



SECTION 59 INVESTIGATION
Day 6
Meeting Minutes

Date	Tuesday, 20 August 2019
Time	11:00
Location	420 Witch-Hazel, Block A, Eco Glades
Chairman	Adv. T. Ngcukaitobi

Agenda Subject	Discussion
I. Call to order	Chair Adv. Ngcukaitobi called the meeting to order at 11:00 am.
II. Witness swore under oath	Chair called the motion to have Dr. Adri Kok from the FCPSA and South African Private Practitioners Forum(SAPPF)take an oath and then to begin with her PowerPoint presentation
III. Noting of submissions made by SAPPF	Chair noted that they (the Secretariat, Advocates Ngcukaitobi, Williams and Hassim) received a one-page dated 19 th July 2019, but they were informed of the PowerPoint presentation that Dr. Kok was going to present.
IV. Dr. Adri Kok's presentation	Dr. Kok started by noting that she would be speaking on behalf of all the physician associations except for the cardiologists. She stated that this was because they are a separate group from them.
	<p><u>Three main definitions looked into:</u></p> <p>Dr. Kok stated that there were three main definitions to look at namely, fraud which is an unlawful misrepresentation of what is submitted to the medical schemes. The second definition is waste which refers to instances where there is useless expenditure or consumption. The third definition is abuse where there are practices that are inconsistent with the right medical practice. These definitions are the ones that are used when assessing what has happened to the members belonging to the association.</p>
	<p><u>Coding identified as a major problem:</u></p> <p>Dr. Kok explained that coding has to do with giving codes to any procedure that has been performed on a patient. The code would be then captured and presented to the medical schemes in order to claim payments as per code. She then noted that coding became a prevalent issue after the year 2006 due to the fact that combined discussions on codes ceased as a result of Competition Commission investigation which was aimed at making the field conducive to fair practice. This meant that many procedures developed over time have had codes that have not been accepted by some of the funders. Furthermore, she noted that there is new technology and new</p>

	<p>procedures that have not had adequate representation. Most funders then use reference processes from 2006 in their forensic investigations.</p>
	<p><u>Deviating from the norm</u></p> <p>Dr. Kok then touched on how medical schemes assess physicians who deviate from the norm. Funders have a profile of all the physicians in the country which is a total sum of 624 General physicians, and there various smaller groups in addition to them. Adv. Hassim then interjected with the question of whether all the groups Dr. Kok mentioned are all in the private sector. In response to this, Dr. Kok said yes. In the private sector there are 450 general physicians and only 250 are members of the association or society which also is a problem.</p> <p>She continued to explain how schemes take the total sum of physicians in the country and then compare it to the general number and then conclude that one doesn't fall under the norm. Furthermore, she pointed out to how they have had discussions with the funders of how for instance a physician may be in a place like Vryburg where there is only one physician available in a radius of about 200KM, where it inevitable that the doctor will deviate from the norm, unlike in an urban area where there are more physicians as it becomes much easier to compare the doctor to others in that area.</p> <p>Adv. Hassim interjected making reference to Dr. Kok's example, she asked for an explanation of how a doctor in Vryburg can deviate from the norm. In response to this, Dr. Kok stated that due to the fact that the doctor is the only one in the area, he/she will see all the patients within the 200KM radius. Such doctors will be considered as outliers due to the many hospital admissions they would have recorded or issued. They would appear as an outlier based on geographical location and not because of any kind of abuse from their side. She also stated that another point to consider is that funders may not know exactly under which group the doctor falls. This means that a doctor may be practicing as a general physician but may have an interest in cardiology. This may make one seem like an outlier as the coding may not be suitable for the doctor's practice number.</p> <p>Adv. Hassim then stated that if that was the case, the funder would be given an explanation for the many hospital admissions. Dr. Kok then noted that the problem is that they're never given a chance to do so, they are only sanctioned by the funder without the explanation.</p> <p>Chair Adv. Ngcukaitobi interjected and asked Dr. Kok what exactly the norm is in this instance. In response to this, Dr. Kok explained that funders would compare all the doctors in the country and determine a consistent standard and anyone who falls outside of it would be deviating from the norm.</p> <p>Chair also asked Dr. Kok how she knew that funders look at each and every doctor in the country. In response to this, she stated that funders use the practice number 180 and then draw up a standard.</p>
<p>V.</p>	<p><u>The class of doctors who are prone to investigation</u></p> <p>Chair asked Dr. Kok based on her experience, what she would say is the class of doctors that are prone to investigation. Dr. Kok responded by displaying some statistics which indicated that African and Indian doctors are more prone to investigation than white doctors. African doctors who get investigated are at 8.6% and Indians at 14,3%,</p>

	<p>while white doctors are at 4,7%. However, Dr. Kok doesn't ascribe this to racial prejudice or bias, but to geographical location.</p>
VI.	<p><u>Evaluation methods critique</u></p> <p>Dr. Kok pointed out how there is a need for developing a South African program or method for evaluation. She noted that both the South African and American contexts aren't the same and therefore cannot have the same program applied for evaluation. She pointed out that the John Hopkins evaluation does not work for South Africa.</p> <p>Adv. Hassim asked Dr. Kok to take them through her concerns about using the John Hopkins evaluation method. Who exactly uses it? Dr. Kok put emphasis on how using the John Hopkins evaluation is a way of imposing a system of a totally different country onto another. The circumstances aren't the same at all. She also noted that Discovery is a scheme she's certain that it uses the John Hopkins evaluation.</p>
VII.	<p><u>Peer Review</u></p> <p>Dr. Kok stressed the fact that what could be of great help in all of this is support, accountability and having some checks and balances in place. She noted that this would mean doctors having review each other's clinical notes just to offer help, support and to open one's eyes to errors of any kind.</p> <p>Adv. Hassim asked if this wouldn't be a violation of their code of ethics Dr. Kok said that she doesn't think so because every member upon joining the association, agrees to being a part of a group that will offer support.</p> <p>Chair asked a follow up question regarding the peer review asking if it would not be a breach of doctor and patient confidentiality. In response to this, Dr. Kok said that it isn't because while doing these peer reviews, they do not use the doctors' real name. Instead, they use something like "Doctor A or B" to conceal and protect both doctor and patient.</p>
VIII.	<p><u>What exactly is the problem?</u></p> <p>Chair noted that physicians have a coding system that isn't in tune with the clinical context of South Africa and the clinical context in itself regards the socioeconomic disparities of South Africa. He also pointed out that there aren't enough doctors, and poverty too is a problem. Dr. Kok was in agreement with all the points that he pointed out.</p> <p>Furthermore, she stated that poverty wasn't the only problem but also the burden of disease. She pointed out to the prevalence of chronic diseases and communicable diseases in South Africa. She also asserted that this has nothing to do with racial profiling.</p> <p>Adv. Hassim asked if the burden of disease had anything to do with socioeconomic status since she said that it had nothing to do with race.</p> <p>In response to this, Dr. Kok stated that there is a spectrum of disease in everyone. Whether one is rich or poor, their socioeconomic status doesn't make them any more or less prone to diseases. Rather it enables one to manage whatever disease better as he or she can afford treatment.</p>
IX.	<p><u>Proposal</u></p>

	<p>Dr. Kok proposed that from henceforth what is of great importance and necessity is mentorship, and this can only be possible when there is an available of and access to data. There should be an independent body that would better evaluate the coding and what happens in practices. There ought to be principles set and applied.</p> <p>Chair asked Dr. Kok a asked based on the data she had provided that 6 out of the 35 African doctors were investigated and only 7 out of the 108 of White doctors were investigated. It's not any different from Indian doctors too. The question that he posed was if this wasn't an indication of racial profiling?</p> <p>He stated that it looked like there was a bias against black or African doctors compared to white doctors. Furthermore, he pointed out that it could be because there is a higher rate of fraud among black people or that schemes deliberately investigate black doctors.</p> <p>Dr. Kok still held the opinion that it may not necessarily be the case.</p>
X. Other business	None

Adjournment: Adjourned at 12:38 pm to return at 14:00

Part 2

Date	Tuesday, 20 August 2019
Time	14:00
Location	420 Witch-Hazel, Block A, Eco Glades
Chairman	Adv. T. Ngcukaitobi

Agenda Subject	Discussion
I. Call to order	Chair Adv. Ngcukaitobi called the meeting to order at 14:00
II. Witness swore under oath	Chair called the motion to have Mr Kgabo Komape from the ICPA take an oath and then begin with his presentation.
III. ICPA's submission	Chair noted that they(Advocates Williams, Ngcukaitobi and Hassim) we're in receipt of his written submission (19 pages)
IV. Mr. Komape's PowerPoint presentation	<p><u>The demonization of pharmacies by medical schemes</u></p> <p>Mr. Komape began by pointing out to how medical schemes have used forensic audits to demonize and bully pharmacies in order to subject them to their rule. Furthermore, he stated that pharmacies have been made to seem like dishonest entities not worthy of trust. He also stated the forensic audits are conducted by people who have little or no knowledge about the pharmaceutical business and profession, which leads to misinterpretation of events and records.</p>

	<p><u>Transparency In Forensic Audits</u></p> <p>Mr. Komape stated that medical schemes need to be transparent in their audit endeavours. He pointed out that schemes identify pharmacies as outliers.</p> <p>Chair interjected and asked if Mr. Komape has numbers or evidence to substantiate his claims or allegations.</p> <p>In response to this, Mr. Komape stated that he would later submit the information.</p>
	<p><u>Racial bias against black-owned pharmacies</u></p> <p>Mr. Komape noted further that medical schemes conducted investigations only on black-owned pharmacies while leaving out white-owned. He stated that out of the 1100 independent pharmacies of 65% are white-owned and 35% thereof are black-owned. It was only 18% of the white-owned that got audited and 82% were black-owned. He then sufficed that these findings point out as evidence to the bias against black-owned independent pharmacies.</p> <p>Adv. Williams requested Mr. Komape to provide the number of the members of the WhatsApp group chat on which the survey was conducted.</p> <p>Chair also requested Mr. Komape to clarify what the data on page 5 of his presentation means which made reference to a sample of 1100 independent pharmacies. Mr. Komape then explained that the survey was conducted on 1100 independent pharmacies but not all of them were responsive to the survey.</p> <p>Chair then inquired how many of the 1100 pharmacies responded. Mr. Komape promised to provide the figure at a later stage.</p> <p>He then noted that 8 of the 10 pharmacies that were investigated had African names. He noted that some pharmacies were audited more than once in the same year by different administrators.</p> <p>Adv. Williams inquired how Mr. Komape came to his findings . In response to this, he stated that they engage with schemes on behalf of their members and these schemes would disclose to them how they determine hotspots for fraud in different areas. Based on that information from the schemes, ICPA then goes to check on its members in those areas identified as hotspots.</p> <p>Chair disputed that the investigation of pharmacies with African names in various locations in Limpopo indicates bias against black-owned pharmacies because of geographical location. . One cannot conclude that there is racial profiling. He then requested Mr. Komape to provide a detailed explanation or evidence to his claims.</p> <p>Mr. Komape stated that in this instance geographic location has no effect because both the pharmacies with African names are located in the city.</p> <p>Chair referred Mr. Komape back to his submission and pointed out that most of the pharmacies on the chart are on the outskirts of Limpopo which puts them in a position of being outliers due to geographic location.</p>

	<p><u>Pharmacies bullied and intimidated by Schemes</u></p> <p>Mr. Komape stated that medical schemes and administrators impose AOD on pharmacies. He also noted that pharmacies submit or succumb to medical schemes just so to get their funds released.</p> <p>He also noted that audits put a lot of strain on pharmacies which affects their wellbeing and health.</p>
	<p><u>Shortcomings of the audit</u></p> <p>Mr. Komape stated that the audits by medical schemes and administrators are erroneous and a lot of work. They also require invoices from 3-4 years giving the pharmacies little time to organize them which in turn will result to them being penalized.</p>
	<p><u>Key points of contention</u></p> <p>Mr. Komape still maintains that there is racial profiling of pharmacies and black-owned pharmacies are targeted.</p> <p>Chair inquired if there have been pharmacists who have come forward with complaints that they have experienced the alleged abuse and unfair treatment from schemes.</p> <p>Mr. Komape stated that none have come forward due to the stigma and shame associated with disclosing that they were forced into AOD.</p> <p>Chair challenged this statement saying that when someone signs an AOD it's either they just want to get the scheme off their back or they really are in the wrong.</p> <p>Chair requested that Mr. Komape should kindly please provide sufficient evidence to substantiate his claims in order to have valid claims.</p>
V. Other business	<u>None</u>

Adjournment: Adjourned at 15:38
Next scheduled meeting Date: 21/08/19
Time: 10:00