E-HEALTH: THE WAY TO IMPROVE COORDINATED CARE IN A PRIVATE INSURANCE COMPANY IN COLOMBIA, 2019

Karine Posada, Susana Orrego, Ana M. Ortiz and María M. Yepes

*Seguros SURA Colombia
Carrera 64 B # 49 A 30 Medellín Colombia*

ABSTRACT

The use of digital technology is a fundamental pillar of health ecosystem. Through virtual healthcare, members can obtain information about their health policies, evaluate their symptoms and obtain recommendations about care according to the risk level identified. The main objective is to coordinate the healthcare of members through Information and Communication Technologies (ICTs). In this paper, the results from a first year implementation of a virtual healthcare program from a private insurance company in Colombia are discussed. There were 3,045 pediatric virtual consultations in 2017 and 9,364 in 2018, equivalent to 10.1% of the total pediatric emergencies attentions. The number of cases that were resolved through the virtual channel was 78.3% and the satisfaction of the users was approximately 94.0%. Virtual healthcare has resulted in about \$100,000 US Dollars in cost savings for the insurance company. The implementation of virtual healthcare has had an impact on health of people through immediacy in care, increased member's satisfaction through easy user experience, mobility, savings in out-of-pocket expenses, and optimizes the use of resources in providing health services by reducing investments in physical infrastructure and saving costs when compared to person-to-person healthcare services.

KEYWORDS

Healthcare Quality, Virtual Healthcare, Coordinated Care, Health Ecosystem

1. INTRODUCTION

One of the goals of Information and Communication Technologies (ICTs) in an insurance company in Colombia is to develop applications to facilitate access to healthcare services. Using digital technology is a fundamental pillar of healthcare ecosystem, especially in Colombia where using technology to assist patients is incipient and scarce.

The digital technology team within the insurance company has developed an App, which offer several services one of which is the virtual healthcare. Through virtual healthcare, members can obtain information about their health policies, evaluate their symptoms and obtain recommendations about care according to the risk level identified. The main objective is to coordinate the health of members through ICTs. These include providing comprehensive, opportune care, and facilitating access to virtual or readily available assistance, institutional or domiciliary healthcare. In addition, the insurance company take advantage of each contact with members to solve their health concerns and integrate it with their risk management. In this paper, results from a first year implementation of a virtual healthcare program from a private insurance company in Colombia are discussed.

2. BODY OF PAPER

Virtual healthcare service was developed in house and is available at the insurance company's App, through which both administrative and healthcare services are provided. Administrative services is designed to handle concerns, claims, certifications, reimbursements and other procedures through a ChatBot, based on frequently asked questions. If a question necessitates in-person communication, that is offered. About healthcare services, a pre-classification of symptoms: virtual, domiciliary or institutional medical care – are provided based on the risk level identified.

Virtual healthcare assistance has a model of complete care that incorporates the physicians. Likewise, it allows prescriptions to be sent digitally, recommendations and laboratory exams to be ordered, and is complemented with a visit for blood works, and other domiciliary procedures if needed. In cases where person-to-person assistance is required, home and/or institutional medical care is coordinated through the healthcare network providers.

All services are offered through the digital platform in a coordinated manner, being an end-to-end experience for the insured whose needs are solved by both the virtual channel and face-to-face if required. The insured does not ask for services but once healthcare team prescribes them, this team does all the management with the providers through the platform.

Virtual healthcare assistance implementation began in February 2017 with pediatrics services. There were 3045 pediatric virtual consultations in 2017 and 9,364 in 2018, equivalent to 10.1% of the total pediatric emergencies attentions. The number of cases that were resolved through the virtual consultation service was 78.3% and the satisfaction of the users was approximately 94%. Virtual healthcare has resulted in about \$100,000 US Dollars in cost savings for the insurance company.

3. CONCLUSION

The implementation of virtual healthcare has had an impact on health of people through immediacy in care, increased member's satisfaction through easy user experience, mobility, savings in out-of-pocket expenses, and optimizes the use of resources in providing health services by reducing investments in physical infrastructure and saving costs when compared to person-to-person healthcare services. The future goal is to include virtual care services in populations with specific risks such as chronic conditions, and palliative needs.

Virtual healthcare is an innovative complement to the traditional healthcare system. It increases the opportunity for members to receive assistance and get their issues resolved. Additionally, it aligns interests between patients, insurer and providers. The main challenges after implementation include members adherence to the use of ICT, maintain coordination among allies that support the services, have the platforms and technological updates required to maintain availability of care and ensure a good user experience.

Is a challenge to articulate Healthcare providers once a single patient could need more than one medical supplies. Additionally, changing person-to-person assistance to a virtual assistance model is a big goal to achieve in Colombians health culture, were historically the technology use in health is almost nule.

ACKNOWLEDGEMENT

Our acknowledgment to the project team, leaders and developers that makes this project becomes a reality and all the providers that believe in this project to make healthcare affordable and better every day.

REFERENCES

- Yara M. Asi. Et al, 2018. The role of digital health in making progress toward Sustainable Development Goal (SDG) 3 in conflict-affected populations. *International Journal of Medical Informatics*, Vol. 114, pages 114 – 120.
- Meskó, B. et al, 2017. Digital health is a cultural transformation of traditional healthcare. *mHealth*, 3, 38. doi:10.21037/mhealth.2017.08.07.
- Abhinav, S. et al, 2018. Using Digital Health Technology to Better Generate Evidence and Deliver Evidence-Based Care. *Journal of the American College of Cardiology*, Vol. 71, Issue 23, pages 2680 – 2690.
- Sanjeev, B. et al, 2016. Mobile technology and the digitalization of healthcare. *European Heart Journal*, Vol. 37, issue 18, pages 1428 – 1438.
- Hamine, S. et al, 2015. Impact of mHealth chronic disease management on treatment adherence and patient outcomes: a systematic review. *Journal of medical Internet research*, 17(2), e52. doi:10.2196/jmir.3951.
- Sanjeev, B. et al, 2017. 2017 Roadmap for Innovation—ACC Health Policy Statement on Healthcare Transformation in the Era of Digital Health, Big Data, and Precision Health: A Report of the American College of Cardiology Task Force on Health Policy Statements and Systems of Care. *Journal of the American College of Cardiology*, Vol. 70 Issue 21, DOI: 10.1016/j.jacc.2017.10.018.