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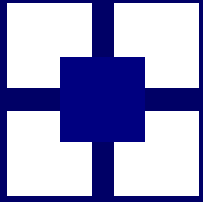
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Chronic Pain

A new management approach

Brussels 04.05.2011

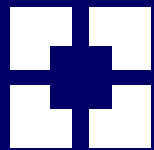
**Dr Jan Van Emelen (Director Innovation MLOZ-Belgium,)
Chairman Disease Management Working Group AIM**



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- 1. Introduction: AIM**
- 2. Evolution in health and healthcare**
- 3. Changes to be launched**
- 4. Applied to chronic pain**



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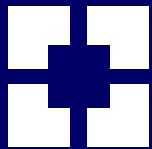
1. Introduction : AIM : international association



***An international association
for universal principles***

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Mutualités Libres
Onafhankelijke Ziekenfondsen

Les Mutualités Neutres
VOTRE LIBERTÉ, VOTRE SÉCURITÉ

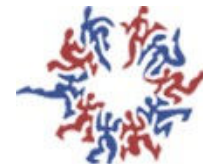
ZDRUŽENIE ZDRAVOTNÝCH POISŤOVNÍ SLOVENSKEJ REPUBLIKY
ASSOCIATION OF HEALTH INSURANCE COMPANIES SLOVAKIA

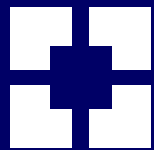


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VZAJEMNA
zdravstvena zavarovalnica, d. v. z.





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Membership

41 national federations
27 countries worldwide
Europe, Middle-East,
Africa, Latin-America

Activities

Healthcare financing
Healthcare provision
Social services, pensions
For 240 mln citizens

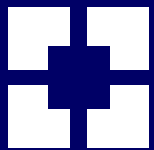
Values and principles

Health and well-being
Autonomous management
Not-for-profit orientation
Solidarity

Objectives

Interest representation
Knowledge exchange
Lobbying
Promotion

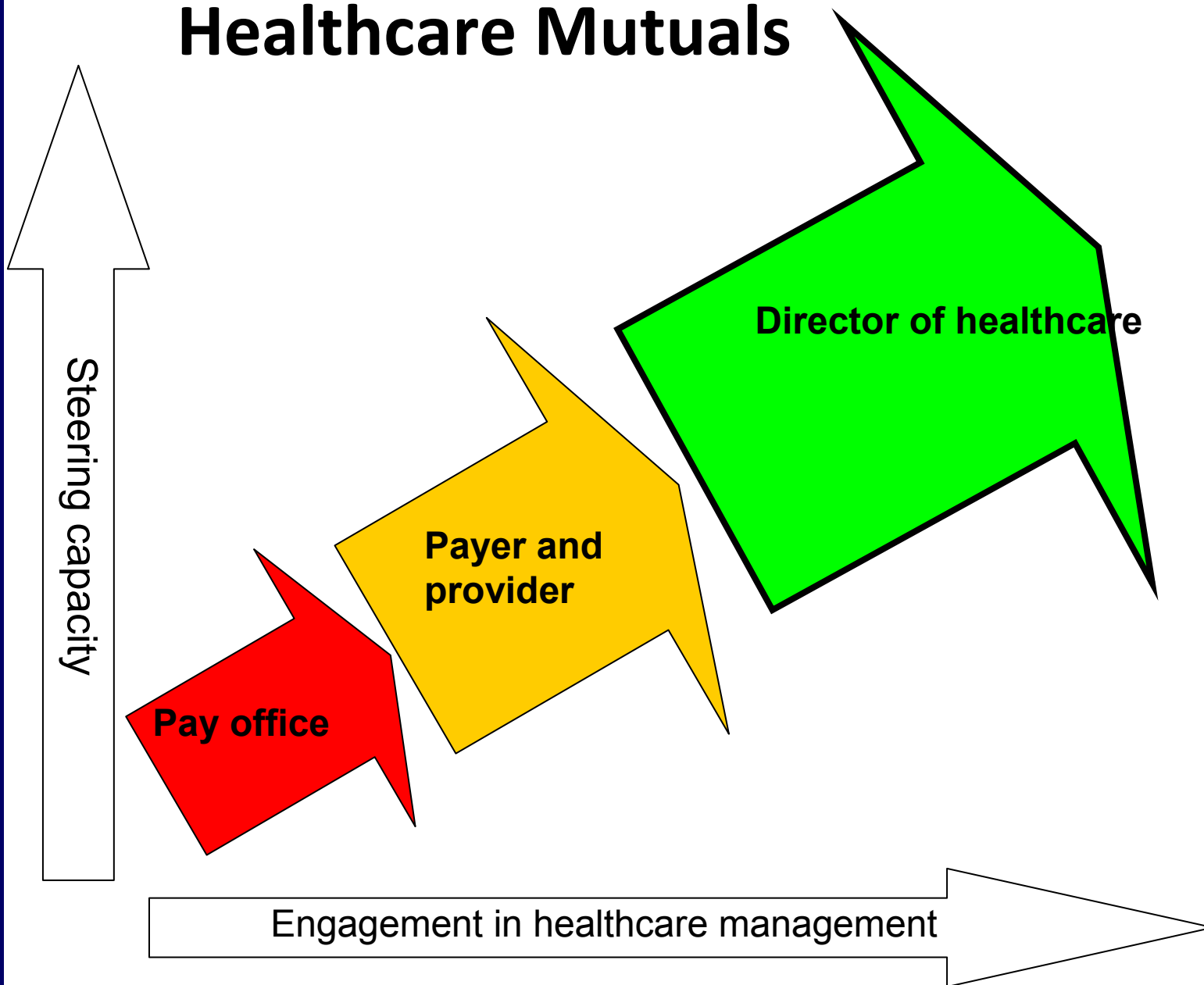




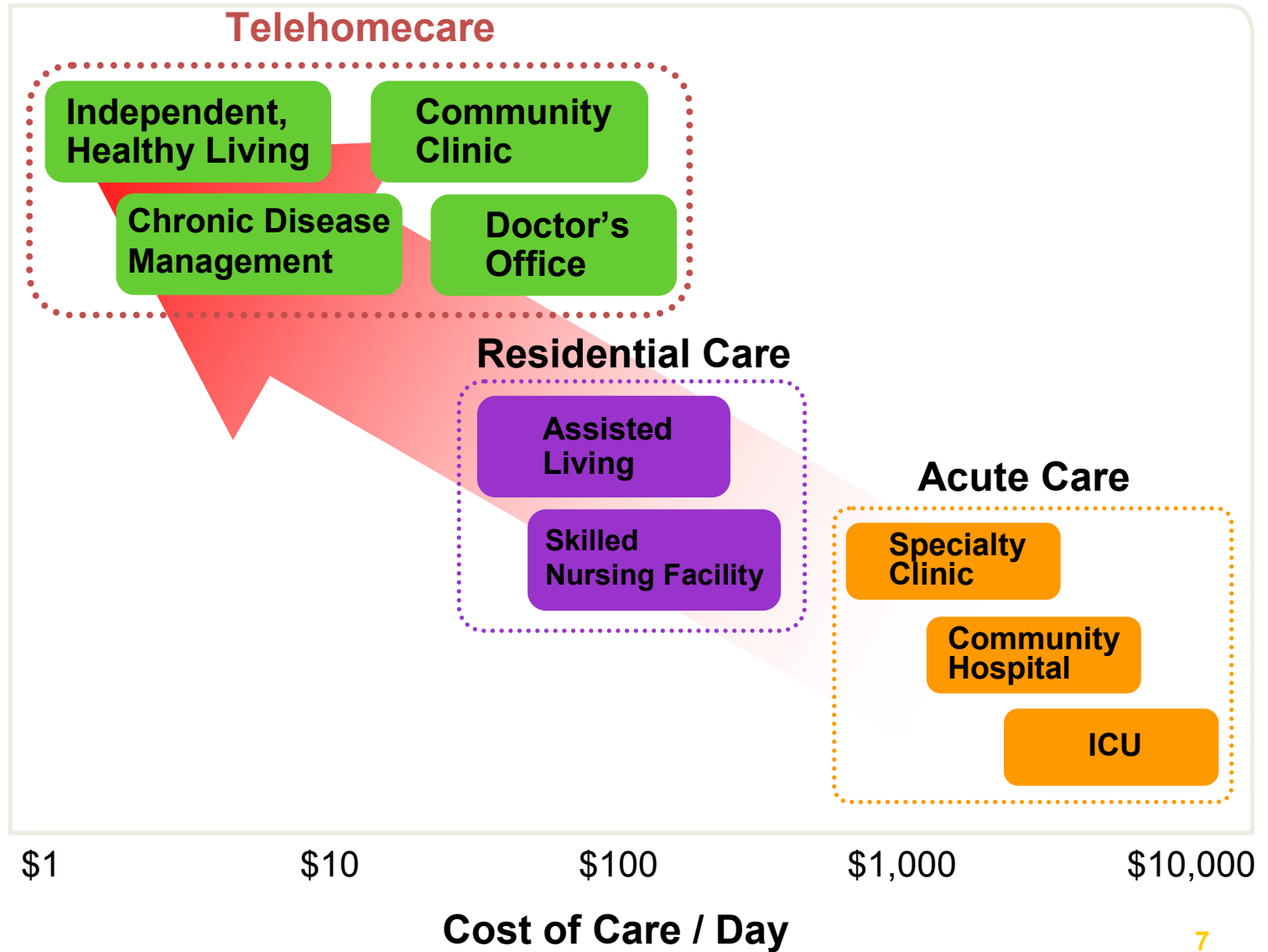
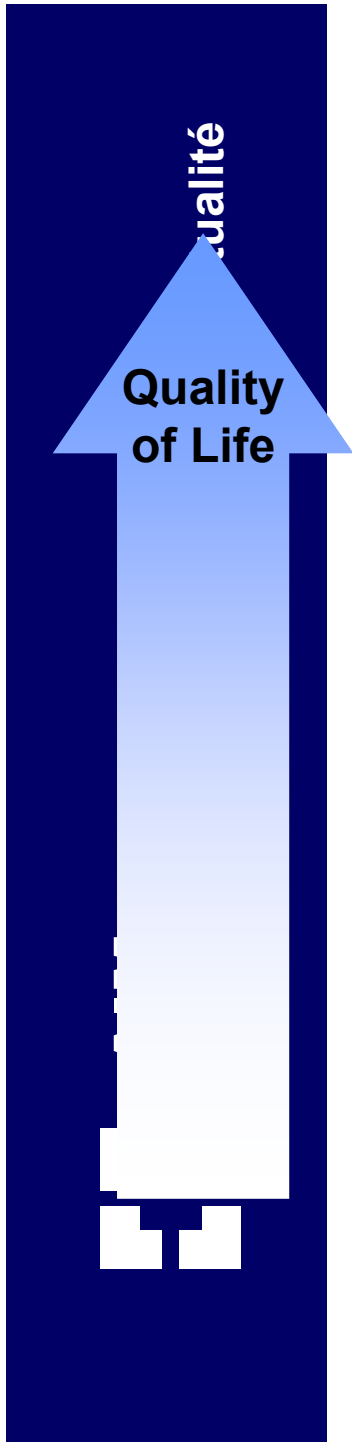
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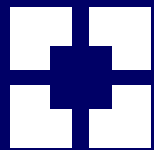
The New Role of Healthcare Mutuals



Decentralize towards personal health



Source: Freely adapted from Intel (2007)



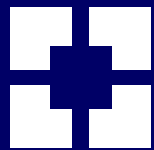
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Reimbursement

Criteria of choice:

- **the quality of care**
 - safety/risk management (risk of malpractice)
 - collaborative health care processes
 - improved time/healthcare
- **the access to care**
- **the economic efficiency of care.**



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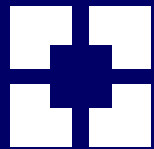
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2. Evolution in health :

1. **Chronic conditions leading cause of mortality and not well « managed» - no cure, mainly care, in silos.**
2. **Long Term care**
3. **Labor shortage**
4. **Budget restrictions**
5. **Quality and safety**
6. **More homecare instead of hospitalisation**
7. **Lack of coordination**
8. **IT is a catastrophe**

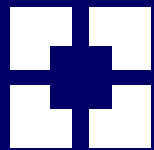
Innovation is a duty :

Complementary insurances
Disease Management



Chronic diseases anno 2010 (Cfr . Reinhardt Busse – European Observatory)

- **Burden :**
 - Epidemiologic
 - Economic
- **How to tackle :**
 - Prevention
 - Disease Management
 - Integrated care
- **Challenges**
 - Technical innovation : Pharmaceutical, IT
 - Organisation innovation : model
 - Financing innovation: model with incentives

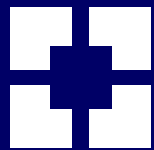


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Acute models not adapted for chronic conditions

- **Medical model :**
 - Separation hospital care - Primary care,
 - In the primary care: separation GP's, nurses, physiotherapists...
 - No common care path, health path, programs
- **Financial model :**
 - Incentives for more medical activities
 - No incentives for efficiency/efficacy

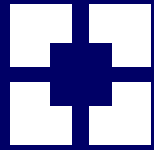


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Trends

- **Integrated Customised Care**
- **Medical Model shift to multidisciplinary**
- **Administrative-financial model should follow – no research**
- **Role and functions of stakeholders in change : authorities, providers, insurer**
- **Partnerships insurers-providers-industry**

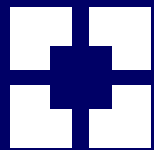


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Innovation research

- **Implementation research**
- **Entrepreneurship to be encouraged**
- **Quality assurance**
- **Businesscases to be developed.**



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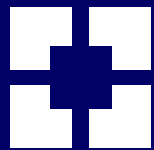
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3. Changes

3.1 Development and acceptance of care standards

Based on the last available evidence medicine insights, care standards have to be agreed between doctors, hospitals and insurance funds.

A generic multidisciplinary decision tree is built with decision supports. This general tree is translated in a specific care standard for each caregiver: GP, specialist, nurse, dietician, coach, hospital...



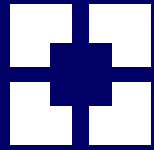
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3.2. Development of care delivery model

Processes and activities of patients and caregivers :

- **Enrolment systems**: identification and stratification of the patients with chronic diseases or with higher risk.
- **The customized care path**: what has to be done + development of interactive processes:
 - Communication with the patient, family, other caregivers and the insurance organizations. The activities of each stakeholders have to be monitored by a specific institution, who takes care of
 - The agenda of the patient
 - The share of specific information and education materials
 - The coaching of the patient
- The **monitoring** of the results

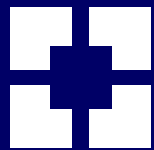


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3.3 Development of innovative financing models

- **Fee for service**
- **Capitation**
- **P4P**
- **Flat fee**
- **Combination**



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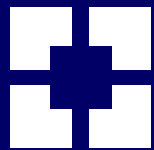
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4. Applied to chronic pain in Belgium

Structures :

- since 2005: 9 Centres of excellence (hospitals) financing not sufficient
- Since 2009 : 36 general hospitals – symbolic pain centres
- Since 2009 : algo function (0.5 ETP nurse) in general hospitals (more than 70)- procedures – efficacy?

Reimbursements of drugs : not related

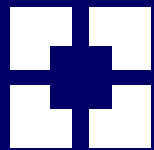


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MLOZ Opinions

- **In the 9 centres: end of procedure patients? To late? Patient settled?**
- **Efficiency of the other centres? What about involving primary care? What about coaching? Nurses?**
- **No effective screening of pain patient and no effective prevention of deterioration toward chronicity.**
- **No sufficient payment of medical acts.**



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What do we want to launch?

Disease management programs, developed with partners launching new services in 4 domains of chronic care:

- A. Enrolment system based on the risk identification using available data, and risk stratification**
- B. Patient empowerment tools : coaching, education, monitoring, self management**
- C. Healthcare providers support - tools : decision support, identification support, management tools (IT based)**
- D. Assessment : Medical – economic – patient satisfaction**

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**l'Union Nationale des Mutualités Libres regroupe :
de Landsbond van de Onafhankelijke Ziekenfondsen groepeert :**

