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Webinar: How could remote patient monitoring cut costs for health insurers in Nigeria and Ghana?



Please note this session is being recorded.

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UK Dept for Business & Trade

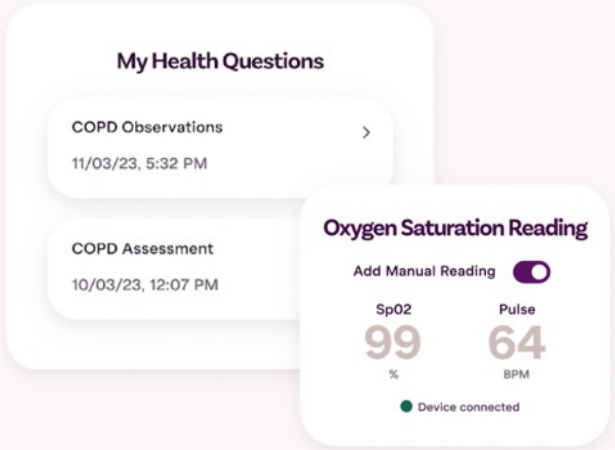


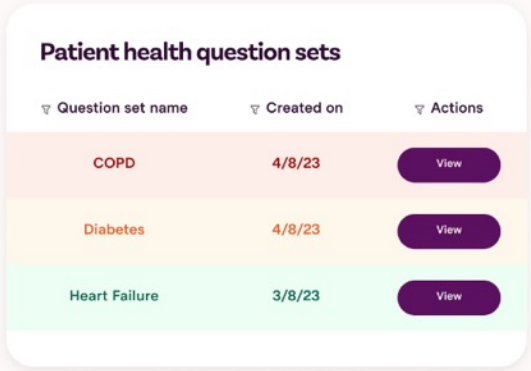
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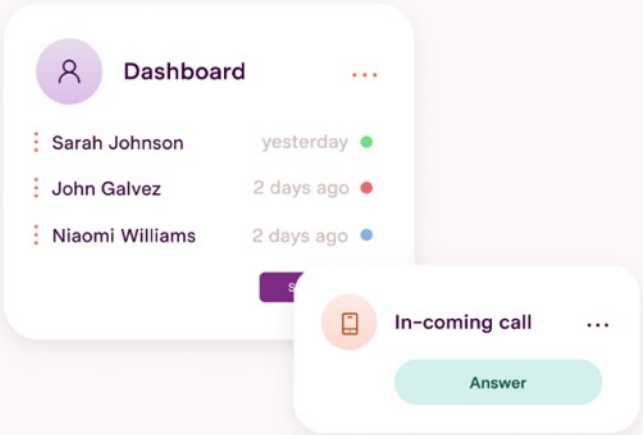
Department for Business & Trade

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How Clinitouch works:







Patient App

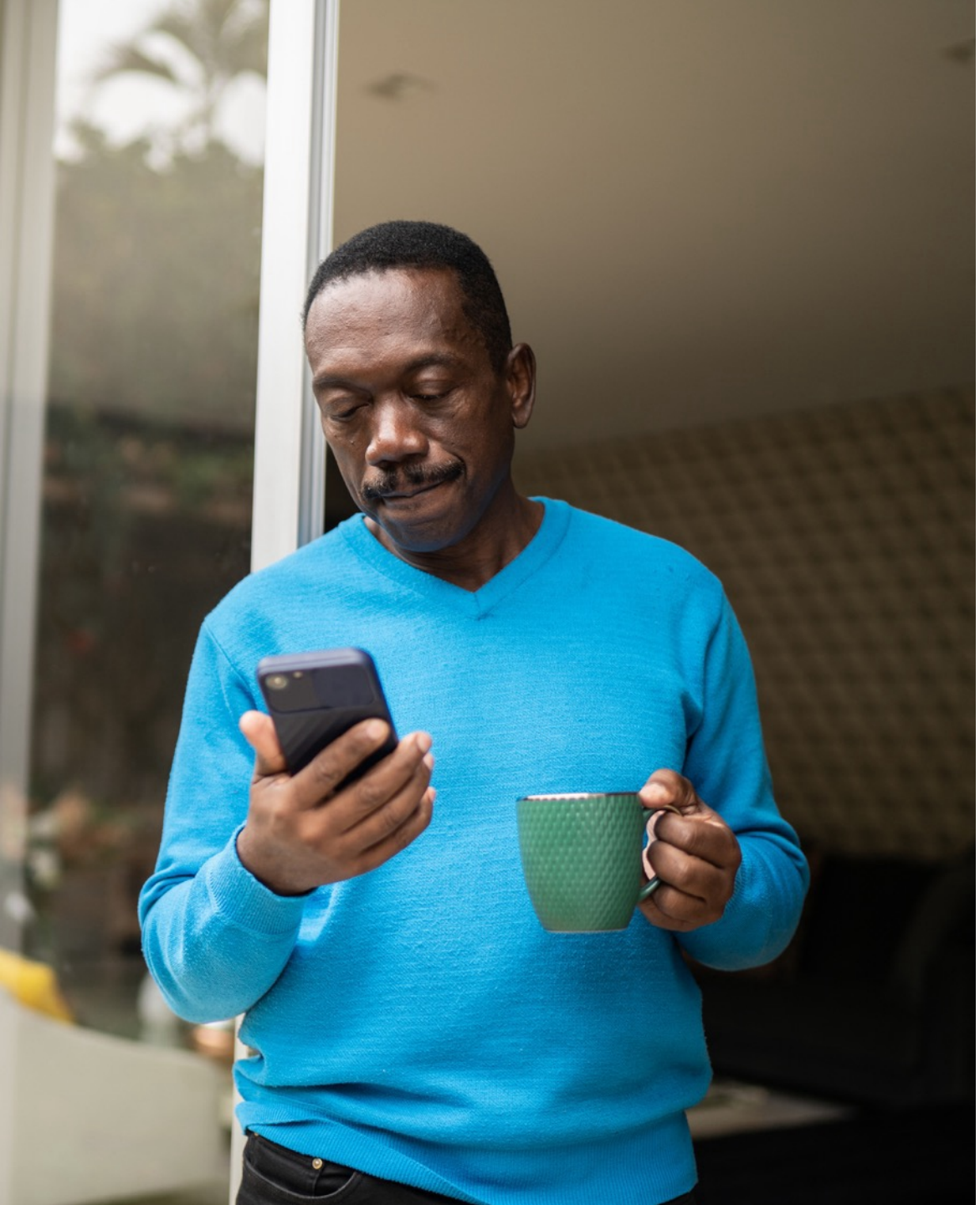
A safe and user-friendly space, where patients answer questions, submit health readings unique to their health condition, and stay connected to their healthcare team.

Clinitouch Platform

Smart algorithms convert patients' answers and metrics into a red, amber or green rating so clinicians can prioritise care for those who need it most.

Clinical Dashboard

Helps clinical teams manage their caseload, allowing them to quickly access their patient list, track progress and rapidly assess where and when intervention is needed.



Tried-and-tested health technology

- **Proven success in the UK's NHS** for over a decade managing non-communicable diseases
- Partner Program backed by **UK Department for Business and Trade**
- Over **20 partners in over 15 countries**
- Designing **digital health projects across five continents**, including Nigeria, Ghana and South Africa with support from local implementation partners

NHS

Department for Business & Trade

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DISCUSSION

What does the insurance landscape in West Africa look like?

With insights from our Nigerian partner & the UK Dept for Business & Trade

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Hypothetical data stories

- **Modelled three potential opportunities** to show how Clinitouch can save insurers money by better managing patients with COPD, heart failure and hypertension
- All data has been gathered by our **in-house health economist** and are estimated savings
- **Examples of data used** includes annual acute cost of managing patients, risk of readmission and average length of stay in hospital, combined with proven clinical models to calculate **estimated potential savings for insurers**



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Breaking the cycle of readmissions for COPD



Barbara Dambe

Aged 63, living in Nigeria

Barbara has COPD, is covered by a local health insurance company and has had an admission in the last 12 months

A challenging year of three hospital admissions

Pneumonia
5-day stay
$277.70

Shortness of breath
5-day stay
$277.70

Exacerbation of COPD
5-day stay
$277.70

For every 100 patients, 20% of patients are likely to be re-admitted 3.4 times per year, leading to annual healthcare costs per patient of over $900.

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Implementing remote patient monitoring

Barbara could see fewer re-admissions, down from **3.4 times a year to just 1.1**

Gross annual healthcare expenses could drop to **$307.69**

Now, imagine this impact multiplied across all 20 patients like Barbara.

Total annual gross savings = $12,093.35

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Reducing F2F consultations for hypertension



Daniel Ofori

Aged 58, living in Ghana

Daniel has been newly diagnosed patients with hypertension and is covered by a local health insurance company

A time-consuming year with five F2F consultations

Each visit involves discussions about medication adjustments and tracking progress on lifestyle changes, like improving his diet and exercise routine.

It's essential for Daniel's health, but it's also costly. Each consultation costs $38.16, so multiply this by five and the insurance company spends $190.80.

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Blended approach that includes remote patient monitoring

The number of face-to-face consultations Daniel needs could drop from **5 to just 2**

Gross annual healthcare costs could be cut to **$76.32**, while still ensuring he stays on top of his condition

Now imagine you had 100 patients, just like Daniel.

Total annual gross savings = $11,448.23

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Reducing re-admissions for heart failure



Amina Okoro

Aged 55, living in Nigeria

Amina has heart failure, is covered by a local health insurance company, and has been admitted in the last year

In a typical year, Amina would be admitted twice

Heart condition
9.2-day stay
$510.97

Fluid retention
9.2-day stay
$510.97

Amina's story is not uncommon, if she's been admitted in the last 12 months, she'll typically be readmitted another 2.33 times, leading to annual healthcare costs per patient of over $1,100.

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Implementing remote patient monitoring

The number of re-admissions for patients like Amina could be almost halved from **2.33 to 1.3**

Gross annual healthcare expenses could drop to just **$664.26**

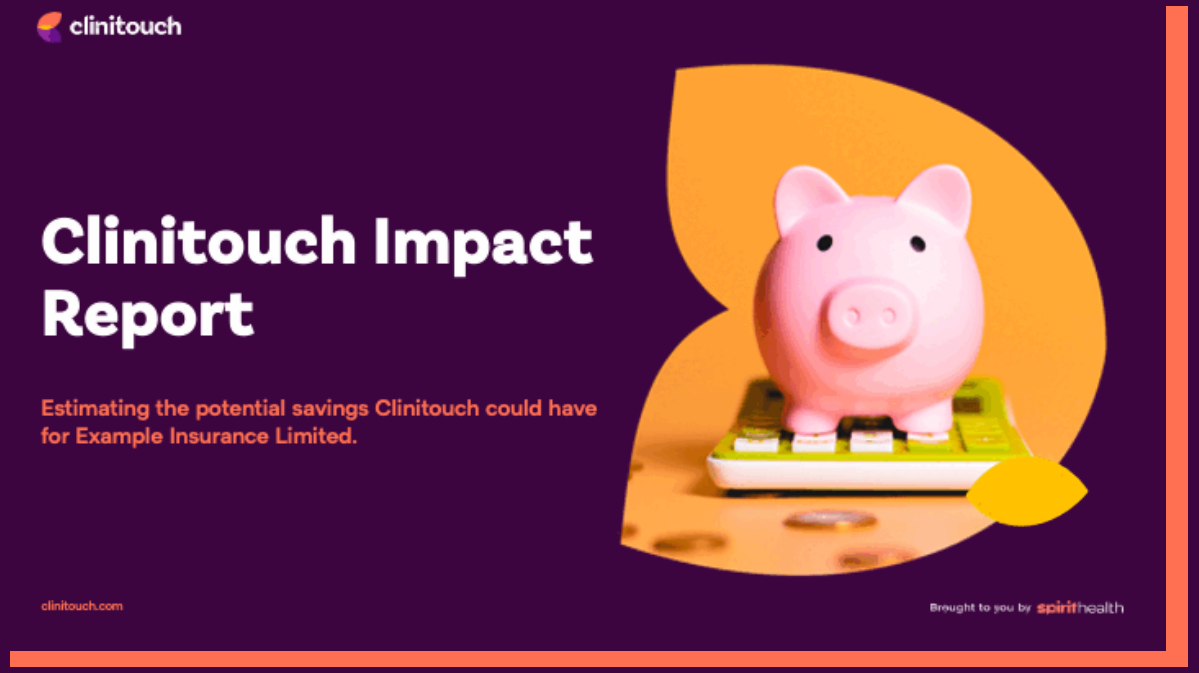
Now, imagine this impact multiplied across even just 20 patients like Amina.

Total annual gross savings = $10,525.94

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Tell us your numbers and we'll create your FREE personalised report showing your estimated savings.

Link is in the chat now and we'll share more information after the event.

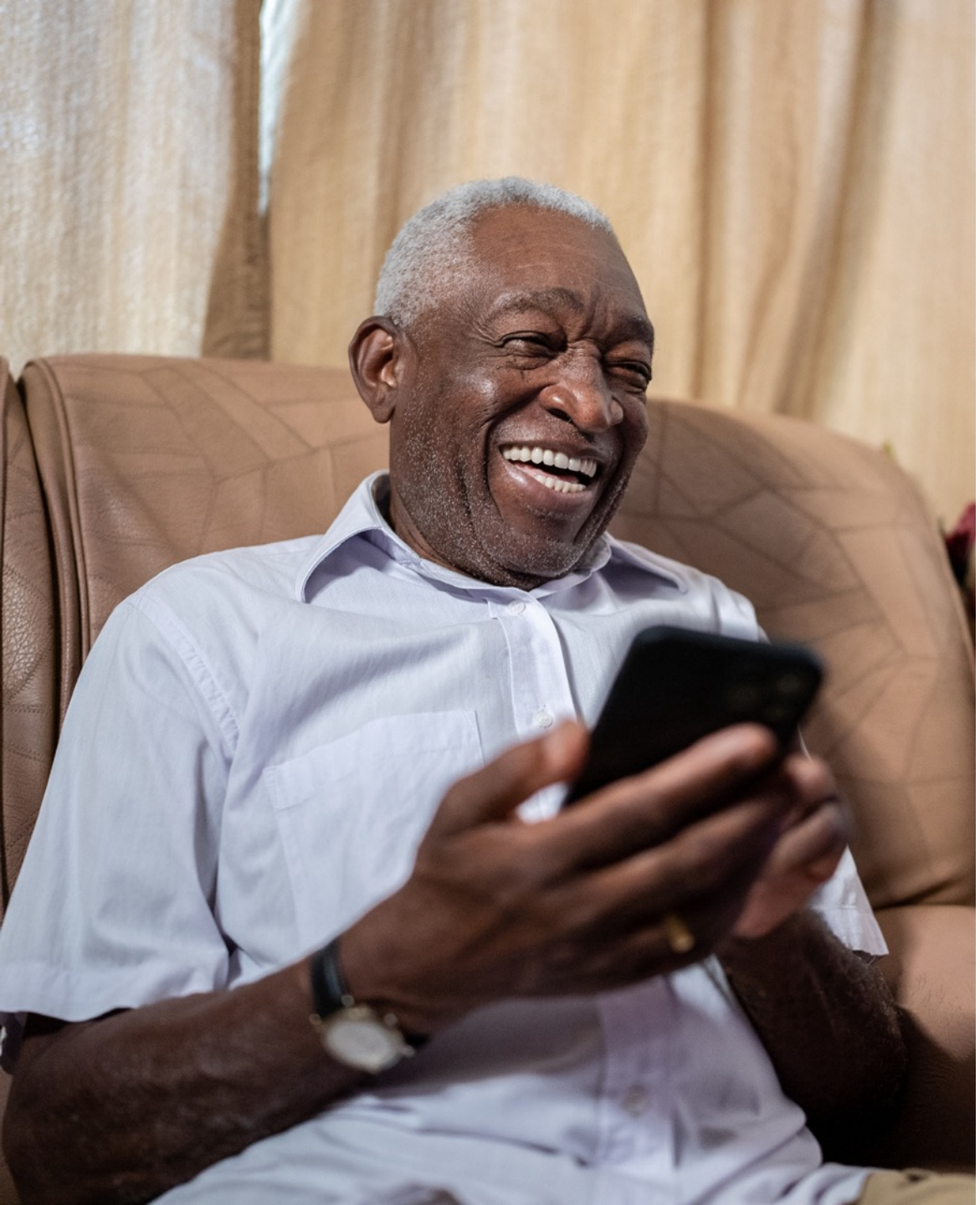


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Medical Aid Scheme – Johannesburg

- **Medical aid scheme pilot project** being delivered in conjunction with a local Clinitouch partner
- Focused on **hypertension and ischemic heart disease**
- Targeted at small percentage of chronically ill patients who represented **largest area of spend**
- Objective was to **stabilise patients and avoid or limit hospitalisation**





Medical Aid Scheme – Johannesburg

- **73% enrolment rate** among the identified cohort of high-risk patients
- 39 referrals to hospital in Q4 2023 reduced to just **1 referral in Q1** 2024
- Cost of hospital referrals **lowered from $175k to $1.8k**
- Currently exploring **how to scale up**, including to new diabetes pathway

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Adding remote patient monitoring into an insurance model

The commercial model

Built into patient premium

Patient pays, but it is included within their insurance premium once they reach a certain tier of cover.

Added monthly cost, on top of premium

It is a conscious additional extra, rather than included within a package.

The insurer pays the upfront cost

Insurance company identifies high-cost patients & provides Clinitouch for free.

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We are looking to collaborate with innovative insurers who want to be among the first to bring Clinitouch to their countries, with help from us and our on-the-ground implementation partners.

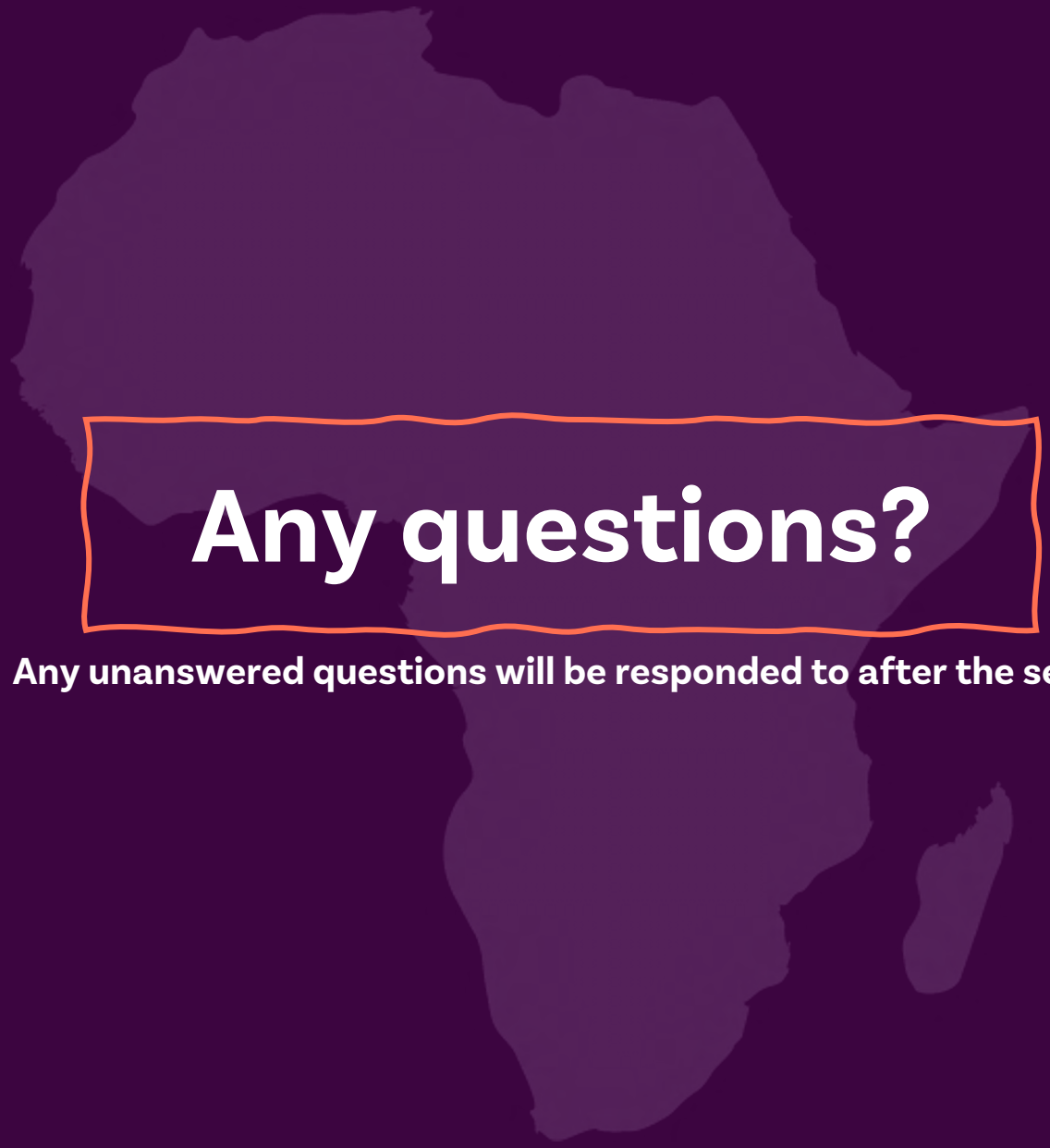
If this sounds like you, we'd love to hear from you.

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Any questions?

Any unanswered questions will be responded to after the session!

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