For those of you who are familiar with Michael Porter's magnum opus, "Competitive Strategy" and the accompanying 5 forces model, we've witnessed a rapid convergence of five emerging market forces over the past decade - (i) AI/BlockChain technology (ii) rapid urbanization and globalization, (iii) digitalization, e.g the digitalization of healthcare, (iv) the optimization of corporate value chains and (v) compassionate capitalism (as opposed to the more conventional 'cut-throat capitalism').
These programs can be structured as retail incentive, employee retention, customer loyalty or supplier Quality Control (QC) programs with large corporate partners co-financing the costs of program delivery for various stakeholders in their value chains.

An acceleration in the rates of urbanization has led to an increased urban-rural resource mismatch, with skilled human resources (e.g. female doctors) concentrated in urban areas and unmet needs in rural communities. However, thanks to the increased digitalization of the economy, we can now connect patients in rural areas and urban slums (via both broadband and mobile telecommunications) to female doctors working from their homes in all major cities of Pakistan. In this digital age of convergence, the future is closer than you think...

Naya Jeevan (along with its sister venture doctHERs) works at the nexus of these 5 emerging market forces. We partner with large corporations and optimize the performance of their value chains - both on the input (supply) side as well as the output (demand creation) side. We do this in a very unique way - providing workers (and their families including parents) in these value chains with access to health, life and disability insurance, digital financial services, discounted lab and pharmacy benefits (via e-novatRx) and unlimited (OPD/outpatient) primary care (delivered by doctHERs).
GIVING A HEALTH CARD IS NOT ENOUGH

OUR GOAL:
Easy Access and Maximum Utilization of benefits

HURDLES ALONG THE WAY:
Top 3 insights based on feedback provided by our beneficiaries:

1. Despite training, members do not always remember how to utilize their benefits
2. Family members generally are not made aware of program or benefits available
3. Regular refreshers are needed throughout the year

WE RESPONDED:
We launched a training video to explain various components of the health plan. This was well received by DSR’s who are also sharing it with their families.

WATCH HERE

NEXT STEPS:
Customer journey maps to help members manage their health, learn about diseases & understand benefits.

Findings on Patients with Low Health Literacy

Unable to utilize or optimize HEALTH BENEFITS correctly

Have more UNCONTROLLED disease and are less likely to follow TREATMENT PLANS

Have more, unnecessary and extended HOSPITAL STAYS

Have REPEATED health issues and higher mortality rates

Are more likely to visit the EMERGENCY ROOM
A REASON AND SEASON FOR PREVENTIVE, PRIMARY CARE

Most people in Pakistan visit the doctor when they are sick.

Unfortunately this results in much suffering in silence, with diseases that could have been prevented or easily cured. In some cases, unmanaged or undiagnosed issues become fatal.

This is a big reason why we focus on PREVENTIVE health.

The objective of our Preventive Primary Care Consultations is to:

1. Focus on wellness for entire families, assess active issues, and address risk-factors
2. Increase awareness of our services including our In-House Medical Team
3. Uncover concerns of female beneficiaries, who are often marginalized

“48% of women in Pakistan do not have a say in their own health” *source: UN Feb 2018

A survey of our beneficiaries found:

1. Women are hesitant to call or visit the doctor unaccompanied
2. DSR's work long hours and are often unable to accompany female family members to see a doctor
3. Women's health issues are often neglected & grossly underreported
4. Women's health is prioritized during pregnancy, but beneficiaries are still not optimizing benefits and women themselves lack understanding of their pregnancies

Shifting towards Preventive, Primary Care
Our in-House CSR Team, Patient Care Coordinators and Remote GPs co-manage the end-to-end healthcare of our members, providing round the clock guidance and access to healthcare that members can access from the convenience of their own homes.

Our team maintain medical records, order and dispatch prescription meds, check lab reports, making referrals to specialists, handle active primary care cases, coordinate with hospitals and oversee disease management campaigns.
Primary Care Interventions for SHADBAD 2017/18

Our Beneficiaries' Top 5 Health Concerns:

1. Gynecological Problems (Male/Female Infertility, PCOS, Ovarian Cysts and Disorders, pregnancy complications, gestational diabetes, miscarriage, family planning)
2. Musculoskeletal Issues (Rheumatoid Arthritis, Osteoarthritis, Bone/Hip Fractures, Lower Back Pains, Muscle Spasms, etc)
3. Diabetes
4. Gastric issues
5. High Blood Pressure

*Based on Women's Wellness Consults
LEARNINGS

PHASE 1: TRIAL AND ERROR
UNLIMITED ACCESS TO PRIMARY CARE: MULTAN

- We offered unlimited tele-consults to beneficiaries in Multan but the number of incoming medical queries was lower than expected.
- Our proactive approach in conducting health assessments and family wellness consultations was more informative, drawing our attention towards a high prevalence of unmanaged chronic diseases such as Diabetes, Cardiovascular etc.
- We realized that people only visit doctors when sick.
- Therefore, disease oriented campaigns were likely to have a greater impact e.g. Diabetes, Hepatitis, maternity related concerns and other women's health issues.

PHASE 2: DISEASE CAMPAIGNS
DIABETES

- The Multan case study showed Diabetes Mellitus Type -II to be the most common chronic diseases among adults 40+
- Following the success of the 2017 Hepatitis campaign, we realized our beneficiaries and their families are more responsive to disease focused campaigns.
- In May 2018, 2424 beneficiaries were screened onsite at distribution centers, and assessed for other risk factors.
- Family screenings will be conducted nationwide, August onwards.

PHASE 3: WOMENS HEALTH
PREVENTIVE HEALTH

- Preventive health is the most important component of primary care.
- Campaigns & wellness consultations helped us reach out to our female beneficiaries.
- Our team encouraged mothers and wives of DSR's to speak to our female doctors about health issues, without being embarrassed.
- The response thus-far has been positive, with several cases being managed by our team of doctors and nurses and referred to specialists.
- We are reinforcing to DSRs when we speak to them & via SMS to inform their female family members about our In-House team of female health providers for all family health issues.

MATEERNITY PLAN

- 50-60% of all IPD claims are for maternity.
- Women's health is prioritized during pregnancy more than any other time.
- Taking into account maternal and infant health issues in Pakistan, our team designed a maternity plan to guide female beneficiaries during their pregnancy to help increase the chances of safe and healthy deliveries and postpartum care.
- We sent an SMS in May to members and already have 75+ DSRs who called to enroll their wives for the program.

PHASE 4: NEXT STEPS
HEALTH PASSPORT

- We have designed health passports for our beneficiaries and their families.
- These are proven to be cost effective methods of fostering responsibility to monitor individual health, further promoting wellness within families and communities.
Minor Misdiagnosis, Major Mistake

Our female doctors consulted with a DSR’s mother facing a gynaecological issue, which she felt embarrassed about and was apprehensive to share. We found out that the patient had visited a local doctor, whose diagnosis entailed surgery due to a suspected cyst in her uterus. However, this diagnosis did not match her symptoms, which our doctor believed were due to severe dehydration. After a few relevant tests, the patient was advised to increase her fluid intake along with a prescribed painkiller.

The following day, the DSR called to inform us about how his mother’s pain has subsided, further all test results came back normal. This case emphasises that without our intervention, a misdiagnosis could have exacerbated a simple medical concern, resulting in continuous discomfort for the patient, alongside unnecessary procedures and expenses.

Maternity Matters

A Male beneficiary called our helpline worried looking for some medical assistance for his wife who was a young 21 year old female, 3 months pregnant and experiencing spotting and lower abdominal pain. The case was assigned too our Nurse, Patient Care Coordinator. In taking her history, our nurse discovered that the wife had delivered a stillborn baby (with abnormalities) a year back. The previous pregnancy was managed by a "dai" (attendant) at home and no medical advise was sought during or after the pregnancy. For the current pregnancy the wife had again not seen an obstetrician and the couple were not planning on seeking such help. The wife was also not aware of or taking any required supplements critical in pregnancy.

Our Nurse feared that if the patient was not counseled her current pregnancy could have the same fate as the previous one and that the lack of education and awareness could cause harm to the mother and the unborn child.

The couple was counseled regarding the importance of being seen by trained professionals and we scheduled a GP consult for her active complaint. Our assigned GP took a detail medical history and found out she is also infected with Hepatitis B. and advised that this pregnancy would require strict monitoring and a multi-disciplinary management.

Our nurse managing this case stayed in constant follow-up and finally convinced the couple to see an obstetrician and register herself for a skilled attendant birth. She has been thoroughly investigated and has been referred to concerned medical professionals at a well reputed tertiary care hospital. Our coordinated care team will be following this patient and advising her throughout her pregnancy and through her post-natal care.
Transforming the future of healthcare

1. Health Passports for DSRs
2. Annual Family Screenings & Health Check-ups
3. Health Report Cards for School-aged children

WHAT'S NEXT...

1. Reactive
   - One Size Fits All
   - Institution Centered
   - Paternalistic
   - Volume Based
   - Improved Citizen Health
   - Efficient Health System
   - Vibrant Health Economy

2. Proactive & Predictive
   - Personalized
   - Decentralized
   - Empowered
   - Value Based

*source: MaRS Marketing Insights*