



PRIVATE PRACTICE REVIEW

January - June 2018

A summary of breaking news and general information (January - June 2018) regarding healthcare in the public and private sector, published in the media.

- 1. Food for Thought
2. News on Government
3. Special News
4. General News
5. Special Notices
6. Medical Schemes
Circulars

A follow-up summary of breaking news will be published in the June issue of SAPPF HealthView

Food for Thought

Staggered medical negligence bill 'unfair'

LEGISLATION

'The government has proposed a new 'pay as you go' system for dealing with medical negligence claims against the state, in a bill that critics say could prejudice patients by limiting their choices and forcing them to seek care from the very facilities that harmed them in the first place.'

Alex van den Heever, chairman of Social Security Systems Administrators and Management Studies at Witwatersrand University, said the bill does not provide adequate protection to patients.

The Public Liability Amendment Bill proposes scrapping lump-sum settlements for medical negligence claims of more than R3-m and replacing them with a structured schedule of payments.

Where services are to be provided by a state service, compliance with the weak OHSC norms are not a valid protection, he said.

Van den Heever supported periodic payments, but not fast-changing people who have been treated badly by the state.

Read more on the HealthMan website or in the attached document. Also read: 'NHI could fix distressed health service'

News on Government

Medical deans' prescription for South Africa's public health emergency

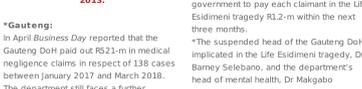


In a public statement in June the SA Committee of Medical Deans said recent interventions by the national Department of Health (DOH) have not solved the crisis in SA's public health sector.

The deans called on government to take drastic steps to address the systemic failures in the provincial health departments, and expressed grave concern about the future of academic medicine.

Read more about their suggestions to government in the attached document

NEWS FLASHES



Finances: Elite investigators to target healthcare fraud and corruption:

On 6 June the Special Investigating Unit, FROUD, convened to establish a forum that would focus on fighting corruption, fraud and waste in the healthcare sector.

National cancer crisis:

'In May there was no radiation oncologists left in Limpopo or Mpumalanga, according to an annual survey conducted by the SA Society of Clinical and Radiation Oncology (SASRO). Half the country's provinces may be relying on just nine radiation oncologists.

Meanwhile provincial health departments are struggling with their obligation to provide healthcare services, while still having to pay out the billions in claims against them.

'In June there was only one radiation oncologist in North West. Staff shortages and treatment backlogs were forcing people in North West to go without treatment entirely.

In the private sector, medical specialists are being faced with exorbitant medical protection insurance premiums, resulting in rising healthcare costs and impacting on practices.

According to the annual census of SA Society of Clinical and Radiation Oncology (SASRO) only 38 radiation oncologists are currently working in public hospitals across the country.

Claims over R3-m have increased nearly 550% and claims above R5-m increased by 900% from 2008 to 2013.

'Gauteng: In April Business Day reported that the Gauteng DoH paid out R221-m in medical negligence claims in respect of 138 cases between January 2017 and March 2018. The department still faces a further 1 597 claims, totalling more than R22-bn.

Hospitals: Life Esidimeni:

In March retired deputy chief justice Dikgang Moseneke ordered the government to pay each claimant in the Life Esidimeni tragedy R3.2-m within the next three months. 'The suspended head of the Gauteng DoH implicated in the Life Esidimeni tragedy, Dr Barney Selebano, and the department's head of mental health, Dr Mkgibabo Manamela, resigned.

North West & Free State:

In March City Press reported that the Gupta's planned to rip off the poor in a R2-bn a year scam to build a billion-dollar hospital for the rich in Dubai.

Fort Beaufort's Tower Hospital:

In March a report, released by the SA Society of Psychiatry (SASOP), revealed widespread systemic record keeping practices and staff shortages at the Tower Hospital, Fort Beaufort in the Eastern Cape.

KwaZulu-Natal:

The KZN legislature's health portfolio committee discovered irregular expenditure related to mobile clinics, including a three-year, R52.5-m lease.

Khayelitsha District Hospital:

In April Parliament's select committee on petitions and executive undertakings were criticised by SA Medical Association (SAMA) for conducting an unannounced visit to the hospital, revealing staff shortages and long queues.

Foreign trained doctors:

In March BusinessLive reported that the Health Professions Council of SA (HPCSA) has done an about-turn and will now allow foreign-trained medics to write their medical board exams. This follows the council's earlier decision that graduates do interships in the country where they studied before writing their medical board exams in SA.

Meanwhile a question mark hangs over the future of SA's massive programme for training medical students in Cuba, which will see about 700 fifth-year students returning home in July to complete the last leg of their training. The National Health Council has since decided to scale back the project temporarily (3 years).

First 'health tax' in Africa - but will it work?



SA's new tax on sugary drinks (renamed the Health Promotion Levy), which came into effect on 1 April, has been one of the most hotly debated taxes in the history of SA, eliciting threats and massive lobbying from beverage companies.

More government news highlights in the attachment or on the HealthMan website

Special News



Want to become a paperless doctor?

Five ways to going paperless at your practice

The benefits of going paperless at the point-of-care have been explored extensively in the last decade. The list of pros include less waste, fewer duplicate tests, better quality data, and better efficiency and communication. All of which can result in improved patient care and outcomes. On a larger scale, going paperless can also result in a reduction in the overall cost of healthcare.

The idea of going paperless (or paper-light) may be daunting if you have an established practice with years' worth of paper-based patient files or practice staff who are hesitant to adopt a digital system to replace their typical workflow. But adopting these five steps to going paperless can give you a starting point to developing a plan that's right for your practice and make the transition manageable and productive.

To download the guide, click on the button below



Advertisement for Constania featuring a circular logo with 'The Gold Standard in Professional Indemnity Insurance-based cover. 3 YEARS' and the Constania logo.

Making the change

At EMG we are changing Medical Brief Protection. Our dedicated, highly experienced and knowledgeable team is working together with doctors, their Associates and Societies, the Regulator and representatives of the Government to ensure a smooth transition between doctors and patients - in a timely, orderly and fair way.

We have a lot to offer you. We can provide you with a new professional indemnity policy with a high level of cover and service. We can also provide you with a new policy that is more tailored to your needs.

To help you decide which professional indemnity cover is best for you and your practice, follow the professional indemnity cover checklist.

Are contracts enforceable in terms of South African law? The South African law of contract is based on the Roman-Dutch law of contract. It is a common law system and is based on the principle of pacta sunt servanda.

Are the terms and conditions of the contract fair? The contract should be fair and reasonable. It should not be unconscionable or oppressive.

Does the contract comply with the Consumer Protection Act? The contract should comply with the Consumer Protection Act, which is a statute that regulates the relationship between consumers and suppliers of goods and services.

Are the terms and conditions of the contract clear? The contract should be clear and unambiguous. It should not contain any hidden terms or conditions.

Are the terms and conditions of the contract enforceable? The contract should be enforceable in terms of South African law. It should not be void or unenforceable.

Are the terms and conditions of the contract fair? The contract should be fair and reasonable. It should not be unconscionable or oppressive.

Are the terms and conditions of the contract clear? The contract should be clear and unambiguous. It should not contain any hidden terms or conditions.

Are the terms and conditions of the contract enforceable? The contract should be enforceable in terms of South African law. It should not be void or unenforceable.

Are the terms and conditions of the contract fair? The contract should be fair and reasonable. It should not be unconscionable or oppressive.

Are the terms and conditions of the contract clear? The contract should be clear and unambiguous. It should not contain any hidden terms or conditions.

Are the terms and conditions of the contract enforceable? The contract should be enforceable in terms of South African law. It should not be void or unenforceable.

Are the terms and conditions of the contract fair? The contract should be fair and reasonable. It should not be unconscionable or oppressive.

NHI could fix 'distressed' health system, minister says



Health Minister Dr Aaron Motsoaledi says the proposed National Health Insurance (NHI) system could be a cure for many of the ills in the country's struggling health system. Speaking at a hastily convened media conference on the state of healthcare in South Africa in Pretoria on 5 June, the minister took great pains to assure the country that although the public health system was in crisis, it was not on the verge of collapsing as stated by Health Ombudsman, Prof Molegane Mokoabe in a television interview over the weekend.

'If there were no problems, we wouldn't need NHI. NHI is not a luxury. It is an instrument to solve problems of access and equality because of the great inequalities in the country's healthcare system including poor management, poor skills and lack of human resources,' Motsoaledi noted, adding that all countries that have adopted UHC such as Britain, Japan and Mexico did it when their health systems were experiencing

'hardships.'

To read more, click on the button below.



General News



*Smartphones:

Smartphones have now been upgraded to a proper medical device, thanks to researchers in California and Korea. New technology allows urologists and ear, nose and throat specialists to perform procedures anywhere they go. Good news for patients is that it also cuts down on cost.

*Selftesting HIV kits:

Since March students and labourers started using a new HIV self-testing stand outside a supermarket in Hillbrow. In May, the scheme was extended to several of Joburg's taxi ranks.

*Robots

In April Netcare's Garden City Hospital in Johannesburg started using Africa's first robotic neurosurgery visualisation technology. The Zeiss Kinevo 900 is a highly advanced robotic visualisation system used to guide the most intricate neurosurgeries.

*Kidney stones:

In April SA's first-ever procedure to remove kidney stones using a needle was successfully performed by a team of urologists at the latest Albert Luthuli Central Hospital in KwaZulu-Natal. Known as mini-percutaneous nephrolithotomy surgery, the procedure involves a needle-puncture of the skin to access the stones and remove it.

*Online bookings:

In April Discovery implemented a health services online booking system, ReColMed, for its in-house wellness programme. The platform allows patients to book appointments with health practitioners using their smartphone or computer.

No chemo

According to the latest research at the Montefiore Medical Center in New York, most women with the common form of early-stage breast cancer can safely skip chemotherapy. The study, published in the New England Journal of Medicine is the largest ever done of breast cancer treatment, and the results are expected to spare up to 70 000 patients a year in the US.

Read more on general news highlights in the attachment or on the HealthMan website.

Special Notices

Advertisement for akeso featuring the akeso logo and a building image.

JOIN OUR TEAM The Akaso Group has a national footprint of psychiatric hospitals. Its newest hospital, based in Nelspruit, is seeking to expand its team by finding all interested SA-registered psychiatrists to consider setting up a practice within the hospital, enjoying full admission rights. The team is still small, and there is a great opportunity to grow a practice in this medically under-resourced but fast-growing area. There are just a few psychiatrists covering an extensive region, and there is a great opportunity to establish a practice in the area, especially now that there is a 75 bedded specialist psychiatric hospital offering comprehensive treatment.

For all enquiries, please contact the Hospital Manager, Maggie Oberholzer on maggie.o@akeso.co.za or +27 (0) 87 098 0460

Advertisement for Medical Schemes Council for Circulars: Council for Medical Schemes. The following Circulars were published by the CMS in June 2018. Visit www.medicalschemes.co.za for more info.

- 24 of 2018 Evaluation of Cost Increase Assumptions by Medical Schemes for the 2018 Financial Year
26 of 2018 Proposed IRBA Medical Schemes Auditing Guide published for comment
27 of 2018 Quarterly Statutory Returns Submission for 2018

To advertise in Private Practice Review contact Maretha Conradie: maretha@healthman.co.za.

HealthView and Private Practice Review provide news and opinion articles as a service to our members to enhance their understanding of the health care industry. The information contained in these publications is published without warranties of any kind, either express or implied. HealthView and Private Practice Review are published solely for informational purposes and should not be construed as advice or recommendations. Individuals should take into account their own unique and specific circumstances in acting on any news or articles published. These articles originate from sources outside our organization that are reported in the national press. Consequently, any information, trademarks, service marks, product names or named features are assumed to be the property of their respective owners, and are used solely for informative purposes in our publications. There is furthermore no implied endorsement of any of the products, goods or services mentioned in our publications.