

Kena Health shines as 2022's on-demand startup of the year

 By [Katja Hamilton](#)

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Kena Health app has won the Innovation City Cape Town's startup of the year award for 2022.



Source: Supplied. Saul Kornik is seen here receiving the 2022 Innovation City Cape Town's startup of the year award.

The app offers on-demand consultations with nurses, general practitioners and mental health professionals via in-app text, voice or video for only R160 per consultation. Kena Health founder and chief executive officer, Saul Kornik opens up about how his distributor company is bringing affordable universal healthcare to the nation...

Congratulations! How do you feel about Kena's win?

Saul Kornik: We are incredibly proud of this product and know that it will be a game changer for millions of South Africans. The word 'Kena' means 'to welcome' - and that is exactly the ethos we live by, 'Everybody is Welcome'.

This service has quite an incredible impact on people's lives in such remote areas where they wouldn't otherwise have had access. How do you feel about that?

Kornik: We love it. We absolutely love it, it's why people are working here. And you need to be passionate to bring

something like this to life. It was not exactly easy building this app. We've worked excessive hours over the last year; it's been stressful and exciting.

I'll tell you a few stories about the people we have already reached that makes it all worthwhile. In one consultation, we had a woman on a minibus taxi on the way home from work, and she phoned through about a gynaecological condition. We sent her a script in the taxi. It was too late at that stage for her to get to a clinic and too expensive to go to the doctor.

In another situation, we had somebody who called our mental health professionals because she had a calling to be a sangoma. As a result, her family was ostracising her and she had no one with whom to talk.

We live in such a diverse country with so many different cultures, such differing socioeconomic environments, and mental health conditions created by so many different circumstances, and there are so many different limitations to healthcare access. It's fascinating, heartbreaking and hopeful. But we get this view of the country that very few people have.

■ ***With the NHI in the pipeline, how will the Kena Health app work alongside it? Is the app meant to compete with the NHI, or is it more supportive of the system?***

Kornik: We don't want to compete with anyone. Our strong preference is to work with others, including the healthcare department. Only 16% of people in SA have access to medical scheme cover; the rest mostly rely on the public sector. However, government services are overstretched. They don't have enough resources and struggle with organising their services.

Our view on the healthcare system is that if we build valuable systems and products for the underserved and uninsured, we can actually grow the size of the pie that's available for private healthcare providers to provide their care. The key to this is lowering the cost so that the 16% can grow to 40-, 60- or even 80% of people who have access. Why not everyone?



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We aim to be part of changing the system so that this is possible. We'd love to offer quality early-stage healthcare services to all citizens in the country, no matter how much money they have, no matter where they are. And we'd love to be contracted by the NHI to do so.

The tech-supported nature of our product means we can offer the same service everywhere. And the way we organise our service to lower the cost of care should make it more affordable to an NHI. In an ideal world, we would like to be ready to take on value-based care contracts from an NHI fund.

■ ***Is Kena in a pilot phase now?***

Kornik: No, we're beyond the pilot phase. We've done over 40,000 downloads, and 10,000 consultations! Amazing adoption within only a few months.

■ ***Are there other apps like it or is this the first of its kind?***

Kornik: I suppose there are two answers. The first is: no, there are lots of telemedicine apps out there. Discovery has got Connected Care, Momentum and Woolworths healthcare members have access to Hello Doctor, and then there are a number of apps that deal with mental health or are trying to grow in the private sector space.

If you look at the question again, in a different way; yes our app is the first of its kind. We generally try not to compete with

an existing pathway. We push ourselves to reimagine how the best care can be delivered.

“ It's important for people to know we've built this app to lower the cost of healthcare, to make access to it easier for people - not only for people who are poor but for everyone. ”

So in the case of Kena, we're the only ones who specifically talk to the uninsured about providing smartphone-based entry-level care of this kind. And we are the only app that I know of that has arranged its clinicians in a team in the way we have - to lower the cost of care while improving health outcomes.

■ ***Is there research you're doing into particular health issues in SA from the data being collated by your app?***

Kornik: We've got quite a lot of insights already but as we serve more people, we'll have more data. We can already see that more women make use of our service than men; we can see how long it takes to treat different patients, we know what conditions they are calling about, we know their demographic profile, and we know how they prefer to interact. With all this data, we'll be able to improve our treatment services, and that's valuable.

■ ***There's a recruitment element to your business. Are doctors preferring to work in this ecosystem as opposed to in a physical hospital?***

Kornik: Different doctors like different forms of medicine. Being in a hospital is a very particular experience, as is working in private practice. However, we're not struggling to find doctors, nurses or mental health professionals who want to work with our way of delivering care. There are a few reasons for this.



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For one thing, if you're in private practice, you have to build up a client base; you're paying for rent, a secretary, and an accountant. The difference at Kena is that the doctors et al come and work hours that make sense to them and we bring them the patients. They can do it from home where they have no overheads, all they need is a laptop. And there is no burden on them to collect money from patients.

Secondly, the clinicians love the diversity of the clinical practice. The first patient they see could live in rural Limpopo with a skin condition, the second patient may be in Eastern Cape with HIV, and the third could be down the road from them with hypertension. This kind of national practice is very different to work in one specific local community.

Thirdly, rather than working by themselves in a practice, at Kena they get to work with a team of other doctors, nurses and mental health professionals. Surprisingly, this is a unique experience in our healthcare system.

It's an attractive offering for them.

■ ***In terms of diagnostics, how do you measure blood pressure and arrange urine tests via the screen? I know technologies are evolving where patients can potentially have access to oxymeters at home or blood pressure machines. How do you work around that? Is the onus on the patient to have the equipment at home so you can conduct respective medical tests?***

Kornik: There are a lot of conditions that are treated just through a phone enquiry of the patient, such as rashes on the skin, UTIs, acne, contraceptives, stomach bugs, flu and STIs. Where a physical examination is required, a Kena doctor can provide a referral letter or a requisition for blood tests, radiology, or whatever else the patient needs.

We've got a sister company I was involved in founding over four years ago, Healthforce. Healthforce is a system used by nurses in pharmacy clinics around the country that enables them to call a doctor into the clinic room via telemedicine, on-demand.

For example, you can pop into any Dis-Chem and their nurses can do whatever physical examinations are necessary and perform whatever tests are necessary, calling on the doctor when required. The idea is that Kena should shortly be able to refer into this network of 500 clinic rooms.

■ ***Kena is completely changing the landscape of the profession...***

Kornik: We need to change the way healthcare is delivered. Healthcare is not expensive for no reason. It's expensive because of the way the system is set up. Our goal is to improve the healthcare system. We want to become better and better at lowering costs and improving health outcomes.

■ ***Was there anything else that you wanted to mention?***

Kornik: It's quite important to mention that we can answer a call to care from a man living on a government grant in Limpopo as easily as we can take a call from a chief executive officer living in Bryanston. And that's why we say 'Everyone is welcome' - that's our motto.

When they download the Kena app, they get three free consultations, and through that, we're hoping people will try it out because this is quite a new thing. Download it. Try it out. See what it's like.

It's important for people to know we've built this app to lower the cost of healthcare, to make access to it easier for people - not only for people who are poor but for everyone.

ABOUT KATJA HAMILTON

Katja is the Finance, Property and Healthcare Editor at Bizcommunity.

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