Forum

SA Association of Hospital and Institutional Pharmacists

Primary healthcare re-engineering and the reimbursement of pharmacists: towards National Health Insurance in South Africa

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Introduction

The current South African healthcare system, which traces its roots to the apartheid and colonial eras, is characterised by a two-tier system, the private and public sectors. This structure has created a significant divide, resulting in inequitable distribution of healthcare services in the country.[1,2] Responding to this disparity, the South African government has sought to advance universal health coverage (UHC) through creation of the National Health Insurance (NHI) Fund.[3] A particular focus has been placed on primary healthcare (PHC) re-engineering as part of the preparation for NHI.[4] The NHI Act, 2023, aims to correct this disparity and enhance system functionality with a significant focus on PHC service delivery through different service streams designed to meet essential community healthcare needs and reduce overall system strain.

This paper summarises a suite of studies which documented pharmacists' and other role-players' perspectives on reimbursement mechanisms and

Table I: Study key findings

Benefits	
Pharmacists as PHC providers	**Healthcare System advancements**
The inclusion of a pharmacist will enhance accessibility to essential healthcare services	The NHI will create equitable access to healthcare for all citizens
Pharmacists are willing to participate and be recognised as PHC providers	The inclusion of private healthcare providers via the private-public partnership will increase healthcare coverage
Opportunity to adopt a greater patient-centered role	
Ability to strengthen the referral system by fully embracing their "gatekeeper" role	
Challenges	
Pharmacist as PHC providers	**Healthcare System**
Lack of a suitable reimbursement mechanism	
Lack of professional confidence and recognition: further training is required to take on envisioned roles	The prevalence of nepotism and corruption in the healthcare system
Underutilisation of a pharmacist's skill set	The gap between the public and private sector service delivery and facilities
	Lack of role-player engagement
	Standardised PHC service delivery package
	The lack of governmental system planning and management to implement the objectives of NHI
	Lack of strategic vision, leadership and direction
	Misalignment with the provincial level of care
	The need for a health record and reimbursement system

enhancing PHC system functionality with the implementation of NHI in South Africa. The studies highlighted the critical need for healthcare system reform to address disparities entrenched by the apartheid regime.

Key findings

The key findings have been presented as themes identified with regards to the benefits and challenges with the implementation of NHI in respect to pharmacists' roles and the overall healthcare system functionality. As a guide, the overall findings of the study have been presented in Table I and elaborated on below.

1. The strategic role of community pharmacists

Community pharmacists are generally the first point of care within the healthcare system for anyone seeking medical attention. The conventional role of a pharmacist practising in South Africa has taken on a predominantly product-focused role.[5] The findings identified significant potential for pharmacists' "generalist" skill set to enhance PHC service delivery through repurposing the profession into a more patient-centred focus. This transformation would enable pharmacists to:

- collaborate with other healthcare professionals to enhance patient health outcomes;
- promote their gatekeeper role within the healthcare system;
- improve functionality of the healthcare referral system;
- provide advanced services such as New Medicine Service (NMS)[6] and Medication Therapy Management (MTM) that complement PHC service delivery; and
- directly target management of non-communicable diseases (NCDs) within communities.

2. Pharmacists' perceptions and readiness

The study further explored pharmacists' readiness and perceptions on adopting these expanded roles in the primary healthcare system to promote the efficient implementation of NHI.[7] The general consensus was that pharmacists':

- welcomed opportunities to transition into a recognised role as PHC providers within the NHI framework;
- recognised the benefit of reinforcing the healthcare system's referral pathway through a gatekeeper role; and
- generally perceived that NHI implementation would enhance accessibility to essential healthcare services.

However, several challenges were identified:

- the need for further training to instil professional confidence and recognition from other healthcare providers';
- concerns about suitable reimbursement mechanisms for healthcare services rendered;
- apprehension about nepotism and corruption based on current system fragmentation;
- concerns about the gap between public and private sector service delivery platform; and
- a lack of information and familiarity with NHI policies by role-players.

3. PHC services in community pharmacies

The study reviewed the availability and pricing of PHC services in community pharmacies, finding that pharmacists:

- expressed willingness to adopt new roles enhancing job performance and satisfaction;
- supported endeavours to provide comprehensive PHC packages to promote accessibility and affordability; and
- promoted the provision of services targeting NCD management, which aligns with addressing South Africa's quadruple burden of disease.

The key challenges identified included:

- the lack of standardised service delivery platforms for PHC across community pharmacies;
- insufficient financial incentives for pharmacists to participate in NHI activities;
- the need for additional training and certification such as the Primary Care Drug Therapy (PCDT) programme; and
- recurring concerns about nepotism and corruption in the healthcare system.

4. Policy developer perspectives

South African policy developers generally supported the government's efforts toward UHC, primarily to ensure equitable access to essential healthcare services regardless of socio-economic status.[8]

However, concerns expressed by participants were that there is:

- insufficient healthcare system planning for large-scale healthcare reform;
- a need for strategic vision and leadership to promote departmental direction;
- a risk of corruption in a single-funded NHI structure without effective mitigation strategies;
- neglect of provincial care levels in the planning of NHI;
- a lack of information on reimbursement mechanisms for private providers;
- insufficient role-player engagement and communication; and
- recognition that pharmacists are underutilised, despite their potential to promote positive population health outcomes, particularly at a PHC level.

5. Medical representatives' perspectives

Medical representatives welcomed government initiatives toward UHC, anticipating enhanced accessibility to essential healthcare services.[9] They observed the following potential benefits:

- enhanced efficiency of referral pathways through PHC re-engineering;
- promotion of continuity of care within the system; and
- standardisation of PHC service delivery across South Africa.

Their concerns included:

- the need for standardised PHC service delivery packages targeting priority healthcare parameters;

- clarification on healthcare providers' roles and scopes to promote functionality and efficiency in the healthcare system;
- high prevalence of corruption and lack of information on mitigation strategies;
- the need for integrated electronic systems promoting ethical billing and service recording that promotes continuity of care; and
- the link between appropriate reimbursement, quality of care, and provider accountability.

Policy recommendations and implications

Based on the findings, the study formulated a series of recommendations for NHI implementers.

Pharmacist role as PHC provider

The research identified pharmacists as well-positioned to address all three dimensions of healthcare access:

1. **Physical accessibility**: Community presence with convenient operating hours.
2. **Financial affordability**: Reducing costs compared to general practitioner consultations.
3. **Acceptability**: Established community trust promoting earlier medical assistance.

Recommendations include:

1. Establish PHC guidelines accounting for provider performance and patient outcomes.
2. Detail appropriate services that also target South Africa's quadruple disease burden at a PHC level.
3. Determine required qualifications and training for pharmacists as PHC providers.
4. Establish referral pathways incorporating pharmacists, including down-referral and up-referral strategies.
5. Construct appropriate reimbursement mechanisms.

Addressing nepotism and corruption

Corruption is defined as misuse of entrusted power for private gain which results in healthcare inequalities, compromising efficiency, accessibility, and quality while eroding public trust.[10] Given that this was a key theme observed, strategies should be focused on:

- strengthening accountability and enforcement of protocols;
- enhancing community engagement;
- improving transparency; and
- fair remunerative scales for healthcare providers.

Reimbursement framework

The study identified the need for a flexible payment mechanism that:

- responds to healthcare system reform;
- identifies changing market trends;
- adapts to South Africa's unique healthcare context;
- considers cost inflation and payment reform; and
- ensures profitability for private provider incentivisation.

The current disparity between fee-for-service (FFS) models in the private sector and salaried models in the public sector requires extensive re-engineering. While capitation-based models show promise, they require stringent administrative protocols and in-depth population demographic analysis in order to be efficiently implemented.[11]

Conclusion

The implementation of NHI represents a critical turning point for South Africa's healthcare system in pursuing UHC. The findings highlighted several gaps in the NHI Act and implementation processes that require careful consideration that could hinder the realisation of UHC in South Africa. The clear benefit of incorporating pharmacists in the PHC system was emphasised, though several barriers need addressing before these integral roles can be adopted. These findings provide foundational evidence for strategic direction and development of crucial mitigation strategies to help South Africa attain UHC for all citizens.

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