
Position Statement on the Medscheme position concerning their Cataract Global Fee Network through the Improved Clinical Pathways (Pty) Ltd Managed Care Organisation

Date: 17 June 2021

The Ophthalmology Management Group (“OMG”) notes with concern the content of the “Medscheme position on Improved Clinical Pathway Services (“ICPS”) cataract global fee” dated 11 June 2021 that was sent to doctors by Dr Mike Marshall, Executive Manager: Strategic Advisory Unit, Medscheme.

We therefore take this opportunity to place our position on the matter on record to clarify any misperceptions and to provide information that we have on this matter.

At the outset it must be stated that OMG has and will continue to express our views on this matter. The well being and optimal treatment of patients is of paramount importance. Any arrangement that has the potential to compromise care, even if under the guise of cost-saving, must be scrutinised and, if necessary, challenged. OMG will continue to support the principle of optimal patient care.

OMG did indeed lodge a section 50(3) Appeal against the Council for Medical Schemes (“CMS”) decision to grant Managed Care Organisation (“MCO”) accreditation to the ICPS, which appeal is still pending in anticipation of a hearing. In a recent judgement of the High Court, the Court held that the implementation of a decision by the CMS that is appealed by means of a S50(3) Appeal, is automatically suspended pending the outcome of that Appeal.

It is OMG’s understanding that as the Appeal was lodged within the time limits, the CMS decision to grant MCO accreditation to ICPS (the subject of the appeal), was therefore suspended. In initial e-mail correspondence from the CMS to OMG, this understanding was confirmed by the CMS legal department. However, for reasons unclear to OMG, the CMS has subsequently reversed their position and now advised the parties that the MCO accreditation of the ICPS is effective, irrespective of the fact that a S50(3) Appeal is pending. This revised position of the CMS occurred after the OMG communication regarding the issue was sent out. The CMS position reversal was unexpected and surprising as it contradicts their earlier correspondence and further contradicts sworn affidavits submitted by CMS officials in the High Court matter referred to above.

OMG remains concerned regarding the pattern of incorrect information that is being disseminated regarding the ICPS. During late 2020, the ICPS issued communication which assured practitioners that their network had regulatory approval from the CMS as well as the HPCSA, ostensibly to encourage practitioners to sign in to the network. OMG confirmed with both statutory bodies at the time that this was not the case and, in fact the CMS directed ICPS to correct these statements.

Statements were also made that many ophthalmologists had already signed into the network. OMG engaged with its constituents and learned that the vast majority had not signed into the network, and that there were certain instances of ophthalmologists who had been “signed up” without their knowledge or consent. OMG also has proof from colleagues who actually withdrew in writing from their unsolicited nomination to the network, while they are still posted on the network without their consent.

These issues remain unanswered by the ICPS or Medscheme, at least to the satisfaction of OMG.

Medscheme concedes that neither they nor the ICPS elected to engage with OMG, OSSA or ORM regarding the arrangement and this is, in our view, a critical deficiency in the approach of the ICPS and Medscheme.

It remains the position of OMG that any clinical or treatment protocol must be evidence-based and developed with the input of appropriately trained and experienced practitioners. The refusal on the part of the ICPS or Medscheme to engage with and involve the South African ophthalmological profession in this process cannot be explained at this time. Instead of properly dealing with this issue, Medscheme elects to make accusations against OMG in respect of anti-competitive behaviour, asserting that OMG or related bodies cannot be objective or unbiased. While these accusations are speculative at best, and denied by OMG, they do not properly respond to the legitimate concerns raised by OMG regarding the clinical appropriateness of the treatment protocols.

OMG has also engaged with a number of suppliers of disposables and have been informed that these suppliers are also not involved with the ICPS arrangement. It is unclear at this stage which suppliers, if any, are participating in this arrangement.

Much is made by Medscheme and the ICPS of the cost savings that the ICPS arrangement will offer, but virtually nothing is said of the level or quality of care to patients. As stated previously, optimal patient care is of the highest importance to OMG and its members. This aspect cannot be over-emphasised.

In their position statement, Medscheme was at pains to elaborate on the benefits and legality of global fee arrangements, implying incorrectly that OMG is opposed to such arrangements. OMG members have actively

participated in such arrangements over more than 15 years and have done so where legitimate arrangements contained evidence-based protocols developed with the input of the profession.

In principle, competition is welcomed, provided it is to the benefit of patients. OMG maintains that the basis of competition between providers in the market should primarily be the optimal clinical care provided to patients.

OMG will continue to promote the highest quality of care for patients and ensure that their members have all available and correct information to enable them to make their individual decision whether or not to participate in any network arrangement.

Sincerely



Dr Frik Potgieter

Chairman: Ophthalmology Management Group
on behalf of the Board of the OMG