

Sophia

Published On: 17 June 2014

Organisation: CNAMTS (National Health Insurance Fund for Employees)

Country: France

Level of government: Central government

Sector: Health

Type: Communication, Public Service

Launched in: 2008

Link to the innovation's website

Like this innovation

0 persons like this innovation

Description

The Sophia programme is designed to offer support services for people suffering from chronic illnesses. At first, the services were offered to adult diabetics. The services are completely free of charge. The programme offers personalised services to patients who take part on a voluntary basis. In particular, they have access to:

- Nurses who answer questions, inform and support patients who take part into the programme to help them find concrete solutions to life with diabetes. The programme is mainly based on outgoing calls. Nurses call patients.
 - Advice on the way to live with the illness on different platforms such as a website, e-mails, brochures, and a dedicated journal called “Sophia and You”.
-

Why the innovation was developed

Addressing chronic illnesses in a more effective way, is an important initiative that improves the welfare of the 15 million people suffering from such illnesses in France. According to projections, chronic illnesses will become a bigger issue in the next years because more people will become patients but also because patients’ conditions are getting worse. Chronic illnesses are also an economic issue because some of the persons affected cannot have a professional occupation and the benefits they receive from the Health Insurance represent a large amount of Health Insurance’s social expenditures (e.g. people suffering from long-term illnesses are 14% of all insured persons and receive 64% of health benefits).

Objectives

Improve access, Improve effectiveness, Improve service quality, Improve user satisfaction

The two main objectives are to:

- Improve or preserve health and living conditions for people suffering from chronic illnesses.
 - Decrease the frequency and seriousness of complications, improve patients’ welfare and cut down the financial impact of chronic diseases for both patients and the community.
-

Main beneficiaries

Families, General population

- 440 000 persons are eligible to the programme. The selection is based on criteria such as the age, the duration of the pathology, and the geographical origin: the patients come from the 19 first French departments that test the programme.
 - 140 000 persons have joined the programme among the 440 000 eligible people.
 - The programme that will be extended to the whole country should soon gather 300 000 members.
-

Existing similar practices

Disease management experimentation

In other countries’ public administrations

US, UK and German governments

The Sophia programme is inspired by foreign disease management experimentation in the US, Germany and England.

Results

Efficiency

Concerning the total budget of the project, we note that the augmentation of the number of beneficiaries of Sophie leads to a decrease of the cost per patient. The generalisation of the project should reinforce this global trend.

For now, the evaluation conducted by an independent study institute on the project experimentation shows net savings. In fact, the rise of ambulatory costs generated by the adhesion to the programme is more than balanced by the decrease of hospital spending.

Service quality

Accessibility:

- The service improves the monitoring of patients suffering from chronic illnesses.
- In order to complete the phoning offer, information is provided on written supports.

Other:

- We observe an improvement of the glycemic balance of diabetic patients.
 - However, we observe that the programme does not impact the other paradinic indicators (creatinine, limpidic anomaly) or dinic (weight, arterial pressure).
-

User satisfaction

According to surveys carried out amongst adherents and general practitioners (GPs), Sophia is considered helpful.

- Thus, the surveys carried out among the patients show that they are satisfied with the service and have a positive judgment on the service and on the advice given by the nurses. They also argue that the service helps them change their behaviour.
 - The GPs involved in the programme also have a positive opinion. They consider that the service is pedagogical, gives good information to the patients, does not interfere with the patient - GP relationship and is a good way to have their messages heard.
-

Evaluation

An independent organisation conducted an evaluation based on financial and health efficiency one year after the launch of the service. We wanted to know whether the results of the testing phase would justify the generalisation of the service. The financial efficiency was calculated by taking into account the CNAMTS spending on the implementation of the service. From an accounting point of view, the project generates investment costs and operating costs. However, it is sometimes quite hard to distinguish both categories.

Thus, we decided, based on the information we had, to take into account the operating costs and the depreciation of the investments costs. Among the investment costs, we deliberately decided to exclude the spending linked to the experimentation of the project (evaluation, legal expertise...). The first results of the evaluation were encouraging. They have been corroborated.

Development

Design

Sophia is inspired by foreign disease management experimentations (in the US, Germany and England).

Testing

- The service was launched with two support centres in Albi and Nice. It has been experimented for 4 years in 19 French territories (among 100).
- Considering patients', doctors' and partners' satisfaction and medical and economic results, the CNAMTS decided to extend the Sophia Diabetics service to the whole country.
- The CNAMTS has decided to launch a new experimentation for pathology: asthma.

Testing time: 4 years

Implementation

Tools used:

Sophia is designed to fit the specificities of the French system by:

- Integrating the role of the general practitioner.
- Allowing the user to work in close collaboration with all the actors of the chronic illness field: patients associations, experts, health professionals' representatives, National Institute for Prevention and Health Education (INPES), French Health Authority (HAS).

Resources used:

- The project generates investment costs (implementation, computer facilities, communication).
 - The project generates operating costs for the testing sites where the service was implemented (general practitioner's salary etc.).
 - The project generates human resources costs: CNAMTS and Health Care employees involved in the programme.
-

Diffusion

- As the approach of the Sophia diabetic programme extension was convincing, the Sophia asthma programme shares the same approach with some specificity, more particularly concerning communication to reach the target population (the asthma population is younger than the diabetic one).
 - Since the launch of the Sophia programme, the CNAMTS has also developed other new healthcare services for insured people, such as a programme to support people going back home after hospitalisation or a programme called "Active Healthcare". Sophia has been an excellent preparation for the development of these new programmes, even if they aim at other objectives in different fields.
-

Partnerships

Healthways; Atran

Private sector

According to law, the project management was entrusted to a cluster of two companies. The first company is Healthways, an American society specialised in disease management, the second one is Atran, a French "SSI" (IT services company).

Kurt Salmon

Private sector

This global management consulting firm was entrusted with the implementation of the project.

Qualified people in caring for people with chronic diseases

Other

In order to include stakeholders involved in caring for people with chronic diseases, CNAMTS is working with qualified people identified by patients' associations, Healthcare professionals' unions, the French Medical Board, the Pharmaceutical Board, the Healthcare Authority, the INPES (National Institute for Prevention and Health Education).

They are asked to give their opinion on how the programme should evolve, to suggest adaptations and to help increase public and professionals' awareness of the programme. They are also supposed to approve flyers with medical content.

Lessons Learned

Lessons Learned

In order to conduct such a project, it is necessary to:

- Involve all the actors that work in the field of the programme (chronic diseases).
- Mobilise all the people working on the project.
- Share the issues, the progress and the difficulties of the project.
- Manage precisely the implementation of the project and the deadlines.
- Define precisely the target population and study the legal context.

Copyright OECD. All rights reserved.