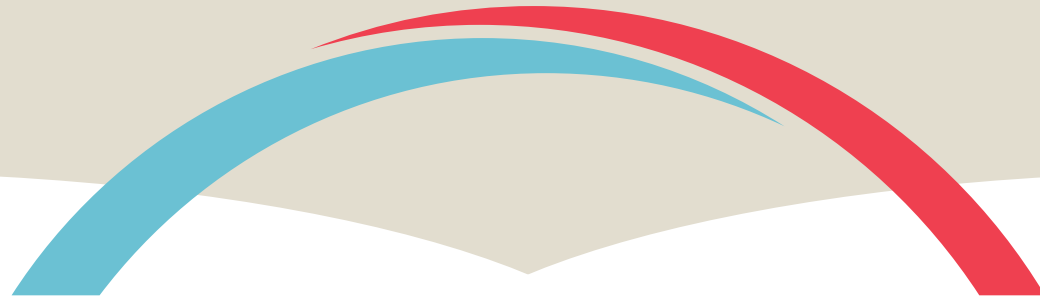


FROM BUILDING HEALTHCARE TO BUILDING HEALTH

Population medicine as health-system repair



BUILDING HEALTH, **TOGETHER.**

HASA QUALITY SUMMIT AND CONFERENCE 2026

Dr Claude S. Ndlovu
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OVERVIEW

Population Health Focus

GEMS' Population Medicine Program addresses the systemic challenge of hospital-centric private healthcare in South Africa by shifting care upstream to primary health and prevention

Multidisciplinary Team Model

Care is coordinated by GP-led teams supported by nurses, allied health professionals, and specialists, ensuring holistic, evidence-based management for members with chronic conditions.

Value-Based Care Direction

GEMS undertaking various risk-adjusted capitation and performance-linked payments to reward providers for outcomes rather than volume. This reduces avoidable hospitalisations and improves adherence and disease control.

CURRENT POLICY CONTEXT



Private healthcare remains hospital-centric

Care delivery is still concentrated in the acute hospital setting rather than in primary and community care.



Prescribed Minimum Benefit (PMB) structure

Benefit design favours in-hospital treatment, reinforcing admissions as the default pathway to cover.



High hospital utilisation increases costs

Rising admissions and lengths of stay drive claims expenditure and place pressure on contributions.

STRATEGIC GOALS

Three goals driving the shift to human-centred care

01

Stronger primary healthcare

Invest in primary healthcare (PHC) so members are cared for earlier, closer to home.

02

Better value from every rand

Shift from paying for volume to paying for value across the care continuum.

03

Outcome-driven incentives

Link provider rewards to the health outcomes members actually experience.

Human-centred care today. A healthier tomorrow.

The Unfinished Task: Building Health

Population medicine reconnects insight, care and outcomes around the member.

Population insight

Identify risk, need and care gaps

GP-led teams

Coordinate nurses, allied professionals and specialists

Upstream action

Prioritise prevention, adherence and primary care

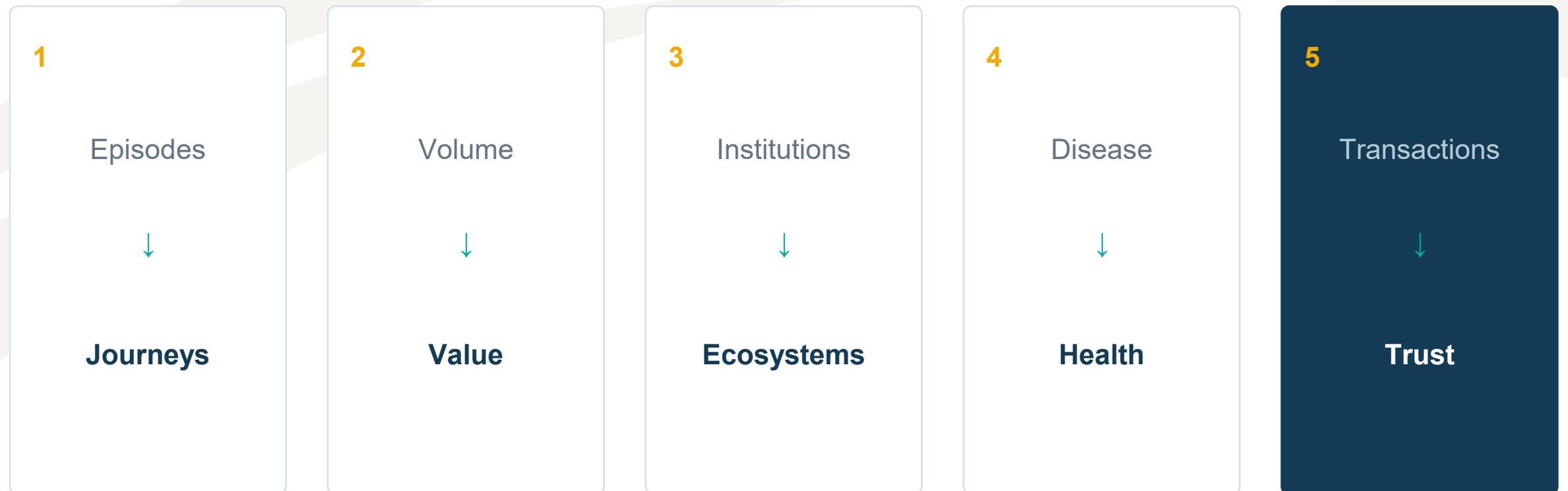
Value direction

Link reimbursement increasingly to performance and outcomes



The Repair Agenda: From Program To Policy

Five repairs translate the programme into a system narrative.

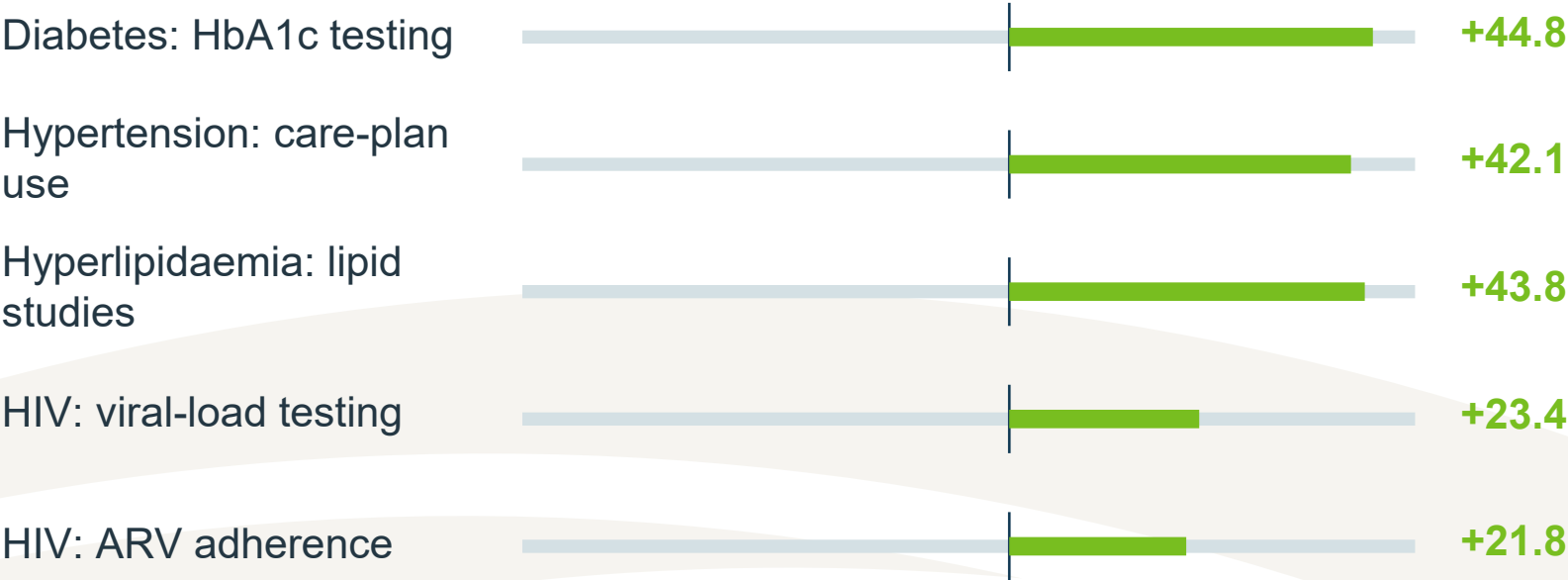


Demonstrating Impact



Early results are strongest in coordinated chronic care processes.

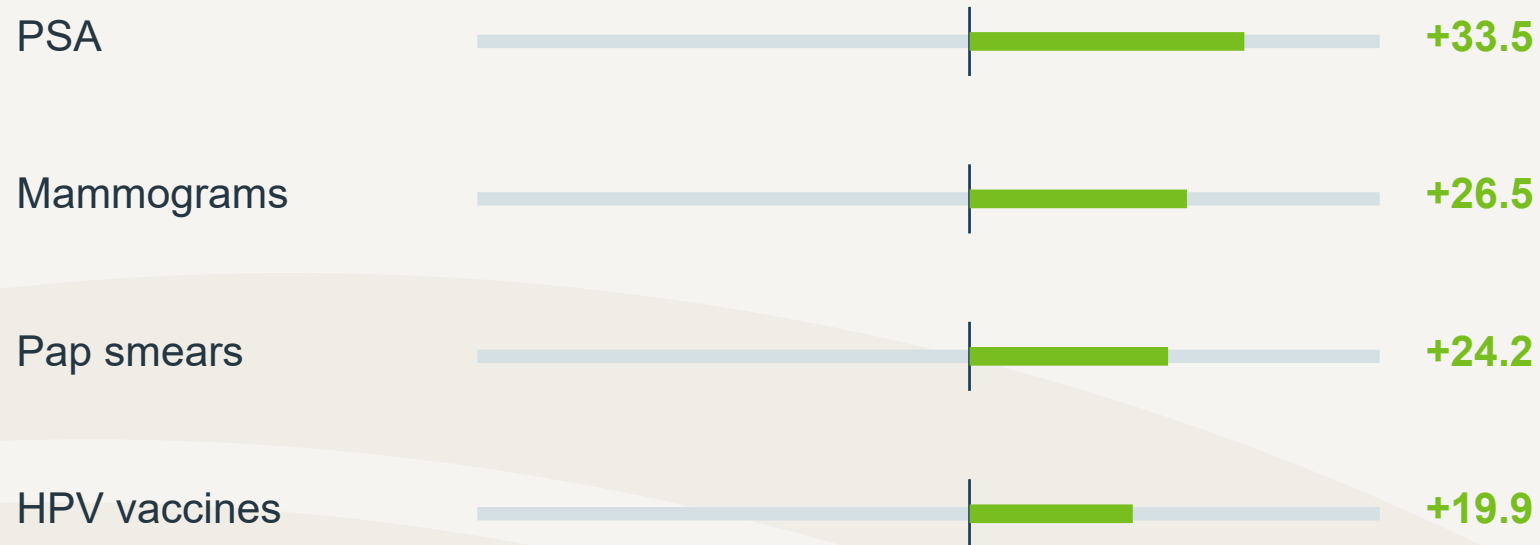
Early results are strongest in coordinated chronic care processes.



Care-plan use, testing and medicine adherence can move before hospital and cost outcomes become visible.

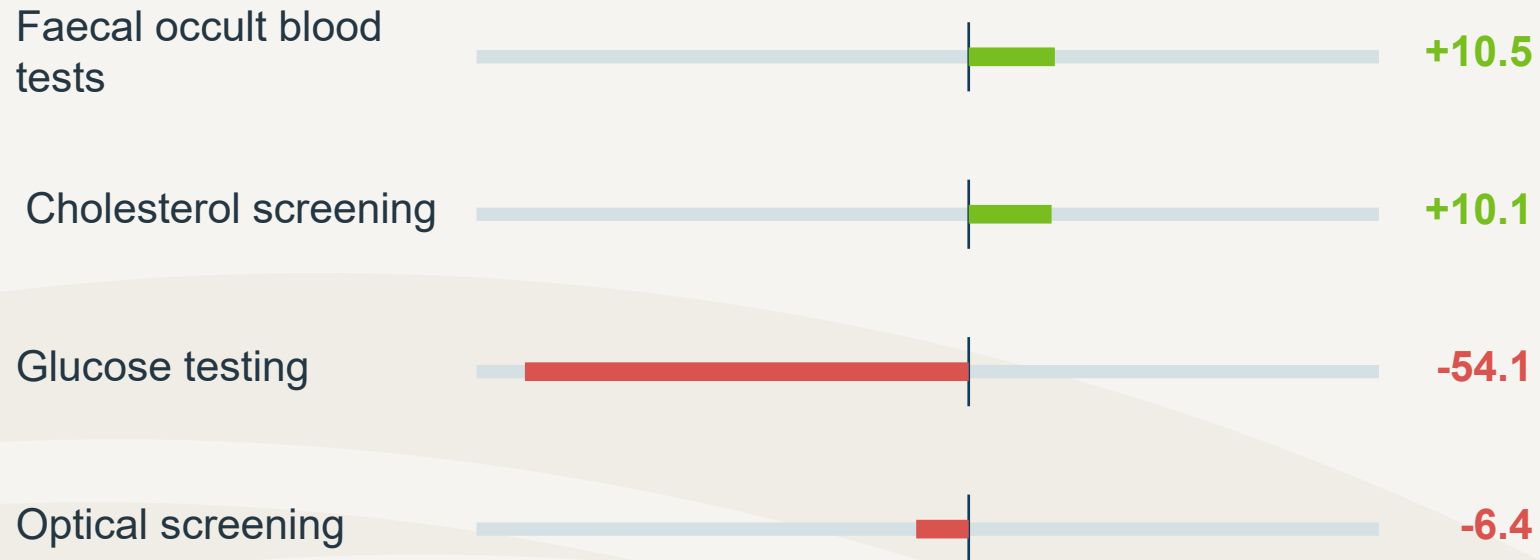
Difference versus counterfactual, as reported in the draft presentation

Screening gains are broad, but not uniform.



8 of 11 screening and vaccination measures outperform in the source deck; three underperform.

Early results are strongest in coordinated chronic care processes.



Measure the leading signals before demanding lagging outcomes.

Cost savings and population health gains take years to emerge — measurement today reflects where the program is now.

Process Measures

Testing, screening, compliance and care-plan utilisation — visible almost immediately, and the clearest early sign that care is changing.

Surrogate Outcomes

Clinical markers such as HbA1c and lipid studies — early indicators of health improvement, ahead of harder outcomes.

Cost & Hard Outcomes

Hospitalisation, cost and clinical endpoints — these lag behind, often by years, as changed behaviour compounds across a population.

Meaningful cost savings and population-level health gains take time to emerge — they depend on fundamentally changing how members seek and use care, not on a single intervention. Until that shift shows up in the harder numbers, GEMS measures PPO Serve on process and surrogate outcome measures — the earliest reliable evidence that care is genuinely changing.

Four policy lessons emerge from the program evidence

1. Payment reform must follow measurement maturity

Reward the outcomes the programme can credibly influence now, while building toward harder endpoints.

2. Primary care needs team-based infrastructure

GP leadership is strengthened by nursing, allied-health and specialist support.

3. Population models require learning loops

Positive and negative counterfactual results should continuously reshape programme design.

4. Trust is implementation infrastructure

Members and providers need transparent measures, aligned incentives and a shared purpose.

Recommendations

Practical steps towards a healthier, more sustainable future



Activate joint scorecard methodology development

Align on common measures to track progress and drive accountability.



Expand integrated care partnerships

Strengthen collaboration across the care continuum for better outcomes.



Continue Primary Health Care investment

Scale access, prevention and early intervention.



Advance value-based reimbursement

Incentivise quality, outcomes and efficient care.



BUILD HEALTH TOGETHER

Not by adding more disconnected pieces.
By repairing the connections between them.

**Connect the journey.
Reward outcomes.
Mobilise the ecosystem.
Move upstream. Build trust.**



Thank You!



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