



Independent Practitioner
Association Foundation

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The Competition Commission
Health Market Inquiry
Trevenna Campus,
Block 2A, Fourth Floor
70 Meintjies Street
Sunnyside
PRETORIA
0002

14 September 2017

Attention: Clint Oellermann

Via Email: clinto@healthinquiry.net

Dear Sirs

RE: HEALTH OUTCOME MEASUREMENT AND REPORTING

1. The Independent Practitioners Association Foundation ("IPAF") welcomes the opportunity to comment on the discussion document issued by the Health Market Inquiry entitled Health Outcome Measurement and Reporting.
2. IPAF represents more than 4500 General Practitioners across South Africa and provides network management, peer review and profiling services. IPAF has previously presented detailed submissions to the HMI on the nature of its work and services rendered to its members and medical schemes.
3. IPAF endorses the proposed establishment of an independent Outcomes Measurement and Reporting Organisation ("OMRO") as recommended to the Panel during its oral testimony to the HMI during March 2016.
4. IPAF would like to make some brief comments regarding the proposed functioning of the OMRO but before doing so believe it may be meaningful to briefly refer to the work IPAF has delivered together with Insight actuaries in respect of developing a quality management system which links healthcare outcomes and clinical behaviour to the quality of patient care and the reduction of healthcare costs in a transparent manner. We attach hereto an excerpt marked "IPAF 2" (included with previous submissions to the HMI) explaining how IPAF's quality management system operates.
5. IPAF would like to make some additional comments which it views as important in respect of the functioning of a future OMRO:
 - 5.1. IPAF does consider international best practice as important when developing a quality management tool and in this regard is a member of ISQua (the

DIRECTORS:

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Mr H. Kruger (Legal Consultant), Dr M. Nicholas (IPAF Consultant).



Advancing Patient Safety and
Healthcare Quality Globally



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International Society for Quality in Healthcare). Cognizance must, however, be taken of the fact that South Africa has a unique disease burden and caution should be exercised when adopting quality management and reporting tools that were developed for countries with a differentiated disease burden. The quality management and reporting tools developed or quality standards set by the OMRO should take into consideration the unique make-up of the South African population and its particular disease burden. IPAF has formulated its quality management system by identifying specific disease types prevalent in South African society and adopting preventative screening tests and treatment protocols to treat such diseases. IPAF would welcome the opportunity to share with the OMRO its experience in developing a quality management system for family practitioners in South Africa.

- 5.2. It should be compulsory for both private and public sector practitioners to submit data to the OMRO to provide a holistic picture of the quality of care being given to patient. This is important as practitioners may with the introduction of NHI, in future, be rendering services in both sectors and there should be no difference in principle in terms of the standard of care given to patients.
- 5.3 Fellow practitioners and peers should be utilised by the OMRO to assess other practitioners in addition to other measurement tools adopted. A transparent process should be adopted whereby the practitioner can appeal or challenge the manner in which he or she has been assessed or to have extenuating circumstances which is patient or location specific taken into consideration. Perhaps the OMRO should develop a process of engagement as is IPAF's practice whereby practitioners with poor quality outcomes are mentored or trained to improve the areas in which they are not performing well or to assess whether there are other factors which could explain the relatively poor performance of the practitioner before the practitioner is categorized as delivering poor quality healthcare outcomes to patients.
- 5.4 IPAF has highlighted during the HMI's public hearing process that it believes that young qualifying practitioners lack the necessary skills to run a medical practice efficiently while simultaneously ensuring quality and cost efficient outcomes for their patients and that a specific training program should be developed as part of their curriculum to prepare them for the demands of practice. Family Practitioners should be trained to promote best practice initiatives which include appropriate evidence based medicine to promote the best outcome for the patient while ensuring cost efficiency.
- 5.5 In respect of funding IPAF believes that it is essential that the OMRO is funded independently by way of perhaps a patient levy payable in both the public and private sector. The public sector patient levy should be contributed by the NHI. The OMRO should employ its own staff and be overseen by an independent Board

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of Governors appointed from the colleges of medicine or the ranks of practitioners.

- 5.6 IPAF believes that an independent coding authority should be established to oversee the updating of existing codes and the allocation of new codes as accurate coding is an essential pre-requisite to the work of the envisaged OMRO. Currently General Rule C of the National Reference Price List is used by the medical profession which states that where no code exists a fee must be charged based on a comparable service. This can lead to codes being used which do not accurately describe the procedure or test being rendered and will paint a misleading picture when an attempt is made to measure the outcome.

IPAF welcomes the proposed establishment of an OMRO and will work with the OMRO to establish appropriate measurements and reporting tools in respect of quality healthcare outcomes.

Yours sincerely

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