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Models of contracting private general practitioners in NHI pilot sites: implications for the future NHI

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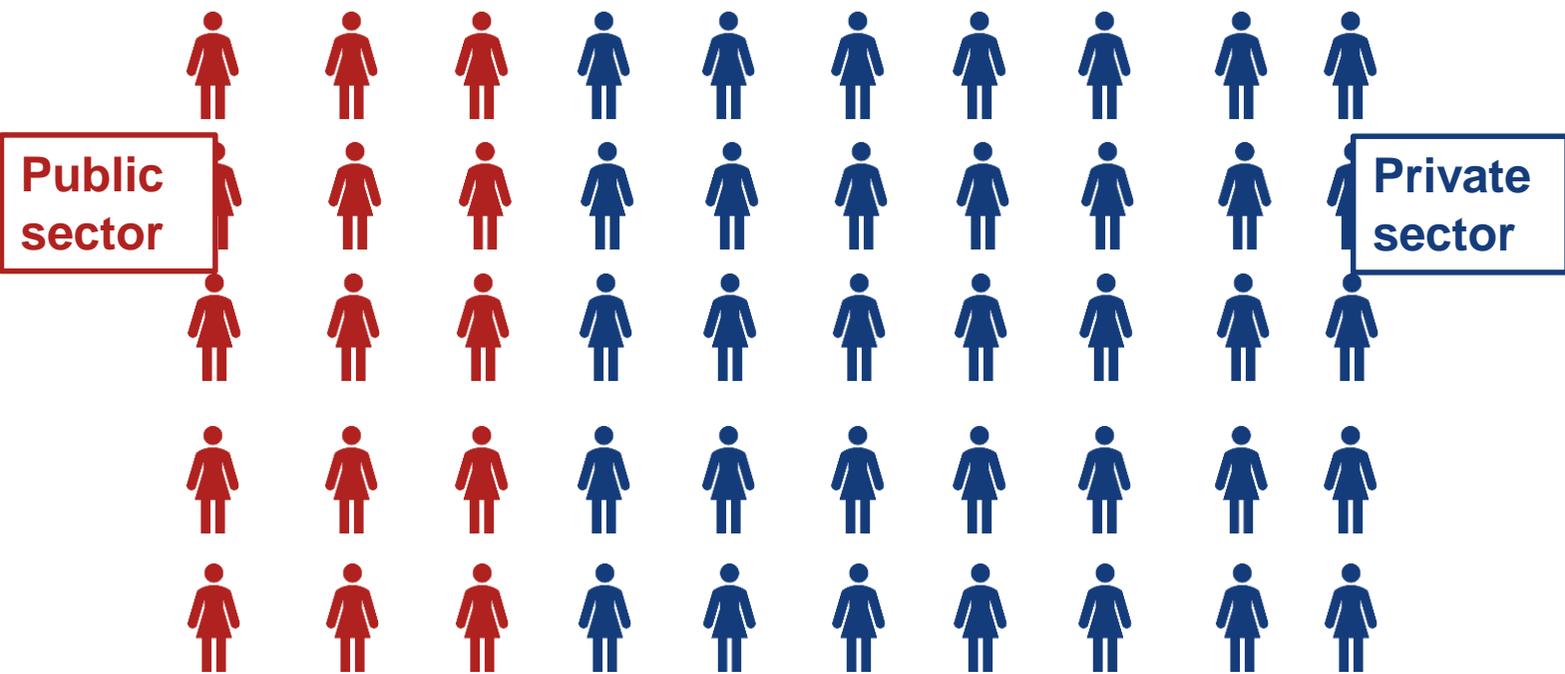
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Background

- South Africa (SA) has made a commitment to realise the attainment of universal health coverage (UHC)
- It is envisioned that healthcare services will ultimately be purchased from a mix of private and public providers.

Disparities in availability of doctors between private & public sectors



32% registered medical practitioners estimated to work in public sector (Day 2017)

25.1 GPs/100 000 population (public sector) compared to 92.5/100 000 population (private sector) in 2013 (ECONEX 2015)

Background

- Non-state providers (NSPs) can potentially address gaps in health service delivery that the public-sector lacks.
- Questions remain on their appropriateness, effectiveness and how best to engage the wide range of non-state providers (Whitehead 2001, Bennett *et al*, 2005).
- This study was part of a series of multi-country case studies funded by the AHPSR on the role of NSPs in strengthening health systems towards UHC.

GP contracting initiative (GPCI)



Contract-in



Private GPs



Public sector PHC
facilities



Objectives

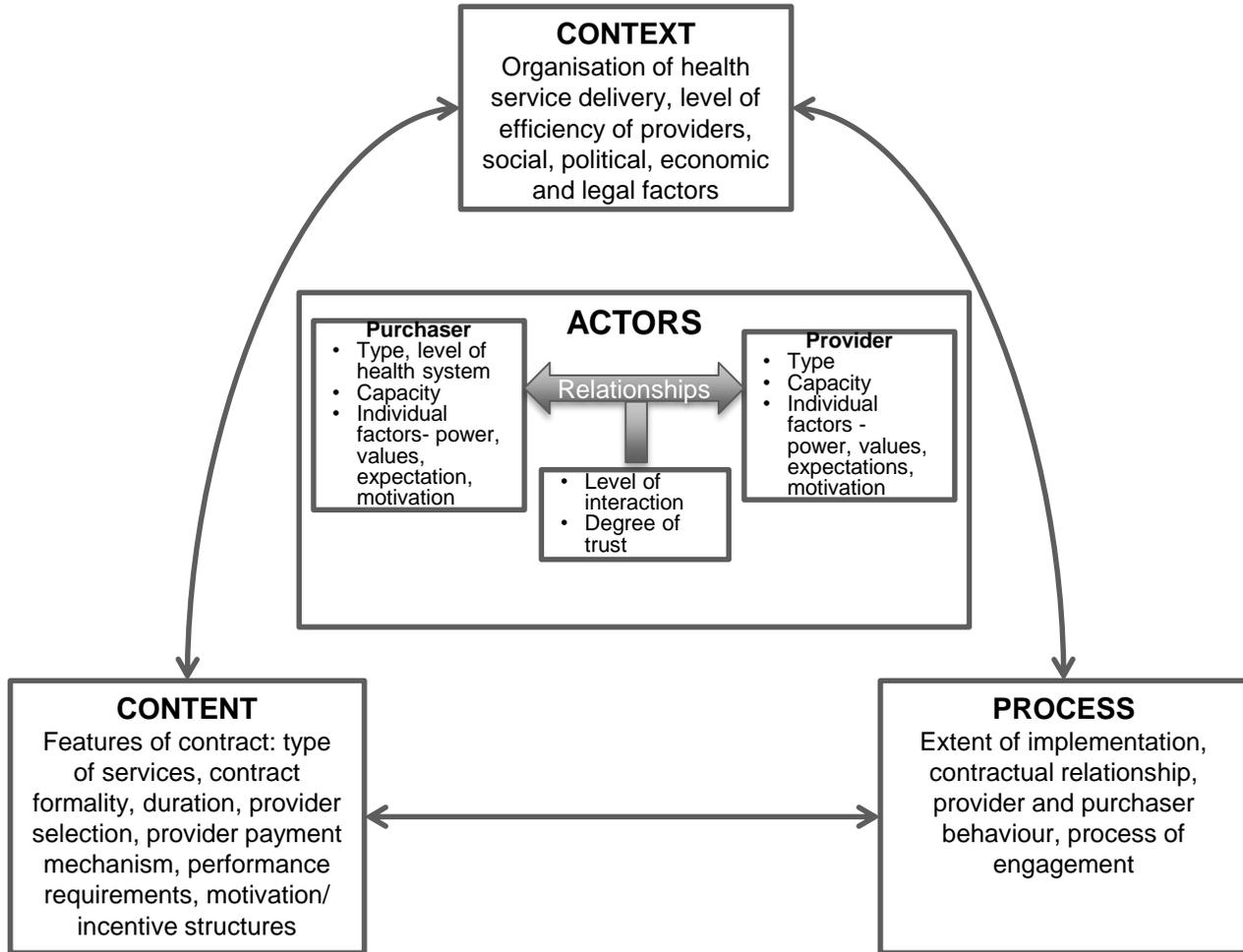
Describe the three models of contracting-in and identify key factors influencing their early emergence

Describe and understand the actors, their characteristics, values, expectations, motivation, experiences and understanding of the GPCI at various levels

Methods

- Qualitative multi-case study
- Cases: 3 models of contracting-in being piloted.
- Data sources: Document review, KIIs, FGDs with purposively selected managers and GPs
- 75 participants approached, 7 declined – 68 respondents
- Health policy analysis triangle (Walt & Gilson 1994), Liu's conceptual framework on contracting out (Liu *et al* 2008).

Theoretical Framework



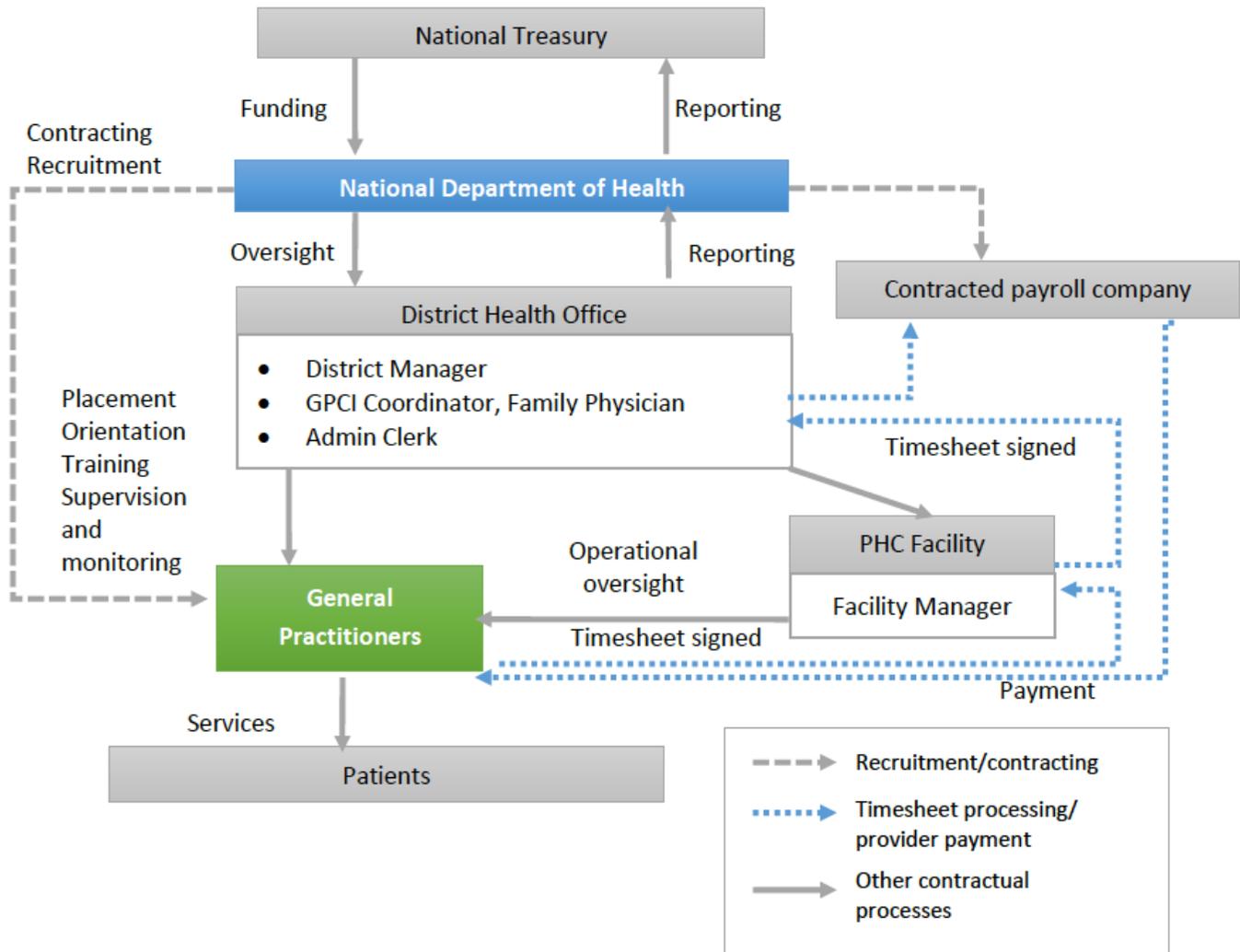
Key findings

Centralised
purchaser
model

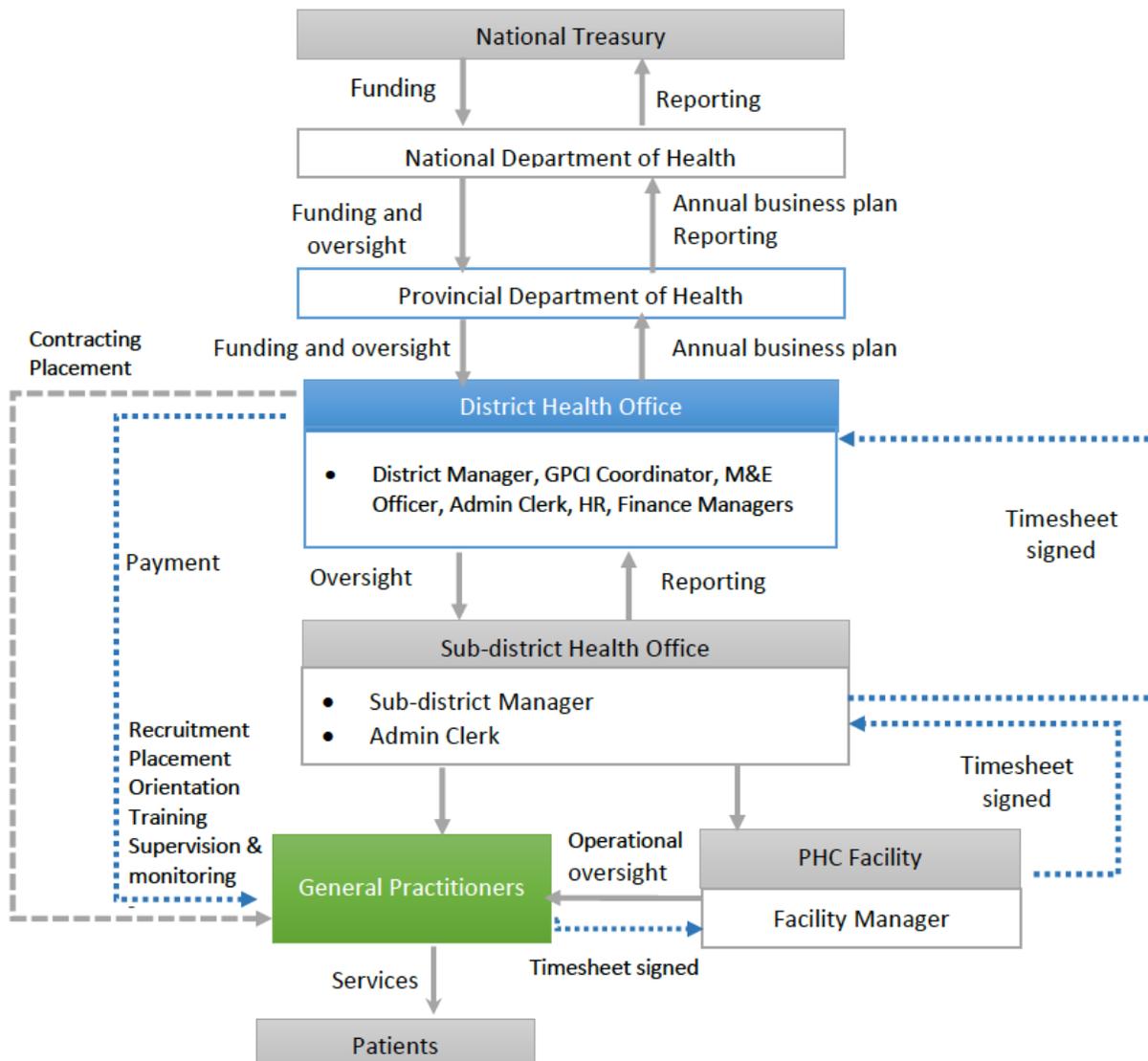
Contracted
purchaser
model

Decentralised
purchaser
model

Centralised-purchaser model



Decentralised-purchaser model



Involvement of actors in contractual processes by contracting model

Model	<i>Centralised-purchaser model</i>						<i>Decentralised-purchaser model</i>						<i>Contracted-purchaser model</i>					
	N	P	D	SD	F	O	N	P	D	SD	F	O	N	P	D	SD	F	O
<i>Level of health system</i>																		
Aspect of contractual process																		
Recruitment	✓		✓						✓	✓			✓					✓
Contracting	✓								✓									✓
Placement			✓						✓	✓					✓			✓
Orientation and training			✓							✓								✓
Supervision and monitoring			✓		✓					✓								✓
Timesheets			✓		✓				✓	✓	✓						✓	✓
Payment	✓					✓			✓									✓
Reporting	✓		✓					✓	✓	✓			✓					✓

N–National, P–Province, D–District, SD–Sub-district, F–Facility, O–Other (External service provider)

Key findings



Funds are channelled from the purchaser to provider in slightly different ways



Varying levels of involvement of national, provincial and district managers



Contract formality differed slightly by model and was influenced by context and purchaser.



Factors influencing emergence: flexibility in piloting process, managerial and financial management capacity

GPs' expectations

- Roles of GPs guided by the types of services as outlined in the contract
- Discordance between some of the expected services as outlined in contract and GPs' expectations and understanding of their role.
 - Many felt their role was primarily clinical.
 - High patient loads impacted on their ability to perform other roles (training, mentoring, clinical governance).
- PHC facilities are traditionally nurse-led in SA. Overlapping of roles and lack of role clarity resulted in tension between GPs and other healthcare workers

Conclusion

- The three contracting models were essentially iterations of the centralised-purchaser model.
- Emergence of the other models was strongly influenced by purchaser capacity to manage contracts, payments and recruitment processes.
- Discordance between GPs' expectations and understanding of their roles in relation to other health workers and services as outlined in their contract

Implications for NHI

- This form of engagement with NSPs: is a large and resource-intensive undertaking that requires significant **financial and general management capacity**, resources and experience.
- **Allowance for adaptability** to the **local context** and **capacity** is vital.
- Purchaser capacity, existing systems, institutional knowledge and experience in contracting and financial management are important considerations in future contracting strategies.
- Contracting unit for PHC – what is the role of province, district, sub-district, facility?

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Thank you!

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