

20 July 2016

Press Release

Innovations for better health outcomes

It is common knowledge that glossophobia, the fear of public speaking, is one of the most common phobias, with many people saying that they would rather die than stand on a stage in front of a large group of people.

Delegates at the 17th annual Board of Healthcare Funders (BHF) conference currently underway in Cape Town, were given an opportunity to see for themselves the effect that speaking to 900 people can have on a healthy young man's heart rate and other vital signs.

Kuldeep Singh Rajput, Founder and CEO of Biofourmis in Singapore, demonstrated the power of wearable technology when he connected the world's smallest ECG monitoring system to his cellphone and relayed his heart rate to the audience. His heart was beating at over 160 bpm, a rate more commonly experienced during peak aerobic workouts.

Rajput, who was linked up to a number of wearables, monitoring a range of vital signs, commented wryly that "it is all abnormal now. Giving a presentation is not a relaxing occupation!"

For Rajput, the significance of wearable medical technology is all about making health data accessible and personal.

"Doctors need to be able to compare you to you," he said. "The combination of mobile, wireless and digital technology has disrupted healthcare. We can now predict an adverse medical event before it happens and take the appropriate action that can save your life."

Disruptive and sustaining innovations in the context of NHI were put under the spotlight by Medscheme's Dr Farayi Chinyanga.

He spoke of 'sustaining innovation' - an iterative, evolutionary process - and 'disruptive innovation', where the landscape changes dramatically but it makes it easier for us to get to our destination.

"As we transform our healthcare system, we need both," he said. "Innovation does not occur in a vacuum."

"Our context is a quadruple burden of disease, a private healthcare system that covers a small fraction of the population and a public sector which is chronically underfunded and just within the WHO minimum of 4.9 healthcare workers per 1000 people, we certainly need innovations to meet our needs."

Chinyanga suggests that the first innovation opportunity that we have is to re-examine and commit to a new reimbursement model that incentivises value.

"There should be a focus on the condition as a whole, not just the procedure," he said. "We have to see accountable care where providers and patients are empowered and we incorporate outcomes that matter to patients, such as 'when can I go back to work?'"

The second innovation opportunity comes in the re-envisioning of patient care and the creation of an integrated system.

“This is about effective co-ordination of care, which includes the management of the entire patient rather than just the presenting condition. Entry into the healthcare system needs to be at primary level, with down referral back to primary when specialist care is no longer necessary.

“A lack of co-ordination is strongly associated with poor process and outcomes measures. Better integration will benefit everyone,” he said.

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Issued by: Magna Carta **on behalf of:** Board of Healthcare Funders of Southern Africa

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