



Medical Services of Mapfre Mutualidad

Javier Alonso Santos
Degree in Medicine and Surgery
Head of Medical Services
of MAPFRE Mutualidad

«The Medical Services of Mapfre Mutualidad were created in 1988 in order to provide prompt, efficient and above all, personalised medical care to injured persons.

The direct outcome of this is that patients can recover and be discharged in the manner that is best suited for them with the least after-effects and as quickly as is possible. This, in addition to providing quality care service, makes it easier to reach settlement agreements.»

After its creation, these medical services grew progressively and when the number of injured patients became significant enough, it seemed the right time to create what are known as "Medical Centres" where services such as Physiotherapy and X-Rays are provided, besides the general practice clinics.

These Centres were set up to care efficiently for patients that were injured in accidents, and they were conceived as profitable Centres "per se", with expenditure control policies, where the medical doctors are deemed to be specialists in the management of every centre, in addition to their medical responsibilities.

This strategy supplemented the "System for assessment of damages suffered by individuals, caused by traffic accidents". The author of this article co-operated in the preparation of Table VI, that is used within that assessment system, to quantify the after-effects and permanent disablement.

Creation of Medical Services

There were two motives for establishing these medical services. In the first place, it was deemed that as the doctors dealt on a daily basis with the injured patients, they were the ones who knew in-depth about the progress of their patients, their recovery and treatments. On the other hand, MAPFRE was aware of the fact that it should have its own medical centre to provide these services with high quality medical care. As is now evidenced, these goals were realistic as we see injured patients who are grateful for this quality care and service which, in turn, is monitored at all stages by top medical professionals.

These medical care services are a novelty in the Spanish insurance market, as MAPFRE Mutualidad is the only insurer with this type of infrastructure. In its facilities, the injured patients receive

prompt, efficient and, particularly, personalised medical care. The philosophy upon which these medical professionals act, is to endeavour to provide the best and most appropriate care for the injured patients. In short, that recovery of the injured patient should be in the best manner available.

Even though it is not the doctors' main task, when treating patients it is relatively simple to detect "fraudulent" injured parties, a frequent scenario in the ambit of "bodily injury caused by traffic accidents". The anecdotes on this subject are too many, so we rather leave it to our readers' imagination, to visualise the cases we have come across.

Organisational Structure

MAPFRE Mutualidad Medical Services comes within the Claims area, under the National Claims Office of MAPFRE Mutualidad. Its team comprises, at present, 69 doctors and 17 physiotherapists, and it maintains a wide-ranging network of co-operating doctors and specialists.

There are MAPFRE doctors in 45 Spanish towns at present. The rest of the country is covered by co-operating doctors who, although not employees, do fulfil the mission entrusted to them: to provide direct, prompt and personalised patient care.

Data

The number of injured patients treated during 2002 was 48,274 - averaging 743 patients per doctor.



Physiotherapy is more representative. The average in this area is 35 to 60 patients per day. During 2002 approximately 3,000 injured patients were treated, totalling 58,523 physiotherapy sessions.

Assessment Table: Origin, development and most recent amendments

In order to achieve a better and more appropriate assessment of the consequences of traffic accidents, a scale was created that would later be known as the "System for assessment of damages suffered by individuals caused by traffic accidents". Dr. Javier Alonso and Dr. Francisco Parejo, added the necessary ingredients to create "Table VI" of that system, i.e. the scale quantifying after-effects and permanent disablement.

MAPFRE was happy to see the above Table VI submitted to UNESPA (Spanish Union of Insurers and Reinsurers) and that later, after many months of work, by means of the Spanish branch of AIDA (SEAIDA), it progressed to ministerial statute in 1991. It was afterwards enacted when it was included in the Spanish 1995 law on regulation of the insurance industry "Ley de Ordenación y Supervisión de los Seguros Privados". The scale set out in that Table was left open, so that the necessary changes could be made as the case required or as became necessary with the lapse of time. This Table has become an indispensable working tool to quantify compensations in the fairest possible manner.

A Medical Committee led by the author of this article was created in 1996. This Committee has endeavoured to improve, from a scientific standpoint, the contents



of Table VI (classification of after-effects), as science develops constantly so must these assessment scales. The structure

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of this scale is almost the same as the original one, changes have been made with regard to the points allocated to the after-effects, eliminating some which were no longer relevant and adding others.

Future Investment

With this commitment to providing personal care, involving health professionals, both in-house and external as well as a significant number of its employees, particularly in the Claims area, MAPFRE intends to continue day-by-day its endeavours of quality care for injured patients. In addition, regarding its strategy for this new century, the project is that these medical centres should be more cost-effective "per se", that they attain greater control on expenditure and that doctors are considered specialists in handling the respective centres. We have ongoing plans for the continuing education and training of the members of Medical Services teams, so that they remain the best. ■