

Quality Assurance

The emergence of managed health care has set all family practitioners, specialist colleagues and other health professionals in a scurry. The concept of "being managed" by another, non-medical body is unacceptable to the profession, which for too long has been held to ransom by the funders of medical care. Claims have been made that the remuneration paid to practitioners is far too low for the responsibility carried by the practitioner in the caring of this patient, which has led to dissatisfaction. Even in the full-time sector, dissatisfaction has resulted due to the unacceptably low remuneration, and this has led to threats, by the medical staff at certain hospitals, of a strike action.

The poor remuneration of the medical practitioner has resulted in a number of problems.

Firstly, the over-servicing of patients in order to increase turnover has resulted in a deterioration in patient care, and care which is not provided in keeping with principles of family medicine.

Secondly, many practitioners have taken to dispensing in order to supplement their incomes – which is again a debatable issue as to whether a practitioner should be spending time dispensing when he should be with his patient. No doubt that dispensing by the practitioner does, in many instances, provide a reduction in costs to the patient, but it surely is not an acceptable situation for any professional to look for another source of income in order to survive.

Thirdly, limited private practice has been allowed by the Minister – a situation which has led to major ethical and logistical problems, not to mention the possible deterioration of medical care to hospital patients as well as the potential of less time spent by the consultant in under- and postgraduate training.

All this leads to one thing – a reduction in the quality of patients care, which in turn increases the cost of the care provided.

One of the aims of the Academy is the provision of appropriate care to all the peoples of this country. Again, an aim of vocational training is that the trainee, once he has completed his training, will practice in a manner which is cost-effective, making best use of the financial and other resources available to the patient within a specific community.

It is without doubt, time to ask ourselves the following question:

1. How cost effective are we in providing the care which we give to our patients?
2. Are we able to closely monitor the outcome of our interactions with our patients?
3. What are the referral rates?
4. How appropriate is our usage of laboratory and other special investigations?
5. How do we review our prescribing habits?

My guess is that there are few, if any, who can produce any documented evidence relating to the above question. Yet this is what managed health care is about – managing costs in relationship to patient outcome

without comprising the quality of patient care, and in particular, the doctor-patient relationship. And, if we wait long enough, there will be yet another outsider who will quite happily control all this for us, and once again we will be locked into an unhappy marriage.

It is therefore up to us to devise such quality assurance programmes, and this is where the Academy of Family Practice will be a major role player. Throughout the country the Academy has been involved in providing regular CME meetings, which are relevant to the family practitioner, and through the many small group meetings, very often a limited "self-audit" takes place. The Family Practitioner needs more than this, and the Academy will provide it.

Regular workshops will be held throughout the country which will help practitioners identify specific needs, and to set up the necessary infrastructure to implement quality assurance programmes. This will leave the most important person in control of the quality of care which is delivered – the family practitioner, and not a stranger!

S A Family Practice will also contribute to this need with update articles, ideas on cost-effective practice, as well as guidelines which can be used in quality assurance programmes.

It is important for you, if not a member of the Academy, to become one so that you too can benefit from these programmes and workshops which will be offered to Academy

GUEST EDITORIAL

In Defense of Manual 7 (ENT, Dermatology and Eyes)

... Quality Assurance

members throughout the Country.

Only through dedicated application of ourselves to our task will we be able to truly provide our patients with appropriate cost-effective care which is their right to have.

GK Brink

Long, long ago, when I was a young and enthusiastic doctor, a patient came with a fractured elbow, which I was keen to fix with wires and pliers. I phoned an orthopedic surgeon, suggesting that I tackle it and wanting him to agree. He had a short answer:

"Stuur hom vir my, voor jy die hele arm condemn!" (Refer him fast!)

Talk about condemning: The eyes are probably the organs most in danger of being condemned by our lack of knowledge or inappropriate search for adventure. The emphasis in this manual is on examining the eyes. Good care will follow from a good assessment. There is also information on trauma, glaucoma, diabetes and the eye, and the red eye.

Funny rashes are common in real life. For many years my motto was:

"If it's bizarre, do a WR!"

Another one is this:

"If the problem's a rash, give topical steroids a bash"

There is a new one: "Is it as rash that is troubling thee? Then think of the dreaded HIV"

Now for the latest one:

"If a new South African comes with a rash.

Don't just give him the usual steroid bash.

Whether he is black, brown or pink, Grab manual 7 and start to think, And with: "Aba!" the problem is solved in a flash."

The manual has some information for the hit and rub dermatologist: a system that helps to approach skin conditions more rationally. Once an assessment is made, treating should be more sensible and helpful.

I trust the following sections will be of help: HIV and the skin, HIV and the eye, HIV and the ENT. There is also a glossary of terms for both ophthalmology and dermatology.

I trust this manual will serve you and your patients well and would welcome suggestions on how to improve on it.

Manfred Teichler

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Eyes, ENT, and
Skin