



8 April 2020

COVID-19 – Telehealth

Dear SASLHA, SAAA, OTASA and SASP

On 26 March 2020, the Health Professions Council of South Africa (HPCSA) published guidance to practitioners on the application of the Telemedicine Guidelines; as contained in [Booklet 10 of the Guidelines for Good Practice in the Healthcare Professions](#) to assist with the disruption of the transmission of the virus. The HPCSA on 3 April 2020 again sent out a notification of an amendment to the Guideline.

We understand that the world is shifting in an unprecedented way, and we do want you to know that we are taking the changes seriously and responding, making the necessary changes, to act responsibly whilst still maintaining the duty we have to our Schemes around risk mitigation and solvency. Universal Healthcare is individually reviewing each request we receive for Telehealth from provider groups based on the HPCSA guidelines that have been published..

As a healthcare company ourselves, we are also ever mindful of the duty of care that we have in supporting you, and your members, to provide the necessary care.

Telemedicine

In terms of face-to-face consultation, the lockdown necessitates that we do things in a different way as face-to-face consultations may be difficult during this period. We welcome well-prepared and clinically appropriate Telehealth sessions that will enable the continuity of care to patients – such as those with pre-existing care plans; those who are discharged from hospital; those who are confined to their homes.

We do, however, recommend that where a patient can be physically consulted with, that healthcare providers should continue to have a face-to-face consultation in order to provide accurate diagnosis and treatment in the best clinical interest of the patient being treated.

Adherence to the HPCSA Guidelines

Should your healthcare professionals provide Telehealth consultations during this lockdown period, we remind you that all healthcare professionals are required to adhere to the relevant professional guidelines relating to the remote/electronic delivery of services, as issued by the HPCSA. This includes and adherence to clause (b) of the amended provisions, which states:

“Telehealth should preferably be practised in circumstances where there is an already established practitioner-patient relationship. Where such a relationship does not exist, practitioners may still consult using Telehealth provided that such consultations are done in the best clinical interest of patients.”

and clause (c) which states:

“Although practitioners may charge fees for consultations undertaken through Telehealth platforms, the Council strongly cautions against practices that may amount to over-servicing, perverse incentives and supersession.”

Practitioners have further been reminded by the HPCSA that the Ethical Rules of Conduct for Health Practitioners registered under the Health Professions Act are still applicable during the practice of Telehealth.

Remuneration

Requests for differential tariffs and codes for Telehealth should be proposed by the relevant society, to be considered for funding by the Schemes that Universal Healthcare administers.

We understand that most Allied health care providers use time-based tariffs and would, appropriately, continue to use these during this period. There will be no additional reimbursement for the data or call costs involved in the delivery of such remote sessions. Therefore, if your providers are considering such options as a means for the delivery of diagnosis and treatment during the lockdown period, in addition to obtaining the necessary consent it is important that both the provider and the patient are comfortable with all aspects of this arrangement, including any additional costs that may be incurred.

Should you be uncertain as to the appropriate code to advise your providers to bill, please feel free to contact us and our coding department will assist.

Utilisation during this lockdown period will be monitored, and should there be suspicion around overservicing or supersession, the relevant provider will be investigated through our Fraud Waste and Abuse department.

Business Continuity plan

We have progressively implemented the various stages of our comprehensive Business Continuity Plan, which was developed by our Universal Covid-19 Action Task Committee, with specific steps to account for COVID-19 contingencies. The plan is based on guidance from the World Health Organization (WHO) and the National Institute for Communicable Diseases (NICD).

The Universal Covid-19 Action Task Committee, which was put in place early March and comprises senior executives, clinical executives and risk and other experts, is working closely with each of the business unit heads at Universal to ensure that we deliver an uninterrupted service to your practice during this challenging time.

Best practice

The Universal Covid-19 Action Task Committee will continue to monitor local and international literature to ensure that everything is in place to keep our work environment as safe and productive as possible during this time.

We at Universal, in solidarity with you and yours, are feeling the physical, financial and emotional effects of the virus. These are unprecedented times for all of us, but please rest assured that we will continue to work to minimise the impact of the pandemic on you, your business and patients, as the situation unfolds.

If you have any questions or concerns, please don't hesitate to reach out to us by sending an e-mail to admin@universal.co.za

Stay safe and keep caring!

Yours sincerely,

Universal Healthcare