"How to reduce the rising cost of medical practise in South Africa..."

By Dr. Morris Helman. M.B. Ch. B., M.F.G.P. (S.A.)

I believe that my many years of experience in private practise, and my service to the medical profession, especially the medical association of South Africa, qualify me to express my views. In doing so I have the welfare of the medical association at heart, and no less that of the patient.

Recently I had the privilege of attending a meeting with the chairman of Federal council, Prof G de Klerk, at

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which doctors, dentists, pharmacists, nursing home owners, and various members of medical aid societies discussed certain bottlenecks, seeking to find ways to minimise the increasing cost of medical practise.

This article is an elaboration of certain suggestions I made then, as well as suggestions that emanated from some of the representatives at that meeting.

THE ACCOUNTANCY ASPECT OF MEDICAL PRACTISE.

The object of the scheme proposed hereunder is to relieve the doctor of the trouble and expense of rendering accounts, and yet conform to the act.

Doctors would make use of a standard size, multi-copy carbonised account book providing at least three copies. The upper portion is completed by a nurse/receptionist and would give details of the patient's name, address, medical aid society, registered number, and the date.

The lower portion would be filled in by the doctor during the consultation giving details of diagnosis, treatment, government gazette code number and the consultation fee. Both the patient and the doctor would sign the form, thus enabling the patient to see that the account is in order.

One copy would be for the patient, the second copy for the doctor's records, and the third copy for the medical aid society. This last copy would be submitted by the doctor, as is the case in Canada; with the Ontario Health Insurance Plan. Accounts can then be submitted weekly to the respective medical aid, thus effecting a considerable saving in postage, envelopes and time.

The following items are involved in postage, especially medical aid accounts:

- Photo-copy machine, or lease-lend thereof, amounting to R1 500,00 per machine, or R45,00 per month lease lend thereof, spread over five years.
- Ledger cards — R105,00 per 10 000 copies.
- Toner — liquid fluid for photo — copy machine — R13 per month.
- Electrostatic paper — account forms, R120,00 per year.
- Servicing of machines — R60,00 to R80,00 per year.
- Envelopes — R50,00 per year.
- Postage — R150,00 per year, including registered mail to medical aids, and registrar of medical aids and patients.
- Bookkeeper or part-time bookkeeper (i.e. A nurse with bookkeeping experience. This could amount to R2 500,00 or R5 000,00 per year.

This cost structure that I have detailed concerns the accountancy of a busy general practitioner, and where approximately 500 accounts have to be sent out monthly as well as registered letters and repeat accounts.

The multi-copy carbon account thus does away with the photo-copy machine; the servicing, the lease lend thereof, electrostatic paper, and a considerable reduction in postage and envelopes. But biggest of all no extra nurse/bookkeeper will be necessary.

Let me hasten to say that not all this is entirely my plan, but much of it is based on the Ontario Hospital Insurance Plan, full details of which are given in the British Medical Journal under the heading "talking point" 28th October, 1978.

I have also visited Canada and seen the practical application which works well. What I especially like about it is that it does not cause any disturbance in the doctor-patient relationship, because:

He is aware of the service rendered and the cost thereof

He is not plagued with getting the account to the medical aid

He knows that the doctor is paid promptly thus not being embarrassed when he needs the doctor's services.

OVERDUE ACCOUNTS CONTRACTED IN DOCTORS.

If the contracted-in doctor is not paid within two months of the date of service, he has according to the act to send the patient another account with a special stamp, reminding him to contact his medical aid about the overdue account. He also has to send a registered letter to the medical aid society, and eventually, if the payment is not forthcoming, forward a registered letter to the Registrar of Medical Aid Societies with photo-stat copies of the registered postal receipt and the date that the letter was sent to the respective medical aid society.

At the end of it all, one usually finds that the patient is no longer entitled to benefits.

This method of fee collecting as described in the Government Gazette is clearly insufficient, time consuming, and a needless expense.

No business organisation I know would stand for such shoddy treatment. After having given of his time and service; used his materials; and incurred travel expenses; the doctor still has to add the above method, as prescribed in the act, to get his due.

THE CONTRACTED OUT DOCTOR

In Canada it is the accepted right of every doctor to opt out of medical aid, but then he has to look to the patient for payment, as the patient is paid directly by the medical aid.

If the doctor has charged a higher fee, the difference has to be made good by the patient. The only difference between the medical aid in Canada and South Africa is that the Canadian health scheme informs the doctor when the patient has been paid.

Today, in South Africa 75 per cent of medical aids pay the doctor direct and in full, provided that he charges the medical aid tariff. In contrast, the government based medical aids are unwilling to do so, and in addition they do not divulge any information to the doctor as to whether the patient has been paid or not.

This attitude stems from the fact, I am led to believe that they feel all their members should be charged the medical aid fee.

They contend that their members of the higher income group pay a higher subscription fee, than the members of the lower income group, thus making up the difference.

There seems to be a lot of substance in their argument, as the lower income group is then also entitled to medical aid services, and a free choice of doctor.

Let me categorically state that the contracted-out doctor does not always charge the higher fee, nor will he deliberately charge more than the prescribed fee if he knows the patient cannot afford it.

I am sure these problems can be ironed out with the medical profession now that I have the facts, and that the government based medical aids will then be able to see their way clear to pay the contracted-out doctor his fee direct if he charges medical aid fees. Similarly, to let him know when the patient has been paid by his medical aid, should he be contracted out.

PROPOSED NEW MEDICAL AID ACCOUNTING SYSTEM

If my suggestions for this new method of rendering accounts are accepted and a standard size multi-copy carbonised account book materialises then I visualise a great saving to the doctor and the medical aid society and in turn the beneficiary.

The account could be sent to a Central Administrative Office for processing. Naturally, it would be easy to computerise the account as it is of standard size. After processing the account would be sent back to the respective medical aid who would then issue payment to the doctor.

This would cut down administrative costs and staff of no less than 302 medical aid societies.

This proposed rationalisation would make it possible to reduce subscription rates and increase benefits to the patients. These suggestions stem not only from me, but also from delegates present at the meeting of the Consolidated Health Services in Cape Town, last year especially the pharmacists who mentioned such a scheme, and have it operating already.

Added to what I have already proposed, the findings of the Commission of Enquiry established by the Honorable Minister of Health may well result in a further reduction in the high cost of medical practise in the Republic. I wish to comment on the Commission's terms of reference:

INFLUENCE OF PHARMACEUTICAL MANUFACTURERS

The high powered advertising and sales talk of the pharmaceutical representatives with their distribution of all sorts of gimmicks and presents, all contribute to the high cost of medicine in the country. In addition there is the surcharge on medicines from overseas.

Despite the fact there is supposed to be a curb on the distribution of samples, these are in fact easily obtainable, and so a further increase in cost to the patient.

One must also mention the literature distributed by ethical firms, on most expensive paper, with special illustrations costing a fortune, and again the consumer has to pay for it.

I can well remember when Prof. Brock, then professor at the University of Cape Town, gave the key-note address at one of the conferences advocating restriction of advertising in medicine, the ethical firms immediately reacted by threatening to abolish the bursaries offered to doctors for overseas study as well as for research. In addition they also would stop setting up their displays at the medical conferences.

This was a serious matter for as

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far as is known neither the universities nor the central government were able to displace their donations, hence the status quo remained.

The situation may be different today.

There is also a great need in South Africa to introduce a formulary, so as to avoid duplication of drugs, by having the generic name instead of the trade name. This formulary could promote the less expensive drugs which do just as well as the expensive ones.

Such a formulary is in operation at Groote Schuur Hospital, and works well and no one complains. So if it is good enough there, it must suffice for the rest of the country.

The ethical firms will however have their objection, as they wish to have the identity of their products retained.

HOSPITAL SERVICES

The following is a list of the areas where economy is sadly lacking.

Disposable materials:

Here there is little concern for economy.

It is true with the advent of plastic syringes serum jaundice is greatly reduced, nevertheless the use of very expensive disposable instruments, such as speculums, and especially urological instruments need re-examination.

Linen:

Linen, especially bed linen in provincial hospitals, is automatically changed each day whether necessary or not. Costwise a great saving could be effected if used wisely.

Antiseptic Solutions:

If these were diluted to the required strengths in the dispensaries and not left to be done in the wards, a big saving is possible, as much wastage takes place otherwise.

Food:

A great quantity of food is left over. Catering needs stricter control.

Telephones:

These are often used indiscriminately and illegally for private use.

Stationery:

Here B.P. charts could be printed both sides and a big saving effected.

These are but a few of the areas where a saving could be effected, and such saving added to the nurses pay, encouraging them to stay with the provincial hospitals and so increase efficiency as well.

DEFRAYING COST OF SPECIALIST SERVICES

As is done in Canada, the Ministry of Health, through the Minister, acquaints people with the fact that 85 percent of all illnesses fall within the orbit of the general practitioner, and 15 percent belongs to the specialist.

Hence patients are told to consult their G.P. first and if necessary he will refer them to the required specialist as he knows best who is the expert in his field. In so doing a great saving will be effected to both patient and medical aid.

THE GENERAL PRACTITIONER'S IMAGE

As a side note I would like to suggest that the general practitioner's image is not what it ought to be. The term Specialist Physician bears a totally different connotation to that of General Practitioner. The two are too far removed.

To close the gap, I propose once again that the wording be changed from General Practitioner to Family Physician. If the patient sees that his doctor is also partaking in ongoing medical education, this will further enhance the GP's image.

PROVINCIAL HOSPITALS

Lastly, while I am aware that all cases can now be admitted to provincial hospitals, regardless of their income, I must deprecate this as only too often these hospitals become the dumping ground of the elderly and chronically sick when their children wish to have a break from their resposibilities.

At R15 a day it is a bargain. If it is a person of the lower income group, I don't mind such a case being subsidised for that is the state's responsibility.

I however refuse to pay taxes to subsidise the rich.

IN CONCLUSION

The advantages therefore of my scheme is as follows:

Improved doctor — patient relationship.

The moral right of a doctor to contract out if he so desires.

Decreased cost of medical practise all round.

Quicker payment of doctors' accounts.

PRESENT ACCOUNTING SYSTEM AND COST

LEDGER CARDS — Most general practitioners in solo practise sends out 350 to 500 accounts a month, hence 500 ledger cards required. In addition new cases over the year, plus a second card when the first is full amounts to a further 500 cards. Cost of 1 000 cards = R110,00 a year.

TONER — Fluid used for copying machines each month = R156,00 a year.

ELECTROSTATIC PAPER — This represents the account forms in the copying machines, and amounts to = R120,00 a year.

SERVICING OF MACHINES — R60,00 to R80,00 a year.

ENVELOPES — R50,00 per year.

POSTAGE — 500 accounts a month at three cents each, and soon will be five cents plus the cost of registered lettes to medical aids and the Registrar, as per the act, and no less the receipts = R400,00 to R500,00 per year.

A NURSE WITH BOOKKEEPING EXPERIENCE, full-time, amounts to R4 800,00 a year, or a part-time nurse bookkeepr = R2 500,00 a year.

TOTAL COST FOR THE YEAR = R5 816,00 a year, or if a part-time person employed = R3 516,00 a year.

SUGGESTED ACCOUNTING AND COST

A multi-copy carbonised plain account book of 100 sets of three pages each set with two pages perforated and one fast or attached, as well as each set numbered, amounts to R4,25 per book. Or an account book with no carbon required R6,75 per book with 100 sets. The sta tioners inform me that the latter account book is preferable. So the total cost for the year = R405,00.

To this must be added the cost of envelopes and stamps, but as medical aid accounts will be sent only once weekly, and many accounts in one envelope instead of an account to each patient, as the doctor now sends the account direct and by himself, so much money can be saved by patient and doctor.

The accounts from the multi-account book being numbered, and the doctor's portion being retained in the book, no ledger cards will be necessary. Certainly photo copying machines, the lease, toner and electrostatic paper will not be required. Even more important no additional nurse/bookkeeper.

The saving thus can be in the region of R2 500,00 to R3 000,00 a year to the doctor.

DIE SKRYWER:

MORRIS HELMAN
M.B. Ch.B. (C.T.)

Dr Helman het 'n veel omvattende en selfs avontuurlike loopbaan tot op datum beleef.

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MORRIS HELMAN

Hy was die seun van 'n Rabbi, wat ook aan die Stellenbosch-se Kweekskool lesings gegee het; en het groot geword op 'n plaas in die Swartberge, distrik Laingsburg waar hy matriek geslaag het.

Voorts is hy na die Universiteit Kaapstad na die bekende Kollege Huis in Bredastraat waar hy 'n tydgenoot was van verskeie interessante latere kollegas en aan allerlei sportvorme deelgeneem het — hy was glad genoem in Professor Jannie Louw se boek "Aan die voet van Tafelberg" vir sy "Extra Mural Activities"!

Na graduasie was hy huisdokter te Rondebosch Hospitaal en ook by Addington Hospitaal en is toe kortliks in algemene praktyk in Durban gewees; en is toe getroud met sy aantreklike vrou, gegradueerd in musiek aan U.K.

Voor uitbraak van die oorlog in 1939 was Dr Helman reeds Luitenant in die Reserwe Mag; toe sluit hy aan en was later verbonde aan die kus-batterye in Kaapstad asook die Offisiere in die privaat hospitale in Kaapstad, onder wyle Kolonel Lance Impey, Assistent-Direkteur Mediese Dienste.

Interessant genoeg in hierdie stadium het hy probeer om 'n mediese hulpskema te stig vir die vrouens en kinders van soldate op aktiewe diens! Daar het artikels hieroor verskyn in die S A Mediese Tydskrif en ook The Cape Times (1940). Hy het ook 'n spesiale "Gun Floor Slipper" ontwerp as teenvoeter vir platvoete van die soldate by die kusbatterye, heel suksesvol; word nog vandag gebruik.

Daarna is Dr Helman na Egipte onder bevel van Kolonel Frank Mellish, in die 43rd Light Anti-Aircraft Regiment te Helwan en die Suez Kanaal; waar hy ook gedien het as die Sportoffisier; Adjudant Dr David McKenzie wat onlangs President van die MVSA was; en was genoem die Sporto-Medico.

Dr Helman was 'n tyd lank lid van die 8 Weermag en ook in die Veld Ambulans van die S A Divisie by Bologna, Monte Sole en later in bevel van die Ligte Seksie van die Veld Ambulans te Hoofkwartiere van Brigadier Palmer; ook later tydelike Bevelvoerende Offisier van die Reserwe S A Veld Ambulans vir Florence.

Na die oorlog is hy Engeland toe om ons oorloggevangenisse uit Duitsland te ontvang; terwyl hy aldaar nog in die leer was het hy ook nagraadse studie gedoen te London Postgraduate School vir terugkerende dokters en is toe terugverplaas na die Wynberg Militere Hospitaal waar hy sy ontslag gekry het in 1945.

Dr Helman het met praktyk begin in vennootskap te Groenpunt en Spoorweg-geneesheer geword — wat hy vandag toe nog is vir sowel daardie omgewing asook van die Tafelbaai Dokke.

Vir die laaste 10 jaar dien Dr Helman as Voorsitter van die Spoorweg-doktersgroep, Wes-Kaapland en het in hierdie tyd uitmuntend daarin geslaag om 'n uitstekende verstandhouding te skep en stel tussen die betrokke geneeshere, en lede van die Spoorweg Administrasie, en die voordeeltrekkers.

Hy het ook op eie inisiatief verskeie byeenkomste soos dinee gereël met die betrokke geneeshere en die betrokke groepe hierbo genoem, wat o.a. deur die verskeie Minister van Vervoer en lede van die Tak Wes-Kaapland en van die Federale Raad se Uitvoerende Komitee bygewoon is, met besonderse goeie gevolge.

Dit is einste Dr Helman wat destyds geweier het om 'n doodsertifikaat uit te reik in die geval van Maria Lee, wat weens arseenvergiftiging van haar man ter dood veroordeel is; hy is gekomplimenteer deur Regter Steyn hieroor.

Vanaf 1947 tot 3 jaar terug was hy 'n aktiewe lid van die Takraad Wes-Kaapland; vir jare lid van die Huis en Tydskrif Komitees, asook van die plaaslike Kontrak en Etiese Komitees.

Hy het ook vir ten minste 3 terme gedien as verkose lid van Federale Raad waar hy een van die eerste was om in Federale Raad in Afrikaans te begin praat — "sonder anglisismes!" Hy is vanjaar verkies om volgende jaar President van sy tak te wees.

Dr Helman was al tweekeer Engeland toe om Nagraadse studie te doen in die allergie en sy lys van publikasies tel 7 items, oor eklampsie, akute gastro-enteritis, Bjornholm se siekte, asma onder seuns, en die gebruik van Diamox en Actifed.

Hy was ook 6 jaar lank lid van Die Joodse Raad van Afgevaardigdes (Kaapse Komitee), Voorsitter van die Kapilaan Komitee (die skakel tussen die Raad van die Joodse Seuns in die Verdedigingsmag); asook lid van die Raad se Jeug Komitee, en die Joodse Oud-Gediendes Liga.

Hieruit kan mens duidelik sien dat Dr Helman 'n Godsdienstige man is, en is hy gereelde Sinagoge ondersteuner — inderdaad Visie-President van die Moeder Sinagoge van Suid-Afrika, te Kaapstad.

Sy groot enkel taakverrigting voel hierdie veelsydige kollega was egter gedurende die afgelope 3 jaar, toe hy daarin geslaag het om 'n groot jeug sentrum aan te bring in die Tuine, Kaapstad — die Albow Bros Youth Centre — 'n groot sukses uit alle oogpunte beskou, vir die jeug wat maklik ledig en verlore kan wees in die stede. Hierdie bydrae is gedeeltelik ter herinnering aan sy oorlede oudste seun. Daar is nog 'n geneesheer seun in Kanada en 'n plaaslike getroude dogter, en 'n kleinkind.

Sowaar 'n besige man! Maar om werklik die genot van die lewe te sien op die regte Helman wyse gelewer, moet mens hom sien op 'n Woensdagmiddag, pragtig uitgedos en hoed skeef op die kop, rooi blom in die knoopsgat, met swierige swaai van groot lyf, onderweg met sy vriende na die wedrenne te Milnerton en Kenilworth ...

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