

**What if...we could implement real  
value based healthcare?**

**what if.**



# Lose-lose-lose

## Patients

Approximately **60%** of all patients with access to insured health benefits in South Africa die in intensive care units. Yet about **70%** of people would prefer to die at home\*


## Providers

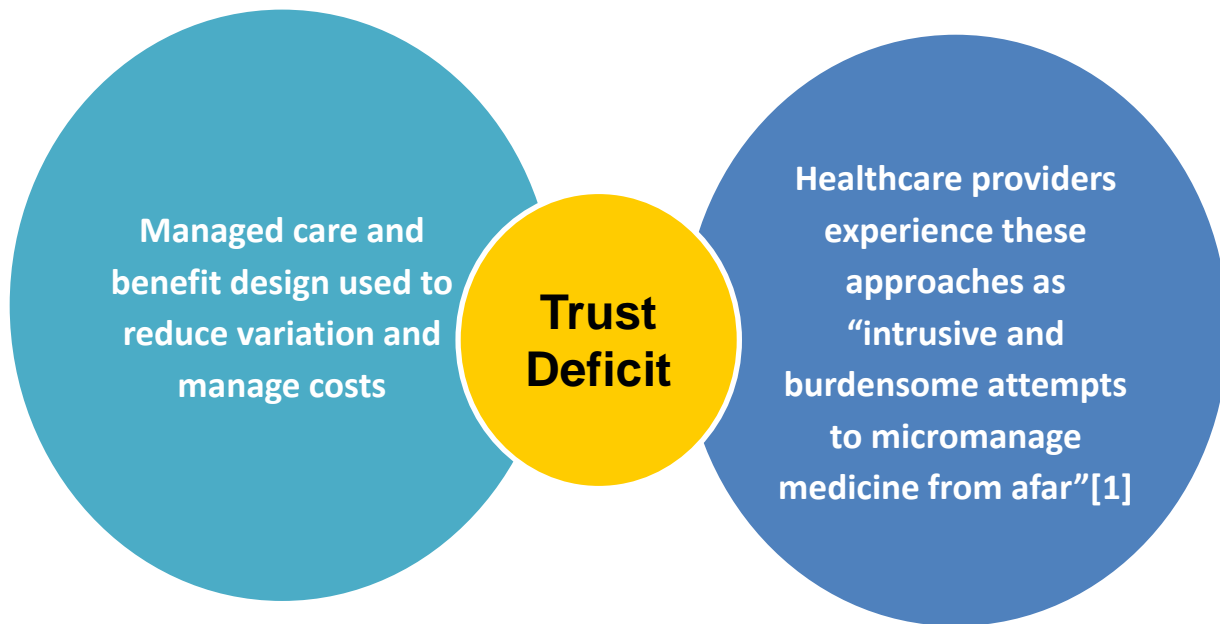
Current contract mechanisms & benefit design do not incentivise value-based care, team-based care or home-based care resulting in disillusioned doctors, fragmentation of care & funding frustrations

## Funders

- Huge costs for medical schemes in last year of life
- Daily dilemmas for the cessation of funding for non-beneficial care

# Era of unquestioned professionalism has given way to era of managed care

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1.Sandy, L.G., H.H. Pham, and S. Levine, Building Trust Between Physicians, Hospitals, and Payers: A Renewed Opportunity for Transforming US Health Care. JAMA, 2019.


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 what if.

“We have a lot of misalignment of the stakeholders because the incentive structure is still tending to pit one party against another”

Michael Porter

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**What if we could improve quality, save money  
and give doctors back their autonomy?**

**aligned.**  
Value. Trust. Solutions.

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# A Case study

The Alignd Palliative model: a value based healthcare model designed to achieve a win-win-win in palliative care

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<b>Alignd Palliative</b>	<b>Improved outcomes</b>	<ul style="list-style-type: none"><li>▪ Better quality evidence-based care for patients</li><li>▪ Improved autonomy and dignity for patients at the end of life</li></ul>
	<b>Reduced cost</b>	<ul style="list-style-type: none"><li>▪ Reduced unnecessary hospitalisations and non-beneficial care</li><li>▪ More cost-effective provision of care</li><li>▪ Reduced medical aid contributions and increased affordability of medical aid coverage</li></ul>
	<b>Fair reimbursement</b>	<ul style="list-style-type: none"><li>▪ Improved reimbursement and greater autonomy for palliative care professionals</li><li>▪ Increased number of palliative care professionals and expanded access to palliative care</li></ul>

# The Association of Palliative Care Practitioners (PalPrac)

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- PalPrac was established in May 2018 to improve access to palliative care throughout South Africa
- PalPrac describes itself as “a network of skilled professionals who support each other and seek to relieve suffering through compassion and evidence based medical practice”
- Memorandum of Understanding in place between Aligned & Palprac
- Enormous investment of time and energy into relationship with a PalPrac over the past 10 months
  - Working with advisory group on all clinical aspects of Aligned Palliative, including clinical entry criteria, benefit package, costing assumptions, outcomes and metrics
  - Engagement with PalPrac’s wider membership via workshops




PALPRAC

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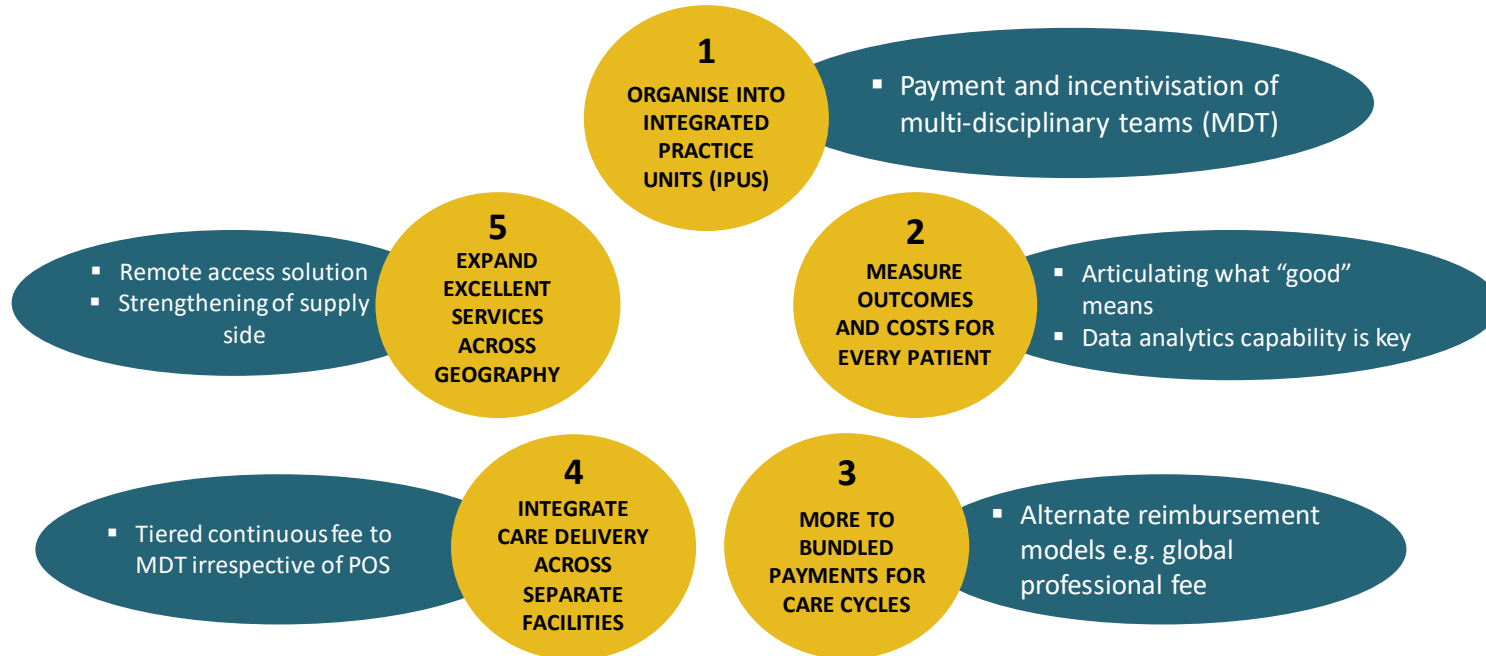
# The Porter Model

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“Only physicians and provider organizations can put in place the set of interdependent steps needed to improve value [the relationship between outcomes and costs] , because ultimately value is determined by how medicine is practiced and care is delivered.”

# 1. What would Porter do?




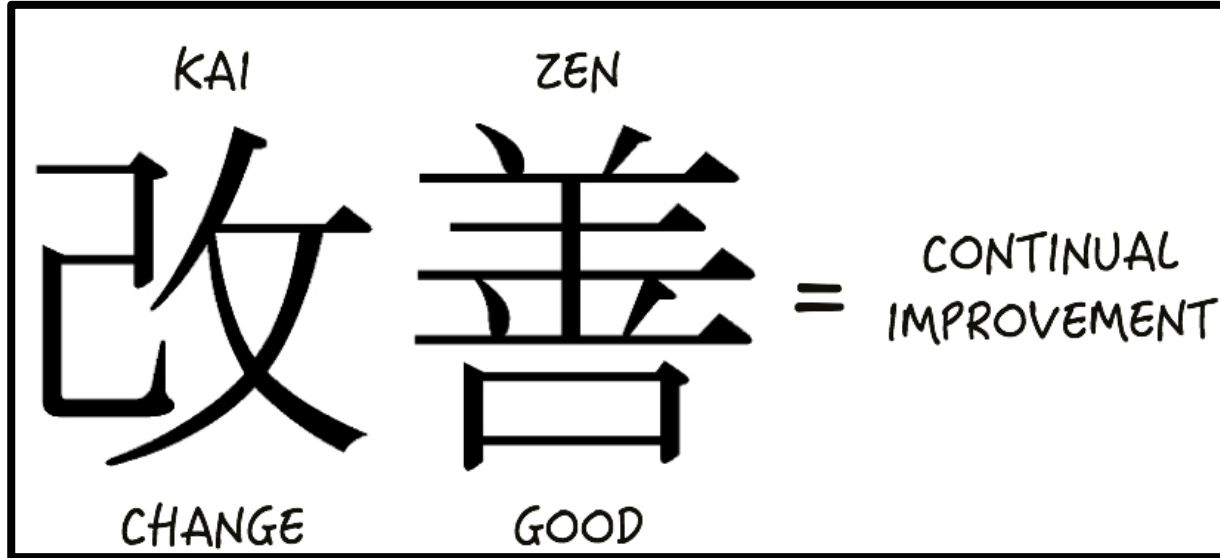
## 6 Build an enabling information technology platform

- To support working as an MDT; to enable data analytics; to facilitate patient engagement and business-to-business backend




## 2. Beginner's mind

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### 3. The process matters as much as the end point

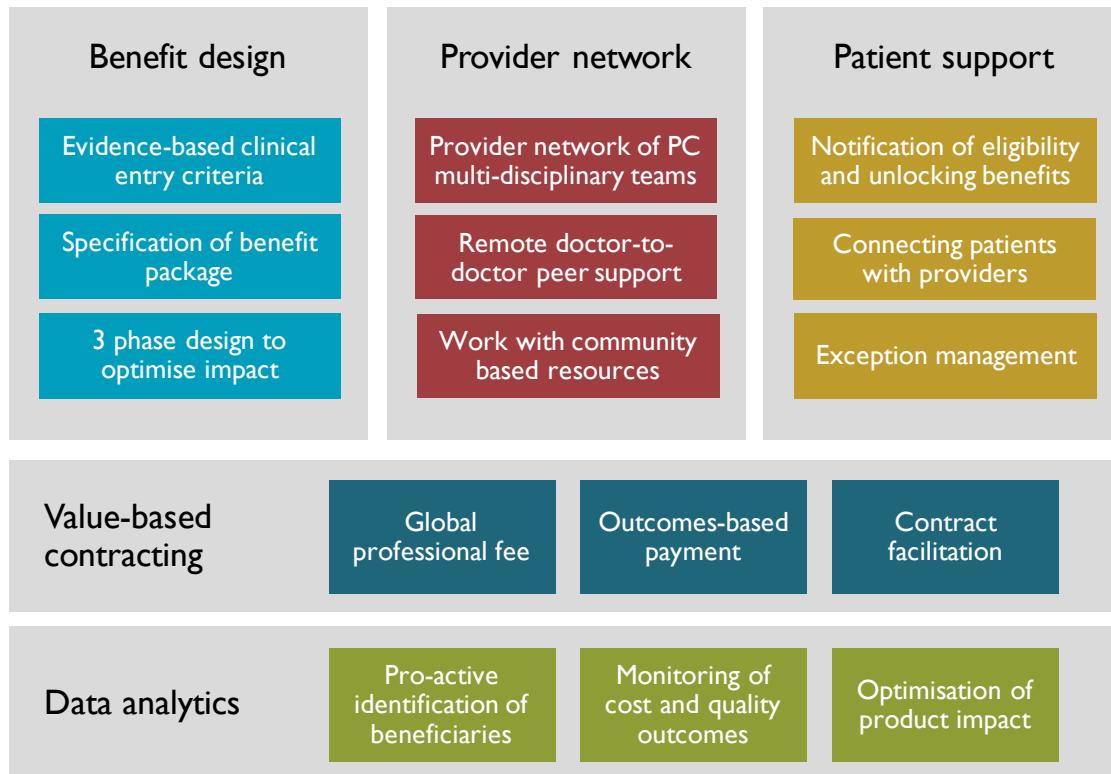
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“ Watching this process develop has been really exciting. As I listened, I almost had to pinch myself to ensure that I was not dreaming. I am also delighted with the information on the outcome measures. Well done for accepting this challenge and being willing to take the lead in introducing proper value based contracting in South Africa. This is really going to be a game changer in the field of palliative medicine in South Africa. I sincerely hope it will spread throughout the whole of medicine. My only regret is that it didn't happen 20 years ago. ”


E-mail to Alignd team from senior member of Palprac board

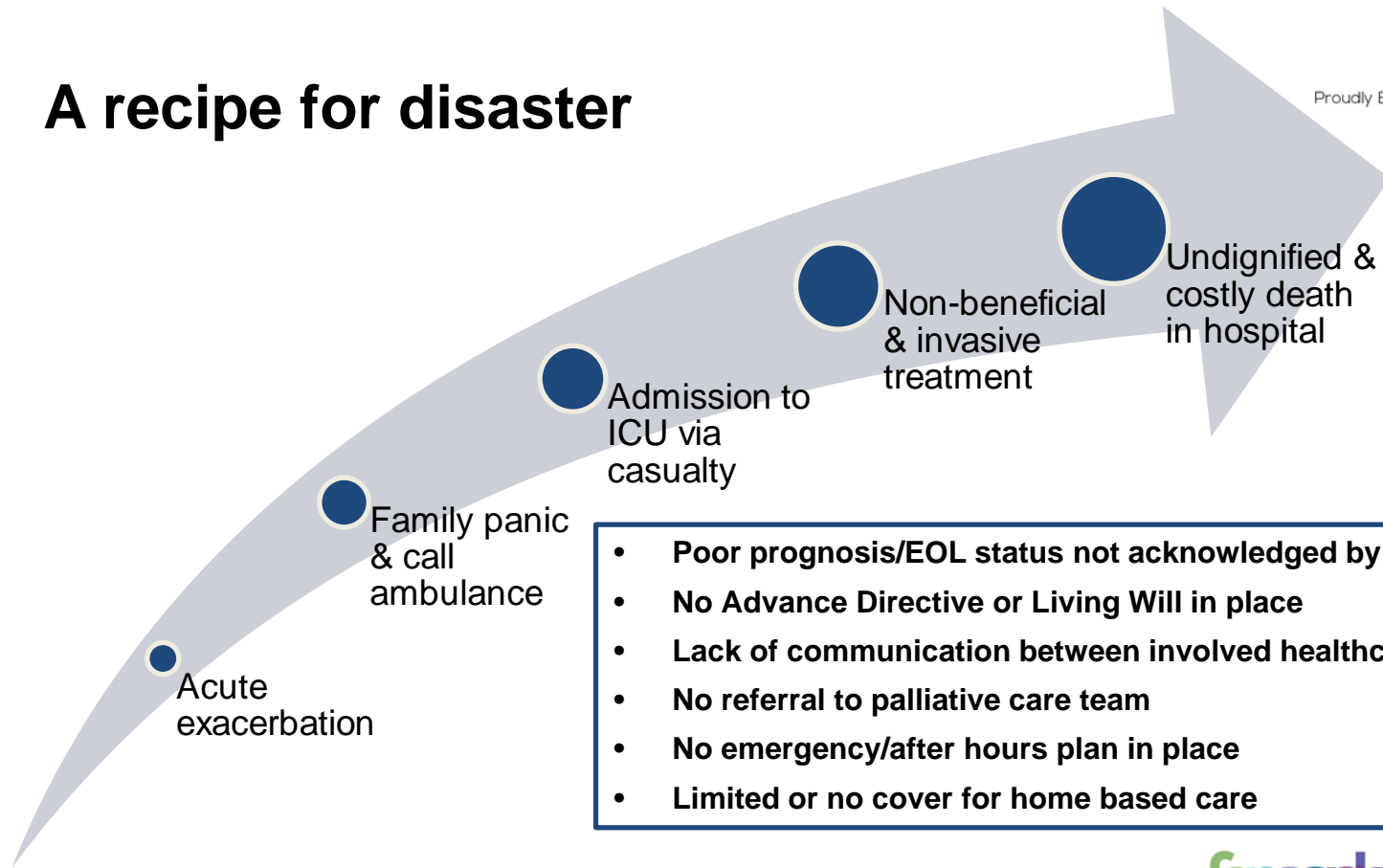
# Alignd Palliative

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# A recipe for disaster

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# What if.


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## What if we could prevent the disaster?

- ✓ Acknowledge end of life status
- ✓ Advance Health care planning
- ✓ Co-ordination of care
- ✓ Refer to a multi-disciplinary palliative care team
- ✓ Talk to patient about after hours emergency plan
- ✓ Improved cover for palliative care



# Humanity

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“A few conclusions become clear when we understand this: that our most cruel failure in how we treat the sick and the aged is the failure to recognize that they have priorities beyond merely being safe and living longer; that the chance to shape one’s story is essential to sustaining meaning in life; that we have the opportunity to refashion our institutions, our culture, and our conversations in ways that transform the possibilities for the last chapters of everyone’s lives. ”

Dr Atul Gawande, Being Mortal



**thank you.**

a different  
perspective

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