

## State looks at ways to lure more general practitioners to provide their services under the NHI – Business Day, 8 Nov 2018

The health department is looking for new ways to entice private-sector general practitioners (GPs) to provide their services under the National Health Insurance (NHI), after a lacklustre response to its attempts to get them to work in state facilities.

Only 250 private-sector GPs were contracting with the state at the end of March, according to the Foundation for Professional Development MD Gustaaf Wolvaardt. This is a far cry from the state's original target of 900 GPs, which it had hoped to reach by March 2015.

Part of the problem appears to be the rate offered by the government, which ranged from R470 per hour in urban areas to R573 per hour in a rural setting.

A GP in private practice can expect to earn between R1,200 and R1,600 an hour, according to Casper Venter, the MD of HealthMan health-care consultancy.

Another issue is the fact that the GP contracting model restricts doctors to working in state facilities, an issue the SA Medical Association flagged as a potential problem at the outset. It said private-sector GPs are willing to work with NHI but want to see patients in their own consulting rooms, rather than working in government clinics.

Now the department is planning a different approach. From April 2019, it will offer private-sector GPs the opportunity to see state patients in their own consulting rooms, under a "capitation" model in which they will receive a set fee to take care of a specific number of patients per month, according to the department's deputy director-general for NHI, Anban Pillay.

The funds previously earmarked for the 250 GPs who were contracting with the state have been transferred to the provincial equitable share so that provincial health departments can continue to make use of their services, he said.

The department is in talks with independent practitioner groups representing GPs in the Western Cape, Gauteng and KwaZulu-Natal about how to implement the model, he said. "State patients will be referred by their local clinic, and we will have to agree with GPs on their capacity," he said.