NOVEMBER 2020

Continuity of Care Research Report

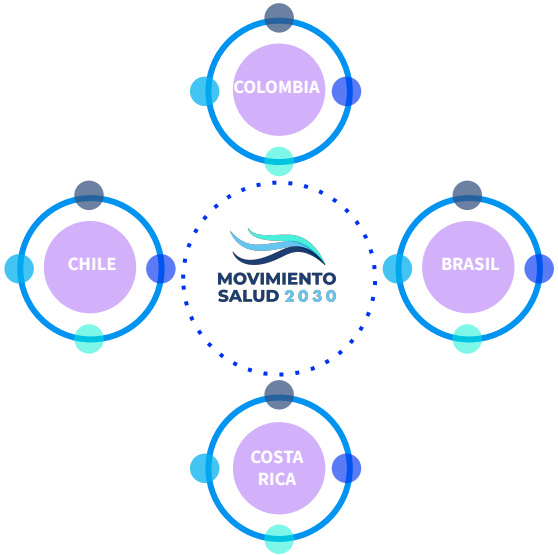
ENGLISH

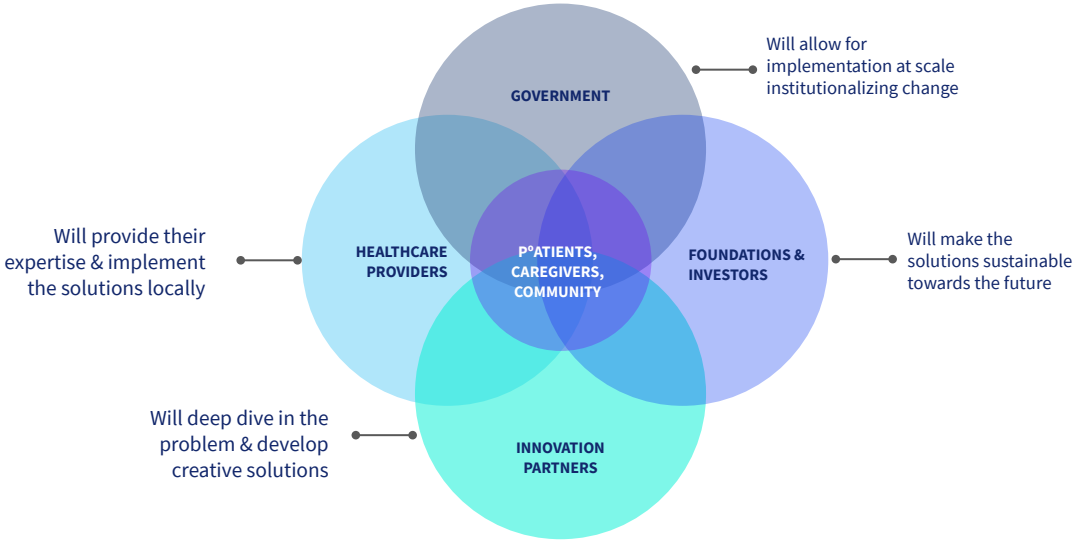
MOVIMIENTO SALUD 2030

Powered by: Roche board of innovation

Movimiento Salud 2030 is a collaborative platform that aims to create systemic change in healthcare ecosystems in Latin America in order to make them more resilient, sustainable and human centric

Our Approach





MOVIMIENTO SALUD 2030

PRIORITIZE Problem	**UNDERSTAND** Local Context	**DEFINE** Innovation Challenges	**DESIGN** Open Innovation	**INCUBATE** Solutions	**ACCELERATE** MVP	**PILOT** Implement
September	*October*	*November*	*December*	*January*	*February*	*March*

Research Focus
Colombia

19.5%

In Colombia **9,405,141** people live situation of multidimensional poverty

Multiple Sclerosis — **Cundinamarca and Bogotá**

3,462

Cases of **Multiple Sclerosis** diagnosed in Colombia. It is the orphan disease with the highest number of cases. **Bogotá** has the highest number with an incidence of **32.1/100,000.**

USD$24k

Annual direct cost of a patient with **Multiple Sclerosis.** If it is controlled in a timely manner, it can reach **USD$3.000.**

1,9

Times what a person produces a year is the **indirect cost of the disease**, considering the loss of productivity of the patient and their caregiver

Breast Cancer — **Atlántico**

41%

Colombian households are **headed by a woman**, with an increase of 31.5% since 2005.

29.3/100,000

Breast cancer is the one with the highest incidence in the Colombian population with a total number of **60,175** cases in 2018. Of the people who died, this was also one of those with the highest number of cases. There is an interest of the local government of **Atlántico** in being a reference in the treatment of cancer.

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Sources: DANE, Cuenta de Alto Costo, Fundación Saldarriaga Concha, El Espectador

Criteria

Pathologies with high incidence, high social impact and high cost for the system

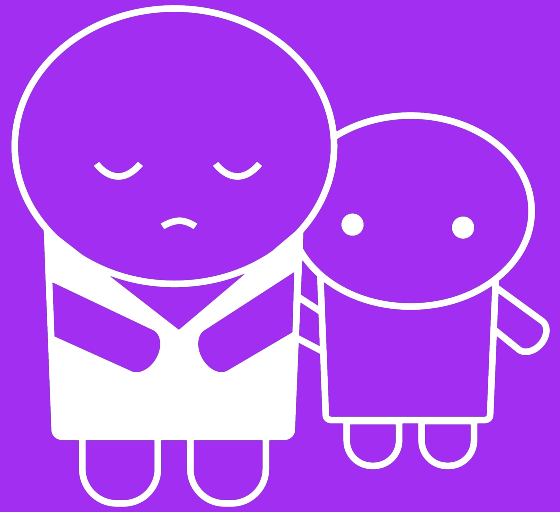
Users of the public health system, from low socioeconomic levels, with difficulties in accessing the main care networks

There is an interest and knowledge in the pathology and a network of actors in the region that can enable the implementation


Fragmentation has always been a complex challenge for healthcare systems around the world leading to a lack of continuity in care.
Now more than ever, we need to evolve and Latin America is at the right moment, with a healthcare coverage of almost 100% of the population and an up and coming innovation ecosystem capable of leading the transformation.

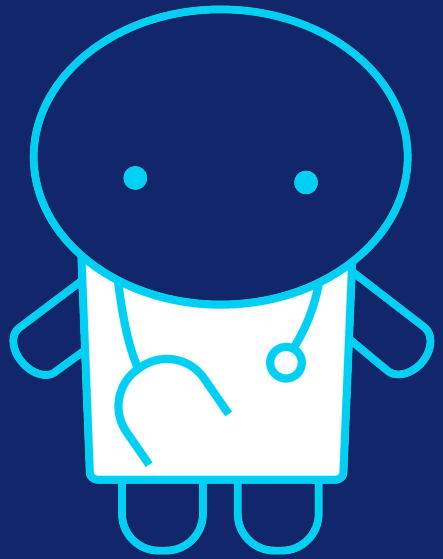
Why lack of continuity in care is a problem?

- Late diagnosis and delayed treatment
- Reactive treatment instead of proactive care
- Improper treatment (time, frequency, fit)
- Lack of adherence to treatment and change in habits
- Increased complexity in care
- Missed opportunity to reverse disease impact and increase chance of survival
- Emotional breakdown
- Increased pressure on the caregiver
- Loss of productive years and possible disability
- Increased financial burden on the family



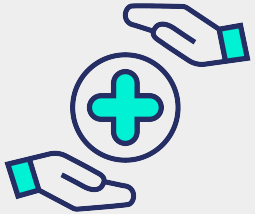
How does this impact the healthcare system?

- Reduced possibilities of curing patients
- Decreased patient satisfaction
- Increased hospital and specialists occupation
- Bottlenecks in tertiary care
- Increased pressure on HCPs
- Increased cost of care and need for resources
- Increased administrative burden

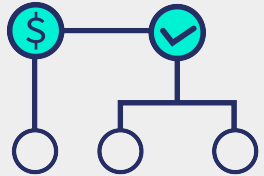


What caused this situation?

Care is designed around the disease

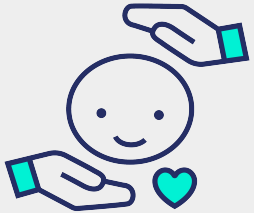


Healthcare was designed around the Hospital

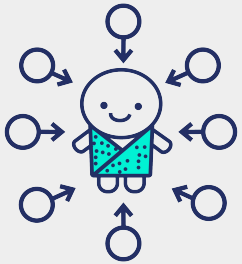


A hierarchical system heavily relying investment and decision-making

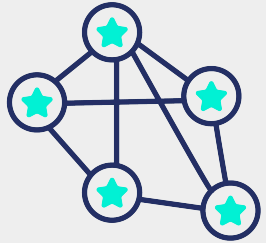
What do we want to accomplish?



Care is designed around health and wellbeing



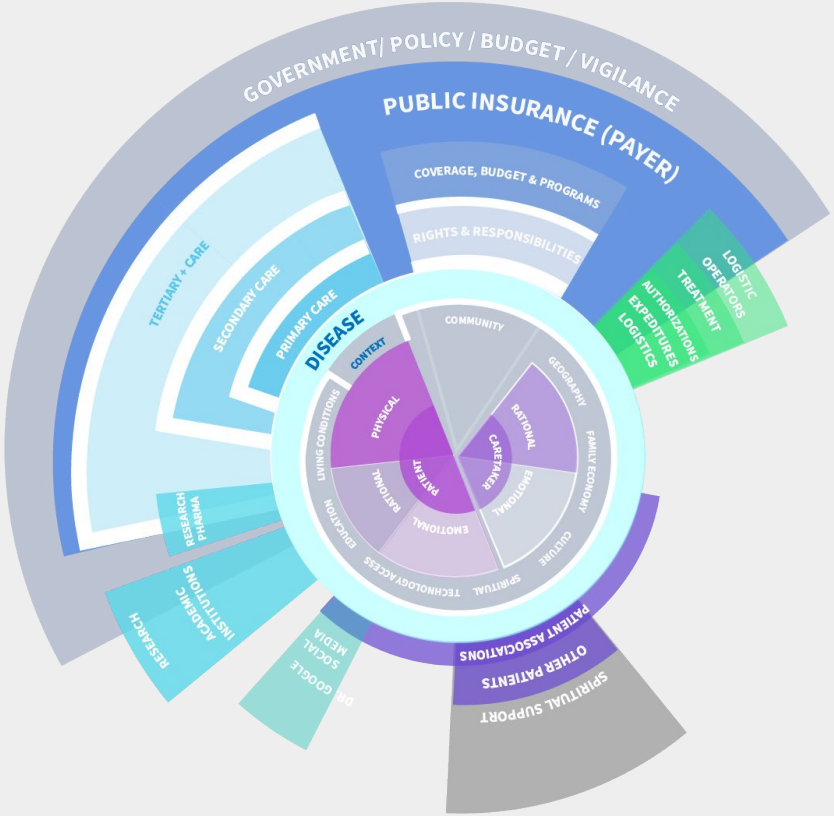
A people centric ecosystem with the patient at the center



A network with a common purpose and shared goals

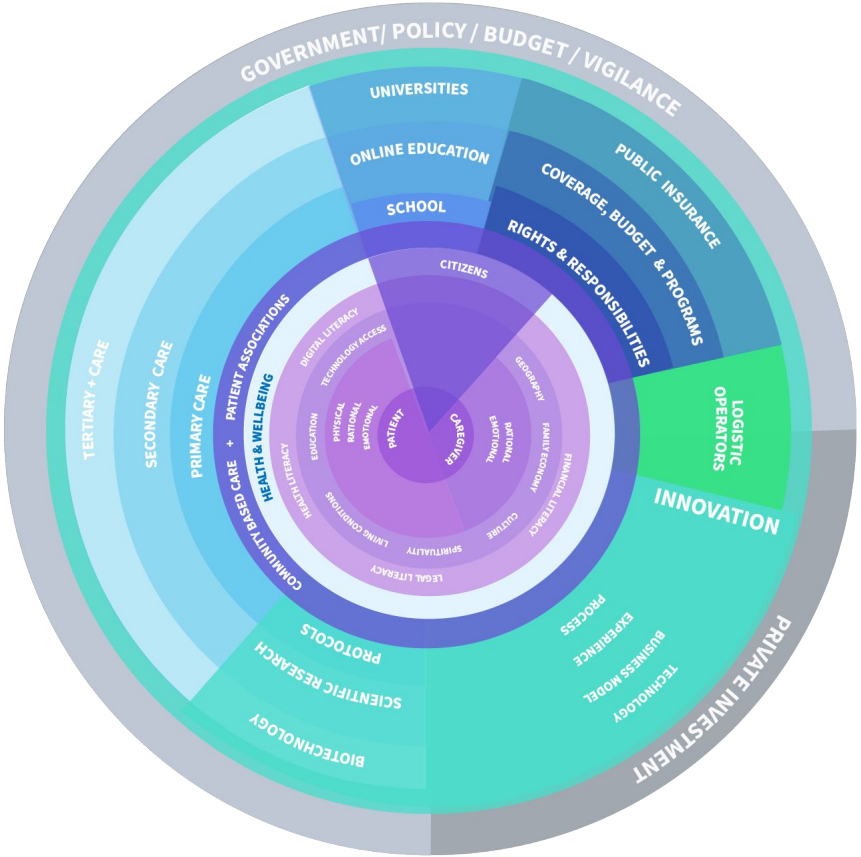
FROM

Fragmentation

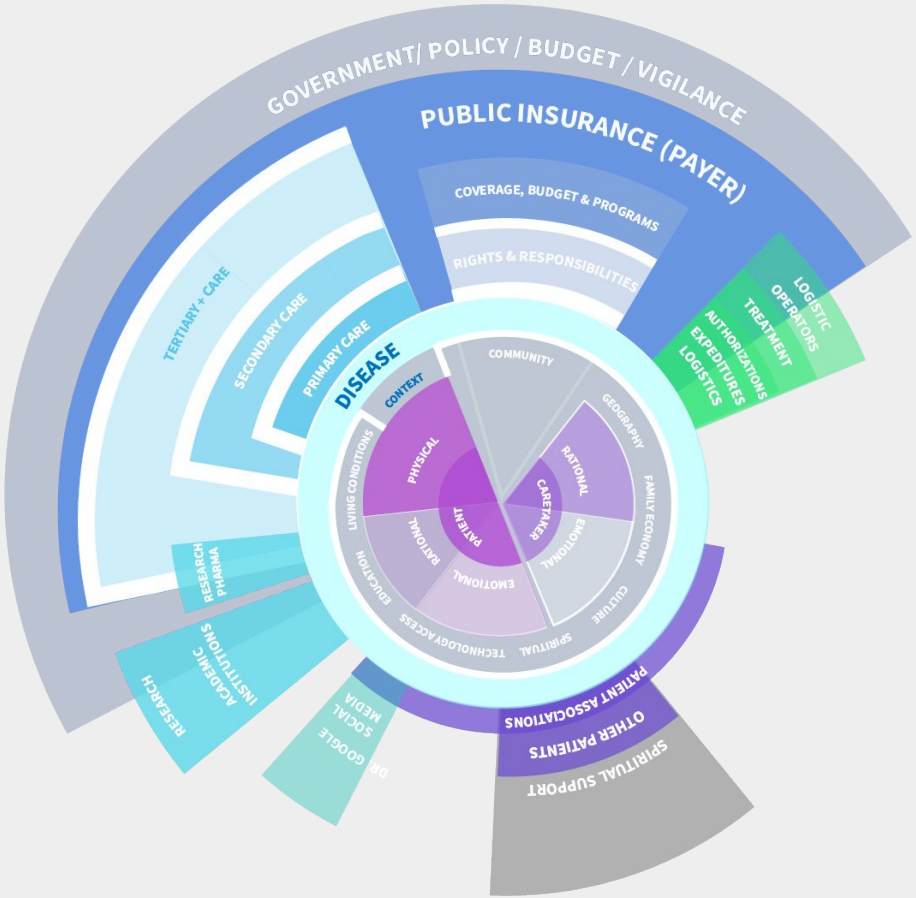


TO

Continuity



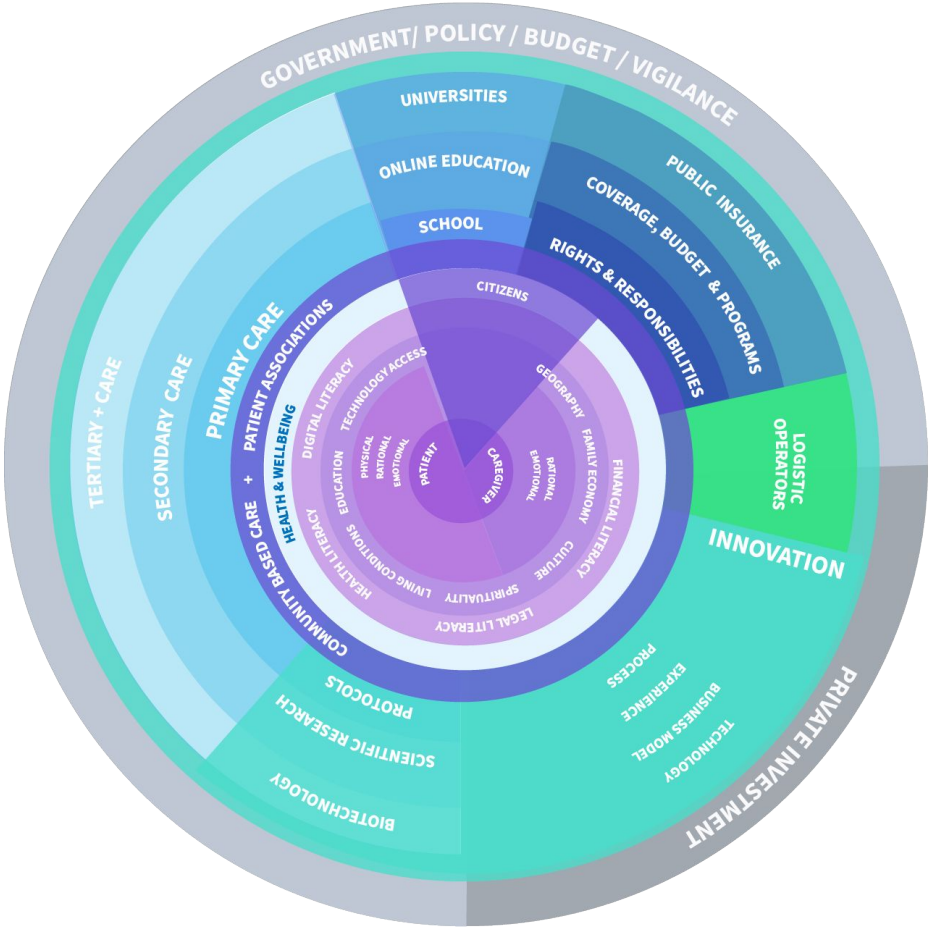
FROM



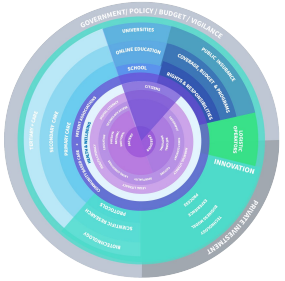
- A narrow view of the **patient** focused mostly on the organ affected and with a limited view of the context
- An experience that doesn't actively consider the **patient** and **caretaker** needs
- A **patient** that doesn't manage to play an active and assertive role in his care
- A **complex system** difficult to navigate
- An experience full of **procedures and logistics**
- Care that relies on the **healthcare infrastructure**
- **Weak primary care** with poor capacities and capabilities
- **Specialized care** unaccessible, geographically, in opportunity and cost
- Low communication and collaboration among **HCPs**
- **HCPs and Specialists** limited by the system
- Good initiatives from Pharma, NGOs, Foundations, Research Centers to help patients that only manage to **impact a few**
- **Lack of research, monitoring and documentation** to better support decision making
- **Outdated protocols** built with studies from other countries, hard to consult and not followed by all HCPs and HC institutions
- **Coverage and programs** designed without in-depth knowledge of the population risks and needs
- **Fragmented data, lack of monitoring** in implementation of policies and **metrics** that don't ensure quality of care and **data** not based on health results
- **Policies** that are not designed based on results
- **Healthcare Ministry** working alone
- A system that lacks dynamism, resilience with **isolated innovation efforts**

TO

+ A 360 view of the **patient** based on real data considering all his/her context
+ An experience designed around the needs of the **patient** and the **caretaker**
+ An empowered and knowledgeable **patient** that takes part in his/her process
+ A “closer to home” experience with simplified **procedures and logistics**
+ Coordinated care that involves the community and local actors as complementary to the **healthcare infrastructure**
+ **Strong primary care** with enhanced capacities and capabilities
+ **Specialized care** prioritized and redistributed according to regional needs
+ Bringing together **HCPs** from different backgrounds to support each other
+ **HCPs and Specialists** empowered with data and tools to make fast decisions based on patients needs
+ **Integrated initiatives** to consistently support the population
+ **Research and monitoring** bringing together academic institutions, research centers and NGOs projects
+ **Updated protocols** based on local real time data, visible and applied by all
+ **Coverage and programs** tailored to the population risks and needs with alternative financing options
+ **Seamless flow of information, shared knowledge and metrics** based on health results
+ **Policies** that reflect the current needs
+ **Healthcare Ministry** collaborating with other entities to improve wellbeing of patients
+ An ecosystem where **innovation** is inherent and builds synergies



Areas of opportunity



CITIZENS 360
Bottom up data gathering and characterize the population with a 360 perspective

BRING CARE CLOSER TO HOME
Strengthen primary care and build more capacity and capabilities to increase the possibilities of early detection and treatment, increase adherence reduce 2nd & 3rd level care, reduce commuting

LITERACY & EDUCATION
Involve education institutions (from primary schools to universities and online platforms) to build skill and knowledge about health, the country's healthcare system, digital & technology, in citizens and HCPs

SIMPLIFIED LOGISTICS
Reduce steps and unnecessary errands that add obstacles in the patient experience, add time and constraints for diagnosis and treatment

COMMUNITY BASED CARE
Empower the community to actively create healthy environments preventing diseases and building a support system for those who are sick

BRIDGING HCPs
Strengthen relationships across regions, levels of care and specializations increasing collaboration, knowledge sharing,integration of care and redistribution or reassignation of patients when needed

HEALTHCARE OF THE FUTURE
Leverage technology and the current information to have real time data-based decision making available for HCPs, policy makers, communities.

FINANCIAL SUPPORT
There are out of pocket expenditures and tests and treatments not included in the public insurance coverage that delay diagnosis and treatment as well as hidden costs in adapting the lifestyle

CITIZENS 360°

Develop tools for collecting data from the population that can be integrated into digital records, deepening the understanding of patients in the community on a daily basis.

INSIGHT

The detailed and complete view of the patient's health status and its socio-economic context leads to the generation and implementation of more efficient services for the entire Health System.

"For example, DANE has a lot of data, it would be interesting to democratize the data, so that people can use it, understand it, and put it into practice."

BARRIERS

- Lack of understanding of the current data system.
- There is no real-time data collection.
- Low level of digitization in patients.
- Decentralized country.
- Different languages in EPS systems.
- The EPS are in charge of sharing the information.
- Patient information without socio-economic context.

NEEDS

- Intuitive and agile systems.
- Universal language for systems.
- Data collection on the spot.
- Simple filing system.
- Unified and reliable information.

COMMUNITY BASED CARE

Create supportive, collaborative communities that promote health and wellness environments and become patient support networks

INSIGHT

The support networks that are created in a proactive and natural way from the patients themselves, influence the attitude with which they face their disease, and help to better raise the resources of the Public Health System. e.g. psychological help, availability of treatments

"I am leading 27 women in Ciénaga, but now I am looking for a venue so that we can meet to receive talks, share our experiences, make crafts or make cakes, that would be very good for all of them" Patient CS, Ciénaga (translated)

BARRIERS

- Not all support networks are structured.
- There are different non-unified networks.
- Foundations / associations do not have sufficient resources to serve all patients.
- Patients living in remote areas of cities have access difficulties.
- WhatsApp and Facebook are the most used tools.

NEEDS

- Identify community leaders and support networks for patients and caregivers in remote areas.
- Structure the processes of non-formalized support networks
- Integrate different actors (eg. Educational Centers or Universities) for technical and professional support.
- Improve access in rural areas or places far from the main cities.

BRING CARE CLOSER TO HOME

Develop strategies and solutions that reach the patient whenever and wherever possible, making health services closer and more accessible.

INSIGHT

The health system has comprehensive services that are typically only offered in the main cities, making access difficult for patients who live in remote areas and overloading the centers that provide these services. As a consequence, patients do not adhere to or comply with their treatments and fail to properly monitor their disease.

"We create routes that are the union of efforts of different sectors to articulate all resources so that the population receives care from before conception to death. We not only include the patient but also their families" Public Sector (translated)

BARRIERS

- Economic or mobility limitations of patients affect compliance with treatments / therapies.
- The services of diagnostic aids, examinations and specialized treatments are generally performed in clinics and hospitals in the main cities.
- Distrust in the quality of service provided by providers in peripheral areas, eg laboratories and diagnostic aids.

NEEDS

- Simple tests with immediate results.
- Accessibility to specialized health services in the patient's area of residence.
- Delivery of treatments / therapies close to the patient's home.

LITERACY AND EDUCATION

Integrate educational institutions (from schools to universities and e-learning platforms) to empower people through health education, about the health system, and in digital skills.

INSIGHT

Patients that are informed about their disease and the functioning of the Health System are empowered to take an active role in caring for their health and adhering to treatments. Those that don't are not seen as part of the solution and focus on welfare.

"There are examples of mechanisms that bring social security to the population. They give you a booklet when you are in primary school and thus they teach you how the Health System works. They introduce you to the model so you can use it properly but when you go out to quote, you no longer know and you do it responsibly."

BARRIERS

- Low digitization in the rural population and in municipalities.
- Basic educational levels in the population.
- Limited access to the Educational System.
- People in some communities have a lot of information to incorporate into their daily lives

NEEDS

- Integrate the adult population, over 55 years old.
- Creation of practical tools and with a language adapted to each audience.
- Creation of unified content adapted to the reality of the Health System.

BRIDGING HEALTH CARE PROVIDERS

Strengthen the relationship between health professionals and institutions, integrating the different regions, levels of care and specializations to increase collaboration, transmit capacities, and facilitate the patient reassignment.

INSIGHT

The trusting relationships that are created with patients are based on specific experiences with medical personnel (doctors, nurses) and not on homogeneous experiences within the health ecosystem. This makes the perception towards the larger ystem continue to be negative.

"One doctor told me that the best thing was amputation, but another disagreed. Among the doctors they contradict each other, that is why it is always better to consult the other side. I decided to go to Bogotá, I did like it there, they were more dedicated and that is why I want to change EPS." Patient CS, Foundation (translated)

BARRIERS

- Decentralization of health services.
- Care protocols of the health provider
- Disconnection between the national regulatory framework and the capabilities of the EPS.
- Distrust in the quality of service provided by providers in peripheral areas, e.g. laboratories and diagnostic aids.

NEEDS

- Open simple communication channels within everyone's reach.
- Strengthen the knowledge and capacities of primary care.
- Standardize the theoretical and practical skills of health providers.

HEALTHCARE OF THE FUTURE

The ability to make real-time decisions based on data, both for patients and for health system providers.

INSIGHT

Having updated, complete, reliable and common information for all Health providers promotes timely and accurate decision-making processes.

"We are making progress with the electronic medical record, but we must articulate many working groups: we must work on trust from the doctor, identify a universal language that is simple, and we also need the government to do the coding." Business sector (translated)

BARRIERS

- Doctors distrust the services provided by some providers.
- Protocols established from the possibilities of EPS
- Lack of autonomy for decision making.
- Disconnection between the national regulatory framework and the capabilities of the EPS.
- Confidentiality policies and handling of patient data.

NEEDS

- Identify the type of information necessary for different actors.
- Information display options according to the type of user.
- Simple, interactive, and easy to use.
- Regulated interaction between patient and health system providers.

SIMPLIFIED LOGISTICS

Simple solutions that facilitate the movement of patients with economic and mobility limitations, and solutions that speed up the processes of authorization of treatments and conducting examinations.

INSIGHT

Displacement is one of the factors that has the greatest impact on the patient experience within the Health System due to the economic impact that it entails for households, the difficulty of carrying out treatments in a timely manner. In more radical cases, this results in treatment abandonment.

"We had to go to Cali to do physical therapy and we paid almost $ 50,000 to go and return. We decided not to return because it was very expensive and apart from that it was useless." Patient Caregiver (translated)

BARRIERS

- Transportation services covered by EPS that are only provided to those who demand it.
- Inability to provide the service to all patients.
- Lack of coverage in very remote areas.
- Highly bureaucratic processes.
- Services located in IPS of the main cities.
- Lack of specialized resources in rural and peripheral areas.

NEEDS

- Organized transport services available to everyone
- Simple and easy-to-use tools to avoid unnecessary travel.

FINANCIAL SUPPORT

Financing and savings solutions for the population's health expenses (treatments, therapies, specialized equipment)

INSIGHT

Diseases are not usually seen as a possibility but as an unexpected event, so few people anticipate the impact it has on the household economy. For this reason, they do not have the financial preparation or the means to face the situation.

"A mi me pensionaron hace un año con 71% de discapacidad y eso es una ayuda grande para cubrir los gastos, pero imagínese a los que no y así uno no puede trabajar" Paciente EM, Madrid

BARRIERS

- Little banking or basic banking services.
- Distrust in formal financial entities.
- High rates of economic informality.
- Talking about illness and death is taboo.
- Unstructured and unformalized savings modalities.

NEEDS

- Financial education for health.
- Integration between informal and formal models.
- Simple tools that encourage saving for health.

Innovation Challenges

OPEN INNOVATION
STARTUPS + ENTREPRENEURS

How might we **help patients and caregivers navigate and understand the experience**, through simplifying procedures and finding financial support alternatives, so that they will have improved continuity in the care and treatment of their illness?

How might we **encourage the creation of collaborative networks** between hospitals, doctors, specialists, diagnostic aid centers, patient associations and communities to guarantee comprehensive patient care?

How might we obtain a **360 view of the users of the health system** in order to make informed decisions, design programs, redistribute capacities, and design more effective public policies for all?

PILOTS