

Case study of Health Dialog

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Disease management (DM) is a process first developed in the United States to support persons with chronic conditions. The mutual goals were to improve the patient's quality of life and to slow the growth in the cost of their care. DM is now being adapted by several other countries. This presentation is about the concepts of DM and the uniqueness of adaptation in countries outside of the United States. The case study is about a recent implementation in France and care of patients with diabetes.

France is a country of 62 million people organized into a structure first created by Napoleon called départements. Across the approximately 100 départements there are regional governments and health care provider agencies. The financial risk for 85% of the population is held by Caisse nationale de l'assurance maladie des travailleurs salariés (CNAMTS), a part of the federal government. In 2006, CNAMTS embarked on a strategic study of its functions and options to be proactive in its mission. The number 1 option to performance improvement was DM specifically target at their diabetic population. CNAMTS felt they were acting merely as the "dumb payer" making little effort to manage the care or cost for treating this disease and the afflicted patients. After a long procurement process, CNAMTS selected Health Dialog to lead the project to establish a broad DM program for patients in 8 départements.

The presentation is about the 4 years I spent winning this procurement and then leading this project for Health Dialog in Paris.

Presentation outline:

- Disease management
- Population management
- Business processes
- France implementation 2008 – 2010
 - Cultural challenges
 - Localization issues
 - Knowledge transfer
 - Intellectual property
 - Performance evaluation
- The future direction for disease management
 - Information and self care
 - Technology to fight health care's "cost disease"