

Orthoptists Services: A Review of Benefits Paid By Medical Schemes, South Africa

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Abstract

Background: Orthoptists are specialists in diagnosing and treating ocular movement disorders and problems related to how the eyes work together, known as binocular vision. There is currently about 1 100 orthoptist registered and working in the UK. The comparative figure to South Africa is much lower at only nine registered orthoptists.

Study design and objectives: This was a cross-sectional research study of claims paid for Orthoptists services by medical schemes. The study's primary objectives were to assess benefits paid for Orthoptists services, the level of co-payment subjected to members of medical schemes, and the funding model employed by medical schemes. The study entailed secondary data collected from the Council for Medical Schemes Annual Statutory returns.

Results: The total number of beneficiaries with at least one orthoptist visit was 204, and the total number of visits paid by schemes was 256. This translates to the average number of one visit per beneficiary per annum. Each visit amounted to an average expenditure of R540. These services attracted a co-payment to the rand amount of R148 per visit. Nearly half of these benefits were paid from the person's medical savings account, accounting for 48% of benefits.

Conclusion and recommendations: Coupled with evidence that there are currently no training schools for orthoptists and a low revenue base, this study shows that the demand for the services is lower than in previous years. The study recommends a review of the current model to a more multidisciplinary team across all specialties, particularly seeing that the first world countries still utilise the services of orthoptists in various health sectors, including child development and mainstream schools.

Keywords: Orthoptists; Out-Of-Pocket Payment; Personal Medical Savings Account; Benefits Paid; Medical Schemes

Abbreviations: HPCSA: Health Professions Council of South Africa; UK: United Kingdom; NHS: National Health Services; OOP: Out-of-Pocket Payment; NHI: National Health Insurance.

Introduction

Orthoptists are specialists in diagnosing and treating ocular movement disorders and problems related to how

the eyes work together, known as binocular vision. These can be caused by problems with the muscles around the eyes and nerve defects that allow the brain to communicate with the eyes [1]. The word Orthoptic comes from the Greek words orthos, meaning 'straight', and optikos, meaning 'relating to sight'. Orthoptists primarily dealt with the strabismus condition, which is the misalignment of the eyes. In recent years, they have come to be recognised as the experts in a much wider variety of eye disorders [1]. However, as the Orthoptic profession has developed in other countries, the two-year Diploma in Advanced Orthoptics and Binocular Vision training of Orthoptists was stopped by the Health Professions Council of South Africa (HPCSA) [3]. The last group of students qualified in early 2000, Thus impacting on continued training and development of these medical service providers [3]. However, evidence from the Council for Medical Schemes depicts a low base of claims from these medical service providers, which has been on the decline for the past three years, wherein in 2018 a total of benefits paid was R299 332, and this decreased to R190 200 in 2020 [2,7].

Training of Orthoptists

Most orthoptists are trained in basic refraction techniques, including retinoscopy, although they cannot perform cyclopaedic refractions as cyclopaedic drops are scheduled medications. This also applies to optometrists unless they have passed rigorous courses and exams on medicine dispensing [3]. In Australia, Orthoptic training has solid academic content, and the practical clinical skills have expanded to include visual field tests, optic nerve functions, fundus photography, electrophysiology, screening for eye diseases, and participation in research. About three hundred orthoptists are registered, and 70% of them work in ophthalmologists' offices or eye departments, others in blindness prevention programs or privately [5]. Most Orthoptists in the United Kingdom (UK) are employed by the National Health Services (NHS) and work in hospitals, community clinics, rehabilitation centres, special schools, child development centres, and mainstream schools. There is currently about 1 100 orthoptist registered and working in the UK [6]. The comparative figure to South Africa is much lower at only nine registered orthoptists [3].

Furthermore, there are no training schools for orthoptists, the last one that existed was closed in the late 1990s [3]. Of the nine Orthoptists registered with the HPCSA, five are located in the Western Cape province, Gauteng province, mainly Johannesburg, had the second-highest number, with three registered orthoptists. KwaZulu Natal had only one registered orthoptist [3].

Empirical Data

This study reviewed medical schemes claims paid for Orthoptists services, and the review period was the 2020 claims data. The analysis covered the following dimensions of analysis:

- Utilisation: Beneficiaries with at least one visit
- Utilisation: Total number of visits paid

- Benefits paid: Claimed Amount, Amount paid from Risk and Savings benefits
- The average amount paid per visit
- Count of claiming providers
- Benefits paid / expenditure measured in rand terms : 1\$=ZAR17 or R17

Study Design

The Out-of-Pocket Payment (OOP) in this study is the difference between the claimed amount by the medical service provider and the amount paid by the scheme. This was a cross-sectional research study of claims paid for Orthoptists services by medical schemes. The study entailed secondary data collected through C4 of the Council for Medical Schemes Annual Statutory returns data [4]. Claims data from twenty-one medical schemes were analysed, which accounted for 6,1 million lives beneficiaries in 2020. The proportion of utilising beneficiaries was relatively small at 4.12 per 100 000 beneficiaries.

Objectives

The study's primary objectives were to assess benefits paid for Orthoptists services, the level of co-payment subjected to members of medical schemes, and the funding model employed by medical schemes. The secondary objective was to assess the distribution of claiming providers versus the number registered with the HPCSA.

Results

Table 1 below depicts benefits paid in 2020, and the table further shows three providers that claimed from medical schemes in 2020. The total amount claimed for these providers was R168,338 for three providers. However, medical schemes paid R138,239. Thus implying 18% claimed amount that members paid. These services generated annual revenue of R46,079.67 per provider, and these were significantly small relative to other providers, such as blood transfusion services, with only two service providers. The total number of beneficiaries with at least one orthoptist visit was 204, and the total number of visits paid by schemes was 256. This translates to the average number of one visit per beneficiary per annum. Each visit amounted to an average expenditure of R540. Members of medical schemes were exposed to co-payments where schemes did not fully fund what the medical service provider claimed. These services attracted a co-payment to the rand amount of R148 per visit. Nearly half of these benefits were paid from the person's medical savings account, accounting for 48% of benefits (Tables 1 & 2).

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Benefits paid - 2020	Measure	
Number of claiming providers	3	
Number of Beneficiaries with at least one visit	204	
Total Visits Paid for	256	
Total Amount Claimed	R168,338	
Amount Paid From Risk	R72,298	
Amount Paid From Savings	R65,941	
Total amount paid	R138,239	
00P (%)	18%	
OOP per beneficiary per annum (Rand)	R148	
% Paid from Savings	48%	
Paid per visit	R540	

Medical schemes' findings of Orthoptists' benefits differed by province. Table 2 below shows that claiming Orthoptists were mainly in two provinces, Gauteng and Western Cape. Higher levels of OOP were primarily notable in the Gauteng province. Ninety-four percent of visits paid were in the Gauteng province, while the balance was claimed for services rendered in the Western Cape province. The Gauteng province mainly funded these from personal medical savings accounts, whereas the provider in the Western Cape province mainly funded these from the risk pool. Effectively, the provider in Western Cape generated R4,671 in 2020 from 15 visits, while the providers in Gauteng each generated R64,557 and R3,069 from 169 and 20 visits, respectively. The table below further depicts remuneration generated by these providers from medical schemes.

Gauteng

Table 1: Key Statistics: Orthoptists' benefits.

Gauteng		Western Cape	Measure
Number of claiming providers	2	1	3
Number of Beneficiaries with at least one visit	189	15	204
Total Visits Paid for	240	16	256
Total Amount Claimed	R163,528	R4,810	R168,338
Amount Paid From Risk	R67,627	R4,671	R72,298
Amount Paid From Savings	R65,941	-	R65,941
Total Benefits paid	R133,568	R4,671	R138,239
Amount Paid per visit	R557	R292	R540
% OOP	18%	3%	18%
OOP (Rand Value)	R159	R9	R148
% Paid from Savings	49%	-	48%

Table 2: Utilisation and Benefits paid for Orthoptists by province.

Concluding Remarks

This study showed a scanty volume of claims from orthoptists where only three of the nine registered claims form medical schemes. These findings are consistent with the recent study that looked at the future of orthoptists [3]. Coupled with evidence that there are currently no training schools for orthoptists and a low revenue base, this study shows that the demand for the services is lower than in previous years. The study recommends a review of the current model to a more multidisciplinary team across all specialities, particularly seeing that the first world countries still utilise the services of orthoptists in various health sectors, including child development and mainstream schools. It Is not clear how many orthoptists are practising in the public sector; however, the finding of this study shows the distribution of scarce medical service providers and how these could be considered in a National Health Insurance

(NHI) environment, particularly in the planning and contracting of medical service providers and in addressing the scarcity of resources.

Ethics Statement

This submission follows the principles laid down by the Responsible Research Publication Position Statements developed at the 2nd World Conference on Research Integrity in Singapore, 2010.

Declaration

The authors declare authorship of this article and that they have followed sound scientific research practice. This research is original and does not transgress plagiarism policies.

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