How medical practitioners perceive the impact of managed care on their practices and on patient care

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prepared by

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The objectives of this research were to:

1. understand the position and views of a representative sample of healthcare providers on the impact of managed care on their practices
2. use the results in a constructive way in order to effect changes and better co-operation in the interest of good patient outcomes, in view of new developments in, for example, CMS Circular 8.

WMA did global research project on Doctor Clinical Independence (Jan 2005).

WMA Research identified factors that make practice of medicine difficult for doctors.

There was need to verify, broaden and contextualise results for SA setting.

Prompted by international research

Why is this research important?

This research does not show any earth-shattering "new" issues, however:

It (to the best of our knowledge for the first time) quantifies the extent to which medical practitioners hold certain views on- & how they experience managed care activities.

The research results can be used successfully as a tool to engage these issues.

The results – a logical flow

1. What are the perceptions of doctors on statements that are associated with MC?
2. MC implies administration and time-issues: how are doctors experiencing these?
3. These administration and time-issues relate to specific managed care activities that may pose challenges: how are doctors experiencing these?
   - 3.1 Tests, treatment / therapy
   - 3.2 Number of consultations
   - 3.3 Algorithms/protocols & formularies
   - 3.4 Overall impact on selected CDL conditions
4. A solution-driven approach to the research: putting quality of care first

Perception → Time & Activities → Solutions

(a) Research structure

Methodology

- Personal individual interviews
- Fairly structured questionnaire

Target audience

- GPs
- Physicians

in full time, active private practice

The sample

- Statistically representative of GPs and physicians in full time, active private practice in main metropolitan centres (defined by dialing code) of Jhb, Pta, Bloem, Dbn, PE, Cape Town:
  - 400 GPs
  - 132 physicians
- Selected from merged MSD & SAMA databases of GPs and physicians
- Geographically, sample distribution mirrors geographic distribution of lists

Statistically representative sample, personal interviews

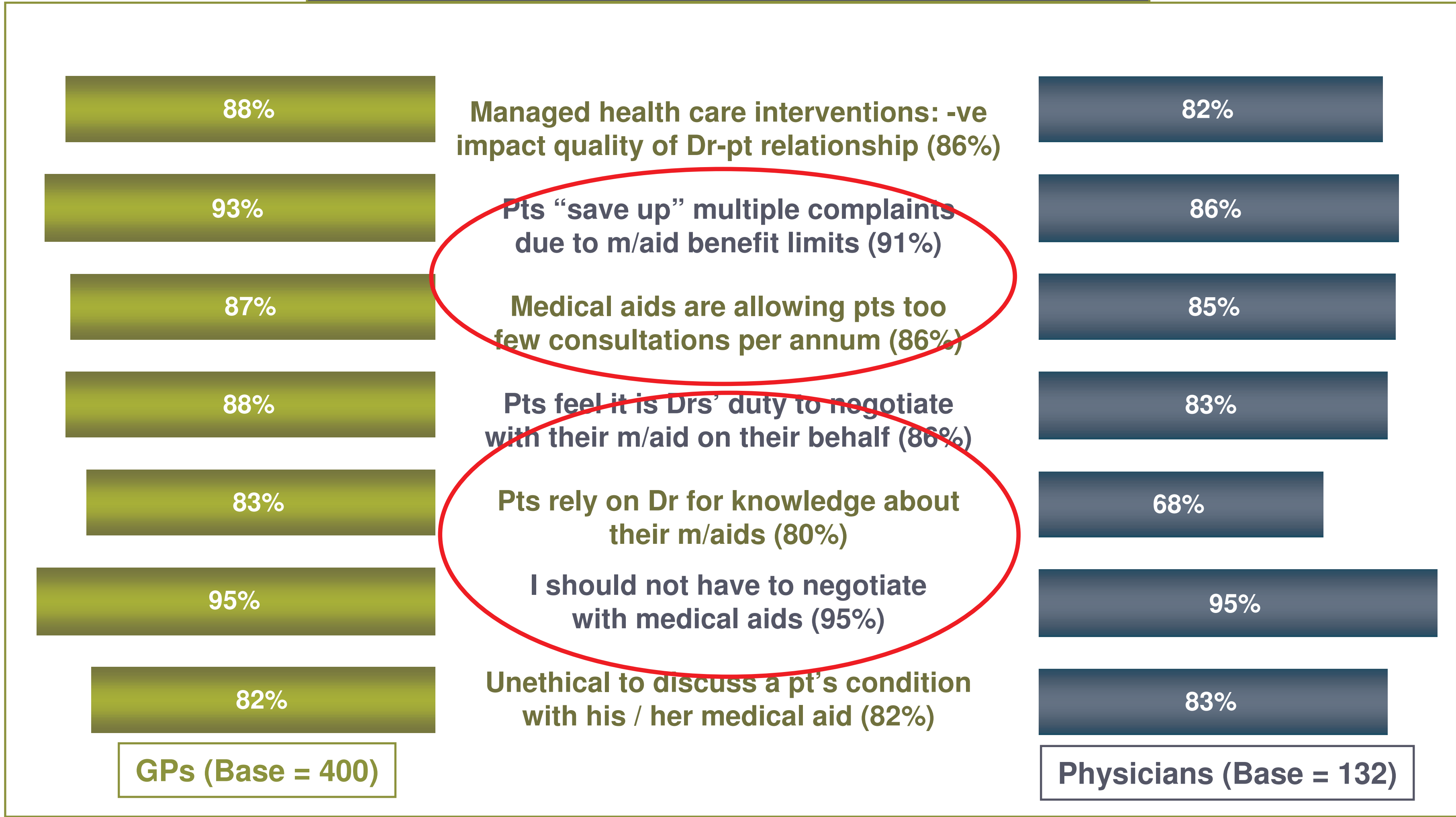
Sample demographics

	TOTAL (532)	GP (400)	PHYS (132)
SAMA MEMBERSHIP			
SAMA membership	73%	73%	73%
SAMA non-membership	27%	27%	27%
POPULATION GROUP			
Asian	16%	15%	18%
Black	4%	4%	4%
Coloured	5%	5%	5%
White	75%	76%	73%
PRACTICE TYPE			
Cash practice	26%	29%	19%
Non-cash practice	68%	66%	75%
Both	6%	6%	6%
AVE NO. PTS SEEN PER DAY / MEDICAL AID STATUS			
Ave no. pts / day	25 – 26	27 – 28	17 – 18
Ave % m/aid beneficiaries	77 – 78%	74 – 75%	87 – 88%

More doctors moving to cash practices?

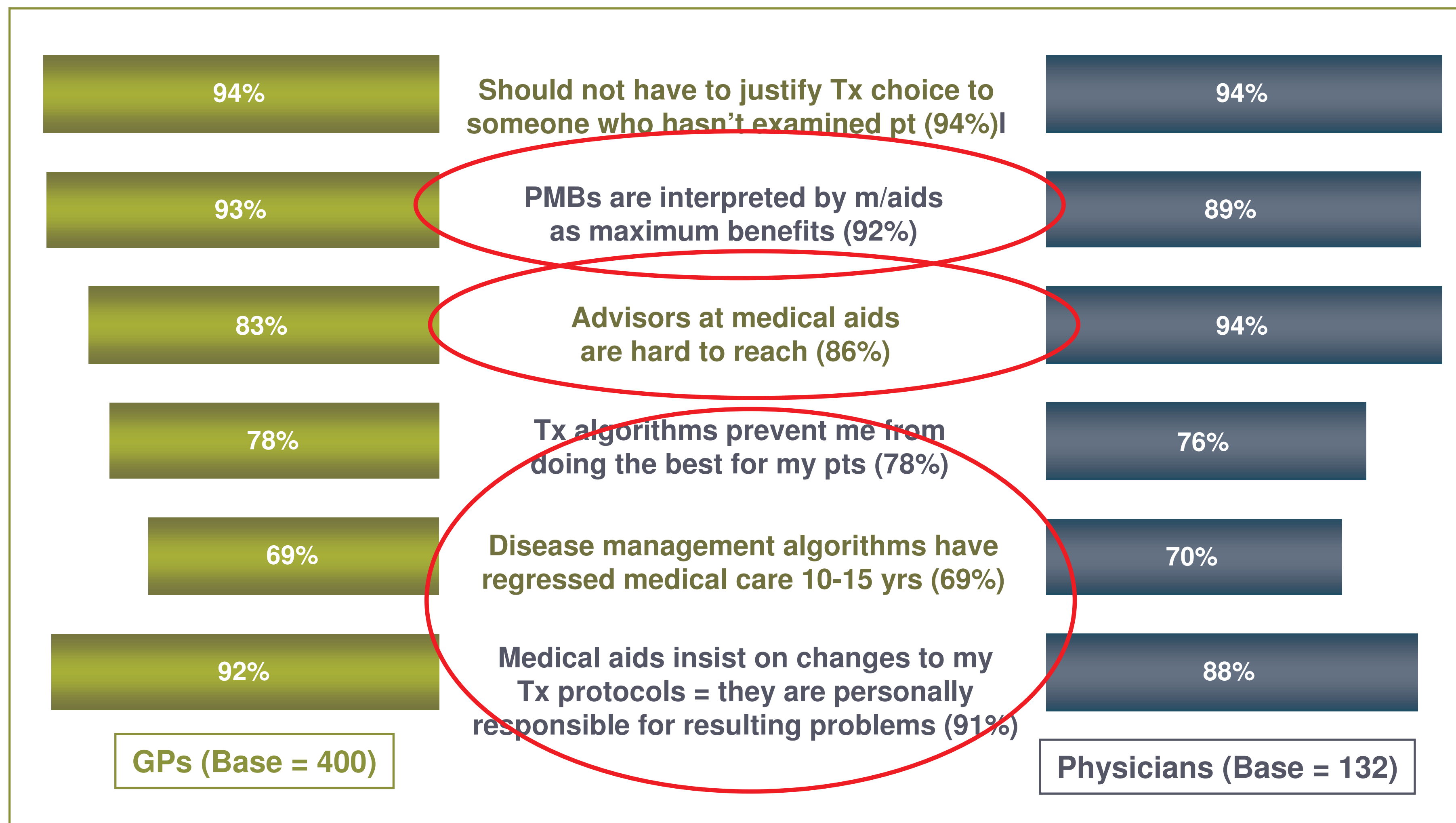
1. LEVEL OF DOCTOR AGREEMENT WITH STATEMENTS GENERALLY ASSOCIATED WITH THE MANAGED CARE CONTEXT

1. Level of agreement with general statements – total sample



Pt "saving up" complaints – less consultations / Drs seen as "intermediaries" to schemes?

1. Level of agreement with general statements – total sample



Need to talk to peers / negative views on algorithms

Managed care by its very nature entails some measure of

time spent on administration

and/or

justification of clinical routes recommended by providers.

During the research it became clear that this is a great source of frustration, but we are convinced that most of these issues can be addressed constructively

Time + justification = frustration!

In the following section we unpack:

2. Time spent in terms of -:
   - Admin and medical scheme issues - numbers of hours
   - Types of issues addressed
   - Who doctors interact with

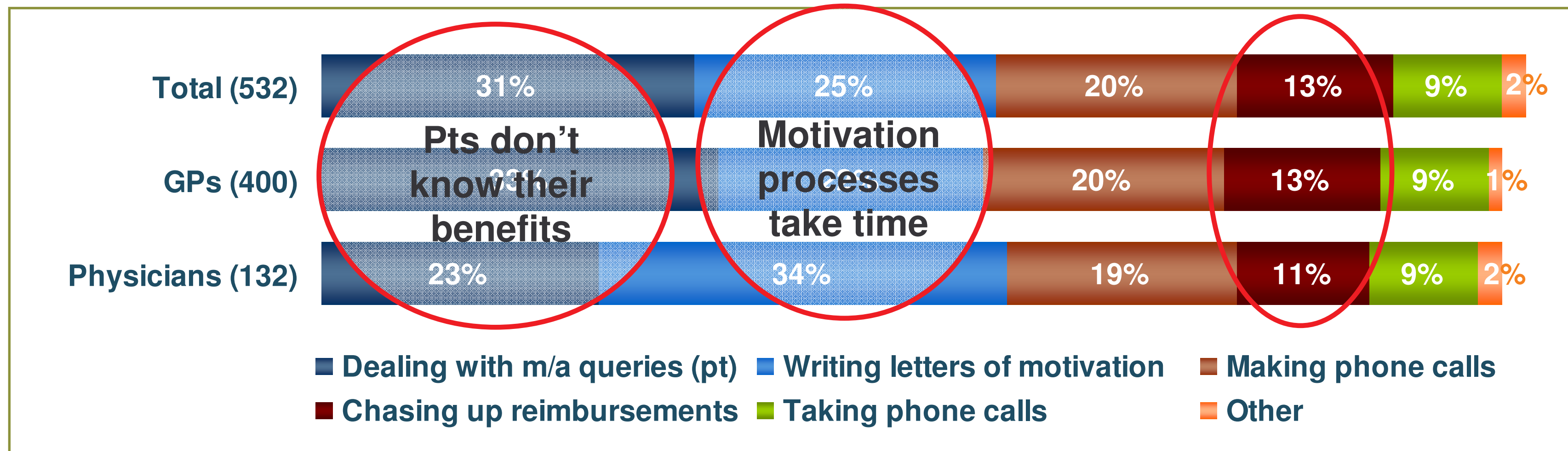
3. Types of interventions that practitioners experience:
   3.1 Tests, treatment / therapy
   3.2 No. of consultations
   3.3 Algorithms and formularies

Unpacking time and managed care issues

Ave no. hours spent per week dealing with medical aids – total sample

	TOTAL (532)	GPs (400)	PHYSICIANS (132)
Personally: Ave	4 – 5 hrs	4 hrs	4 – 5 hrs
Staff: Ave	9 – 10 hrs	9 hrs	10 – 11 hrs

Nature of doctors' dealings – total sample



Doctors and their staff spend significant portions of their time on medical scheme issues

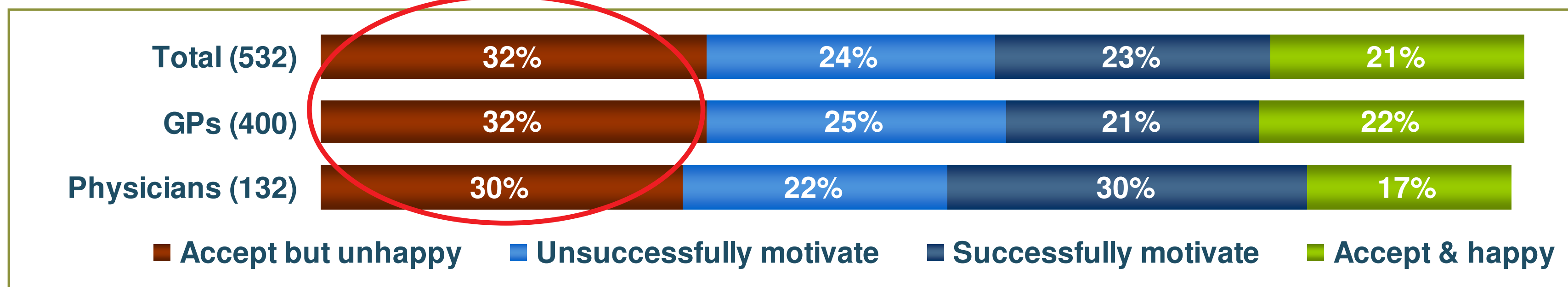
2. The administrative burden: managed care / scheme interventions

% cases where medical aids intervene – total sample

	TOTAL (532)	GPs (400)	PHYSICIANS (132)
Ave %	39%	40%	36%
Median	21 – 30%	21 – 30%	21 – 30%

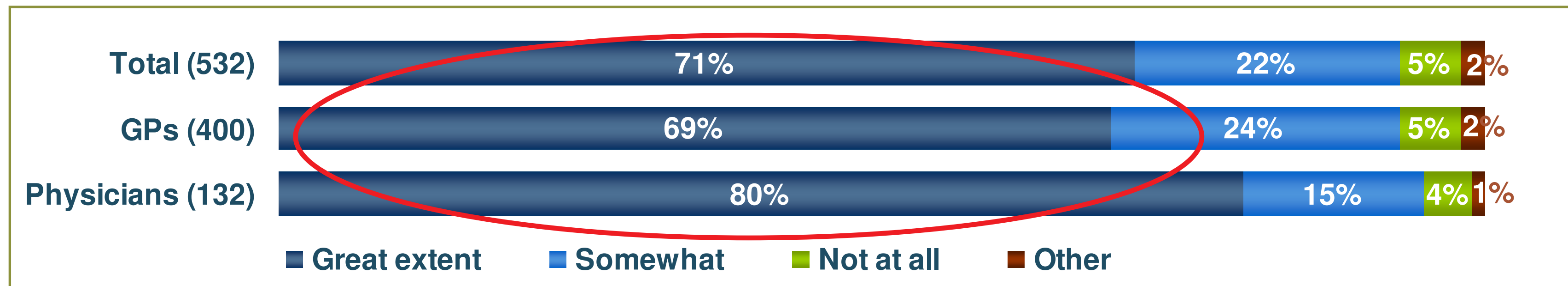
IN NON-CASH PRACT (MED SCHEME)	TOTAL (361)	GPs (262)	PHYSICIANS (99)
Ave %	41 – 42%	42 – 43%	38 – 39%
Median	31 – 40%	31 – 40%	21 – 30%

Reaction to intervention – total sample



Interventions in approx a third of cases

Extent to which calibre of contact person is an issue – total sample



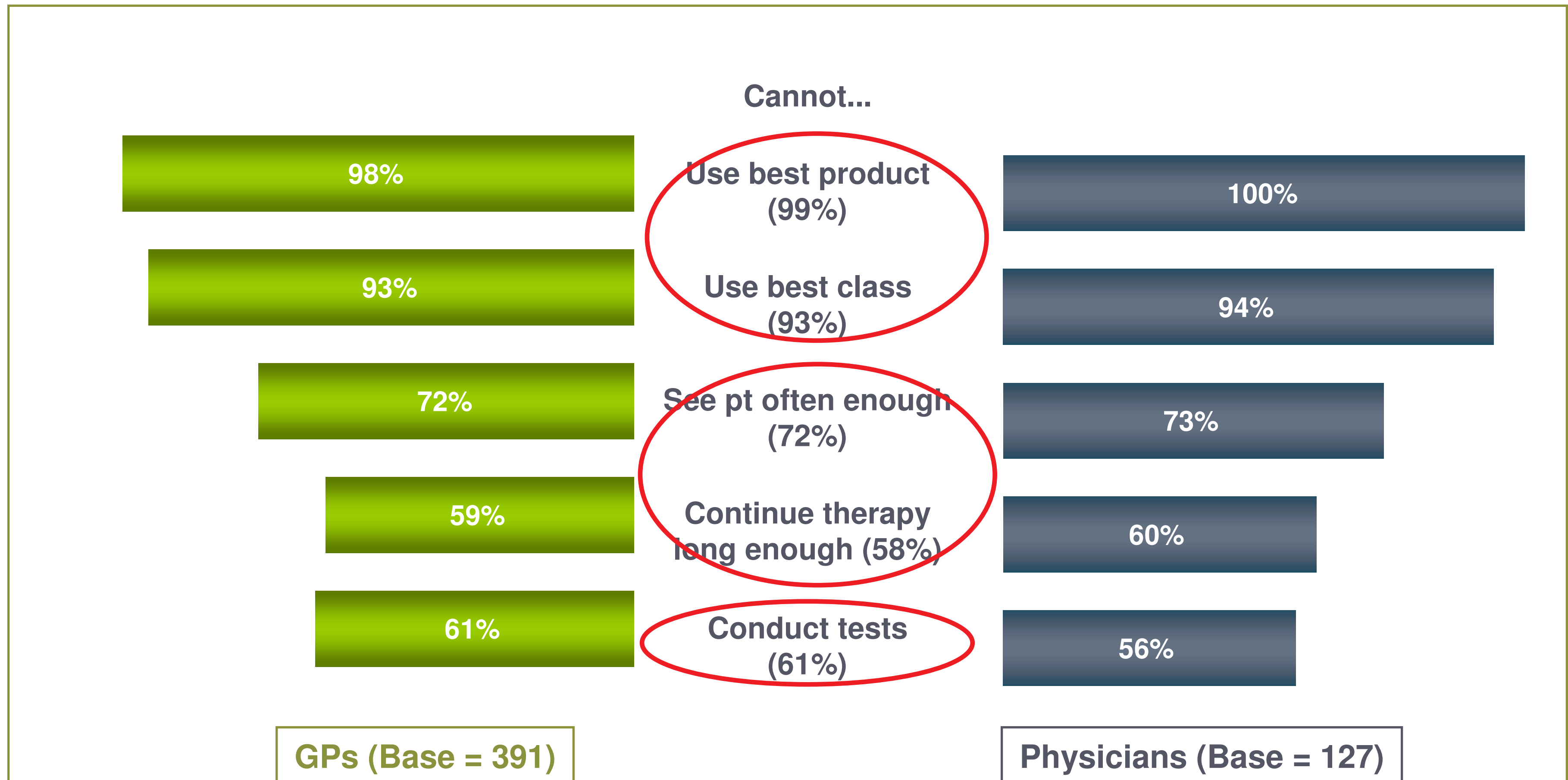
Doctors find the calibre of the contact person at schemes an issue

3. Prevalence & types of managed care interventions:

3.1 Tests and Treatment

(general and per selected CDL conditions)

3.1 Types of pressures / restrictions



Tests → Treatment options → Continued care

3.1 Patients affected per selected CDL conditions

% of patients affected by restrictions (total sample)

Hypertension (490)	Hyperlipidaemia (386)	Asthma (357)	Diabetes Mellitus (341)	COPD (139)

% of cases where doctor cannot.....

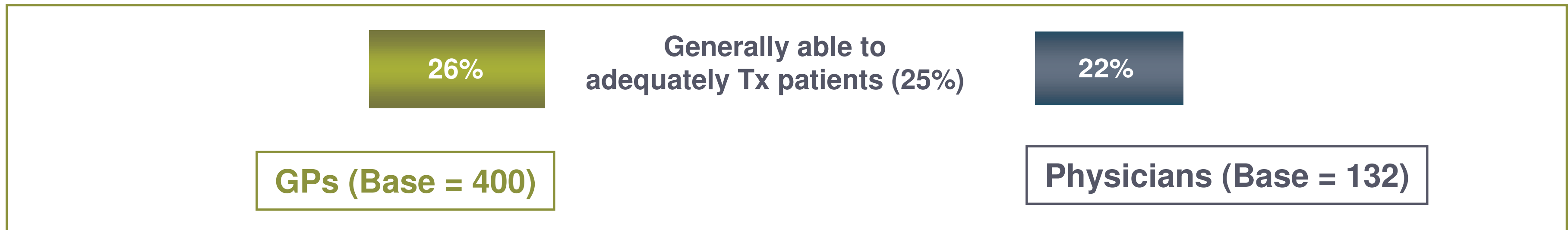
Use best product	Use best class	See pt often enough	Conduct tests	Continue Tx long enough
Hyperlipidaemia 64 – 65%	Hypertension 49 – 50%	COPD 27 – 28%	Diabetes M 16 – 17%	COPD 21 – 22%
COPD 61 – 62%	COPD 43 – 44%	Diabetes M 26 – 27%	Asthma 15 – 16%	Asthma 19 – 20%
Asthma 57 – 58%	Asthma 41 – 42%	Asthma 23 – 24%	COPD 13 – 14%	Hyperlipidaemia 18 – 19%
Hypertension 56 – 57%	Hyperlipidaemia 38 – 39%	Hypertension 23 – 24%	Hypertension 12 – 13%	Hypertension 13 – 14%
Diabetes M 47%	Diabetes M 33 – 34%	Hyperlipidaemia 15 – 16%	Hyperlipidaemia 11 – 12%	Diabetes M 13 – 14%

3. Prevalence & types of managed care interventions:

3.2 Number of consultations

3.2 Ability to adequately treat & Limited number of consultations per year

Impact – total sample



Manner in which Tx is being compromised – spontaneous – total sample

GPs (Base = 293)		Physicians (Base = 101)
12%	Can't monitor sufficiently (11%)	9%
12%	Initial therapy needs to be checked (10%)	6%
17%	Complications develop / worsen before next visit (15%)	10%
10%	Can become uncontrolled (10%)	11%
7%	Uncontrolled need more frequent visits (9%)	8%
9%	Don't come back for check-ups (9%)	13%

3. Prevalence & types of managed care interventions:

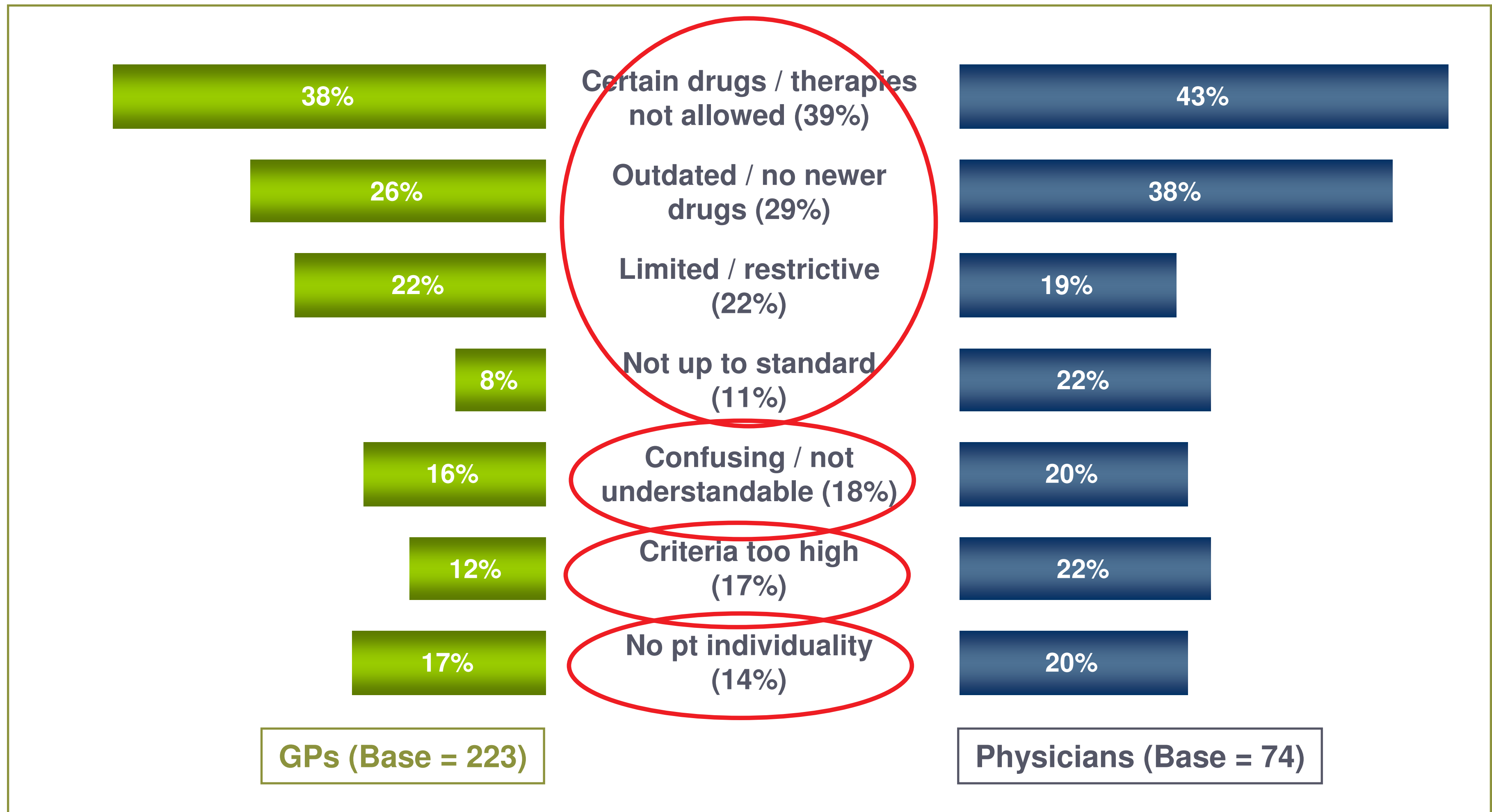
3.3 Treatment algorithms & formularies

TOTAL SAMPLE

Base – Drs finding 1 or more algorithms marginally / seriously inadequate

GPs = 223 (56%) | Physicians = 74 (56%) | 297 (56%)

Overall problems with CDL treatment algorithms – spontaneous – total sample



4. A solution - oriented approach?

This is the current reality – but how do we move forward?

Vision: An "NCQA" for South Africa: A Comprehensive Performance Measurement System

Purpose: To reduce the burden of illness and to improve health and functioning

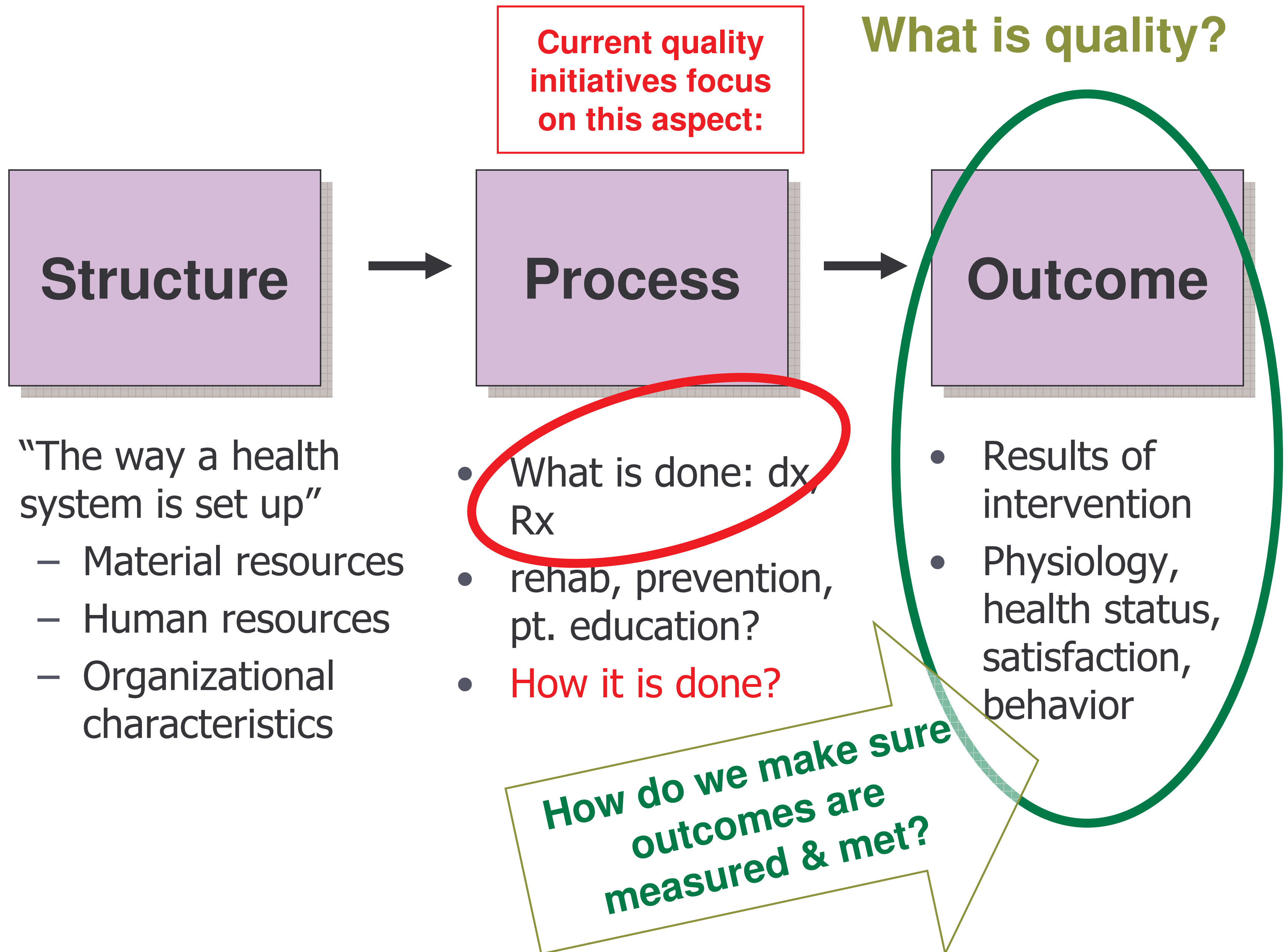
- Establish Goals/Aims
- Promulgate standardized measures
- Data collection and Aggregation

Public reporting

Accountability, Improvement, Population Health

Were the Aims Achieved?
Impact Assessment

***Source**: IOM Committee on Redesigning Health Insurance Performance Measures, Payment and Improvement Programs. Performance Measurement: Accelerating Improvement, 2006.*



Current quality initiatives focus on this aspect:
What is quality?
Structure
Process
Outcome
• "The way a health system is set up"
– Material resources
– Human resources
– Organizational characteristics
• What is done: dx, Rx
• rehab, prevention, pt. education?
• How it is done?
• Results of intervention
• Physiology, health status, satisfaction, behavior
How do we make sure outcomes are measured & met?

How do we make sure outcomes are measured & met?

- Discussions from the floor…

- How do you see the future?

- What should SAMA's role be?