

NHI White Paper: Day 7

This is the seventh in a series of daily analysis pieces of the NHI White Paper that will be sent to SAPPF- and HealthMan Members. Different aspects of the NHI will be analysed on a daily basis, which will help to assist providers in understanding how the NHI initiative will impact the private provider and their practice, as well as the impact on their own access to healthcare. Some broader economic impacts will also be included on occasion.

Extract from the White Paper

At a PHC level, contracted-in services will be delivered by accredited providers normally practicing in the private sector but allocating a certain amount of time to render services in a public health facility such as a clinic.

Contracted-out PHC healthcare services will be purchased from integrated teams of providers or networks structured as multidisciplinary practices of a wide range of health care professionals such as medical practitioners, dentists, nursing professionals, pharmacists, psychologists, audiologists, optometrists, physiotherapist, oral health practitioners and social workers amongst others.

Those who practice as individual practitioners should be part of referral networks.

Critical Analysis

The department of health has thus far had limited uptake of contracts with GPs to provide services in clinics at NHI Pilot sites.

This is most probably due to reimbursement levels not taking into consideration that providers have mounting practice costs in their absence from their private practice.

Multi-disciplinary practices are not currently allowed by HPCSA regulations, so the Regulations will have to be adapted going forward to allow for these type of practices to be established in the future.

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