



Health and wellness in the present day day GP practice

SAMA Conference: September 2015

Sandton Convention Centre

Health and Wellness are generic terms

- **Health** is defined as the overall mental and physical state of a person; the **absence of disease**
- **Wellness** refers to the state of being in optimal mental and physical health:
 - About living a life full of personal responsibility and therefore taking proactive steps for one's entire well-being
 - A person living life very well controls **risk factors** that can harm them

Types of wellness

- Physical wellness
 - The physically well person gets an adequate amount of sleep, eats a balanced and nutritious diet, engages in exercise for 150 minutes per week, attends regular medical check-ups, and practices safe and healthy sexual relations
- Emotional wellness
 - The emotionally well person can identify, express, and manage the entire range of feelings and would consider seeking assistance to address areas of concern
- Career wellness
 - The professionally well person engages in work to gain personal satisfaction and enrichment, consistent with values, goals, and lifestyle
- Social wellness
 - The socially well person has a network of support based on interdependence, mutual trust, respect and has developed a sensitivity and awareness towards the feelings of others
- Spiritual wellness
 - The spiritually well person seeks harmony and balance by openly exploring the depth of human purpose, meaning, and connection through dialogue and self-reflection

Types of wellness

- Financial wellness
 - The financially well person is fully aware of financial state and budgets, saves, and manages finances in order to achieve realistic goals
- Intellectual wellness
 - The intellectually well person values lifelong learning and seeks to foster critical thinking, develop moral reasoning, expand worldviews, and engage in education for the pursuit of knowledge
- Creative wellness
 - The creatively well person values and actively participates in a diverse range of arts and cultural experiences as a means to understand and appreciate the surrounding world
- Environmental wellness
 - The environmentally well person recognizes the responsibility to preserve, protect, and improve the environment and appreciates the interconnectedness of nature and the individual

Why is health and wellness important?

- Personal perspective
 - Healthy and well people are happier
 - Society is increasingly becoming health conscious
- Employer perspective
 - Unlocking of full potential
 - Productivity
 - Absenteeism
- Healthcare financing perspective
 - Overall sense of wellness prevents illness
 - Chronic diseases account for \pm 75% of healthcare costs
 - Healthcare inflation is consistently outstripping consumer price inflation and salaries
 - Many chronic diseases are preventable

Employer perspective

2015/2016 Staying@Work

Global Survey

34

Countries/
markets
surveyed

34%

Employer respondents have
more than >10,000 full-time
workers

242

LATAM
Participants

- Argentina
- Brazil
- Chile
- Colombia
- Mexico

247

EMEA

Participants

- Germany
- Italy
- Netherlands
- Spain
- U.K.
- And 9 others

582

APAC

Participants

Including

- China
- India
- Philippines
- Singapore
- And 9 others

1,669

Employers completed
the survey between
May and July 2015
in North America,
Latin America,
Europe and Asia

73%

of the respondents have
their workforces located in
multiple countries and
respondents operate in all
major industry sectors

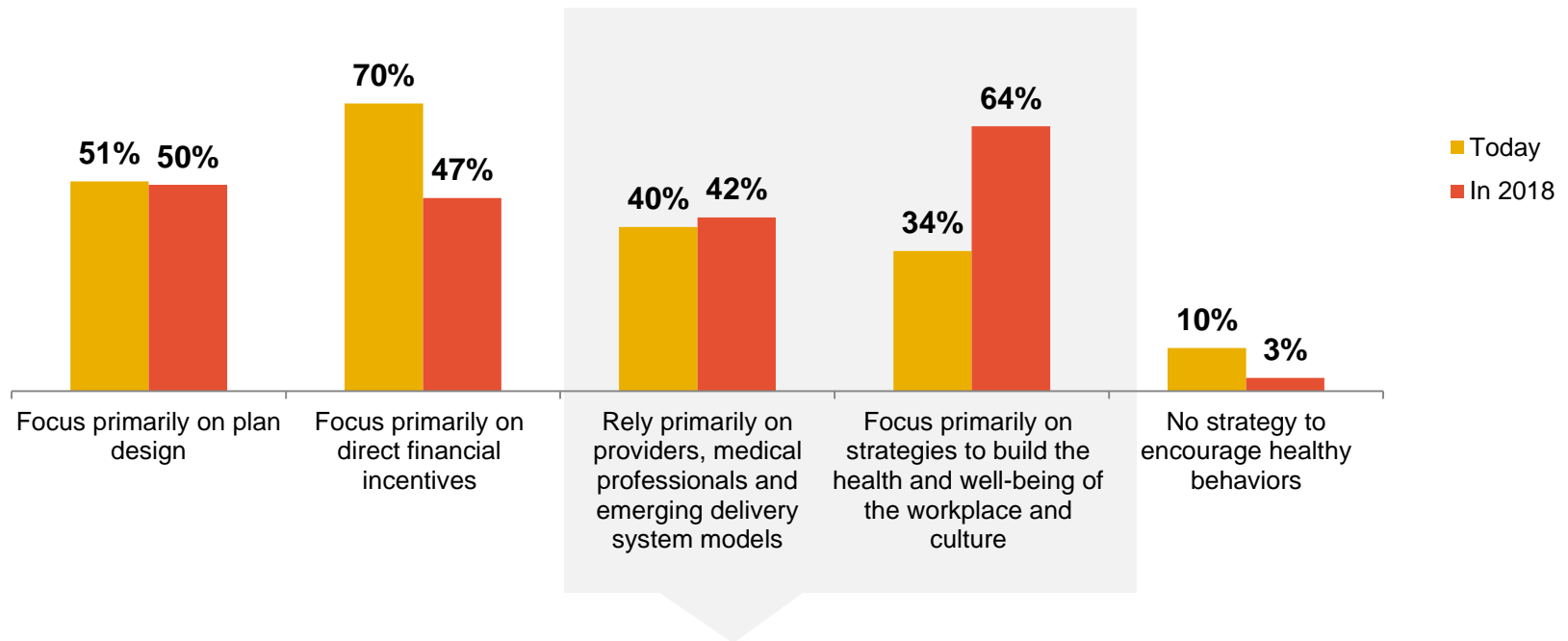
598

North America
Participants

- Canada
- U.S.

Majority of organisations will increase their focus on building the health and well-being of the workplace

How would you characterize your organization's primary strategy to encourage healthy behaviors, and what do you expect it will be in 2018?



Almost 2/3 of employers expect that building a culture of health will be the primary strategy to promote healthy behaviour by 2018
Almost 1/2 of employers will be relying on providers and medical professionals

Cost and affordability of healthcare is an issue



55.6%

Growth in gross contributions pabpa since 2000



51.8%

Growth in gross claims pabpa since 2000

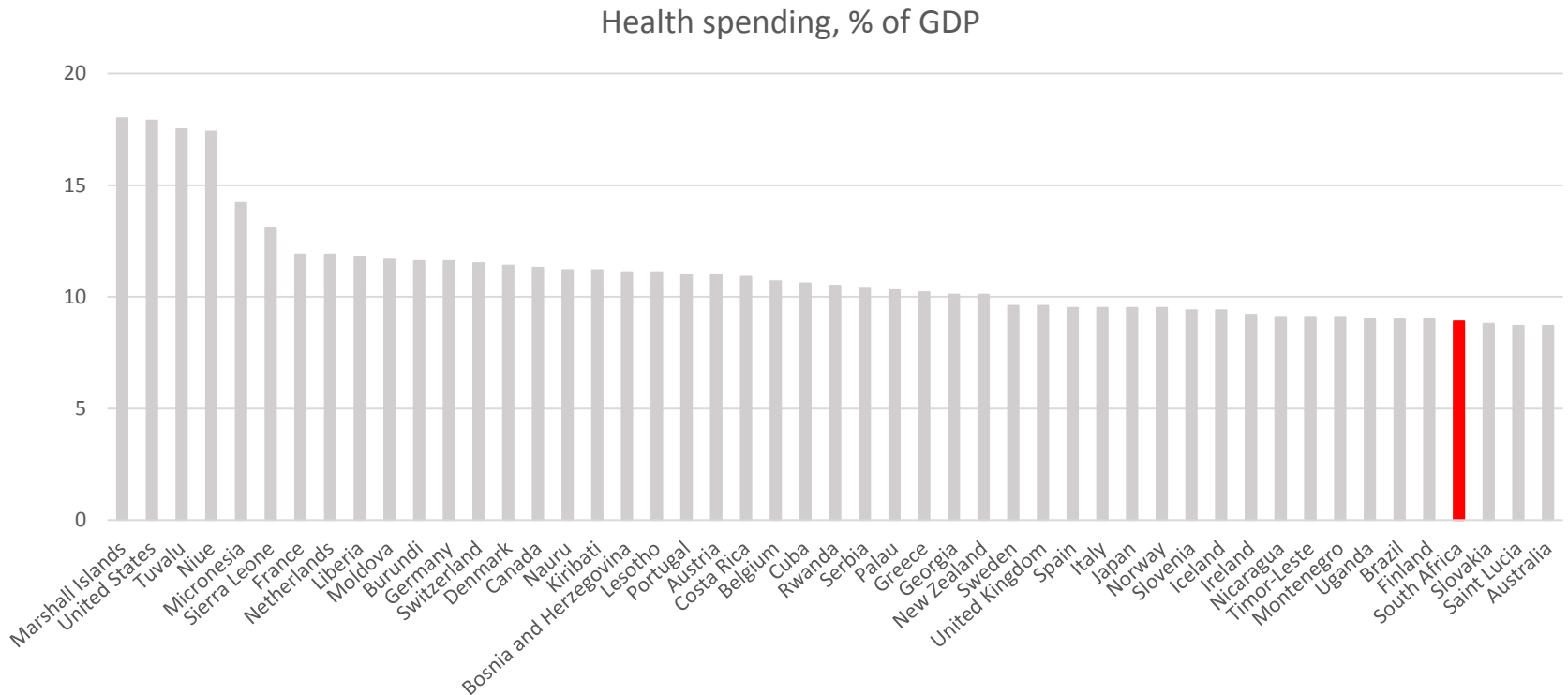
8.9%

Of GDP spent on health

55.9%

Of health expenditure is in the private sector

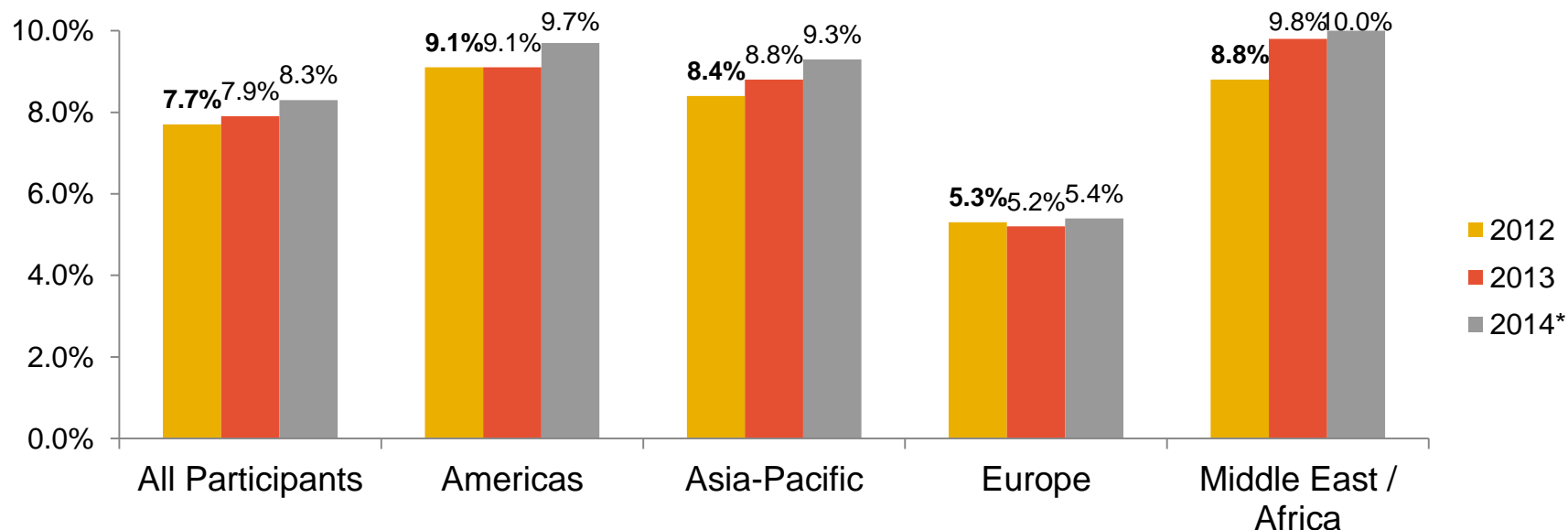
Our healthcare expenditure compares to peers



Global Medical Trend 2012 – 2014

GROSS	2012 medical trend	2013 medical trend	2014* medical trend
All Firms	7.7	7.9	8.3
Americas (ex US)	9.1	9.1	9.7
Asia-Pacific	8.4	8.8	9.3
Europe	5.3	5.2	5.4
Middle East/Africa	8.8	9.8	10.0

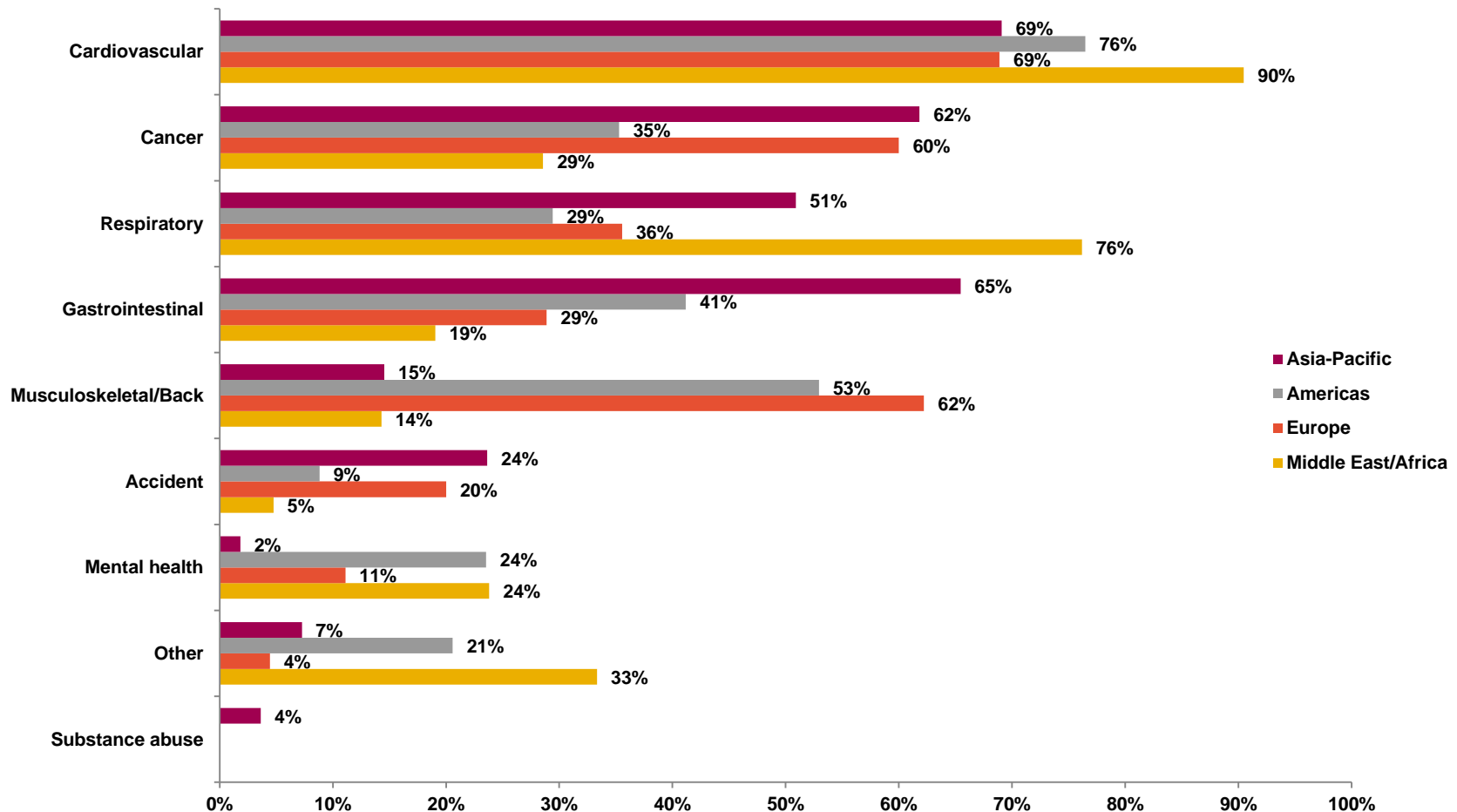
*projected



Source: 2013 /2014 Global Health Trends Survey

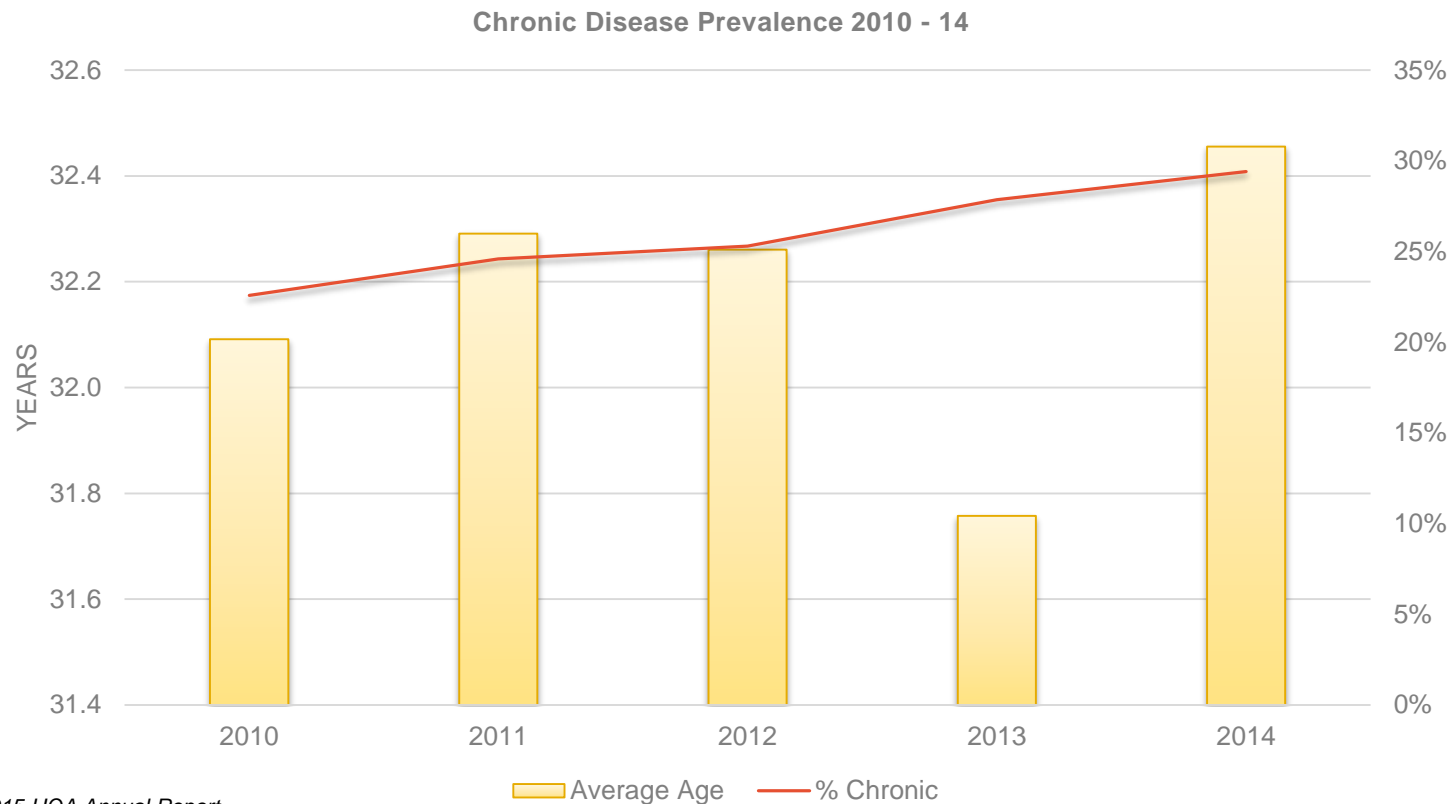
A substantial proportion of the expected inflationary trends can be ascribed to chronic conditions

What are the top three conditions that cause the highest prevalence of claims?



Source: 2015/2016 Global Staying@Work Survey

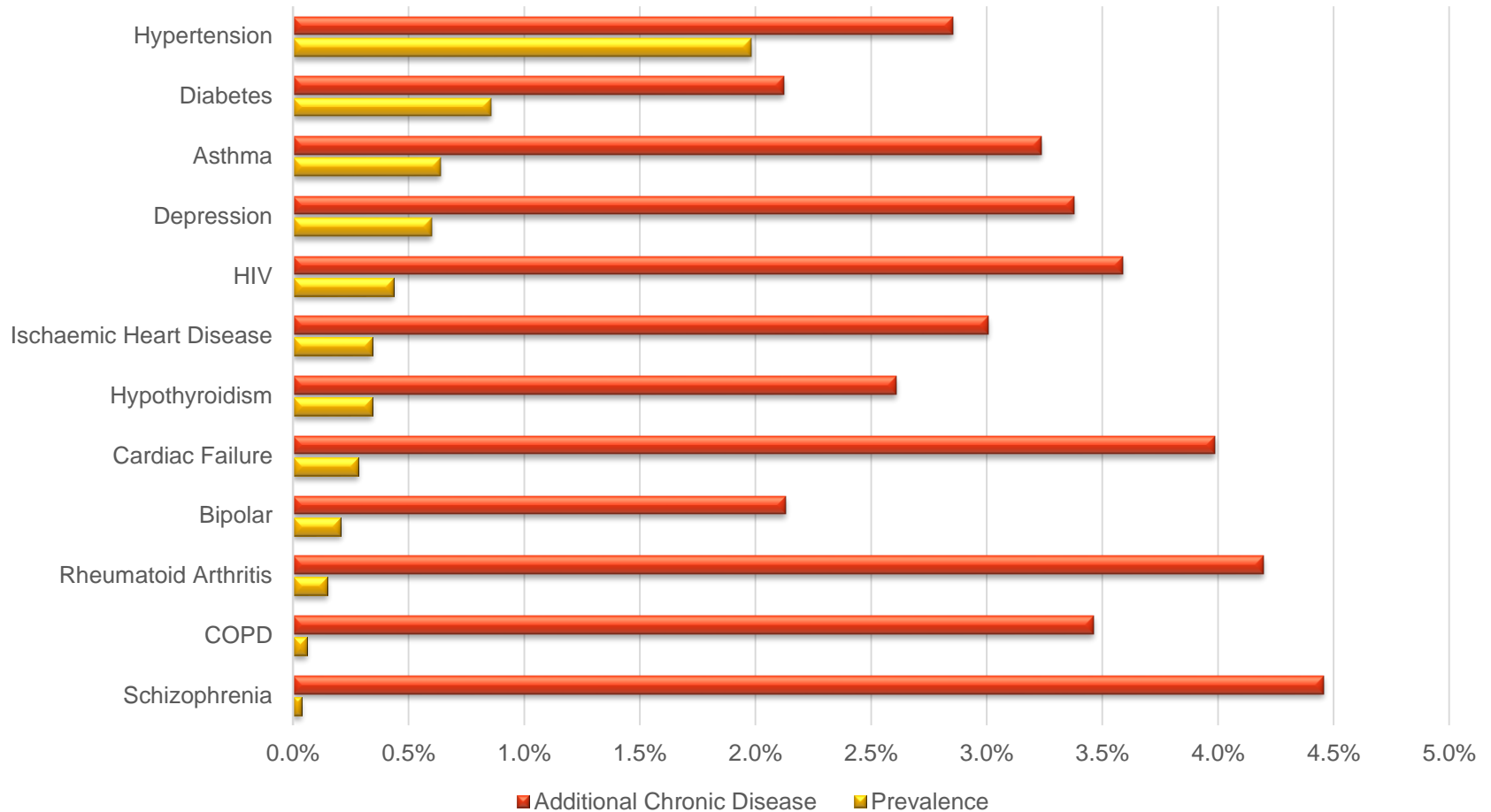
South Africa is no exception



Almost 1/3 of the population are registered for one or more chronic diseases
The population has aged by 1/3 of a year over a five year period
Chronic disease prevalence has increased by 6.82%

We are also experiencing increasing complexities

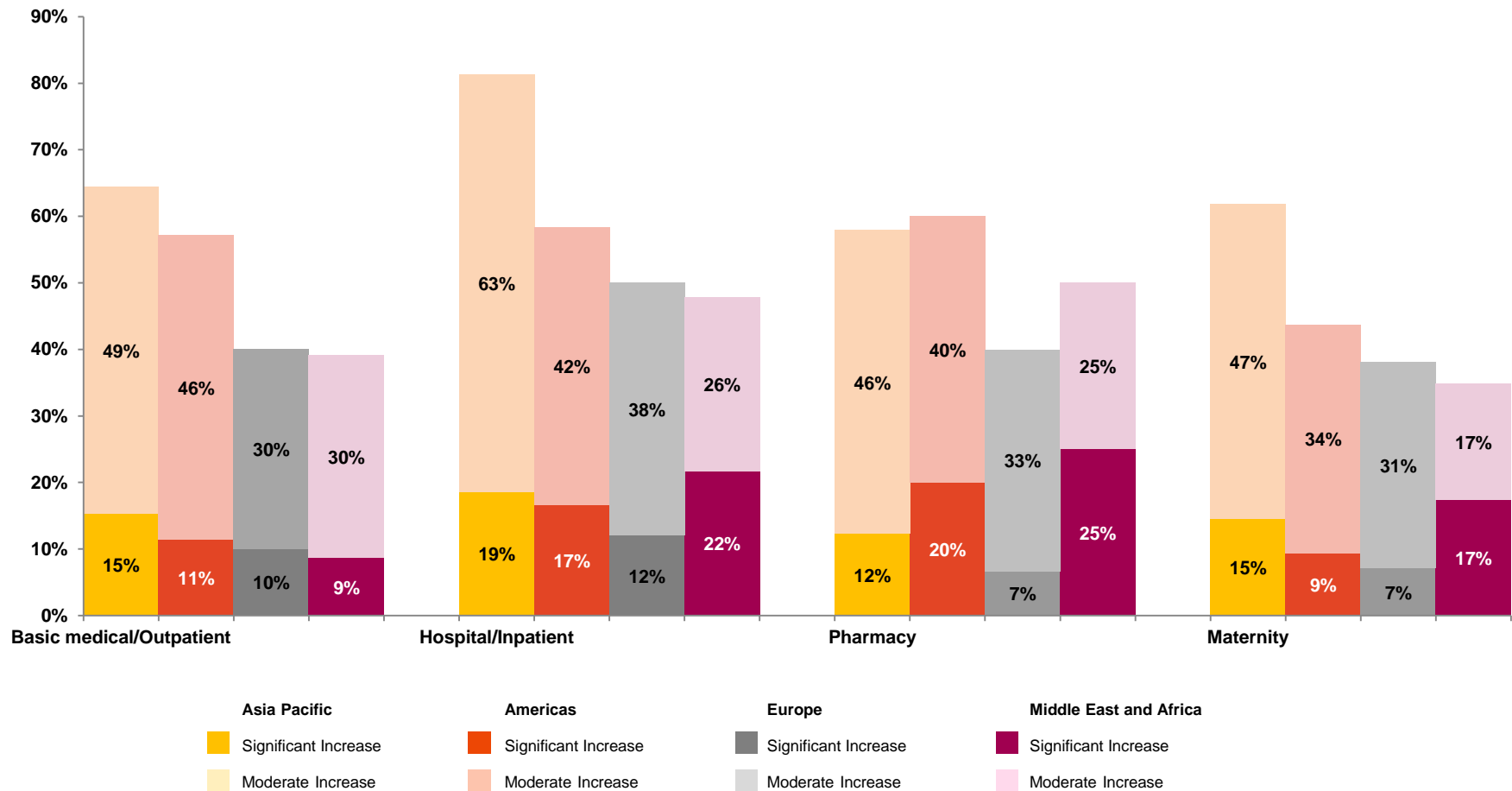
Chronic Disease Trends 2012-14



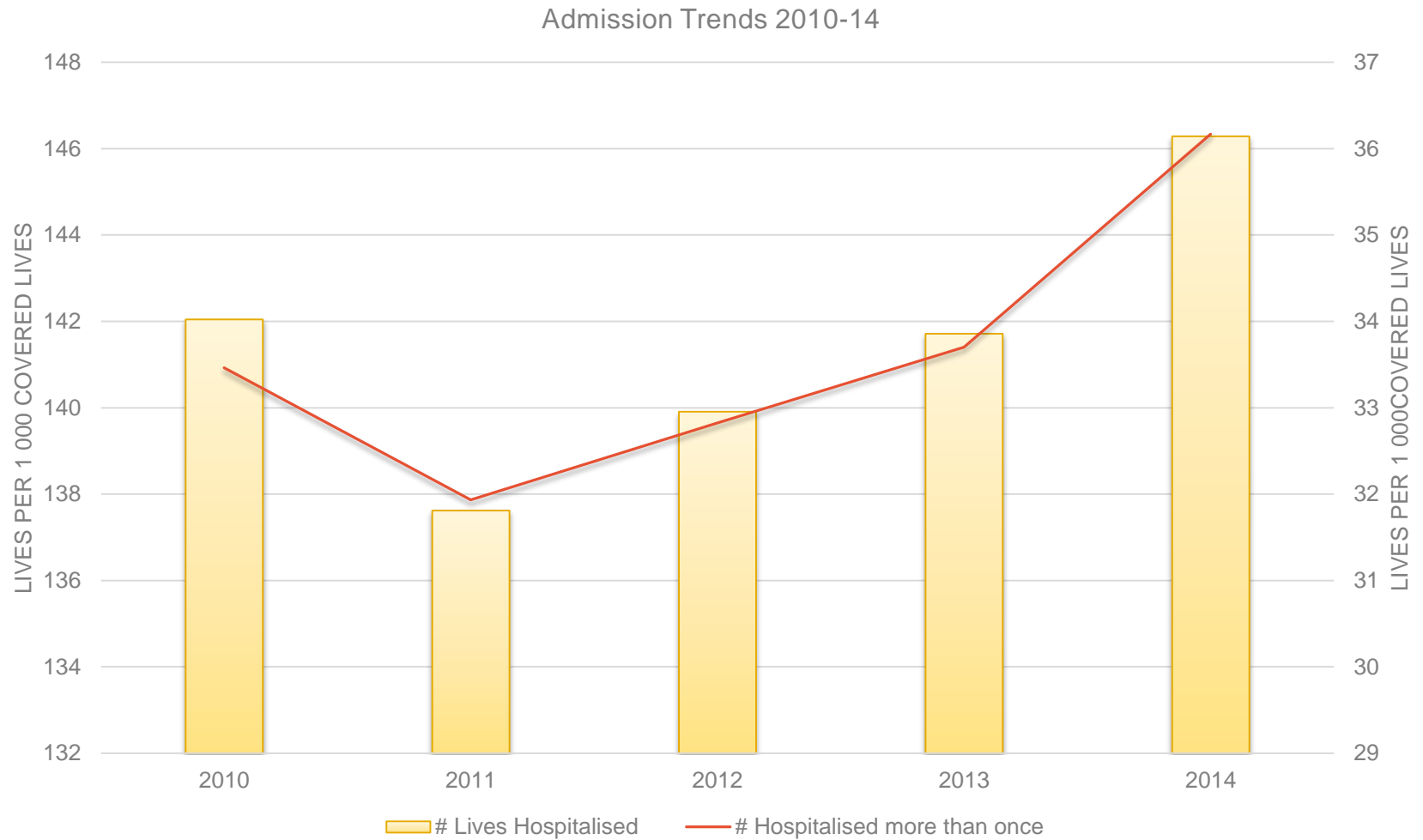
Source: 2015 HQA Annual Report

The bulk of medical expense increase is expected to come from hospital/inpatient services

How do you expect the expenses related to the following service categories to change over the next five years?



South Africa is no exception

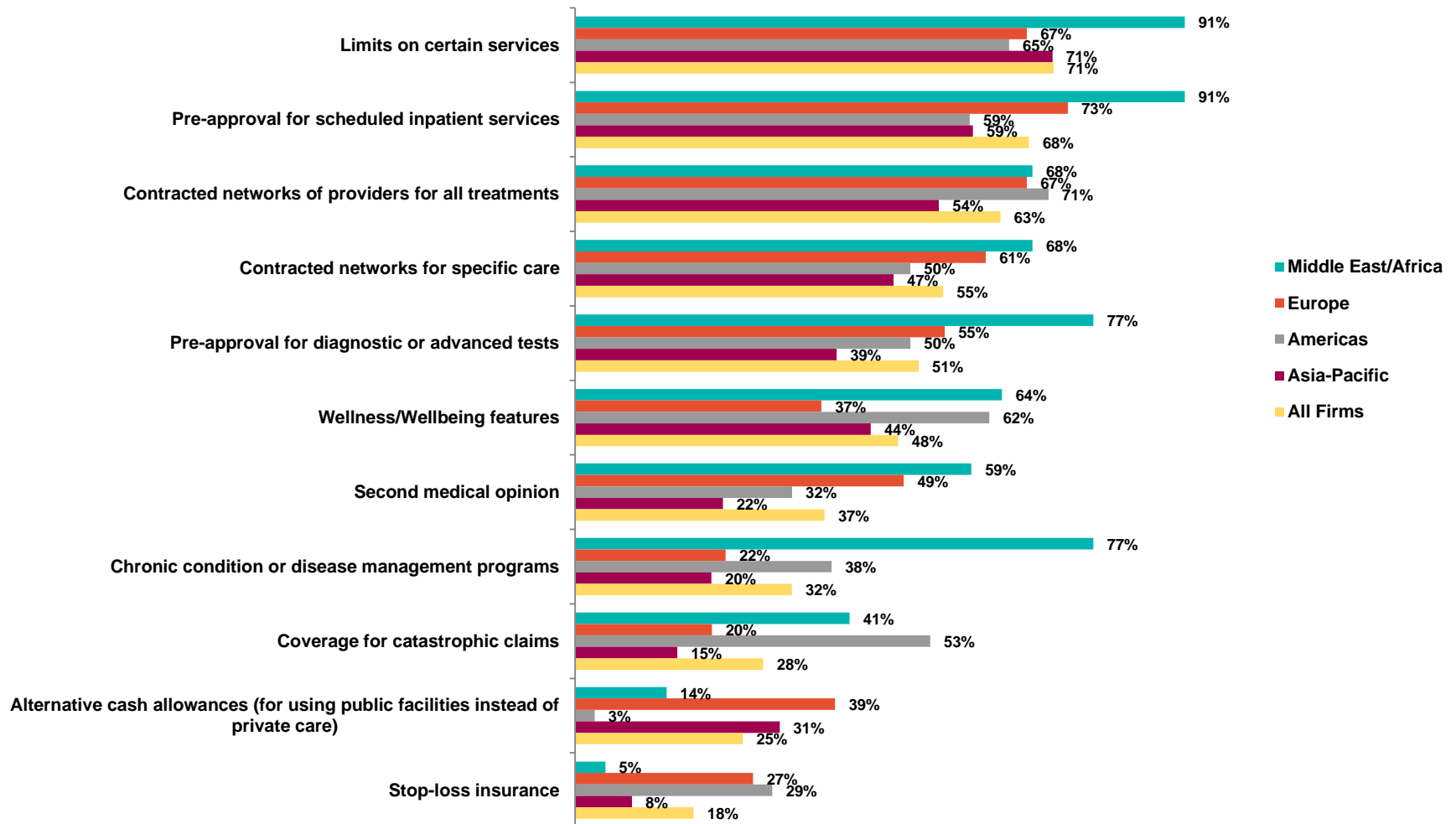


Source: 2015 HQA Annual Report

The response...

The top cost management method in 2014 is to limit certain services, thereby capping maximum claims for some treatments

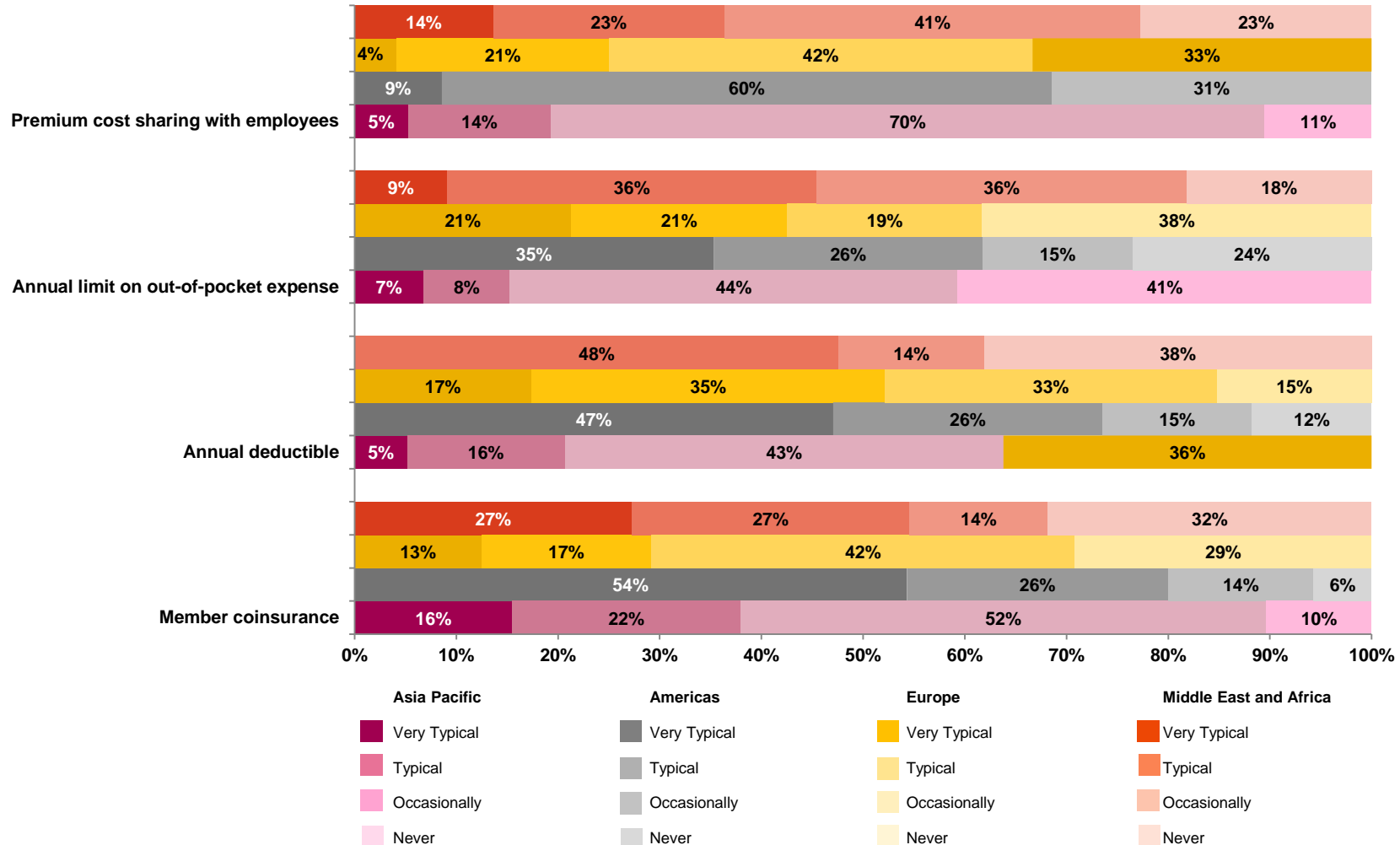
What are the most effective tools you employ for managing medical costs?



Source: 2013 /2014 Global Health Trends Survey

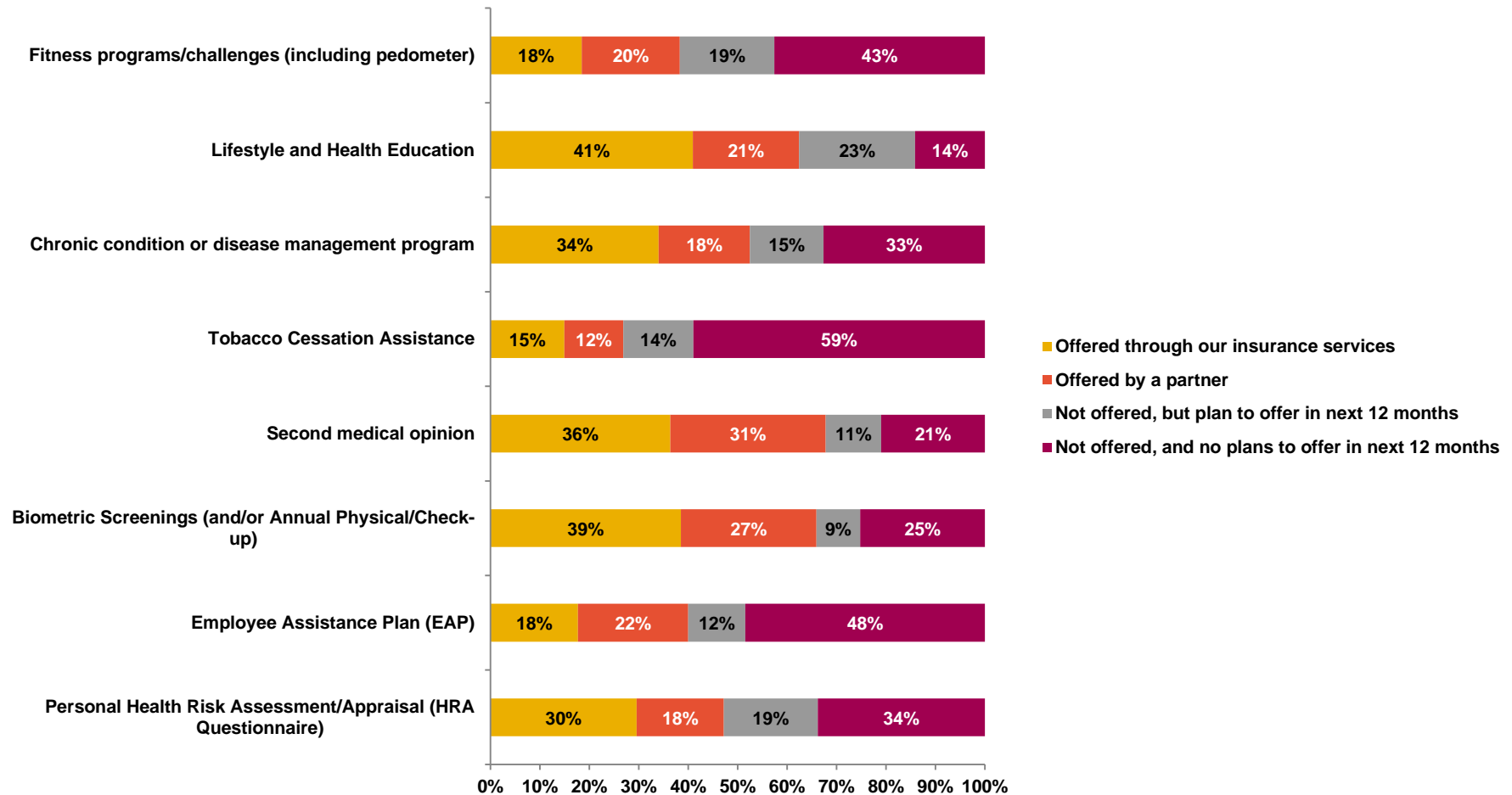
As in prior surveys, respondents identified member coinsurance as the most typical cost-sharing approach in all regions but Europe

How typical are the following cost-sharing approaches for the medical products you offer?



The percentage of respondents that say they offer health promotion features (either directly or through a partner) continues to grow

Do you currently offer any of the following wellness features?

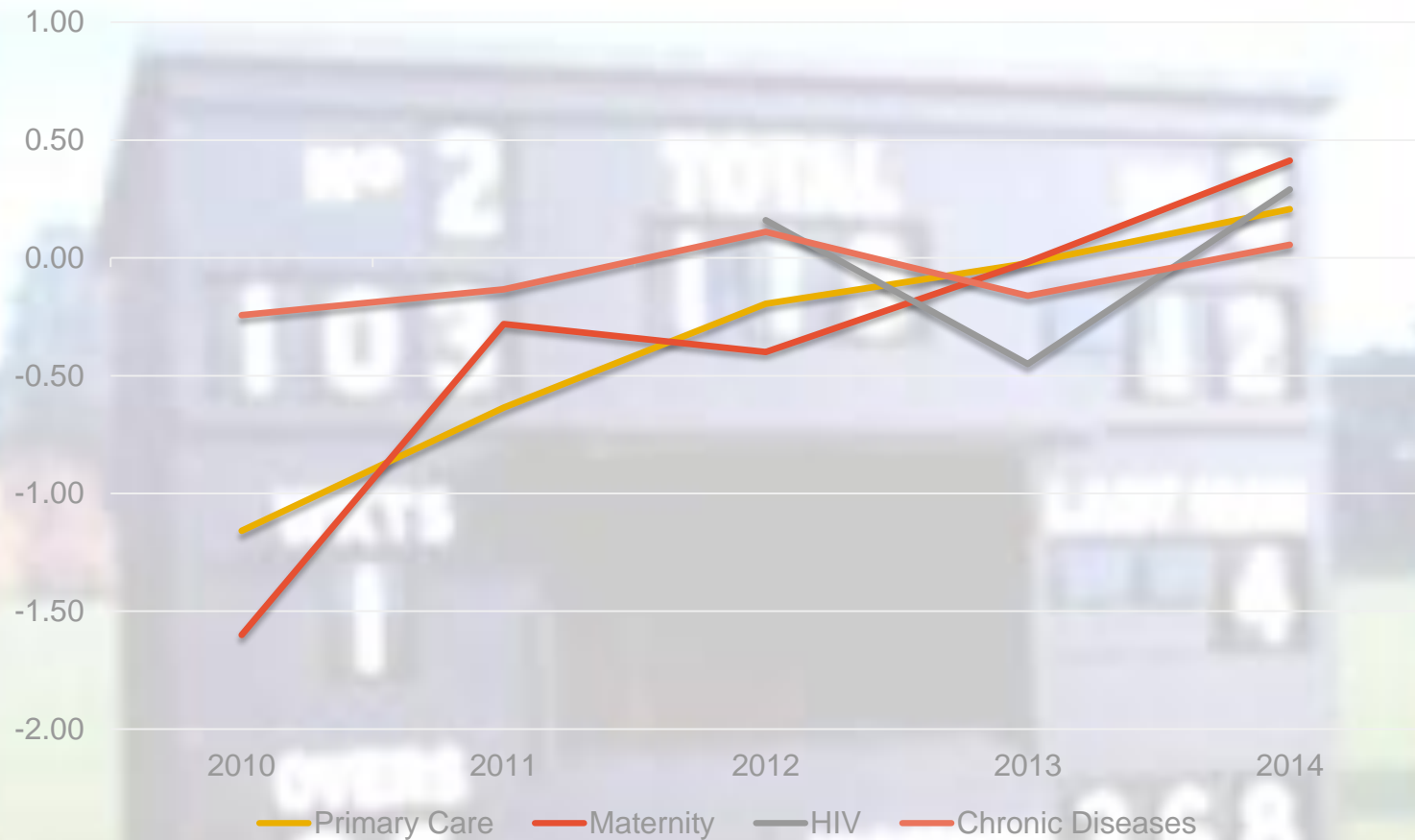


A look at some South African experience

Approaches to Health Promotion

- Primary prevention
 - Risk reduction by altering behaviours
 - Vaccination
- Secondary prevention
 - Screening
- Tertiary prevention
 - Modification of risk factors that are already in existence

The trends pertaining to health promotion are encouraging



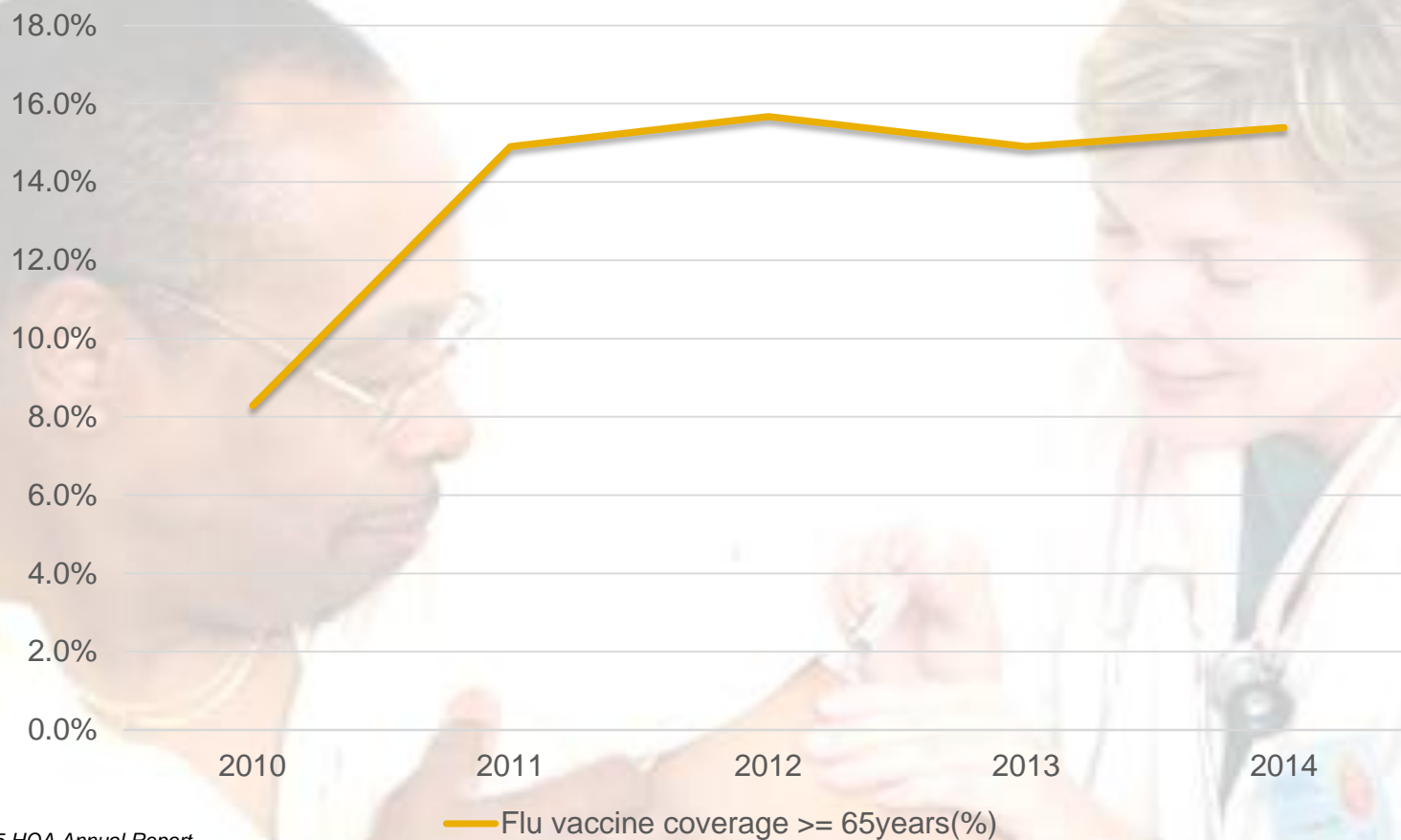
Source: 2015 HQA Annual Report

Primary Prevention: Flu Vaccinations

- In elderly people influenza is a major cause of hospitalisation and mortality during winter months
- Vaccination is highly effective at reducing mortality and morbidity from influenza
- Vaccination can produce a 50% reduction in cases of respiratory illness, pneumonia, hospitalization and mortality
- Immunisation of older people against influenza is likely to be one of the most cost-effective primary healthcare interventions available

British Journal of General Practice

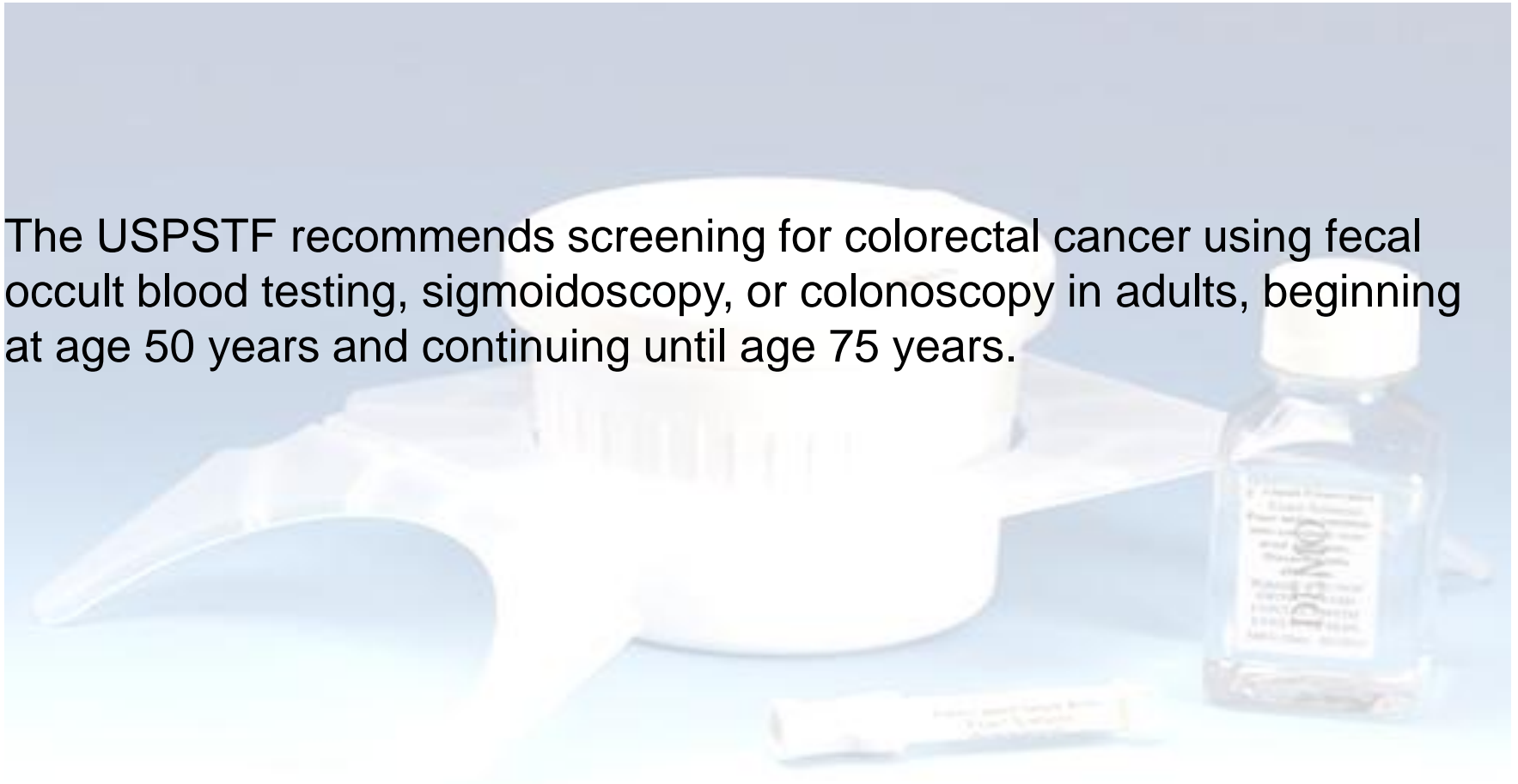
Primary Prevention: Flu Vaccinations



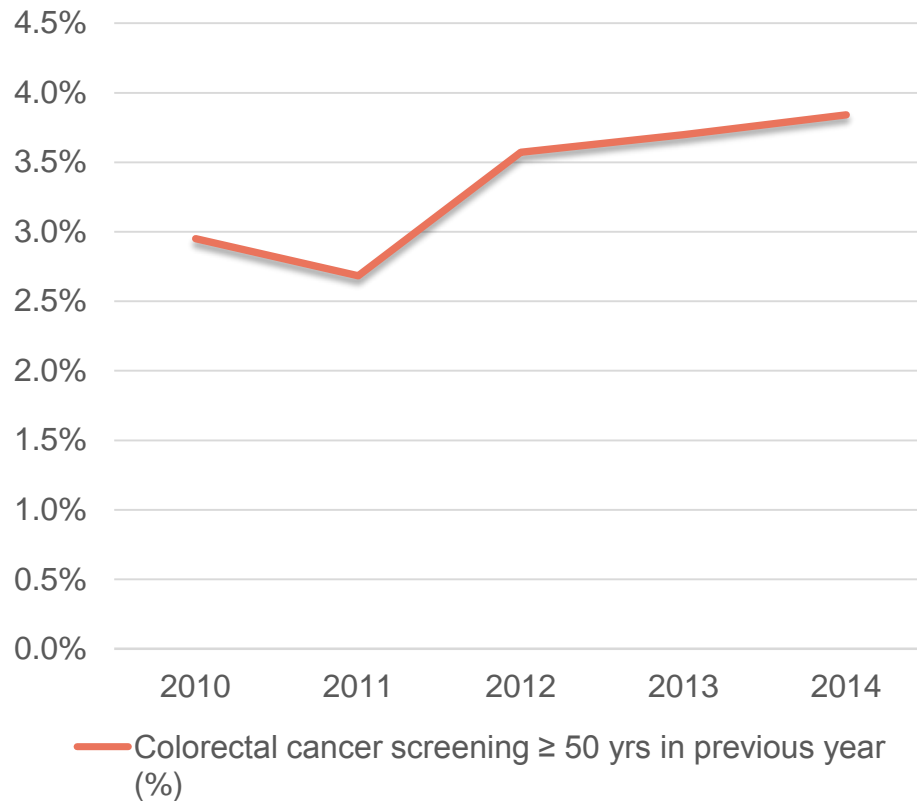
Source: 2015 HQA Annual Report

Secondary Prevention: Colorectal cancer screening

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.



Secondary Prevention: Colorectal cancer screening



Source: 2015 HQA Annual Report

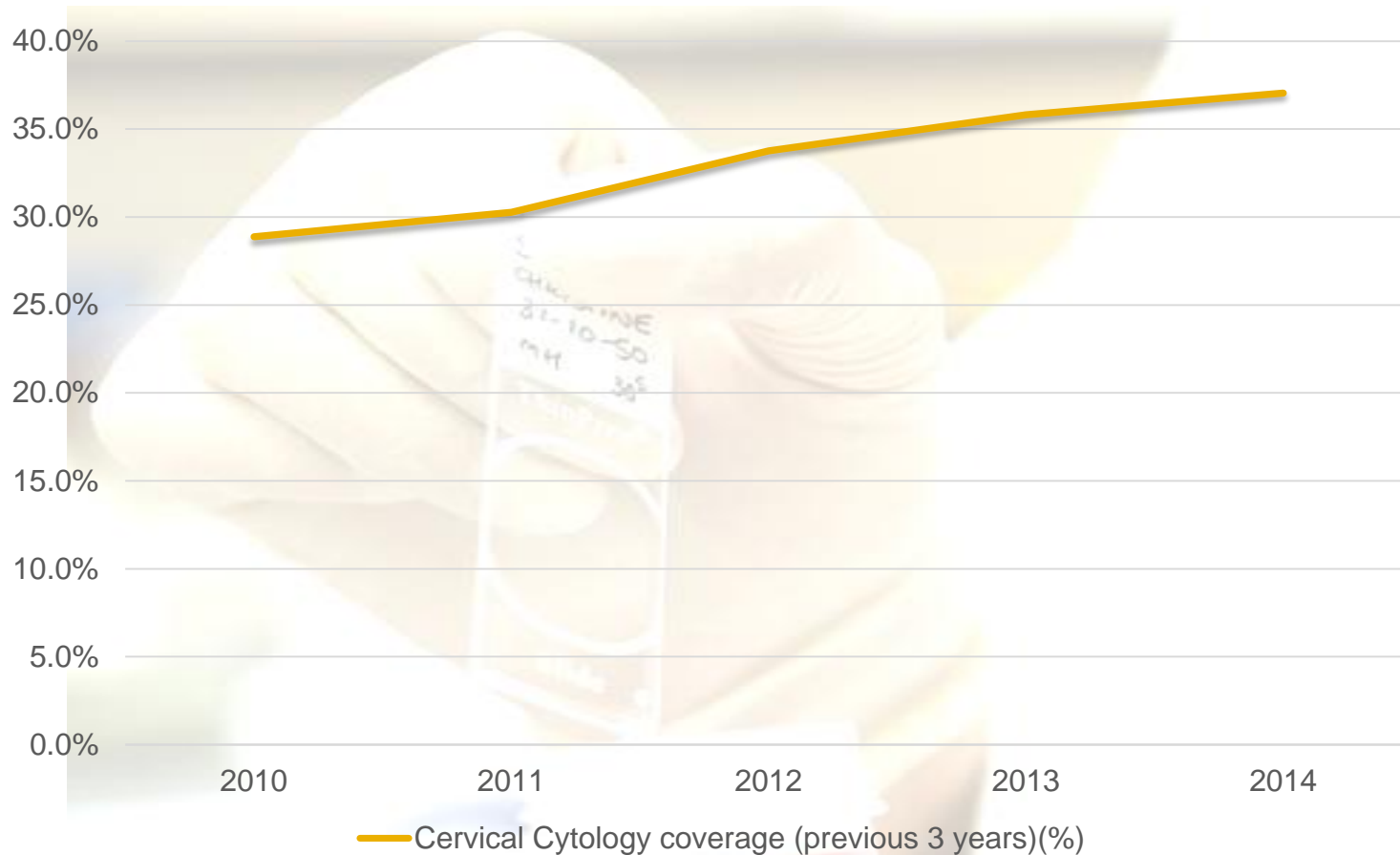


Secondary Prevention: Cervical Cytology

Population	Women ages 21 to 65	Women ages 30 to 65	Women younger than age 21	Women older than age 65 who have had adequate prior screening and are not high risk	Women after hysterectomy with removal of the cervix and with no history of high-grade precancer or cervical cancer	Women younger than age 30
Recommendation	Screen with cytology (Pap smear) every 3 years. Grade: A	Screen with cytology every 3 years or co-testing (cytology/HPV testing) every 5 years. Grade: A	Do not screen. Grade: D	Do not screen. Grade: D	Do not screen. Grade: D	Do not screen with HPV testing (alone or with cytology). Grade: D
Risk Assessment	Human papillomavirus (HPV) infection is associated with nearly all cases of cervical cancer. Other factors that put a woman at increased risk of cervical cancer include HIV infection, a compromised immune system, in utero exposure to diethylstilbestrol, and previous treatment of a high-grade precancerous lesion or cervical cancer.					
Screening Tests	Screening women ages 21 to 65 years every 3 years with cytology provides a reasonable balance between benefits and harms. Screening with cytology more often than every 3 years confers little additional benefit, with large increases in harms. HPV testing combined with cytology (co-testing) every 5 years in women ages 30 to 65 years offers a comparable balance of benefits and harms, and is therefore a reasonable alternative for women in this age group who would prefer to extend the screening interval.					
Timing of Screening	Screening earlier than age 21 years, regardless of sexual history, leads to more harms than benefits. Clinicians and patients should base the decision to end screening on whether the patient meets the criteria for adequate prior testing and appropriate follow-up, per established guidelines.					
Interventions	Screening aims to identify high-grade precancerous cervical lesions to prevent development of cervical cancer and early-stage asymptomatic invasive cervical cancer. High-grade lesions may be treated with ablative and excisional therapies, including cryotherapy, laser ablation, loop excision, and cold knife conization. Early-stage cervical cancer may be treated with surgery (hysterectomy) or chemoradiation.					
Balance of Harms and Benefits	The benefits of screening with cytology every 3 years substantially outweigh the harms.	The benefits of screening with co-testing (cytology/HPV testing) every 5 years outweigh the harms.	The harms of screening earlier than age 21 years outweigh the benefits.	The benefits of screening after age 65 years do not outweigh the potential harms.	The harms of screening after hysterectomy outweigh the benefits.	The potential harms of screening with HPV testing (alone or with cytology) outweigh the potential benefits.

Source: Screening for Cervical cancer: Clinical Summary of USPSTF recommendation. AHRQ Publication No. 11-05156-EF-3, March 2012

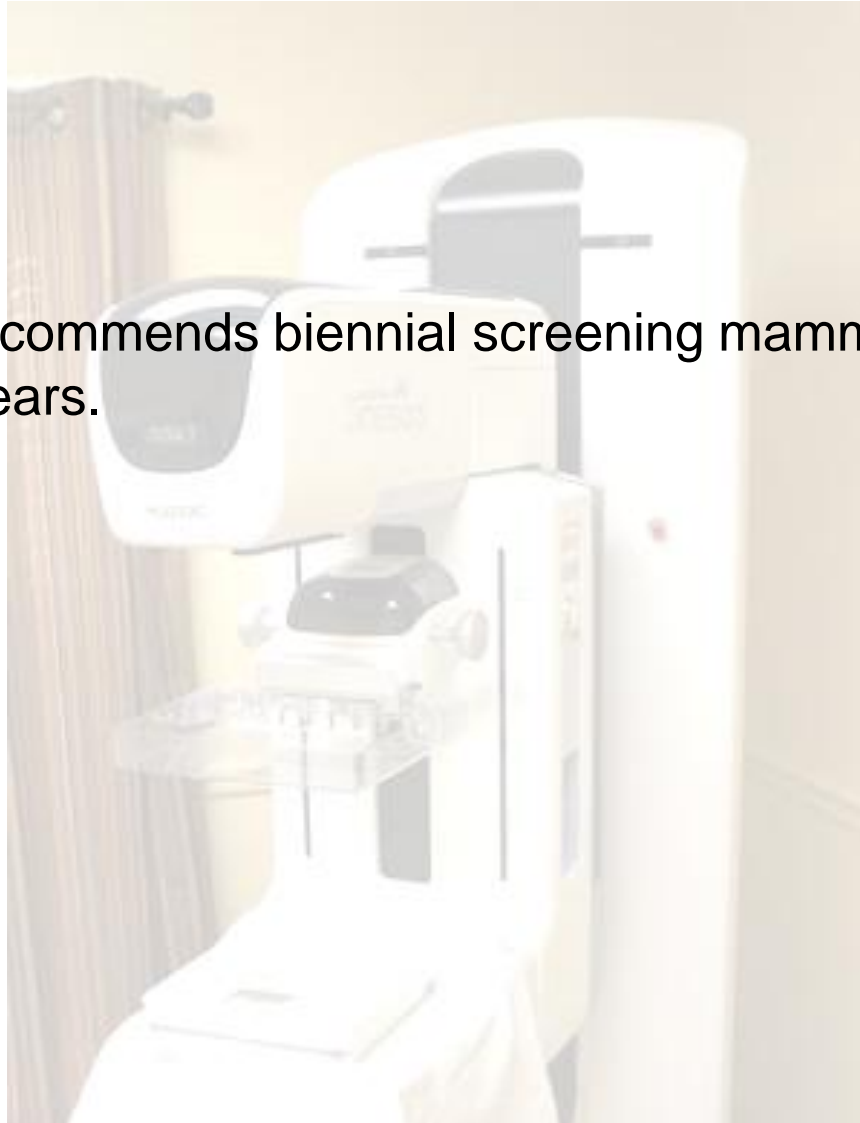
Secondary Prevention: Cervical Cytology



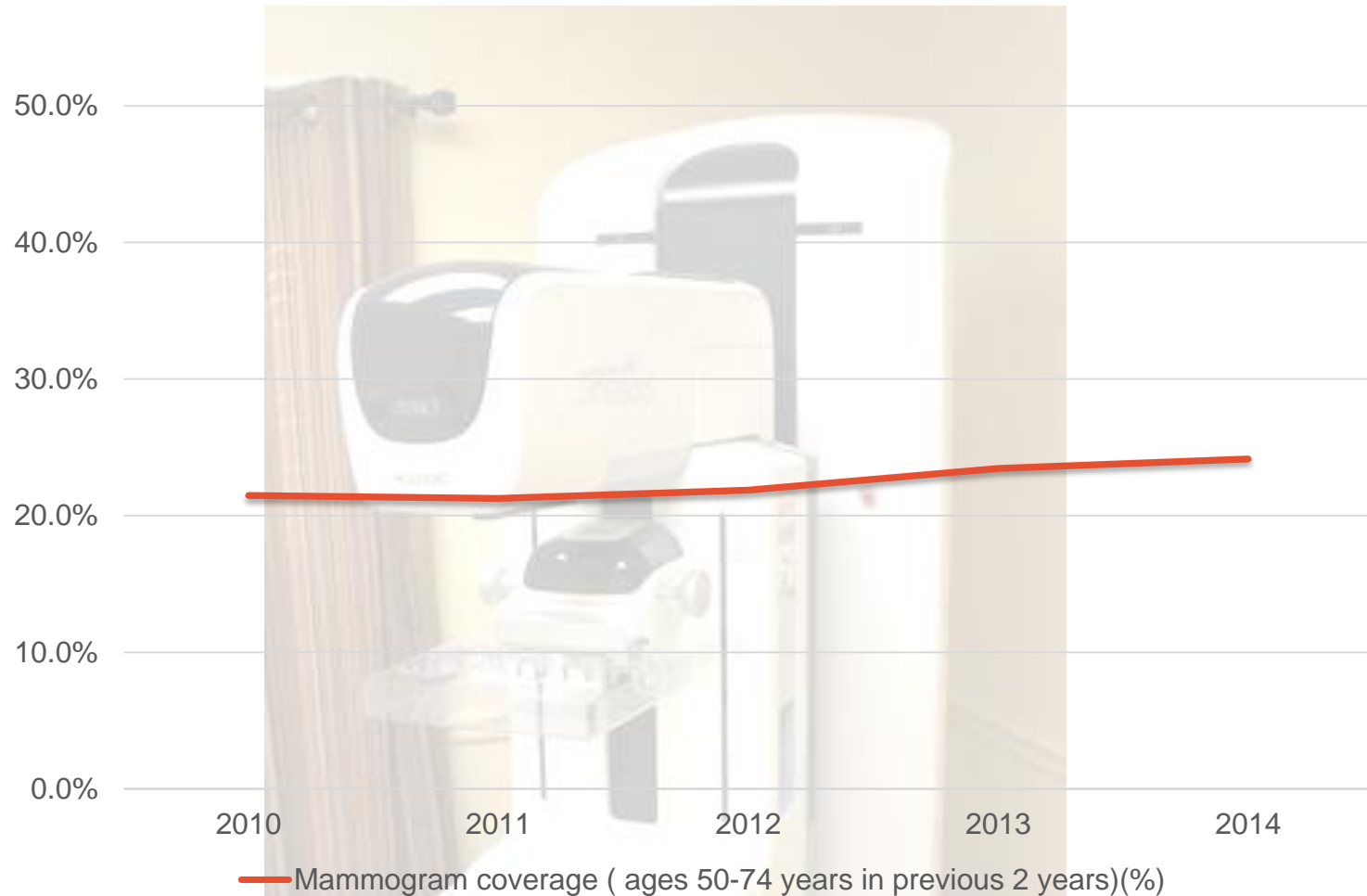
Source: 2015 HQA Annual Report

Secondary Prevention: Mammography

The USPSTF recommends biennial screening mammography for women 50-74 years.

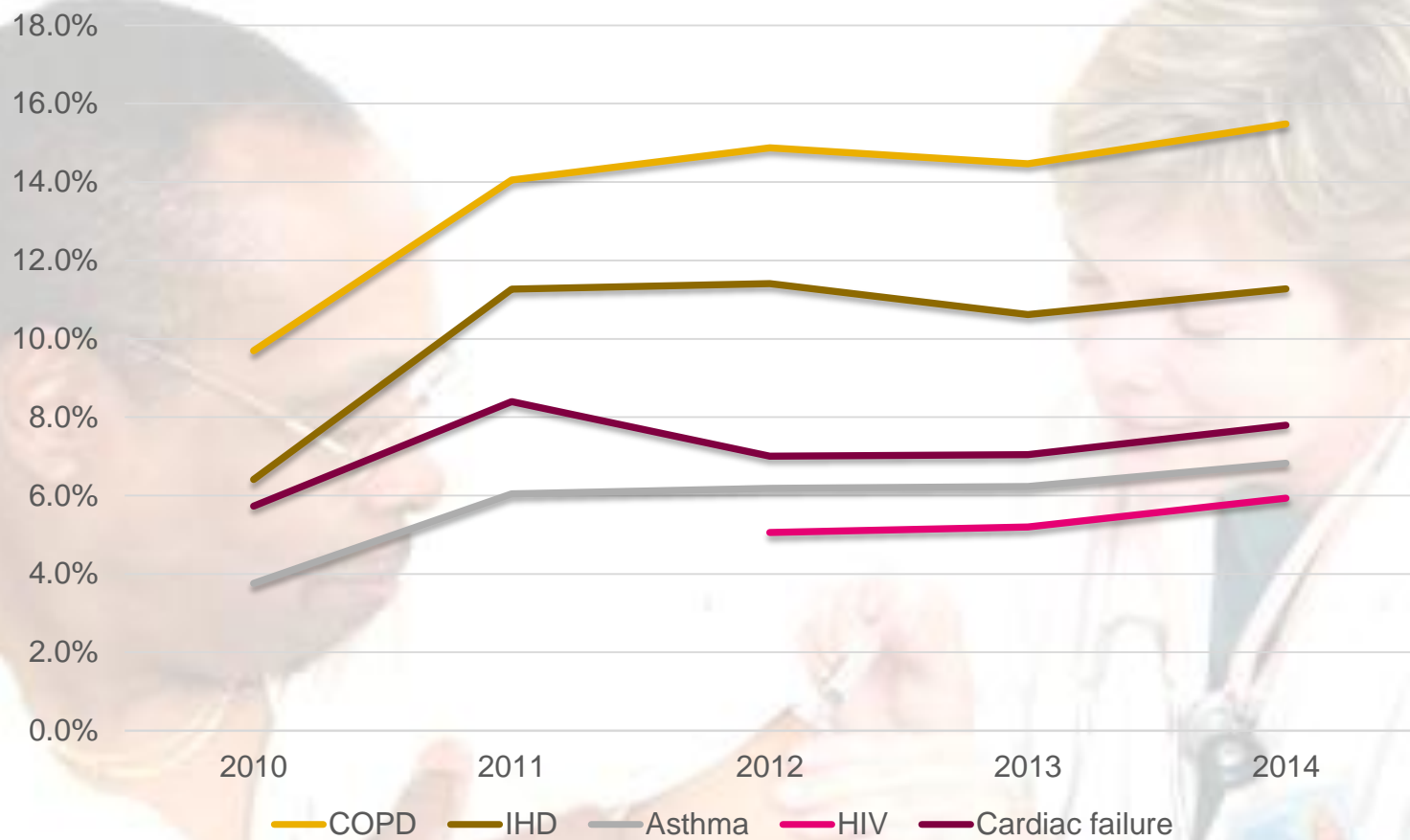


Secondary Prevention: Mammography



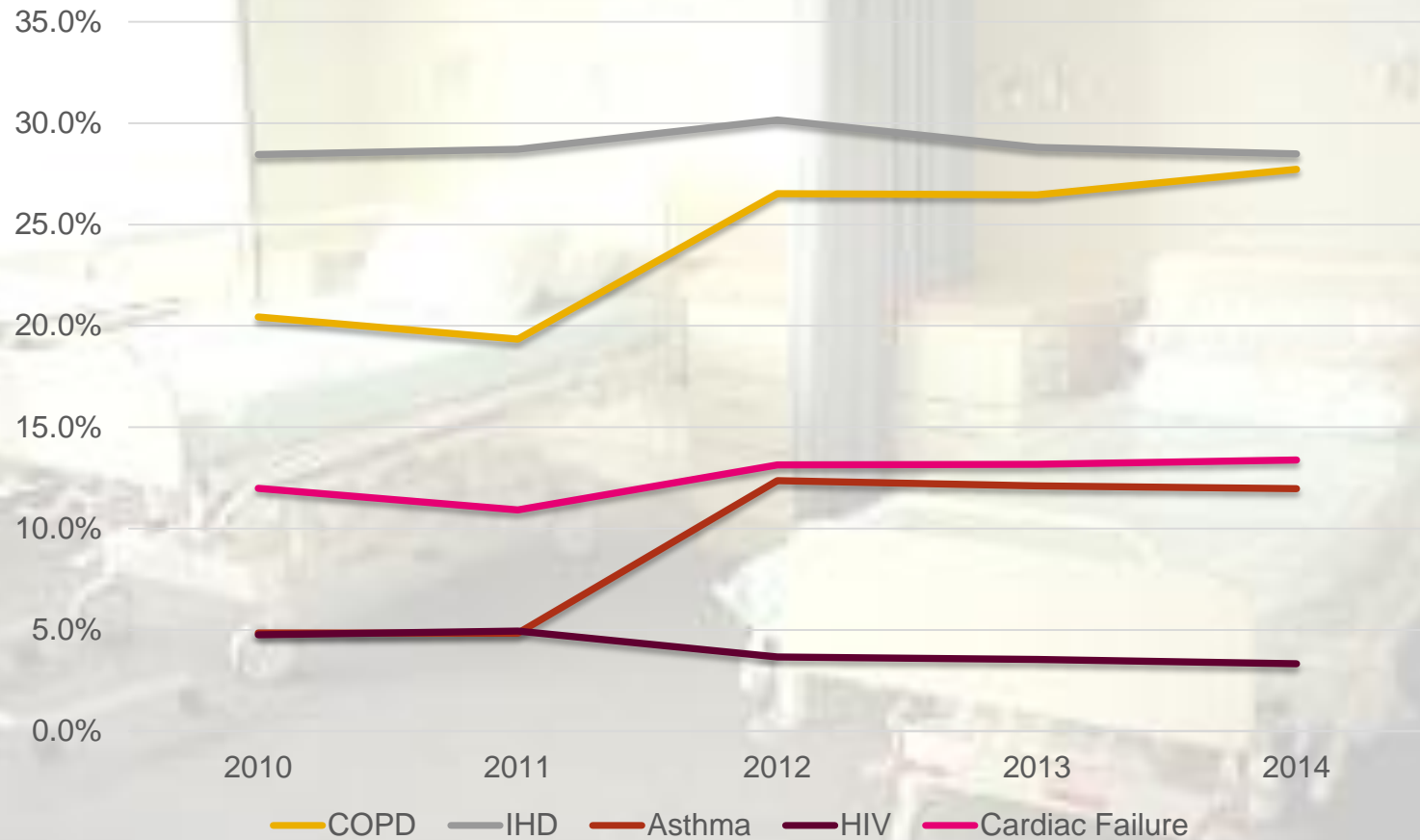
Source: 2015 HQA Annual Report

Chronic Disease Management: Flu Vaccinations



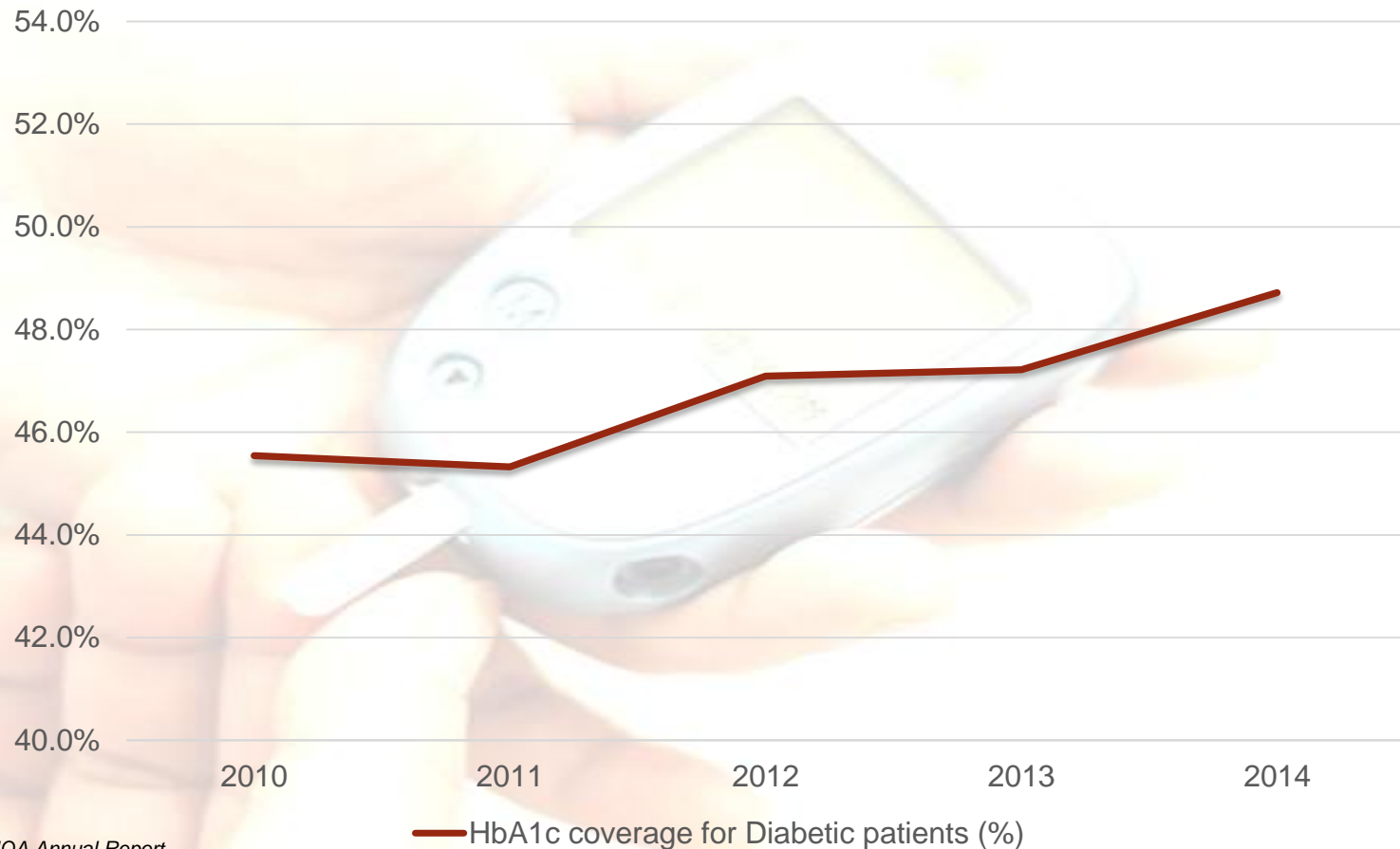
Source: 2015 HQA Annual Report

Chronic Conditions: Condition-specific Admissions



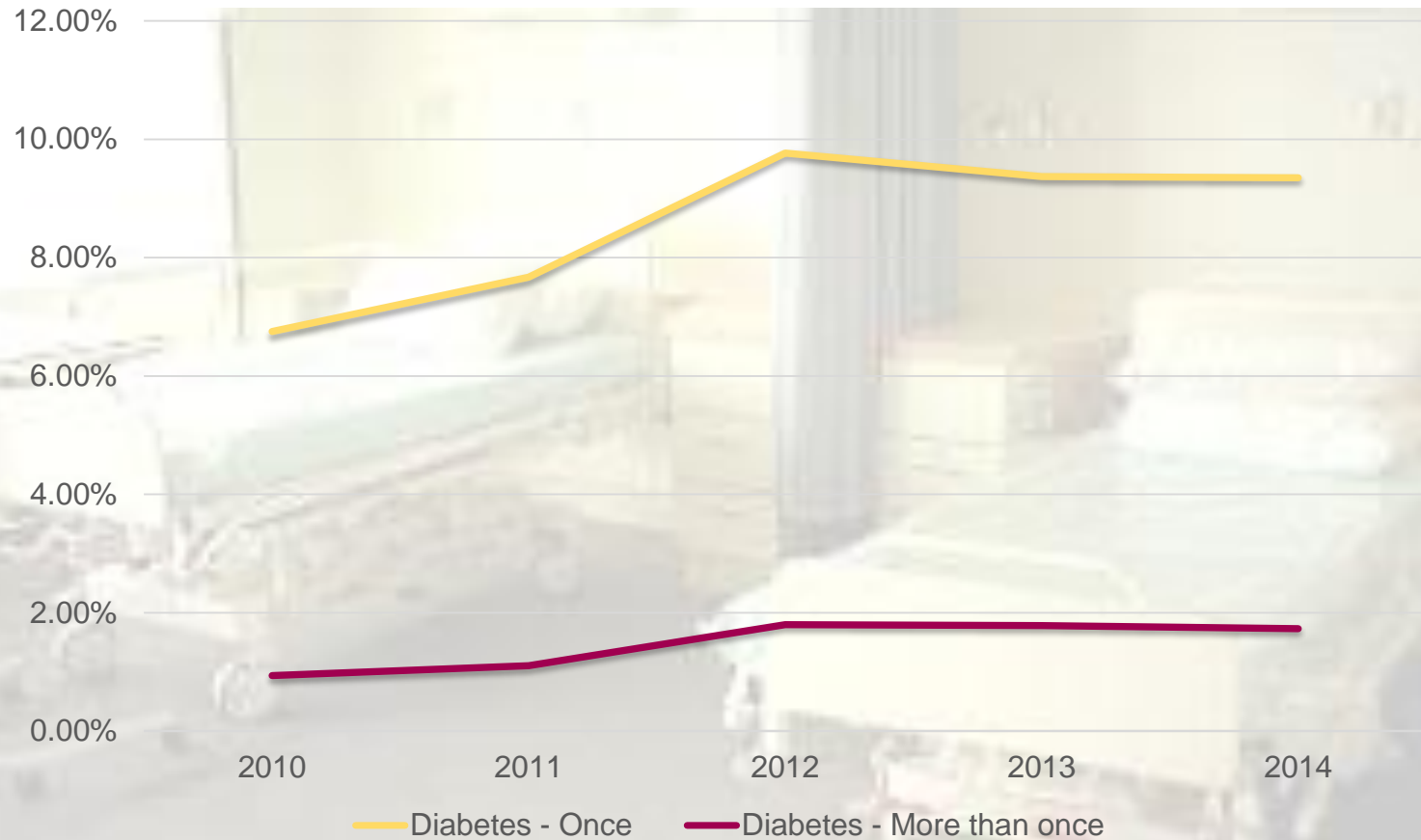
Source: 2015 HQA Annual Report

Chronic Disease Management: Diabetes



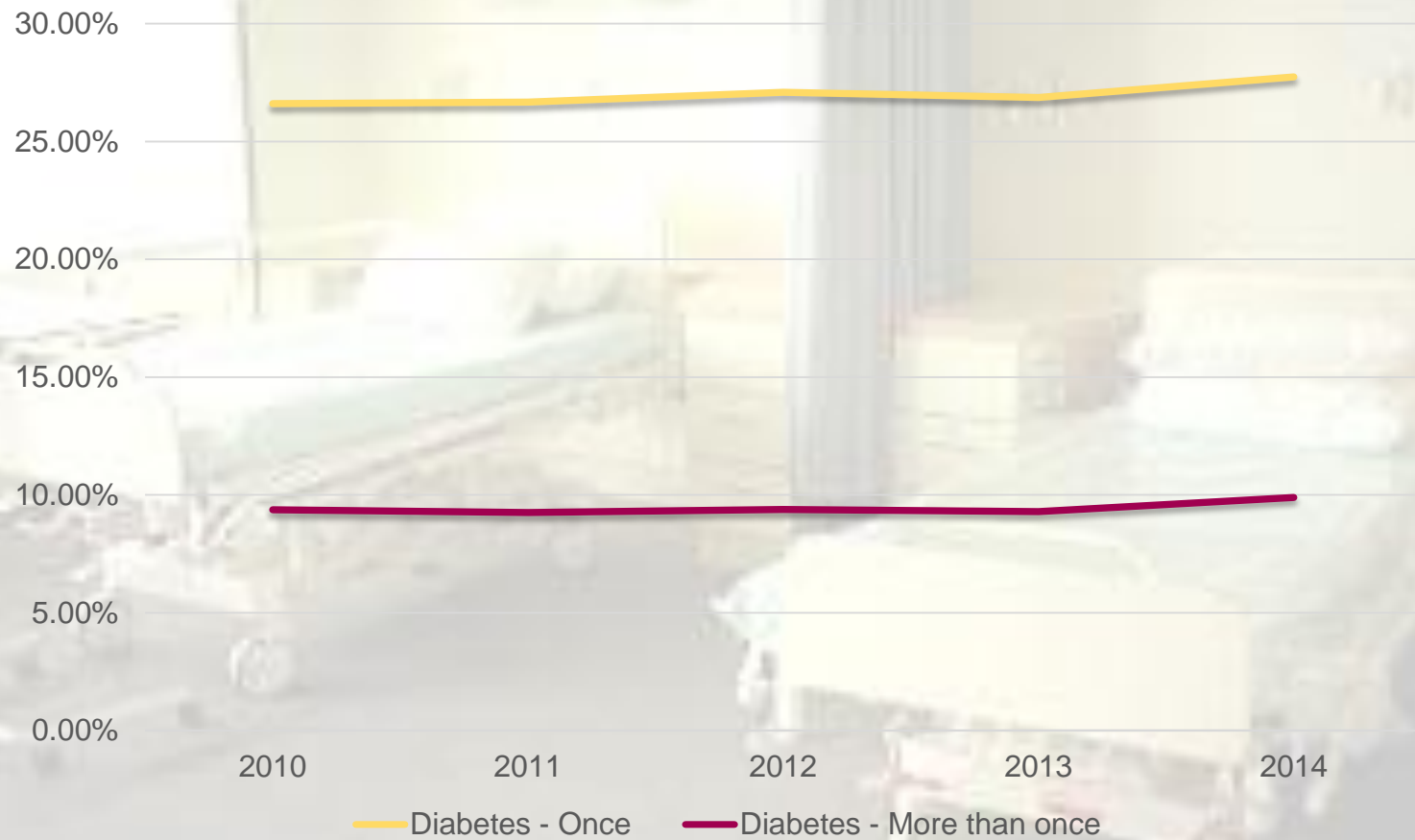
Source: 2015 HQA Annual Report

Diabetes: Condition-specific Admissions



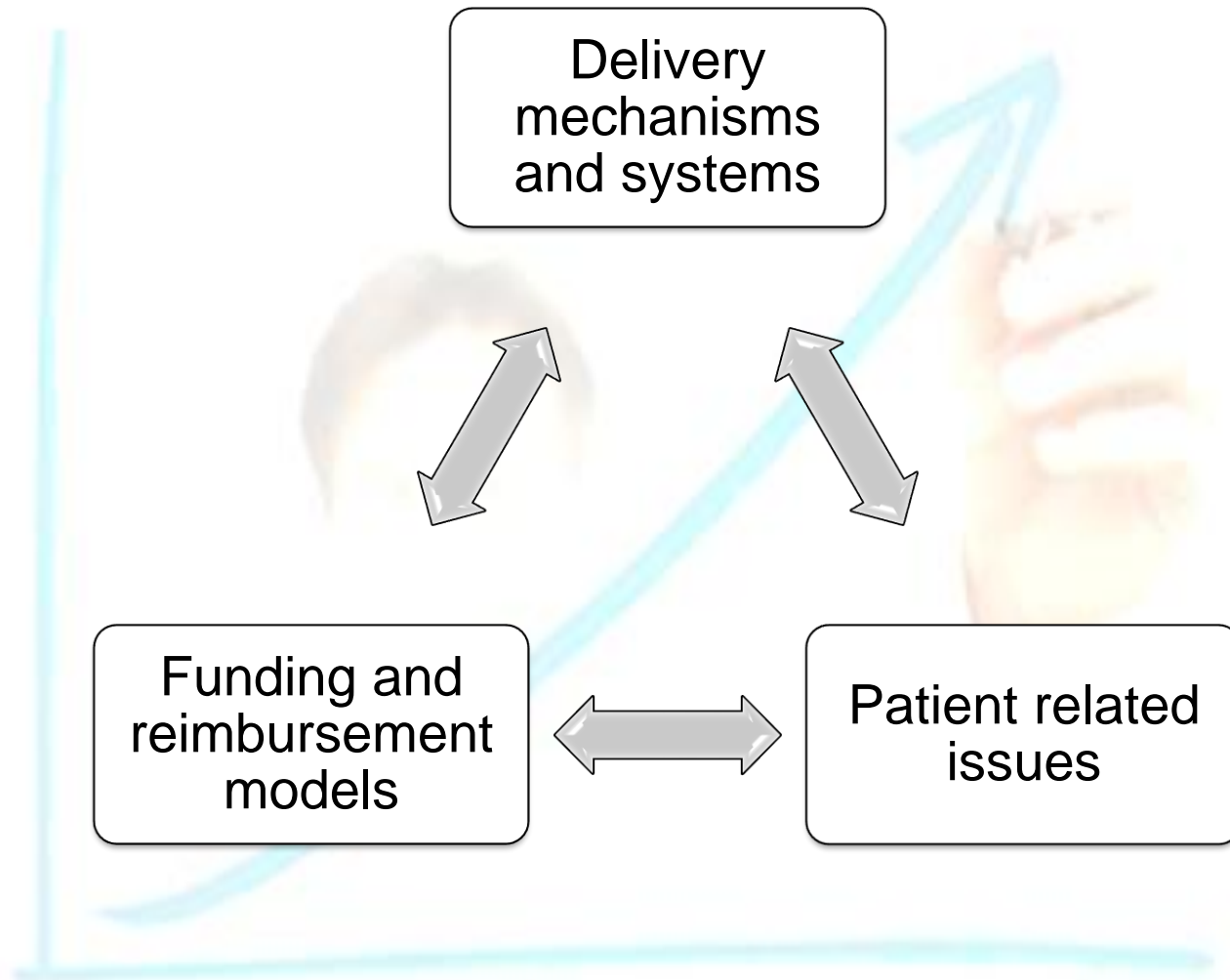
Source: 2015 HQA Annual Report

Diabetes: All-cause admissions



Source: 2015 HQA Annual Report

Some food for thought...



Thank you!

