

A large, stylized pink swirl graphic that starts at the top center, loops around the text, and ends at the bottom right. It has a soft, painterly appearance.

Professor Justus Apffelstaedt and Associates

**Multidisciplinary Breast Health
Centre**

**Clinical And Imaging Services
Under One Roof**

What Is Necessary - The Hard Stuff

Education & Qualification

- HPCSA & Colleges

License

- Radiation control

Funding

- Medical Aids
- Administrators
- Council for Medical Schemes

Education & Qualification

- ❧ **Specialty imaging part of education & qualification**
- ❧ **HPCSA: Guidelines (Dec 5, 2014):**
 - **Ownership**
 - **Operators**
 - **Interpretation of results: Any individual currently registered with the HPCSA AND who is adequately educated, trained and sufficiently experienced to interpret and record the findings.**

Clinicians ARE Entitled To Provide Imaging

- 🌀 Guidelines HPCSA Confirmed**
- 🌀 May Own X-ray Equipment**
- 🌀 Legally Entitled To Provide Imaging Services**

The Gap

- ❧ **Necessary legal and regulatory framework in place**
- ❧ **No specialist has successfully run a practice including x-ray/CT/MRI**
- ❧ **The reason: RSSA**

Technical And Professional Imaging Services

**Prof Justus Appfelstaedt And
Associates**

Other Providers (Radiologists)

**Consultation (Clinical)
Mammography With Ultrasound
(Routine)**

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**Mammography
(Ultrasound Only If Indicated)**

Quality Control (CPD)

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Published Results

Quality At Best Unknown

SAMA (Clinician) and RSSA codes: Same Procedure, Exclusionary Reimbursement

Service Provider	Code	Billed	Medical Aid reimbursement
Radiologist	34100	R 1397	R 1397
Clinician	3605	R 1445	R 540

Why more expensive? Inclusion of US, no self-referral.

Cost Comparison Entire Service Process

	Prof J Apffelstaedt	Clinician - Radiologist-Clinician	Additional Cost Savings
Annual screening	R 1995	R 2000 - R 3100	Avoid unnecessary breast biopsy
Diagnosis of mass	R 9900	Up to R 28 400	Diagnosis non-operatively
Follow up Breast cancer	R 11 345	R 14 550	Clinical visits No unnecessary blood tests

Current Reimbursement Model: Shortcomings

- ❧ New compensation codes and reimbursement limited to RSSA**
- ❧ SAMA codes and reimbursement not updated**
- ❧ Patient co-payment unjustifiable and exclusionary**
- ❧ Forces patient into an inefficient and costly 3-step process**

Monopoly

- ❧ **Patient experience affected negatively**
- ❧ **Unrealistic difference in reimbursement based on coding**
- ❧ **Higher costs to patient**
- ❧ **Higher systemic costs**
- ❧ **Lack of competition between RSSA and Other Specialists**

Exacerbating The Situation

- 🌀 **Input on coding and reimbursement limited to radiologists**
- 🌀 **Input of other specialties blocked**

I have a dream

🌀 **Radical change of business model necessary**

🌀 **Clinicians**

- **own shared imaging equipment**
- **employ radiographers to produce images**
- **report on imaging in their specialty**
- **provide better service and experience improved satisfaction**