The Private Family Practitioner and the Healthcare Inquiry

As the dust settles on the Cape Town Health Inquiry meetings and interviews, it certainly seems that the General and Family Practitioner and their representative IPAs and IPAF, has, up to now, won the confidence of the Healthcare Inquiry and with it, that of the South African general public.

Collectively we represent the *one area of healthcare delivery which everyone acknowledges* is not only highly desirable, indispensable and central to the delivery of sustainable healthcare in this country but also is , essential, reproducible, effective and efficient, whilst remaining grossly underutilised and under paid by the funders.
Can it be that our impeccable behaviour and generally altruistic position, has placed us at the bottom of the pecking order for income?

For years now funders have been lamenting the low percentage of the pie paid out by them , to family practitioners, but have done little to improve the situation.

Apart from the IPA Foundation's Network Management, Profiling and Peer Review methodologies, there has been almost no other effective offerings by funders or doctor groupings to approach an enhanced Pay for Performance model for GPs return for enhanced Quality and cost containment.

Indeed to the contrary, many schemes have designed their benefit schedules to specifically to cater to the whim of the member who pays the subscription. This is even worse in the case of certain administrators whose position is markedly enhanced by increasing the numbers under administration. "Let the patient spend as he likes, providing that he remains a member" – seems to be the mantra of some administrators!!!

In the submission to the Healthcare Inquiry by the IPA Foundation, we not only highlighted our ability to manage and maintain general practitioner networks, whilst performing peer profiling and peer review with the acquiescence of the vast majority of our family practitioners, but also were able to deliver a constructive opinion on addressing runaway downstream costs pertinent to the system as a result of the current open access to specialists, emergency units, and hospitals.

Evidence of gross over hospitalisation, ICD10 code indiscretions, cost shifting on accounting, unbundling of tariffs, uncurtailed surgical intervention, unfettered access to EMUs and complex managed care interventions, bear testimony to a system which is currently hospicentric, and aimed at specialist interventions, with little or no recognition of the essential role of the family practitioner in primary care patient and person orientated preventative care.

On the administrator's side, evidence of frequently complex, and intricately constructed benefit plans, which were highlited by the Heathcare inquiry as often unintelligible to the average user, drew the ire of the Commissioners. Brokers too attempted to show their relevance, however the Honourable Minister of Health openly suggested that they be scrapped totally. We concur with him wholeheartedly! Many brokers earn way in excess of the hard working GPs , and do next to nothing to justify this income!

It was surprising and even disappointing to hear how some schemes attempted to blame the Board of Healthcare Funders, the private hospitals and specialists, and then vice versa, but each left themselves out of the firing line as accountable for the runaway downstream costs in the Medical Industry.

Even more bizarre is the fact that in 2004 the then Competition Commission struck down the annual tariff determinations, on the grounds that this practice was anti-competitive, thereby directly precipitating the situation in which private healthcare currently finds itself. Not wanting to pre-empt the findings of the commission, we will however look forward to their final report in which it is hoped that it will emerge that health care is not a simple commodity like fuel, oats, maize or bread.

What is looming out of the confusing fog of facts is that care coordination, medical neighbourhoods, patient and person orientated primary health care, and attention to the narrative delivered by the patient to the general practitioner, will be high on the agenda of potential recommendations.

Should you have the time, I draw your attention to the Youtube recordings of the live proceedings of the healthcare inquiry especially day 3 of the Cape Town meeting at the CTICC when Prof Morgan Chetty eloquently delivered the IPA Foundation's submission to the commission. It makes for fascinating listening, and was received with apparent enthusiasm and understanding by the commissioners, as a potential beacon of light and hope in an otherwise sordid series of presentations filled with finger-pointing, blame transfer, and self defence.

Tony Behrman and the IPAF and Qualicare teams