

Seguro Medico

Como ampliar el segmento privado

Un negocio complejo

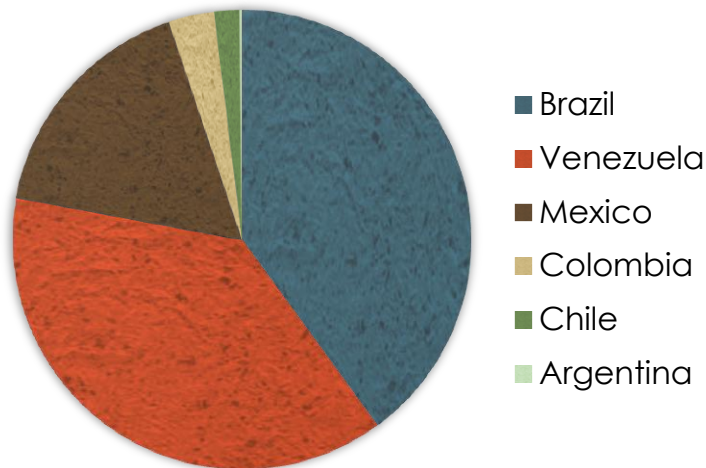
- Perfil de una población desconocida
- Ajuste de reclamo vs. manejo de caso
- Inflación medica vs. inflación general
- Ciclos de suscripción
- Variación en practicas medicas

Segmentos de Productos

- Gastos médicos mayores
- Gastos médicos mayores internacionales
- Medicina propagada
- Cobertura suplementaria
- Productos Complementarios (i.e.: dental, Rx)
- Enfermedades Catastróficas

Seguro Medico Privado

Mayoría
de las primas



Sin embargo México
tiene la menor
participación de seguro
privada en la región
con solo el 4.5% de los
gastos medico total

Penetración de Seguro

México

- Gasto total medico en el país de ~US \$90 Billón
- Seguro privado cubre 8M de Mexicanos
- Primas privadas ~\$3 B (solo el 4.5% del GTMP)

Primas vs. GTMP

- 63% USA
- 68% Uruguay
- 24% Argentina
- 35% Brazil
- 40% Chile
- 34% Colombia

Factores de Tendencia

- Competencia
- Introducción de Tecnología
- Diseño de Plan y suscripción
- Diferencias en costos por región
- Cambios económicos
- Medidas de controles internos

La transferencia de inflación a primas tiene límites

Retos de Crecimiento

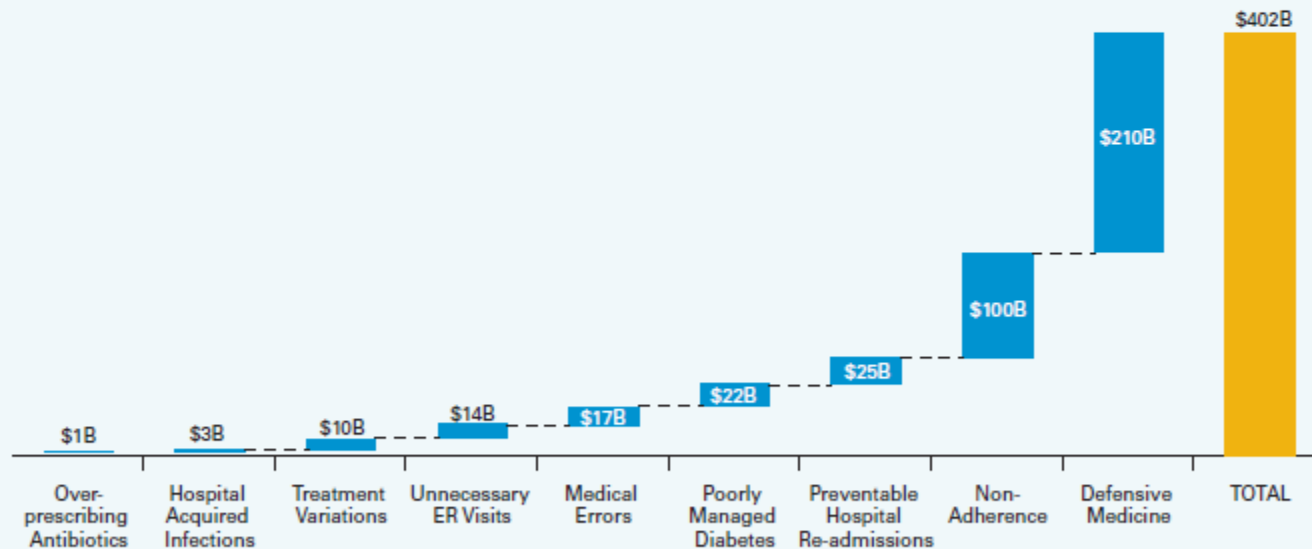
- Continuación de crecimiento económico
- Privatización del seguro social (i.e.: ISESS)
- La integración entre el negocio médico y el negocio de seguro

Integraciones Claves

- Mejoría de calidad y seguridad
- Mejoría salubridad del consumidor
- Evolución de modelos de salud

Potential Savings from Improvements in Healthcare Quality and Safety

Quality and safety initiatives can help reduce unnecessary medical spending, estimated at more than \$400 billion annually or 16 percent of healthcare spending.



Source: PricewaterhouseCooper's Health Research Institute (2009) The Price of Excess: Identifying Waste in Healthcare Spending.

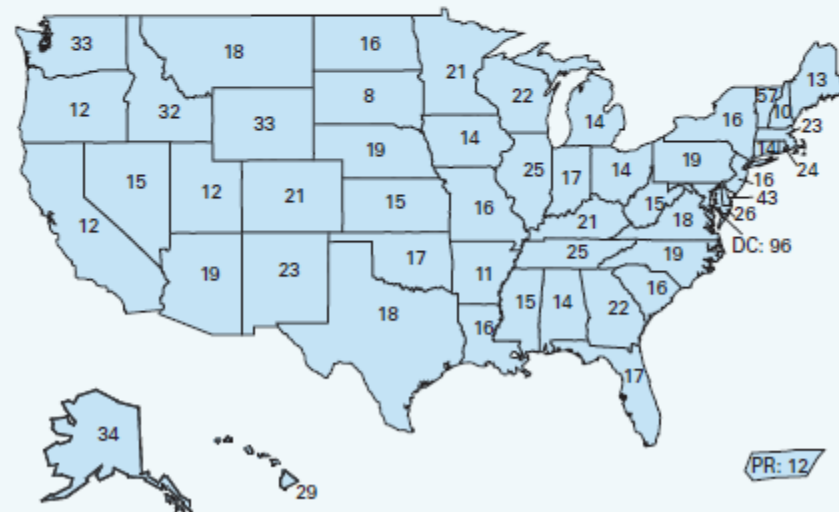
Sentinel Events

“Sentinel” or “never” events – situations that should not happen – continue to be a problem nationwide.

Self-Reported Sentinel Events

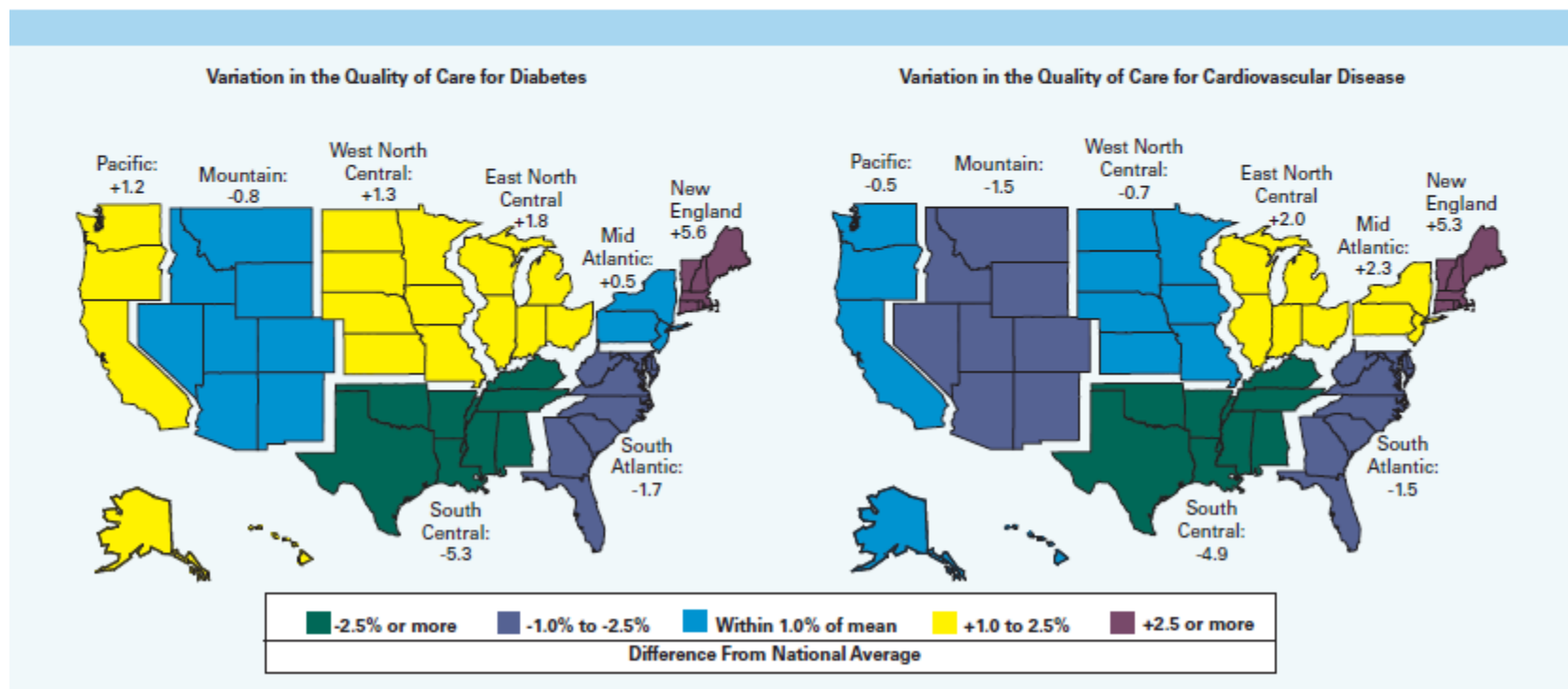


JCAHO Reviewed Sentinel Events per Million by State



Variations in Treating Patients

There is considerable variation by region in the quality of care delivered for treating diabetes and cardiovascular disease.

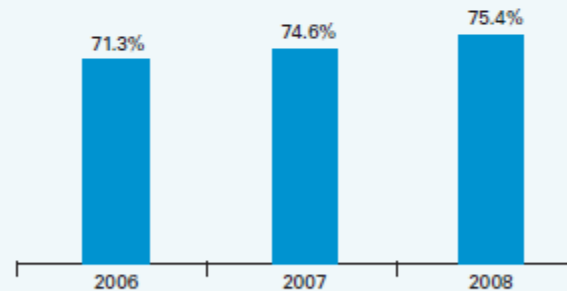


Inappropriate Use of Antibiotics

There is inconsistency in the appropriate use of antibiotics.

- Acute bronchitis is a respiratory infection characterized by a cough that lasts up to three weeks and is caused by a bacteria in only one in every 10 cases, suggesting that antibiotic treatment is rarely warranted.
- Prescription of antibiotics for viral infections are ineffective and result in wasted expenditure.
- Over prescription of antibiotics can potentially lead to resistance and increased costs.

Use of Antibiotics for Acute Bronchitis

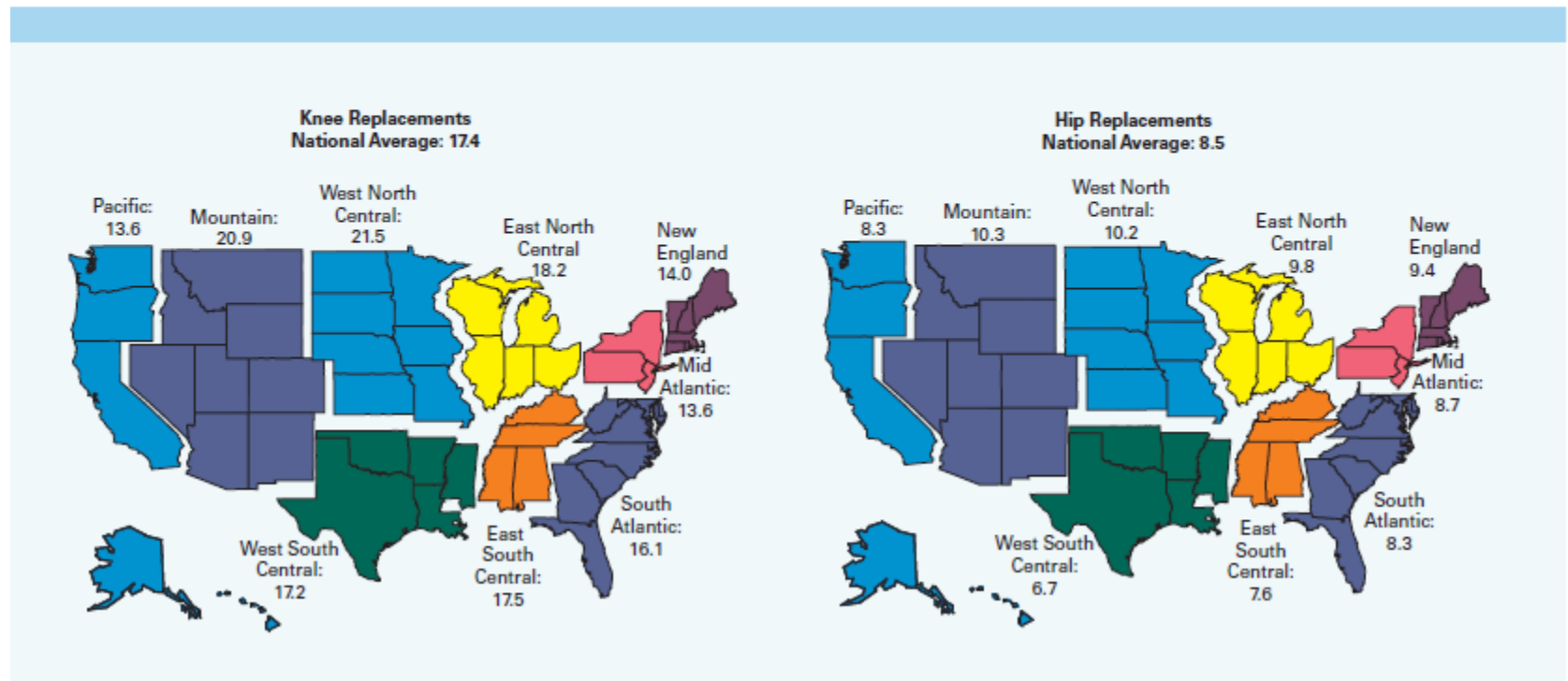


Measure:

Percentage of people aged 18 to 64 diagnosed with acute bronchitis and given an antibiotic prescription.

Knee and Hip Replacement Surgery per 10,000 Members in 2007 by Region

There also is variation in procedures, for example, the rate of hip and knee replacement surgeries nationwide.

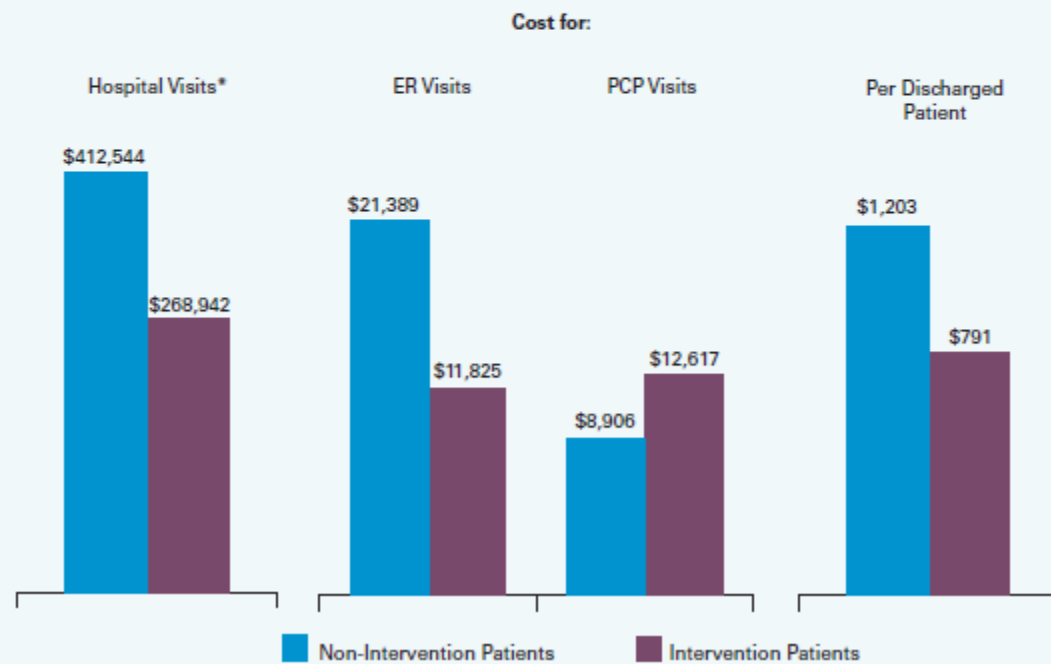


AHRQ/Boston Medical Center Project RED (Re-Engineered Discharge)

A well-defined hospital discharge protocol leads to better patient outcomes and reduced costs.

Quality Initiatives

Overview
Focus on educating patients about post-hospital care
1. Define roles and responsibilities of each staff member
2. Educate patients throughout hospitalization
3. Use a written discharge to facilitate flow of information between patient's doctor and hospital team



Examples of MHA Keystone Center Collaborative

Quality initiatives, such as the use of checklists, have resulted in lives saved, shorter hospital stays and reduced costs.

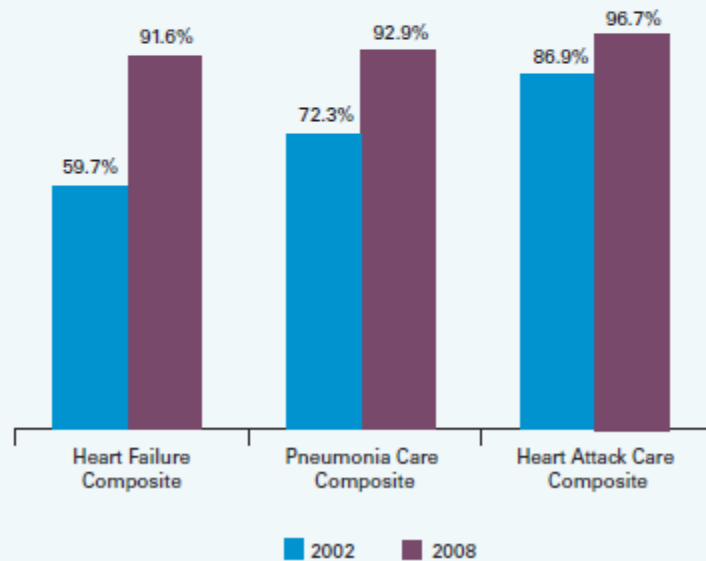
Quality Initiatives

	Intensive Care Unite (ICU)	Hospital-Associated Infection (HAI)														
Initiative	<ul style="list-style-type: none"> Launched in October 2003 with results from 74 hospitals as of March 2009 Reduce central line-associated bloodstream infections (CLABSIs) and ventilator-associated pneumonia (VAP) in intensive care unit (ICU) patients 	<ul style="list-style-type: none"> Launched in 2007 with initial results from 16 hospitals Eliminate HAIs 														
Interventions	<ul style="list-style-type: none"> Set up a team that includes hospital administrator, directors, nurses and physicians Utilize a checklist to ensure adherence to infection control practices 	<ul style="list-style-type: none"> Focus on appropriate hand hygiene, reducing catheter-associated urinary tract infections (CA-UTI) and avoiding CLABSIs Collect data, share findings and tweak intervention accordingly 														
Results	<table border="1"> <caption>ICU Results</caption> <tr> <td>Lives Saved</td> <td>1,830</td> </tr> <tr> <td>Avoided Hospital Days</td> <td>140,700</td> </tr> <tr> <td>Healthcare Dollars Saved</td> <td>\$271M</td> </tr> </table>	Lives Saved	1,830	Avoided Hospital Days	140,700	Healthcare Dollars Saved	\$271M	<table border="1"> <caption>HAI Results</caption> <tr> <td>Patients with CA-UTIs (Jan 08)</td> <td>32K</td> </tr> <tr> <td>Patients with CA-UTIs (Jul 08)</td> <td>29K</td> </tr> <tr> <td>Avoided Hospital Days</td> <td>1,000</td> </tr> <tr> <td>Healthcare Costs Saved</td> <td>\$1M</td> </tr> </table>	Patients with CA-UTIs (Jan 08)	32K	Patients with CA-UTIs (Jul 08)	29K	Avoided Hospital Days	1,000	Healthcare Costs Saved	\$1M
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Percentage of Hospital Patients Receiving Evidence-Based Care

There has been a dramatic increase in the percentage of patients receiving evidence-based care for heart failure, pneumonia and heart attacks.

Quality Initiatives



	Improvement Since Inception of Metric
Heart Failure Care Composite	31.9%
Pneumonia Care Composite	20.6%
Heart Attack Care Composite	9.8%

Mejoría Perfil de Salud

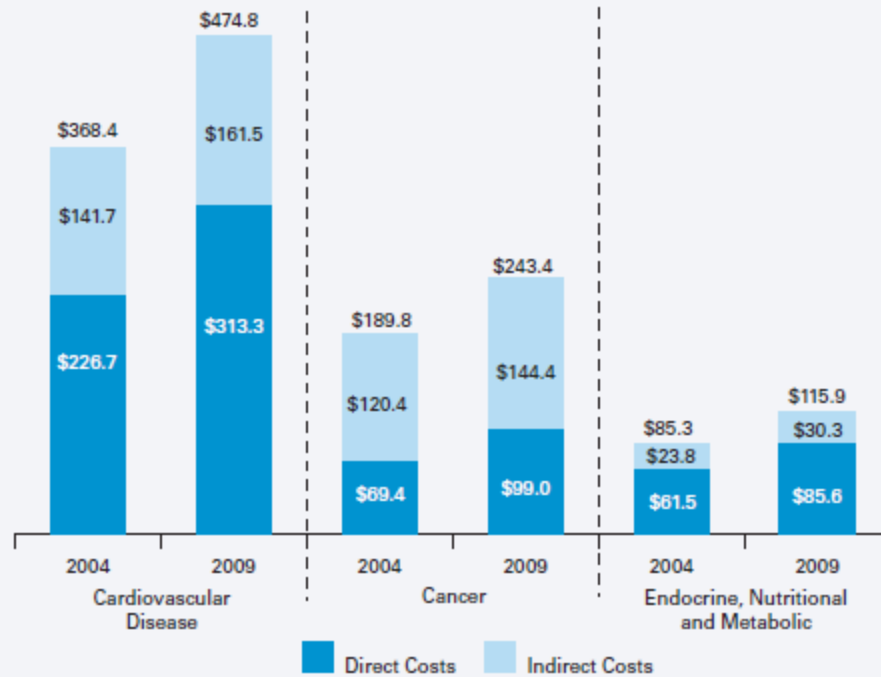
- Enfermedades Cardiovascular
- Cáncer
- Actividad Física
- Obesidad

Mejoría de Perfil de Salud

Direct and Indirect Costs Related to Disease and Poor Lifestyle Choices in Billions

The estimated costs related to three major conditions – cardiovascular disease, cancer and diabetes – and poor lifestyle choices have been rising.

Burden of Disease



Poor Lifestyle Choices	
Obesity/Overweight	\$200 billion
Smoking	Up to \$191 billion

Diseño de Plan

- Disponibilidad del consumidor a probar nuevos modelos
- Estrategias con grupos empresariales
- Turismo medico domestico e internacional
- Expedientes médicos electrónicos