



**Cape Town**  
16-19 July 2017  
Private sector embracing universal healthcare

The  
**18<sup>th</sup>**  
Annual  
**BHF Southern  
African Conference**

# Driving enhanced value and efficiency in the healthcare delivery chain

Geraldine Bartlett  
*18 July 2017*

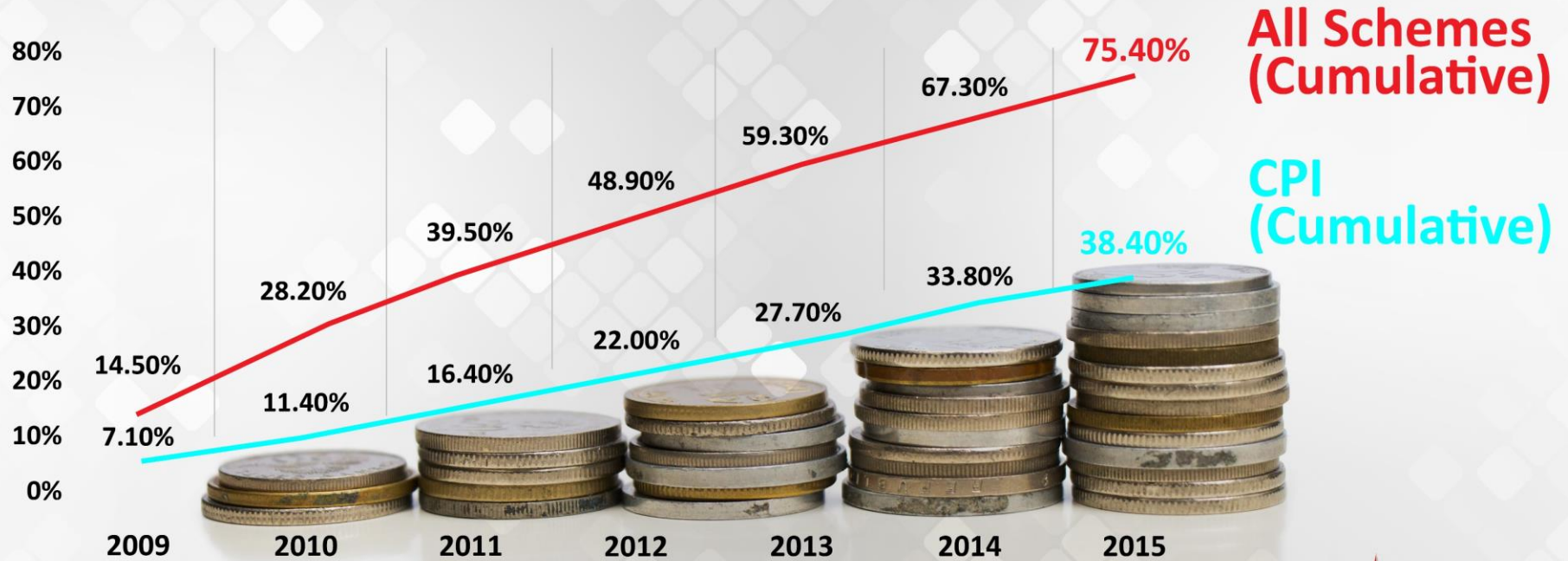


**Universal**  
Healthcare

# Escalating Costs



# Medical scheme contribution increases far exceed CPI





Escalating costs

Technology

Providers

Patients

System

# System

## *Inefficiencies in the current system*

Flawed FFS payment system

Fragmentation

Inefficient use of resources

Regulatory concerns

Fraud, waste and abuse



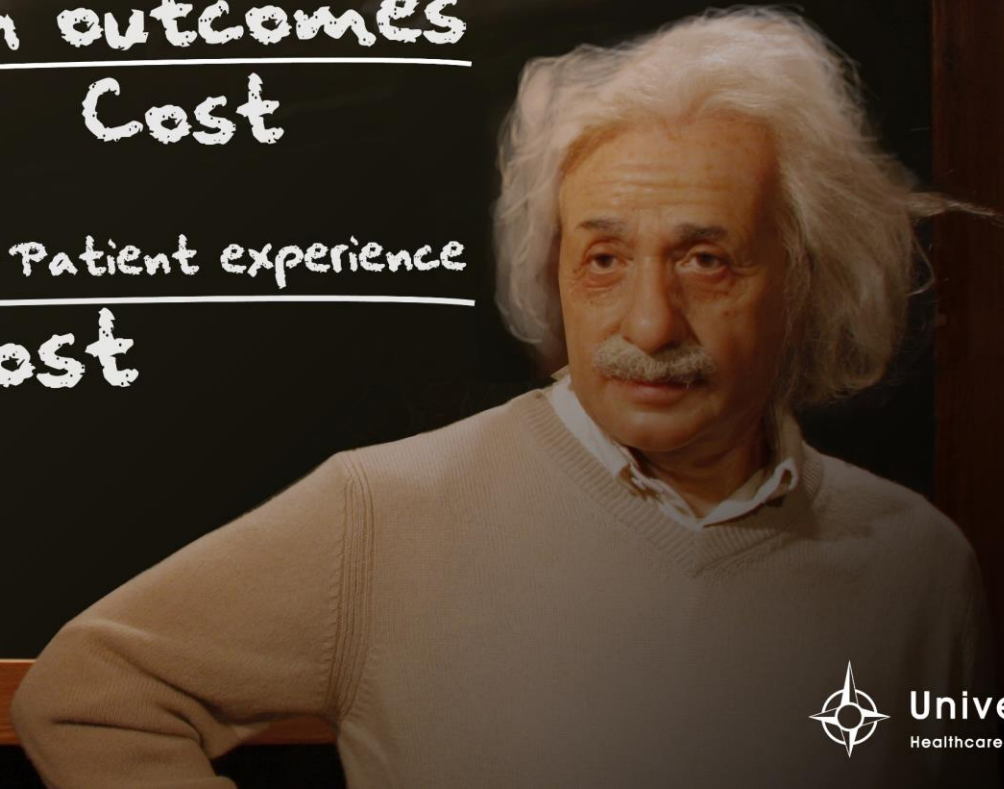
# Are we getting VALUE?



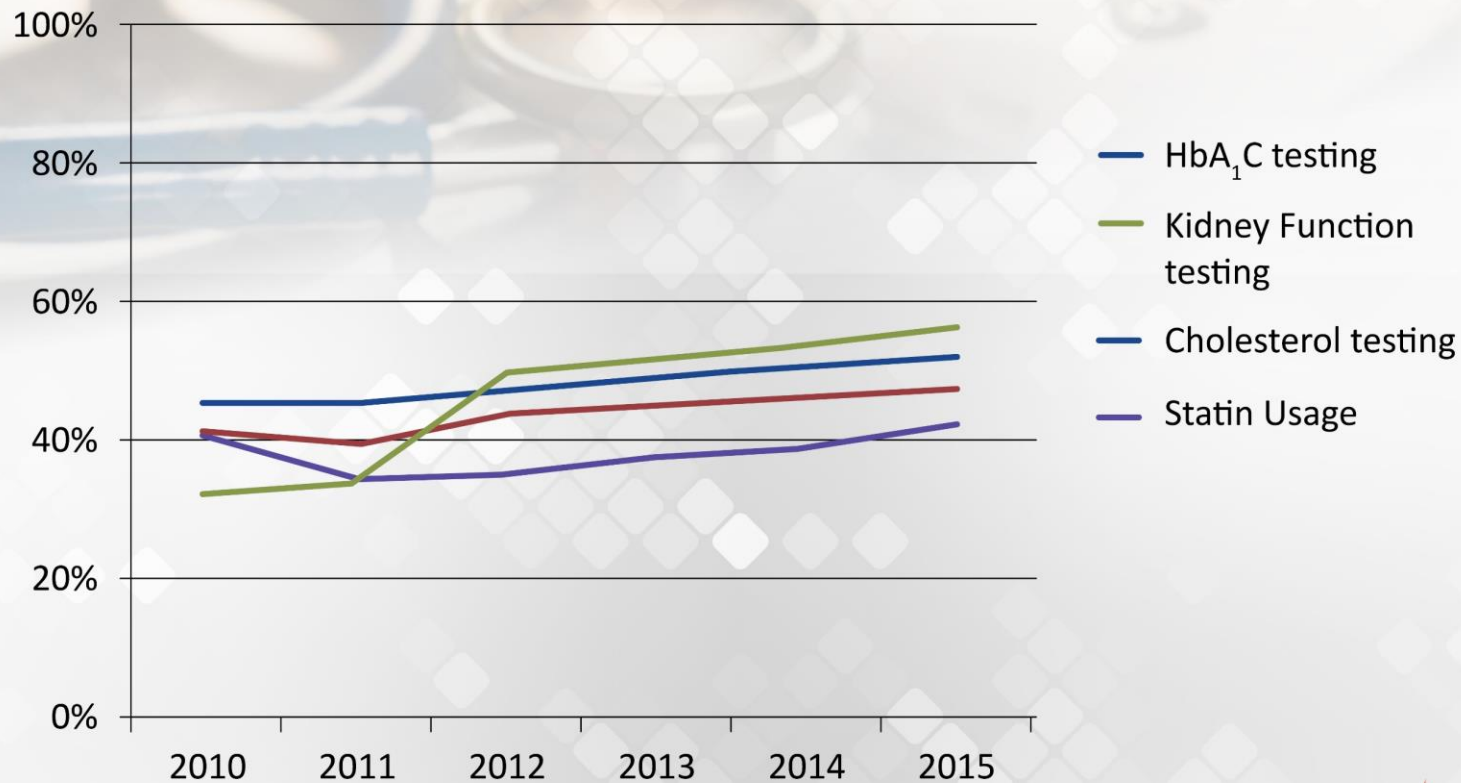
# What about VALUE?

$$\text{Value} = \frac{\text{Health outcomes}}{\text{Cost}}$$

$$= \frac{\text{Quality} + \text{Access} + \text{Patient experience}}{\text{Cost}}$$



# Diabetes







# TODAY'S REALITY

**A MARKET THAT ISN'T WORKING**



**Universal**  
Healthcare



HBR.ORG

# Harvard Business Review

OCTOBER 2013  
REPRINT R13108

THE BIG IDEA

## The Strategy That Will Fix Health Care

Providers must lead the way in making value  
the overarching goal by *Michael E. Porter*  
and *Thomas H. Lee*



# FFS Concerns

Rewards high  
volume

No incentive to  
contain costs

Perpetuates  
inefficiencies

No accountability for  
patient outcomes or  
quality of care

Rewards poor outcomes

FFS rewards doing  
rather than achieving

# Transformation

**FFS**

**Volume Based  
Re-imbusement**



**VBR**

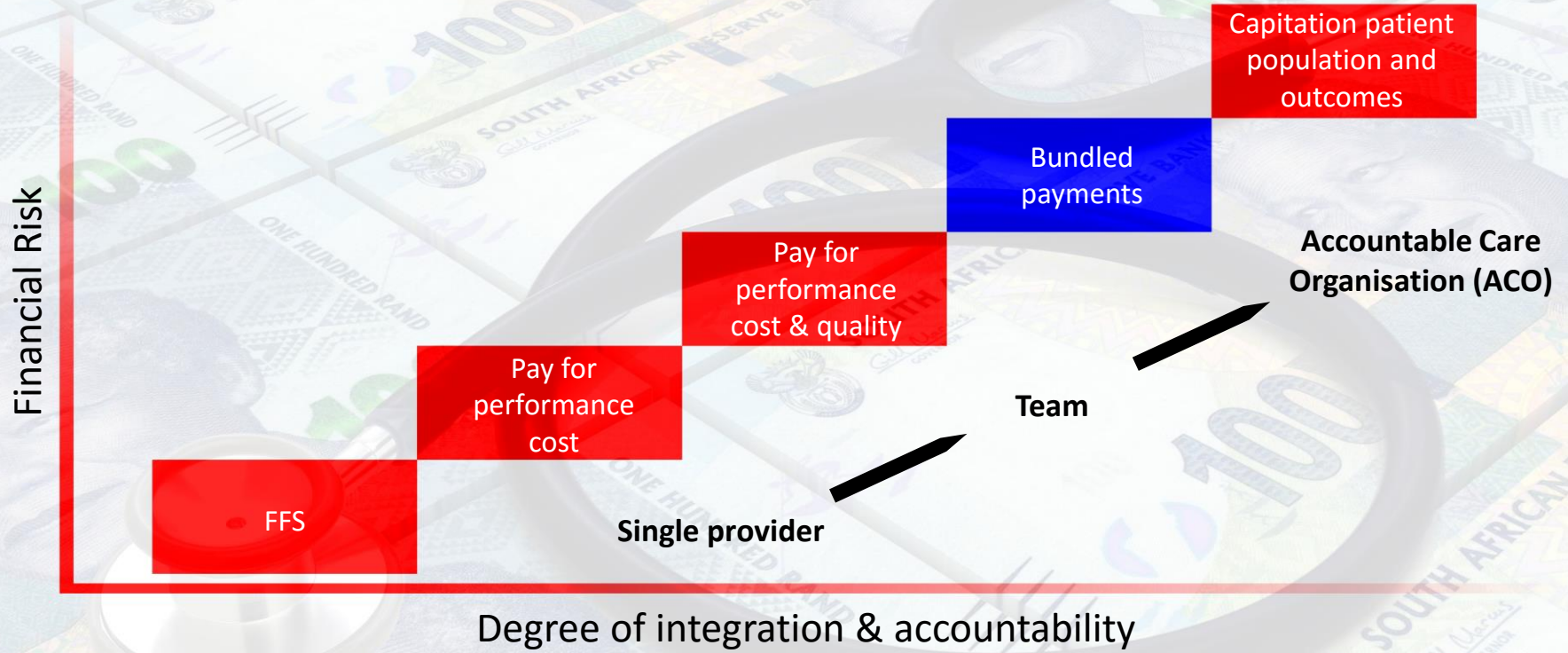
**Value Based  
Re-imbusement**



Value-based healthcare is a form of re-imbusement that ties **payment** for care delivery to the **quality** of care provided and rewards providers for both **efficiency** and **effectiveness**.



# Moving to VBR



**“Bundled payments are the only true  
value-based payment model for  
health care.”**



How to Pay for Healthcare by  
Michael E. Porter & Robert S. Kaplan  
Harvard Business Review July-Aug 2016



# Advantages

- **Accountability**
- **Drives multidisciplinary care**
- **Directly rewards good outcomes**
- **Strong incentives to improve efficiency**
- **Creates competition**
- **Stimulates areas / centres of excellence**





# Where to start

## Provider payment models

- Performance-based reimbursements
- Bundled payments
- ACO's

## Appropriate levels of care

- GP vs specialist
- Day clinics vs hospitals
- Home-based care
- Pharmacy clinics

## Legislation reform

- PMB's at cost
- HPCSA
- Medicines Act
- Etc.

## Care Co-ordination

- Nominated GP
- Specialist referrals
- Disease management
- EMR and EHR
- Employer involvement

## Health-economic evaluation of high cost technologies

- Medicines
- Procedures
- Pathology
- Radiology

# Bundled payments



Ref: How to pay for Health Care HBR by  
Michael E. Porter and Robert J. Kaplan



**Universal**  
Healthcare

# Coordinated care

Cost savings

**23 - 36%**

Quality  
improvements

**10 - 47%**

Reduction in  
hospital admissions  
for specific  
conditions +/- 60%



# Appropriate settings of care

Procedure	Hospital	Day clinic	Doctors rooms
Colonoscopy	1.00	0.78	0.16
Gastroscopy	1.00	0.76	0.13
Circumcision	1.00	0.82	0.15

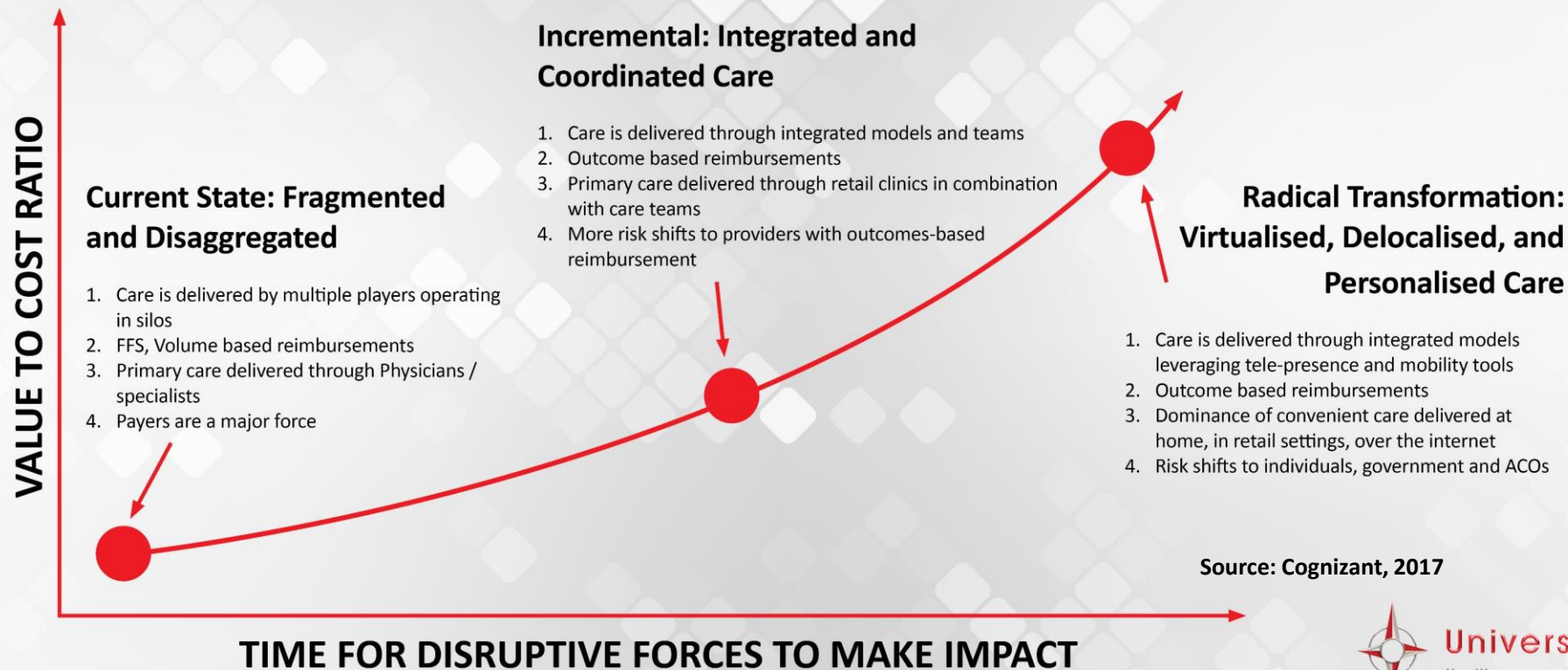




# A glimpse of the future

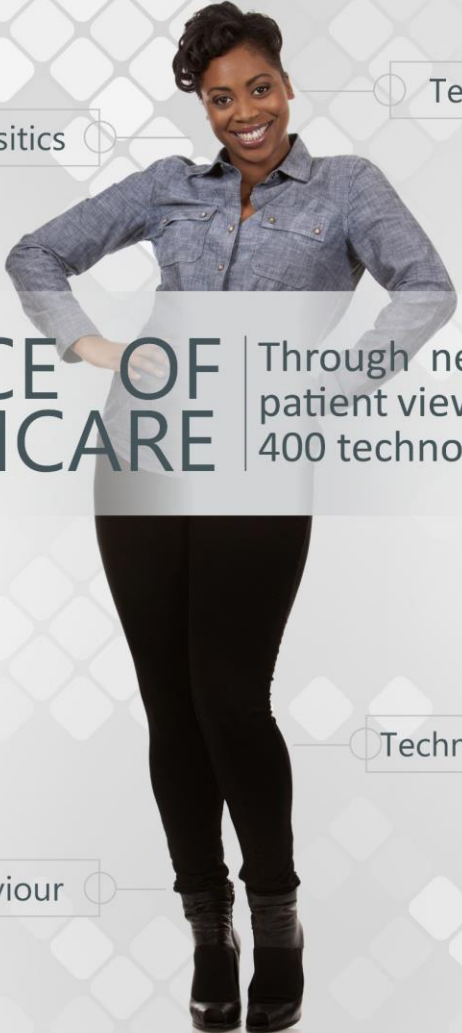
## The Sustainable Model circa 2020 - 2025

This evolution driven by technology, virtualisation and globalization is currently achieving incremental improvement. These forces will accelerate, dis-intermediating and delocalising large portions of the industry



Source: Cognizant, 2017





Technologies To Track Health Statistics

Technologies To Track Emotional State

# THE EMERGENCE OF DIGITAL HEALTHCARE

Through new technologies, a comprehensive patient view can be compiled. Powered by over 400 technologies and 9 000 apps.

Technologies To Track Social Environment

Technologies To Track Behaviour



Physician Centred



**Patient-Focused**



Limited Engagement



**Highly Engaged, Empowered**



Inaccessible



**Convenient and 24/7**



Isolated Individual



**Socially Connected**



Sick Care



**Health and Well-Being**



Limited Consequence



**Financial Rewards, Incentives**



Office Hours



**Virtually Mobile, Anytime**



Transactional, Isolating



**Care Team Managed**

# A DRAMATIC SHIFT TO PATIENT-CENTRIC CARE DELIVERY

## Changing Industry Landscape



**Universal**  
Healthcare

**“Patient outcomes are taking over  
from products and services as the  
focus of healthcare.**

**This demands the convergence of  
data from every part of the  
healthcare system.”**



Journey but needs  
**acceleration**

Requires **leaders**, drivers

# **Collaboration**

**Data sharing and  
interpretation**

**“Change will not come if we wait  
for some other person or some  
other time. We are the ones we’ve  
been waiting for.”**

Barack Obama