GPs contracting with the NDoH: The Role in Context

Richard Cooke
Wits Centre for Rural Health
Technical Advisor to the National Technical Task Team
5 June 2014
“Contracting in”: Duties of the GP

• These include:
  - provision of promotive and preventive services as per PHC package: services **taking into consideration the burden of disease of the community being served by the clinic**
  - Use of clinical algorithms as per **PC101 Clinical Guidelines** for the management of chronic NCDs and of chronic communicable diseases such as HIV/AIDS and TB
  - Give **in-service training and support to nurses** employed in the health facility
  - Compliance with, and support of, clinical governance requirements, such as **appropriate record keeping and referral**
  - GPs shall be required to **attend training and orientation** (especially as it relates to new guidelines)

*Summarised from the National GP contract*
“Where is it at...”

• Health Professionals Contracting National Technical Task team (since April 2013 – includes NHI Project Managers)
• NDoH: HP Contract Management Unit established
• Claims and Payment Administration outsourced
• GPs: National Contract plus a Service Level Agreement
• Approximately 60 GPs contracted by mid–Oct 2013); 130 to date
• Most: Tshwane (>30), least: OR Tambo (0)
The challenges

1. Recruitment in the context of the DHS (e.g. Vhembe and Pixley)
2. Matching district/community need with GP preference
3. Sustainability past the pilots and ideal clinics
4. Rates: limited by the DPSA framework
5. Performance of the PHC team, not just GPs
6. Management and supervision - operational managers? DCSTs?
VHEMBE DISTRICT
Of Vhembe’s 113 clinics...

- No doctor coverage: 28
- Hospital Contracts (sessions): 20
- Prov/Dist contracts (sessions): 17
- Full time hospital contracts: 39
- National contract: 9
- Source: CMU GP database
Pixley Ka Seme District
## Pixley Ka Seme

### Emthanjeni LM

<table>
<thead>
<tr>
<th>Clinic name</th>
<th>Doctors</th>
<th>Employment</th>
<th>Distance from home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Britstown</td>
<td>Drs K, K, W and D all live in De Aar</td>
<td>Full-time employed by Province, working at Central Karoo Hospital</td>
<td>50 kms from De Aar</td>
</tr>
<tr>
<td>De Aar</td>
<td></td>
<td>In De Aar</td>
<td></td>
</tr>
<tr>
<td>De Aar Town</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kholekile Edward T</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montana</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanover</td>
<td>Dr V lives in De Aar</td>
<td>Private GP (district session)</td>
<td>60 kms from De Aar</td>
</tr>
</tbody>
</table>

### Kareeberg LM

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Doctors</th>
<th>Employment</th>
<th>Distance from home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carnarvan</td>
<td>Dr VZ lives in Victoria West</td>
<td>GP (national contract)</td>
<td>110 kms from Victoria West</td>
</tr>
<tr>
<td>Vanwyksvlei</td>
<td></td>
<td></td>
<td>40 kms from Carnarvan (gravel)</td>
</tr>
</tbody>
</table>
1. The rate is far too low, and we won’t be covering overheads if doing DoH clinic sessions (SAMA GPPP sub-committee)

2. “Basically it (higher sessional rates) would send the message that the career MO at the rural district hospital is the real bottom feeder” (Medical Officer Umgungundlovu)

3. “they cannot pay more than that otherwise there will be an exodus of doctors out of the hospitals to the clinics” (DH Clinical Manager OR Tambo)

4. “Maybe an exodus of doctors out of hospitals to clinics is just what we need!” (Wits Centre for Rural Health Family Physician)
DCSTs managing GP clinical performance?

• Not a burden, rather utilise GPs as an “arm of clinical governance” on-site (not just seeing patients off the bench)
• Win-Win “collegial relationship”
• DCST team approach to performance management – No doctors; Dr-Nurse heirachies
• Supervise performance of PHC team, not just GPs
• Start with DCST involvement with inductions
1. National Technical Task Team: Terms of Reference
2. HP Contracting Research Forum
3. PHC-HP Support Framework
4. “Hybrid” contracting model of sessions in Hospitals and Clinics
5. Rate paid at highest DPSA bracket
6. Travel time paid to clinics paid at the sessional rate
7. Attendance by GPs at induction programme is paid at the sessional rate
8. Ideal Clinics – policy meets implementation

NDoH – praiseworthy intent
NTTT Terms of Reference

• **Ensure** that the exercise of GP contracting is guided by a rational and costed plan

• **Pilot** the provision of packages of services

• **Pilot** the implementation of novel service configurations

• Ensure the **mitigation of negative risks** through the development of a monitoring system that provides early warnings.

• Commission an **annual independent evaluation** of the functioning and result of GP contracting. Include in the evaluation report positive and negative lessons learned and how these lessons will inform the design of future interventions
4 pillars of the PHC-HP Support Framework

PHC- HP Support Programme

- Induction/ orientation session
- District specific training sessions
- GP special interest sessions
- On-site mentoring and support
4 pillars of the PHC-HP Support Framework

- Induction/ orientation session
- District specific training sessions
- GP special interest sessions
- On-site mentoring and support

Centre for Rural Health
Gert Sibande
Induction Session
Primary Health Care - Health Professionals’ Support Framework (PHC-HP)
30th May 2014

Supported by the European Union

Department of Health
Mpumalanga province

Department: Health
REPUBLIC OF SOUTH AFRICA

health

European Union
Task 1: Plenary Report Back - district profile

Each group is to identify the 3 most important inputs:
- 3 most important priorities
- 3 biggest challenges to address
- 3 greatest successes to harness
- 3 most effective actions to implement

Please refer to electronic resource pack!

The GP’s role as part of a collective in improving the DHS
Task 2: Roles, responsibilities and processes towards strengthening the PHC team

Focus on Quality Improvement
QI Guidelines

1. Context and NCS
2. 5 foundation stones
3. Practical application
4. QI tools and methods
5. PDSA – Plan, Do, Study, Act
6. Scaling up and sustaining change

Clinical Guidelines and policies Gert Sibande
Focus on the client: Services should be designed/restructured to meet the needs of the patient, family and the community.

Focus on teamwork: QI is best achieved through a team approach. Teams bring together varied understanding and insight into various components of the system, problems and possible solutions. Data provides insight into the extent of the problem; assists in identifying gaps, and enables the measurement of performance. Also reflects improvements in service delivery and health outcomes.

Focus on data: Poorly designed systems generate inefficiency, waste, poor health care quality and negative health outcomes. Services cannot be improved if we do not understand and change the systems supporting the health service.

Focus on systems and processes: Communication and feedback: effective communication and feedback on issues and progress essential to sustainable QI activities. Communication and feedback to staff, management, leadership, clients, community.
Meet Nondumiso

A 2 year 3 month old girl called Nondumiso is brought in by her mother, with a cough for 4 days. The mother was worried that the child is so small and has discussed this with a Community Care Giver during a home visit, who referred her to the clinic for this consultation.

Mother and child live in an informal settlement. The mother is HIV+ on ARVs. Nodumiso tested PCR- for HIV at 6 weeks. She was fed with formula milk.
In your groups:

1. What are their (N and her mother) needs/expectations concerning the visit that you (PHC team) will need to meet?
2. Who is involved in Nondumiso’s management and how are they involved? (teamwork/conflict)
3. Identify the data recording points in the patient process flow. What information needs to be reported?
4. What kind of possible challenges arise with regard to our existing systems and processes when managing her?
5. What communication and feedback issues do we need to be aware of?

1hr duration. Please refer to your electronic resources!

**GP role in building a client focus, teamwork and communication, use of information, and quality improvement**
In your groups:

1. What are their (N and her mother) broad needs/expectations concerning the visit that you (PHC team) will need to meet?
2. Who is involved in Nondumiso's management and how are they involved? (teamwork)
3. Identify the data recording points in the patient process flow. What information needs to be reported?
4. What kind of possible challenges arise with regard to our existing systems and processes when managing her?
5. What communication and feedback issues do we need to be aware of?

Using 30 minutes to discuss and capture your inputs.
National Health Act
Patients Rights Charter

1. HEALTHY AND SAFE ENVIRONMENT
2. PARTICIPATION IN DECISION-MAKING
3. ACCESS TO HEALTH CARE
4. KNOWLEDGE OF ONE’S HEALTH INSURANCE/MEDICAL AID SCHEME
5. CHOICE OF HEALTH SERVICES
6. TREATED BY A NAMED HEALTH CARE PROVIDER
7. CONFIDENTIALITY AND PRIVACY
8. INFORMED CONSENT
9. REFUSAL OF TREATMENT
10. A SECOND OPINION
11. CONTINUITY OF CARE
12. COMPLAINTS ABOUT HEALTH SERVICES
Complaints management

**Complaint**: dissatisfaction/disleasure/disapproval/discontent expressed verbally or in writing by any person about the actual health services being rendered and/or care being provided within the public health sector.
National Core Standards and six priorities

National core standards

1. Patient rights
2. Safety, clinical risk
3. Clinical support services
4. Public health
5. Leadership & corporate governance
6. Operational management
7. Facilities & infrastructure

6 Priorities

Patient Rights:
1. Values and attitudes
2. Waiting times
3. Cleanliness

Patient Safety, Clinical Governance & Care:
4. Patient safety
5. Infection prevention and control

Facilities & Infrastructure
3. Cleanliness/infection control
4. Patient safety and security (e.g. maintenance, waste management)

Clinical Support Services:
6. Availability of medicines and supplies

Centre for Rural Health
Recording keeping, data sets and reporting

• Audit tools for keeping of clinical records and registers
• Data sets: NIDS, DHIS and others
• Cascades/Dashboards of Indicators
• Electronic versus paper records

[Operation Sakhume Sakhe KZN.docx]
Quality Improvement Cycle

1. Identify problem or issue
2. Set criteria & standards
3. Observe practice / data collection
4. Compare performance with criteria & standards
5. Implementing change
# IDEAL CLINIC INITIATIVE

## 10 FOCUS AREAS

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Infrastructure and (bulk) support services</td>
</tr>
<tr>
<td>Implementation of clinical guidelines and ICSM</td>
<td>Health Information Management</td>
</tr>
<tr>
<td>Management of medicines, supplies and laboratory services</td>
<td>Communications</td>
</tr>
<tr>
<td>Staffing and Professional standards</td>
<td>District Health Systems</td>
</tr>
<tr>
<td>Availability of a doctor</td>
<td>Engagement with partners and stakeholders</td>
</tr>
</tbody>
</table>
ICDM / ICSM

Clinical Guidelines and policies Gert Sibande
Task 3: Clinical Management

Group discussion

Your case study patient has arrived at the clinic.

Task:

• Choose the appropriate protocol(s) or guideline(s) to follow in the clinical management of your patient.
• Discuss the clinical management of the patient based on the chosen clinical guideline

GP Role in providing top-quality clinical care
Reference point – evidence and research
Sipho

STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST FOR SOUTH AFRICA

PRIMARY HEALTH CARE LEVEL
2008 EDITION

Symptom-based integrated approach to the adult in primary care

- TB
- HIV
- Asthma/COPD
- Cardiovascular disease
- Diabetes
- Mental health conditions
- Epilepsy
- Musculoskeletal disorders
- Women's health

2013/14
Thandi

Basic Antenatal Care

Handbook

RC Pattinson
MRC Maternal and Infant Health Care Strategies Research Unit
Obstetrics and Gynaecology Department, University of Pretoria

THE SOUTH AFRICAN
ANTIRETROVIRAL TREATMENT GUIDELINES
2013

PATCT GUIDELINES: REVISED MARCH 2013

Department of Health
REPUBLIC OF SOUTH AFRICA

Centre for Rural Health
Your case study patient has arrived at the clinic.

Task:
- Choose the appropriate protocol(s) or guideline(s) to follow in the clinical management of your patient.
- Discuss the clinical management of the patient based on the chosen clinical guideline(s).
HP CONTRACTING PROCESSING OF QUERIES No. 1 OF 6

GP Queries Process Flows

Clinical

- Clinical Governance (Process No. 5)
- Clinical Management (Process No. 4)

Non-Clinical Administrative

- Claims-Related (Process No. 2)
- Non-Claims Related (Process No. 3)

Queries Feedback/M&E (Process No. 6)

Health Professionals Contracting Research Forum

GPs' pro-active role in Clin Governance
Clinical Management
Your question is related to a clinical assessment, investigation or management.

Self Help - these are the ways that you can use help that is close to you.

PHC clinic team – there may be others in the clinic that can help.

Peer Support

GP CLINICAL Queries

Clinical Governance – If your query is, or might be, related to issues about excellence and quality in your workplace then see separate query process on clinical governance (no. 5 of 6)

PHC-HP Resource Pack

Internet

Clinical Guidelines

Policies

Protocols

The GP e-mail group set up at the induction process. Will include 1) e.g. TshwaneHPcontract@health.gov.za and 2) NHIdrcontract@health.gov.za

DCST (District Clinical Specialist Team) who have specialist knowledge and experience. They may call on other colleagues for help.

Partner Organisations – mentoring, support on specific programmatic areas (e.g. PEPFAR partners)

Question answered/resolved

Unresolved

Consult additional specialist expertise, if required.

Queries Feedback/M&E process query flow No. 6

Clinical Gov. Query process

Administrative query process

OR

OR

OR
Clinical Governance (CG) queries

The GP e-mail group set up at the induction process. Will include 1) e.g. TshwaneHPcontract@health.gov.za and 2) NHIdrcontract@health.gov.za

Clinical Audit

Clinical effectiveness

Research

Openness

Risk management

Information Management

Education and Training

Queries Feedback/M&E process query flow (No.6)

DHMT

NGO Partners and other stakeholders
Thank you