

## SPECIALIST REFERRAL

Taking a closer look at the coordination of Specialist care on all SABMAS options:

### What is coordination of care?

At SABMAS, we take pride in making decisions that benefit our members and the Scheme in the long run. Fragmented care happens when there is a breakdown in care coordination and communication between the GP, Specialist, and other Healthcare Professionals such as Pathologists and Radiologists.

We are committed to improving health outcomes for our members and ultimately reducing healthcare spending, with our goal focusing on keeping the annual contribution increases as reasonable as possible. To this end, the Scheme is prioritising the coordination of our members' care – with the GP taking on the role of coordinator. SABMAS is therefore encouraging its members to work more closely with their GPs to ensure that all their healthcare needs are met in an integrated way, avoiding fragmented care that could be dangerous, costly and time consuming.

### How does coordination of care affect our members?

SABMAS has implemented Coordination of Specialist Care on all SABMAS options. This means that if a member has any health concerns, they will first need to consult their GP who will assess their healthcare needs, and, if necessary, refer them to the appropriate Specialist for their condition. In so doing, the GP will now have a complete picture of the member's health history, enabling him or her to provide them with the most suitable ongoing care for their needs.

The Scheme is confident in the expertise of the GP, as the coordinator of care, to determine whether a member needs to see a Specialist and, if so, which specialist type a member should be referred to.

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### What are the benefits of being referred to a Specialist by a GP?

- Quick and easy access to an appropriate Specialist (many Specialists won't see a patient without a referral from a GP).
- The GP's initial health assessment can be passed onto the Specialist, giving the Specialist a better idea of the member's condition and results of any relevant tests that were conducted to give the Specialist a full picture.
- The Specialist does not have to repeat these tests again thus making the day-to-day benefits go longer and curbing unnecessary costs.
- The GP can give the Specialist an accurate picture of the member's medical history.
- There are of course exceptions to the referral process, for example where a member has direct access to a Specialist, which are dealt with further in this document.

### Why is the Scheme implementing Specialist referral?

The implementation of Specialist referral is purely in the members' best interests for the following reasons:

- It will improve quality of care by facilitating access to the appropriate Specialist care.
- The GP becomes the central point as the care coordinator and ensures continuity.
- It will prevent unsafe combinations of treatments, including medicines.
- It will also prevent unnecessary duplication of costly clinical tests and treatments – which contribute to rising health care costs and increases in members' contributions.

### What must be on the Specialist Claim?

- The member must ask the Specialist to put the referring GP name and practice number on the claim when they submit a claim to avoid the additional 20% co-payment.

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### Are there any specialty types that are excluded from this process?

Yes, a GP referral is not necessary in the following circumstances:

- Female patients are allowed to visit their Gynaecologists. Pregnant patients or those undergoing ongoing fertility treatment are dealt with further down in this document.
- Children below the age of two (2) can visit a Paediatrician without a referral number.
- Ophthalmologist after referral from either an Optometrist or GP.
- Psychiatrist after referral from either a Psychologist or GP.
- Maxillo-Facial Surgeon after referral from either a Dentist, Orthodontist, or a GP.
- Oncology, Pathology and Radiology (general and specialized) are excluded from this process.
- Referral by a Specialist to another Specialist.

### What if the member has already made an appointment with a specialist for later this year?

In this case, members are not expected to see a GP before consulting the Specialist. They must contact the SABMAS Customer Contact Centre to inform us of this consultation and a reference number will be issued. The member must include this reference number on the specialist claim when submitting it to the Scheme for payment. In future, members will need to consult with their GP first, and if he or she feels that it's necessary for them to see a Specialist for their condition, they will refer the member.

### What if a member has a long-term relationship with a specialist?

These cases will be sent to the Scheme's Clinical Adviser to be reviewed on a case-by-case basis as some could be ongoing treatment e.g., Fertility Specialist, Rheumatoid Arthritis etc.

### What if a member is already pregnant?

Consultations for pregnancy with Gynaecologists are currently excluded from this process and therefore no referral is required.

### SABMAS CONTACT DETAILS

For more information, please visit [www.sabmas.co.za](http://www.sabmas.co.za) or call Customer Contact Centre on 0860 002 133.

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