



# The challenge of change – making healthcare better

In recent years, private medical insurers such as AXA PPP healthcare have moved from simply ‘paying the bills’ to becoming commissioners of healthcare services, committed to playing an active role in securing cost-effective, quality care for their members. In practice, that means encouraging providers to follow best (evidence-based) practice – and challenging those who undertake inappropriate or unnecessary investigations and procedures.

We believe that insurers and providers can work together in meeting patients’ needs. The private sector’s alternative to the services provided by the NHS offers patients the peace of mind that comes of knowing that, if they should need medical care, they will get the treatment they need from an experienced practitioner, in privacy and comfort, at a time that suits them. But it comes at a price.

Keeping private healthcare affordable is challenging in the face of continuing upward pressure on cost, driven by the needs of an ageing population and the increasing availability of new – often costly – treatments. Treatments that today’s better informed patients know about and rightly want to be able to access. Moreover, the doubling of insurance premium tax from 6% in 2011 to 12% in 2017 hasn’t done us any favours.

For our part, insurers work hard to keep private medical insurance (PMI) affordable, offering cover at a range of price points, and attractive, by adding value through the likes of patient helplines and encouragement to lead healthy, active lives. And, if they should need treatment, helping them to find suitable specialists whose fees are paid in full so they needn’t worry about having to pay a shortfall.

Private healthcare hasn’t always been designed for patients’ convenience, however. It can be fragmented, with information gaps and delays. There’s also variation, sometimes unwarranted, in practitioners’ practice – typically, inappropriate investigation and/or treatment. Clearly, for the market to prosper, customers must be confident insurers and providers are working together continuously to improve the quality of care.

Thankfully, by dint of our scale, at AXA PPP healthcare we have a good overview of providers’ performance. Data can’t tell the whole story but, by linking payments we make with what we know about patients’ journeys, we can better understand what’s being delivered. We can thus benchmark specialists against their peers, giving us considerable insight into professionals’ practice and opportunities to support best practice.

Our initiatives include engaging with selected providers who agree to adopt distinct referral pathways. A selected group of expert colonoscopists formed in 2019, for example, will be instrumental in creating a new bowel health pathway this year. Urologists specialising in multi-parametric magnetic resonance imaging (mpMRI) have helped us create a diagnostic network that links clinicians and facilities for the benefit of men with suspected prostate cancer. Last year we invited spinal surgeons to share their practice data with us in order to understand best practice in the discipline.

For each initiative we consult professional bodies and expert panels to help identify best practice. We then seek to work with those whose practice indicates a commitment to providing appropriate, evidence-based care. What matters most is that we cause no harm to patients: quality and reducing overuse of medicine are our key drivers. By working together with like-minded practitioners, we deliver cost-effective care of better quality and value, helping ensure the long term future of private healthcare.

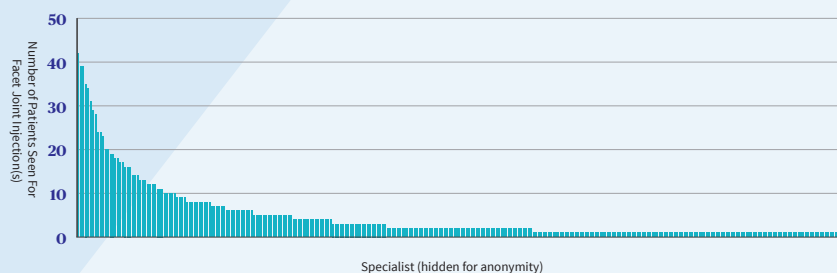


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### Facet joint injection variation (by specialist)

Our data gives an overview: volume of facet joint injections (for back and radicular pain) by (anonymised) specialist, April 2016-March 2018



### Facet joint injection variation (by interval)

Our data gives an overview: volume of facet joint injections (for back and radicular pain) by monthly interval, April 2016-March 2018

