

Managing NCD's from an insurer's perspective

Can we keep the system sustainable?

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What are NCD's?

Historic overview of disease and disease management

Challenges and developments in Aruba

Solutions: overview and results so far

Future successes?

What are NCD's?

Non Communicable Diseases

- * Caused by not dying from other causes
- * Risk factors highly correlate with welfare increase in last 50 years
- * Solution highly violating all that evolution has taught our bodies
- * e.g. heart disease, obesity, diabetes, cancer, Alzheimer

Historic overview: causes of death

Pre Historic Age
(100.000 - 3000 BC)

Hunger
Violence

Property, state controlled violence

Civilisation Age
(3000 BC- mid 20th century)

CD's
Influenza, plague, etc

Hygiene (Semmelweis!)

Welfare Age(now)

NCD's

Lifestyle change

Medical intervention has limited effects compared to the big 3

Historic overview: 5 stages of focus point

- * Doctor knows what's best
- * Disease find the cure and it's fixed
- * Patient Comorbidity
- * Individual Quality of life
- * Society Total costs, prevention

Entering new stage doesn't necessarily end the former one(s)

Cultural causes (hard to change)

Inevitable?

No 'fix it all' cure, chronic treatment and prevention needed

Positive side:

- * Smoking going down
- * Alcohol drinking age (16) under discussion
- * increasing awareness of lifestyle

Alarming situation:

- * cars used for all transport, no physical labor
- * succes celebrated with unhealthy foods
- * 7 % identified as diabetic, estimated 12-15%
- * 1.5% identified as insuline dependent, estimated 3.0%
- * 0.15% renal failure, dialysis. Number is growing.
- * 65-70% is overweight, about 25-30% extremely overweight
- * increasing demand in volume and intensity for long term care

Medical: policy focus on quality

- * Chronic care (SABA): investing in medical knowledge
- * Integrated treatment of dementia (incl Alzheimer)
- * Investing in compliance: POH, Diabetic centre

Society:

- * Awareness on physical activity
- * Prevention: school, TV adds,, smoking tax
- * Cultural change: celebrate differently!

Finance:

- * Sin Tax on unhealthy products to:
 - * Fund set up to finance the increased future demand ('lost generation')
 - Discourage the next generation to overuse these products



Proven policy successes: SABA

SABA (chronic care homes):

Since 2011 specifically trained doctors allocated by AZV

	<u>2010</u>	<u>2013</u>
Care intensity	100%	111-145%
Volume	300 persons	330 persons
total health care costs*	100%	91%

Without intervention total costs would have been 34% higher.

Quality of care by definition improved.

*corrected for price changes, excluding inflation



Proven policy successes: diabetes compliance (1/2)

Case: testing materials for insuline users:

Old policy based on distrust: fixed fee per day

Since 2013 policy goal to involve and connect all providers, to improve patient compliance

- * GP's, Diabetic Centre, Medical Specialists and supplier of testing materials all need to be involved
- * Increased use of materials: payment on materials based on actual use
- * Increases cooperation: payment only for patients seen in the Diabetic Centre or by medical specialist
- * Testing results to be send to GP's
- * Mirror information to GP's on following guideline diabetic care

- * AZV initial budget 2013 raised by 30%.

Proven policy successes: diabetes compliance (2/2)

- * Feedback to GP's to create awareness:
 - * extreme differences in how compliant they are with the guideline (38 to 78%)
- * Diabetic Centre has doubled it's number of patients
- * Number of daily self tests per patient have doubled (0.9 to 1.8)
- * AZV budget under (!) budget 2012. We hope to spend more in 2014 and the coming years.

Compliance is up

Involvement within the care chain has risen

Costs have been lowered

Future results to present here?

- * Dementia program (sooner and better treatment will result in lower costs and higher quality)
- * DRG for medical specific care
- * POH + mirror information intensified
- * Home dialysis
- * Pay for performance (quality results)
- * Compliance program for pre-dialysis group
- * New diabetic tool: direct feedback by call centre



Thank you

Questions?

