

AIM

Association Internationale de la Mutualité



Payment for E-Health by Health Insurers

**EHTEL Anniversary Symposium
October 21, 2009**

Dr. Rachelle Kaye

AIM

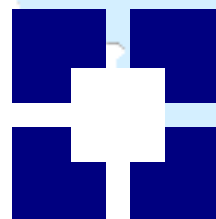
Association Internationale de la Mutualité

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

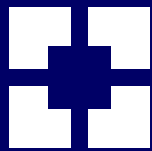


Values and principles

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

Objectives

Interest representation
Knowledge exchange
Lobbying Promotion

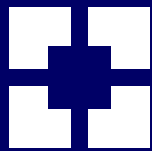


AIM

Association Internationale de la Mutualité



- The second largest HMO in Israel
- A non-profit mutual owned and operated by its members
- Functions as a recognized health fund within the framework of the National Health insurance Law
- Responsible for providing insurance cover for all services included in the public basket of services
- Supplies services to its members both via its own facilities and through outside providers



AIM

Association Internationale de la Mutualité



1,837,000 members (24% Market Share).

6,000 employees.

3,660 physician:

- 3,000 independent contract physicians.
- 660 salaried physicians.

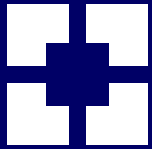
Contracts with all public acute care and geriatric hospitals

Owens the largest private hospital network in Israel with 13 facilities all across the country

Contracts with 650 private pharmacies and operates a chain of 50 pharmacies of its own

5 regions with 140 branches and clinics

Maccabi's income budget -1.4 Billion Euro

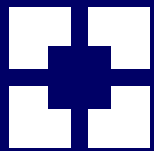


AIM

Association Internationale de la Mutualité



- Every transaction with the patient is computerized
- The Central Medical Record
- The E-Laboratory
- The E- Prescription
- E- Consultation
- Telemedicine
- Alerts and Reminders
- Access to all information on the patient
- Physician Portal

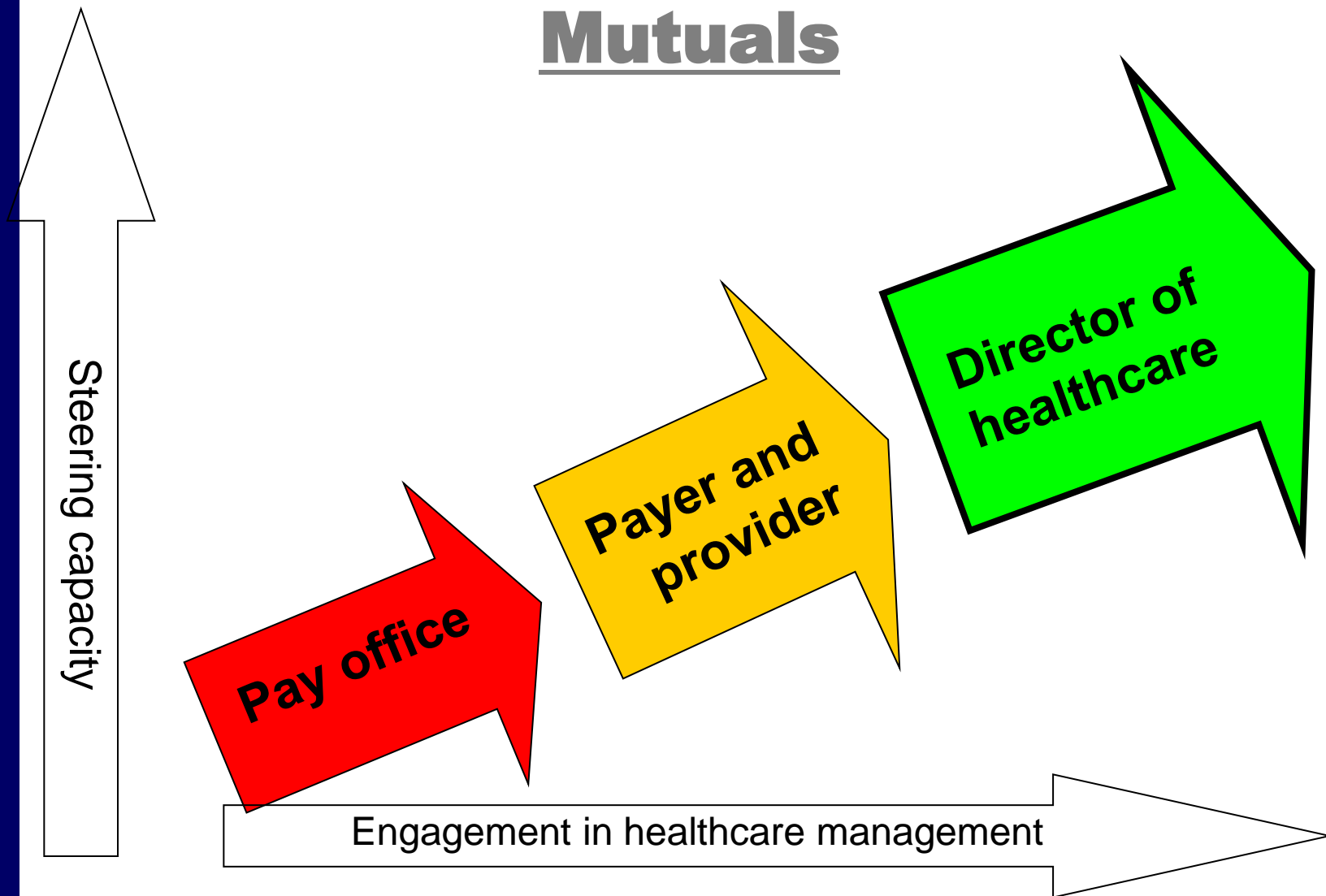


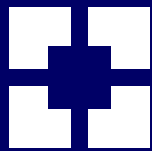
AIM

Association Internationale de la Mutualité



The New Role of Healthcare Mutuals



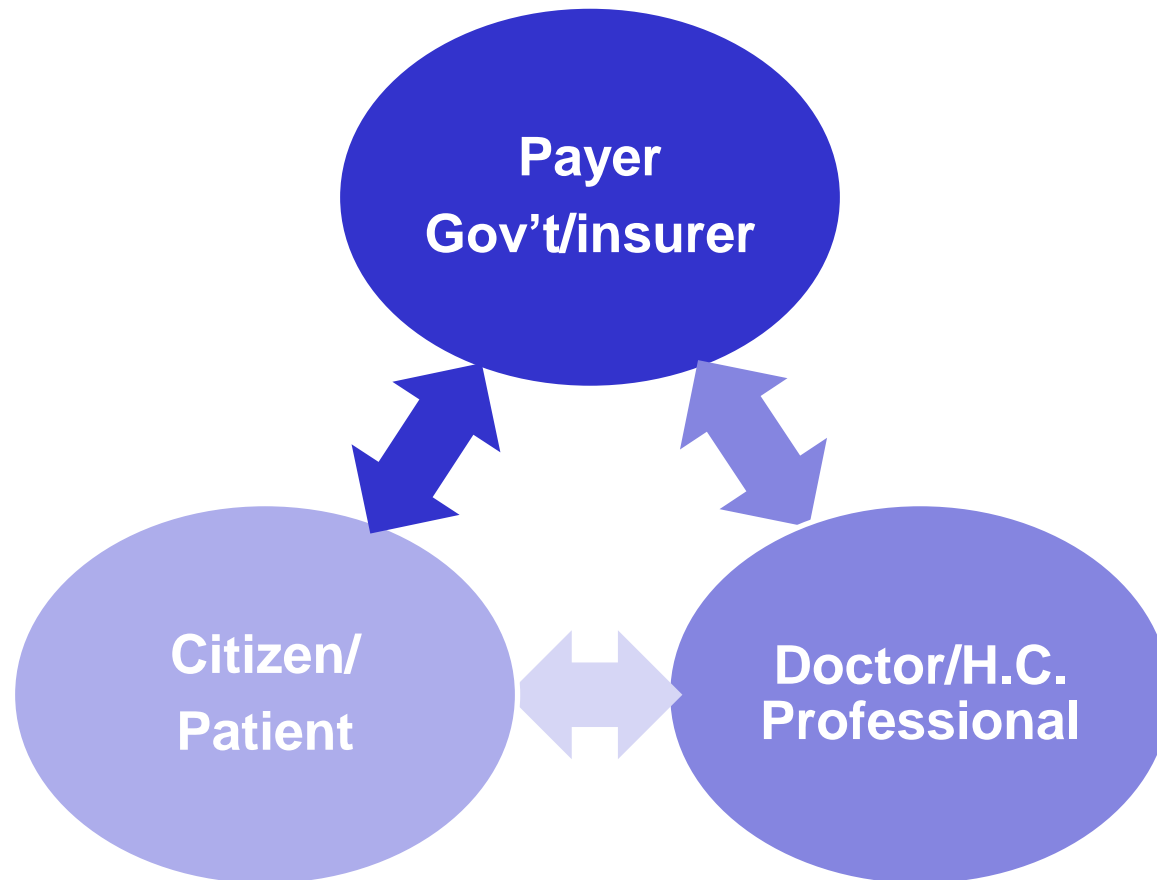


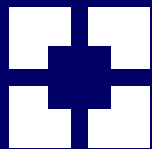
AIM

Association Internationale de la Mutualité



3 Main Actors In Modern Health Insurance Systems





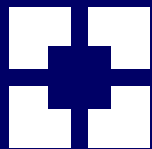
AIM

Association Internationale de la Mutualité



Payer Perspective

- The payer acts on behalf of his client - the citizen, the insured, the patient
- The overriding goal is the health of the insured
- The mutual non-profit health insurer, particularly those providing public cover, as in Belgium, Germany and Israel, provide “social insurance” based on equity and solidarity.
- The insurer has the power to influence the content and quality of healthcare services as well as access to services by defining the services to be covered and paid for.



AIM

Association Internationale de la Mutualité



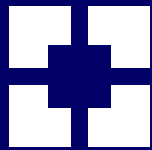
What is E-Health?

Health ICT

- Electronic Medical Records
- Clinical Data Exchange
- HMIS

TeleHealth

- Telemedicine
- Remote Monitoring and Care
- Use of ICT/Internet for communication between providers and patients



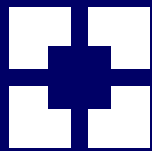
AIM

Association Internationale de la Mutualité



Incentives for Health ICT

- Financial Incentives for Clinicians
- Efficiency incentives (early and more rapid payment)
- Collaborative process such as:
 - ❖ Joint committees for every specialty -functional specification, oversee adaptation, ongoing feedback
 - ❖ Agreed minimum data set - gradual increments
 - ❖ Clinical data exchange



AIM

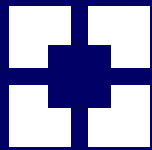
Association Internationale de la Mutualité



Incentives for Health ICT

Clear benefits defined and achieved

- Automatic entry of demographics with magnetic card
- Eligibility verification
- Summary of critical patient information
- Online claims adjudication
- Clinical data exchange and networking
- E-prescribing with DUR and decision support
- E-referrals and automatic results of diagnostic tests
- E-consultation



AIM

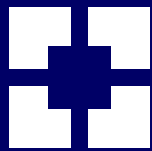
Association Internationale de la Mutualité



Incentives for Health ICT

Provider Support

- Support in purchasing hardware
- Free provision of software
- Support in implementation and system operation
- Training, assistance in development of new skills
- HOTLINE
- Clear and responsible address for problem resolution



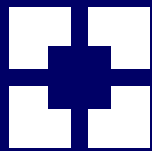
AIM

Association Internationale de la Mutualité



The Role of the Health Insurer

- Leadership
- Minimal requirements for reimbursement
- Financial Incentives
- Facilitator of clinical data exchange among providers
- Broker between providers and vendors
- Technical support and training



AIM

Association Internationale de la Mutualité



Barriers

- National Framework Contracts with Providers
- No Direct payment relationship between the health insurer and the provider
- Lack of Trust
- Multiple Vendors
- Lack of Standards
- Division of tasks: government-insurers
- Lack of commitment
- Lack of leadership



AIM

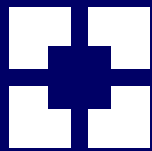
Association Internationale de la Mutualité



TeleHealth

Telemedicine

- Tele - radiology
- Tele - Ultrasound
- Tele - EKG
- Tele - Holter
- Tele - Ophthalmology
- * A more efficient way to perform an existing process with better outcomes
- * Clear Business Case
- * We pay for it: invest in service development purchase services, pay clinicians



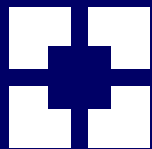
AIM

Association Internationale de la Mutualité



Why Telemedicine?

- Equal access all over the country
- On-Line diagnosis
- Extension of service hours.
- Reliable diagnosis due to digital tools.
- Quality control and assurance
- Archiving capabilities for future comparison.
- Sharing information among physicians for treatment and consultation.
- Sharing Information with the patient and patient empowerment
- Lower cost

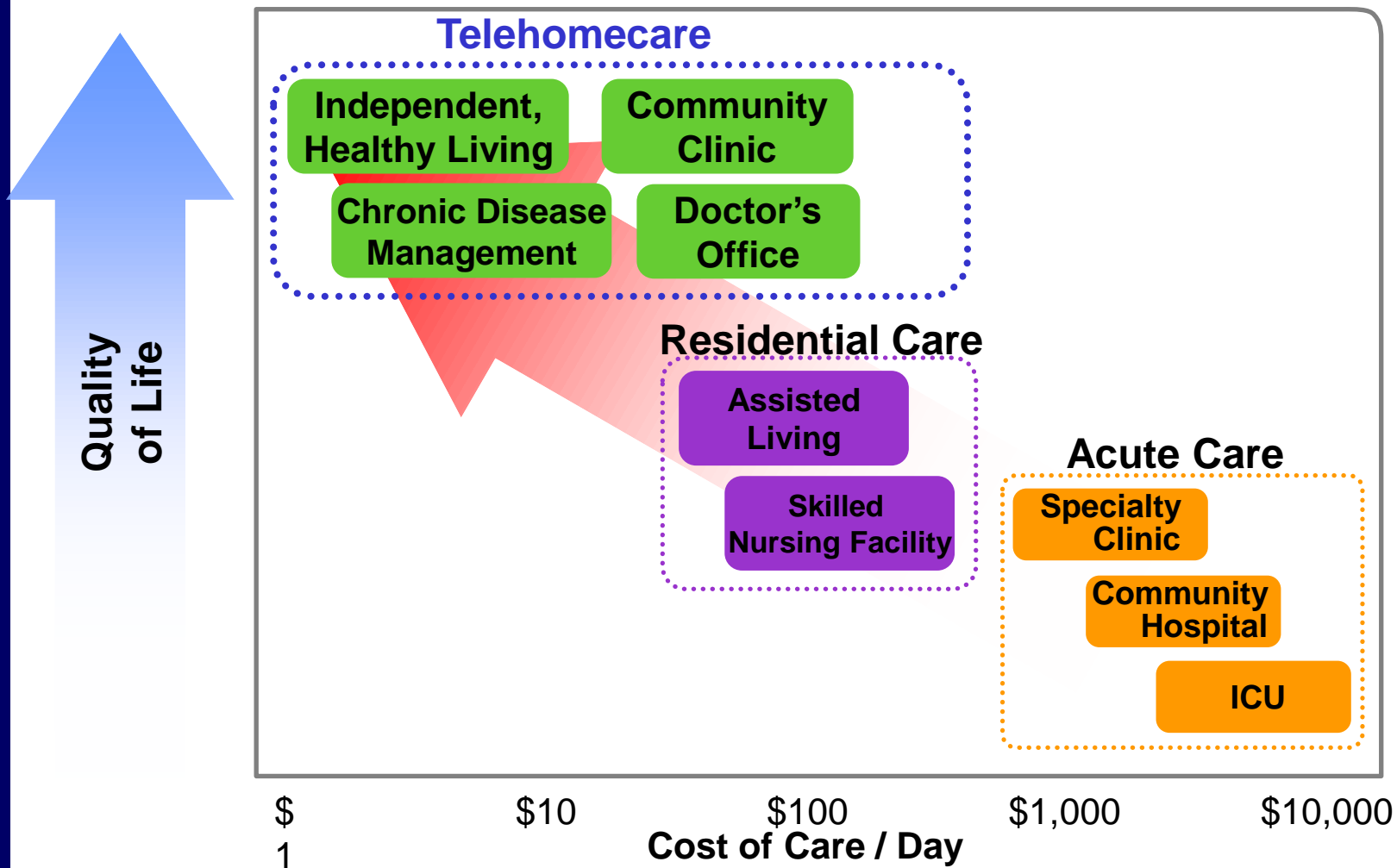


AIM

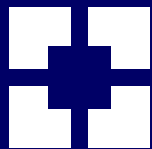
Association Internationale de la Mutualité



Tele-health: Decentralize towards personal health



Source: Freely adapted from Intel (2007)



AIM

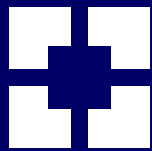
Association Internationale de la Mutualité



TeleHealth

- Remote Monitoring and Care
 - ❖ Many projects - chronic disease management
 - ❖ High patient satisfaction
 - ❖ Expensive - cost/benefit?

- E-health: Use of ICT/Internet for communication between providers and patients
 - ❖ Specialist consultations by videoconference
 - ❖ Teledermatology
 - ❖ Home Care visits by videoconference/interactive TV
 - ❖ SMS
 - ❖ E-mail



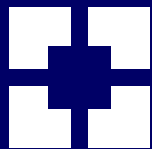
AIM

Association Internationale de la Mutualité



Challenges

- Providers need to be reimbursed: how much and for what? Payment methods: FFS, bundled, capitation
- Safety/risk management (risk of malpractice)
- Legal/ethical issues: privacy, confidentiality of patient information
- DOCUMENTATION + integration into EMR
- Increased access and timeliness (increased short term costs/long term savings?)
- Provider-patient relationship
- Appropriate Use and Quality Assurance
- Effects on organizational structure of healthcare, work processes, patient flow, clinician job description, place of work



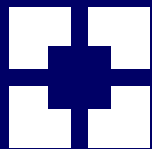
AIM

Association Internationale de la Mutualité



Suggested Principles

- E-health should always enable solutions to improve the broad scope of healthcare
- Collaborative and integrated care
- Patient focused service models
- Integrated care models will be developed and financially sustained by Health Insurers. They can be the driver, initiate and support new initiatives to implement integrated care: Chronic disease management, home-care, prevention with incentives
- New partnership with providers, payers and industry to create new initiatives
- “Water runs downhill” - the flashpoint is different in each country - identify the “key”



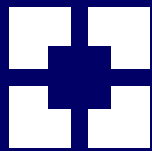
AIM

Association Internationale de la Mutualité



Integration of Tele-health

- Reimbursement for tele - health as the most cost-effective and highest quality alternative
- Tele-health should and will be integrated into the normal healthcare process
 - ❖ The terminology “E-health” or “tele-health” should disappear
 - ❖ E-health will become a routine part of Healthcare
 - ❖ E-health in and of itself will not be a specific objective of reimbursement



AIM

Association Internationale de la Mutualité



***Thank
You***