

# Catholic Health Australia

PRIVATE HEALTH INSURANCE – PUSHING THE BOUNDARIES

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# Chronic Disease and Primary Care

- **Complex and chronic disease is an important and growing issue for health providers and funders**
- **1.6% of HCF members in any year consume half of our hospital benefits. Chronic disease makes up over 60% of this expenditure and relates in particular to cardiovascular disease, diabetes, osteoarthritis, chronic kidney disease and mental health conditions**
- **HCF CDMPs aim to:**
  - Improve the health and wellbeing of HCF members
  - Be an acceptable and satisfying experience for HCF members
  - Reduce overall costs to contributors
- **We have evidence of the success of our CDMP efforts**
- **We are constantly innovating and improving**
- **One area of development is the interaction with primary care and General Practice**

# HCF CDMPs

## My Health Guardian

- Telephone based support for members with chronic diseases
- Web and mobile support for healthier members

## My Helping Hand

- Phone based Mental health support psychologists and mental health nurses

## Osteoarthritis Healthy Weight For Life

## Cardiovascular Healthy Weight For Life

## Diabetes Healthy Weight For Life

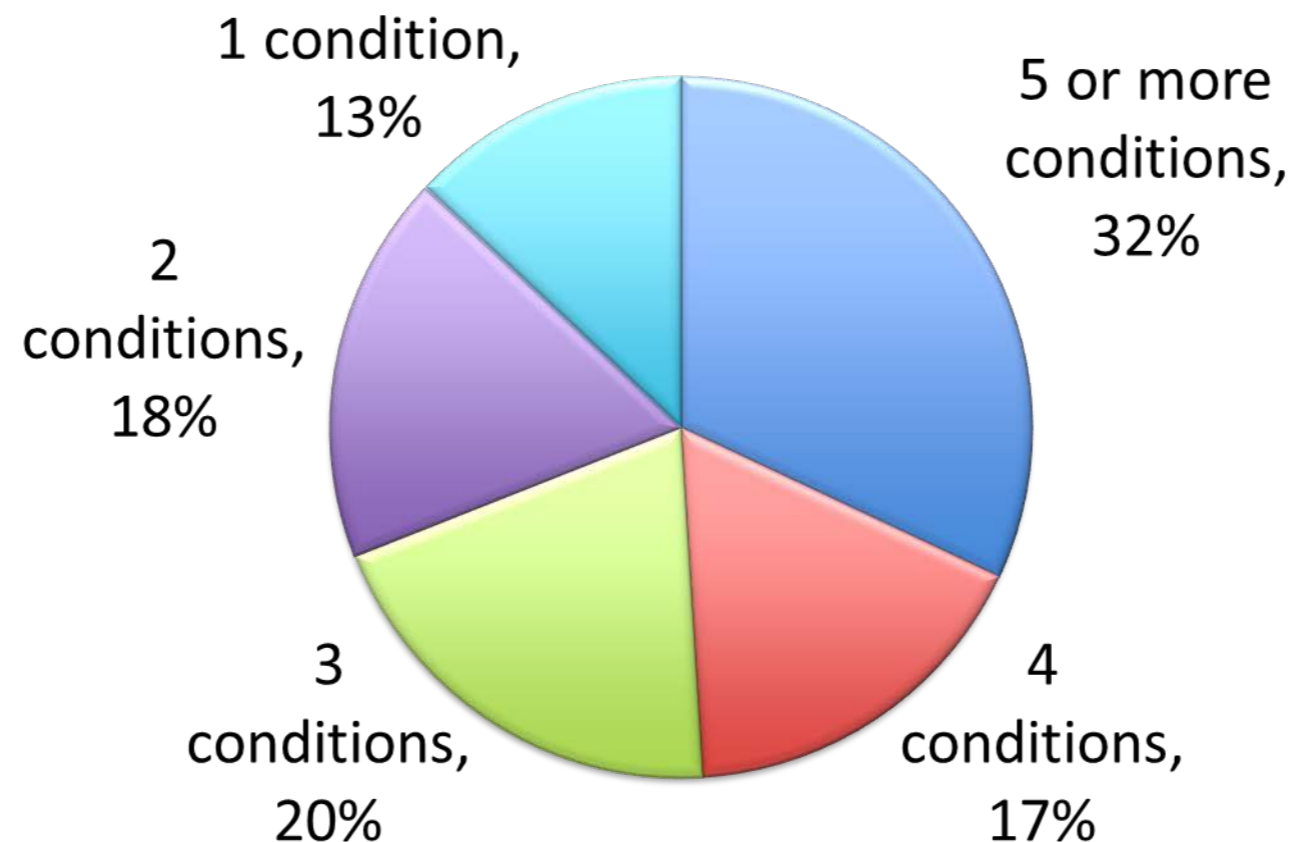
- Structured weight management programs for specific conditions

# My Health Guardian

- Atrial fibrillation
- Diabetes mellitus
- Coronary artery disease
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Chronic kidney disease
- Inflammatory bowel disease

- Asthma
- Osteoarthritis
- Osteoporosis
- Hypertension
- Rheumatoid arthritis
- Sleep apnoea

Participants have at least one of the above chronic conditions, and many have more than one:



# My Health Guardian website

The screenshot shows the My Health Guardian website interface. The browser address bar displays <https://myhealthguardian.com.au/FocusAreas/FocusAreas.aspx>. The website header includes the My Health Guardian logo, a user greeting "Hello ANDREW", and navigation links for "My Account", "My Health Record", "Help", "Welcome Tour", and "Logout".

The main content area is titled "My Well-Being Plan" and includes a "Manage Focus Areas" section. The primary focus area is "Exercise & Fitness", which is described as being scientifically designed to reinforce positive fitness habits. A "Taking Action" button is visible next to the focus area banner.

Below the focus area, there is a "Let's get going!" section with a "See All Actions" button. It shows "1 action items completed" and a list of tasks:

- WRITE**: Write down the people or situations that keep me from exercising and ways I can avoid them in the future.  COMPLETED
- CONSIDER**: Continue to strengthen my commitment to exercise regularly.  COMPLETED or Maybe Later
- CONSIDER**: Continue to set new exercise goals to keep myself motivated, such as trying a new type of exercise each month.  COMPLETED or Maybe Later

A "Take the Progress Check Survey" button is also present. At the bottom of the main content area, there is a "Trackers" section with a "See All Trackers" button.

On the right side of the page, there is a "My Inspiration" section featuring a photo of a couple cycling and the text "Cycle the Camino de Santiago". Below this, it shows "Achievement Points Earned" as 323 Points. A "Daily CHALLENGE" section encourages "Small Actions for a Healthier You!" with a "Ready, set, go" button. A "Tip of the Day!" section provides advice: "Frozen entrees or main dishes are usually more expensive than if you do-it-yourself."

# Impact

Variable depending on condition: diabetes and cardiovascular respond well

4 year follow up matched cohort analysis (n=4,948)

11% reduced hospital admissions

36.7% reduced readmissions

17.2% reduced bed days

Impact increased with time

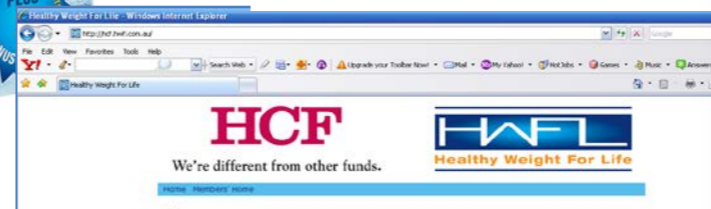
Costs of program detracts from results

Risk Equalisation – shares ~46% of benefit with competitors

Hamar et al, BMC Health Services Research 2015, 15:174, 22 April 2015



# Weight Management



Weight loss (Start BMI >34.4)	No	%	Kg
Number of participants	2169	100	7.6
<2.5% weight loss	156	7	1.1
2.5-4.9% weight loss	353	16	3.7
5-7.4% weight loss	543	25	5.9
7.5-10% weight loss	481	22	8.3
>10%	636	30	12.4



# Relationships with Primary Care

**GPs are uniquely positioned to alter the course of chronic disease because they are more likely to:**

- have a long term relationship with their patients
- have a trusting relationship with their patients
- have information about which patients have chronic disease
- have influence to help motivate patients
- manage the flow on use of resources like radiology, pathology and hospitalisation.

**But some things work against them..**

- Time-poor
- Fee-for-service environment drives volume and detracts from proactive preventive care
- Not trained in behaviour change techniques
- Not resourced to provide the additional service that prevention requires

**New models must empower the consumer, support community based and home based services, provide suitable technology (e.g. monitoring, integrated record keeping), and be driven by new funding approaches.**



# Possibilities

Recut our current program

Seek to adopt new technologies

Seek to engage earlier in the diagnosis/prognosis

Broaden our engagement with the members support unit

Seek to work with Primary health care networks

# Questions to ponder

Who should be rewarded and how

How outcome focussed should our funding be

Should the insurer always be the funder or can they be the fund holder

Is my data really my data

How important is transparency

Can we have a mature debate over extending reach