
HASA
CONFERENCE
ADVANCING HEALTHCARE

Value. Trust. Solutions.

Memento Mori

Value-based contracting at the end-of-life

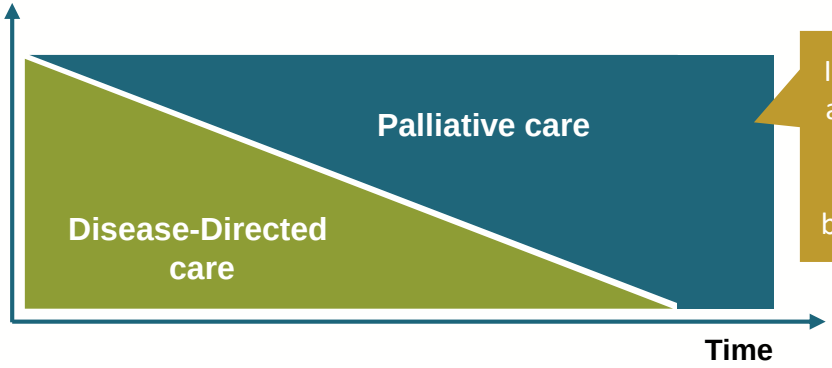
Death & Palliative Care

An additional layer of support

Relief from symptoms of serious illness

- Palliative care is specialised medical care for people with serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- Palliative care is provided by a specially-trained team of doctors, nurses and other specialists who work together with a patient's other doctors to provide an extra layer of support.

Palliative care is defined around suffering, rather than a specific illness or organ



Ideal is that patient has access to both disease-directed and palliative care concurrently but balance shifts over time

Palliative care isn’t just about end-of-life care, but it does have an important role to play in helping patients to have good lives until the very end – where their wishes are listened to, where they are treated with dignity, where close attention is paid to their context and where the family is supported.

Palliative Care & Our Health System

Barbara was a 75-year-old woman with metastatic colon cancer.

She was bed-bound for the last 7 weeks. Motivation was sent to her medical scheme several times for palliative care:
“Doctor consultations form part of the oncology benefit, but the member needs to consult you at your practise. We do not fund home visits. Home visits will be for the member’s account. When a member’s symptoms are not controlled, the member can be admitted to a hospital or step-down facility.”

The patient was in and out of hospital due to after-hours episodes.

Ultimately, the patient had a sudden severe collapse at home, paramedics were called, the patient was resuscitated and admitted to ICU, where she died after 13 days.

Medical schemes spend an estimated R12 Billion on end-of-life care

Healthcare costs in the last year are more than three times higher than in the second last year of life

Medical schemes spend more than 12 times as much on those in the last year of their lives than they do on survivors (even once we adjust for differences in age between the two groups)

Impediments to medical scheme funding of palliative care

- They don’t have to – PMBs only require covering terminal care in the last two weeks of life
- There is a fear of opening up funding for frail care (i.e. eligibility criteria), and a risk of home-based care being misused
- There is a chicken-and-egg problem with the supply of palliative services

Our approach as a country (in theory)

- South Africa is a signatory to the Resolution of the World Health Assembly that calls for Member States to develop Policy which strengthens palliative care service
- The NHI Bill refers to palliative care: ‘‘comprehensive health care services’’ means health care services that are managed so as to ensure a continuum of health promotion, disease prevention, diagnosis, treatment and management, rehabilitation and **palliative care services** across the different levels and sites of care within the health system in accordance with the needs of users;
- We have a national policy framework and strategy on palliative care
- There has been input from the palliative community into the PMB review process

Cognitive dissonance

- There are only pockets of service provision, largely driven by passionate individuals, often privately funded
- The State funding envelope for hospices has declined severely
- There has been no technical work on palliative care in the recent HRH strategy processes

- Question about whether the palliative care framework and strategy is a siloed effort; individual provinces forging ahead

What about the supply side?

Setting agnostic

- Palliative care doesn't only mean home-based or hospice care. Palliative care can be primary, secondary or tertiary in nature.
- Care is frequently provided outside of acute hospitals because this setting isn't conducive to providing comfort and acute care is often invasive.
- As soon as we begin to listen to what the patient and their family really want and need, the ideal setting of care and the provision of non-beneficial care often shifts.

Under-supply:

- In relation to current need
- And even more so in relation to the coming tsunami of non-communicable disease (re-purposing of acute beds?)
- Unsurprising in the context of poor funding (private and public)
- In other markets we have seen a commercialisation of what starts as a non-profit industry

People with serious illness have priorities besides simply prolonging their lives. If your problem is fixable, we know just what to do. But if it's not? The fact that we have had no adequate answers to this question is troubling and has caused callousness, inhumanity and extraordinary suffering.

Atul Gawande, Being Mortal: Medicine and What Matters in the End

Palliative Care & Value-Based Care

The Poster Kid for Value-Based Care

Patient-centred	▪ Palliative care, almost by definition, puts patient at centre of care being delivered – essential to hear what patient's preferences are and to see patient in their human wholeness (physical, emotional, spiritual).
Inter-disciplinary	▪ Holistic patient needs requires inter-disciplinary approaches. Built into the training and ethos
Highly altruistic	▪ Palliative care attracts people who are strongly patient-oriented, compassionate & courageous.
Currently dis-enfranchised	▪ Palliative care is currently under-funded. Most palliative care doctors run blended or sub-economic practices. There isn't an existing reliance on FFS, and hence an open-ness to alternative reimbursement


The process
matters as much
as the outcome

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

…But Still!

- The trust deficit runs deep
- Value-based care requires re-organisation
- And new ways of billing and practice management
- FFS creates an accountability trap for doctors, but is tempting in the short term


What would
Porter do?

"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."

- Global professional fee for multi-disciplinary teams (MDT) with an outcomes based component
- Working with PalPrac and PPO Serve

- Articulating what "good" means
- Data analytics capability is key

- Global professional fee

- Tiered continuous fee across settings

- Remote access solution
- Strengthening of supply side

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

aligned.

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.

Atul Gawande, Being Mortal: Medicine and What Matters in the End

In closing

- Memento Mori: remember (that) you will die – connecting the personal with the systemic
- Our burden of disease is shifting – how will your business adapt?
- Who will drive value-based contracting in the South African health system?

Thank you