SA ASSOCIATION OF AUDIOLOGISTS (SAAA): HMI SEMINARS

1. General Comment

SAAA wishes to thank the Panel for arranging the Seminars. Whilst not all information presented was new, the engagements proved to be informative and a reminder of the diversity and challenges that exist within private healthcare in general. In particular, it needs to be stated that the pressures faced by practitioners in private are often not realised or understood by other stakeholders.

Further to the various presentations delivered by the various stakeholders at the HMI Seminars held at the Express Holiday Inn, Pretoria on 9, 10 and 12 April 2019 and related views expressed by role-payers in attendance, the following represent comments from the perspective of SAAA, for consideration by the Panel.

In essence, this submission highlights issues which are considered particularly relevant from the standpoint of audiologists in private practice and which may not always be consistent with all the HMI findings and recommendations as debated during the course of the Seminars.

2. Quality Outcomes and Measurement

SAAA takes cognisance of the fact that there are no existing standards of how to measure quality. There is certainly a need for the establishment of standardised mechanisms to measure quality outcomes. There is also a need to standardise agreements between practitioners and funders/Preferred Providers.

SAAA is willing to participate in any processes instituted by probably the CMS, to achieve the desired results.

3. Funder Dominance

Within the current framework, providers of care have little choice but to comply with the directives as determined by funders. SAAA is astutely aware of existing competition laws which prohibit tariff discussions and thus, in general, practitioners have no choice but to be accepting of scheme benefits. It is to be noted that, at this time, there are no Designated Service Providers, in the traditional sense, within the audiology arena.

Following the conference arranged by the Council for Medical Schemes in February 2019, there is justifiably greater awareness within the healthcare industry of the need to curtail fraud, wastage and abuse. SAAA has publicly denounced fraud, wastage and abuse in any shape or form.

To this end, SAAA membership sign a pledge of commitment to adhere to ethical and clinical standards

5. Disciplinary and Punitive Actions

Audiologists are registered with and regulated by the Health Professions Council of South Africa (HPCSA). Whilst the findings of the HMI Panel regarding the appropriateness of HPCSA Rules and Regulations and competency of the HPCSA is noted, funders assume the role of policeman, prosecutor and judge in situations where there are alleged irregular claiming by practitioners.

Practitioners are summoned to meetings without prejudice by funders where the practitioners are requested to sign acknowledgements of debt. The alternative is to face punitive action which involves withholding of funds owed to the practitioner for services rendered and/or discontinuation of direct payment with the matter referred to the HPCSA.

At times, the referral to the HPCSA is preferred but the time that lapses before the matter is heard can result in severe detrimental consequences to practices as the penalties imposed are maintained throughout the process, even though the practitioner has not been found guilty of any offence.

6. Drivers of Demand

Hearing impairment is considered one of the most commonly encountered disabilities, globally. Statistics available indicate that the percentage of the SA population in need of hearing care significantly exceeds the number of South Africans who receive the appropriate hearing care. This includes the necessity for screening to detect early pathology.

The responsibility for driving healthcare demand was placed at the door of the practitioner by speakers at the Seminar.
It is the view of SAAA that demand for care is understated and funders, together with the profession, have an ethical responsibility to encourage (e.g.) regular ear and hearing examinations. From a costing point of view, the early detection of pathology with the appropriate interventions would give rise to cost effectiveness on the basis that prevention is preferable to having to treat complications unnecessarily in the future.

7. Tariff Determination Process

SAAA is supportive of a Supply Regulator as proposed within the HMI Provisional Report whereby the professional association would be able to negotiate tariffs with funders on an equal footing, to be facilitated by the Regulator. It is understood that this would require amendments to the existing Competition Act.

The issue of the importance of practice cost studies has been highlighted during the HMI process. This information is a critical factor within the tariff determination process to ensure practice sustainability.

8. General Comment

SAAA thanks the HMI Panel for the opportunity to provide input and participate in the HMI process

Yours Faithfully

Susan Strauss

SAAA PRESIDENT

29 April 2019