



## **Towards a More Sustainable Model of Healthcare in Asia**

Joint SAS-IAAHS Health Conference

September 2021

## Communicable Diseases



## Chronic Conditions



# Drivers of Increased Healthcare Utilisation



**WHERE SERVICES ARE CONSUMED**



**WHEN SERVICES ARE CONSUMED**



**HOW SERVICES ARE PAID FOR**

# Amplifying the Role of Primary Care

Reach

## New innovative models

Omni channel, virtual tools for continuous patient engagement

## Right sited services

Services moved out of hospitals offered via three models:  
Transactional, Chronic, Specialised

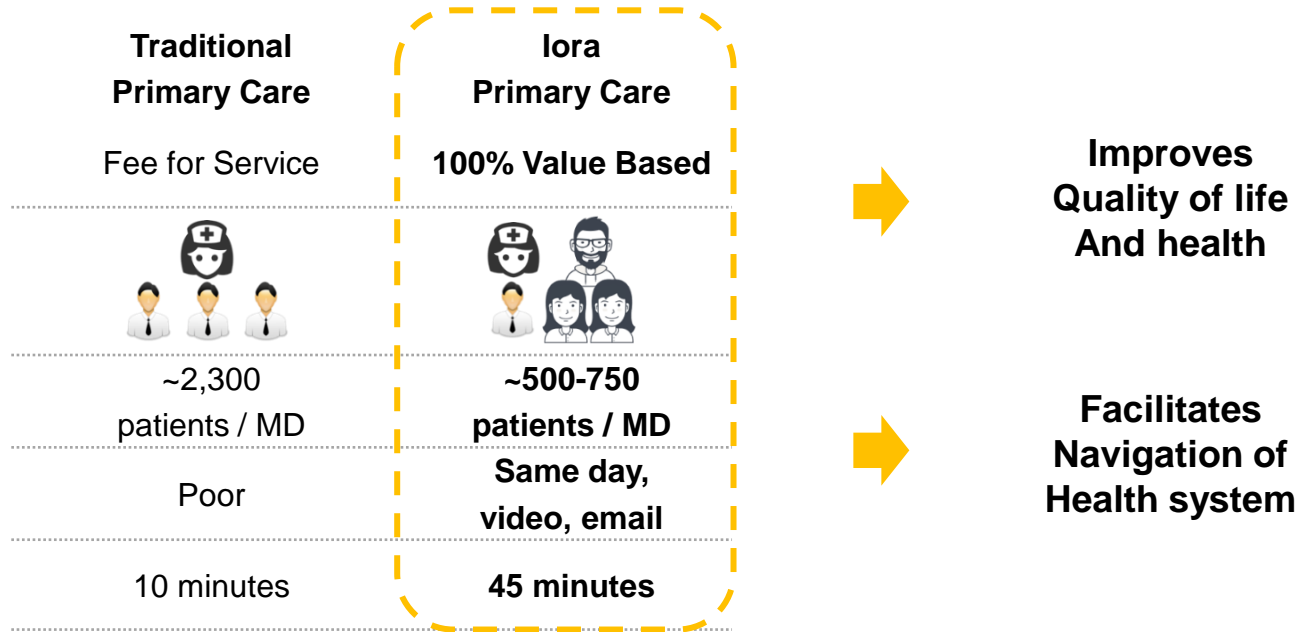
## Traditional primary care

Low acuity care, medical certificates, triaging, and referrals

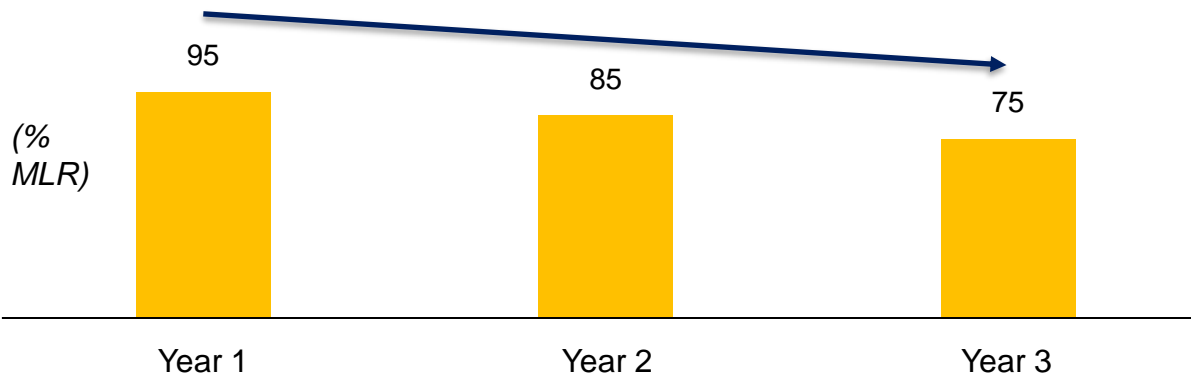
Range of Services

# Iora Health Delivers Better Outcomes and Lowers Costs

## IORA VALUE PROPOSITION



## DRIVES MEASURABLE REDUCTION IN COST



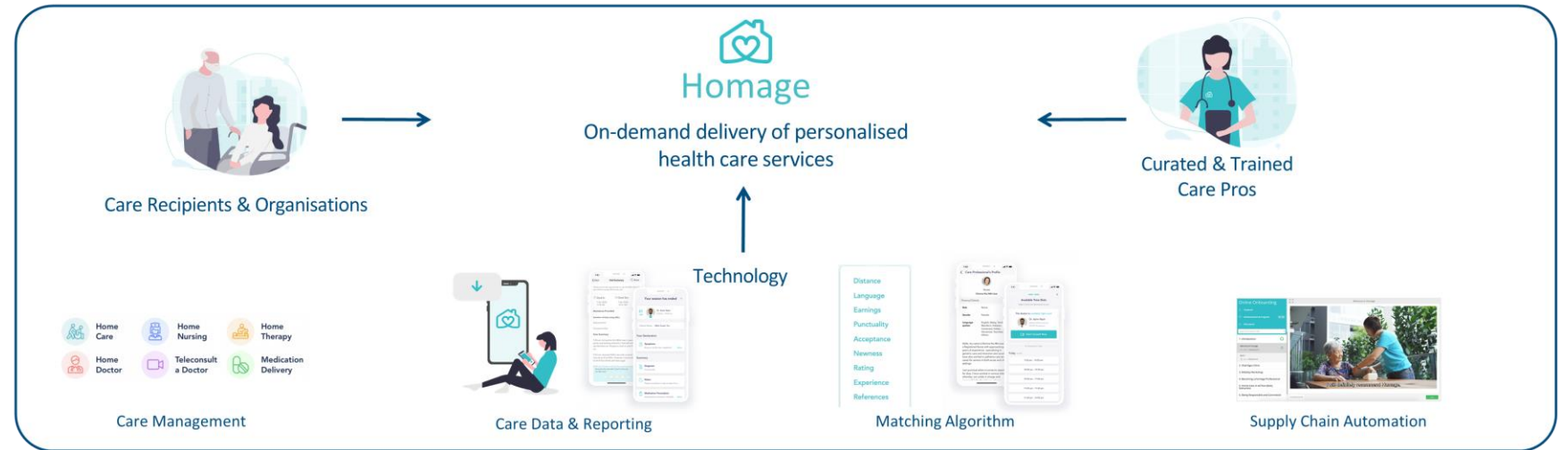
Iora Health reduced medical loss ratios (MLR) through:

- 20-25% drop in hospital admissions
- 30-35% reduction in ER visits
- 15-25% reduction in specialist referrals

Source: Iora Health

# Homage Makes Personalised Care Accessible at Home

*Home care can prevent hospital readmissions and reduce medical expenditure*



## Reduced Hospital Readmissions

<p><b>38% lower</b></p> <p>Home visits reduced the likelihood of 30-day readmission and 30-day A&amp;E visits by 38% and 33%, respectively.<sup>1</sup></p>	<p><b>6 months</b></p> <p>Home nursing visits reduced readmissions in patients with heart failure for up to six months.<sup>2</sup></p>
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## Lower Medical Expenditures

<p><b>52% less</b></p> <p>Acute care delivered at home costs, on average, 52% lower than care in a hospital setting.<sup>3</sup></p>	<p><b>18% decrease</b></p> <p>Long-term care services, such as home visits, led to an 18% decrease in medical expenditures for dementia patients.<sup>4</sup></p>
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1. Low LL, Tay WY, Tan SY, Chia EHS, Towle RM, Lee KH. Transitional Home Care Program Utilizing the Integrated Practice Unit Concept (THC-IPU): Effectiveness in Improving Acute Hospital Utilization. *Int J Integr Care*. 2017;17(4):5. 2017 Aug 14. doi:10.5334/ijic.3050

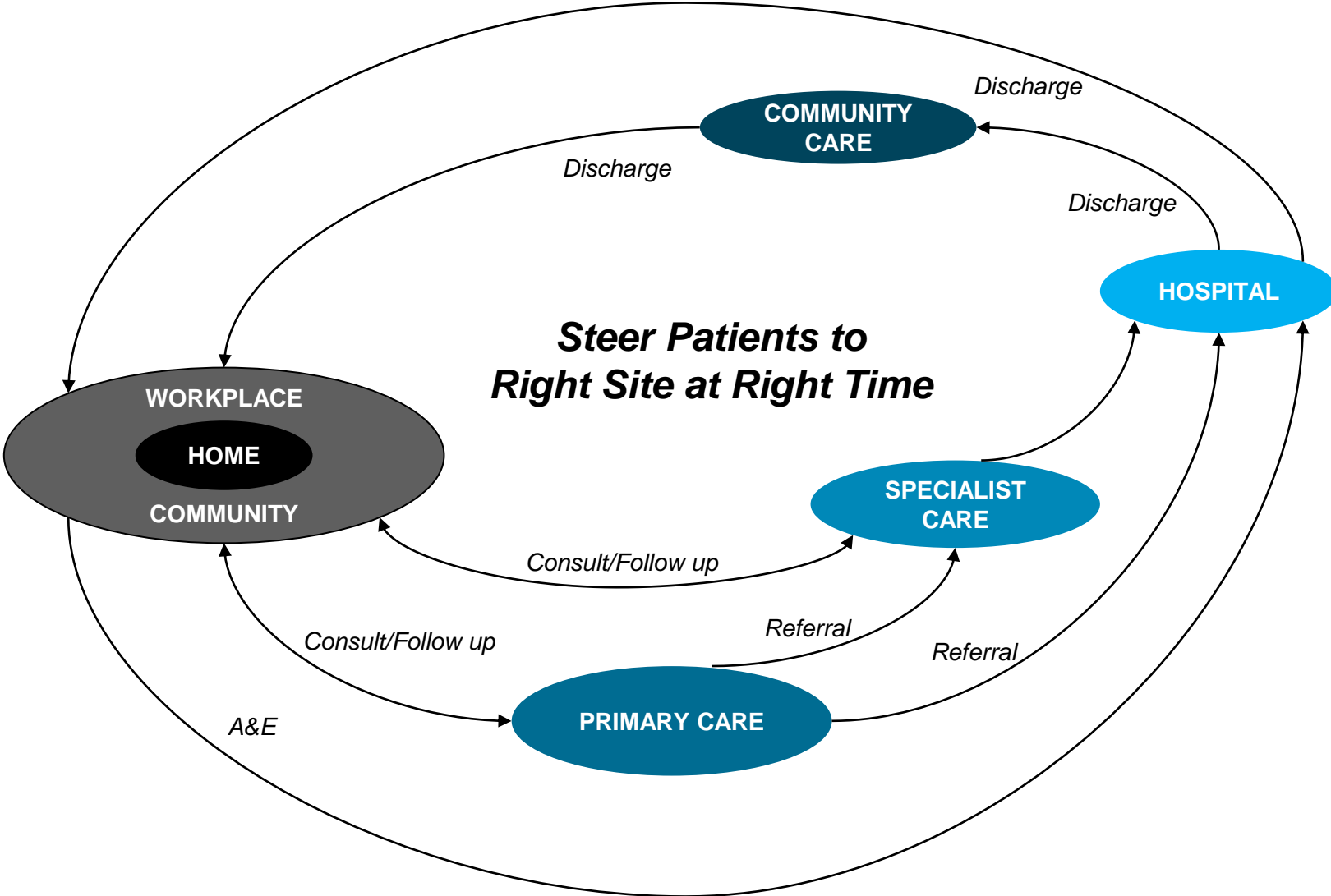
2. Feltner C, Jones CD, Cené CW, Zheng ZJ, Sueta CA, Coker-Schwimmer EJ, Arvanitis M, Lohr KN, Middleton JC, Jonas DE. Transitional care interventions to prevent readmissions for persons with heart failure: a systematic review and meta-analysis. *Ann Intern Med*. 2014 Jun 3;160(11):774-84. doi: 10.7326/M14-0083.

3. Levine DM, Ouchi K, Blanchfield B. Hospital-Level Care at Home for Acutely Ill Adults: a Pilot Randomized Controlled Trial. *J Gen Intern Med*. 2018; 33: 729-736. doi: 10.1007/s11606-018-4307-z

4. Moon S, Park HJ, Sohn M. The impact of long-term care service on total lifetime medical expenditure among older adults with dementia. *Social Science & Medicine*. 2021 May 23;114072.

# Steer Patients to Right Site at Right Time

Coordination across the healthcare system to ensure care takes place in appropriate setting



# Enabling Right Siting of Care

## Care Administration Today

### Claims Administration

- Member enrolment and servicing, eligibility verification
- Claims adjudication, receipts, and payment
- Fraud detection and claims efficiency

### Network Management

- Network design, contracting, and management
- Monitoring of cost drivers insights to reduce cost
- Adoption of international standards on when and how services should be performed

## Care Administration Tomorrow

### Active Medical Management

- Cost and utilization analysis to steer to right sites of care
- Strategic interventional patient steering by acting as the “gatekeeper” for medical services
- Horizontal integration with payors and risk sharing
- Vertical integration with healthcare delivery assets such as GP clinics, specialist centres, and hospitals





# Asian Technology Focused on Creating Sustainable Healthcare

## INDUSTRY



### MIYA PAYOR

- End-to-end product suite for corporates, insurers and governments
- Incorporates predictive analytics and AI-driven transaction engines

- Long cycle times
- Basic auto-adjudication. Human processes
- Expensive
- Health plans based on claims history
- One in 4 claims fraudulent, wasteful or abusive

- Complex claims closed in mins
- AI-processes.
- Average of 40% reduction in admin costs so far
- Health plans priced on predictive analytics
- Up to 40% identified reduction in medical costs

### MIYA PATIENT

- Patient Navigation & Chronic Disease Management

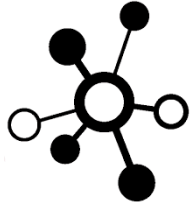
- Basic to no chronic disease management
- Disjointed platforms
- Poor integration of data

- Launching Chronic Disease Management programme for diabetics in Europe end 2021/early 2022 using tech developed in Asia. Platform incorporates predictive diabetic protocols, patient-facing tools, device integration and physician-facing tools.

# How to make healthcare more sustainable?

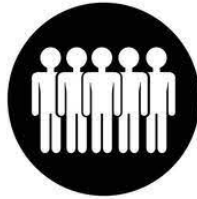
*Resulting in better care for patients and better health for populations at lower cost*

**Optimise quality, experience, cost**



Right siting of care and coordinated delivery

**Defined population**



Targeted populations and cohorts

**Whole-person approach to care**



Continuum of care patient management and offering new sites of care

**Providers at-risk for performance**



Contracting, payments, and incentives

**Lower overall cost to system**



Metrics and outcomes measurement



## Pre-Requisites for Value Based Care

**Preventive care focus**

**IP and OP coordination and coverage**

**Condition management**

**Standards and integrated data and technology**

# Implications for Providers

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## Primary Care Providers

- Broaden scope as first line of defence
- More frequent, low acuity, and preventive wellness



- Upskilling & light equipment investment
- New care models

- Bundled payments for enhanced provider incentives

## Hospitals

- Less patient flow to hospitals
- Freed up capacity to deepen capabilities



- Specialisation and cohort-specific centres of excellence
- Treat patients as population cohorts

- Integrated data across public and private provider systems for coordinated care delivery

## Care Administration

- Expand role to include medical management
- Potential risk sharing across value chain



- Tech improvements to enhance analysis
- Development of consumer facing platforms
- Risk sharing with payers
- Democratizing information to consumers

# Rethinking Reimbursement Systems

## Care Providers

### Current Model

- Predominantly fee-for-service payments model

### Future Model

- Subscription models
- Value-based bundles
- Population-based payments

## Care Administrators

### Current Model

- Compensated based on:
- Percentage of claims volume processed
  - Percentage of medical bill size

### Future Model

- Compensation no longer tied to bill size
- Insurance risk transfer arrangement to reduce claims cost

## Payers

### Current Model

- Focused mainly on inpatient cover
- Some mechanisms for referral and coordination of care across inpatient and outpatient

### Future Model

- More coverage for primary care / gatekeeper roles including prevention and early detection

## Patients and Caregivers

### Current Model

- Choice of care site primarily based on insurance coverage

### Future Model

- Choice of site also influenced by:
- Provider-tiering and co-pay rates
  - Subsidies for primary care
  - Steerage by care administrators

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**Thank You**