

FOKKE & SUKKE

are going to today's final presentation

Do you know what
this will be about?

My guess is 88 sheets
and no time for questions



FLGWT



National Health Insurance Aruba (AZV)

The AZV Experience:
Strategic Management and Spending Wisely in its MIS-IT Choices and Applications

Or

IT or not IT: that's no question

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11th CCHFI
October 26, Bonaire





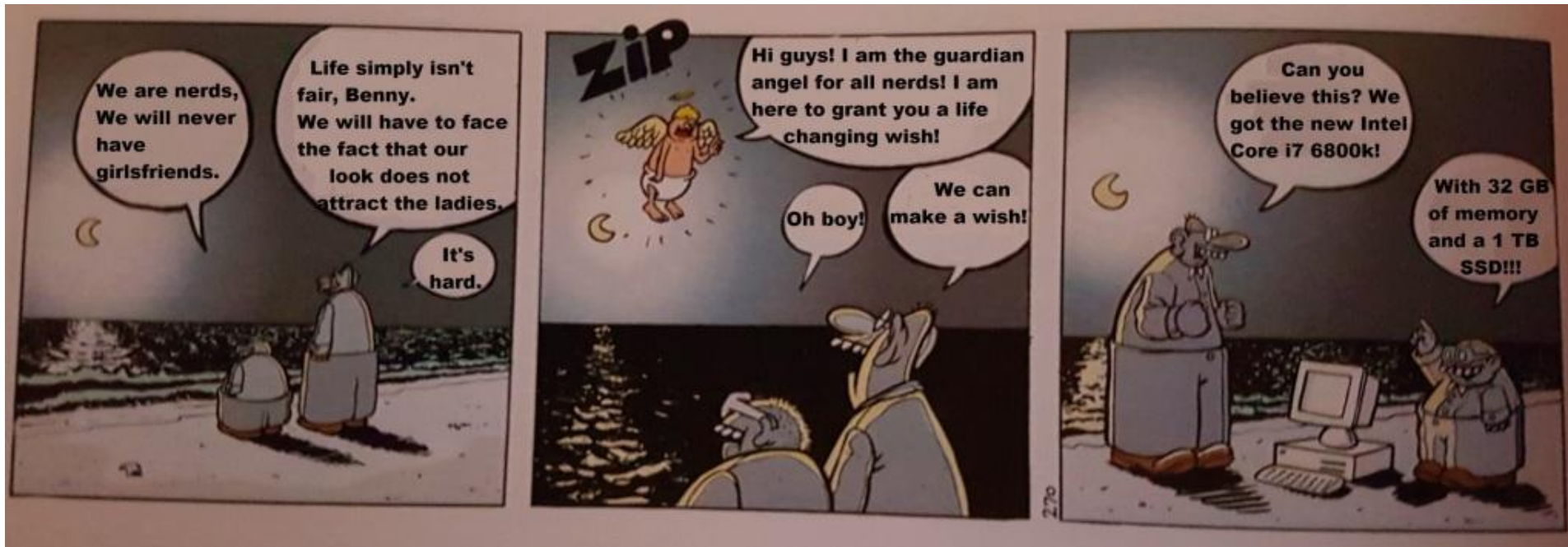
Introduction

ICT: what is it?

Institute For Counter Terrorism
Interconnected Computer Terminal
Ideal Cycle Time
Introduction to Critical Thinking
Individual and Collective Training
International Campaign for Tibet

Information and Communication Technology







Outline

What are some of the major strategic choices/actions taken to optimize the benefits of ICT in the NHIP?

How have these contributed to improving operational efficiencies, financial management and patient-centered care?

What are some of the new plans for enhancing the role of ICT in NHIP's operations?





Insurers' Challenges

- Billing
- Pre-authorization of Care
- Compliance with AZV audit
- Communication for Medical Referral
- Policy Making: Analyzing the (BIG) data





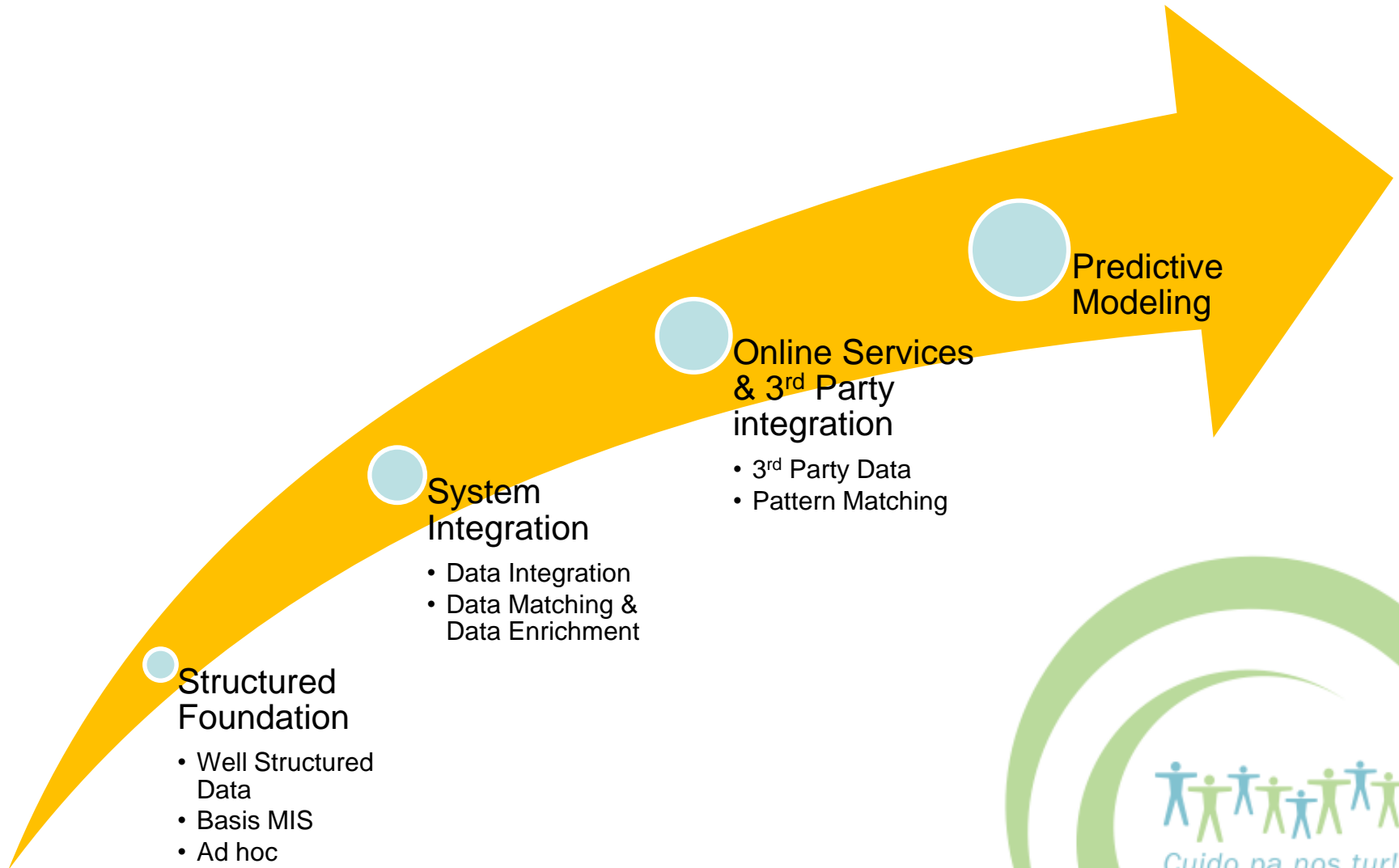
Providers' Challenges

- Electronic Medical File
- Pre-authorization of Care
- Billing
- Communication amongst providers
- Policy Making: Analyzing the (BIG) data





From inside to outside



Structured Foundation

- Well Structured Data
- Basis MIS
- Ad hoc

System Integration

- Data Integration
- Data Matching & Data Enrichment

Online Services & 3rd Party integration

- 3rd Party Data
- Pattern Matching

Predictive Modeling

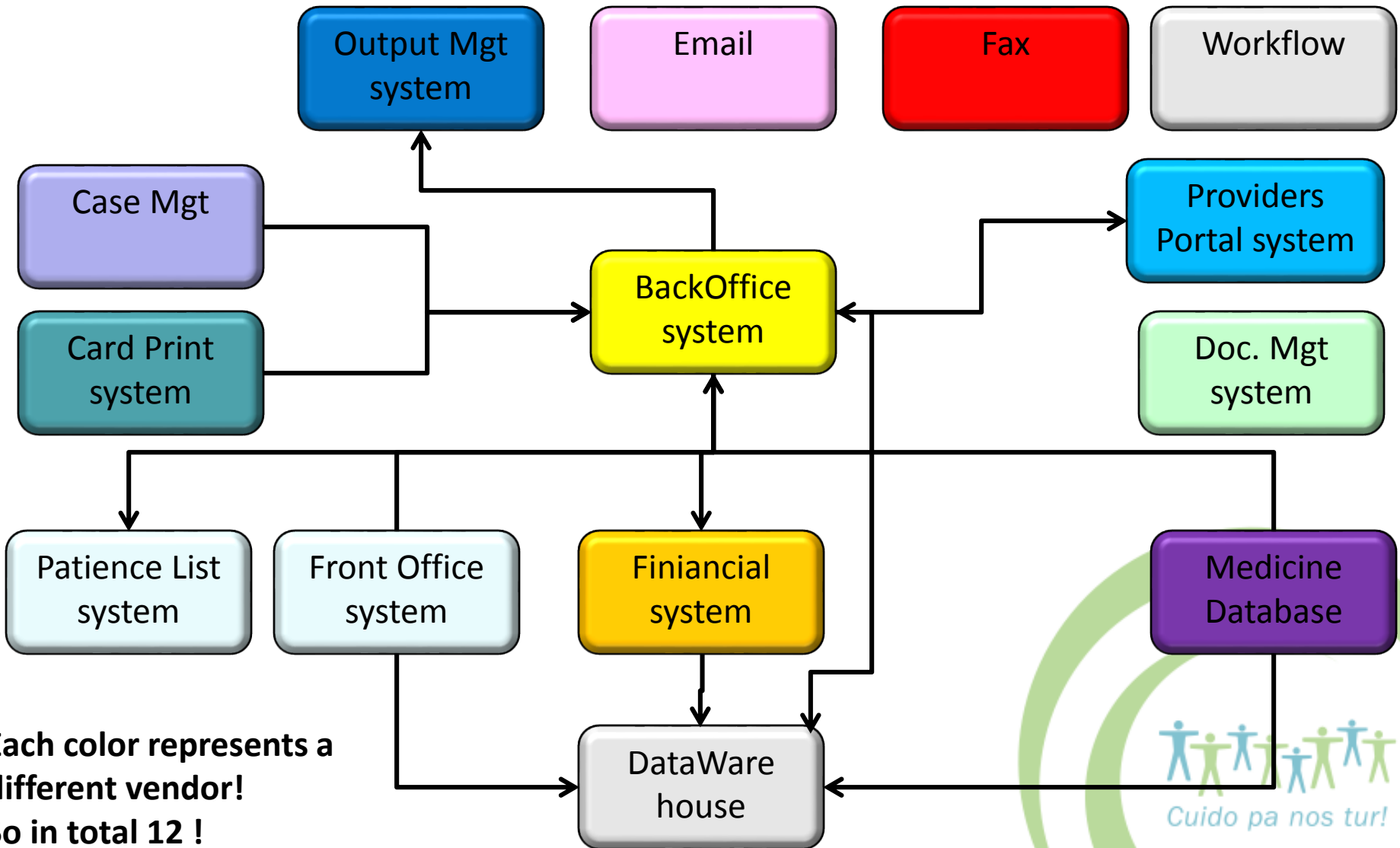




Facts and Figures

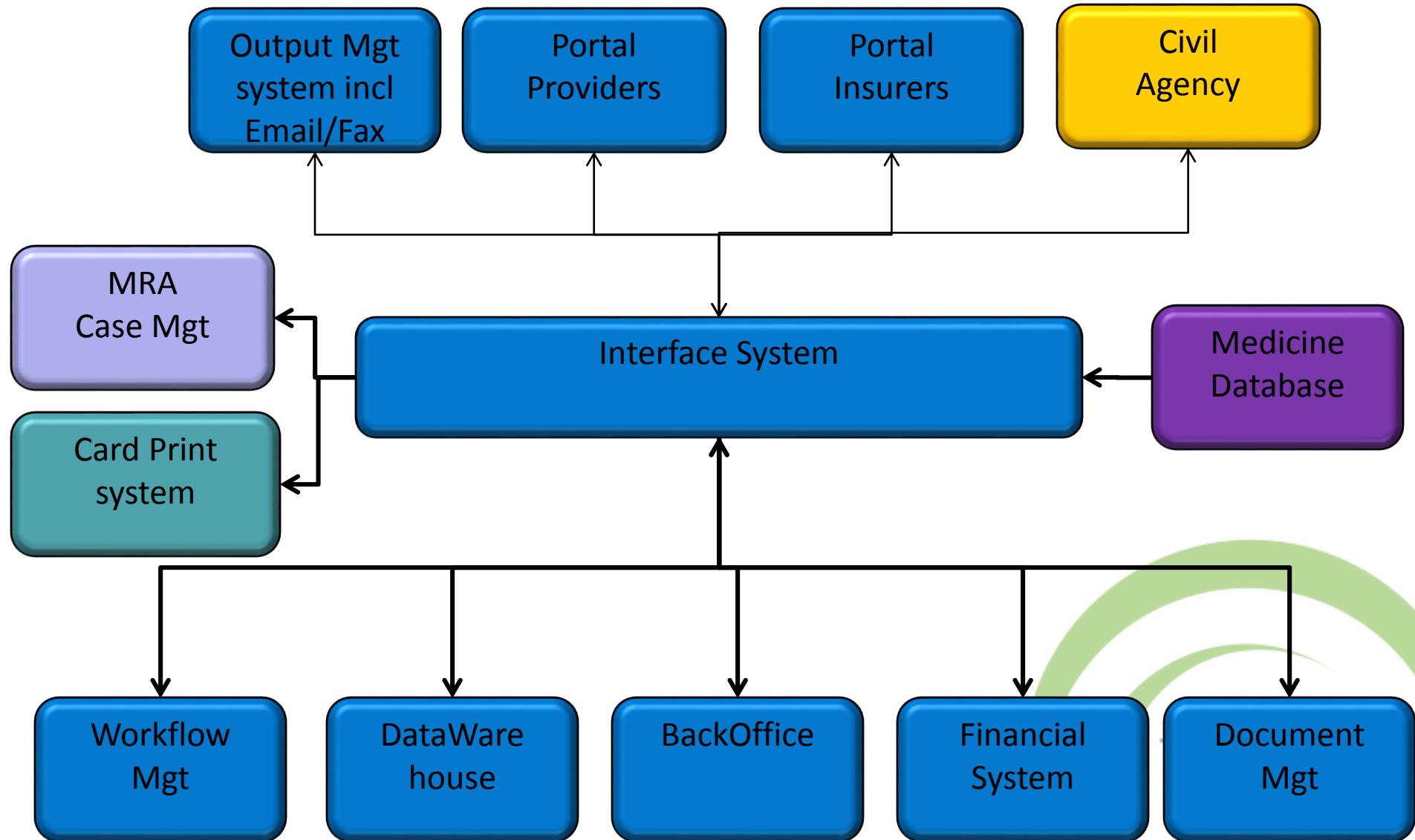
- Around 85 employees
- 265 HealthCare providers
- Annually 5 million invoice lines of which 98% received electronically in Vektis format (Dutch format)
- 4.000 invoices per year for operational expenses
- 30.000 personalised authorizations of care per year
- Policy proof in the form of an Insurance Card with Photo
- 28.000 mutations in insurees' data per year.







Inside: IT infrastructure to be





Desired results (2016/2017)

- Improve service to care providers and insurees
- Improve organizational efficiency/productivity/flexibility
- Reduce operational costs
- Gaining insight through business Intelligence
 - Simplify maintenance and management of systems
 - Improve transparency
 - Improve traceability of transactions
 - Paperless Office: Eliminate or significantly minimize paper flow
 - Improve integrity and confidentiality of information and reports
 - Be in continuous alignment with business strategic goals
- Caribbean Cooperation: shared services?





Desired results: details

- **Policy administration**
 - Fully automated receiving and processing of Civil Agency data
- **Claim registration and processing**
 - 99.7% of 5 million lines received electronically
 - Automated processing and validation of all (!) invoices
 - Electronical feedback on invoice status to all care provides
- **Financial administration**
 - Automated transfer of payments to internal payment system
 - Electronical upload, proces and reconciliation of bank transfers
- **Authorization of care registration and processing**
 - 95% of authorizations electronically uploaded
 - 80% handled automatically

Medical Referral Aruba (MRA)

- **Register and follow logistic and medical info regarding a referral**
- **Monitor daily treatment**
- **Communication platform between AZV, OES ad hospital**
- **Facilitate case management**

- **Correct authorization for billing and audit**

Medical Referral Aruba (MRA)

- **Authorization of Care (AoC)**
- **Case Management (CM)**
- **Billing (BIL)**
- **Logistics (LOG)**
- **Auditing (AUD)**
- **Reports (REP)**
- **Cases**
 - **Hospital**
 - **Logistic**
 - **Patient Guideline**
 - **Daily Monitoring**
 - **Messaging**
- **Modifications**
- **Returns**

> Retouradres Postbus 20350 2500 EJ Den Haag

De Voorzitter van de Tweede Kamer
der Staten-Generaal
Postbus 20018
2500 EA DEN HAAG

Bezoekadres:
Rijnstraat 50
2515 XP Den Haag
www.rijksoverheid.nl

Kenmerk
328900-117543-GMT

Bijlage(n)
3

Correspondentie uitsluitend
richten aan het retouradres
met vermelding van de
datum en het kenmerk van
deze brief.

Datum 28 mei 2014
Betreft Voortgangsbrief Aanpak verspilling in de zorg

2.3. Doelmatigheid van diagnostiek

Melding	Actie	Actie afgerond	Resultaat	Kenmerk Doel328900-117543-GMT
"Huisarts laat onderzoeken doen (bloed, foto en echo). Na verwijzing naar specialist worden wederom dezelfde onderzoeken gedaan. Terwijl de specialist in hetzelfde ziekenhuis werkt als waar ik, via de huisarts, de onderzoeken heb laten uitvoeren."	Onderzoeken doelmatigheid 'stepped diagnosis' model	Eind 2014	1.Effectieve inzet 'stepped diagnosis' 2.Prijsbewustzijn rond diagnostiek	Er vindt minder onnodige dubbele diagnostiek plaats in de tweede lijn

Van de 15.000 meldingen gaan er ruim 4.500 meldingen over de curatieve zorg. 8% van deze meldingen gaat over 'onnodige en dubbele diagnostiek': vooral menen patiënten dat diagnostiek dubbel of te vaak plaatsvindt. Ook professionals melden dat diagnostiek onnodig plaatsvindt doordat patiënten om onderzoek vragen, zonder dat daar een indicatie voor bestaat.

WHO 2014:
20 to 40% of all health
care spending is wasted
due to poor quality-care

Current Policy: Mission statement

wants to

- The UO makes a conscious and positive choice for a good relationship with healthcare providers

pay everything

- No pre-fixed financial limitations

market parties

- Providers compete with each other, the UO has possibility to choose between providers (within reasonable boundaries)

objectively need

- Transparency of costs is required to continue and to justify spending on care to our stakeholders

to provide

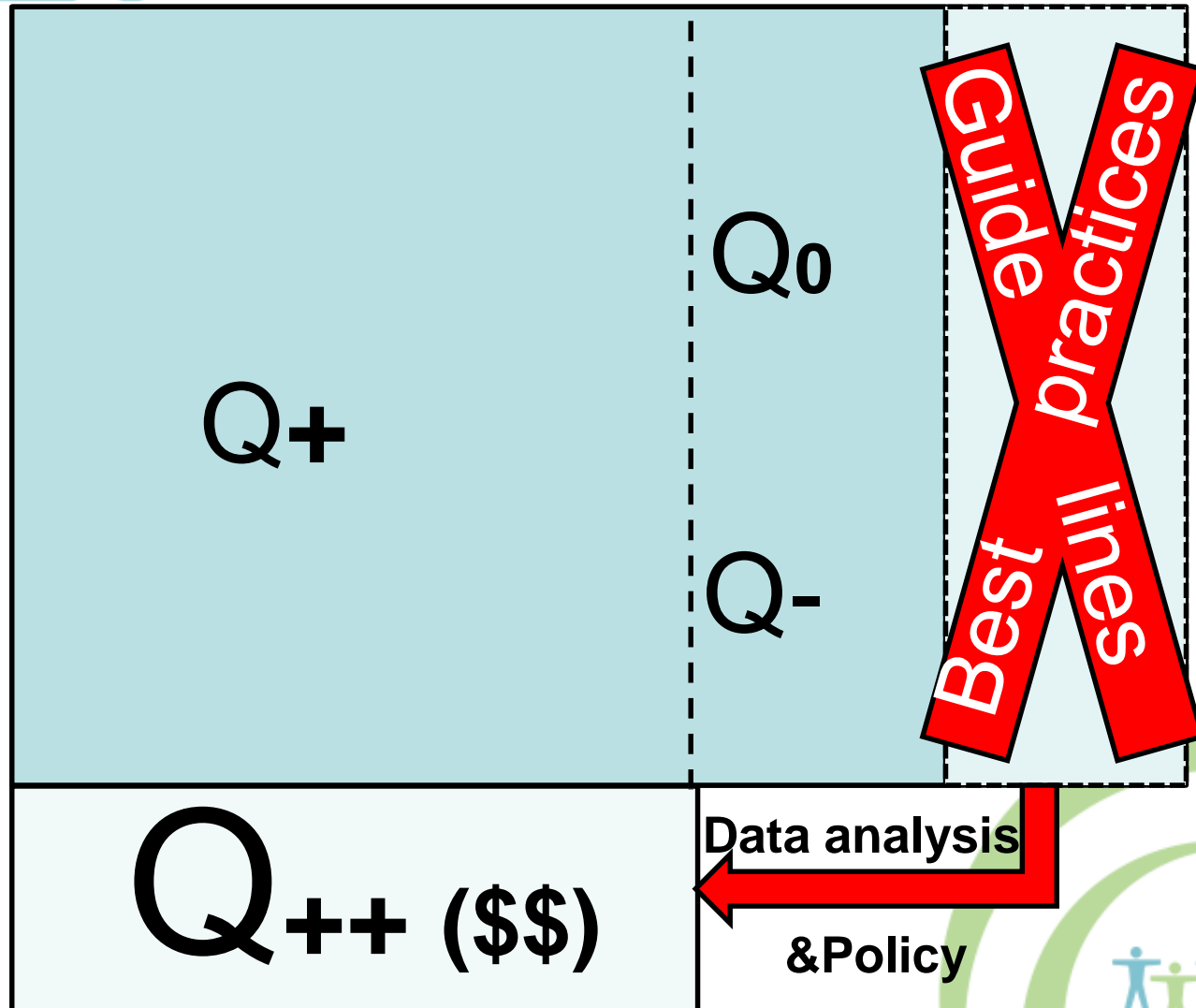
- A visible performance by the healthcare provider

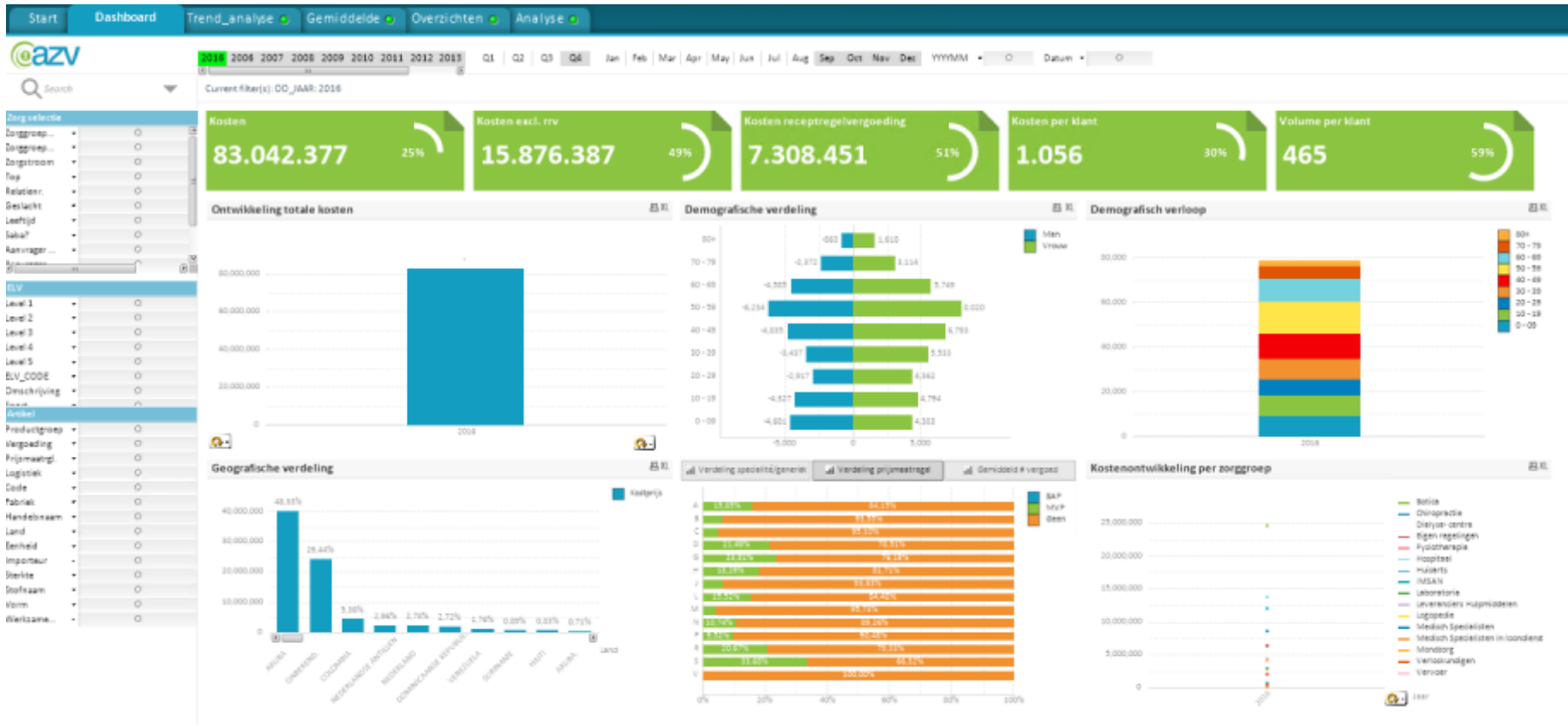
desired quality

- Care must have verifiable criteria for quality. The motto: right care, right place, right time



cazv Current policy explained





Mirror information

Secondary prevention

Shared savings



Examples of DDP

Elderly Care: cost decrease of over 30%

GP's: Mirror Information effects unnessecary diagnostic lab testing

Tomorrow's presentation: diabetic care

Medical Referrals: analyzing and transferring care to best quality/cost ratio

Soon: comparing health outcomes





Coming Trends

- Shift from F4S to P4P (P4Q)
 - Measurement of Quality Indicators
- Accountable care (ACO)
 - Shared risk & Shared savings





What to improve

- Electronic information exchange
 - Patient safety
 - Over and under treating, double diagnostics, etc
 - Health care expenditures
- General Practitioners
 - Gate keepers of the system on Aruba, improve communication with specialists/hospital
- Hospital and DRG's
 - Benchmark with Canada
 - Standardize processes
- Patient information
 - Lack of data exchange
 - Completeness of data
- Quality indicators
 - Best practices, protocols
 - Incentives by payers
 - Research, NHA



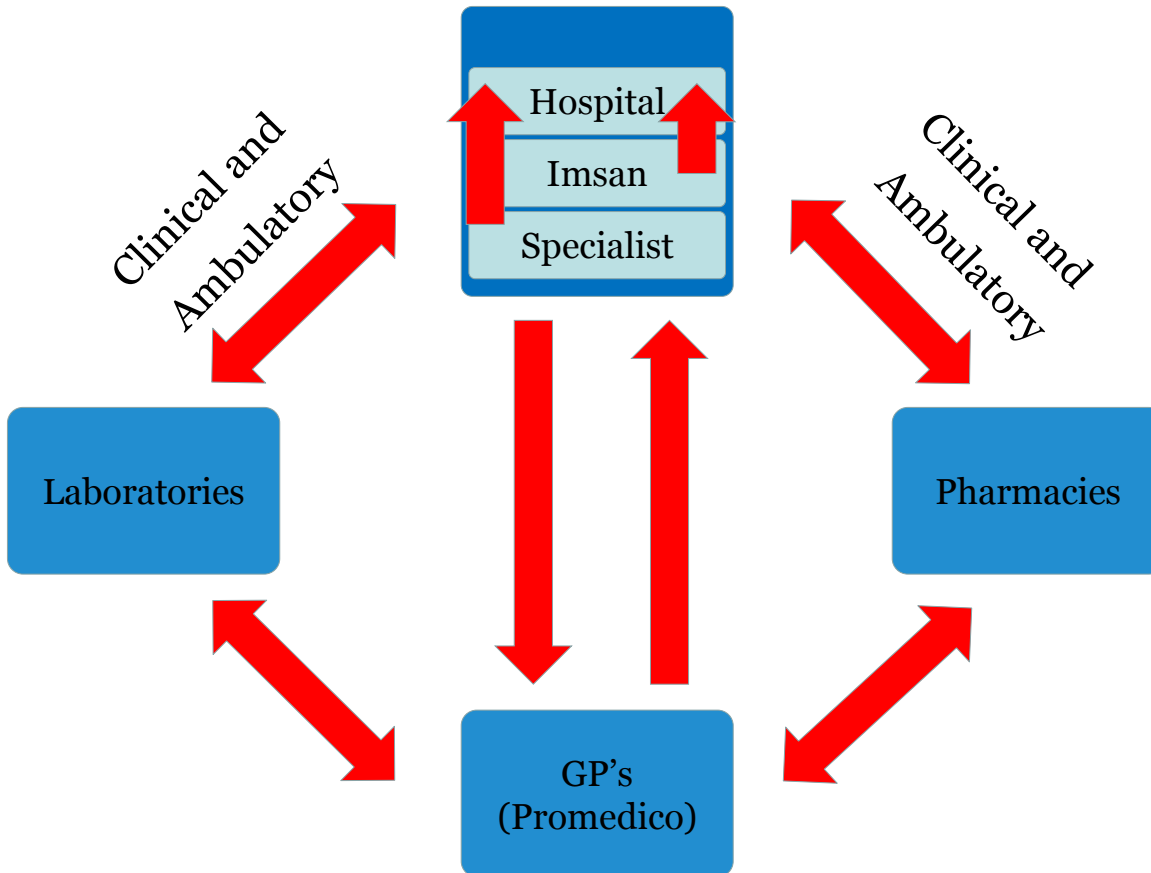


Meaningful Use

Stage 1: <u>Data capture and sharing</u> MU criteria focus on:	Stage 2: <u>Advance clinical processes</u> MU criteria focus on:	Stage 3: <u>Improved outcomes</u> MU criteria focus on:
Electronically capturing health information in a standardized format	More rigorous health information exchange (HIE)	Improving quality, safety, and efficiency, leading to improved health outcomes
Using that information to track key clinical conditions	Increased requirements for e-prescribing and incorporating lab results	Decision support for national high-priority conditions
Communicating that information for care coordination processes	Electronic transmission of patient care summaries across multiple settings	Patient access to self-management tools
Initiating the reporting of clinical quality measures and public health information	More patient-controlled data	Access to comprehensive patient data through patient-centered HIE
Using information to engage patients and their families in their care		Improving population health



ICT roadmap



- All GP coordinated care will be connected end of 2016
- First priority at prescriptions and lab results
- For specialistic care, focus is in standardizing IT systems. Exchange will follow later.



Currently in effect

- One MIS for Specialists
 - Horacio Oduber Hospital (2011)
 - ImSan (2016)
 - Self employed specialists (soon?)
- Hospital DRG-system
 - Transmural diabetic care
 - Connecting to other specialistic care providers
 - Full upgrade of Millennium (feb 2017)
- GP-system (Promedico)
 - Facilitated by AZV
 - Various automated reports (e.g. diabetic care)
 - Benchmarking
 - Quality indicators





In development

- Lab results
 - Remainder 50% of commercial labs
- Pharmacies
 - Electronic prescription
 - Feedback on delivery
- 'GP'-post and ER
 - Medical summary of GP





Managing Populations

IDENTIFY

...what is happening

PREDICT

...what will happen

INTERVENE

...to impact their population



Cuido pa nos tur!

Roberta Williams, MD

Primary Care

325 Scorable Persons
1,465 Attributed Persons

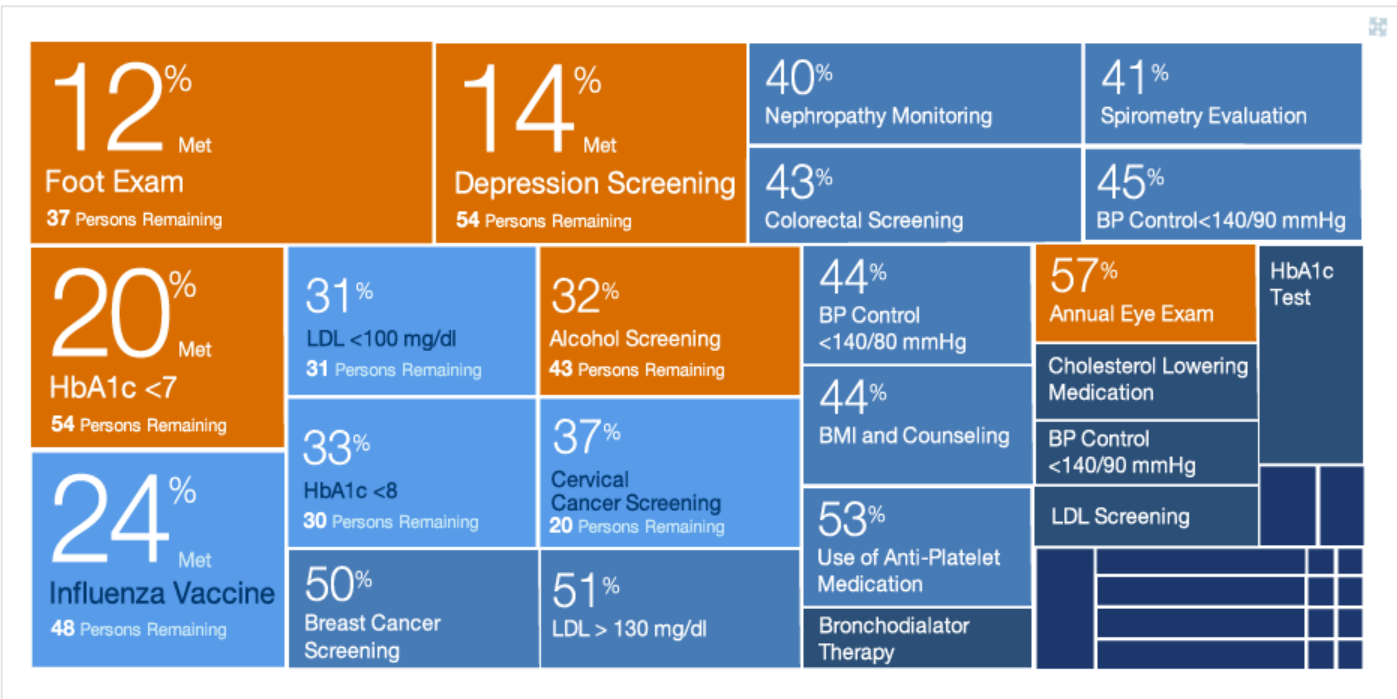
Composite Score
62%

Performance

Viewing All Programs Met %

★ Top Opportunities

- 29% Chronic Disease Care
- 35% Health and Wellness
- 42% Efficiency
- 57% Care Coordination & Pa...
- 65% Patient Experience



Outreach View Persons



“...Thank you for listening”

