National Health Insurance – threat or opportunity for family doctors?

The debate has begun. A National Health Insurance (NHI) system for South Africa is finally on the cards. It was contemplated by the Smuts government in 1941 but abandoned because of political opposition and funding limitations. The ANC government has finally committed itself to its 1994 electoral promise. This time around there is little political opposition, but will there be enough money and knowhow?

Few compatriots will disagree with the statement that our health system is "sick". South Africa is spending 8.5% of its GDP on health care, ranking number 32 in the world, and yet, in terms of the WHO's rating measuring health outcomes, we are only number 175. This means we are spending a lot of money, probably all we can afford, but are not getting good results due to inefficiency.

There is also a huge discrepancy between health care in the public sector and health care in the private sector. The state will, in 2009/10, spend on average about R2 000 per year on each patient that it sees, and this will increase with the OSD salary increases. The medical schemes on the other hand will spend about R9 500 per year on each patient that is seen through their system. It is a well known fact that the public health service is struggling, overburdened and not providing adequate health care to those dependent on it. The main reason is a lack of staff, particularly nurses and doctors. On the other hand the private sector is providing "world class" services, but fast becoming unaffordable for members of medical schemes. It is estimated that the cost of private medical care is gulping 30% of salaries in the formal sector. Clearly something has got to give in both systems and nobody can argue for the retention of the status quo.

But what will the new system look like? The principle is that you pay according to your means and receive health care according to your needs. Not much is known yet as the government Green Paper is yet to be published. The following concepts seem to part of the proposed system[1]:

- It will be phased in over a five year period, starting in 2010.
- There will be a national NHI Fund (NHIF), where monies will be pooled from contributions from salaried persons, the road accident fund and general tax, in order to secure greater buying power.
- The Fund will be administered by an NHI Agency (NHIA), with a CEO reporting to the Minister of Health.
- The NHIA will buy all health care services and products on behalf of the total South African population.
- Both the public and private sectors will deliver care to NHI patients at a uniform level. Patients will be expected to register at a private practice, so that that practice can be paid a per-head amount for that practice seeing the patient.
- All employees who earn more than about R5 000 per month (the approximate current tax threshold) will have to pay a payroll tax to the NHIF. Employers will have to pay the same amount into the Fund. It is not clear what that amount will be.
- Medical schemes will continue to exist, but it is likely that medical schemes will provide top-up cover as some members will find paying both NHI contributions and same cover medical scheme premiums too much.

For many the main concerns about the proposed NHI are:

- Will the available money in the NHI be able to provide us with an acceptable package and quality of health care so that current medical scheme members will give up their cover? South Africa and Australia spend almost the same percentage of GDP on health care, yet South Africa has only one third of Australia's GDP per capita, meaning that Australia can afford to spend three Rand for every one Rand we can spend. How can we provide anything comparable against those odds?
- Will the government be able to administer the system efficiently, given its very poor track record in governing the current public heath care system, the Compensation for Occupational Injury and Diseases Fund and the Road Accident Fund?
- Will the NHI be able to attract and retain the number and quality of heath care professionals needed, or simply cause an even larger exodus?

As family doctors we are indeed tax payers and patients ourselves and will be concerned with all the above. But of particular concern will be the future role of family doctors in the NHI system. Will the government place emphasis on primary health care, and provide for adequate numbers of family doctors to give every person free access to their family doctor of choice, when needed, with proper referral services? Remember the old South African Railways and Harbours system in the sixties? Remember the old District Surgeon system for the poor and indigent? We certainly don't need those back.

At this stage there is still ample opportunity for stakeholders to participate in the process of planning the NHI. We need to consider alternative models and variations on the proposals, do costing on the impact, and to look at the implications of the system as proposed by the government. Let us participate, the Academy, the College and private general practitioners groups. It is about talking more "us" and less "me". It is about the realisation of quality health care for all our people and for family doctors to play their rightful and meaningful role in fulfilling that ideal.

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References

1. Kailas Bergman. National Health Insurance – a tale of two systems. Media Release. 15 October 2009.