

Adaptation and application of "managed care" tools and "EAP" tools to increase the wellbeing of the individuals.

Observations

Opportunities exists in all health systems to apply many of the tools and concepts to improve the wellbeing of the individual. There is strong evidence that increased wellbeing also increase the productivity.

*Cost shift- 1% reduction of mental
health expenditure-
medical expenditure increases by 37%*

Ronald Kessler, Professor, Harvard Medical School

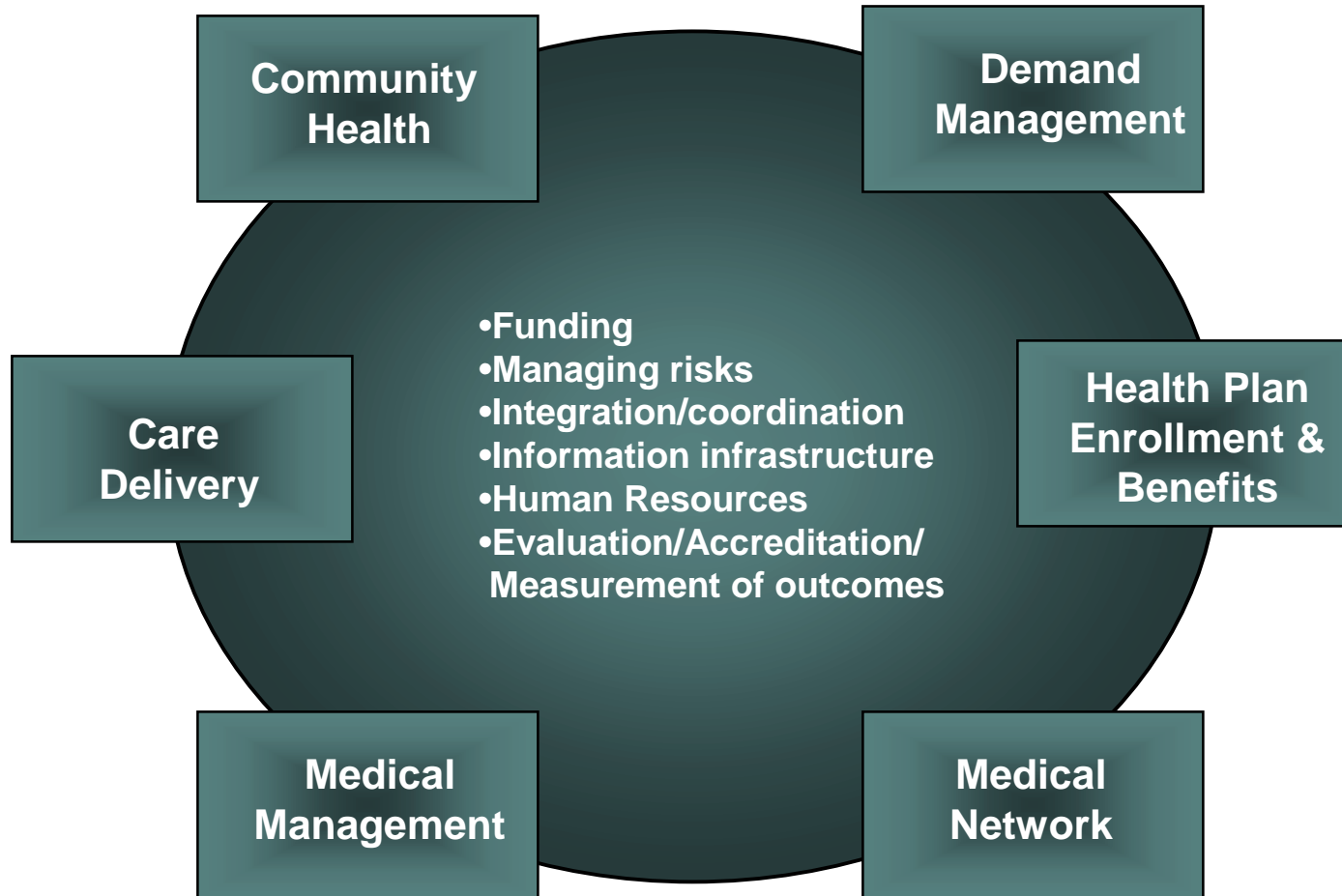
Observations

Although all health systems can benefit from applying a similar set of tools, the sequencing and specific design of the tools applied will vary by health system and country, based on the context within which the health system resides.

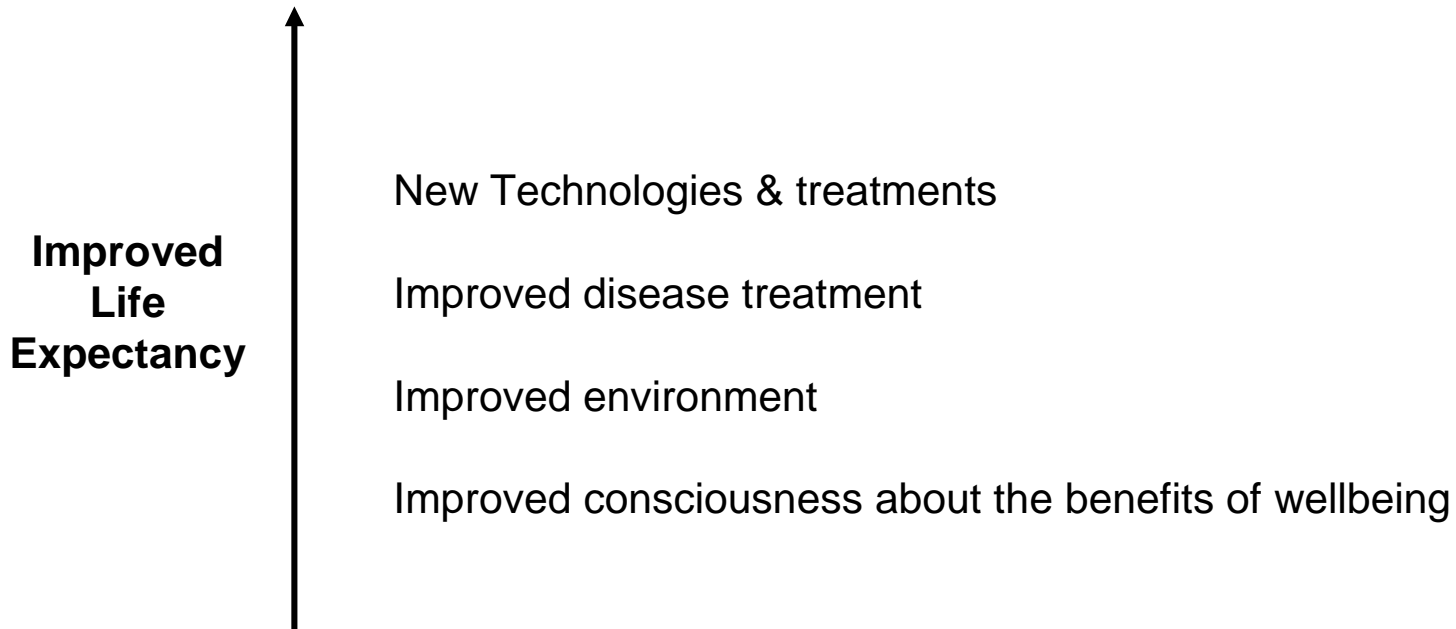
Observations

Application of tools to the health systems will play a role in helping systems evolve, resulting in the emergence of future health system archetypes.

Building blocks



Community Health

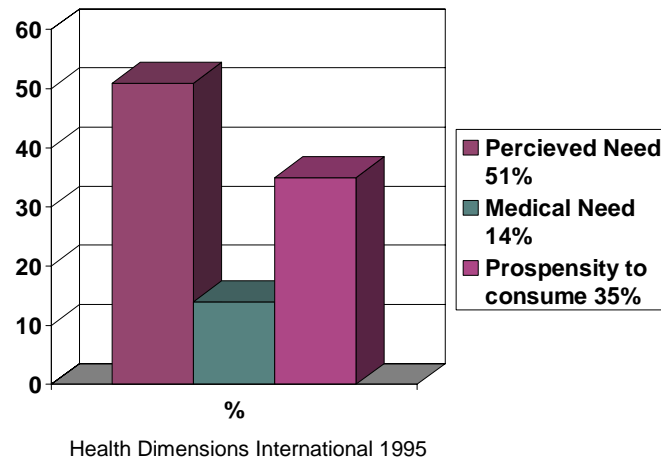


Other factors: Education, Income, Genetics
Who are interested: Government, employers, insurance

Demand Management

The appropriate care at the appropriate time rather than reduction of care

Drivers of Demand



Drivers	Description
Morbidity	The need for medical treatment is influenced by the absence of illness
Perceived Need	Individuals have widely varying perceptions of the severity of a given problem, and will seek care according to these perceptions
Patient Preference	Treatment options chosen may vary when patients are provided with the cost and benefit information necessary to make choice about course of treatment
Non-Health Motives	Individuals may use medical care for reasons not related to their health (e.g., qualifying for sick leave, disability).

Modified from Healthier Communities Direct "New Disease Management" by Don Vickery

Demand Management (cont)

Focus in Demand management programs

- Enhanced information and decision support through telephone-based “nurse help” lines
- Targeted information on “self-management” of minor conditions and use of available prevention-focused resources
- Targeted self-help information for personal management of chronic conditions
- Health promotion or wellness programs, including screening and risk assessments, at non-clinic sites, such as workplaces and schools

Tools currently used by organizations to manage demand include:

- Wellness handbooks
- Educational material
- “shared-decision”- making software
- Home monitoring
- Telemedicine
- Nurse triage call centers
- Disease management programs
- Preventive care
- Wellness programs

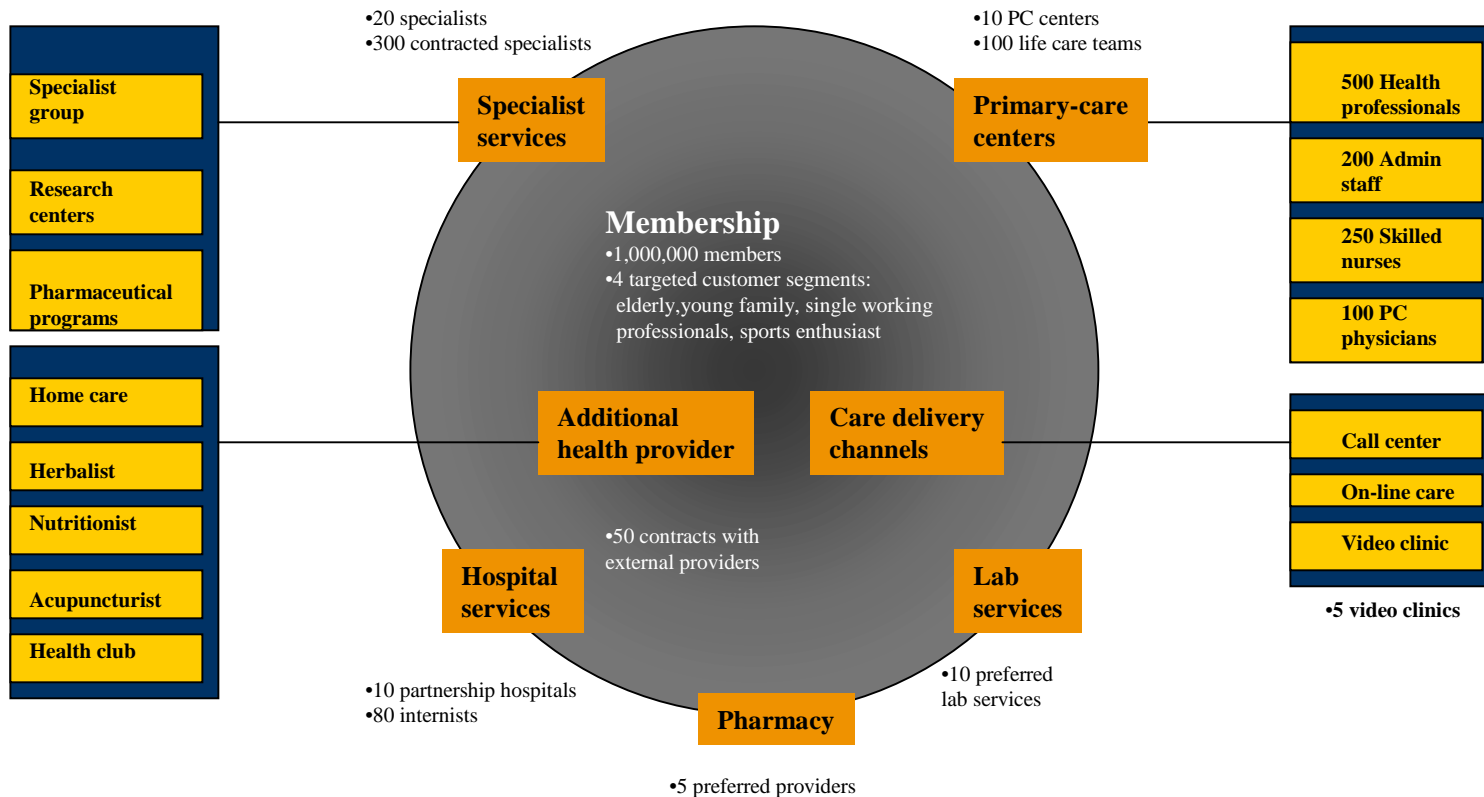
Health Plan Enrollment and Benefits

Enrolling members in the plan and administration of their benefits

- Tracking eligibility
- Communicating benefits
- Paying claims
- Answering member questions
- Handling grievances

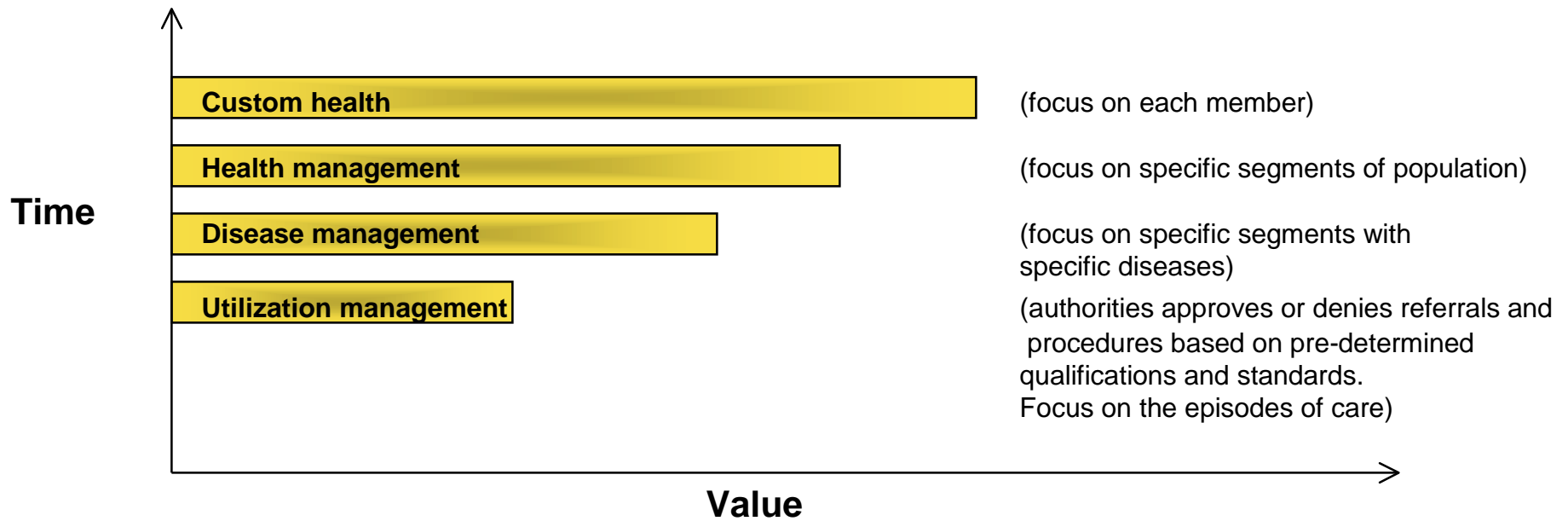
Medical Network

The medical network building block encompasses the design, maintenance, and management of the network of providers who are under contract to deliver care to members. The figure below shows a prototype of how an integrated network might look.



Medical Management

Medical management refers to the processes, policies, organizational models, and information technology infrastructure used by organizations to effectively manage and deliver care and achieve outcomes for individuals and populations, while managing costs.



Care Delivery

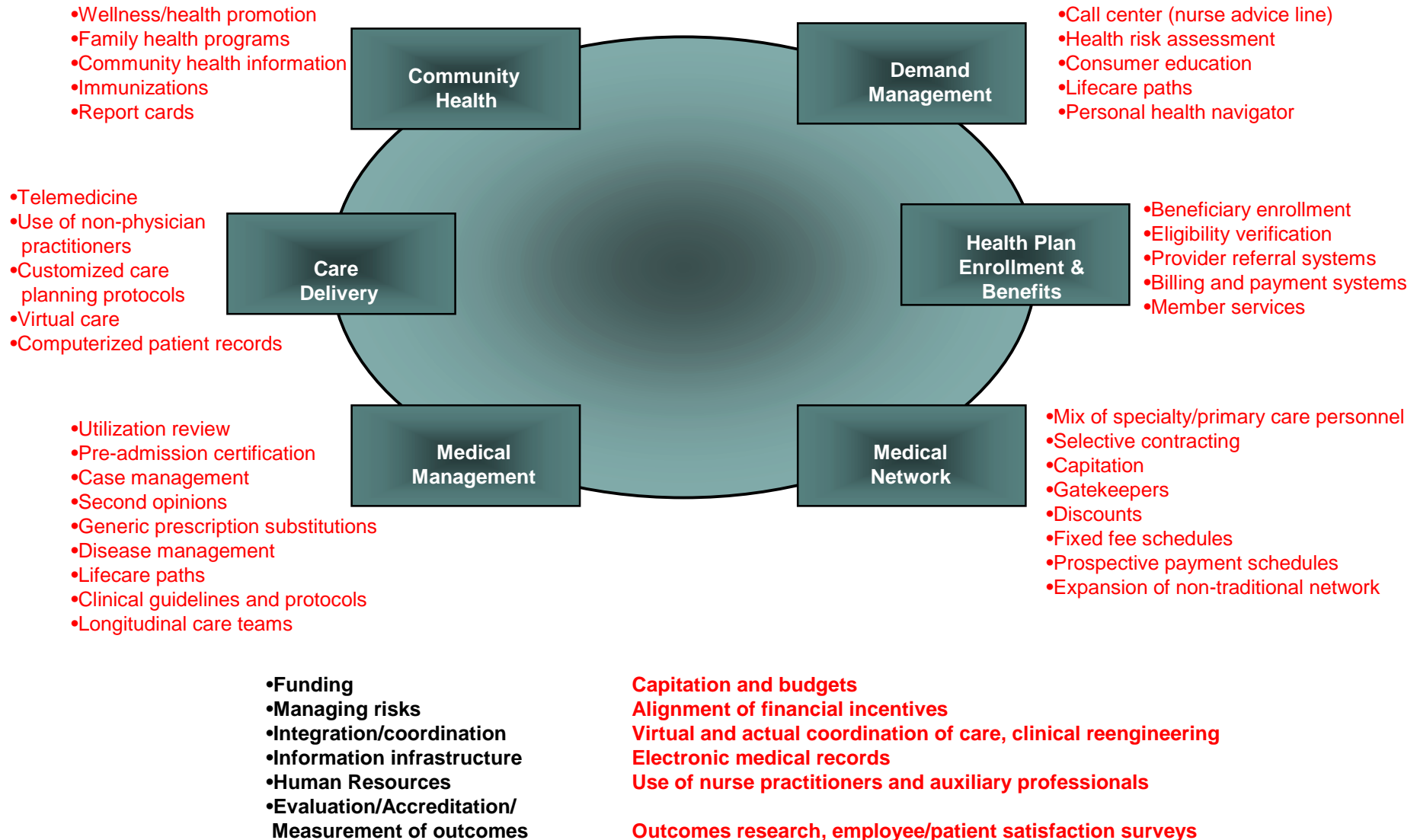
Problems

- Non clinical services delivered by inappropriate staff
- Inappropriate or unnecessary care frequently delivered
- Care is impersonal and members experiences unsatisfactory waits
- Care often given in high-cost inpatient and ambulatory facilities

Solutions

- Roles and incentives in place to ensure care delivered by the most cost-effective provider
- Care protocols and coordination encourage the appropriate delivery of tests, procedures, equipment, and prescriptions.
- Processes and enablers in place to effective, efficient, and compassionate delivery of care.
- Technology and an increase in self-care enable “virtual” delivery of some services

Tools (in red) in the context of Building Blocks



Issues

- Lack of terminology and culture
- Many of the tools are not known
- Lack of knowledge and competence (not invented here)

The need

A more pragmatic view on the healthcare system.

A more “pluralistic” system.

An environment that inspires to ongoing improvements and experiments of new tools/concepts.

The need (cont)

Health models (reforms) should be evaluated out of the following criteria:

- How the reform benefits the patients
- What kind of incentives the reform creates among the health professionals
- How the reform provides the desired balance between quality and cost

Health models (reforms) should not be evaluated out of the following criteria:

- How we can protect existing structures
- How we can avoid new players
- How we can protect unions of professional