Our vision was to create the largest integrated healthcare provider in the country through a captive network of clinics which would constitute the most trusted outlets for primary care services.
2015

We Initiated the acquisition of a 7-location medical practice with 120 employees in Lagos which was established in 1972.

Infrastructure upgrades (Multiple locations)

- each facility was vastly different from the other in terms of level of services (some offered in-patient services, some offered delivery services, some carried out surgeries)
- existing regulations classified them all as primary care facilities; a representation of private sector confusion about what constitutes primary healthcare.
Learning

- Spent 2 years operating healthcare facilities in the most densely populated city in Nigeria.
- Learned from more than 60,000 patient visits
- Started several initiatives around capacity building and quality improvement

Partnerships

- Supply chain partners to minimize the risk of counterfeit medications
- Accreditation partnerships for quality assurance
<table>
<thead>
<tr>
<th>Position</th>
<th>Responsible</th>
<th>Outcome</th>
<th>Measure</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety mechanisms</td>
<td>QI team</td>
<td>Safety mechanisms</td>
<td>All docs to inform senior physician of any admissions. Gain approval for management plan and document in notes.</td>
<td>April 29th</td>
</tr>
<tr>
<td>Safety mechanisms</td>
<td>Unit Heads</td>
<td>Safety mechanisms</td>
<td>Referral policy to be instituted which is aligned to the service mix and capabilities of Mt Sinai hospital.</td>
<td></td>
</tr>
<tr>
<td>Safety mechanisms</td>
<td>Unit Heads</td>
<td>Safety mechanisms</td>
<td>On-call rota for unit heads to approve all admission plans.</td>
<td></td>
</tr>
<tr>
<td>Safety mechanisms</td>
<td>Unit Heads</td>
<td>Safety mechanisms</td>
<td>Limit procedures by Medical officers (no further evacuations, ingrown toenail removals, circumcisions) to minor surgeries only.</td>
<td>Signed Procedure form filled out for each doctor for every procedure allowed 3 months (June 30th)</td>
</tr>
<tr>
<td>Safety mechanisms</td>
<td>Unit Heads</td>
<td>Safety mechanisms</td>
<td>All MO's to be signed off on procedures by senior physician</td>
<td></td>
</tr>
<tr>
<td>Knowledge/Skills/Competence</td>
<td>QI team</td>
<td>Knowledge/Skills/Competence</td>
<td>Morbidity and mortality reviews to commence. External facilitator, Unit heads. Attendance at m&amp;m meeting April 15th</td>
<td></td>
</tr>
<tr>
<td>Knowledge/Skills/Competence</td>
<td>QI team, Internal and external facilitators</td>
<td>Knowledge/Skills/Competence</td>
<td>Clinical training/mentorship program for Nurses and Docs. Creating of in-house clinical competencies goals April 1st</td>
<td></td>
</tr>
<tr>
<td>Knowledge/Skills/Competence</td>
<td>Procurement Officer &amp; Pharmacy tech</td>
<td>Knowledge/Skills/Competence</td>
<td>Review of Drug formulary. Align with order sets for services offered.</td>
<td></td>
</tr>
<tr>
<td>Knowledge/Skills/Competence</td>
<td>Quality team</td>
<td>Knowledge/Skills/Competence</td>
<td>Theatre use and documentation policy &amp; checklist to be put in place, staff sensitized and prominently displayed.</td>
<td>28th April policies and procedures Procedure note template to be produced. Chaperone policy for all females to be communicated to doctors.</td>
</tr>
</tbody>
</table>

Early efforts yielded lots of activity and outputs but no impact that could be replicated:

- Measures of success in the short term not clearly articulated and aligned to priority initiatives to achieve it.
- The organization attempted to tackle too many initiatives at once and therefore had inadequate focus on the most valuable initiatives.
- Not enough focus on elements required to replicate and scale.

Challenges for our start-up approach:

- A very large organization with spread across different geographies.
- Several customer types.
- Varied service-mix.
One more time

- Focused our activities on one location which was representative of the under-resourced areas we wanted to work in.
- We defined the impact we wanted to see and narrowed them down to a handful of metrics which our initiatives would support.
Track everything important
Getting your people involved

• We also made sure they were involved in the design and implementation of any new experiments (e.g. new medical record filing system to improve clinic administrative efficiency and decrease patient waiting times)

• Part of our approach was to get our people involved, getting their perspectives on any solutions proposed
We found that 75% of our patients spend money on cheaper and quicker healthcare service provision before presenting to a hospital.

Time spent at the type of healthcare provider influences their decisions as much as cost.
**Know your customer**

- **Category C**
  - 35%
  - 8% Supervisory, clerical and junior managerial, administrative or professional workers
  - 27% Skilled manual workers

- **Category D**
  - 58%
  - Semi and unskilled manual workers
  - Hairdressers, traders, laborers

- **Category A, B, E**
  - 7%
  - Category A and B consist of people in high and intermediate managerial or administrative positions. Category E are pensioners and unemployed workers.

>60% are informal workers for whom *time is money* and is a constraint to the type of healthcare they access most often. They represent >60% of our target market.
What our Patients care about

01 TIME

Female, 50 years old

“I don’t have anywhere to get information about my health. It is only when I go to the Doctor, that I learn about my health”

Male, 48 years old

“I only send my wife and children to the hospital. I don’t like to go, it takes up too much of my time and I work”

02 COST

Male, 53 years old

“I go to General hospital but there is no access to see the Doctor urgently. The waiting time is too long”

03 INFORMATION

Female, 34 years old

“The hospital likes to run tests and everything becomes too expensive. I cannot afford it”
Most common diagnoses

- **Wellness**
  - Wellness screening,
  - Hepatitis testing
  - Diabetes Mellitus

- **Endocrine**
  - Diarrheal illnesses, constipation,
  - Gastrointestinal complaints

- **Cardiovascular**
  - Hepatitis testing
  - Hypertension, Hypercholesterolemia

- **Respiratory tract infections**
  - Common cold, bacterial throat infections, tonsillitis,

- **Reproductive and sexual health**
  - STD testing, pregnancy testing and counselling,

- **Gastrointestinal complaints**
  - Diarrheal illnesses, constipation,

**80% of all primary care diagnoses**
Customer development as a screening tool

- We can make screening and prevention financially sustainable by incorporating them with marketing activities.
- Private sector doesn’t typically consider this a priority.
Traction

- **200%** Increase in new unique patients
- **80%** Increase in patient visits
- **$13** Price per visit*
- **25mins** Waiting times

Customer development Activities within a 1km radius of clinic

*NGN5000 covers cost of consultation, basic lab tests and drugs
The existing Primary care model does not meet the needs of the people it serves.

01 **High Cost**
Basic and routine primary care services are accessed via relatively expensive secondary and tertiary care hospital systems. These make up >90% of visits at typical hospitals.

02 **Inaccessible & Slow**
Basic primary care needs are self-treated via independent pharmacies, chemists and laboratories which are more accessible and faster than hospitals.

03 **Poor quality**
The lack of any meaningful quality standards, regulation or adherence to evidence-based guidelines leads to patients being wrongly diagnosed and poorly managed.
Our Pivot

Quick, Cheap and Convenient way to screen, treat, and manage basic ailments.

Money
Low-cost
Junior clinician led.
Minimal staffing requirement.
Decreased input costs and overheads.

Clock
Accessible and Quick
Smaller physical footprint.
IT-driven paperless process.
Visits take 25 minutes or less.

Check
High-quality
Focus on basic outpatient services.
IT-driven clinical protocols.

* 20 minutes vs the 90 minutes average time for patients to go through a typical primary healthcare center or hospital

Up to 80% of primary care hospital visits can be seen at 40% less cost and in less than a quarter of the time*
Platform for integration

- quicker to replicate, scale and control while expanding incrementally on the scope of services and partnerships within the healthcare ecosystem.
- Becomes a platform for integrating services (pharmacies, patent medicine vendors, laboratories, secondary care providers, health insurance)
- Possibility of population level management through geographic reach.
Principles for quality improvement

Start with People
and not the product. Our Focus is on what our patients need and want.

Design for efficiency and waste elimination
inefficiencies in producing “units of care”
unnecessary or suboptimal use of care during an outpatient visit

Create impact not output
Solve for affordability, convenience and outcomes to improve quality of life

Build trust
Integrate with the community we serve

“improvements in quality and access require focused, incremental, iterative and flexible approaches“