



## OPINION

### Managed care and the GP

J L Venter

Are big-money medical role-players moving into international markets because they realise that their greed may have doomed the private health care industry in South Africa to certain death in a few years time?

It takes no financial wizard to see who were the only role-players in the health care industry to have benefited from the yearly inflation-beating increases in medical aid premiums for the last 20 years. (Consider hospital groups' and medical aid managers' profits, which have grown yearly by plus-minus the exact percentage that patient medical aid premiums have increased every year — see Fig. 1.)

All role-players who did not contribute directly to the financial welfare of hospital groups or medical aid administrators were starved by the system. This explains the diminished numbers of GPs, psychiatrists (only one-third of their number left in South Africa), physicians, etc., all of whom have left for greener pastures.

Let us look at what has happened to GPs in recent years. Managed health care has decreased the latter's slice of the cake by more than 50%. GPs have been too paralysed by fear to do anything to protect themselves. They were fearful of losing patients, of not being part of the attractive 'contracts' that were always being promised but never materialised (and never will materialise, even if disguised as a 'partnership').

Organisations that should have looked after the interests of GPs were so involved in making money out of the system by climbing into bed with the medical aids and trying unsuccessfully to 'manage their members' that they did nothing to protect their most valuable assets – the GPs themselves.

Instead, efforts by the inventors of 'managed care' have mainly aimed at saving on GP consultations and medicines – not at where the really big savings could be made, i.e. hospital and administration costs. (According to Andrew Sykes, actuary, 300% more surgery is being done in South African private hospitals than in First-World hospitals, and not all of it is essential.)

This has led to the number of GPs decreasing greatly. The number of doctors applying for a 'certificate of good standing', needed to work abroad, increased from 878 in 2000 to 5 988 in 2003. Those who leave are not being replaced — only 7% of new graduates contemplated GP practice 2 years ago, and even fewer do now. The average age of GPs has crept up to more than 52 years,

*Lowu Venter has been a family physician in Kilnerpark, Pretoria, since 1981. He is married and has two children. Job, family, sport and knife-making keep him busy and content.*

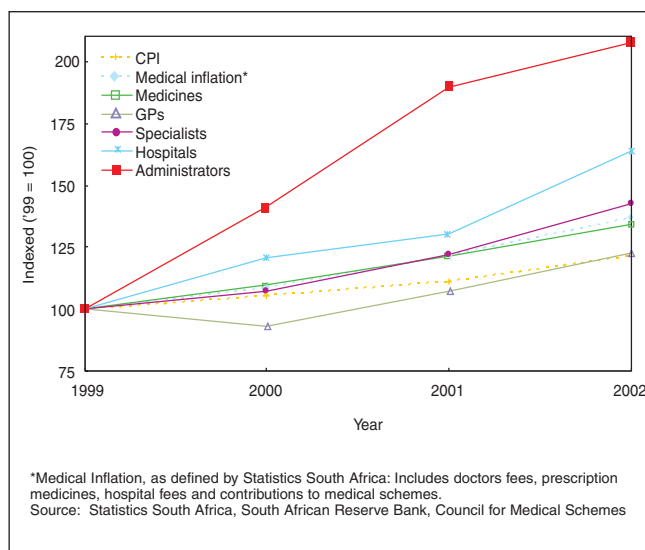


Fig. 1. Comparison of medical cost category growth v. inflation indices (1999 - 2002).

leading to a situation where we can envisage such a shortage of GPs in the near future that most of the infrastructure of the medical industry in South Africa might be in danger of collapse.

As is generally recognised worldwide, if not yet in this country, no health system can function without GPs, even if they are now the black sheep of the system in our country.

So instead of breaking our heads over who may be allowed to dispense medicines and who not, we should rather start worrying about how we are going to revive interest in and the viability of GP practice, and how we will get doctors to serve as GPs in our beloved country 10 years from now.

Has 'managed care' so starved primary caregivers that the former now realise they might have killed the industry and have no alternative other than to move out of the country to survive — just as they have forced so many GPs to do?

Be it as it may, I agree with Dr Kgosi Letlape of SAMA that the only way to rectify the situation is for doctors to stop looking fearfully over their shoulders at what their colleagues are doing. Let them break free from the third-party payers (managed care) and deal directly with their patients. Let's hope it will not be too late.

Expenditure on medicines is not driving total private health care costs — growth in hospital and administration costs has far outpaced medical inflation in recent years.