Outcomes that work - improving end of life experience for patients and providers while reducing funder waste



ICHOM

Alignd is a value based care company with an end-to-end serious cancer / palliative care product as first working example.

1612 patients have been or are under care since Alignd started in Aug 2019.

Future developments in chronic kidney disease and maternity are under consideration.

Poor planning, invasive care that erodes quality of life and a series of emergencies characterise the **patient** experience. A typical patient spends 14 days in hospital at the end of life.

alignd.

End-of-life care costs medical **schemes** R20 billion a year (R450-R600K per patient in the last 3 months)

Palliative **providers** - doctors, oncology social workers, hospices & home carers are all underutilized.

ALIGND'S INTENTIONAL SOLUTION DESIGN

Alignd
PROGRAMME
DESIGN

3-phase design to ensure early intervention

Evidencebased entry criteria, protocols and formulary Alignd NETWORK

Procuring and managing providers and equipment Alignd
PATIENT
SUPPORT

Notification of eligibility and unlocking of benefits

Connecting patients, their families and providers

Alignd VALUE OPTIMISATION

Pro-active identification of patients

Real-time monitoring of cost and quality

Alignd patients are compared to other oncology patients qualifying for palliative care.



Less non-beneficial

surgery and chemo

in last month of life

63% deaths at home / hospice 47.5% less chemo 50.2% less surgery

PREM

4 / 5 Experience of care

R119k savings p/p

Alignd used a risk-adjustment methodology to calculate results (considering the underlying health status and health spend of the patients when looking at their overall health care outcomes and/or health care costs). Alignd further compared the risk-adjusted results to a propensity-score casematching methodology. Case matching was used to overcome the problems associated with small sample sizes as well as the imbalances in cohort sizes.

2022: RESULTS AT SCALE

Alignd did not find a complete list of relevant ICHOM measures, but built on the ICHOM application of PROMs and PREMs. Clearly defining the right measures in close collaboration with the providers at the coalface and generating the data is key.



Cost measure



This analysis for the 1,004 patients analysed in 2021 used both the risk-adjustment and case-adjustment methodologies separately, and demonstrated that the two methods produce comparable results. 79.3% of Alignd patients die at home or in a hospice.

Results were maintained when analysing 2022 data, with a larger pool of patients as seen in the infographic.

At 50, Margaret had metastatic breast cancer. She was divorced, with two children, aged 16 and 20.



She underwent surgery, radiotherapy and two intense courses of chemotherapy over a 12-month period. But her cancer didn't respond to the chemotherapy as expected. Her oncologist suggested third line chemotherapy, although she would have to pay a significant amount from her own pocket for the treatment, as her oncology benefit on her medical aid was depleted. But Margaret was getting weaker and struggling with severe pain, and she had to stop working.

Margaret's cancer journey without Alignd

PLANNING

CHEMOTHERAPY

EMERGENCIES

LAST DAYS

FAMILY LEGACY

PLANNING

HOME-BASED CARE, including emergencies

LAST DAYS

FAMILY LEGACY

At 60, Solly was diagnosed with terminal lung cancer.



Solly's cancer journey on medical aid with an Alignd-partnered scheme

Solly underwent surgery to alleviate some of his symptoms. Doctors recommended chemotherapy with a long-term in-hospital plan. Solly did not want to spend his final days in hospital. He chose to receive home-based care that helped him remain comfortable. He was surrounded by his family in his last days.



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