not attracting younger doctors who prefer to either leave the medical profession or specialize. Be it as it may, our patients need us.

2.4 Low Cost Benefit Options (LCBO)

Some schemes are creating new very low end products. Due to financial challenges and other factors, some patients are buying down and are expecting the same kind of service they were getting from you. Secondly, there is a high burden of administration associated with them. As IPAF/SP Net, we have engaged these companies and our guidance to you is as follows:

Be careful of:

- A. **"Insurance" products that are being sold to the market as medical products:** these are not covered by the Medical Schemes' Act. You may lose money when they get disbanded or fold
- B. **New schemes** that ask you to sign contracts as they have thousands of patients in your region. These schemes might not have any medical product or contract with schemes and are seeking to build a doctor network first before they can approach schemes and present their "network".

In these products there is an element of risk transfer to the General Practitioners. You are expected to do some office procedures for free as these are covered in their consult fee that is lower than the average market professional fees for consultation. **These patients may**

crowd your practice and you might be busy, but not make much return for your sweat. Please be careful about signing these contracts.

3. IPAF contract with CDE

CDE (Centre for Diabetes and Endocrine) has changed its name to Cardiovascular Disease Education (CDE). Their focus has changed to cover Diabetes and other chronic diseases, especially those related to cardiovascular illnesses. They have managed to get more contracts from schemes and are positioning to offer more value to doctors. IPAF has a contract with CDE and our role is to ensure that this network grows. **CDE has started an online course that would enable you to be an accredited CDE doctor.** This would allow you to take risk on behalf of your patients (Be on a capitated contract). ***We are urging our members to seize this opportunity, as there is an opportunity of generating more income by being part of this network.*** We will keep you posted regards further developments in it.

4. Point of Care (POC) Ultrasonography Course for Family Practitioners

It is our pleasure to introduce this POC Sonar course to our family practitioners. This short course was designed by the Wits University department of Medicine and Radiology. Our sister organization GMCC proposed this course to the university. They held numerous meetings with them to ensure that this course is designed specifically for FPs and it meets the standard required by HPCSA and schemes. Secondly, it will enable you to be proficient in using Sonar as a diagnostic tool. We had on-going meetings with Medscheme on this matter and they have already designed the codes that you can use to claim for the sonars that you will be doing. We hope to extend this initiative to other schemes.

The course has four modules that you can do in stages. The first module on Physics is compulsory as it teaches you the theory and other aspects of ultrasonography. You can then select to do other modules at your leisure. These modules are Obstetrics, Gynaecology and Abdomen. If you need the forms and are keen on doing this course, please contact our offices, or your local IPA office and they will send them to you

5. GP Unity Forum

This forum met on the 24th January 2019. It comprises of the South African Medical Association (SAMA); the IPA Foundation of SA (IPAF) and DFPA. This was hailed as a breakthrough as family Practitioners (FP/GP) will now have a stronger voice and they will be able to protect the interest of FPs better. Dr Norman Mabasa was elected to chair this forum for the next 2 years.

Areas of urgency that the Unity Forum can challenge

- A. Contracting – there is an opportunity that we can draft a **standardized basic contract** that the schemes should use to contract all practitioners, but not ask our members to resign from the existing contracts that they are presently on
- B. We have to take **full ownership of provider networks**. Presently, it is various schemes and administrators that design these. There is so much variation in the current contracts and this is confusing to doctors
- C. Introduction of the Forum to the market – schemes and doctors
- D. We have to **design standardized Formularies** that the schemes could adopt and use
- E. It is a great achievement that FPs have come together to talk in one voice. This augurs well for the profession and has the potential to improve the lives of FPs

6. Africa Health Business (AHB)

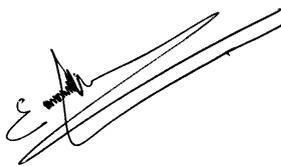
AHB held a conference at the Park Hyatt hotel in Rosebank on the 8th – 9th October 2018. 52 countries were represented and 31 of these were from Africa. They were represented by various delegations that included ministers of Health and Director General (DGs). The theme was “Achieving Universal Health Care in Africa. From our government the minister of health did the opening address and our DG attended the meeting over the two days. The 2019 AHB conference is in Addis Ababa on the 7th – 9th October. IPAF and KZNMCC are members of AHB. I (Elijah) represent IPAF and prof Morgan Chetty represents KZNMCC. It was agreed in that conference that we should form the SA division of AHB. A committee representing various stakeholders was appointed/elected and Morgan was elected to chair this initiative. The committee is in the process of finalizing its constitution and hopes to launch the SA AHB Forum later in **the year**.

7. Conclusion and Importance of belonging to our network

We are urging FPs to belong to our affiliated IPAs/networks. This is a dynamic and changing industry and it is important that you are part of the collective. We are part of discussions with the National Department of health regards the rollout of NHI. We form part of subcommittees that are part of decision making in this. Our role is primarily to ensure that your interest as a FP is protected and secondarily, we want to keep you informed and updated about the changes that are happening in the profession. It is critical and important that your IPA is viable, and you pay your monthly dues to keep the office running. As IPAF, we engage schemes and meet them regularly. We have at least three meetings per year with Medscheme and more meetings with Discovery Health. We do Peer Review for Bestmed, Polmed, and Medihelp and we meet these schemes regularly to ensure that your interests are met.

We will keep you updated on what is happening in our industry.

Regards



.....
Dr Elijah Nkosi
IPAF CEO

07 February 2019