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SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS

Tariff Determination

Ms. N Zimmelman
Dr. L Lasersohn
Dr. R Mononyane
Dr J Marais

Presentation Topics and Presenters

- Agenda
  - Tariff Determination – benchmarking and price ceilings
  - Tariff Determination structures and processes
  - Fee For Service and Alternative Reimbursement Models, definitions and proposed solutions
  - DSP Networks
  - Outcomes Data and Other Solutions

- Delegation
  - Ms N Zimmelman
  - Dr L Lasersohn
  - Dr R Mononyane
  - Dr J Marais

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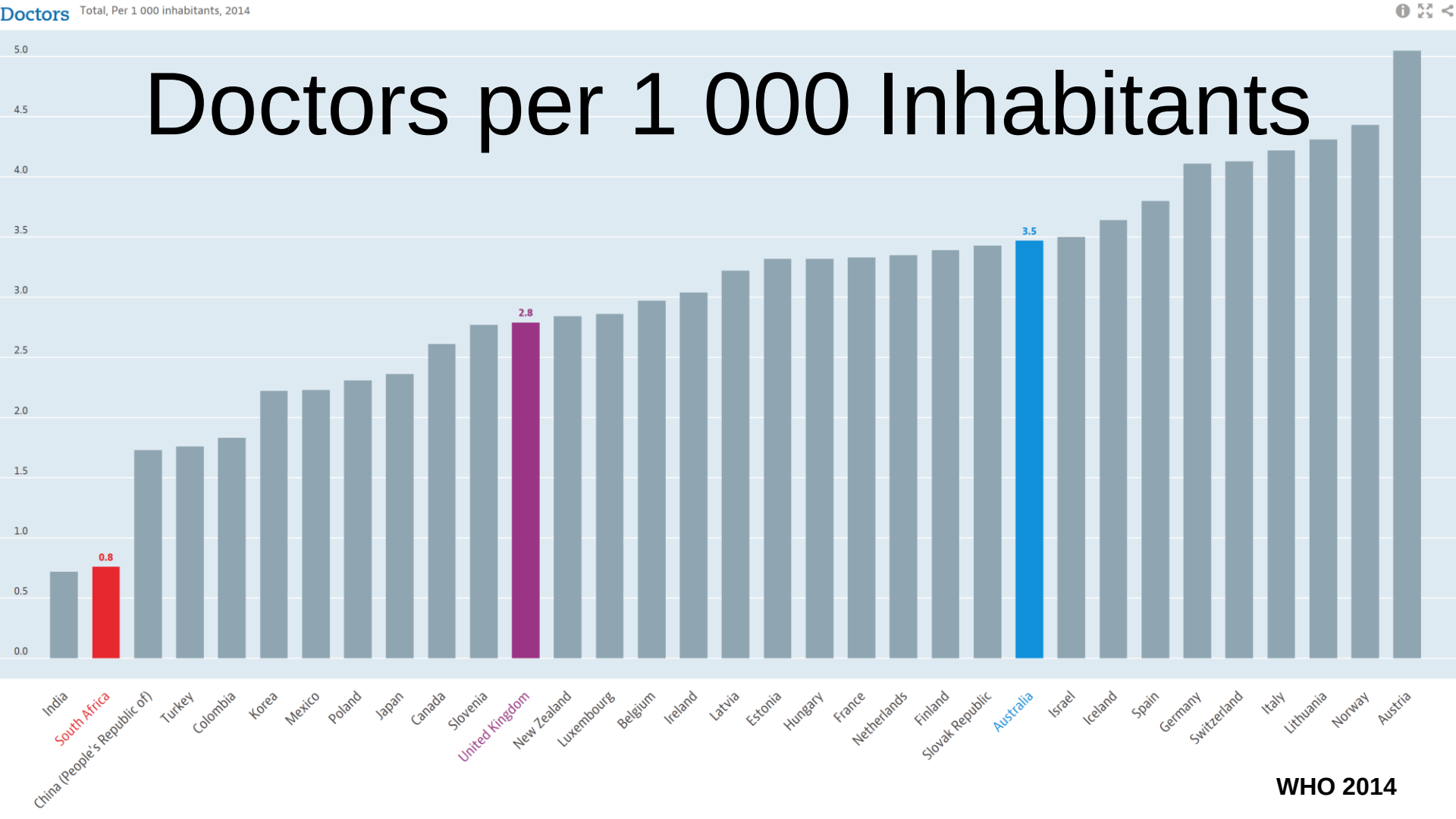
Benchmarking and Price Ceilings

- Propose Benchmark over Price Regulation
- Benchmark to be set at entry-level practitioner
- Must still be attractive to new practitioner
- Deep concern about retention and attraction of skills
- Criteria to be defined against which a benchmark can be exceeded
  - Experience, additional qualifications (specialty/sub-speciality), anaesthetic risk, cost, scarcity (rural need), etc.
- Society determination of criteria
- Different benchmark rate for GP vs Specialist vs Sub-specialist
- Price ceiling set on by what percentage benchmark may be exceeded


Doctors
Total, Per 1 000 inhabitants, 2014
Doctors per 1 000 Inhabitants
5.0
4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0
0.8
2.8
3.5
India
South Africa
China (People's Republic of)
Turkey
Colombia
Korea
Mexico
Poland
Japan
Canada
Slovenia
United Kingdom
New Zealand
Luxembourg
Belgium
Ireland
Latvia
Estonia
Hungary
France
Netherlands
Finland
Slovak Republic
Australia
Israel
Iceland
Spain
Germany
Switzerland
Italy
Lithuania
Norway
Austria
WHO 2014

Interim Survey Results

- Benchmark and Ceiling
- Workforce retention

Tariff Determination Structures and Processes

- Independent Body, created by Statute
- All stakeholders to have a seat and say (payers, regulators, government, professional associations, facilities)
- Scientific criteria, into which we all give input
- Full-time staff
- Elected Governance Structure
- Must be sufficiently resourced to attract and retain competent staff
- Should be funded by NDoH, in part or full
- Body to also manage Output Measures and Data
- Coding to remain within the practitioner bodies

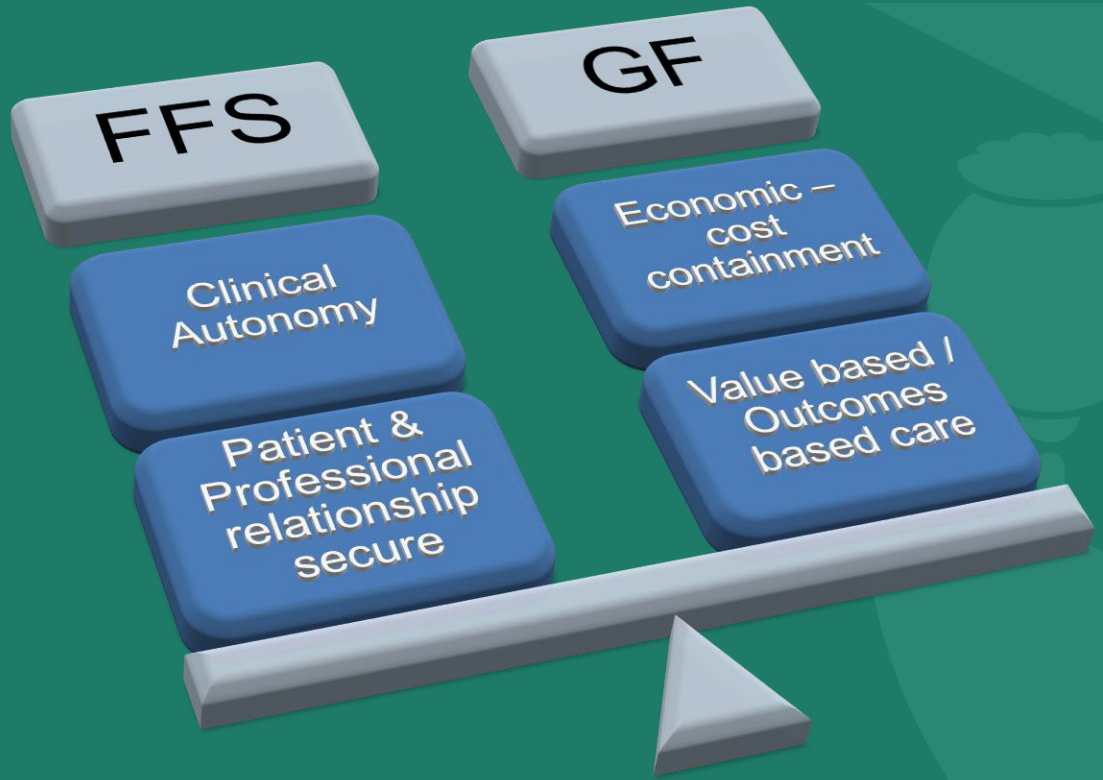
Interim Survey Results

- Confidence levels in Society guiding and representing them

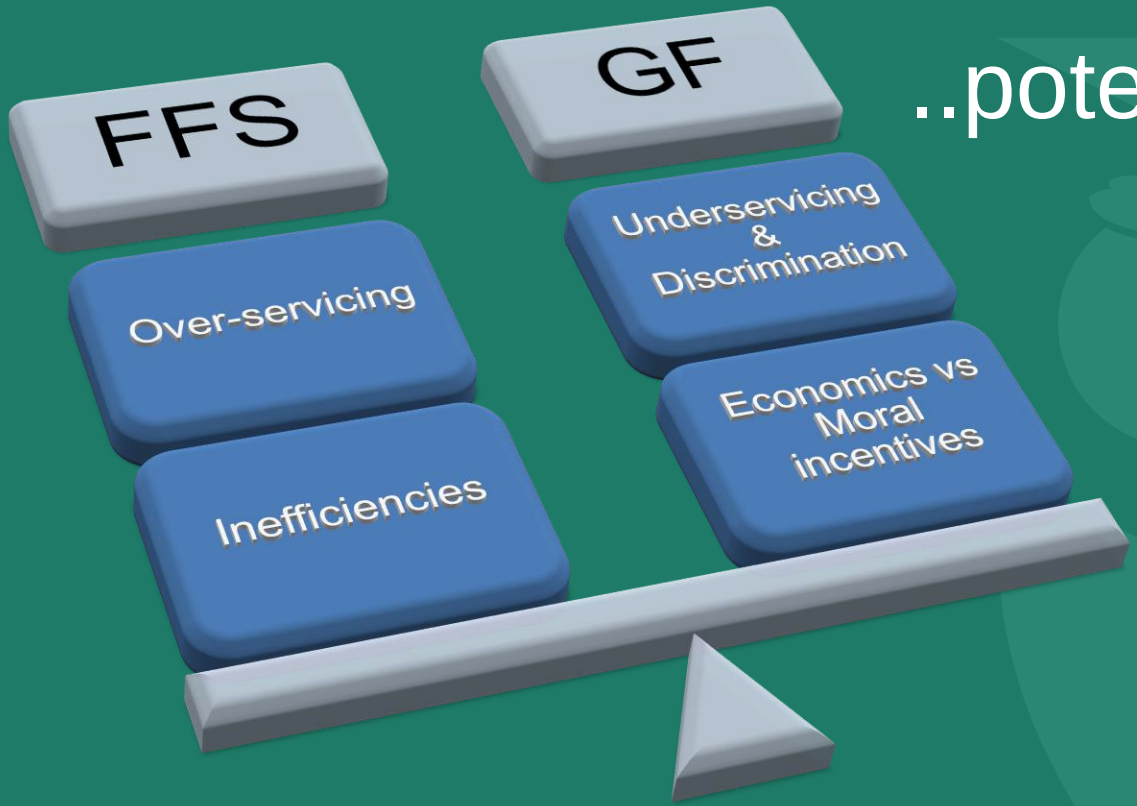
FFS and ARMs

- Need to define ARMs – different terminology understood differently
  - Fixed-fees, bundled payments, global fees, etc.
- Value can definitely be created, but patient safety risk
- Solution a more inclusive than exclusive approach
- There is still a role for FFS
- Can use improved coding systems to achieve value in FFS
- Coding system must also include codes, with appropriate values, for ARMs
- Members favour clinical autonomy over remuneration rates/ease of admin
- Members comfortable with any payment structure, if fair and ethical
- Members happy to be guided by Society in this respect

Advantages


FFS
GF
Clinical Autonomy
Economic – cost containment
Patient & Professional relationship secure
Value based / Outcomes based care

..potential problems



SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS
Official Group Of SAMA
Association Not For Gain
T: +27 (0) 86 010 3137 (toll free) T: +27 (0) 31 368 2530 F +27 (0) 86 242 9804
E: sasa@sasaweb.com
PO Box 1935, Durban, 4000, South Africa
www.sasaweb.com

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The South African Society of Anaesthesiologists

Position statement on Alternative Reimbursement Mechanisms

June 2015

DSPs

- What attracts our members
- Why some members do not participate

Outcomes Measures and Other Solutions

- SASA committed to determining and capturing outcomes measures
- Opportunities within the environment to add more value
  - Pro-operative clinics, for example
- There is very limited capacity in the system, but a desire and commitment to do more
  - Teaching
  - Outreach
  - Community Service
  - Public Sector
- SASA initiatives to provide solutions
  - Skills Development Project
  - Workforce Planning
  - Guideline development

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“If we can work together to solve these challenges with funders, specialists and patient advocacy groups, we can work towards creating models that represent fair outcomes for all parties and solve some very real and fundamental challenges in the private healthcare industry.”

Dr Ali Hamdulay, chairperson of BHF