

Role of the Insurance Business in Fall Prevention Programmes

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Introduction



Who speaks to you today?

What kind of institutions are represented?

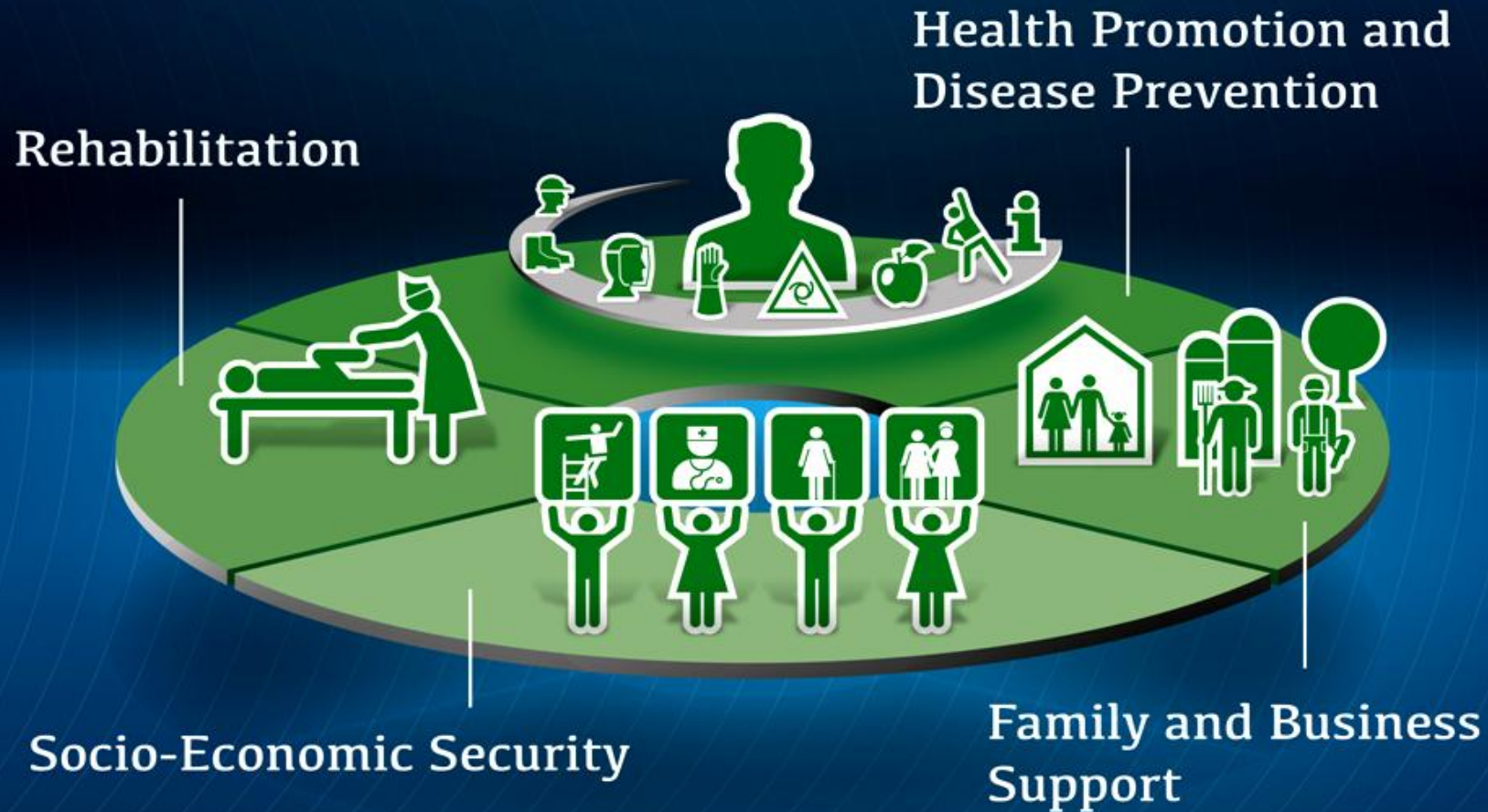


The International Association of Mutual Benefit Societies, AIM, is an umbrella organisation of European and extra-European not-for-profit health mutuels and health insurance funds.

AIM counts more than 60 members in over 25 countries.

AIM's mission is to provide a trans-national platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.

Integrated Social Insurance Service



Comprehensive insurance provider in the field of agricultural social security in Germany.

Central contact point for the management of all social insurance matters within its jurisdiction.

One to three percent of the population are covered by this statutory social insurance scheme.

It incorporates accident, old-age, health and long-term care insurance.



Preventive Healthcare & Sustainability of Health Systems

Insurers are payers and players

(both research promotion
and prevention measures)



Preventive Healthcare & Sustainability of Health Systems



... and operate in complex environments with various social, economic and structural barriers and (potential) facilitators to prevention.

FALL PREVENTION PROGRAMMES

INSURANCE BUSINESS

SUSTAINABILITY

HEALTH EXPENDITURES

SOCIAL INSURANCE FUNDS

3PS PROMOTION-PROTECTION-PREVENTION

RESILIENCE

COLLECTIVE

COMPATIBILITY TRANSFER
MANAGEMENT PREVENTIVE HEALTHCARE
VISION ANALYSIS
IMPLEMENTATION
SUB-POPULATIONS
COMMUNICATION
HEALTH RISKS
POLICIES
COST SAVINGS
RESPONSIBILITIES
STAKEHOLDERS
IMPACT
PRIORITIES
EFFICIENCY
PREVENTION AWARENESS
LEGAL FRAMEWORK
REQUIREMENTS
RESOURCES
OBJECTIVES
ATTRACTIVENESS
SOCIETY
POLITICS
RESULTS
LOBBYING
BUDGET
EXPERTS
FINANCE
KNOW-HOW
STRATEGY
INTEGRATION
ILLNESS ORIENTED MEDICAL CARE SYSTEMS
ACCEPTANCE
ECONOMICS
EFFECTIVENESS

Preventive Healthcare & Social Insurance Funds

- Fall related injuries are a frequent and **cost intensive** health risk in the elderly
 - about a third of people over 65 fall each year; around 10% of falls result in a fracture
 - accounts for about 0,9%-1,5% of the annual health expenditures for example in Germany (2,1-3,8 Billion EUR); in many countries around 50% of these costs account for hospital inpatient service

often resulting in **impaired quality of life and additional burdens** for care givers, especially family care givers

- loss of mobility and independence, decline in physical activity and subsequent in general health, decrease in health-related quality of life, may precipitate the need for nursing home placement

Preventive Healthcare & Sustainability of Health Systems

(Health) insurers have multiple interests in the wider and efficient implementation of (fall) prevention programmes if they have a **verifiable impact** on the long-term **sustainability and resilience** of (health) systems.

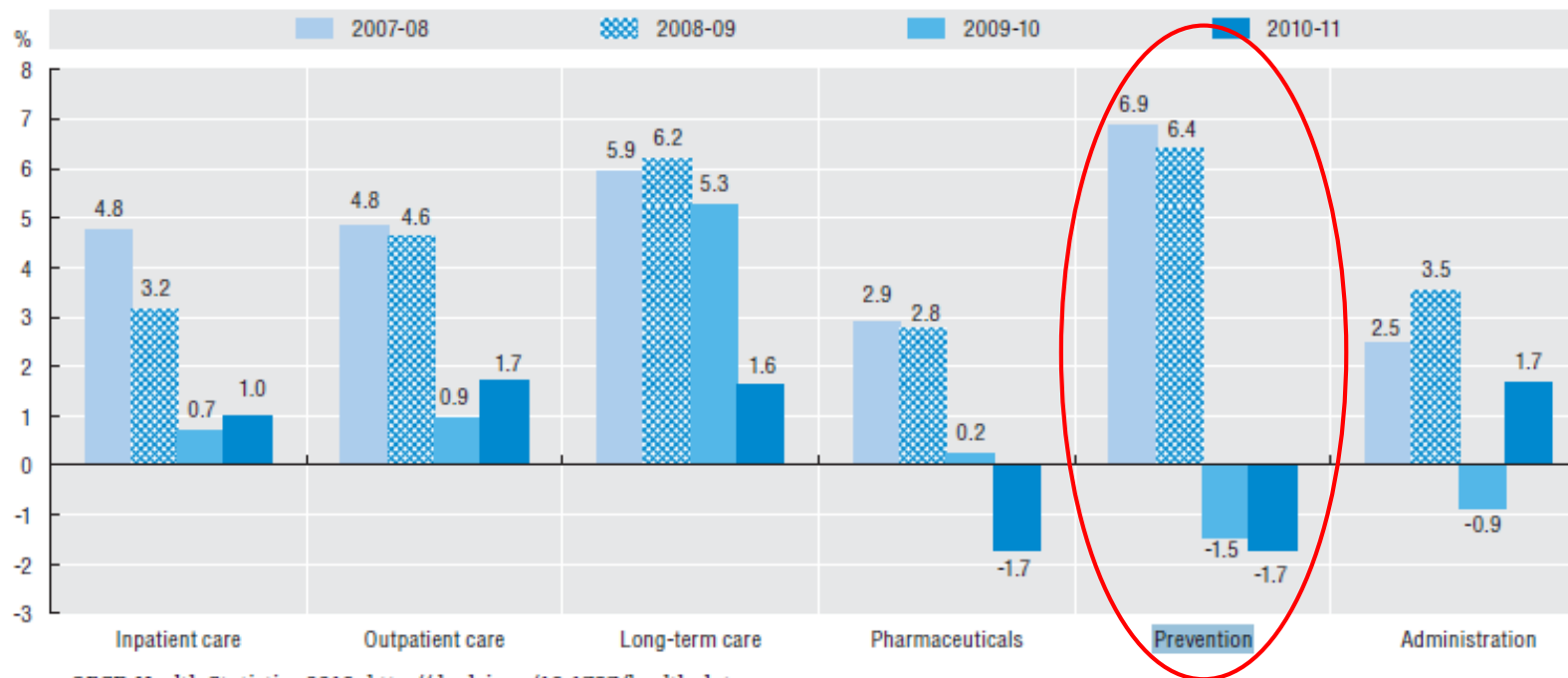
- According to a US study fall-related admission rates among ageing populations can be reduced by almost 5% if existing evidence based and cost-effective interventions are implemented on a large scale over a one year period.
- Interventions can help to maintain physical, mental, and social well-being
 - prevention works and future prevention innovations may lead to further healthcare cost savings (costs for acute care, rehabilitation, related infrastructures ...)
- Caregivers' health can also benefit from fall-related prevention
 - Strains of caring due to intense family caregiving responsibilities in addition to job and/or other social responsibilities represent a risk factor for the care givers' health & might result in productivity and income losses and additional costs for the insurers




Implementation Barriers

Illness oriented medical care systems; the legal framework for health insurance actions is still predominately designed to secure a solid cure and rehabilitation system.

7.3.2. Average annual growth rates of health spending for selected functions, in real terms, OECD average, 2008 to 2011



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink  <http://dx.doi.org/10.1787/888932918947>

Spending on **inpatient care and outpatient care** in OECD countries 2011: around **62%** of current health expenditure, 20% of health spending was allocated to medical goods, 12% on long-term care, the remaining **6% on collective services**, such as public health and prevention services and administration

Prevention expenditures have been reduced since 2009 (only account for around 3-4% of total health expenditure) in OECD countries.

Implementation Barriers

- Prevention as an insurance task is often defined as an overall objective. It highly depends on **policy priorities**, whether and which prevention targets are set and implemented.
- Prevention as a matter for societies as a whole often means **mixed or unclear responsibilities** for implementation.
- Constraints of finance, time and human resources, especially in healthcare sectors, and the **abundance of preventive concepts** (not necessarily linkable with each other).
- A **lack of legal mandates and organisational bodies** to coordinate prevention interventions, to link important settings and strategies.



Implementation Barriers

Cost-effectiveness measurements & worthiness of long-term investments

- **Complex contextual factors** make the identification of casual relationships difficult.
- Innovative solutions and often cost intensive research is required, which needs to be funded; **funding responsibilities are unclear.**
- **Competitive** health care insurance policies & economic **frameworks**: Medium or long term effective investments in prevention weigh heavily on the budget today and may have a negative effect on competitive position.



Implementation Barriers & Conclusion

- **Unappealing programmes** incompatible with daily life that fail to address special needs in a comprehensive way (e.g. development teams often lack health communication and media professionals, an adequate representation of the target group ...).
- **Low, but growing prevention awareness** among decision makers on all levels.
- Sustainable (fall) prevention **programmes need**
 - **the power of collective**, integrated strategies and actions for maximum long-term health gains
 - professional project/programme **lobbying and communication**
 - and have to **progress** with the time and trends



Recent Fall Prevention Project with the Participation of SVLFG



- **Most important:**

Initiative and key opening came from Prof. Dr. Clemens Becker and Dr. Kilian Rapp (Robert Bosch Hospital Stuttgart)

'Sure-Footed through Life'

Implementation project in rural areas



Partner

- Robert-Bosch-Hospital, Stuttgart
 - Geriatrics Unit & Geriatric Rehabilitation Clinic
- University Medical Center Hamburg-Eppendorf (UKE)
- Ulm University
- German Rural Women's Association
- German Gymnastics Association (DTB)
- Social Insurance for Agriculture, Forestry and Horticulture (SVLFG)

Funded by: Federal Ministry for Education and Research

Aim of the Programme

Reduction of fallings and related fractures through improved balance and bone health

Important: Competent Partners

Complementary competences and levels of motivation:

- Rural women organize groups
- DTB provides instructors
- SVLFG supports (insurance-data, communication with insurants and physicians, prevention counselling on-the-spot)



SVLFG Tasks

- Internal coordination
- Training of telephone advisers
- Identification and participation motivation of suitable insurants (Age, Fractures, Osteoporosis)
- Physician contracting
- Motivation for taking part in bone density measurement
- Environmental fall prevention counseling



Services for the insured

- (Sure-footed) fall prevention courses (or other exercise programmes)
- Weight bands
- Counselling
- Bone density measurement
- Environmental fall prevention counselling



'Sure-Footed' Fall Prevention Courses



- Group courses of six double hours
 - Once per week; insurants are motivated to make additional trainings at home (also after the end of the course)
 - Exercises are based on the Otago-Programme (e.g. weight bands) and the 'sure-footed und stable' approach (DTB)
 - Compatibility with other exercise programmes is aimed for
 - Insurants of other health insurers and age groups are invited to participate, too

- Target Groups
 - Insurants older than 64 with fractures in the last 5 years (men and women)
 - Women aged from 75- <80 Jahre
- Target Regions
 - 47 districts in 5 federal states
 - Other districts serve as controls
 - Cluster-randomised Controls
- Within two years 10.000 insurants shall be contacted at least.



Preventive Healthcare & Sustainability of Health Systems

Insurers are payers and players

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and prevention measures)



...and we need you as partners.



HEALTH PROMOTION &
DISEASE PREVENTION

WORKING GROUP

Thank you for your attention!

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