



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

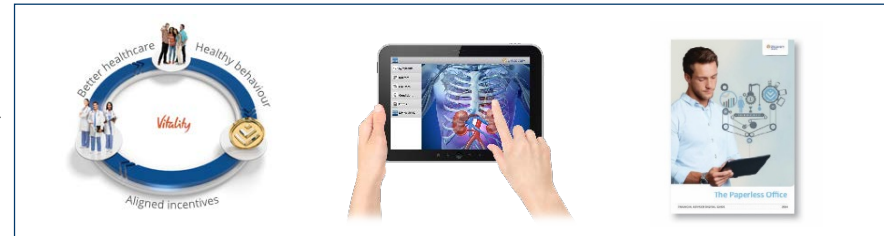
Phomelelo Moshapo
Health Profession Relations, Discovery Health

18 August 2018

The drive to Person Centred Care



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 02, 2017

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

Downloaded from jamia.bmj.com on May 2, 2013 - Published by group.bmj.com

Perspectives

Patient-centered care requires a patient-oriented workflow model

Mustafa Ozkaynak,¹ Patricia Flatley Brennan,² David A Hanauer,³ Sharon Johnson,¹ Jos Aarts,⁴ Kai Zheng,⁵ Saira N Haque⁶

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

EDITORIAL INTRODUCTION

Person-Centered Healthcare - moving from rhetoric to methods, through implementation to outcomes

are available. Yet a continuing depersonalization, increasing super-specialisation and progressive silo-ization, together with a disconnection between health and social care systems, demonstrates a clear mismatch between what clinicians and health systems claim to believe and how they operate in the context of everyday practice. It is no surprise, then, that in these circumstances patients complain that they are treated not as persons, but rather ‘dealt with’, ‘processed’ even, as subjects, objects or complex biological machines. For sure, it is difficult to

thebmj

Research ▾

Education ▾

News & Views ▾

Campaigns

Analysis

Spotlight: Patient Centred Care

From patient centred to people powered: autonomy on the rise

Following in the path of feminists and civil rights leaders, informed patients are building a progressive social movement to improve medical care.

Growing local focus on Person Centred Care

www.medicalacademic.co.za

MEDICAL CHRONICLE

The Doctor's Newspaper

Established 196

MEDICAL
 **academic**

“The healthcare industry is shifting to a patient-centered model that harnesses technology to both open communication channels and create a platform for patient engagement,” Doris Savron, executive dean for the College of Health Professions, said in a statement. “Given this shift, it is crucial that patients not only have access to these technologies, We must not lose sight of the people behind the technology and their needs – the patients, citizens and communities for whom it will be put to work.

Author: Prof Morgan Chetty

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.’^[1]

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.^[2] 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.^[1]

Respect for autonomy and self-determination was introduced into South African (SA) law in 1967 in Richter and Another v Estate Hammann^[3] and subsequently secured in Castell v De Greef^[4] in 1994.^[5] The SA Constitution^[6] 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.^[7] The Act provides for the patient's right to self-determination and the requirement for informed consent,

participate in decisions about their healthcare.’ We should note that *all* patients want to be involved, unless they send a contrary signal, for example ‘Whatever you think, doctor, I’ll do it.’ The doctor needs to understand that a patient's asking to make the decision is a decision in itself. Should an adverse event occur, a patient may then claim that s/he had wisely chosen to be involved in the decision-making, which emphasises the importance of documenting the decision-making process.

For shared decision-making to work, a joint approach where listening and sharing information takes centre stage cannot possibly know everything about a patient's values, beliefs, or their fears – all of which may influence their decisions. Equally, patients cannot possibly know all the options available. Gawande^[13] suggests that in the ‘new era’ now available to treat over 13 000 possible diagnoses, approximately 6 000 drugs and 4 000 possible procedures, the substantially increased complexity of decision-making has become a major challenge. As a result, patient preferences are often also misdiagnosed.

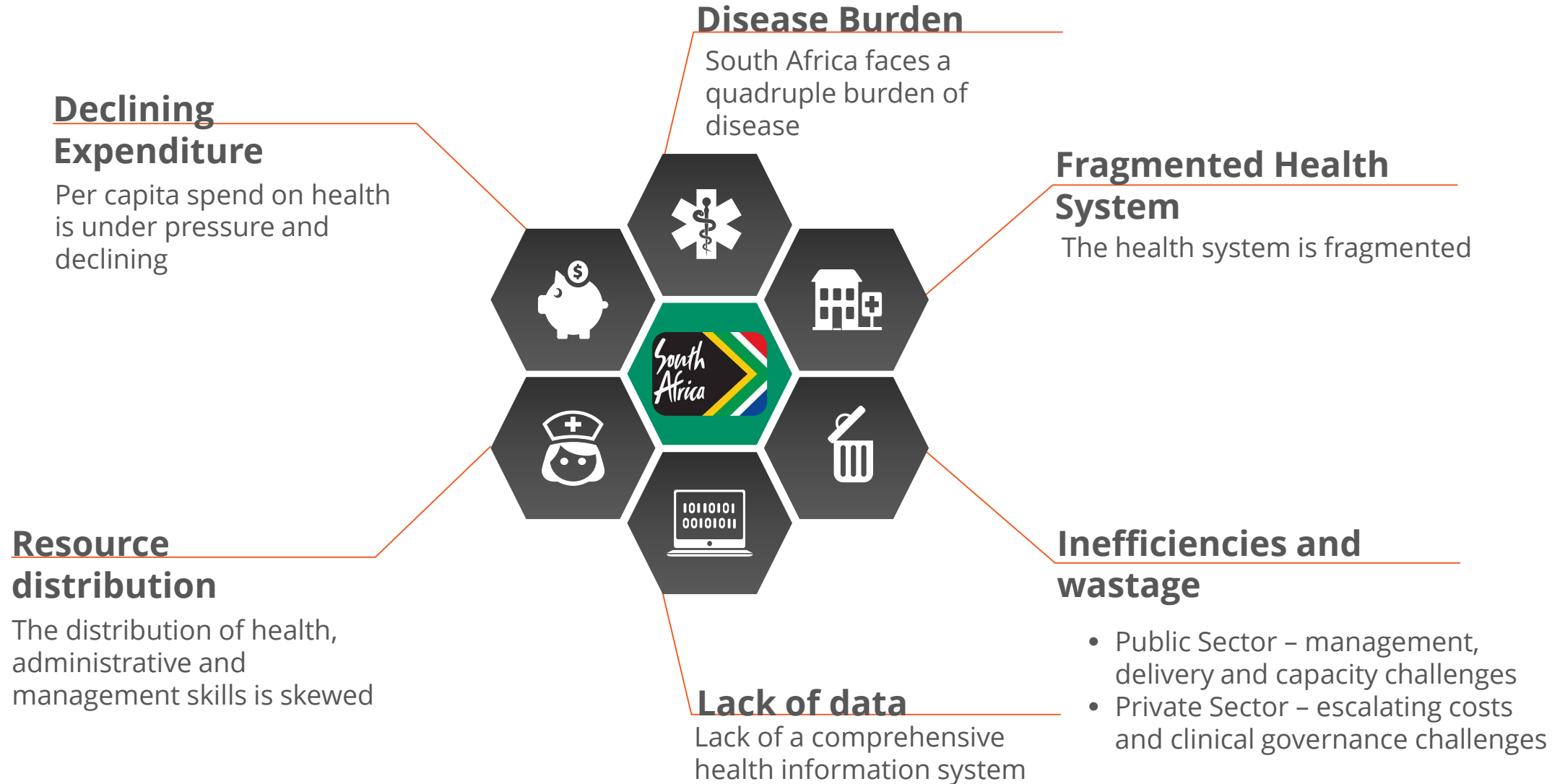
Certain information should be shared with all patients: the treatment proposed and possible side-effects and costs. (by H Manyonga - 2014)

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.

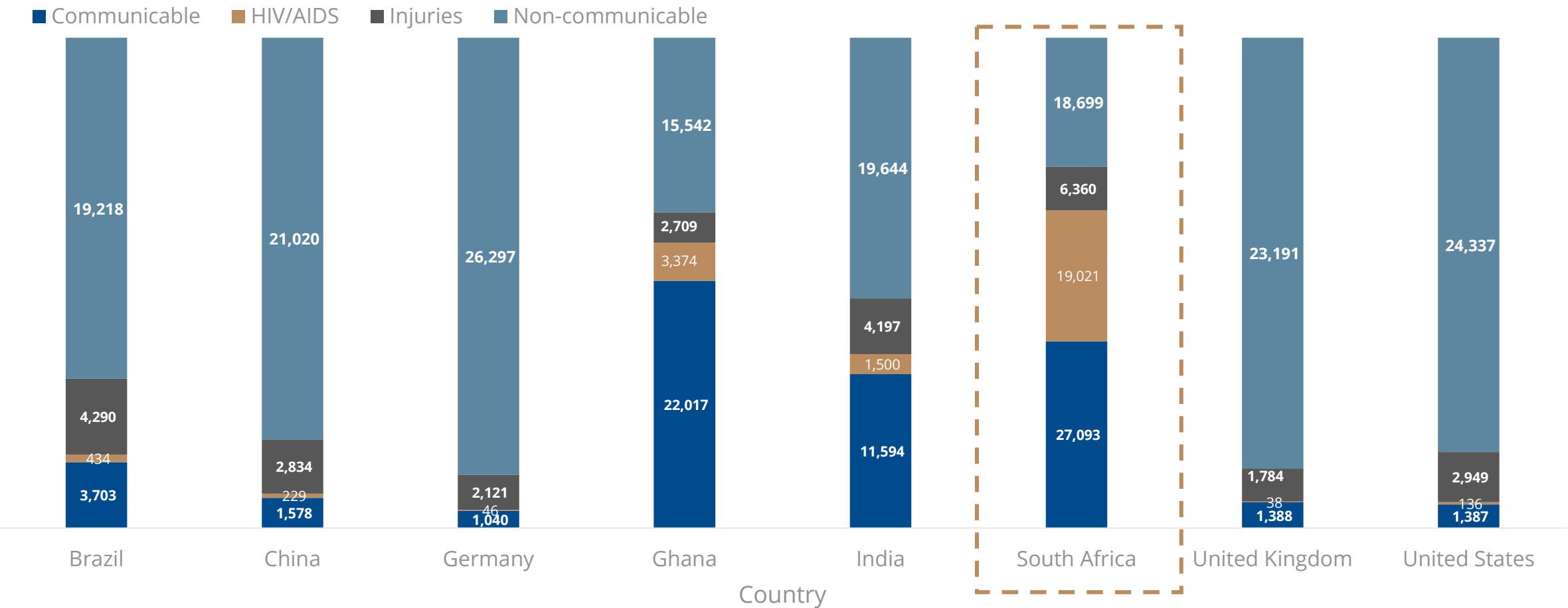
- Professor Carol Ann Benne.

A PCC focus will help to address many of the major challenges facing the SA healthcare system



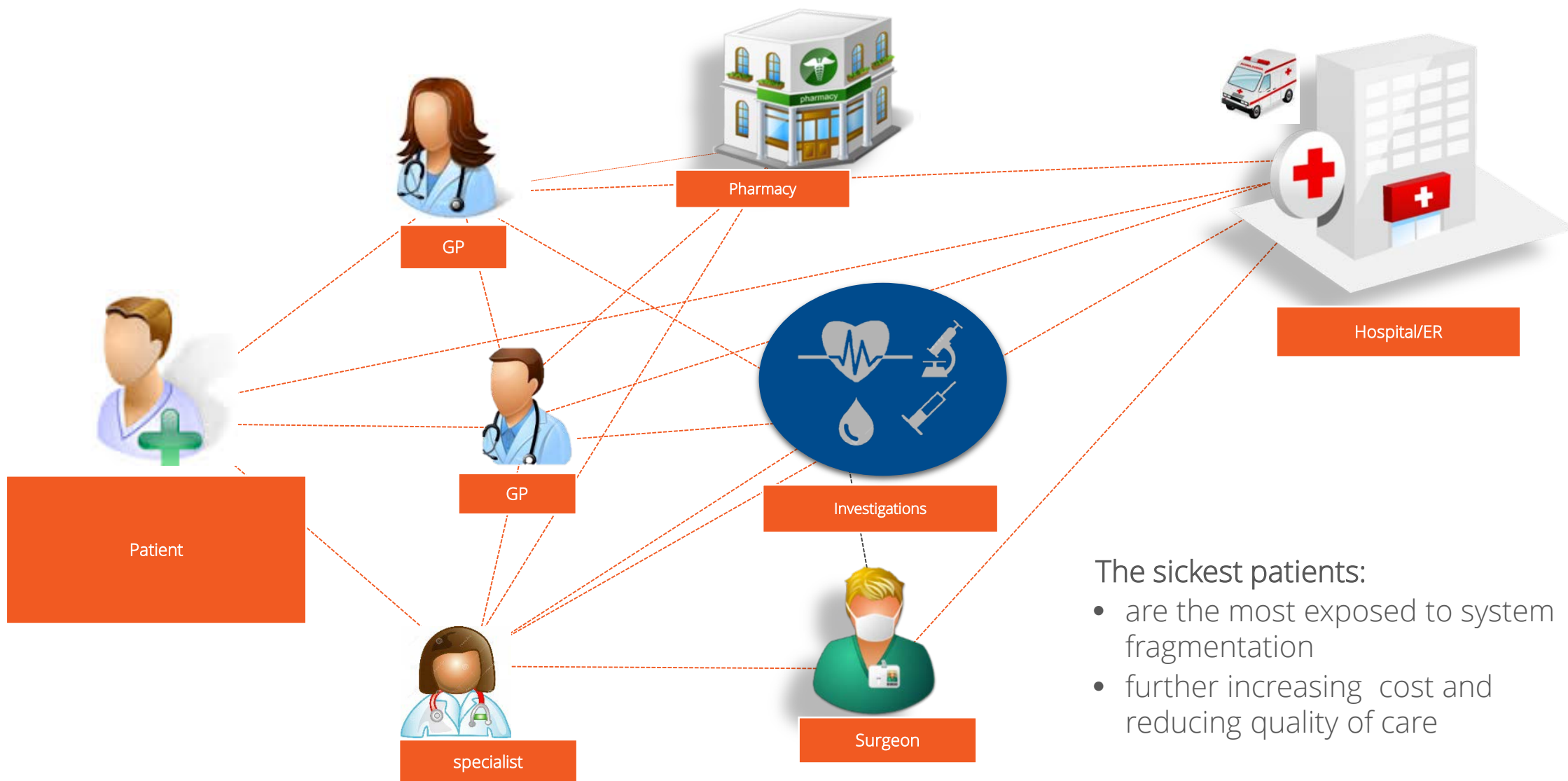
South Africa's quadruple burden of disease

Disease burden (DALY rate per 100 000 people)



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

Highly fragmented system

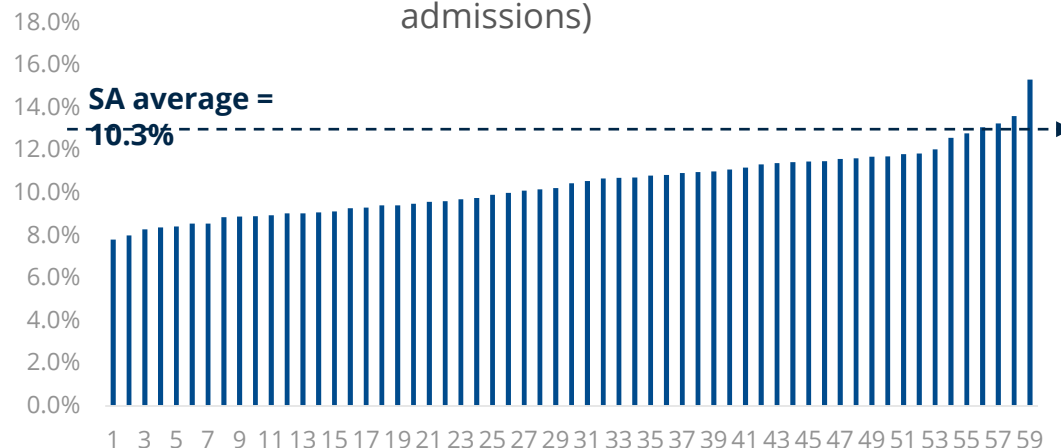


Variable quality of care

South African Mortality Rates for Acute Myocardial Infarction (2013-2015)

Risk adj mortality rate for Acute Myocardial Infarction

2013 - 2015 (59 hospitals with more than 25 admissions)



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**

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

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

**The global burden of unsafe medical care: analytic modelling of observational studies. BMJ Qual Saf 2013

The way forward lies in true partnerships that share value between all stakeholders

Convergence of macro trends



Tipping point



Doctors under increasing pressure



Consumer affordability under threat

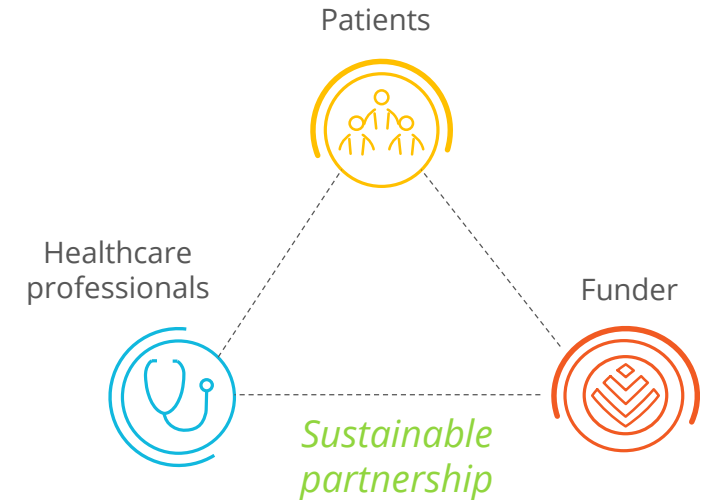


System designed for providers, not patients



Poor coordination; waste;
Variation in quality of care

Shared value partnership



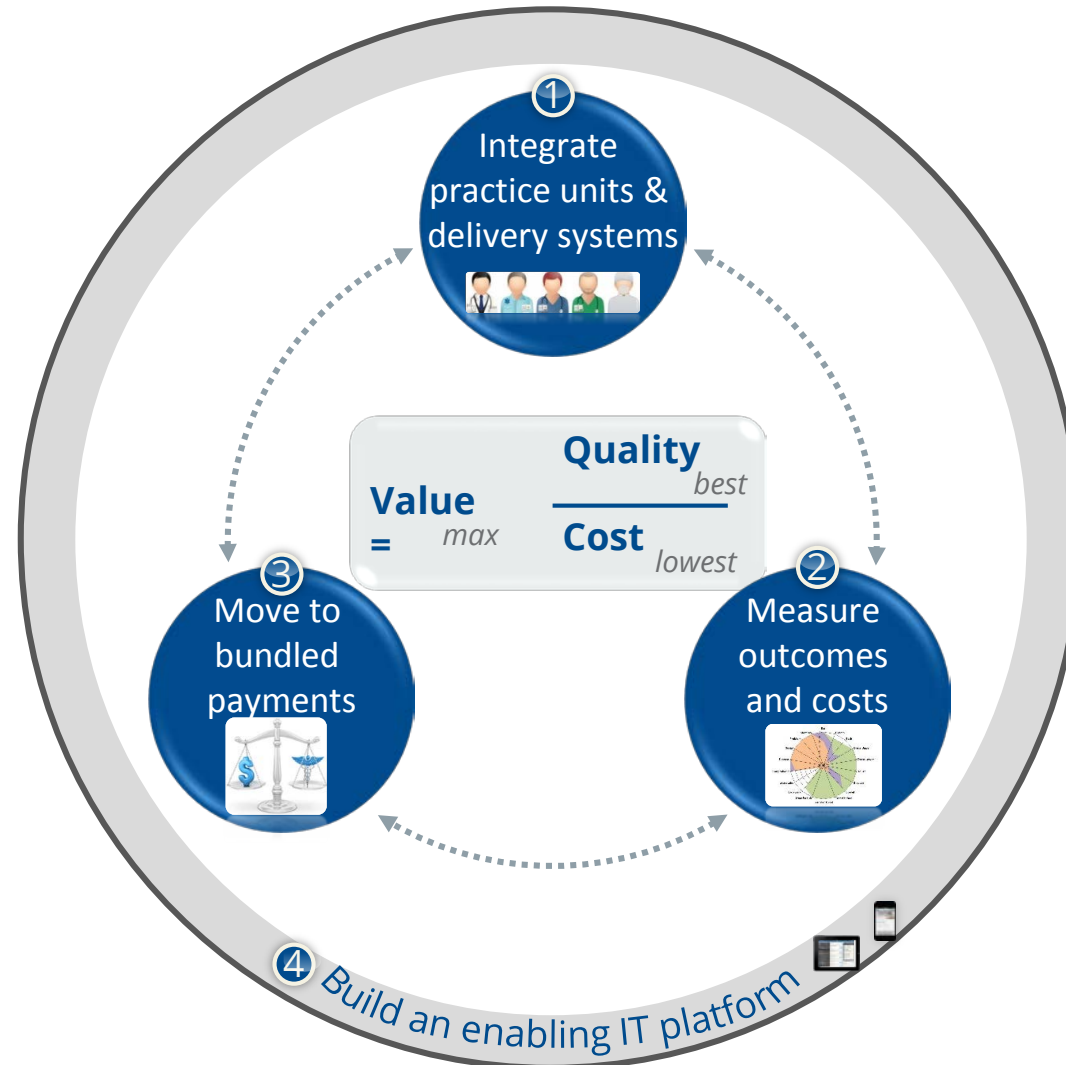
- Better quality of care
- Increased volumes and earnings for doctors
- Reduced administrative burden
- Sustainable healthcare system

2

Discovery Health's approach to Person Centred Care



Shift focus to value for patients



Building a person centred shared value healthcare system



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**



In **South Africa**



Overweight
or clinically
obese



1 in 2
South
African
adults

Risk of
chronic
diseases



5x
Greater
risk

10% weight
loss



50%
Reduction
in diabetes
risk

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

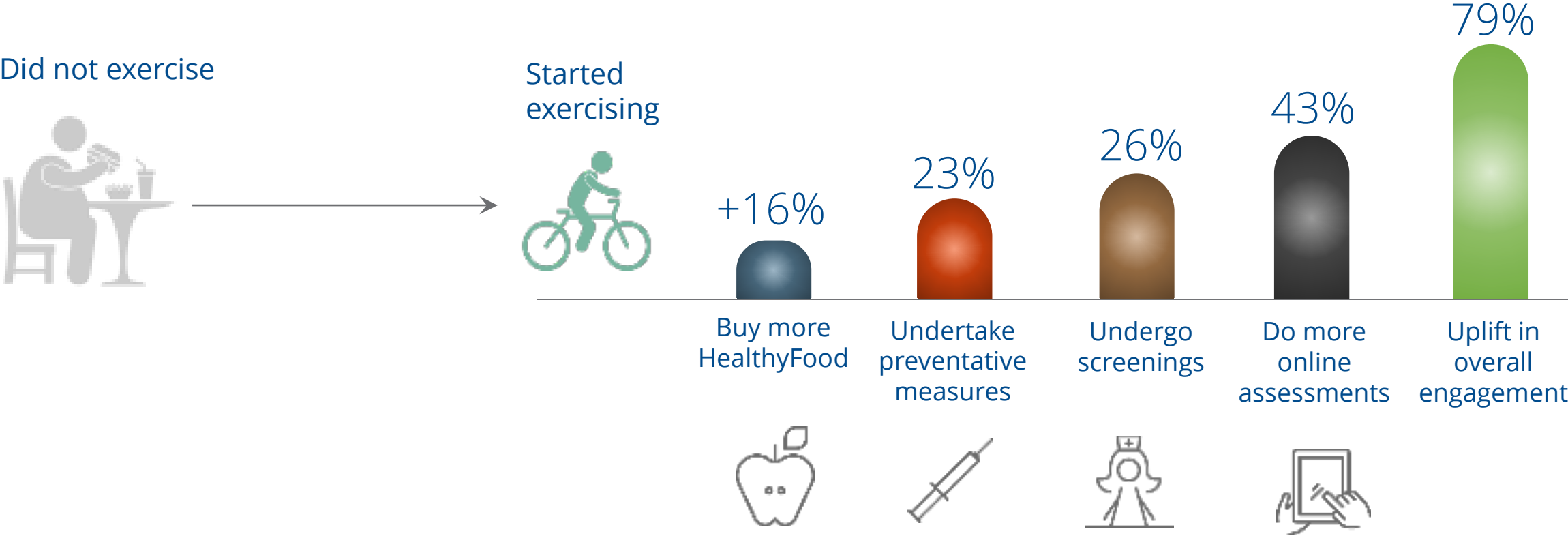


Increased everyday expenses

Physical activity triggers a healthy lifestyle



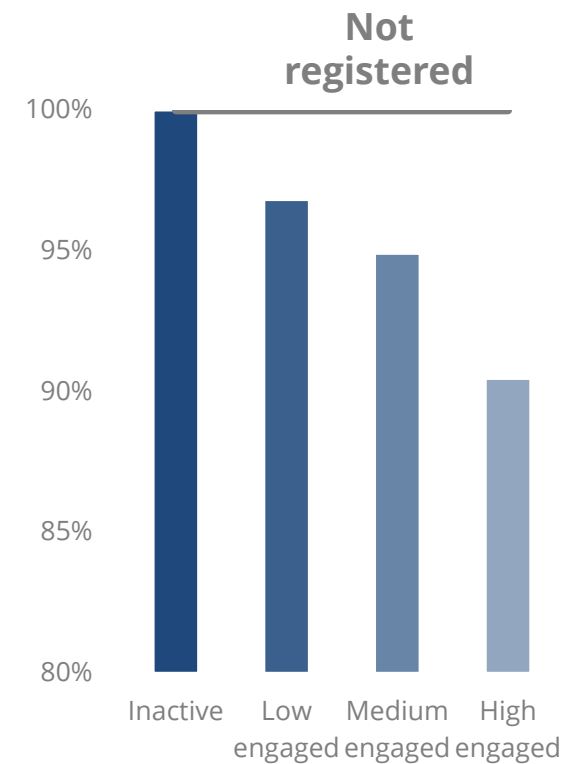
Improvement in health participation after becoming physically active



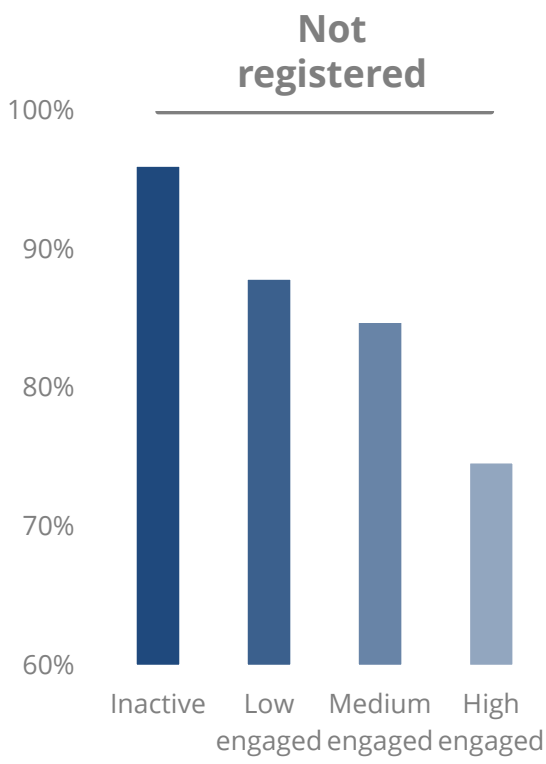
Impact of wellness programmes



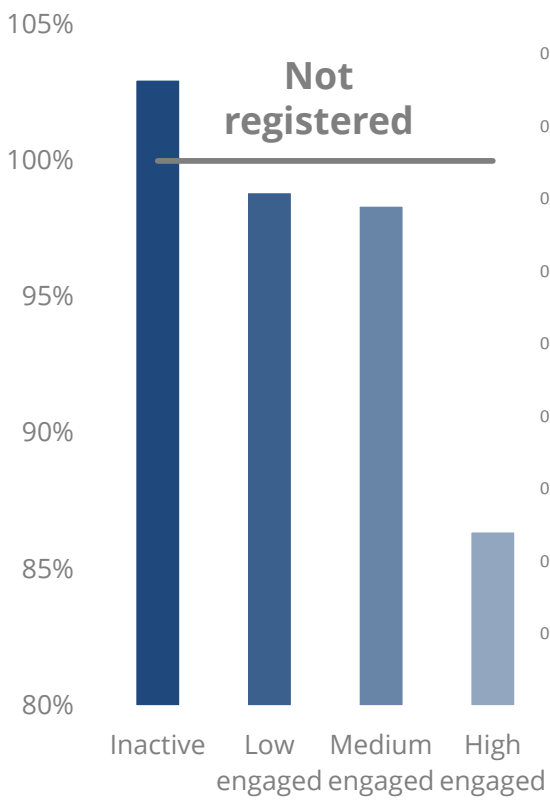
Lower admission rates



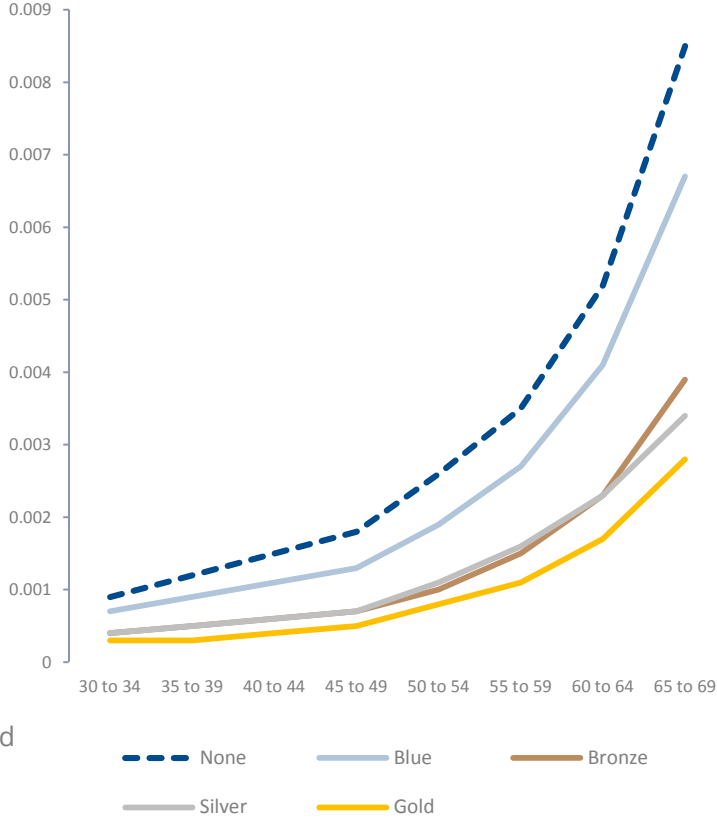
Shorter hospital stays



Lower healthcare costs



Reduced mortality



Doctor wellness | the missing quality link

“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**

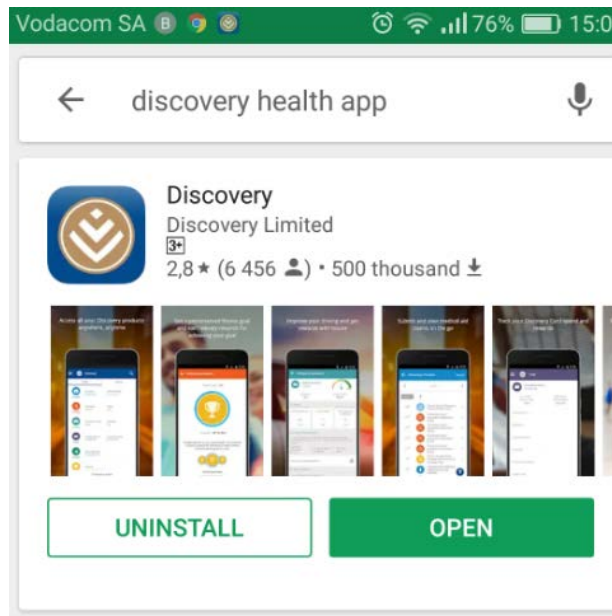
Healthier doctors are **more effective in prescribing wellness**

**PATIENT: THE PROBLEM IS THAT
OBESITY RUNS IN OUR FAMILY.
DOCTOR: NO, THE PROBLEM IS
THAT
NO ONE RUNS IN YOUR FAMILY.**



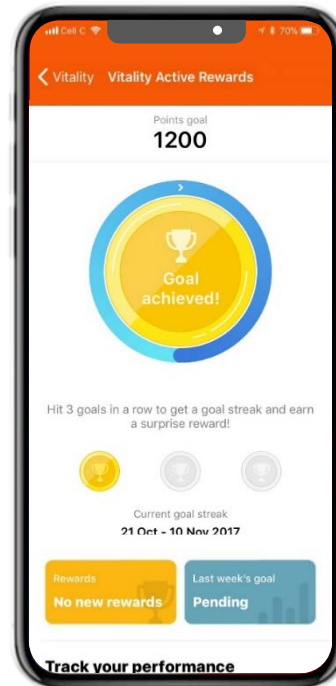
Vitality Active Rewards For Doctors

1 Download the Discovery App



Activate VAR

2 Achieve your exercise goal



Personalised

Dynamic

Any exercise



3 Get Rewarded

Weekly Core rewards

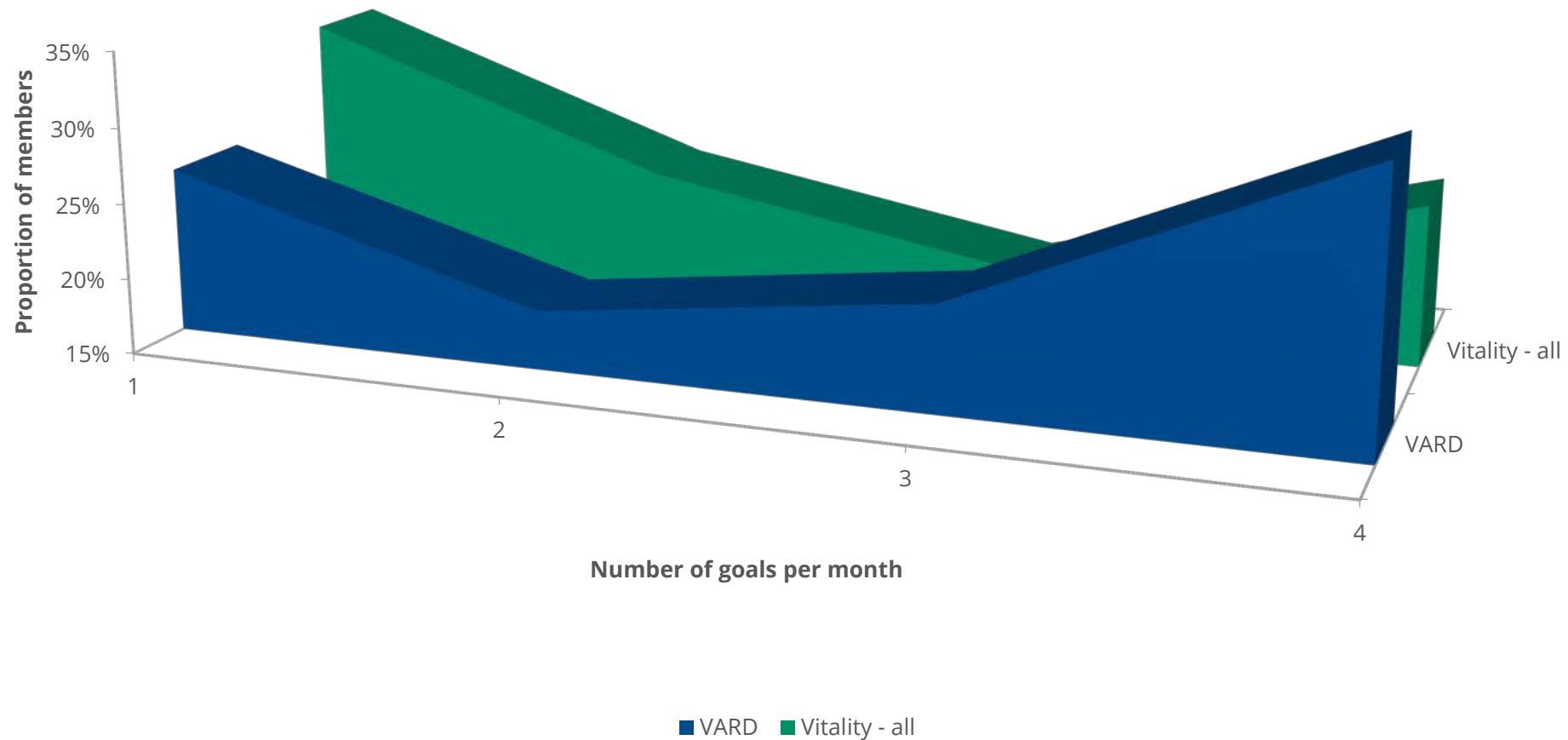


Boosted Doctor Rewards

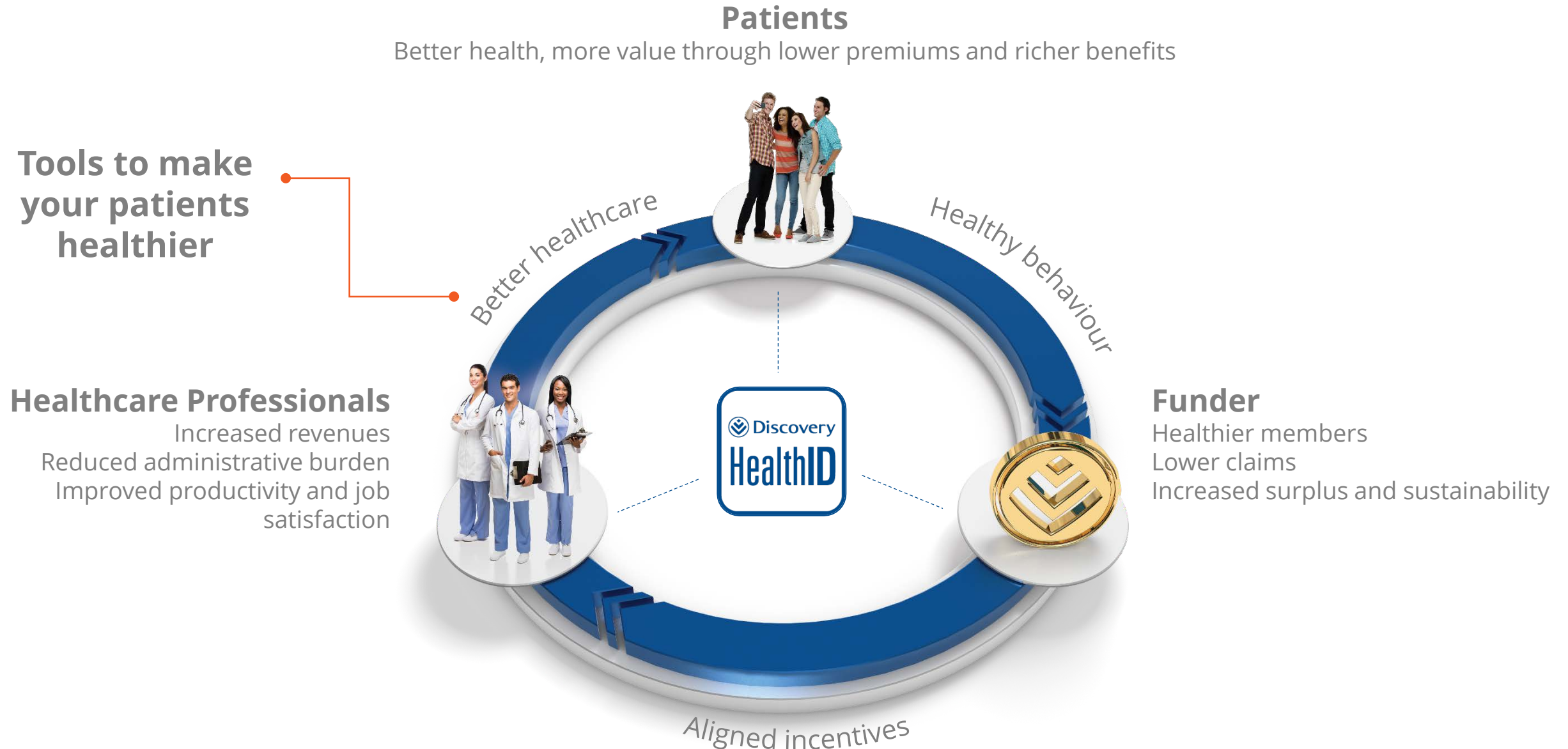


VARD Initial Results | Doctors are more engaged than the general Vitality population

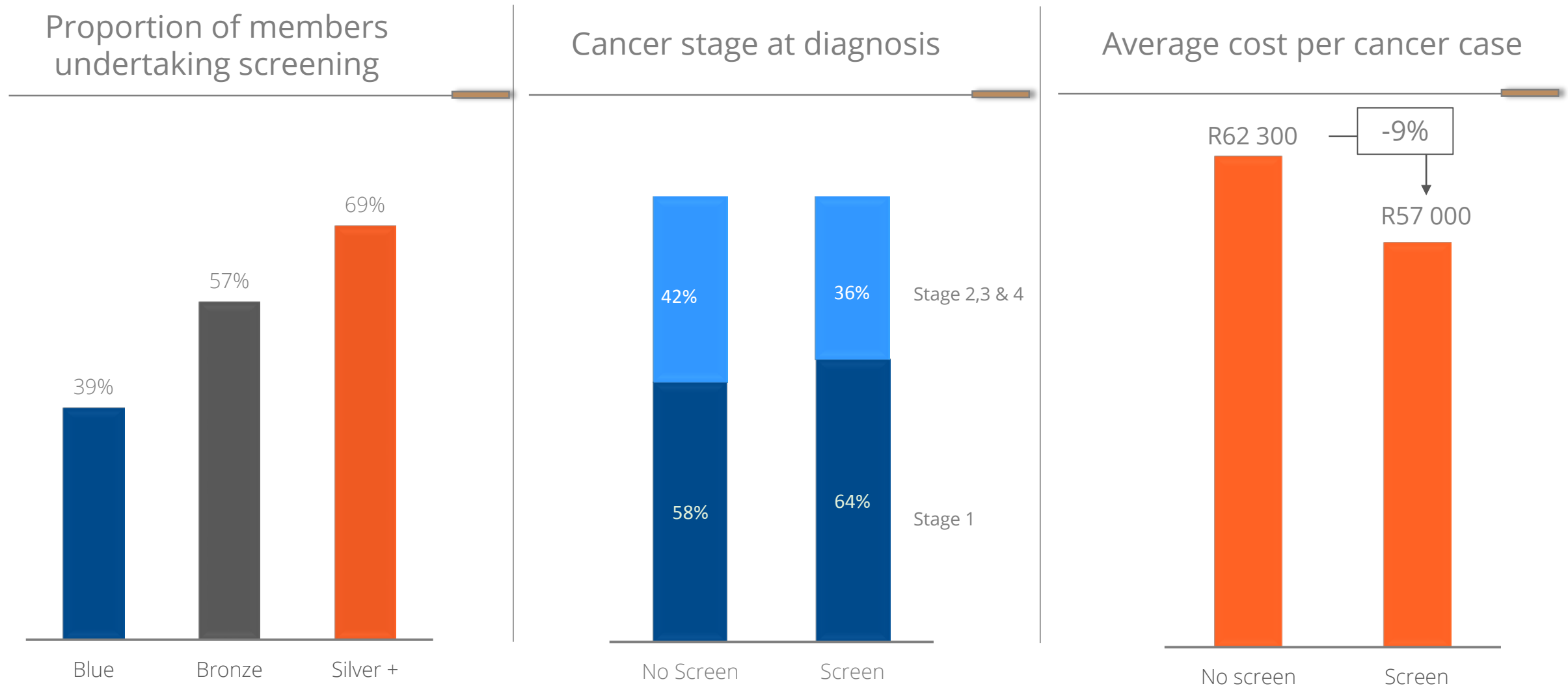
Distribution of goals achieved in an average month



Building a person centred shared value healthcare system



Evidence based research demonstrates that screening picks up conditions earlier and reduces costs of treatment



Health Checks | A range of five quick checks

Vitality Health Check



Body Mass Index
(BMI)



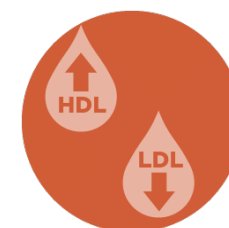
Blood pressure



Blood pressure

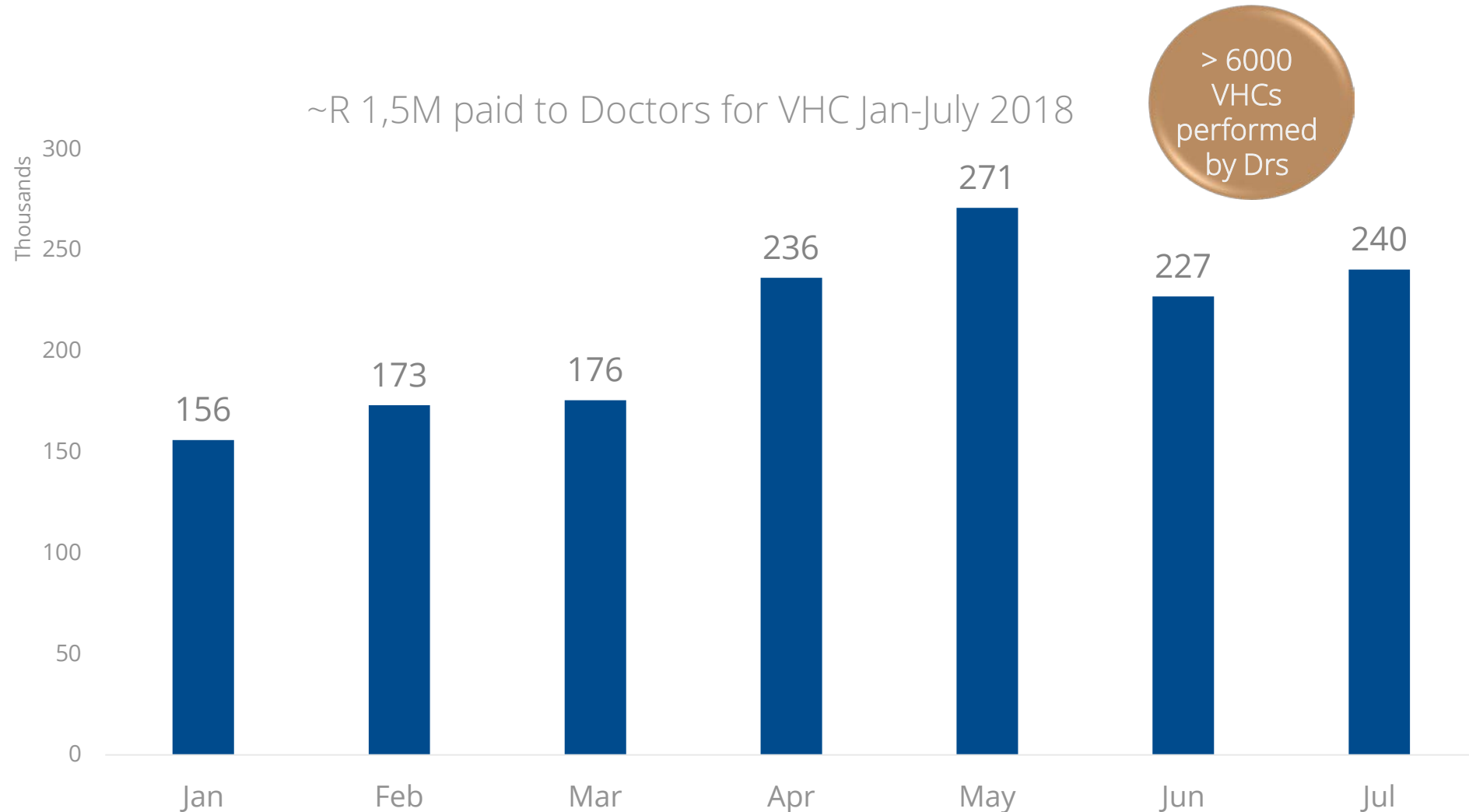


Signing of a non-
smoker's declaration

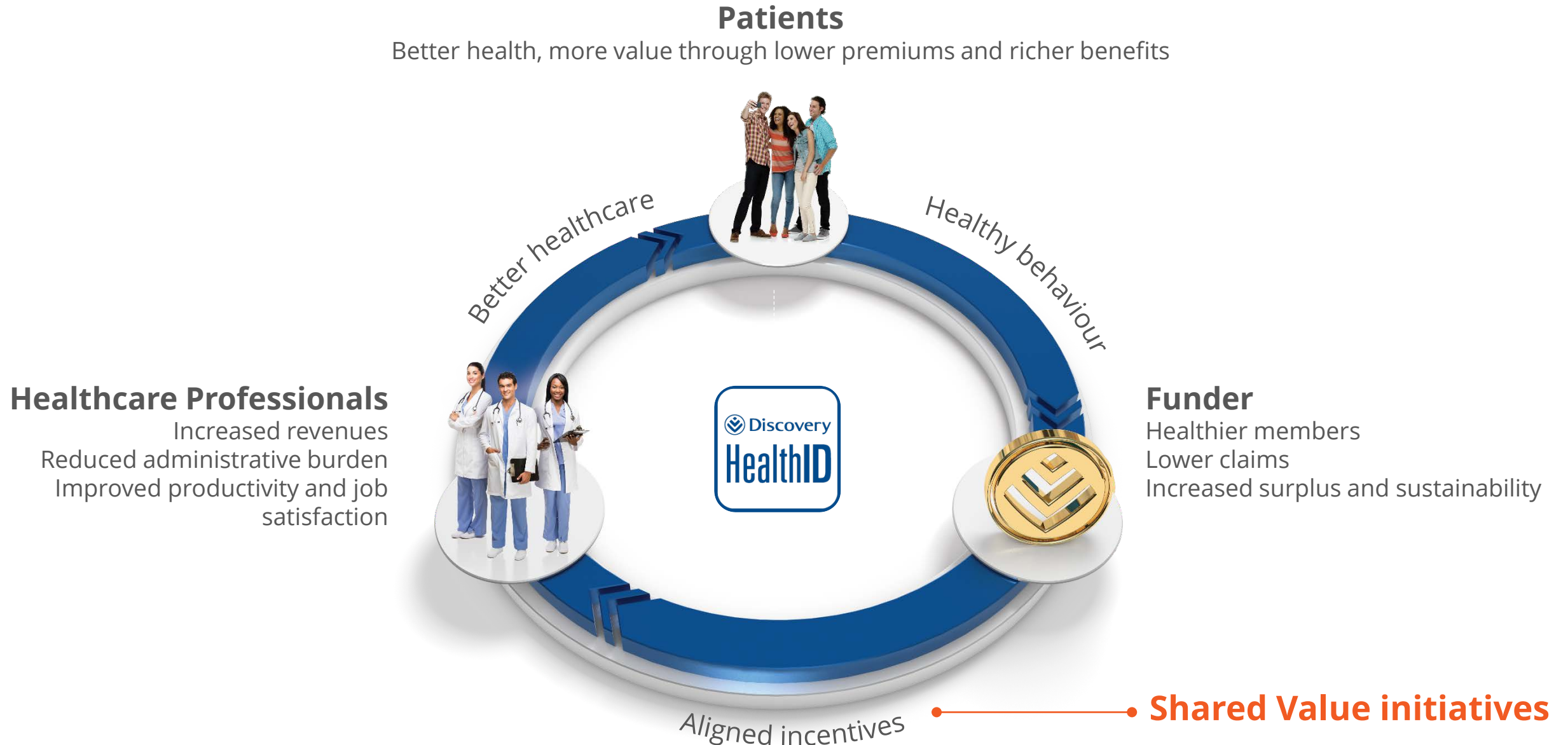


Cholesterol/lipogram

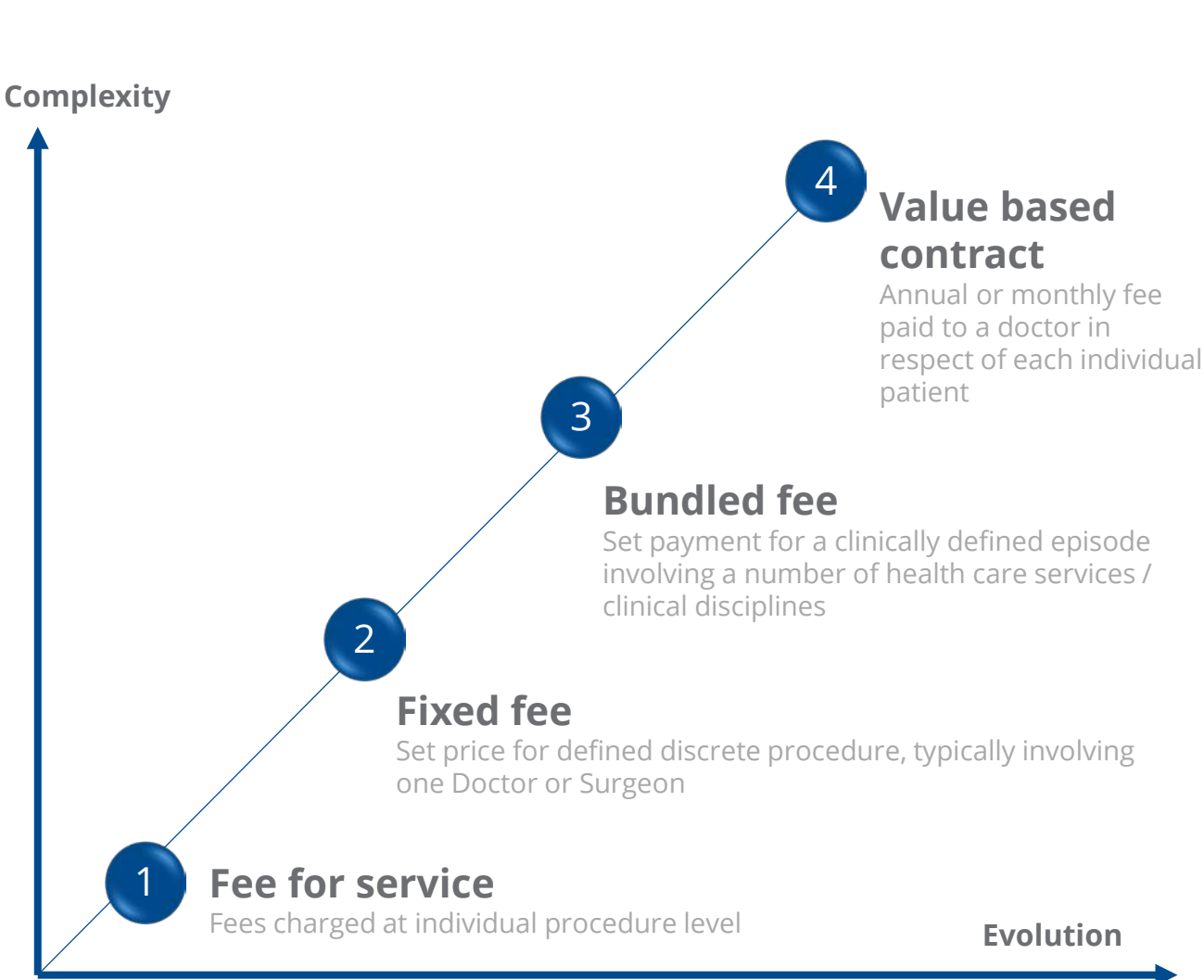
Health Checks | Doctors helping members to identify possible health concerns







Building a person centred shared value healthcare system



Shared Value Intrinsic to Person Centred Care

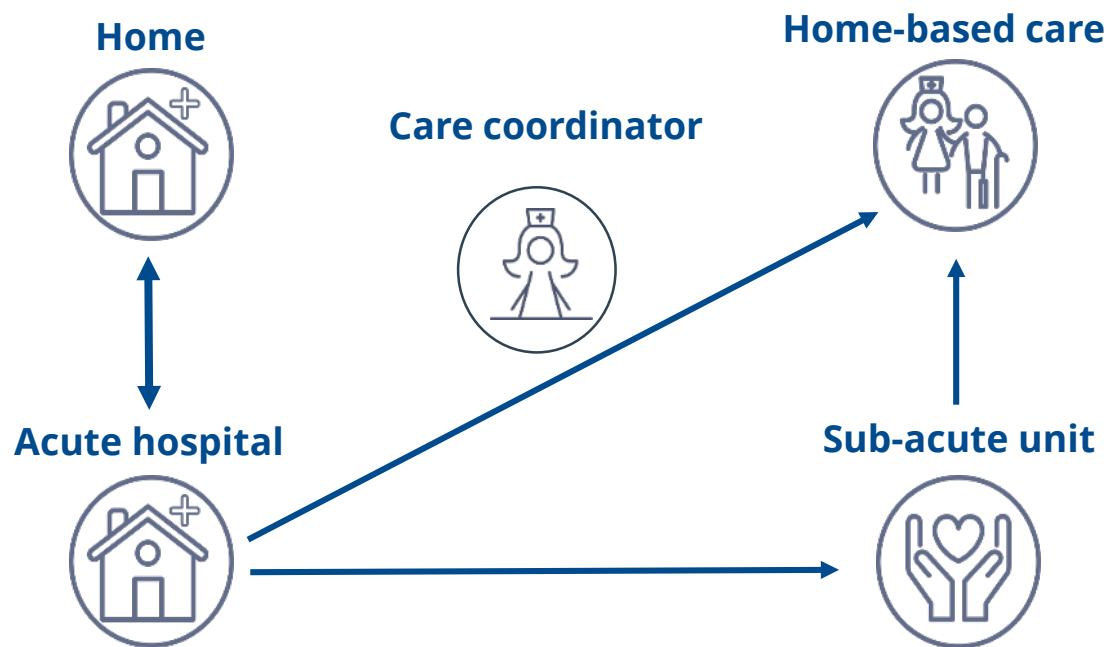


	FFS	VBC
Quality Measurement 	↓	↑
Over servicing 	↑	↓ *
Cost efficiency 	↓	↑
Partnership 	↓	↑

*Under-servicing mitigated by peer review

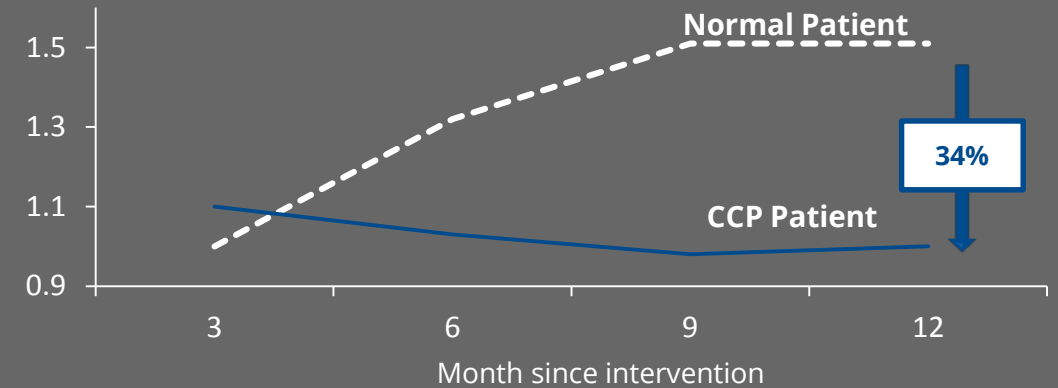
Care Coordination Programme improves quality of care for highly complex patients

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

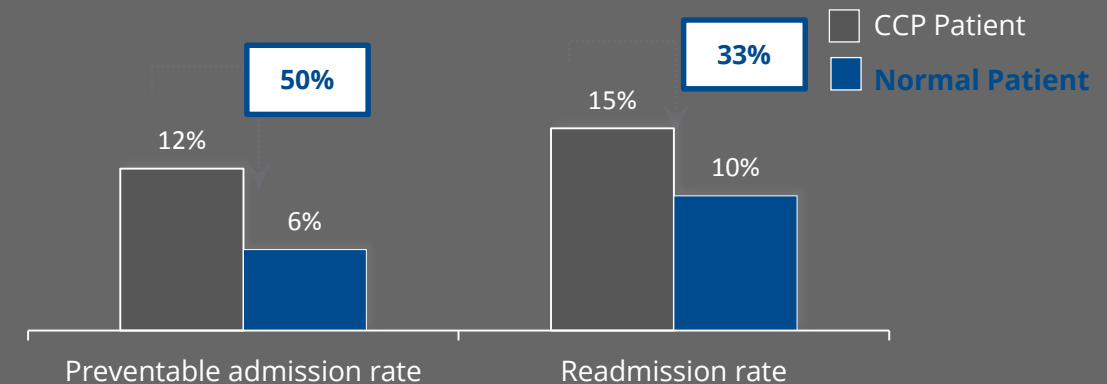


Impact of care coordination programme

Lower cost per event

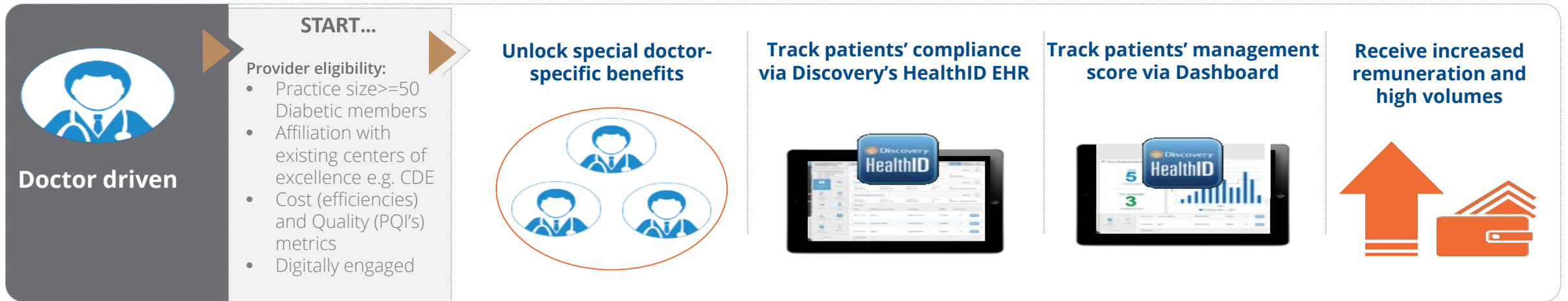


Decreased hospital admissions

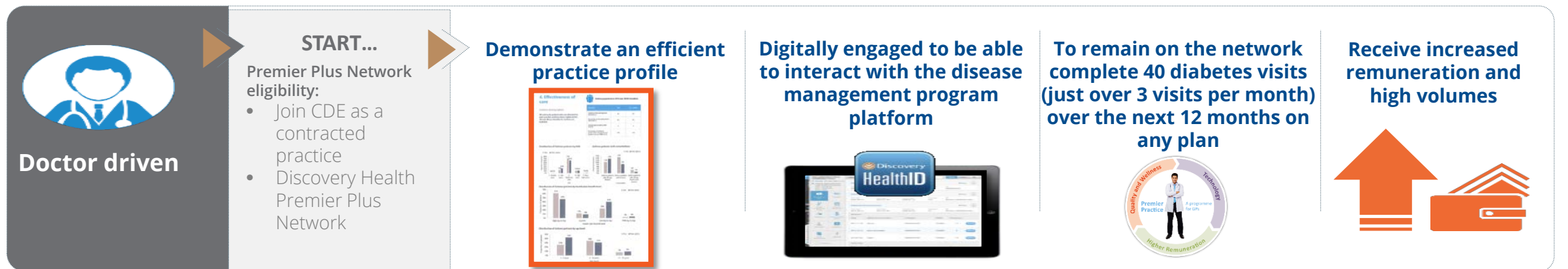


DiabetesCare | Disease Management Programme

Providing doctors with tools to effectively manage their diabetic members



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



Leveraging incentives and technology to change patient and doctor behaviour

KidneyCare programme

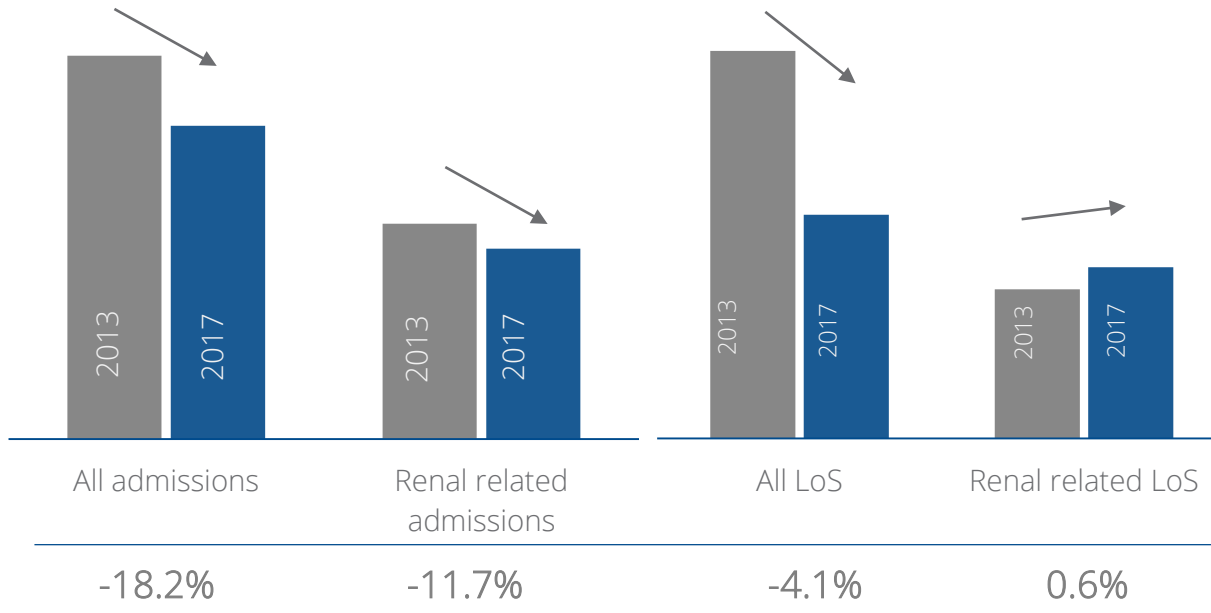
100% of dialysis centres and patients enrolled

Detailed monitoring of key dialysis metrics

Detailed reporting and feedback

Admission rate

Length of stay per admission



DiabetesCare programme

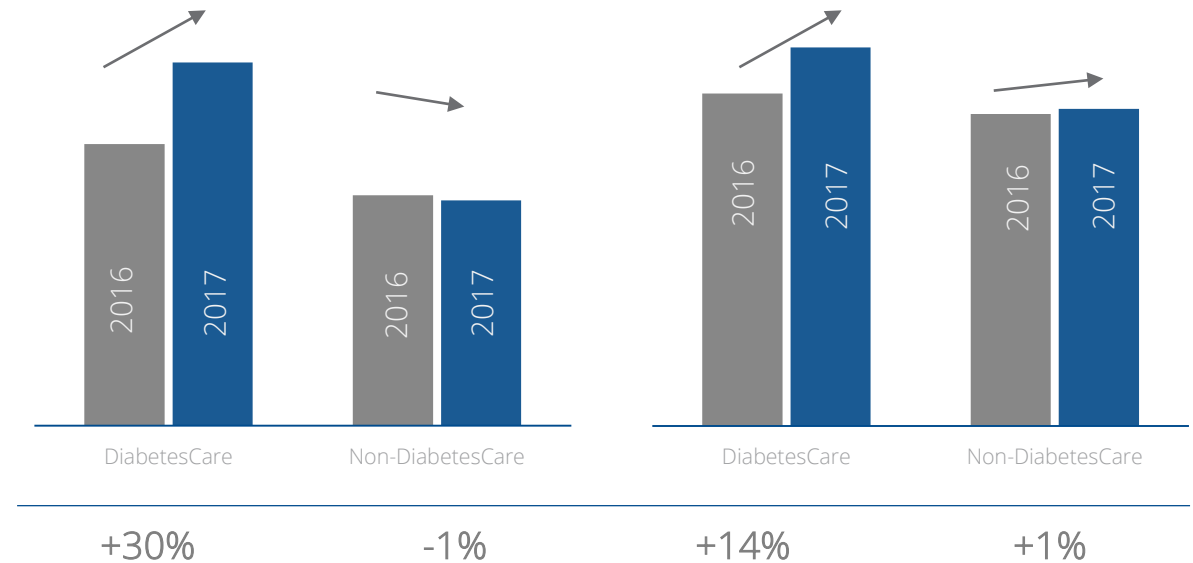


Enrollment unlocks additional risk benefits

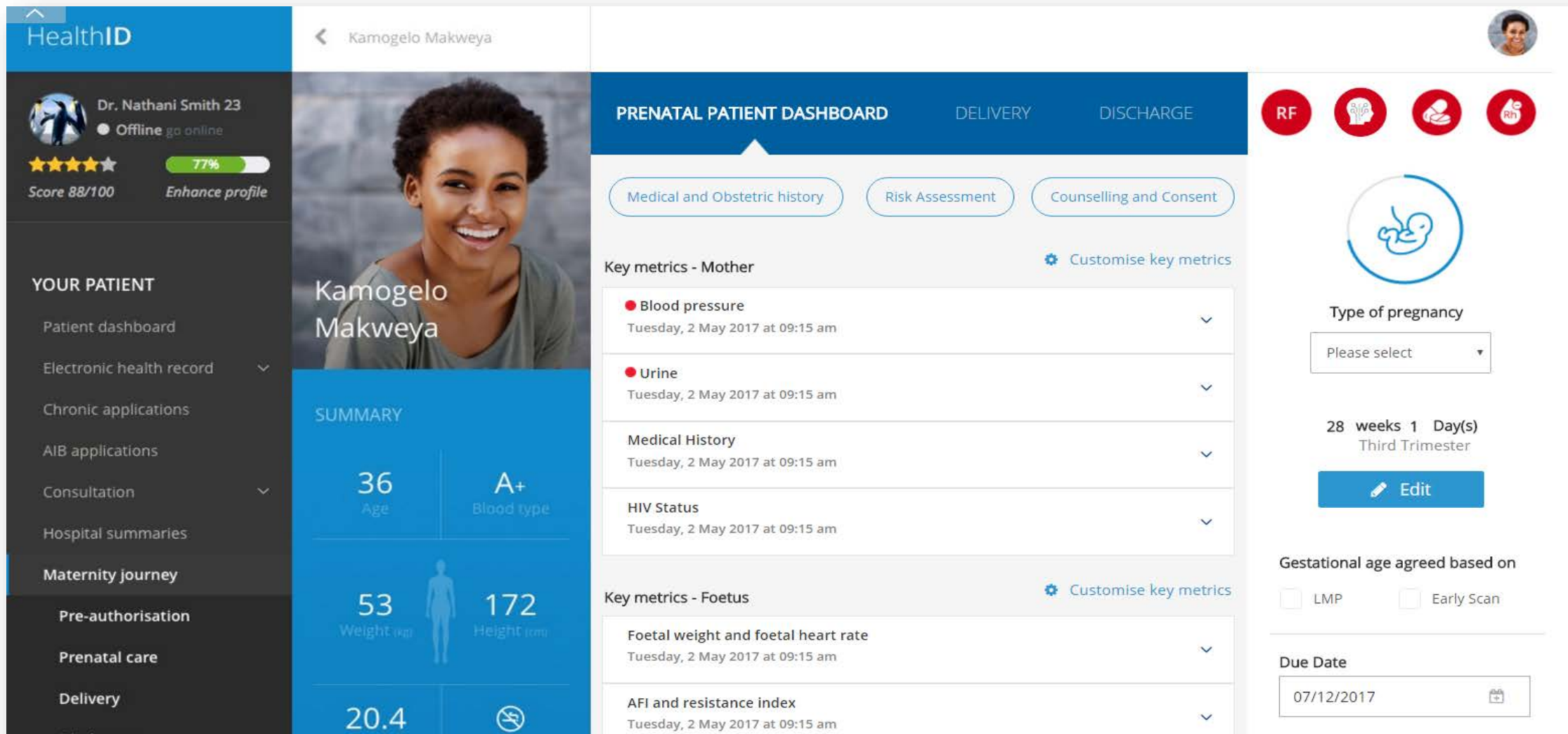
Access to high quality coordinated care

% diabetics who have had an HbA1c test

% diabetics with medication compliance



Using digital maternity records to support doctor driven patient centric care programmes



The screenshot displays the 'HealthID' Prenatal Patient Dashboard for Kamogelo Makweya. The interface is divided into several sections:

- Header:** 'HealthID' logo and patient name 'Kamogelo Makweya'.
- Left Sidebar:** Contains navigation links for 'YOUR PATIENT' (Patient dashboard, Electronic health record, Chronic applications, AIB applications, Consultation, Hospital summaries), 'Maternity journey', 'Pre-authorisation', 'Prenatal care', and 'Delivery'.
- Top Bar:** 'PRENATAL PATIENT DASHBOARD' with tabs for 'DELIVERY' and 'DISCHARGE'.
- Medical and Obstetric history:** Includes buttons for 'Medical and Obstetric history', 'Risk Assessment', and 'Counselling and Consent'.
- Key metrics - Mother:** Lists 'Blood pressure', 'Urine', 'Medical History', and 'HIV Status', all recorded on Tuesday, 2 May 2017 at 09:15 am.
- Key metrics - Foetus:** Lists 'Foetal weight and foetal heart rate' and 'AFI and resistance index', also recorded on Tuesday, 2 May 2017 at 09:15 am.
- Summary:** Displays patient details: Age 36, Blood type A+, Weight 53 kg, Height 172 cm, and a value of 20.4 with a no-smoking icon.
- Right Panel:** Includes a 'Type of pregnancy' dropdown (set to 'Please select'), gestational age '28 weeks 1 Day(s) Third Trimester', a 'Gestational age agreed based on' section with checkboxes for 'LMP' and 'Early Scan', and a 'Due Date' field set to '07/12/2017'.

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



Measuring patient reported experience (PREMS)

HIGH LEVEL TRENDS

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

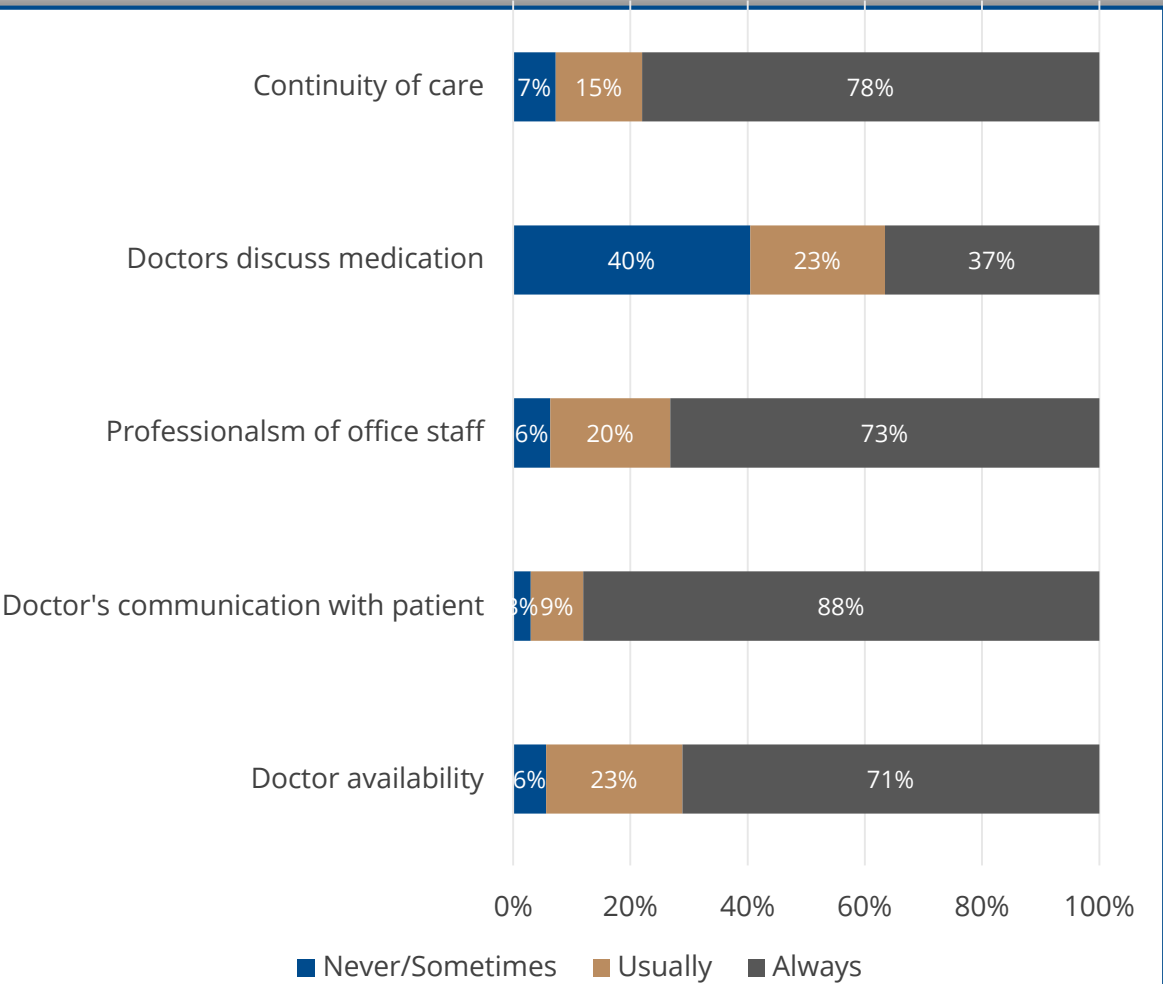


89.8% of GPs were **rated 8 or higher** for the survey period

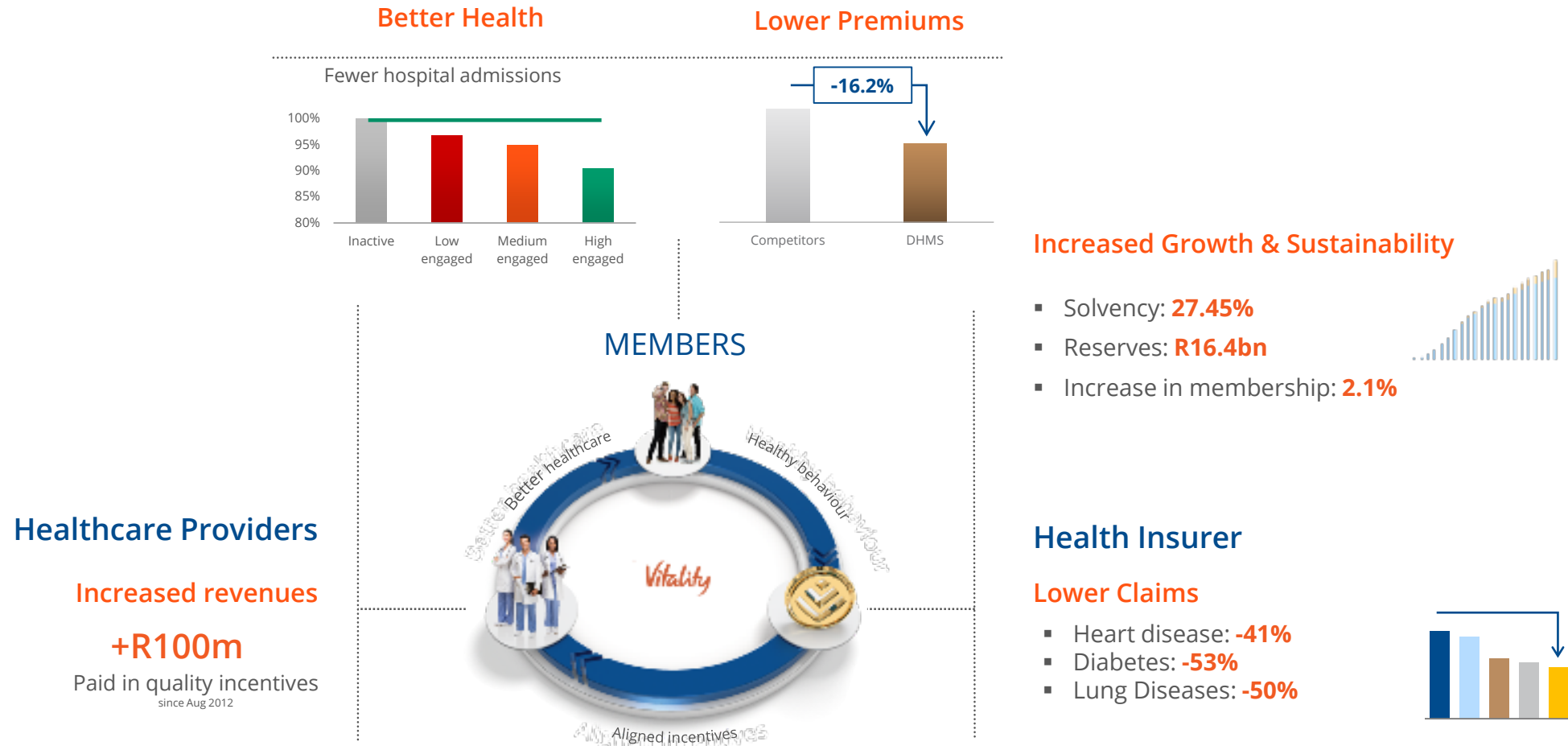
82.4% of members **would recommend** their **GP**

Net Promoter Score of 70%

GP PATIENT SURVEY MEASURES



Building a person centred shared value healthcare system



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