



SAMA FIGHTS 'FUNDER-DRIVEN' MEDICAL CARE



Jan Talma

The high-stakes copyright battle between SAMA and the Board of Healthcare Funders (BHF) over the *Guide to Billing* lies simmering after a crisis stand-off last month.

This followed legal moves by SAMA to prevent distribution of a BHF version of the book after talks broke down amid mutual finger pointing.

SAMA owns the copyright to the *Guide to Billing* and began producing the book (then called the *Guide to Fees*) over two decades ago.

The controversial BHF guidebook allegedly had 800 significant differences to the official SAMA book, the most significant of which were changes in unit values. It also allegedly failed to reflect any new procedures or amendments to existing procedures introduced since 2002.

SAMA asserted that the BHF's decision to distribute their own booklet in electronic and hard copy forced them to threaten legal action. The move succeeded and distribution has stopped.

Dr Jan Talma, chairperson of SAMA's specialist private practice committee, said that allowing the BHF to set descriptors and unit values in SAMA's *Guide to Billing* would devalue science and sell out doctors and patients to a profit-driven industry.

BHF Tariff Chief Officer, Fiona Robertson, countered that 'the current SAMA claim to copyright effectively prevents anybody from publishing anything related to the *Guide to Billing*, including the BHF from making the recommended reimbursement rates available to doctors, thus causing complete chaos in our industry'.

'This year no doctor knew what rate to charge for what procedures in order to be sure of reimbursement as BHF couldn't publish these values in isolation. To be meaningful they would have needed at least the code, if not the descriptor,' she added.

SAMA is responsible for setting the descriptors of all procedures and for determining their relativity by allocating units to each of the 3 500 codes in 30 disciplines and sub-disciplines.

Talma: 'The fundamental principle is that we cannot allow business to decide how doctors treat patients.'

Talma said SAMA's Specialist and GP Private Practice Committees meet for at least four days annually to assess new procedures and decide whether they qualify for inclusion in the *Guide*.

New treatments are painstakingly evaluated, first within the individual disciplines, and later at wider forums with input and scrutiny from the entire profession. 'Sometimes we bring in overseas expertise. There is very robust debate and it is naturally self-regulating between disciplines'.

Talma said this function could only be performed by the profession and it was part of its ethical duty to preserve clinical independence.

Robertson said the BHF seldom intervened with units or descriptors and only made changes if there was a significant material impact on the

benefits for which a scheme would be liable. This year BHF disagreed with the view that 'only SAMA could distribute BHF recommended information.'

She added that 'in an attempt to prevent total chaos and possible legal action, BHF decided not to change the format of the previous publication but merely add the percentage increase for 2003. There was no intention to curtail medical advances'.

Talma argued that failing to take a solid stand against the BHF would create the potential for funders to exclude current necessary procedures, 'not to mention denying legitimate payouts to future medical developments. The fundamental principle is that we cannot allow business people to decide how doctors treat patients.'

He and SAMA chairperson, Dr Kgosi Letlape, believe the very autonomy of the medical profession is at stake as open medical schemes drive the BHF to win doctors over to the cheaper 'recommended scale of benefits' book.

Letlape said that if doctors wanted to survive, they would have to 'put their patients first, render appropriate services and ensure they are paid accordingly'.

Talma emphasised that none of SAMA's input prevented funders from deciding benefits for each procedure. 'Like most insurers, schemes only pay benefits for services and these benefits may not reflect the full value of the service rendered to the member. They decide whether they pay out or not.'

The contract on treatment modalities should 'remain between the doctor and the patient while the contract on benefits rightly belong between the patient and the medical aid'.

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BHF sources claim the 2001 code changes made by SAMA would have amounted to nearly R400 000 in extra payouts to GPs alone.

Doctors are concerned that the incentive within the funding industry is to withhold treatments, medicines and investigations - which immediately poses an ethical dilemma.

The BHF argues that SAMA's consistency and accuracy in determining units is sometimes problematic, citing the 2001 change-over to CPT (current procedural terminology) when SAMA increased certain unit values, temporarily disrupting relative values and pushing up funder costs. This anomaly has been corrected in the latest SAMA *Guide to Billing*.

Robertson refuted SAMA's suggestion that the BHF aggressively first introduced and distributed their own guide last year at a reduced price and linked to the practice code numbering system. The *Guide* had previously been sold by BHF to anyone who required it.

'Through its statutory position, RAMS historically produced a government gazette with scheme rates. When RAMS was deregulated in 1994, it continued to publish recommended reimbursement rates. The BHF just kept that up', she said.

Talma said that after reaching agreement with SAMA, the BHF changed their mind about providing SAMA with a list of benefits payable to medical scheme members, resulting in headaches for doctors wanting to charge members exact scale of benefit amounts.

Robertson reported that 'a year ago SAMA notified BHF of its intention to refuse the right to use any part of the *Guide to Billing*, at which point BHF engaged the Association on almost a weekly basis to find commonality. It was felt that a joint publication would be in the best interests of the industry. 'Towards the end of the year, we reached a possible understanding that a code and the BHF rand value was all the industry needed'.

She says SAMA then sent out a notice to all members of medical schemes, saying the BHF was not entitled to publish anything and introduced the 57c per member per month levy. Thereafter negotiations broke down.

'Our biggest contention is that the information needs to get to every doctor and every medical scheme at minimal cost,' Robertson said.

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In an unpopular move with non-members, SAMA introduced coding licences this year, charging R3 078 (VAT inclusive) for usage of the *Guide to Billing*. Members are charged R228 per licence and copy (VAT inclusive). SAMA membership meanwhile costs R1 800 per annum (VAT exempt).

SAMA is also charging medical aids 57c to use the coding structure for each of the 2.6 million principal members. If all medical schemes pay, it will bring in an estimated R14 million per annum. BHF's Robertson quipped that 'SAMA complains about the increase in non-medical costs!'

Letlape responded that it costs SAMA about R18 million annually to produce the *Guide*.

SAMA's legal advisor, Elsabé Klinck, said the new licence 'entitles doctors to support from our coding department. Our staff spend considerable time on queries from employees about billing issues - effectively assisting medical schemes for free. The royalty merely compensates us for this. The same goes for SAMA non-member doctors who in the past were subsidised by work paid for by SAMA membership fees'.

Robertson dismisses this argument, claiming the general public generally only contact SAMA 'if they are unhappy with the professional component. BHF

and many medical schemes have their own call centres - why would the public call SAMA with medical scheme enquiries?'

In an attempt to resolve the impasse, Minister Tshabalala-Msimang instructed the Registrar of Medical Schemes, Patrick Masobe, to set up a ministerial committee to report back within three months on the origins of the crisis and measures to prevent a recurrence.

Members of this committee will be drawn from the Council for Medical Schemes, the Department of Health, SAMA and the BHF.

Robertson said the BHF would be relieved at any measure that might 'defuse the situation and take it forward'.

Letlape welcomed the move, calling it 'a golden opportunity to address soaring non-health care costs, managed care costs and the general decrease in patient benefits'. The Council for Medical Schemes has estimated that the premium share diverted to medical schemes administration increased 264% between 1996 and 2001.



Elsabé Klinck

Hopefully this ministerial probe will succeed where mediation by Director-General Ayanda Ntsaluba failed.

Chris Bateman

