The House with the Golden Windows

I was recently reading my grandkids the Laura E Richards Childrens fable , about the boy left his family home and went in search of the House with the Golden Windows. When he finally got there , the sun had set and the golden windows (which were merely reflecting the sunlight) were gone, leaving him with nothing……..

Recently we have been made aware of groups of doctors in pockets around the country who appear to coalesce around disinformation, unachievable promises, free legal assistance for its members for at having ended up on the wrong side of being investigated by funders for fraud, or sometimes billing errors , usually in favour of themselves.

The IPA Foundation mission is to promote Quality, Cost efficient, Patient centric care.

Qualicare's is the commitment to Accessible, Quality, Cost effective, Non-discriminatory healthcare for all.

KZNDRC : "To promote and enhance quality, cost effective, accessible health care to all citizens on the basis of sound economic principles without compromising ethical standards." KZNDRC

ASAIPA : "We will place the interest of the practitioners it serves, their patients and the IPA's to whom they belong, before all else"

The other IPAs making up the constituent parts which in turn make up the IPA Foundation all echo similar lofty mission statements, and rightly so.

The IPAF has maintained this stance since inception in 2010 and Qualicare even longer, since it was first established in the early 1990's with 10 doctors.

All of our various organisations within IPAF hold prominence in the marketplace through the integrity, commitment, reliability , academic excellence and availability of a network of superb Family doctors.

We maintain contact with you through mass email communication, newsletters, websites, and regional meetings. Some also offer traveling consultants to ensure that our members remain at the cutting edge of all new offerings from bona fide medical aids, whose contracts and offerings (e.g. of Pay 4 Performance, and other forms of Alternative Reimbursement Structures) are carefully examined, vetted for practicality, competition, HPCSA acceptability and fairness and then explained to our members and distributed by the various IPAs and IPA Foundation members in a transparent and "all willing provider" manner.

None of our National or Regional groups support mass action, fraud, unaddressed waste or deliberate abuse of the system. These actions merely drive up the end cost to Patients, Funders and Administrators.

Let's now fast forward to some recently held GP meetings in various RSA centres around RSA , where attendees discuss common problems. Some speak openly of price setting, discrimination against patients based upon which funder they are insured with, charging everyone , even the poorest of the poor Cash, and "entrapment', or being "set up" by fraud investigators for billing errors and other indiscretions which are blamed upon faults of their locums or staff. At their meetings they often ,it seems,express indignation at being caught out!

Whilst agreeing with interested providers that the quantums requested to be paid back as derived by the Fraud divisions of many of the funders (as arrived at by the schemes) are often unscientific, thumb sucks , and would have difficulty being accepted in a court of law, the IPAF and our Regional IPAs have always espoused fairness, disavowed bully boy tactics, and insisted upon an even handed approach from both funders and providers.

We are however totally opposed to any form of fraudulent behaviour from any quarter as well as selective use of the law to justify an argument or position.

In our rainbow democracy, we cannot, and will not attempt to influence freedom of choice of practitioners to associate with and join which ever grouping they wish. The same is true of funder contracts which we carefully scrutinize, and if found fair and reasonable, are made available to all willing providers. We do however not preclude anyone from signing any contract which is appropriate for their practice needs and patient demands.

We do not recommend one group over another nor can or would we ever act against members or shareholders who elect to sign contracts which breach the rules of the HPCSA. We simply would not distribute them.

The same is true of our attitude towards any new doctor based organisations. We will not countenance them, nor emulate their *modus operandi.*

We however would be lacking in our duty were we not to draw our member's attention ***to query the vision and mission of any new organisation, as well as the billing patterns and HPCSA backgrounds of office bearers, doctor opinion leaders and current members of any new doctor led or funder led organisation.***

The words ***Caveat emptor*** come to mind – let the buyer beware.

IPA Foundation and all of our sister IPAs have actively and successfully challenged recent unfair medical aid decisions, removals from low cost networks, disadvantageous contracts, predatory formations of Designated Service Providers, unfairly late settlement of accounts, unrealistic expectations and offers of remuneration for work done and a myriad of other issues which have crossed our table in the past 90 days.

Whilst we cannot right all wrongs, we maintain the pressure on the funding community to ensure mutually high moral ground of honesty, integrity and accuracy in billing, remuneration, adjudication of and payment of claims.

We urge all of our members to keep the above in mind at all times, especially when evaluating new IPA offerings.

In Closing let me highlite some of the common areas of abuse which have recently been detected by our extensive peer review advisors , and in doing so , hope that none of our readers, members of shareholders will , or have ever fallen prey to the following:

- Ultrasounds: a practice did them on 106% of his patients. There are no records and no reporting, for the most part, inadequate training under maintained equipment ad inadequate medical assurance protection. It should be noted that this is one of the costliest abuses done by a relative low percentage of our colleagues. One being investigated by Forensics was asked to produce his machine. This was found in a storeroom covered in dust and inoperable and yet he had charged for over 600 investigations at over R600 each!! There are a number of very competent FP Ultrasonographers out there with special

interests and faultless reporting. A point of service charge without reporting is being researched.

- Inappropriate antibiotic use, both diagnosis and indication is highlighted and we are doing our bit in supporting the WHO in creating an awareness of the antibiotic international crisis. This is rife and is easily picked up in the profiles clinical alert section.
- Acute medication costs and scripting habits, both cost of as well as number of items per script and numbers of scripts per patient.
- Expensive syringes which retract their needles into the cylinder. Charging for this was initially blamed upon a software aberration until one our reviewers indicated that he used the same software and that it was a conscious choice to load the cost. The NAPPI code allows us to block this payment and this has been instituted.
- Multidose vials especially for antibiotics and long acting steroids. Many of these were charged as the whole vial instead of single doses.
- Impossible in rooms procedures identified including suturing of wounds requiring up to 2 hours, Ischio-rectal abscesses and others. From this it has been decided to pressure the Funders to pay better for in room procedures and caring including rehydration and the caring that needs to be provided but to come down hard on tariff manipulators.

Private Family Practice is the bedrock of a future NHI. Let us preserve and strengthen it , remain focussed, honest, and refuse to move to the " house with the golden windows", lest the sun set, and leave everyone broken.

Responsible and constructive engagement with all responsible honest and committed role-players in the system is really the only sustainable way forward.

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