

**SASOL**  
*reaching new frontiers*



# **The BHF Annual Southern African Conference ICC Durban 13th – 16th July 2008**

# Member care / healthy balance sheet

## Balance sheet risks include

- Improvements in technology / techniques
- Deteriorating clinical risk profiles
- Beneficiary demands
- Uncoordinated delivery of care
- Unaligned incentives

# Member care / healthy balance sheet

Traditional health risk management is finding it difficult to reverse inflation while ensuring quality care, in the face of these risks

# Case study / cutting the knot

## Sasolmed:

- Demographics
- “Balance sheet” (solvency over time)
- Additional data-centric focused behavioral risk management interventions as part of a progressive long-term strategy

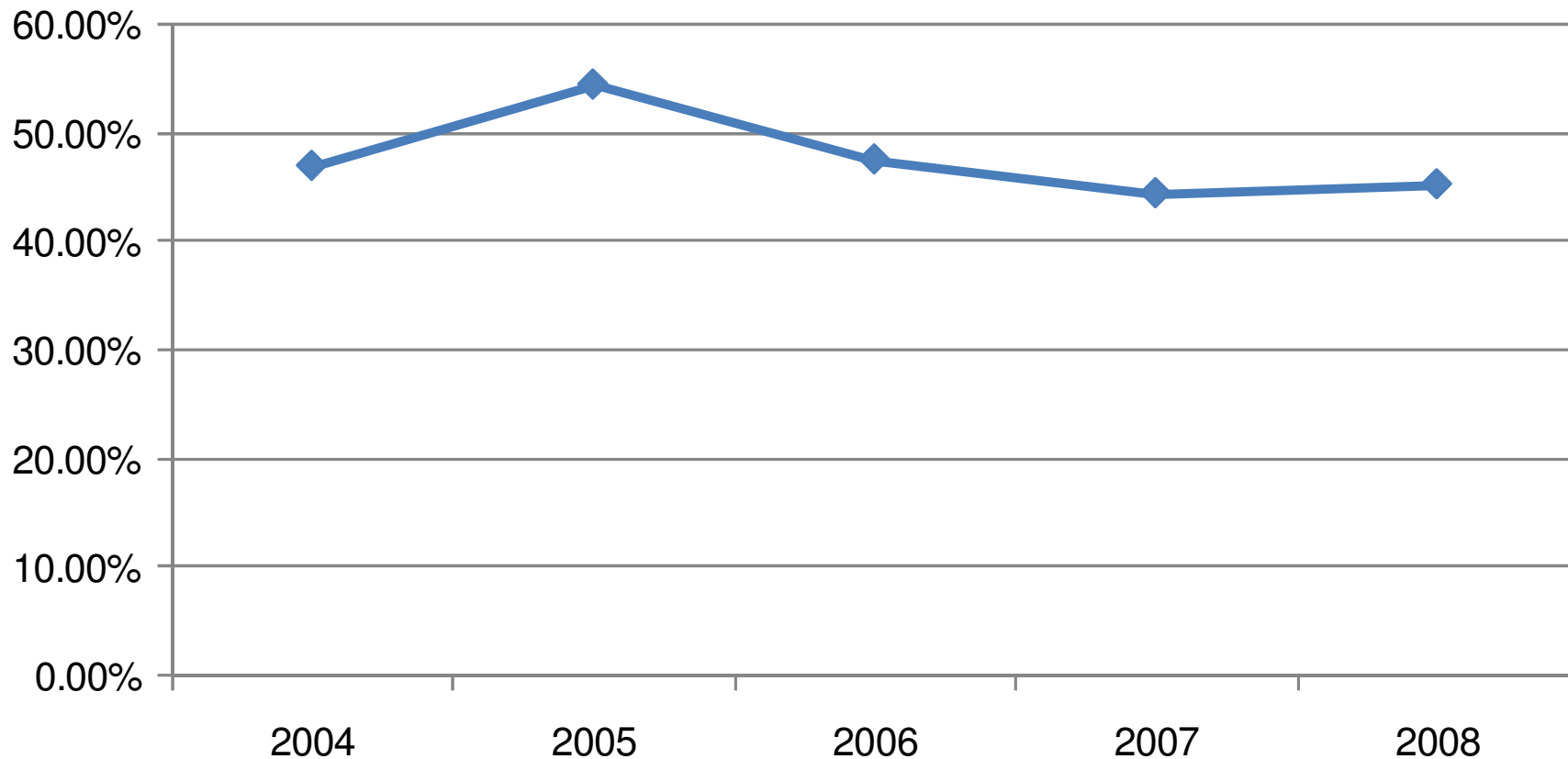
# Demographics

	No of Members	No of Beneficiaries	Average Family Size	Average Member Age	Average Beneficiary Age	% Beneficiaries aged >= 55	% White Beneficiaries
r 2007	22 538	61 953	2.75	43.4	30.8	11.3%	53.2%
r 2007	22 598	61 831	2.74	43.4	30.9	11.4%	52.7%
y 2007	22 729	62 174	2.74	43.3	30.8	11.4%	52.2%
n 2007	22 854	61 711	2.70	43.3	30.9	11.5%	51.9%
2007	22 935	61 978	2.70	43.3	30.9	11.5%	51.4%
g 2007	23 062	62 325	2.70	43.3	30.9	11.5%	50.9%
p 2007	23 128	62 508	2.70	43.3	30.9	11.5%	50.5%
t 2007	23 188	62 735	2.71	43.3	30.9	11.6%	50.1%
v 2007	23 270	62 988	2.71	43.3	30.9	11.6%	49.7%
c 2007	23 238	62 923	2.71	43.4	31.0	11.6%	49.5%
n 2008	23 515	63 318	2.69	43.2	30.9	11.6%	49.2%
b 2008	23 631	63 616	2.69	43.2	30.9	11.6%	49.2%
r 2008	23 675	63 667	2.69	43.3	31.0	11.7%	49.1%

ethnic composition may influence claims behaviour

# “Balance sheet”

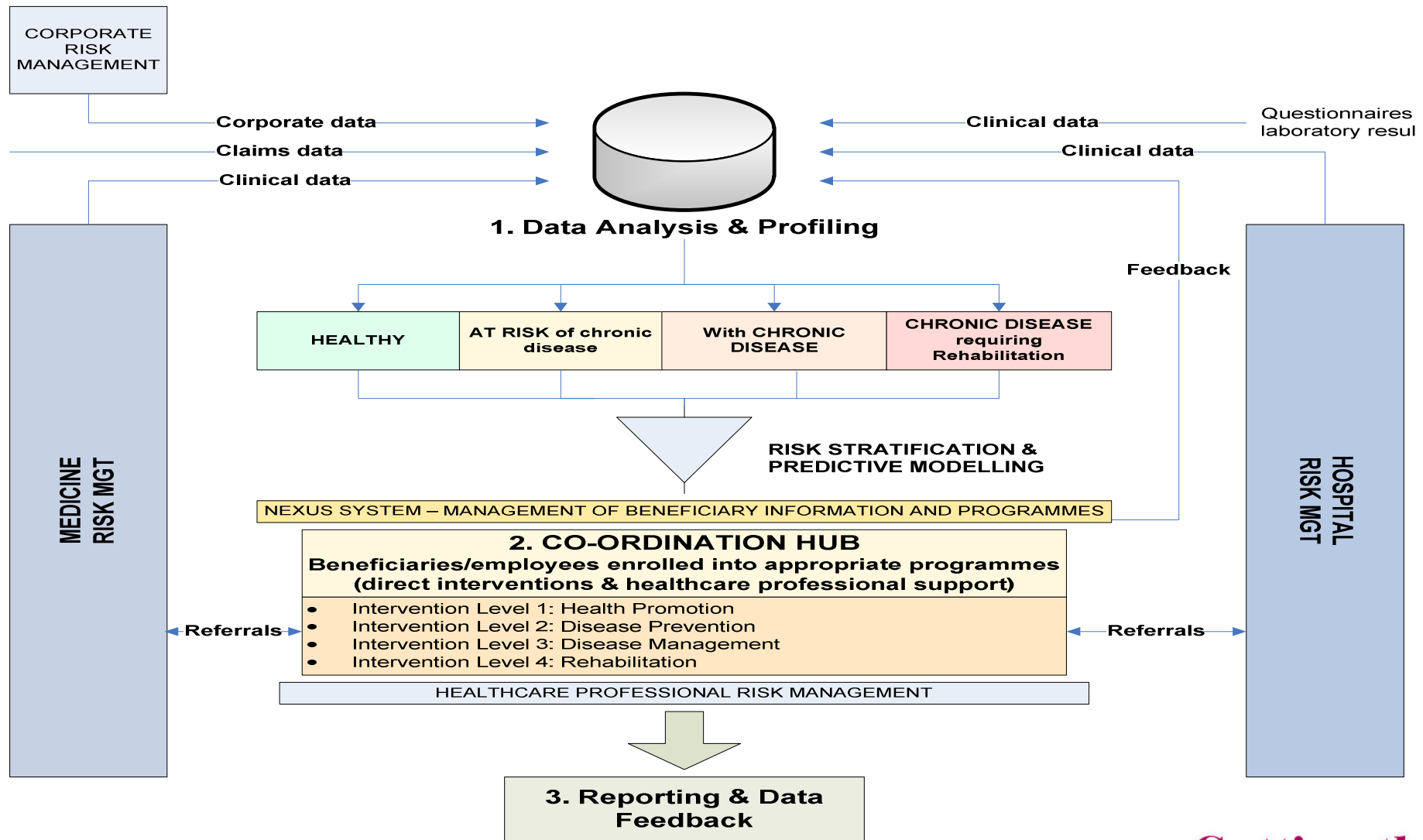
## Sasolmed Solvency Ratio: 2004 to 2008



# “Both and” / not “either or”

- Traditional health risk management; plus
- Data-centric additional beneficiary and doctor behavioral interventions.

# Data-centric risk management



# Asthma screening

**All Patients**      **N**      **5506**  
**Population Exposure**

**Asthma**

**N**

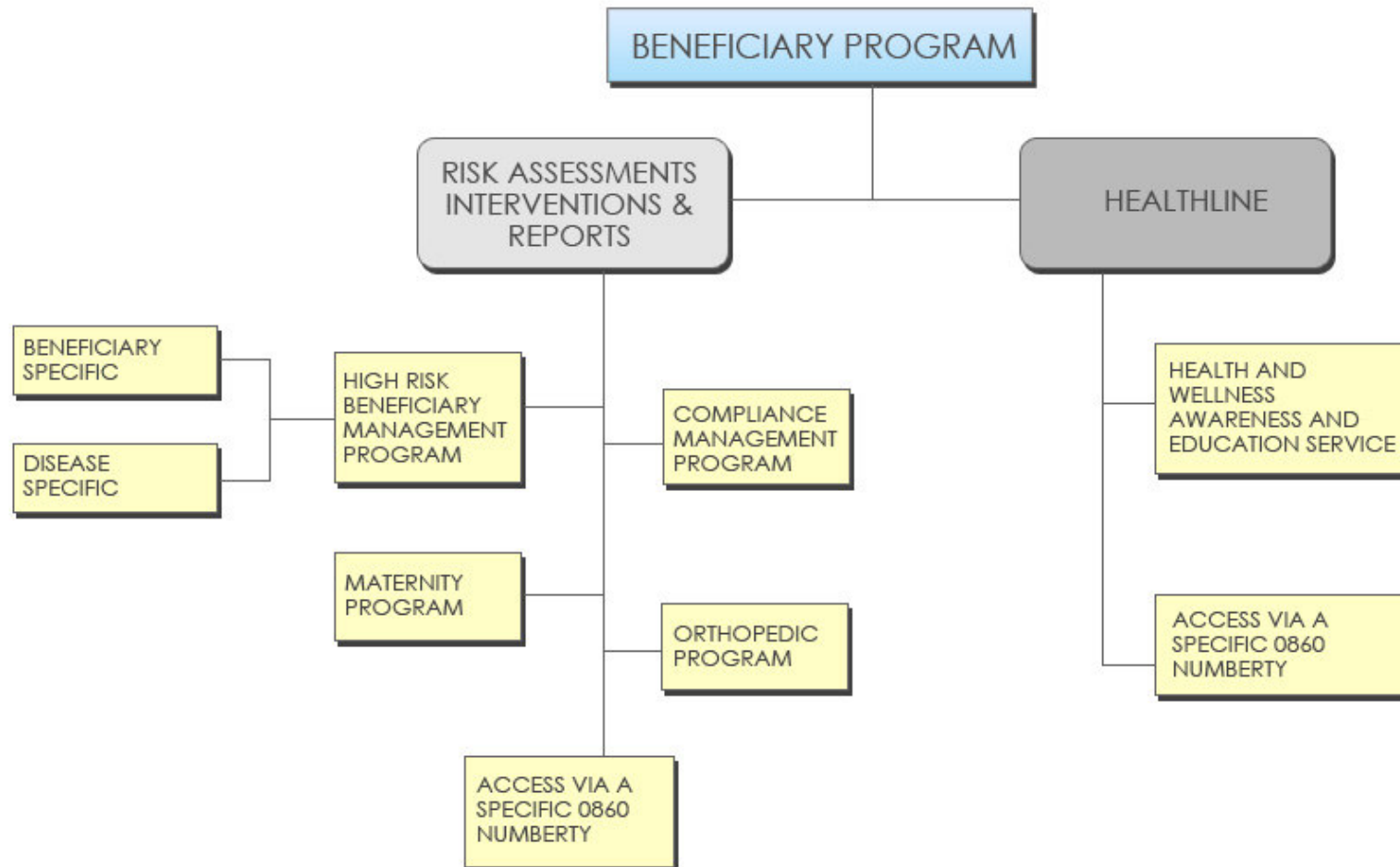
**%**

Screening	Follow-Up	ARR
3177		
10.40%	2.80%	7.60%

# Cardiovascular and diabetes screening

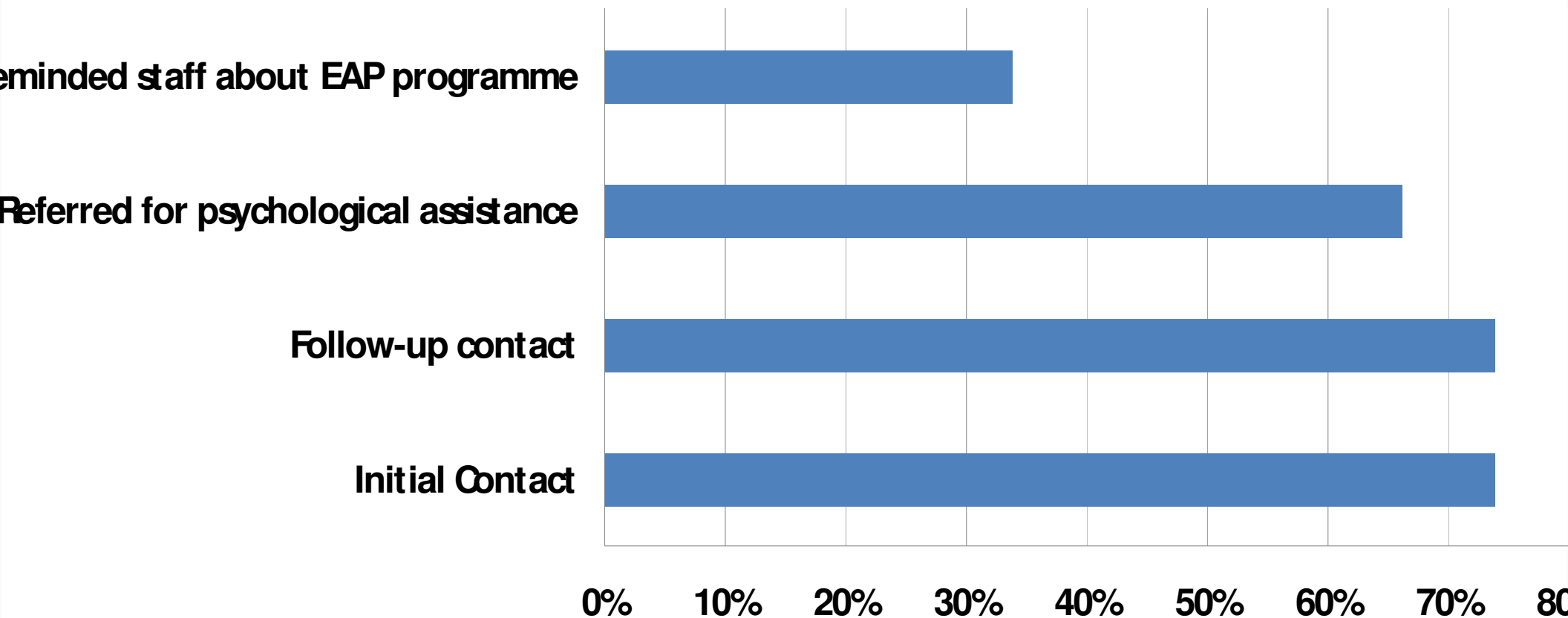
<b>All Patients</b>	<b>N</b>	<b>5506</b>		
<b><u>Population Exposure</u></b>				
		<b>Screening</b>	<b>Follow-Up</b>	<b>ARR</b>
<b>Hypertension</b>	<b>N</b>	<b>5217</b>		
	<b>%</b>	23.00%	11.10%	11.90%
<b>Cholesterol</b>	<b>N</b>	<b>5208</b>		
	<b>%</b>	28.90%	16.90%	12.00%
<b>Glucose</b>	<b>N</b>	<b>4700</b>		
	<b>%</b>	4.70%	3.90%	0.80%

# Behaviour change

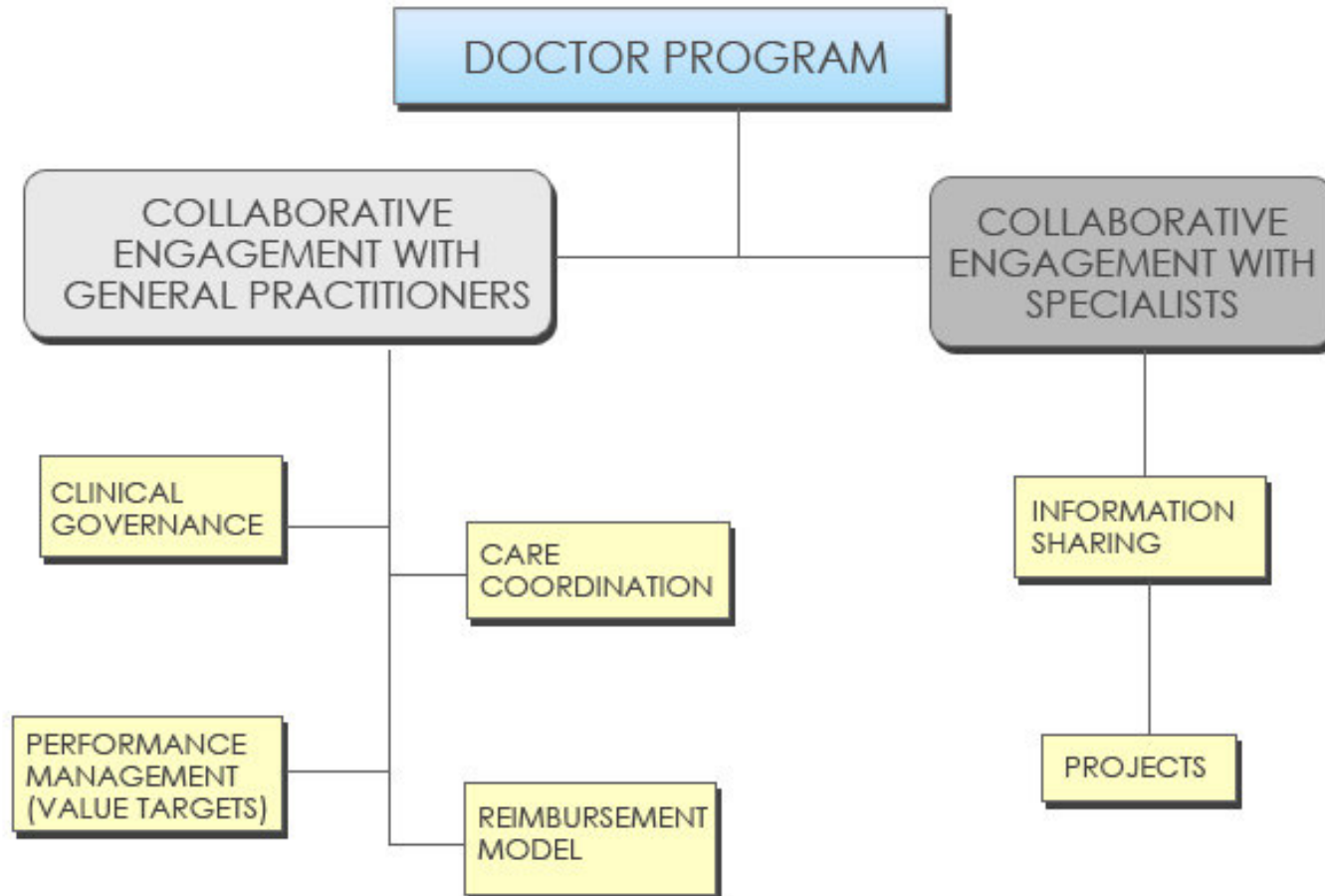


# High risk psychiatric cases

## Contact Activity



# Behaviour change



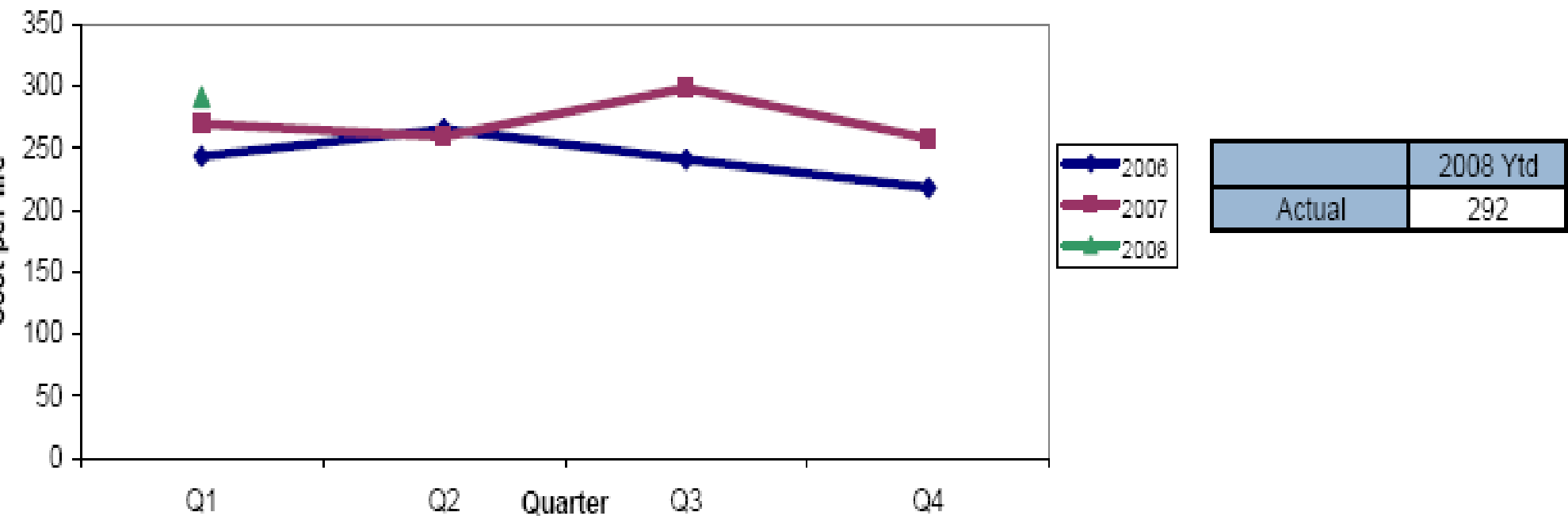
# Quality targets

Focus area	Metric description	Baseline	Target
Diabetes	% of registered diabetics who had an HbA1C in the last year	43%	50%
Hypertension	% adherence to hypertension medication in registered hypertensives	80%	90%
Asthma	Asthma / Bronchitis / pneumonia related admits per 1000 asthma lives pa	127.51	119.31
Epilepsy	Epilepsy related admits per 1000 epileptic lives	84.48	80.00
Benzodiazepene / hypnotic abuse	> 2 claiming months per 1000 lives	26.94	22.90

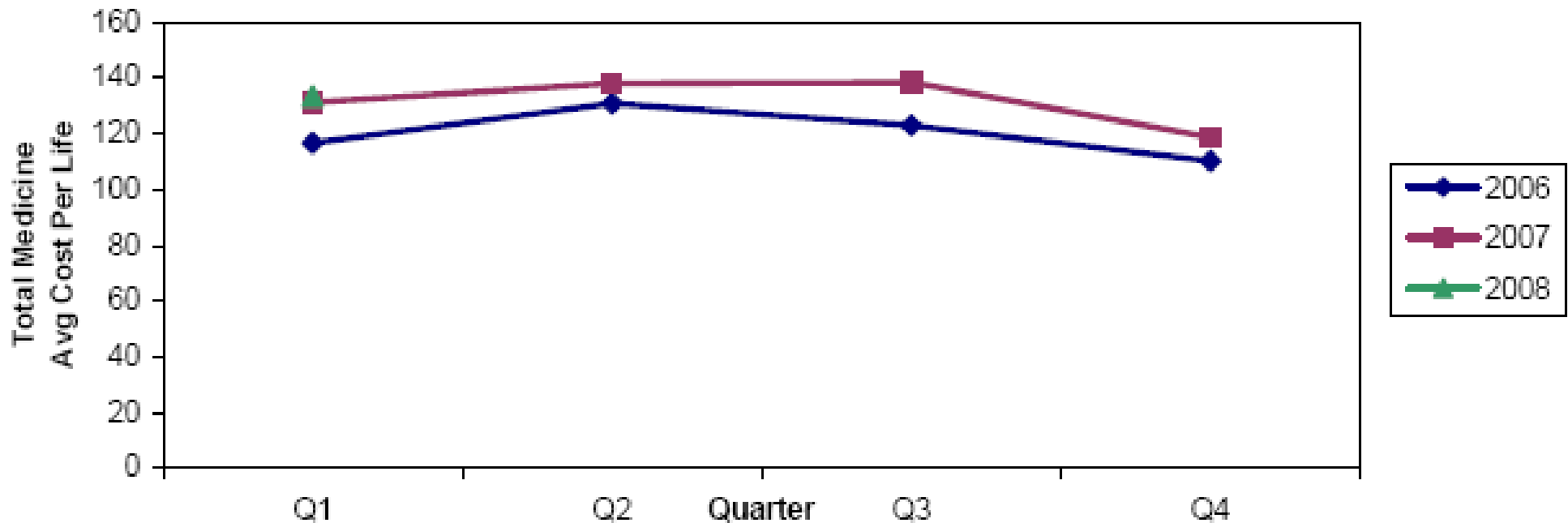
# Information sharing

Surname	Initial	CDL Disease	Months exposure	Months Compliant	Score
PUTUMA	A	(CDL)Hypertension	12	6	50%
DONDASHU		(CDL)Epilepsy	8	0	0%
SETI	HT	(CDL)Diabetes Mellitus type II	12	7	58%
MEKE	S	(CDL)Chronic Renal Failure	12	10	83%
MEKE	S	(CDL)Hypertension	12	10	83%
MTYEKU	N	(CDL)Asthma	12	8	67%
NYARASH	NA	(CDL)Asthma	12	7	58%
QANDASHZN		(CDL)Hypertension	12	5	42%
SMIT	IF	(CDL)Hypertension	12	7	58%
NESI	MM	(CDL)Diabetes Mellitus type II	12	9	75%
MAGQANC	SC	(CDL)Diabetes Mellitus type II	12	6	50%
MAGQANC	SC	(CDL)Hypertension	12	6	50%
KLAAS	A	(CDL)Diabetes Mellitus type II	7	5	71%

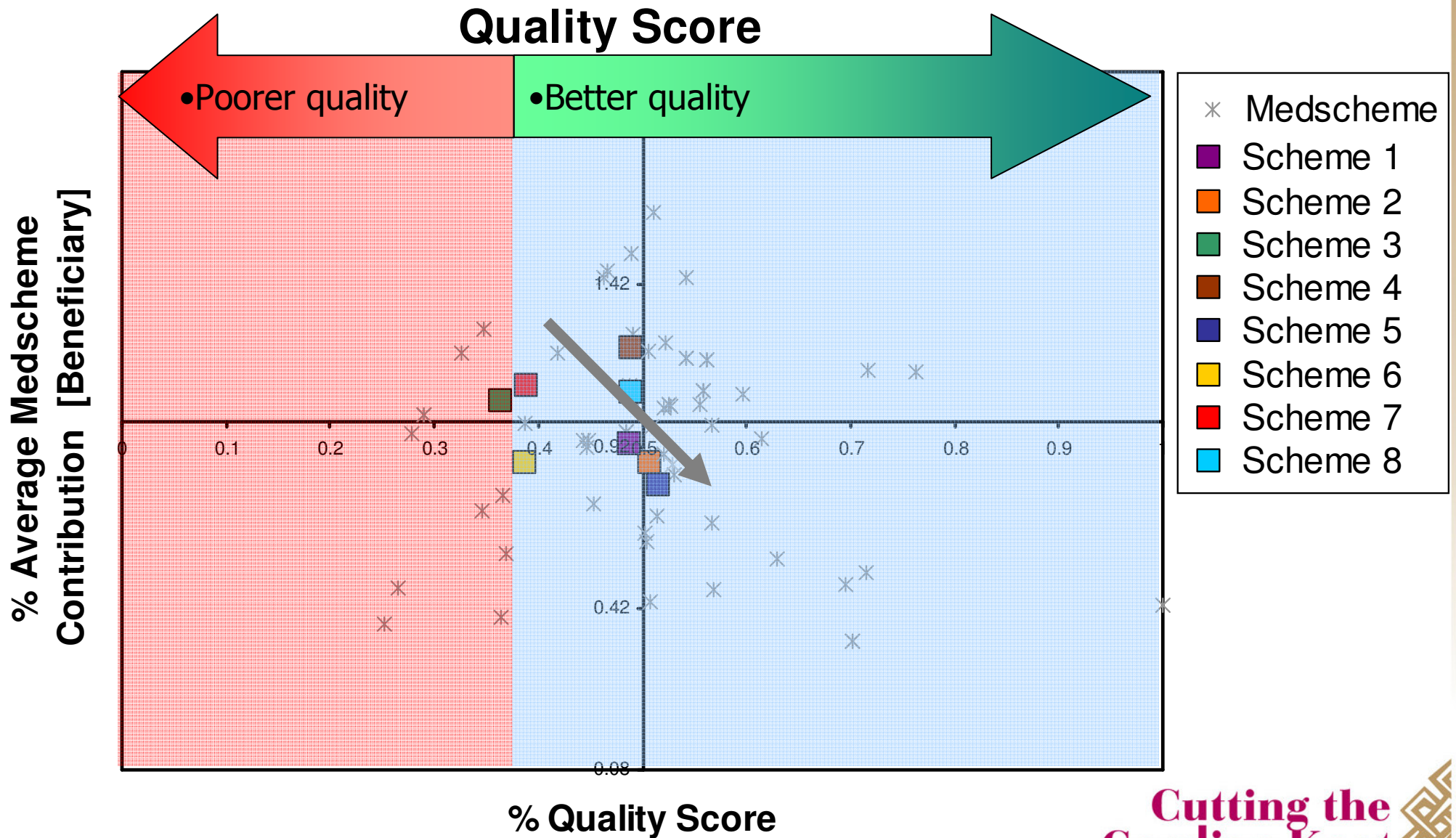
# Comparative analysis: hospital cost per life



# Comparative analysis: medicine cost per life

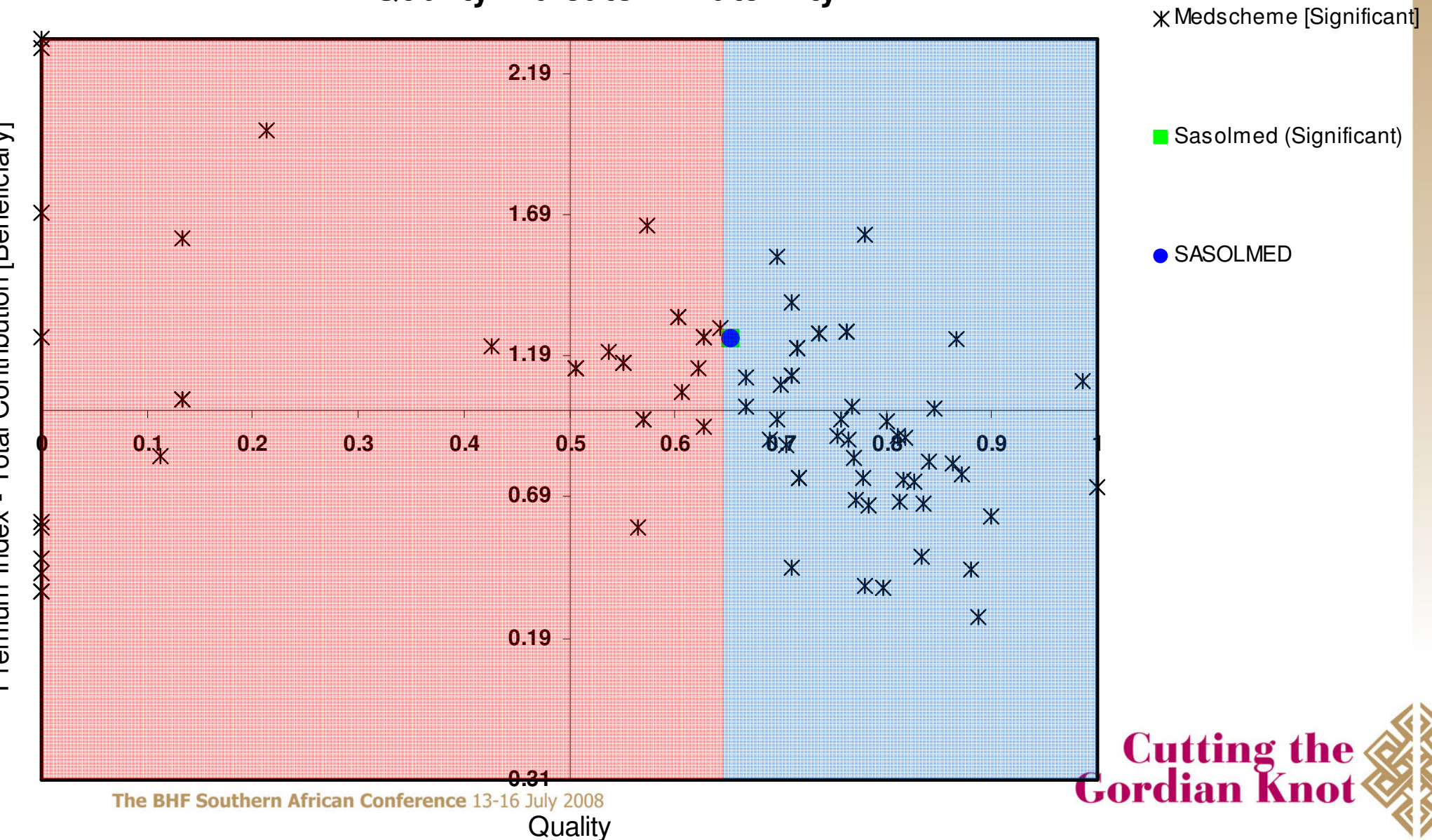


# Overall quality score



# Quality indicator - maternity

## Quality Indicator - Maternity



# Quality results

