SAMA Conference | Using a “Shared Value” model to support the delivery of Person Centred Care

Phomelelo Moshapo
Health Profession Relations, Discovery Health

18 August 2018
Agenda

1. The drive to Person Centred Care

2. Discovery Health’s approach to Person Centred Care
The Value of Teaching Patients to Administer Their Own Care

by Alexander H. Anderson, Lindsay A. Martin, and Kedar S. Mate

JUNE 06, 2017

Global Focus on Person Centred Care

process. Over the past 20 years, health care as a whole has been moving towards the patient-centered care-end of the spectrum.

Patient-centered care requires a patient-oriented workflow model

Mustafa Ozturan,1 Patricia Flatley Brennan,2 David A Hanauer,3 Sharon Johnson,1 Jos Aarts,1 Kai Zheng,3 Saira N Iqque2

INTRODUCTION

Patient-centered care is a philosophy of care delivery in which services are arranged around the needs of the patient. It requires reorienting the way health information systems are planned and implemented from a provider-centric approach to a patient-centered one. Workflow
Growing local focus on Person Centred Care

Sources: Medical Chronicle, 2017, SAMJ, 2014, Discovery HP Newsletter 2018

From informed consent to shared decision-making

"Every human being of adult years and sound mind has a right to determine what shall be done with his own body."10

Morality in medicine was long dominated by paternalism; the belief that you could do almost anything to a patient as long as the principles of beneficence (best interests) and non-maleficence (no harm) were upheld.9,10 Kant and Mill reflected on autonomy and self-determination in philosophy, but it is only a century ago that the concept of informed consent, a strong expression of autonomy, was introduced into the law in the New York judgment quoted above.10

Respect for autonomy and self-determination was introduced into South African (SA) law in 1967 in Richter and Another v Estate Harman11 and subsequently secured in Castell v De Graaf12 in 1994.13 The SA Constitution14 reflects the importance of an individual’s rights and the right for patient self-determination, and the doctrine of informed consent was codified in sections 6, 7 and 8 of the National Health Act.15 The Act provides for the patient’s right to self-determination and the requirement for informed consent to participate in decisions about their healthcare. We say that all patients want to be involved, unless they specify contrary signal, for example: ‘whatever you think, doctor, the patient needs to understand that a patient is asking to make the decision is a decision in itself. Should an ad occur, a patient may then claim that she had wishes involved in the decision-making, which emphasises the documentalising the decision-making process.

For shared decision-making to work, a joint approach where listening and sharing information takes centre cannot possibly know everything about a patient’s values, beliefs, or their fears – all of which may influence decisions. Equally, patients cannot possibly know all options available. Caspari16 suggests that in the ‘s new available to treat over 13 000 possible diseases, approximately 6 000 drugs and 4 000 possible procedures has substantially increased the complexity of decision-making. As a result, patient preferences are often also misaligned. Certain information should be shared with all patients and the treatment proposed and possible side-effects are.

Treating patients as individuals through integrative medicine

Integrative medicine is actually the concept of a patient-centred, holistic approach to care that addresses all aspects of the patient’s needs including the physical, emotional, mental, social, spiritual and environmental factors that may affect their health.

- Professor Carol Ann Benne.
A PCC focus will help to address many of the major challenges facing the SA healthcare system.

**Disease Burden**
South Africa faces a quadruple burden of disease.

**Declining Expenditure**
Per capita spend on health is under pressure and declining.

**Fragmented Health System**
The health system is fragmented.

**Resource distribution**
The distribution of health, administrative and management skills is skewed.

**Inefficiencies and wastage**
- Public Sector – management, delivery and capacity challenges
- Private Sector – escalating costs and clinical governance challenges

**Lack of data**
Lack of a comprehensive health information system.
South Africa’s quadruple burden of disease

**Disease burden (DALY rate per 100,000 people)**

- **Communicable**
- **HIV/AIDS**
- **Injuries**
- **Non-communicable**

<table>
<thead>
<tr>
<th>Country</th>
<th>Communicable</th>
<th>HIV/AIDS</th>
<th>Injuries</th>
<th>Non-communicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil</td>
<td>19,218</td>
<td>21,020</td>
<td>26,297</td>
<td>3,703</td>
</tr>
<tr>
<td>China</td>
<td>21,020</td>
<td>2,834</td>
<td>2,121</td>
<td>2,121</td>
</tr>
<tr>
<td>Germany</td>
<td>26,297</td>
<td>4,290</td>
<td>1,578</td>
<td>3,703</td>
</tr>
<tr>
<td>Ghana</td>
<td>22,017</td>
<td>1,542</td>
<td>3,374</td>
<td>2,709</td>
</tr>
<tr>
<td>India</td>
<td>19,644</td>
<td>4,197</td>
<td>4,197</td>
<td>11,594</td>
</tr>
<tr>
<td>South Africa</td>
<td>18,699</td>
<td>6,360</td>
<td>19,021</td>
<td>1,388</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>23,191</td>
<td>1,784</td>
<td>1,387</td>
<td>1,784</td>
</tr>
<tr>
<td>United States</td>
<td>24,337</td>
<td>2,949</td>
<td>1,387</td>
<td>2,949</td>
</tr>
</tbody>
</table>

**SA’s overall disease burden is structurally different and higher than other countries due to high HIV prevalence**

Source: IHME Global Disease Burden Database
Highly fragmented system

The sickest patients:
- are the most exposed to system fragmentation
- further increasing cost and reducing quality of care
Variable quality of care


Risk adj mortality rate for Acute Myocardial Infarction
2013 - 2015 (59 hospitals with more than 25 admissions)

SA average = 10.3%

EU average = 5.5 - 7.8%

The HMI also stresses the need to measure outcomes and quality and communicate this to the public

43 million injuries per year resulting from 7 types of in-hospital adverse events + 23 million Disability-adjusted life years (DALYS) lost per year from medical harm**

*Refers to HIV screening conducted in the same year as the delivery


DHMS Experience (2016)

38% HIV screening during pregnancy*

37% KeyCare Diabetic patients without a single HBA1C measurement

24% Cardiac Failure patients admitted once

32% Mammogram coverage (50-74y) in preceding 2 years

64% Ischaemic Heart Patients on aspirin
The way forward lies in true partnerships that share value between all stakeholders

**Convergence of macro trends**
- Doctors under increasing pressure
- Consumer affordability under threat
- System designed for providers, not patients
- Poor coordination; waste; Variation in quality of care

**Tipping point**

**Shared value partnership**

- Better quality of care
- Increased volumes and earnings for doctors
- Reduced administrative burden
- Sustainable healthcare system
2. Discovery Health’s approach to Person Centred Care
Shift focus to value for patients

1. Integrate practice units & delivery systems
2. Move to bundled payments
3. Measure outcomes and costs
4. Build an enabling IT platform

Value = \( \max \) Cost = \( \min \)

Quality = \( \text{best} \)

Measure outcomes and costs
Building a person centred shared value healthcare system

**Healthcare Professionals**
- Increased revenues
- Reduced administrative burden
- Improved productivity and job satisfaction

**Patients**
Better health, more value through lower premiums and richer benefits

**Funder**
- Healthier members
- Lower claims
- Increased surplus and sustainability

Making doctors and patients healthier

**Aligned incentives**

**Better healthcare**

**Healthy behaviour**
Our food supply system is not only affecting our planet but our people too ...

2.1 billion (~33% global population) people are overweight globally

That's 2.5 times the number of under-nourished people globally

50% of the population is expected to be obese by 2030

So what?

It's affecting our health ...

Health concerns linked to obesity:
- Type 2 Diabetes, Cardiovascular disease, Cancer, reproductive issues, increased stress on bones, emotional distress etc.

Which in turn is affecting our wealth ...

- Decreased productivity
- Increased absenteeism
- Increased medical spend
- Increased everyday expenses

In South Africa

1 in 2 South African adults

5x Greater risk

50% Reduction in diabetes risk
Physical activity triggers a healthy lifestyle

Improvement in health participation after becoming physically active

Did not exercise → Started exercising

- Buy more HealthyFood: +16%
- Undertake preventative measures: 23%
- Undergo screenings: 26%
- Do more online assessments: 43%
- Uplift in overall engagement: 79%

Source: Vitality Points data
Impact of wellness programmes

Lower admission rates
- Inactive 100%
- Low engaged 95%
- Medium engaged 90%
- High engaged 85%
- Not registered 80%

Shorter hospital stays
- Inactive 100%
- Low engaged 95%
- Medium engaged 90%
- High engaged 85%
- Not registered 80%

Lower healthcare costs
- Inactive 100%
- Low engaged 95%
- Medium engaged 90%
- High engaged 85%
- Not registered 80%

Reduced mortality

Source: Internal Discovery Analysis
When physicians are unwell, the performance of the health-care systems can be suboptimum. Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care.

*Lemair, Wallance & William, Lancet 2009; 374: 1714-21*

Healthier doctors are **more productive**

Healthier doctors **deliver better quality care**

Healthier doctors are **more effective in prescribing wellness**
Vitality Active Rewards

For Doctors

1. Download the Discovery App

2. Achieve your exercise goal
   - Personalised
   - Dynamic
   - Any exercise

3. Get Rewarded
   - Weekly Core rewards
   - Boosted Doctor Rewards
VARD Initial Results | Doctors are more engaged than the general Vitality population

Distribution of goals achieved in an average month

VARD

Vitality - all

Proportion of members

Number of goals per month

VARD

Vitality - all

15%
20%
25%
30%
35%
Building a person centred shared value healthcare system

**Healthcare Professionals**
- Increased revenues
- Reduced administrative burden
- Improved productivity and job satisfaction

**Patients**
Better health, more value through lower premiums and richer benefits

**Tools to make your patients healthier**

**Funder**
- Healthier members
- Lower claims
- Increased surplus and sustainability

**Aligned incentives**

**Healthy behaviour**

**Better healthcare**
Evidence based research demonstrates that screening picks up conditions earlier and reduces costs of treatment.

<table>
<thead>
<tr>
<th>Proportion of members undertaking screening</th>
<th>Cancer stage at diagnosis</th>
<th>Average cost per cancer case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue: 39%</td>
<td>No Screen: 58%</td>
<td>No screen: R62 300</td>
</tr>
<tr>
<td>Bronze: 57%</td>
<td>Screen: 64%</td>
<td>Screen: R57 000</td>
</tr>
<tr>
<td>Silver +: 69%</td>
<td>No Screen: 42%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Screen: 36%</td>
<td></td>
</tr>
</tbody>
</table>

-9%
Health Checks | A range of five quick checks

Vitality Health Check

Body Mass Index (BMI)
Blood pressure
Blood pressure
Signing of a non-smoker’s declaration
Cholesterol/lipogram
Health Checks | Doctors helping members to identify possible health concerns

~R 1,5M paid to Doctors for VHC Jan-July 2018

> 6000 VHCs performed by Drs
Building a person centred shared value healthcare system

**Patients**
Better health, more value through lower premiums and richer benefits

**Healthcare Professionals**
Increased revenues
Reduced administrative burden
Improved productivity and job satisfaction

**Funder**
Healthier members
Lower claims
Increased surplus and sustainability

---

**Shared Value initiatives**
Shared Value Intrinsic to Person Centred Care

Complexity

Evolution

1. Fee for service
   Fees charged at individual procedure level

2. Fixed fee
   Set price for defined discrete procedure, typically involving one Doctor or Surgeon

3. Bundled fee
   Set payment for a clinically defined episode involving a number of health care services / clinical disciplines

4. Value based contract
   Annual or monthly fee paid to a doctor in respect of each individual patient

FFS

VBC

Quality Measurement

Over servicing

Cost efficiency

Partnership

*Under-servicing mitigated by peer review
Care Coordination Programme improves quality of care for highly complex patients.

Voluntary programme designed to coordinate the long-term care for the sickest members.

Impact of care coordination programme:
- Lower cost per event
- Decreased hospital admissions
- Preventable admission rate
- Readmission rate

Graph showing:
- Normal Patient: 34%
- CCP Patient: 16%
- Preventable admission rate: 12% (CCP) vs 6% (Normal)
- Readmission rate: 15% (CCP) vs 10% (Normal)
DiabetesCare | Disease Management Programme
Providing doctors with tools to effectively manage their diabetic members

START...
Provider eligibility:
• Practice size >= 50 Diabetic members
• Affiliation with existing centers of excellence e.g. CDE
• Cost (efficiencies) and Quality (PQI’s) metrics
• Digitally engaged

Unlock special doctor-specific benefits
Track patients’ compliance via Discovery’s HealthID EHR
Track patients’ management score via Dashboard
Receive increased remuneration and high volumes

Member driven
Doctor driven

Premier Plus Eligibility | Practices can become a DSP by joining a disease management program

START...
Premier Plus Network eligibility:
• Join CDE as a contracted practice
• Discovery Health Premier Plus Network

Demonstrate an efficient practice profile
Digitally engaged to be able to interact with the disease management program platform
To remain on the network complete 40 diabetes visits (just over 3 visits per month) over the next 12 months on any plan
Receive increased remuneration and high volumes

Member driven
Doctor driven
Leveraging incentives and technology to change patient and doctor behaviour

KidneyCare programme

- 100% of dialysis centres and patients enrolled
- Detailed monitoring of key dialysis metrics
- Detailed reporting and feedback

<table>
<thead>
<tr>
<th>Metric</th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal related admissions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Length of stay per admission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All LoS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renal related LoS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage Change</th>
<th>2013</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>-18.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-11.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-4.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DiabetesCare programme

- Enrollment unlocks additional risk benefits
- Access to high quality coordinated care

<table>
<thead>
<tr>
<th>Metric</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>% diabetics who have had an HbA1c test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DiabetesCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-DiabetesCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% diabetics with medication compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DiabetesCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-DiabetesCare</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage Change</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>+30%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+14%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>+1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Using digital maternity records to support doctor driven patient centric care programmes
Ongoing substantial investment in digital tools and big data to improve quality of service and member experience

DIGITAL TOOLS AND SERVICES

- HealthID
- Member app
- DrConnect
- Website
- Wearable devices
- Electronic health records
- Maps
- Virtual Consults
- Smart Plan
- Telemetry
- Medicines
- Wellness Experience
- Servicing

[Images of digital tools and services]
Measuring patient reported experience (PREMS)

**HIGH LEVEL TRENDS**

- Sent: 146,851
- Received: 26,049
- Response Rate: 17.8%
- Doctors involved: 5,510

89.8% of GPs were rated 8 or higher for the survey period

82.4% of members would recommend their GP

**GP PATIENT SURVEY MEASURES**

- Continuity of care: 7% Never/Sometimes, 15% Usually, 78% Always
- Doctors discuss medication: 40% Usually, 23% Always, 37% Never/Sometimes
- Professionalism of office staff: 5% Never/Sometimes, 20% Usually, 73% Always
- Doctor’s communication with patient: 9% Never/Sometimes, 88% Always
- Doctor availability: 5% Never/Sometimes, 23% Usually, 71% Always

Net Promoter Score of 70%
Building a person centred shared value healthcare system

Better Health

- Fewer hospital admissions

<table>
<thead>
<tr>
<th>Inactive</th>
<th>Low engaged</th>
<th>Medium engaged</th>
<th>High engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>95%</td>
<td>90%</td>
<td>85%</td>
</tr>
</tbody>
</table>

Lower Premiums

- 16.2% decrease

<table>
<thead>
<tr>
<th>Competitors</th>
<th>OHMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Increased Growth & Sustainability

- Solvency: 27.45%
- Reserves: R16.4bn
- Increase in membership: 2.1%

Healthcare Providers

Increased revenues

+R100m

Paid in quality incentives since Aug 2012

Health Insurer

Lower Claims

- Heart disease: -41%
- Diabetes: -53%
- Lung Diseases: -50%

Shared value is intrinsic to the Person Centred Care
SAMA Conference | Using a “Shared Value” model to support the delivery of Person Centred Care

Phomelelo Moshapo
Health Profession Relations, Discovery Health

18 August 2018