




MEMBER CARE CO-ORDINATION

Fragmented care results in poor patient outcomes and increased costs

Chronic diseases are the main driver of hospital admissions globally. Of these admissions, 5 to 10% of patients represent the highest risk in terms of their likelihood to be repeatedly admitted. Existing interventions typically happen after the event and do not improve outcomes such as patient understanding, compliance and disease progression. The services these patient

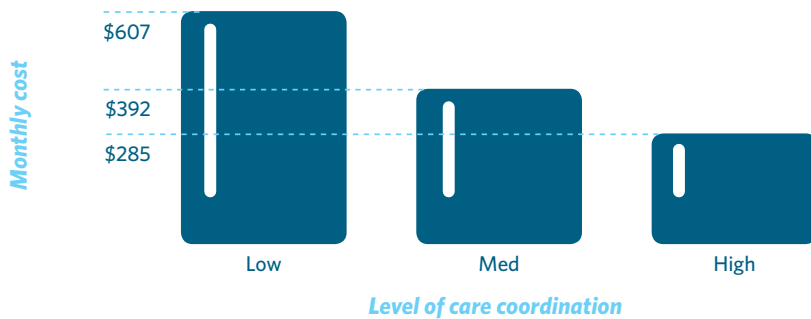
access are fragmented resulting in sub-optimal care. Our unique integrated approach stratifies the member population based on retrospective and predictive models according to their individual risk of future healthcare events. Based on their risk profile we provide member focused education and care coordination.



KEY BENEFITS

- This results in the reduced costs and improved patient healthcare outcomes.
- We guide the member through personal engagement, counselling, educational material and coordination with the provider.
- This is underpinned by intelligent questionnaires that identify members in need of more intensive support.
- The result is healthier members who understand their condition, comply with their treatment plan and access services timeously

Patients with multiple conditions



The lower the level of care coordination, the higher the monthly cost.
Health Intelligence Unit, 2007

In those with chronic diseases we predict the patients most at risk of repeated events which drive claims costs and intervene early. This leads to improved outcomes and simultaneously reducing costs.



Medscheme high risk member care coordination study

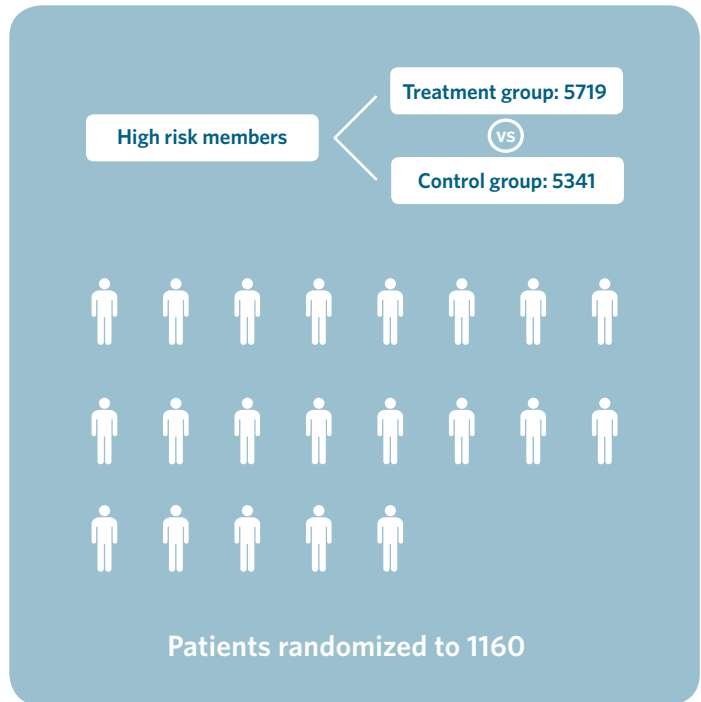
INCLUSION CRITERIA:

- Identified beneficiaries 2009
- 1,5% of reference population
- Intervened on in seven month period

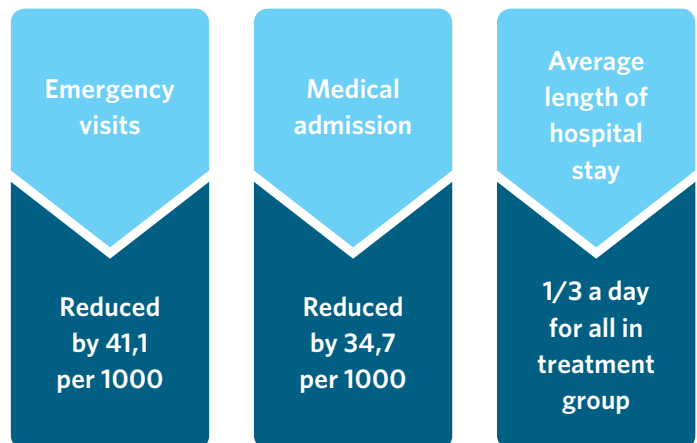
The ability of the models to predict the 5% of patients most at risk of repeated clinical events in the next was 88%

9%
saving

(Percentage of monthly member contribution)



RESULTS:



Office Line: +27 11 671 2000

E-mail: Partner@medscheme.co.za

Head office: 37 Conrad Road, Florida North, Roodepoort, 1709

Postal address: PO Box 1101, Florida Glen, 1708

Medscheme Holdings (Pty) Limited Reg No 1970 | 015014 | 07

www.medscheme.com



01 Analysis

1.1 Level 1 Basic risk stratification

Retrospective stratification of members into levels of risk.

1.2 Level 2 Advanced prospective risk stratification and member profiling.

The model stratifies members based on events and co-morbidities and calculates the probability of future healthcare utilisation. The model achieves this by taking into account the member's demographics, co-morbidities, healthcare service utilisation and other trends.



02 Administration and intervention

2.1 Level 1: Member education

Member specific healthcare education including relevant disease information is provided.

2.2 Level 2: Outbound call center

Members identified through the risk stratification process are contacted telephonically in order to:

- Obtain Informed consent to participate in the program
- Confirm diagnoses and current treatment.
- General health questionnaires and wellbeing
- Appropriate referrals to focused life style interventions

2.3 Level 3: Clinical outbound call center

Interventions are focused on specific diseases including:

- Diabetes,
- Asthma,
- Cardiac conditions (Including hypertension and hyperlipidaemia)
- Mental disorders.

These interventions are performed on selected higher risk patients as identified by risk rated questions and is more intensive.

2.4 Level 4: Social Worker and Medical Advisor review

When appropriate the social worker will help the member. Medical advisor facilitate review of complicated cases.



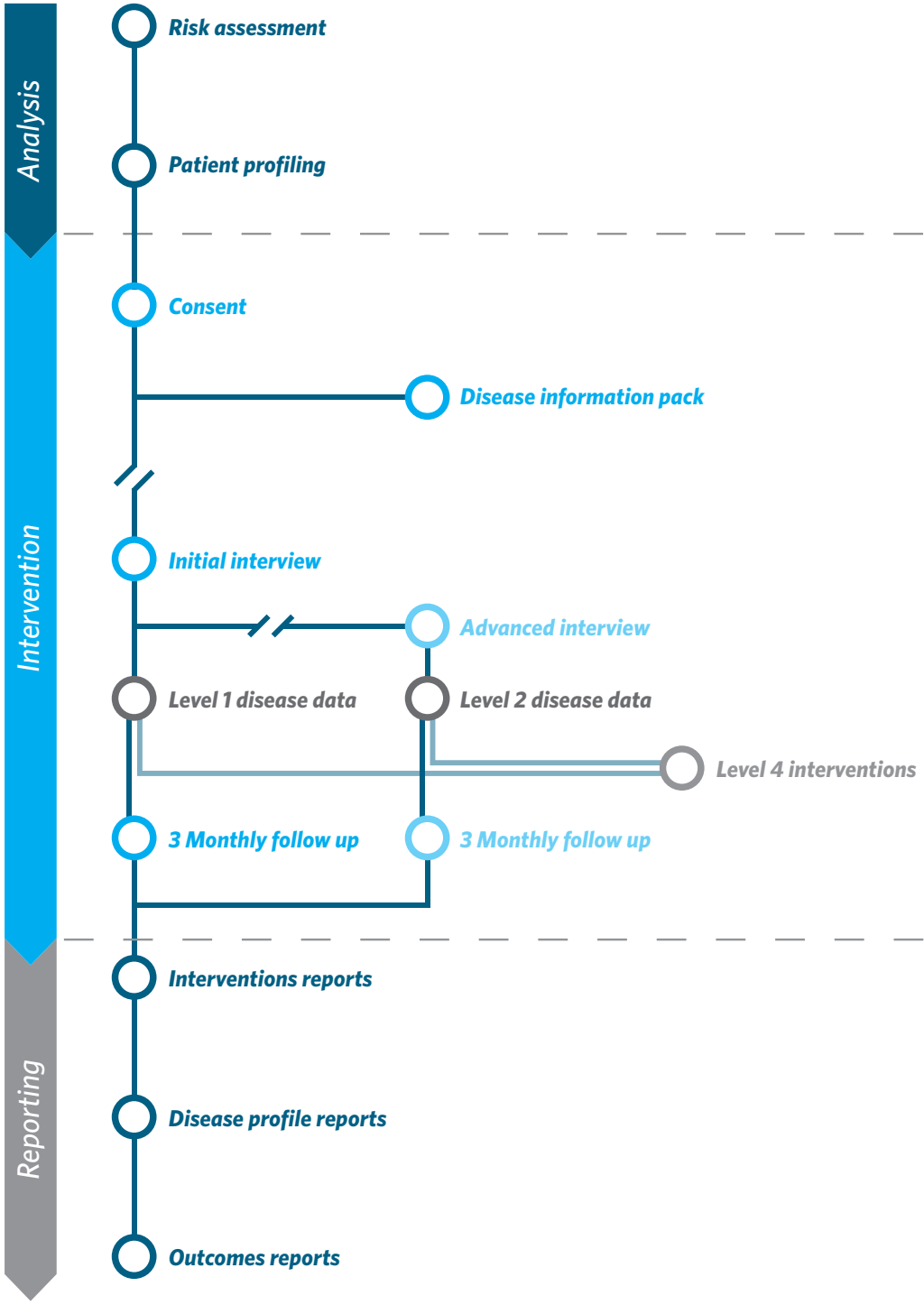
03 Data collection platform:

A system of collecting data and assessing patient attitudes, insight, compliance and progress related to their conditions and general wellbeing.



04 Reporting:

- 4.1 Interventions report
- 4.2 Disease profile report
- 4.3 Outcomes report
- 4.4 Utilisation analysis



- Health intelligence
- Intergrated risk managers
- Disease care managers
- Data managent
- Social worker, doctor etc.
- Decision point