

AIM

Association Internationale de la Mutualité

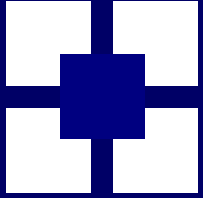
**Better Care for Chronically Ill by
Seamless Service Integration**

A Social Insurance View

**Joint project : AIM – Industry –
Health Care providers**

Brussels 01.12.2011

Dr Jan Van Emelen (MLOZ, B)



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Membership

57 national federations
32 countries worldwide
Europe, Middle-East,
Africa, Latin-America

Activities

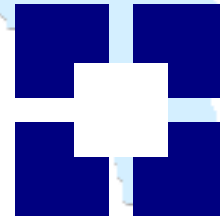
Healthcare financing
Healthcare provision
Social services, pensions
For 240 mln citizens

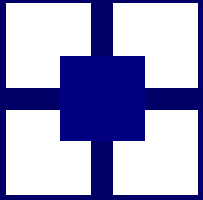
Values and principles

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

Objectives

Interest representation
Knowledge exchange
Lobbying
Promotion

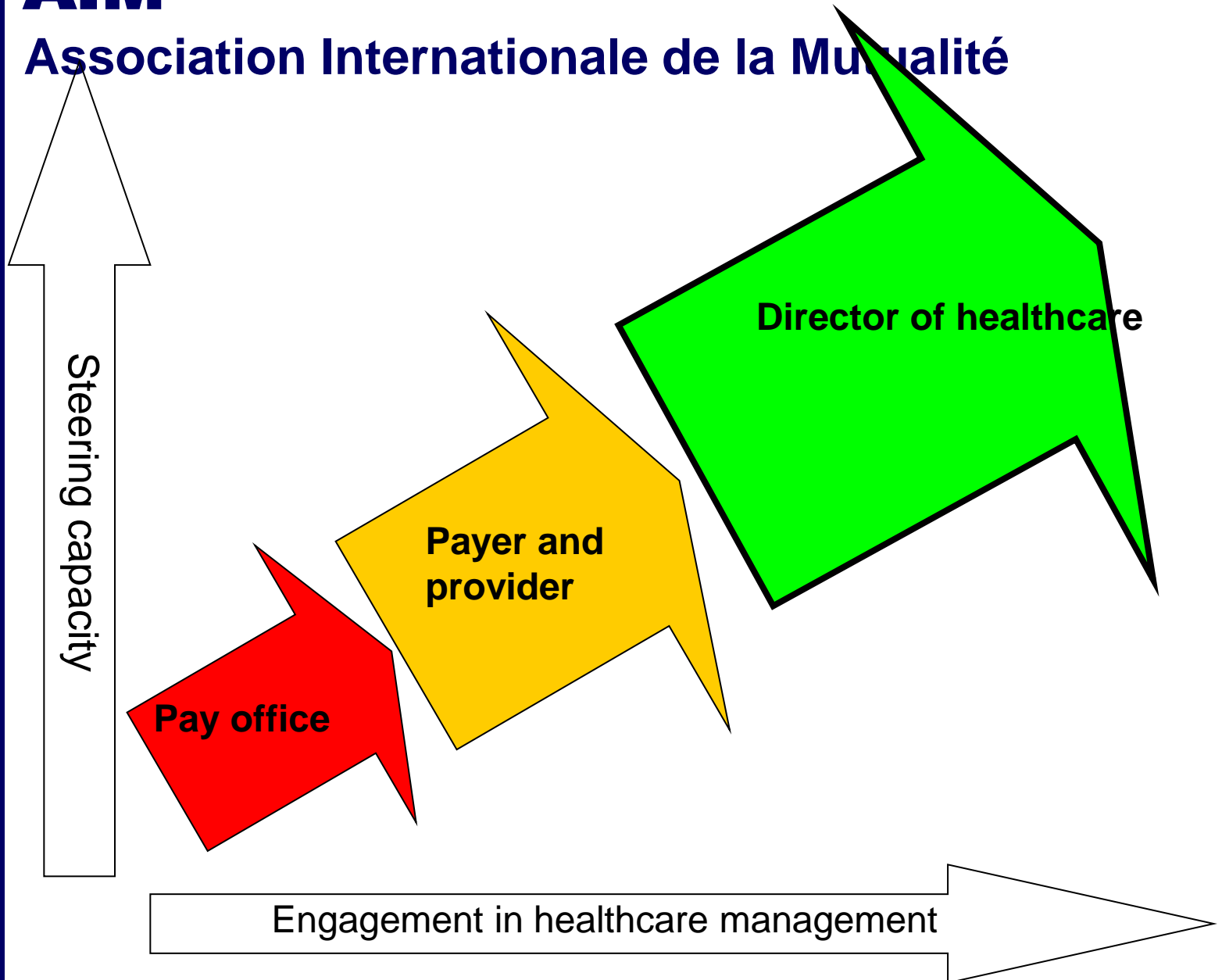


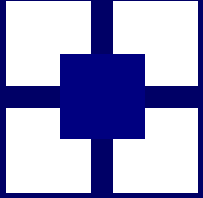


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The New Role



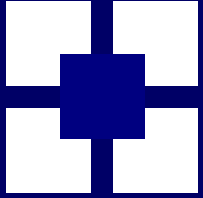


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CONTEXT

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1. Chronic conditions leading cause of mortality not well « managed » : new care model
2. Long Term care due to ageing: budget and workforce
3. Labor shortage : need for efficiency
4. Budget restrictions – need for efficiency
5. Quality and safety : need validation system and methodology
6. More homecare instead of hospitalisation : political willingness
7. Lack of management and coordination
8. IT is a catastrophe
9. Members and patients expect Integrated customised care



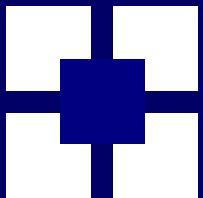
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Seamless service integration

- Seamless : partnerships, consensus
- Services : what services?
- Integration : in the actual health care system

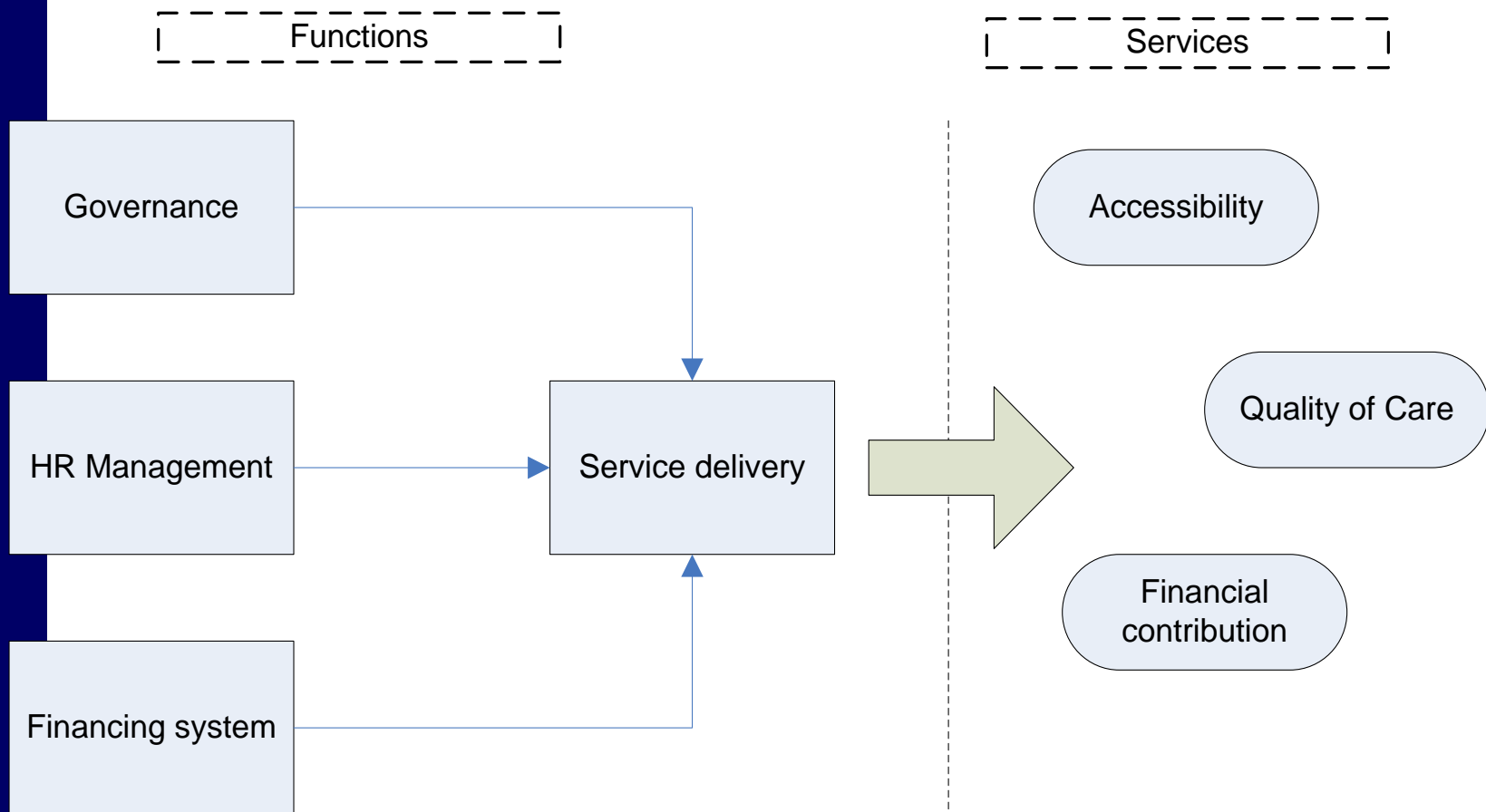
HOW?

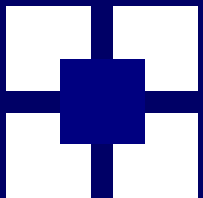


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Health care system - WHO

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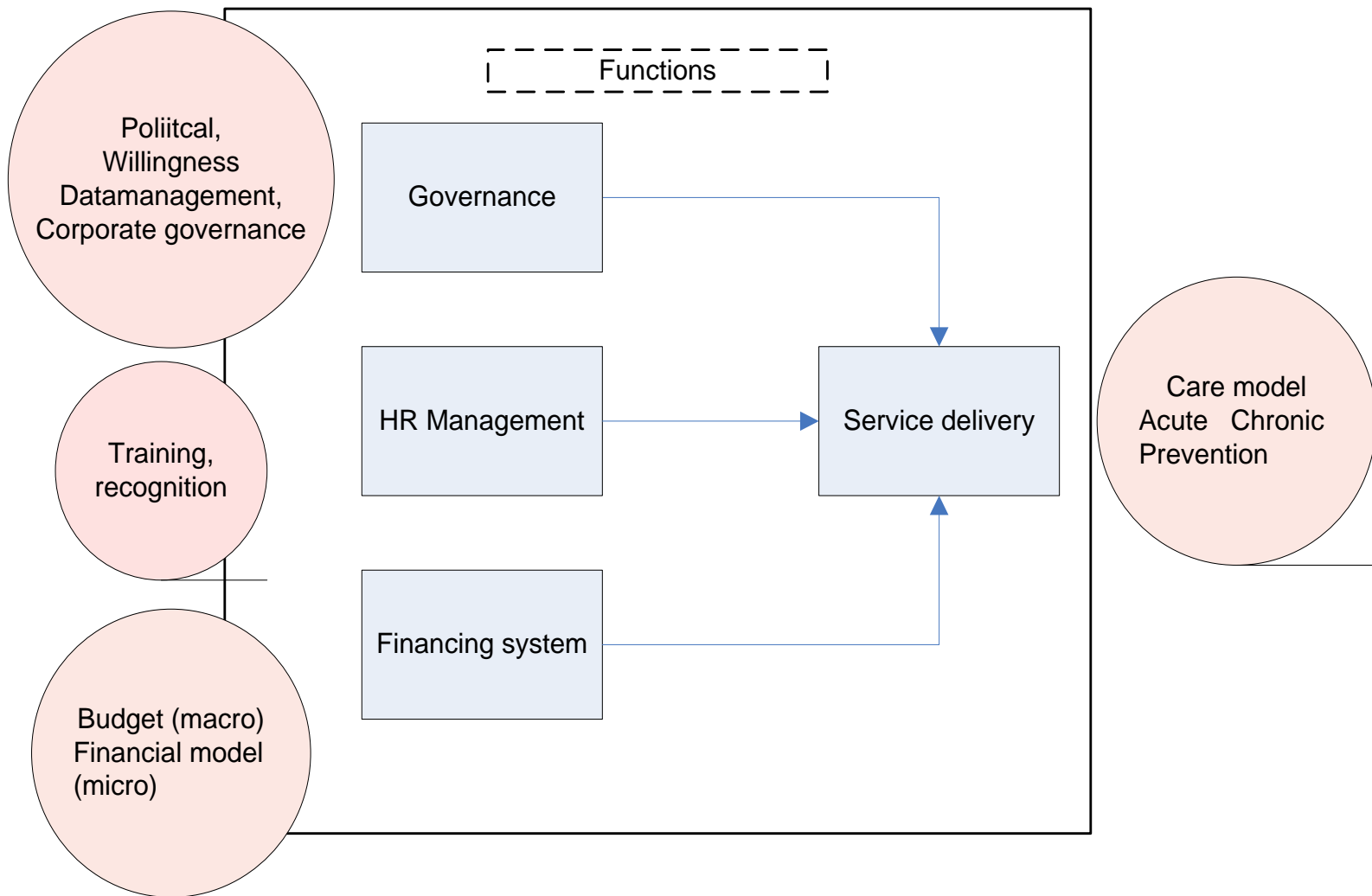


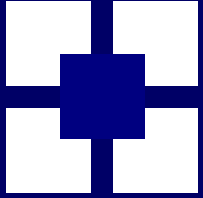


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Problem allocation in system

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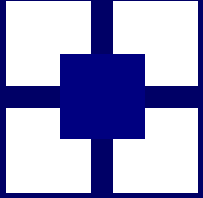


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Vision AIM

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- Integrated Customised Care
- Paradigm shift: new medical model
- Paradigm shift: new financial model in support
- Role and functions of stakeholders in change
- Partnerships
- DM and public health initiative for elderly people

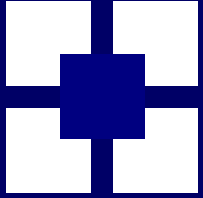


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What to do?

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- Governance :
 - Create **political integration** of prevention, cure, care,
 - Create cultural **willingness** to change
 - Set up **data management system**
 - Evolve towards **Corporate governance**
 - Innovative **public health initiative for elderly** people
 - **Validation board** (at EU level) of programs for Risk management, Disease management, case management

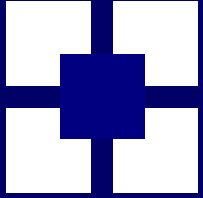


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What to do

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- Services
 - Risk management (RM), disease management (DM), case management (CM)
 - Chronic care model for each pathology and complex conditions
 - Standards of care
 - Services :
 - **Detection, stratification, enrolment,**
 - **Medical management plan and follow-up**
 - **Patient empowerment**
 - **IT support**
 - **Assessment : medical, economic, patient satisfaction**

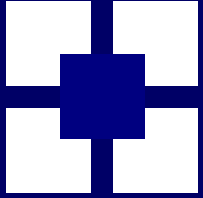


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What to do

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- Human Resources
 - Changing function discussion national and EU level - recognition
 - Training
- Financial model
 - Macro: new budget allocation for chronic diseases (risk management, DM, Case management)
 - Microlevel : new rewarding system for health care provider, for patient and for health insurance



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At AIM level

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- EIP – active and healthy aging:
 - project concept RM, DM, CM with partners
 - EU scientific validation board
 - Public health initiative for elderly people
- AIM level : consortium – EU Cooperative to offer services to AIM members
 - PHR
 - Coaching
 - Research centre

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

