

# New services in the French health care insurance

## *A new paradigm of risk management for the medical service*

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# Plan

The principle missions of health insurance

Risk management (basics)

Health services

*Support for the chronically sick (diabetes) – “**sophia**”*

*Support for hospitalised patients on their return home – “**PRADO**”*

*E-coaching in well-being – “**Santé Active**”*

The medical advisor’s role in health services

# The principle missions of health insurance (1)

## The National Health Insurance scheme

- ✓ **insures** everyone, non-selectively, on the basis of their needs and not their resources
- ✓ **supports** the insured person throughout their lifetime, based on the specific circumstance of life, administrative change, economic fragility and consequences of a state of health...
- ✓ **agrees** to guarantee the same level of service throughout the country
- ✓ **acts** to improve the efficiency of the health care system, control cost increases and monitor quality

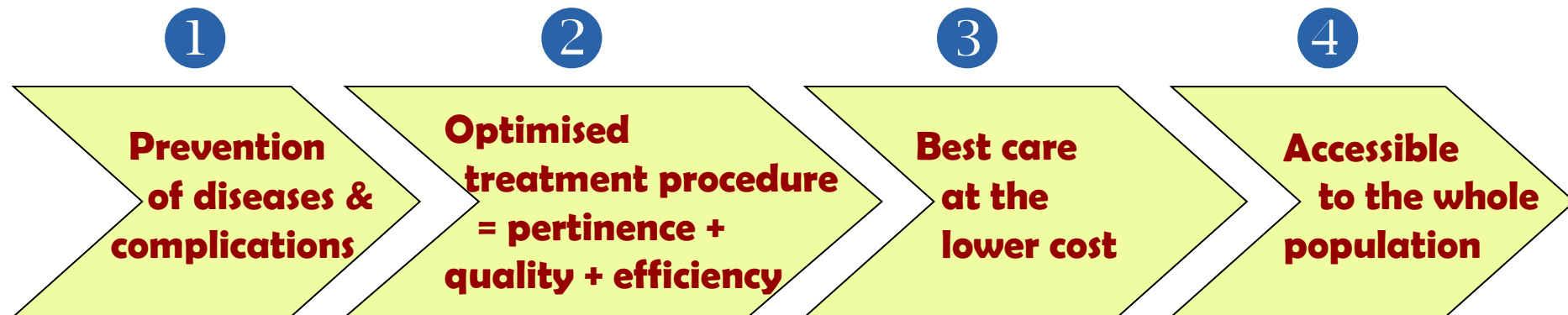
# The principle missions of health insurance (2)

## The National Health Insurance scheme

- ✓ **insures** everyone, non-selectively, on the basis of their needs and not their resources
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**Risk management**

**Risk management** aims to optimise the value for money ratio of our health system for the benefit of all concerned



# Risk management: action principles (2)

**Risk  
management**

For several years:



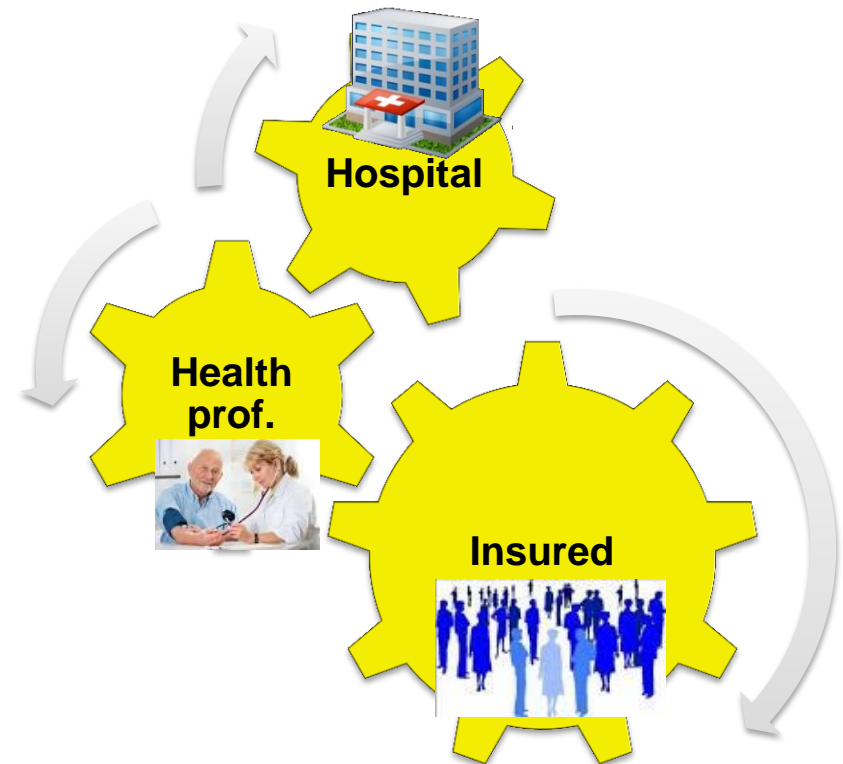
**medicalisation of actions**

**[analysis of the treatment  
process and data, expense  
mapping...]**



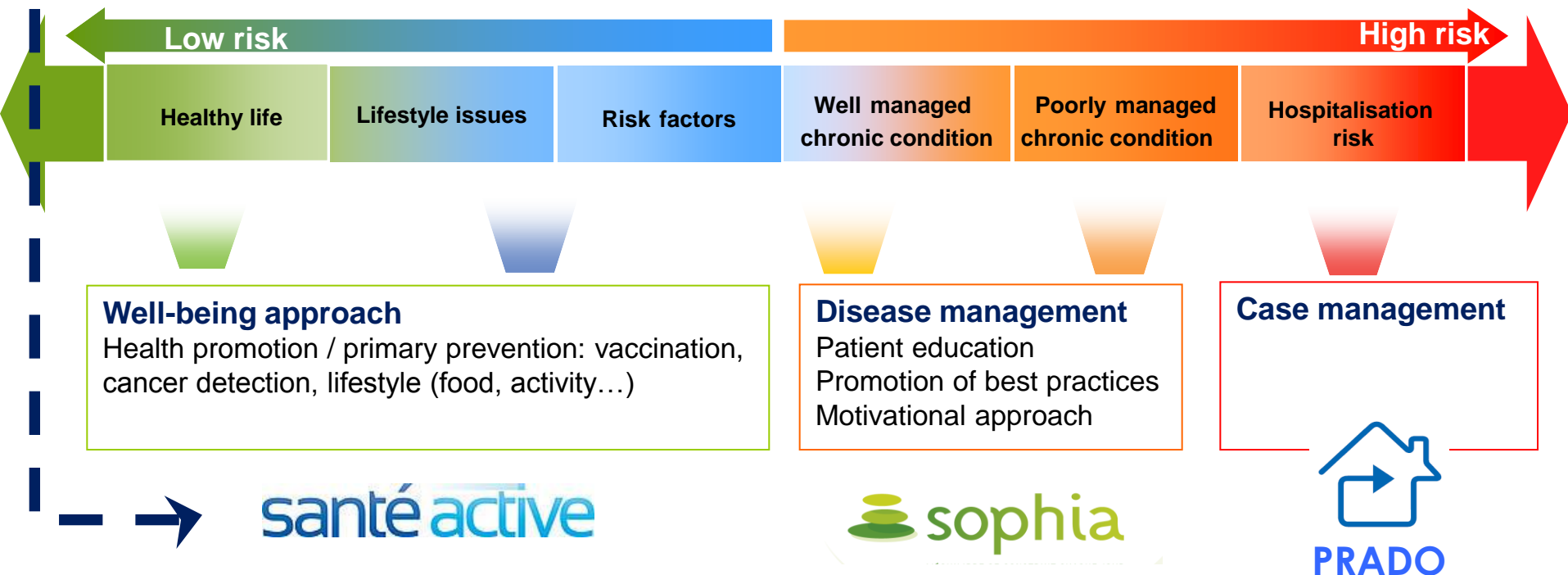
**articulation between the  
mobilisation of health  
professionals and action  
towards the insured**

**[agreements, contracts with  
doctors, etc.]**



# Health services: action principles

TO IMPROVE EVERYONE'S HEALTH, ONE PERSON AT A TIME





# The French National Health Insurance disease management program



le service d'accompagnement  
de l'Assurance Maladie pour  
les malades chroniques

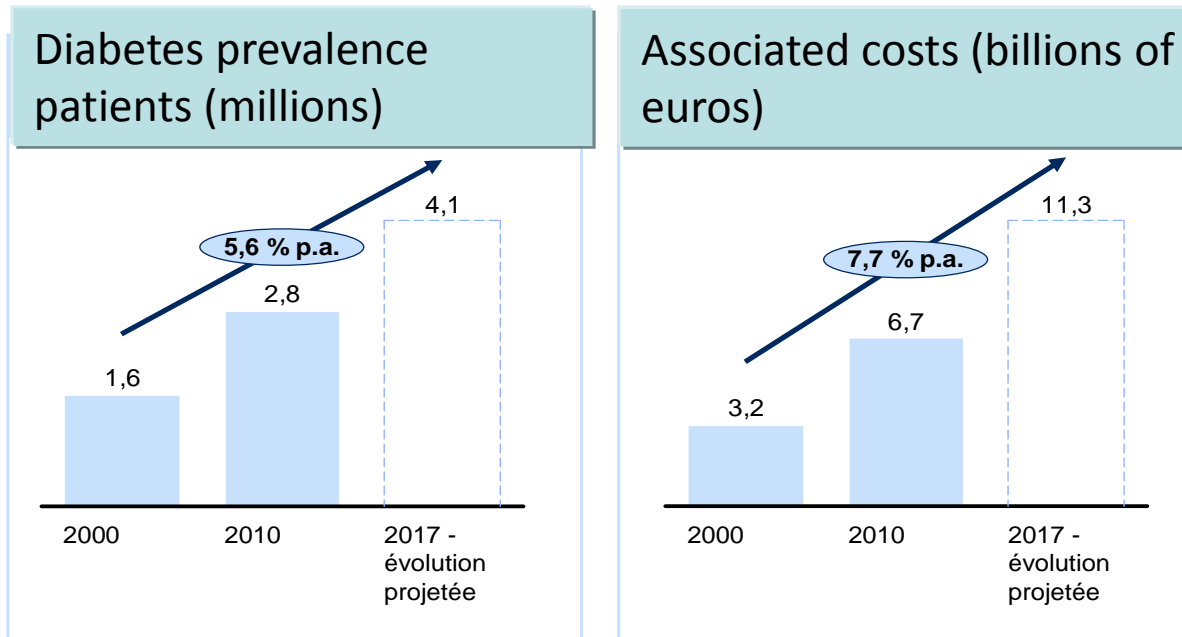




## Genesis of **sophia**

21 million people with chronic condition in France (50% for cardiovascular) = 2/3 of total expenses

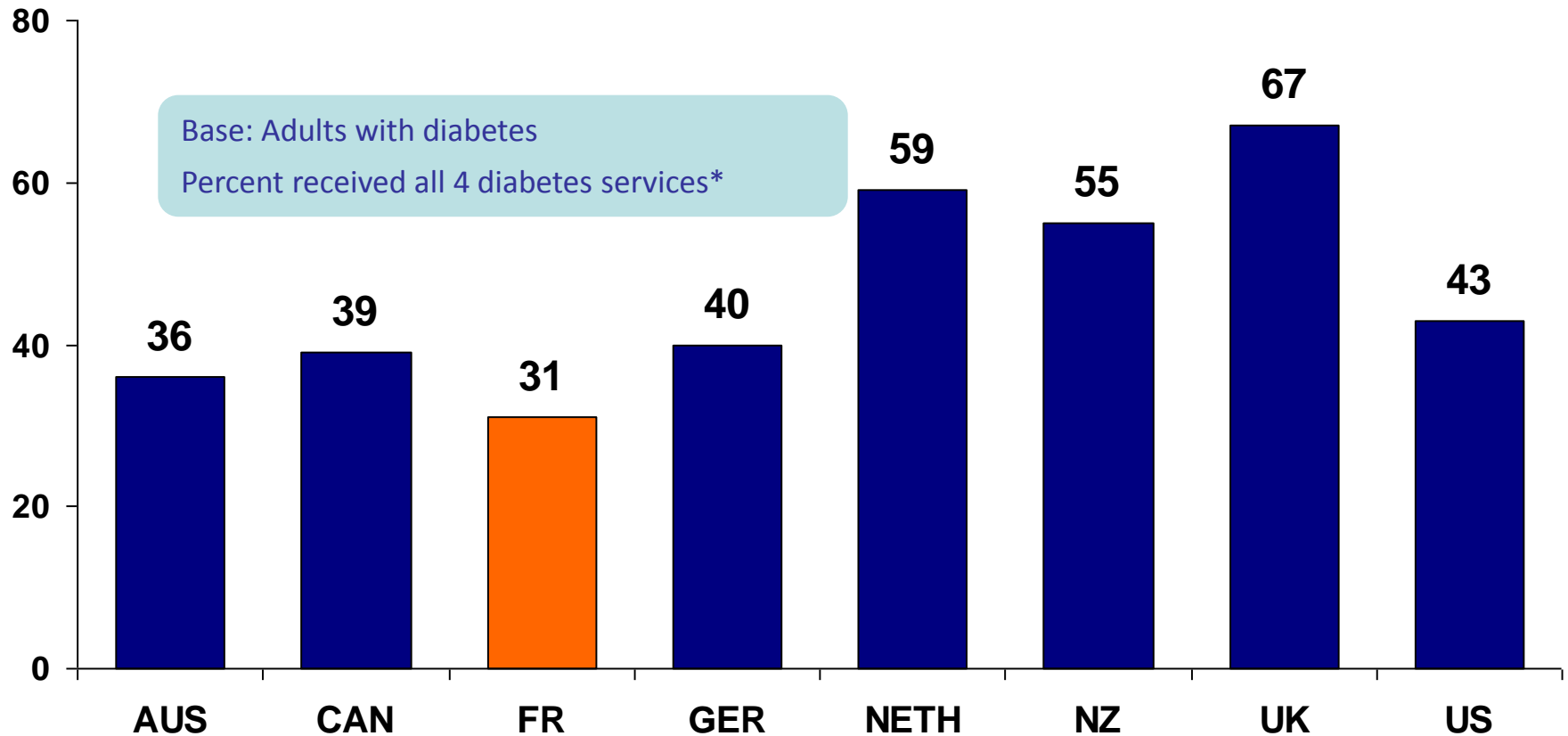
Sharp increase in the diabetes prevalence



SOURCE :  
CNAMTS/ DSES team analysis  
*Prevalence and incidence of diabetes and mortality linked to diabetes in France – Epidemiological summary, INVS*

## Diabetics who received recommended Preventive Care Services

*The Commonwealth Fund 2008 International Health Policy Survey in 8 Countries*



\* Hemoglobin A1c checked in past six months / Feet examined for sores or irritations in past year / Eye exam for diabetes in past year / Cholesterol checked in past year.

## Objectives of the disease management program: *prevention and efficiency*

1

Prevent complications,  
improve health status and  
quality of life of chronic  
patients

2

Reduce complications  
prevalence and related  
health care expenditure

The central principles of the service:

A service **free of charge** for the individual

A **voluntary approach** from the patient : opt-in enrolment

A service respecting member's **personal data privacy** and  
**medical confidentiality**

## The strategy

An opt-in national service for a wide population of chronic patients

To enhance self management and behaviour changes

With sustainable costs for the National Health Insurance

# What is the sophia service ?

## Written documentation

**For all  
members**



Reference  
booklet

Magazine  
"sophia and  
you"



Practical  
support

## Internet



Information web site  
[www.ameli-sophia.fr](http://www.ameli-sophia.fr)

## Nurse intervention (telephone)

**Targeted  
(higher  
risks)**



Personalized mails

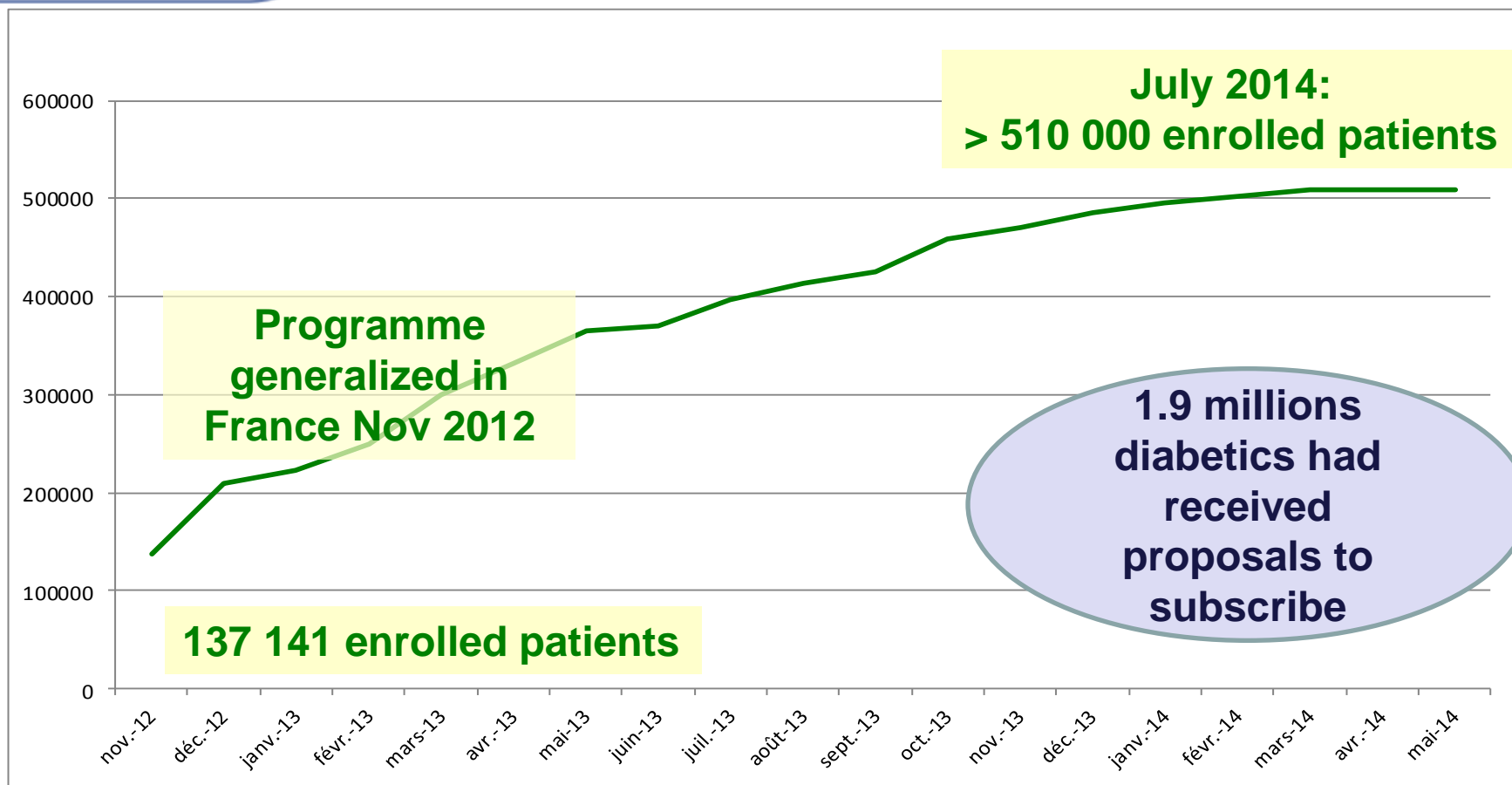


Coming soon :  
Website with  
ecoaching,  
information via emails



Nurse intervention :  
Outbound calls  
(also possibility of  
inbound calls)

- 6 coaching centers
- 260 nurses



**Pilot launched in 2008 in 19 districts**

# Evaluation of the first experimental phase of program (1)

*Independent evaluation*

## Satisfaction evaluation

84% enrolled patients consider that sophia encourages them to change their behaviours

91% of enrolled patients consider that sophia is a good service

89% would recommend the service to friends / relatives

73% of GPs consider it is a good thing that Assurance Maladie invests in such a program

75% consider that sophia is well adapted and helpful for their patients information



# Evaluation of the first experimental phase of program (2)

*Independent evaluation*

## Medico-economic evaluation

- Statistically significant **improvement in the respect** of national clinical **guidelines** (HbA1C check, eye check,...)
- **Decrease** in the **cost evolution** for **ambulatory** care (enrolees vs control group)
- Decrease in the **cost evolution for hospital care** (enrolees vs control group) – all hospitalisations and overall diabetes-related hospitalisations and complications-related hospitalisations
- **Net savings** of 80 to 108 euros per year and per enrolled patient in comparison with the control group population.
- In-patient savings cover the program investments costs.



## Next steps...

- ✓ **Extension to asthma and heart failure**
- ✓ **Online enrolment** for each eligible patient
- ✓ **GPs web service**

Possibility for GPs to enrol their eligible patients

Possibility for GPs to suggest coaching themes

- ✓ **Self administered e-coaching**

physical activity, food, weight management, drug observance,  
tobacco cessation, medical visits observance, stress management

- ✓ **E-mails**

Series of thematic information

Newsletters



# PRADO\*

## the programme for hospitalised patients going home

\* **P**rogramme de  
**R**etour  
**A**  
**D**Omicile  
des patients hospitalisés



### Programme objectives

Anticipate the patient's needs linked to going home and smooth the way for treatment provided between hospital and town practice

# General diagram of PRADO



## Hospitalisation

## Going home

Patient process



Medical team in an establishment



Referring physician



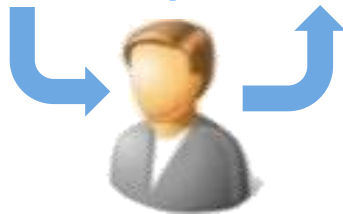
Other Private health professionals



Service providers  
life assistance



Monitored remote  
platform



Health Insurance Consultant (CAM)

= facilitator for town health professionals <----> patient  
to assist the return home

⇒ no intervention in medical decisions

# Three sections of PRADO tried out since 2010



## MATERNITY

Experimental: 2010

Extension: 2011

Generalisation: 2012



## ORTHOPEDICS

Experimental: 2012

Extension: 2013

Generalisation: 2014



## HEART FAILURE

Experimental: 2013

Extension: 2014



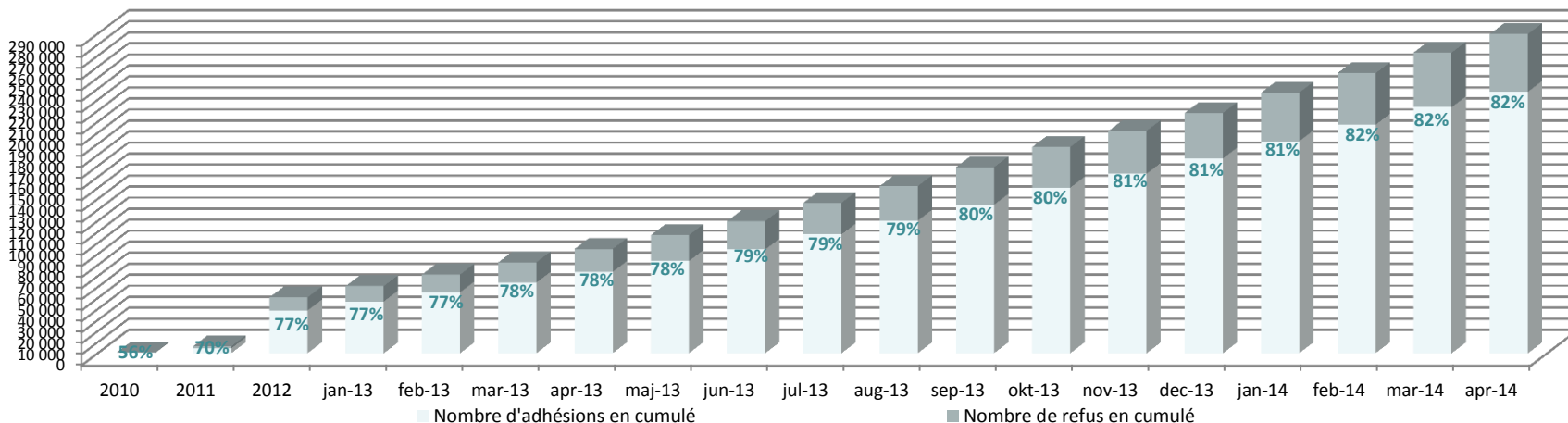


## MATERNITY

# A service which is much approved of by young mothers



Evolution of the programme since its launch to the end of April 2014



More than **289 400** women have taken advantage of the presentation of the offer

More than **237 300** women have joined the programme

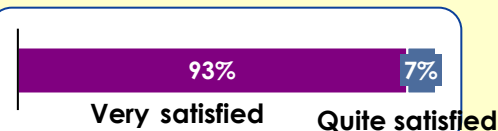
**99%\*\*** members would recommend the programme to someone they know

**96%\*\*** members benefited from an advance of costs for SF visits

**84%\*\*** RG members benefited from CAM help in affiliating their baby with the CPAM



**Very satisfied with the service\*\***

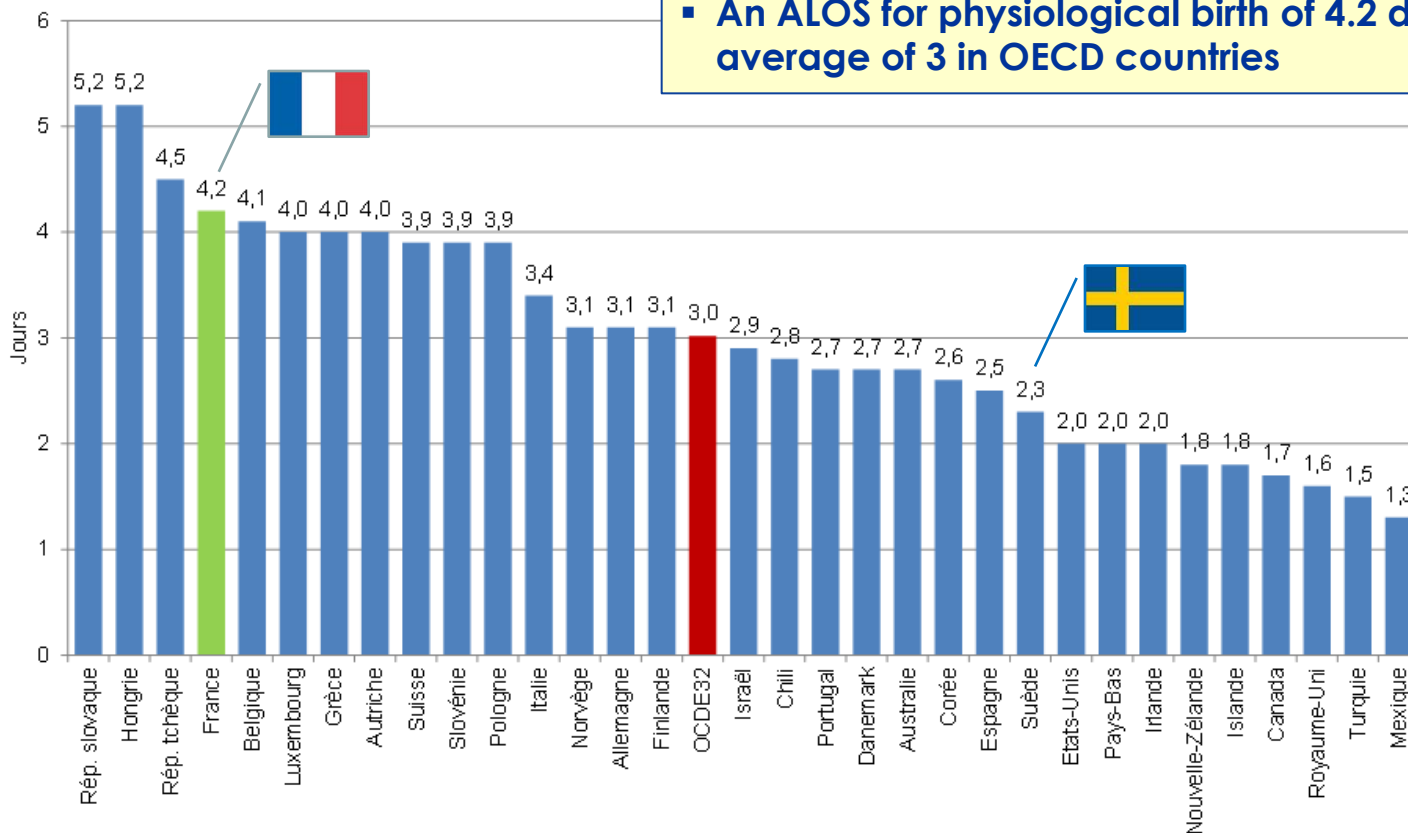




# An average length of stay (ALOS) longer than many other OECD countries

## MATERNITY

- € 9.4 billions spent on health insurance in 2011 of which € 4.3 billions for hospital treatment
- 17 500 maternity beds
- An ALOS for physiological birth of 4.2 days versus an average of 3 in OECD countries



# Positive effects on the treatment process and reduced average length of stay

MATERNITY



Recourse to treatment	Women members (N = 13 481)	Women who did not take advantage of the service following its presentation (N = 5 785)	Women eligible in 2012 (N = 30 464)	Women eligible in 2011 (N = 41 704)
<b>Visit by a private midwife</b>	1,96 visits per woman	0,34 visits per woman	0,55 visits per woman	0,49 visits per woman
<b>Gynecological consultation</b>	1,05 consultation	1,06 consultation	1,06 consultation	1,06 consultation
<b>Pediatric and/or GP consultation</b>	1,97 consultation	1,90 consultation	1,97 consultation	1,98 consultation
<b>Post-natal rehabilitation by a midwife or masseur-physiotherapist</b>	8,6 sessions	8,41 sessions	8,47 sessions	8,53 sessions
<b>Average length of stay</b>	3,98 days	4,03 days	4,07 days	4,07 days

Evaluation of 1 January to 31 October 2012



# After maternity: Orthopaedics (2011)

Programme target:

6 orthopaedic surgical procedures targeted (hip, knee and shoulder)



Hip



Knee



Shoulder



Hospitalisation

Retour au domicile

Parcours patient



Équipe médicale en établissement



Infirmière libérale



Médecin Traitant



Masséur-Kiné. libéral



Prestataires aide ménagère



Prestataires Portage des repas



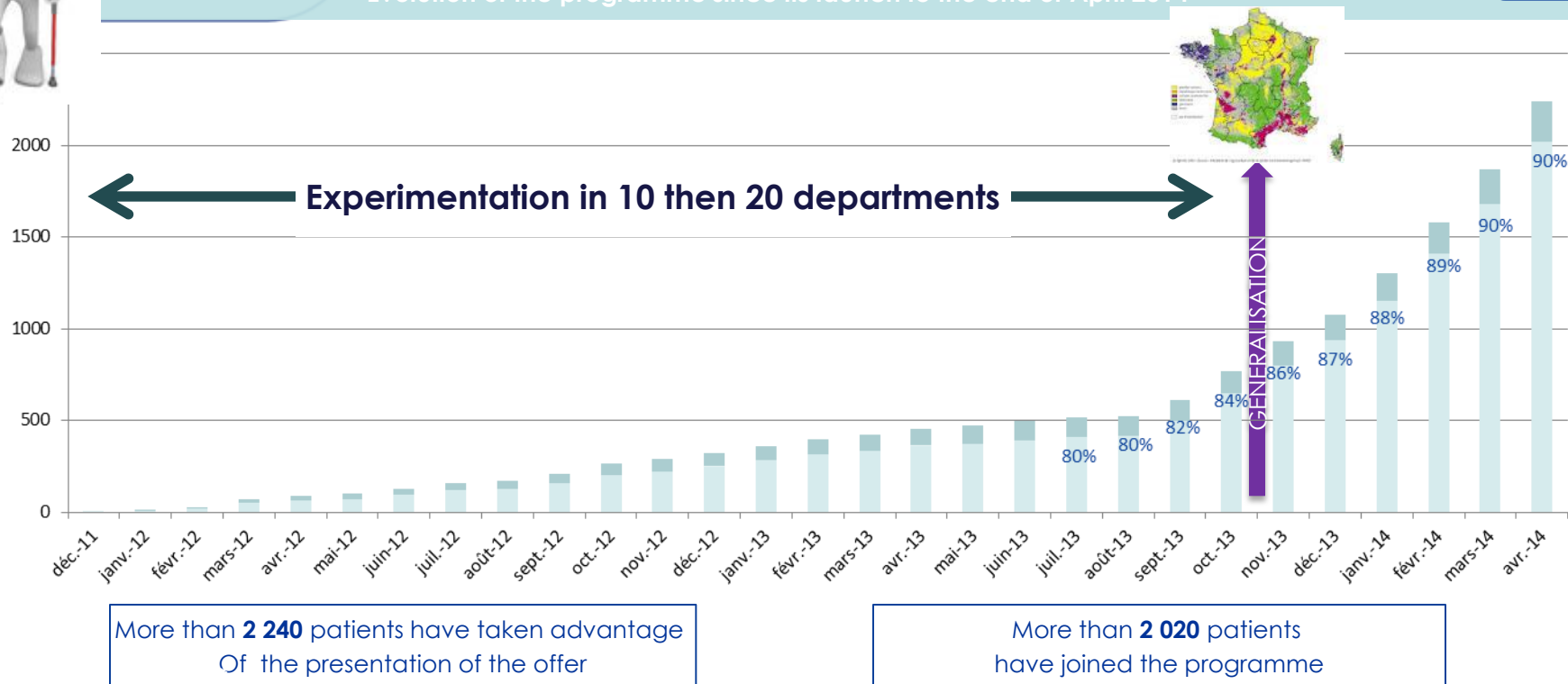
Conseiller Assurance Maladie

**Objective: to limit stays for rehabilitation after surgery, by facilitating the organisation of treatments at home**





Evolution of the programme since its launch to the end of April 2014



98%\*

of members would recommend the programme to someone they know

Very satisfied

80%\*

Quite satisfied

18%\*

2%\*

Quite unsatisfied

Extension to 23 other surgical procedures (spine, limbs)

## HEART FAILURE

# Coordinated treatment for patients with heart failure



## Hospitalisation



Medical team in an  
establishment

## Going home



IDEL



Referring  
physician



Private  
cardiologist



Service providers  
life assistance



Platform  
Remote weight  
monitoring



Health  
Insurance  
Counsellor

## HEART FAILURE



### Cardiologist

- visit 1 month after leaving hospital
- followed up in coordination with the referring physician



### Health Insurance Counsellor contacts the patient by telephone

On the 8th day  
At 2 months  
At 6 months

## On going home: treatment for the patient



Patient



### Life assistance service

Home meals and/or domestic help for the patient, in association with the social services

### Referring physician

- Coordinated the patient follow-up with the cardiologist and the district nurse
- an early visit within 7 days and a longer one 2 months after leaving hospital



### District nurse

Weekly follow-up and education sessions using the follow-up book



### Active Nutrition

Find the balance

Move for your health

Before shopping

During shopping

After shopping



### Back health

The back from A to Z

Move for your health

Use the right postures

How to train your back

Look after your back at work



### Heart health

Take your health to heart

Move for your health

Eat well every day

### Bienvenue dans le coaching santé de l'Assurance Maladie



Le coaching en ligne Santé Active vous propose de suivre 3 programmes personnalisés pour préserver votre santé. Vous y trouverez des conseils concrets, adaptés à vos habitudes de vie et des astuces simples à appliquer au quotidien.

En vous inscrivant à notre coaching santé, vous bénéficiez :

- ✓ d'un **accompagnement sur-mesure** pendant plusieurs mois pour vous aider à faire évoluer durablement vos habitudes de vie,
- ✓ d'un **coach personnel** qui vous aide à atteindre vos objectifs,
- ✓ de **conseils disponibles à tout moment** sur votre ordinateur, votre tablette ou votre smartphone.

[JE M'INSCRIS](#) ➔



Le programme Santé du Cœur vous apprend à connaître les facteurs de risque cardiovasculaire sur lesquels vous pouvez agir (surpoids, tabacs, etc.). Nos conseils vous donneront les clés pour manger équilibré et pratiquer une activité physique régulière.

Nutrition active

Santé du dos

← Santé du cœur

Ce service est destiné aux assurés en bonne santé qui souhaitent le rester. Si vous avez des problèmes de santé, parlez-en simplement à votre médecin traitant, il pourra vous conseiller sur les précautions à prendre.

Vous avez suivi un coaching santé au sein de l'espace Santé Active de votre département ? [Inscrivez-vous](#) à un atelier de suivi et apprenez à conserver vos bonnes habitudes depuis chez vous !

# Medical advisor and health services

## Four main roles (1)

### 1. Help with designing and creating programmes

International benchmark, prior studies

Health insurance database analysis

Operational adaptation of the programmes

Experimental contexts

*[epidemiological knowledge – data processing – knowledge of health systems]*

# Medical advisor and health services

## Four main roles (2)

### 2. Assistance and training for those involved in the programme

Medical advisors are involved in training health insurance counsellors and supporting their activity (level 2)

*[medical expertise – refresher courses  
Maintaining confidence with administrative  
department personnel]*



# Medical advisor and health services

## Four main roles (3)

### 3. Promoting health services: important role +++

#### 3.a. Insured with social security

Medical advisors explain to patients they meet, what is the benefit of the programmes (e.g. sophia for diabetics, etc.)

*[force of medical conviction]*

Campaigns targeting patients who are poorly followed up are organised by the medical advisors

*[ability to identify patient populations in databases related to diseases]*



# Medical advisor and health services

## Four main roles (4)

### 3.b. Health professionals

The medical advisors are privileged contacts for **referring physicians** to explain the content and benefits of health services and to promote registrations and applications.

The medical advisors explain to **health professionals** (nurses, masseurs-physiotherapists, midwives... ) their role in these programmes and the advantages to be obtained in the quality of care they provide

*[knowledge of the health professional environment – confidence]*

# Medical advisor and health services

## Four main roles (5)

### 3.c. Health establishments

Medical advisors = privileged contacts for **nursing staff and hospital management** to explain the contents and benefits of health services (e.g. PRADO) and convince them to take part in the programmes

*[knowledge of the health professional environment - confidential relations]*

# Medical advisor and health services

## Four main roles (6)

### 4. Personal data protection

The health services involve the manipulation and storage of **personal files** which include disease diagnoses.

French law requires that these data be placed under the responsibility of a medical advisor.

*[compliance with legal standards concerning the protection of medical and personal data]*