

## SAGES Private Practice Committee

One of my happiest places in my work environment is deep in the small bowel, swimming amongst the villi, whilst doing a double balloon enteroscopy. It's one of the few times that one can dissociate from all the noise around you. Phone calls, reports, letters of motivation, prescriptions and billing must all wait. These responsibilities, however, cannot be ignored forever, and once the incredible landscape of the small bowel is left behind, one must unfortunately attend to these pressing matters. For me, this is a metaphor for how I would ideally like to practise: see my patients, do the investigations and sort out the problem, essentially just do the job that I have trained for. Unfortunately, this idyll does not match the uncomfortable challenges of practising private medicine. Like many of you, I am sure, I have come to realise that the mounting non-clinical challenges cannot be ignored if we are to continue practising in our amazing field.



I have been appointed to serve as the chair of the SAGES private practice committee for the next two years. Serving with me will be my esteemed colleagues: Dr Pete Barrow, Dr Kugan Govender, Dr Khalid Coovadia, Dr Robert Nel, Dr Tumelo Roestoff and Dr Ernst Fredericks. Khalid and Ernst have laid the groundwork from which we are planning to build.

We have many immediate challenges, including ongoing frustration associated with the funding of advanced therapies and interventions, including the ever-changing and inconsistent funding policies from the funders. Many of us have been affected by Discovery Health's implementation of a preferred provider "value endoscopy network" and the exclusion of members based on unclear criteria. The recent unsustainable implementation of Discovery's dyspepsia protocol, which is otherwise clinically sound, has added further frustration. Furthermore, coding issues persist as coding has not kept up with our rapidly developing

field, and hence, complex procedures lack dedicated codes and are not remunerated appropriately.

Discovery Health has made it clear that one of its main concerns is the long-term sustainability of the current funding model. Funding decisions are based on actuarial models and their interpretation of evidence-based medicine. There is common ground here, as we are also in the business of practicing evidence-based medicine and advocating for the best interests of our patients. We will continue to engage with Discovery and the other funders. Disengagement is not an option, as this will result in oppressive managed care. It is, however, our responsibility to adhere to sensible clinical guidelines and to find a way of collecting and presenting our own data in a meaningful way.

The proposed National Health Insurance (NHI) and the overall sustainability of the private practice model furthermore pose existential threats. The SAGES community is part of a bigger healthcare community that is struggling with the same issues. It has become clear that we do not have the manpower, time, or expertise to fully engage in these critical issues on our own. I would therefore strongly advocate that we engage with our members about joining the South African Private Practitioners Forum (SAPPF), which represents many other specialist societies, including Surgicom, and which is also a signatory on the Universal Health Access Coalition (UHAC). We will engage further with our members to test the appetite for this decision, given that it will imply financial commitments. It is also vital to involve ourselves with organisations that strive for patient access to medical innovation such as the current IPASA and SAHeart initiatives if we are going to have a meaningful voice.

I wish you all a very happy and productive last few months of the year, including time spent in your own happy place, whether that be in the small bowel or elsewhere.

### **Dr Eduan Deetlefs**

*Gastroenterologist*

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