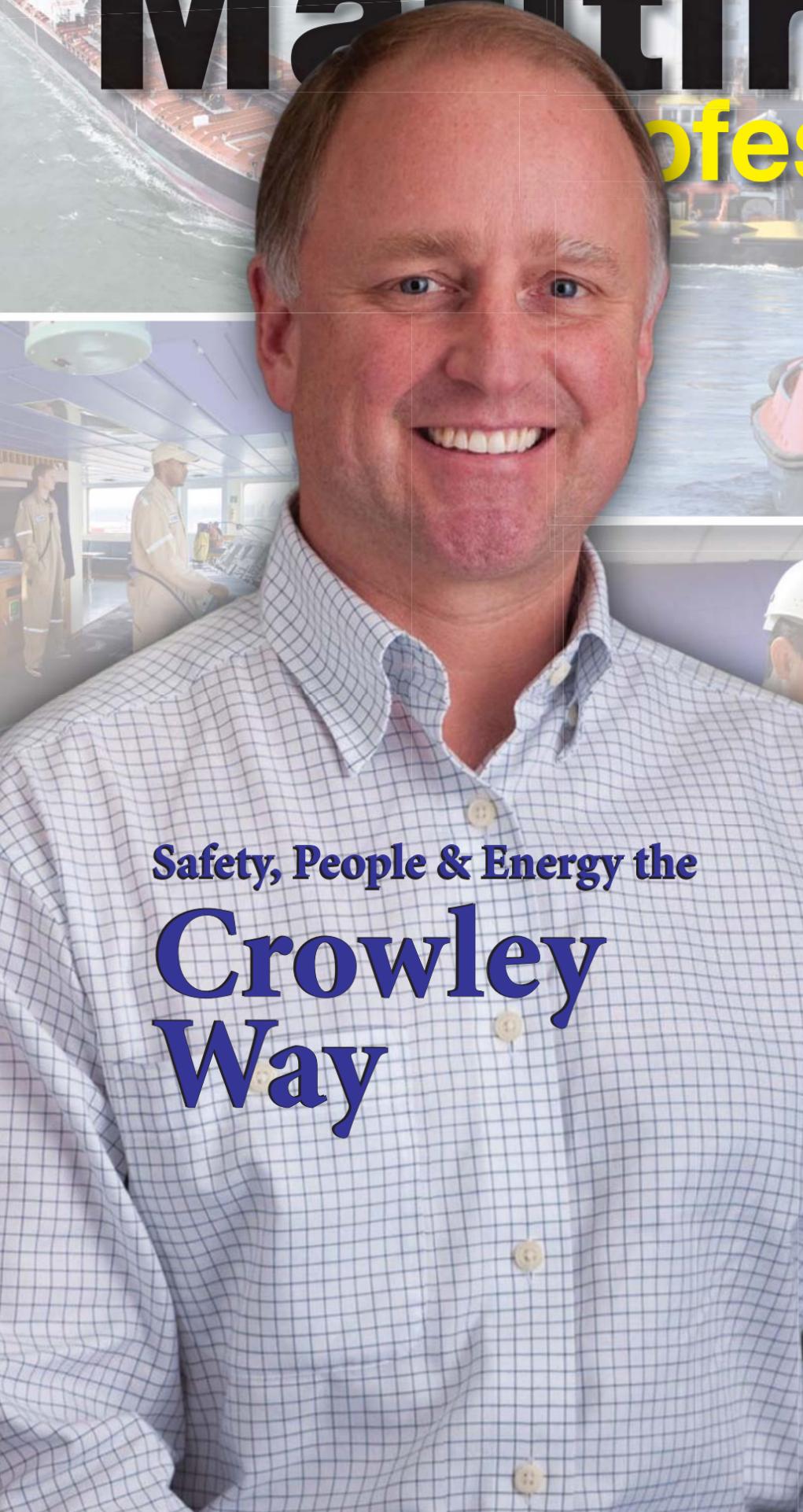





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Medical

MLC MEDICAL

MLC Mandated Medical Management for Mariners

Managed medical care specialist Future Care is changing the way the maritime industry looks at mariner healthcare

By Joseph Keefe

The Maritime Labour Convention 2006 (MLC) has forever changed the way vessel operators look at healthcare for the world's 1.3 million mariners. For some, it means simple compliance with a minimum set of standards and managing the costs associated with that standard. For others, MLC is a call to arms for those who work to make sure that healthcare at sea means more than just emergency telemedicine services.

For Christina DeSimone, CEO of Future Care, Inc., managed healthcare means competent telemedicine for seafarers who suffer injuries or become ill hundreds of miles out to sea. It can also mean following up on every case that they are called on to handle; managing cost, assignment of the right physician and ensuring that a seafarer gets the right treatment at the right facility. That attention continues through physical rehabilitation and the ultimate goal of returning the mariner to work as quickly as is possible. More than that, however, Future Care's managed healthcare solution means establishing a baseline history for every seafarer on the planet – before they ever step onto a vessel.

Studying Seafarer Health: a fulltime job

In May of last year, an ambitious effort to bring seafarer healthcare to a new, higher standard kicked off when the Yale University School of Medicine, in conjunction with managed healthcare solution provider Future Care, Inc., released a study entitled *Preliminary Evaluation of Seafarers Health Care and Determination of Predictors of Illness*. For perhaps the very first time, the effort to provide proactive as opposed to reactive healthcare to mariners was underway. Until now, very little research had been conducted on the health and general welfare of the world's 1.3 million seafarers who collectively spend their time traveling, living and working on vessels far away from their home countries.

Future Care's CEO, Christina DeSimone, determined that there was an immediate need for an analysis of the incidence of illness and injury among this singular group, with particular emphasis on their special risk factors. The ultimate goal is to draw conclusions that will assist in the development of

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“We developed the program for primary healthcare; not just emergencies. We want them to be able to call even if there is a small issue that they might otherwise ignore, because those are the problems that can turn into a big issue if not attended to quickly. We think that’s what is different about our program is that it involves an active wellness program. It means that healthcare services have to be rendered at sea. Medical solutions at sea are not just about answering an SOS call.”

– Christina DeSimone, CEO of Future Care, Inc.

improved programs for the prevention of illness and injury on board and the efficient treatment of seafarers’ medical issues when these do occur.

The initial study did have its limitations. These included the absence of preliminary, initial health data associated with each mariner. Dr. Rafi Lefkowitz of the Yale School of Medicine told *MarPro* in February, “One of the things that is limiting in the preliminary study is that we don’t have data on all the crew on the ship that have not yet been hurt or injured. So, we have statistics on the people that have experienced problems or had to call Future Care. The big lacking variable with seafarers is that people (shipowners / operators) don’t know who is on the ships to begin with. We don’t (yet) understand the population that is at risk and that’s exactly what we are trying to develop.”

According to Future Care’s DeSimone, the shipowners themselves have to participate and share data. Manning agents will be important, as well. Recently, Future Care and Yale were fortunate to obtain additional medical statistics covering 10,000 Filipino seafarers to add to the data. Once collated and analyzed, newly secured conclusions will be released to industry.

Future Care in Action

Future Care’s 24/7 First Response “Caring for the Crew” program provides the shipowner with opportunities for medical cost containment, throughout the world. Future Care CEO Christina DeSimone defines a managed care specialist as a company that uses medical expertise to manage a patient or injured worker back to maximum medical recovery with the best possible care in the right time frame. Future Care’s maritime solutions mean providing the crewmember the best care in the right time frame. She adds, “We will arrange with the medical facility as to what that means and ensure that it happens by monitoring the care. We minimize the disability by maximizing

the procedure. You get a worker that’s viable to return to work.”

Using the Future Care model, the point of managed care is to supervise, but not provide care that is given. A quick return to fit for duty status ultimately results in a reduction in maintenance and cure costs. That’s because there is a medical professional managing and supervising the patient’s treatment with the goal of getting the patient the best care which will reduce his time under a physician’s care. This also includes making sure the patient is taking his medication, going to physical therapy. Future Care case management commences the moment the illness through the providing of maximum care. DeSimone adds, “In the case of a U.S. seaman who already has insurance, we will monitor the rehabilitation of that mariner.”

As many as 25,000 crewmembers are under the Future Care umbrella at this time, with quality operators such as Teekay (120 vessels), Genco and General Maritime among their clients. As MLC talks about enhanced healthcare solutions, other shipowners are being encouraged to provide a medical first response plan. DeSimone wouldn’t estimate how much the new rules could impact the business, except to say that it would probably increase as more owners look for ways to ramp up care for crewmembers and demonstrate compliance with the law.

Telemedicine Redefined

Telemedicine isn’t a new concept. What’s different about the Future Care approach is that it stresses prevention and primary healthcare, as well. Christina DeSimone says, “We developed the program for primary healthcare; not just emergencies. We want them to be able to call even if there is a small issue that they might otherwise ignore, because those are the problems that can turn into a big issue if not attended to quickly. We think that’s what is different about our program is that it involves an active wellness program. It means that healthcare services

have to be rendered at sea. Medical solutions at sea are not just about answering an SOS call.”

Future Care’s telemedical physician advisory service closes the risk gap for ship owner and the insurance company by providing a managed care service that starts within the first hour of a medical incident on board the vessel. DeSimone says, “We patch a physician advisor through to the Captain, using satellite communications to begin a process of treatment even before they reach port. We collectively have our doctors in a virtual call center, and call in the right doctor, on call at the right time for a given incident.”

Future Care Managing Director Larry Jacobson explains the approach further. “People get caught up in the various technologies and video conferencing, all of which of course enhances the quality of the diagnostic procedure. But, when you strip away all the technology, what you have left is the quality of the physician on the other end. What separates us from the competition is the quality of our network physicians. Most if not all have been remotely treating seafarers on ships for many years, hence they are more adept at asking the appropriate questions.”

And, telemedicine, says DeSimone, shouldn’t end when the call is over. “Managed care means continuity of care. There are services that provide medical advice where the captain can call up and get advice. But, once the seaman gets to shore, they’re not available anymore. The person who did the initial diagnosis isn’t going to be involved any longer. Our physicians and medical personnel will be in touch and make contact and provide supervision all the way to the medical cure. Taking care of a case – from beginning to end – is where we bring value to the crewman and to the employer.”

Preventative Medicine Starts with Data

Illnesses can’t always be caught in pre-employment physicals. It can be age-related, degenerative, or sometimes, just another surprise. DeSimone explains, “That’s why Yale is studying our statistics. We want to quantify what kind of illnesses are problems. This might involve more extensive pre-employment physicals, wellness programs on board the vessels. It’s about preventative care.”

To that end, Future Care has put out a collective message to the maritime community on how much value there will be in setting up preventative medicine programs for mariners. DeSimone says, “We need the cooperation of manning agents, because they’re the ones who hire and place the people aboard the vessels and they keep the medical records and certificates. And, we need to put the study together that includes that data – a blind study about the total population of mariners, something that would reveal so much more for us.”

Future Care hopes that the statistics will help them better manage the cases when they do happen. For example, two



months after seaman “a” gets on board, he experiences an illness. With the pre-employment medical data at hand, it becomes a tool to help better diagnose the problem and solve it before it becomes a bigger issue. And, that data would be de-identified until the moment it is actually needed. Larry Jacobson explains, “We are mindful of our responsibility to protect privacy. Original data is de-identified and is never released to anyone else. But, it is almost impossible to do a good job with their healthcare without being able to link the individual to his/her data.”

The Bottom Line

Cost is a significant issue for shipowners and P&I Clubs. DeSimone addresses that issue, saying, “We have contracted rates with the hospitals – the same kind of rate that a preferred provider might have with a hospital or physician.” Without a managed solution, foreign mariners might be brought into a U.S. facility and be charged retail rate which, as it is, might be 50 percent higher. “We look to get our clients the lower rates and ensure that unnecessary procedures and charges aren’t a part of the final tally.”

As good as the Future Care service might be, and discounting all the benefits it can bring to the mariners themselves, it still has to be sold to the shipowners, who look to the bottom line in everything that they do. Martin Slade underscored that point by saying, “We look at the economics, as well. It’s clear to us that a healthier workforce is economically beneficial, but we want to be able to quantify that. If we can do that, we’ll have more people buying in. We’re starting to get data on who’s getting on board, and very soon, we hope to have defining analytics on rates, as opposed to just who is injured.” No doubt, when that happens, the bottom line will be therefore happier for everyone.