



# SURGICOM NEWSLETTER

APRIL 2016

## GOVERNANCE PILOT WITH DISCOVERY HEALTH STARTS 1 JULY 2016

The pilot project is aimed at reducing managed healthcare hassle, enhancing quality of care and improving surgeon remuneration including the potential for a share of savings model in the future.

In the initial phase commencing 1 July 2016, clinical and financial data relating to five common areas of practice will be collected from participating Surgicom members, analysed, and presented back to them. The categories that have been chosen are appendectomy, cholecystectomy, groin hernia, anal conditions and varicose veins. These procedures comprise approximately 41% of all general surgical procedures remunerated by Discovery Health Medical Scheme. 87% of the 540 general surgeons who do at least some private practice, perform at least one of these procedures. Each participating surgeon will receive a confidential analysis of their profile with regard to these procedures and how this compares with national and regional norms. If your practice is confined to one of the areas outside of these five categories (eg: specialist breast practice) you can still participate in the pilot, complete the discharge summaries and be paid. However you will not receive any data analysis in the first phase as the initial analysis is confined to these five procedures.

Members will be requested to adhere to agreed pathways of care but these represent standard treatment protocols and are not exclusive of new technologies. The analysis of outcomes (both clinical and financial) may identify certain outliers (both good and bad). By engaging with the individual surgeon, an attempt will be made to understand the reasons behind these particularly good or poor outcomes. A peer-mentoring committee comprised of Surgicom Board members will assist in this process where necessary.

The project will be officially launched during the private practice session at the WITS Biennial Congress in Johannesburg on Tuesday 28 June 2016.

### SURGICOM GOVERNANCE NETWORK

Network Requirements	Value
<p><b>Eligibility: Surgicom Membership</b></p> <p><b>Requirements:</b></p> <p><b>01   Participate in the Care Stewardship project</b></p> <ul style="list-style-type: none"> <li>Align with Surgicom care pathways</li> <li>Receive profile reports showing practice experience relative to other surgeons</li> <li>Actively engage with the society to achieve the project objectives to reduce post operative complications and readmissions</li> </ul> <p><b>02   Use Health ID</b></p> <ul style="list-style-type: none"> <li>Review the patient medical record on HealthID</li> </ul> <p><b>03   Discharge Summary</b></p> <ul style="list-style-type: none"> <li>Implement Surgicom discharge planning guidelines and submit a discharge summary following an admission via health ID for Discover Health and participating custom schemes</li> </ul> <p><b>Start date – Planned for 1 July 2016</b></p> <ul style="list-style-type: none"> <li>Date subject to finalisation of the practice review profiles</li> </ul>	<p><b>With project launch:</b></p> <ul style="list-style-type: none"> <li>R75 payable for all billable consultation for engaged HealthID users.</li> <li>Payment for submission of the discharge Summary @ R380 where the participant is the admitting Doctor</li> <li>One button pre-auth with benefit approval (requires ICD and CPT codes) for a specific list of surgical cases</li> </ul> <p><b>In the medium term:</b></p> <ul style="list-style-type: none"> <li>Develop a share of savings model to enhance rewards to the surgeons,</li> </ul>

## HOW WILL SURGEONS BENEFIT FINANCIALLY FROM THE PILOT PROJECT?

Participating Surgicom members will be remunerated each time they log on to Discovery Health ID and by providing a quick and easy digital discharge summary for every “event”. These events are not confined to the five areas being studied but include every procedure (in or out of hospital), every endoscopy (in or out of hospital) and every hospital admission (with a procedure or not). The summary can be completed either on the web or using an app that will be provided for an iPad, iPhone or android. Completing the summary should take considerably less than 5 minutes as most of the fields are pre-populated from pre-authorisation information and completed by simply clicking from drop-down menus. The discharge summary can be sent to the referring doctor. Discovery Health will remunerate each participating surgeon at a rate of R75 each time they log onto Health ID and a further R380 for completing the discharge summary. Participating surgeons will enjoy a substantial increase in their annual income from Discovery Health. In future phases we will look at introducing further remuneration for surgeons in the form of a share-of savings model. Please note that Surgicom membership is a pre-requisite for participation in this pilot.

## HOW DOES THE DISCHARGE SUMMARY WORK ?

The very successful Discovery Health pilot project with the Physician Group has been based on a discharge summary, but the one that Discovery Health and Surgicom have developed is far easier and more sophisticated. Simply enter the Discovery Health membership number and a list of pre-authorisations appears. Select the one that you will be doing the summary for. All the information from pre-authorisation including the diagnosis, ICD 10 codes and procedures are automatically pre-populated. Check that these are correct. You can add or modify by clicking from drop-down menus. It is not necessary to memorise codes, simply start typing a word and a list of possible diagnoses will appear instantly. You will be asked to add any new chronic medication (eg Warfarin, PPI) by clicking from a list but this field does not refer to routine post-op medication such as analgesics or anti-emetics. Complications are recorded by selecting from the Clavien-Dindo table and ticking various boxes. Finally, indicate what follow-up arrangement has been made (if any). Some surgeons may choose to use an optional text field to complete a clinical summary that will enhance the printed or emailed report, but this is completely optional. The completed summary will then be part of the Health ID record and can be printed or emailed. You will be supplied with a code to add to your account for completing the summary. This R380 will be paid directly to you by DHMS regardless of plan type or savings status and is never paid by the patient.

### Health ID is the Key

The discharge summary works through Health ID, either on the web or on an iPad, iPhone or android device. In order to access a patient’s Health ID record the patient’s consent is required. Surgeons are urged to request their staff to obtain this digitally whenever they register a DHMS patient. Once the initial consent at registration has been obtained it follows through to the discharge summary. If the initial registration process, including obtaining consent was incomplete, the Health ID will reflect “Consent required” before allowing you to proceed with the discharge summary. An additional R75 is paid directly to you every time a patient is registered on Health ID. As long as the required consent has been obtained, completion of the discharge summary should take less than 5 minutes and for a very simple case can be completed in under a minute.



## THE CLAVIEN-DINDO CLASSIFICATION

This is the internationally accepted standard for reporting post-operative complications. It is quick and easy and will be provided for you on the summary page. Simply click the appropriate response.

Clavien-Dindo Classification	
I	Any deviation from the normal postoperative course without the need for pharmacological treatment other than the “ <b>allowed therapeutic regimens</b> ”, or surgical, endoscopic and radiological interventions
II	Requiring <b>pharmacological</b> treatment with drugs beyond those allowed for grade I complications. Blood transfusions and total parenteral nutrition are also included.
III	Requiring <b>surgical, endoscopic or radiological intervention.</b>
IV	<b>Life-threatening complication</b> requiring critical care management; CNS complications including brain haemorrhage and ischemic stroke (excluding TIA), sub-arachnoidal bleeding.
V	<b>Death of a patient</b>

## REDUCING MANAGED HEALTH CARE HASSLE

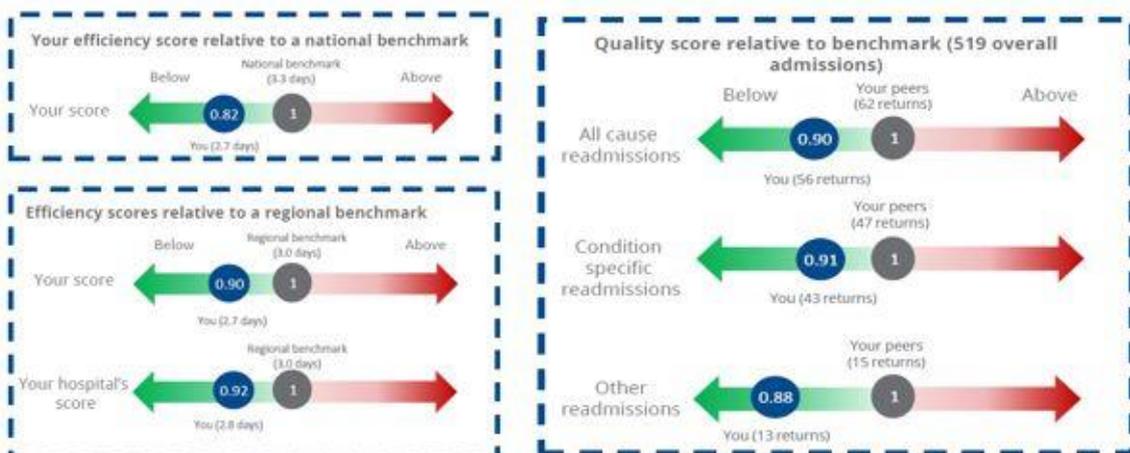
Participating surgeons will be able to generate a one-click pre-authorisation for a list of surgical procedures based on supplying an ICD10 and procedure code. Why should pre-authorisation be onerous for the average surgeon in good standing? Managed Care should focus on outliers and leave the rest to get on with what they do best: looking after patients.

## GENERAL SURGERY CODING INITIATIVE

The Surgicom coding sub-committee have prepared 27 new breast codes including sentinel node biopsy and skin sparing mastectomy as well as several Hernia, Thyroid and Colorectal codes.

## WHAT FEED-BACK WILL THE SURGEON GET?

Data on all admissions for appendectomy, cholecystectomy, groin hernias, anal procedures and varicose vein procedures will be analysed. A confidential report on your figures will be provided for you with a comparison to your peers or the “benchmark”. This will include the number of events, patient demographics and data on length of stay, readmissions, complications and costs. The analysis is carefully risk-adjusted using internationally accepted actuarial tools before being presented. An “efficiency score” will be presented. This is a composite from clinical and financial data and attempts to reflect “quality”.



## UPDATE ON THE PMB CASES INCLUDING GENESIS

After losing various court actions, Genesis Medical Scheme has continued to insist that the correct interpretation of Regulation 8 of the PMB legislation is that the responsibility of medical schemes is to reimburse service providers at scheme rate only. Their attorneys have now indicated that Genesis is willing to withdraw the action completely if the various respondents agree to cover their own legal costs, failing which Genesis will file a supplementary affidavit and continue the court action. There is no doubt that Genesis should have been spending its money on its members rather than introducing endless court cases. SAPPF costs in this matter are already R1.3 million. The various respondents will now have to consider this option. We anticipate further legal costs in the future with regard to the Minister's attempt to re-draft Regulations 5 and 8 of the Act, the response to the Health Market Inquiry, the Human Rights Commission and the NHI White Paper.

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## CONSULTATIVE FORUM ON NHI

The NHI Consultative Forum meeting was held at the CSIR Conference Centre in Pretoria on 14 March 2016. In terms of the NATIONAL HEALTH ACT of 2003, the Minister must establish a body to be known as the National Consultative Health Forum to promote and facilitate interaction, communication and the sharing of information on national health issues between representatives of the national department, national organisations and provincial consultative bodies. The National Consultative Health Forum must include all relevant stakeholders and must meet at least once every 12 months.

The agenda attached to the invitation allocated question time until 16h00, but the meeting closed at 14h00. The efforts and foresight required to create and publish the White paper on National Health Insurance were noted and acknowledged. Four issues that form the fundamental barriers to healthcare delivery in the present public sector were highlighted:

- a) Limited Human Resources management
- b) Poor Financial management
- c) Procurement and Supply Chain dysfunction
- d) Infrastructure procurement and maintenance

In the face of considerable criticism, the Department of Health indicated that it has the capacity to address these issues. Six work-streams were outlined:

- 1) Work Stream 1: Prepare for establishment of the NHI Fund
- 2) Work Stream 2: Design and Implementation of NHI Health Care Service Benefits
- 3) Work Stream 3: Prepare for the Purchaser-Provider Split and accreditation of providers
- 4) Work Stream 4: The role of medical schemes in an NHI environment
- 5) Work Stream 5: Finalisation of the NHI Policy Paper
- 6) Work Stream 6: Strengthening of District Health System

There are two main immediate concerns for surgeons:

### **1) The Certificate of Need**

This is central to the implementation of NHI. In 2014 the DOH's legal advisers recommended that it be withdrawn, but remains on the table. There is a constitutional debate between the need of the Minister to provide the most equitable healthcare service based on the resources available, and the rights of an individual to live, work and associate freely. This may well only be resolved by the constitutional court.

### **2) The funding model**

While treasury has made some funding available, the current model will effectively be a new tax. Neither the government nor the public has the stomach for this at the present time.

The window for submission on NHI has been extended to 31 May 2016. ASSA, FoSAS and SAPPF are presently preparing submissions.

## **SURGICOM AT THE WITS BIENNIAL 2016**

Surgicom will present a private practice session on 28 June 2016 at the WITS Biennial meeting in Johannesburg. This will be the official launch of the Surgicom – Discovery Health Pilot. The AGM will immediately follow this. Surgicom has also been invited to present a 2-hour programme at the August 2017 ASSA/SAGES meeting in Port Elizabeth.

## **SURGICOM'S MEMBERSHIP HAS INCREASED BY 20% SINCE AUGUST 2015**

Largely in response to the very successful private practice session at the ASSA/SAGES meeting in Durban, the announcement of the Discovery Pilot and successful resolution of a large number of issues with GEMS, we have registered 35 new members since August 2015, 32 of whom are in full-time private practice.

## **SURGICOM FEES FOR 2016**

The Surgicom board have recommended a 6% increase in fees for 2016, but in addition we need to fund a R1000 levy per member to cover the legal costs of the PMB cases. In 2015, Surgicom paid this levy from reserves but in 2016 this will not be possible. With a 6% increase and the levy, membership fees will now be R750 per month for surgeons in full-time private practice and R260 for those in limited private practice. We remain committed to defending in court our understanding of Regulation 8 of the PMB legislation as we believe that this is in the best interest of our members. Participation in the Discovery Pilot will cover these fees many times over. Just two completed discharge summaries a month covers your Surgicom membership fees.

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**Philip Matley**  
**Chairman: Surgicom**

### **Surgicom Board**

Dr Philip Matley (Chairman), Dr Dean Lutrin, Dr Jan Mook, Prof Sats Pillay, Dr Suresh Raidoo, Dr José Ramos, Dr André Reddy, Dr John Strachan, Dr Mike Wellsted, Dr Stephen Grobler (Consultant)