RSSA Presentation

- Requested to attend by Panel
- Introduction, RSSA and Radiology
- Private Radiology in South Africa
- Peer Review
- RSSA Coding structure
- Response to previous submissions
The RSSA is the professional association of radiologists in South Africa, Namibia, Botswana and Zimbabwe.

No statutory powers.

Objectives of the RSSA:
- To promote the common interests of its members.
- To promote sound relationships amongst radiologists and between radiologists and public and private hospital, government, the medical profession and the international radiological community.
- To provide continued medical education for qualified radiologists and those in training.

913 radiologists registered with the HPCSA.
RSSA has 805 members.
Radiology

- Radiologists are doctors
- Primary concern is the well being and health of their patients through accurate and timeous diagnosis.
- Specialists in the interpretation of images:
  - X-Rays
  - Ultrasound
  - Mammography
  - CT, MRI, PET-CT
  - Interventional radiology
- Total service approach
- Interpret images and document findings
Radiologists

• Role includes:
  o Developing and managing imaging pathways
  o Contributing to patient care pathways
  o Developing and updating diagnostic protocols
  o Using radiation protection and reduction methods to protect patients from the dangers of ionising radiation
  o Managing the patient experience in the imaging department.
  o Hands on exams such as ultrasound and fluoroscopy
  o Interpreting images and issuing reports
  o Interventional procedures
  o Central role in multi-disciplinary teams.
Referral

• Radiologists are referred cases by healthcare professionals.
• Clear separation of ownership and ability to refer.
• No group practices
• No hospital ownership
• No fee sharing
• Radiologists pay rental for space.
Guidelines

• ACR Appropriateness Criteria
• RCR *iRefer*
  o Computer Decision Support System
  o Sent to all Medical Schemes
Private Radiology in SA

- Hospital based
- 85 practices
- All have CT and most MRI
- One practice per hospital
- 24 hour service to hospital, Emergency Units and GPs
- No fee differentiation for after hours services
- Radiologists are ‘fee takers’
Peer Review

- 85 practices
- Verirad
- Major Medical Scheme
  - 20 practices
  - Billing profiles assessed blind by 5 radiologists
  - Recommendations on billing modification made by RSSA to practices.
  - Coding changes identified but not implemented.
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RSSA Peer Review

Cluster analysis efficiency

Top 10 by inefficiency

Top 8 by cost

Cost above expected

Efficiency score

Other radiologists
Radiology practice with significantly higher than expected cost
Your practice
Coding and Fees

• RSSA Coding and Fee Timeline
  o 1969 Scale of benefits published by RAMS
  o 2002 RSSA starts development of new 5 digit coding structure.
  o 2004 RSSA publishes its coding structure through CMS
  o 2004 CC Intervention with fines for SAMA, HASA and BHF.
  o 2004 Interim NRPL published by CMS on behalf of DoH
  o 2006 RSSA submits activity-based costing structure to DoH, not introduced
  o 2009 RSSA submits activity-based costing structure to DOH, not introduced
  o 2010 High Court sets aside NRPL

  o **Net Result: No structural changes or adjustments 2004 – 2016**
  o Annual CPI increase
Result of DoH, NRPL failure

• No new codes introduced
• Badly needed revision and bundling of codes delayed.
• Pricing distortion due to changing technology and costs.
• Over and under collection in different modalities.
• Solution: statutory ‘safe harbour’ in which collective negotiations can take place with use of activity based calculations for benchmarking of fees.
RSSA Coding structure

• Single coding system for Imaging

• Users:
  o Radiologists
  o Specialists and GPs
  o Radiographers
  o Dentists, Chiropractors etc
RSSA Coding Structure

- 5 digit system with codes and descriptors
- Replaced SAMA 4 digit system for radiology.
- Similar structure to CTP
- Single code for single procedure
- No Film Price Modifier
- Hierarchal structure with anatomical and modality base
First Digit

- 0 = General (non specific)
- 1 = Head
- 2 = Neck
- 3 = Thorax
- 4 = Abdomen and Pelvis (soft tissue)
- 5 = Spine, Pelvis and Hips
- 6 = Upper limbs
- 7 = Lower limbs
- 8 = Interventional
- 9 = Soft tissue regions (nuclear medicine)
2nd Digit
Anatomical sub Region

• Head Group 1st Digit 1
  o 10*** Brain
  o 12*** Orbits
  o 13*** Sinuses
  o 14*** Teeth
  o 15*** TMJs
3rd Digit

Modality

☐ 1 = General (Black and White) x-rays
☐ 2 = Ultrasound
☐ 3 = Computed Tomography
☐ 4 = Magnetic Resonance Imaging
☐ 5 = Angiography
☐ 6 = Interventional radiology
☐ 9 = Nuclear Medicine
4th and 5th Digits
Specific Procedures

- 99 codes available for every third digit
- Plenty of space for new codes
Example

10420

Head  Brain  MRI

MR of the brain with contrast
Radiology Bundling

- Existing Codes 1083
- Added 228
- Removed 383
- Leaves 928
• ‘The radiology set of codes is one area that the practice costs have been worked out for South African conditions. The others are estimates and guestimates.’
  ○ Dr S Grobler, SAMA SPPC Vice-Chair, HMI Public Hearings 24/02/2016
Public Hearings
Radiology related comments

- Three presentations require comment:
- Department of Health
- Verirad
- Prof Justus Apffelstaedt
Department of Health

- Dr Anban Pillay
- 11 March 2016
  - Number of CT Scanners in South Africa
- Number of CT scans
  - Data columns transposed in paper showing OECD average to be 13.3 when it should be 23.3 per IM population
  - Corrected in submitted erratum correspondence
CT Scanner availability
DoH Presentation

CT Scanner Availability

Computerised Tomography (CT),
per million population

South Africa private
OECD Average
South Africa-
average
South Africa public

Source: Analysis of licensed South African diagnostic imaging equipment J. Kabongo et al. 2015

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CT Scanners in SA

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<th>SA Average</th>
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<td>13.3</td>
<td>5.03</td>
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<td>Actual</td>
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CT in OECD Countries

CT scanners per million 2013 (or nearest year)
MRI in OECD Countries

MRI scanners per million 2013 (or nearest year)

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What DoH didn’t show!

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<th>OECD Average</th>
<th>SA Public</th>
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High-tech equipment

- CT and MRI basic tools
- Numbers related to numbers of hospital departments.
- In addition used for:
  - State imaging
  - Emergencies
  - Work defined by COIDA.
- Use protocol driven.
Dr Bhengu: Radiology lease agreements?
Prof. Fonn: Is radiologist charging a fee when there is no radiologist involvement?
Prof. Apffelstaedt

- Scope of Practice
- Multidisciplinary management of breast disease.
- Referral Service for mammography.
  - Mammograms without clinical examination
  - Second opinions on mammograms
- Availability and licensing of imaging equipment.
- Reimbursement of imaging.
Prof. Apffelstaeedt

- Prof. Apffelstaeedt cost study price R1445.00
- Discovery radiology benefit 2016 R1396.00
  - Includes:
    - Mammography
    - Tomosynthesis
    - Ultrasound
    - Specialist opinion

- Benefits set by funders not RSSA
Prof. Apffelstaedt

- ‘The president of the RSSA .... Has written to each and every funder not to re-imburse anything done in my practice’
- Letter from RSSA medical director 2007 informing principal officers that Prof. Apffelstaedt’s application to be registered as a radiologist had been refused.
Prof. Apffelstaedt

‘if you’re training as a surgeon at Tygerberg hospital and the University of Stellenbosch, you will have a much better foundation in breast imaging than a radiologist trained there’
Prof. Apffelstaedt

- Self referral
  - Separation of referral and ownership by clinicians
  - Prohibition of group practices involving radiologists and clinicians
  - Radiologist responsibility to advise on further imaging.
Summary

- No specific requests from panel for hearing.
- Outline of radiology
- Issues covered in Revised Statement of Issues
- Matters brought up in previous hearings.
Radiological Society of South Africa

HMI Public Hearings
Pretoria
5th May 2016