Setting the Stage: Why Focus on Chronic Conditions?

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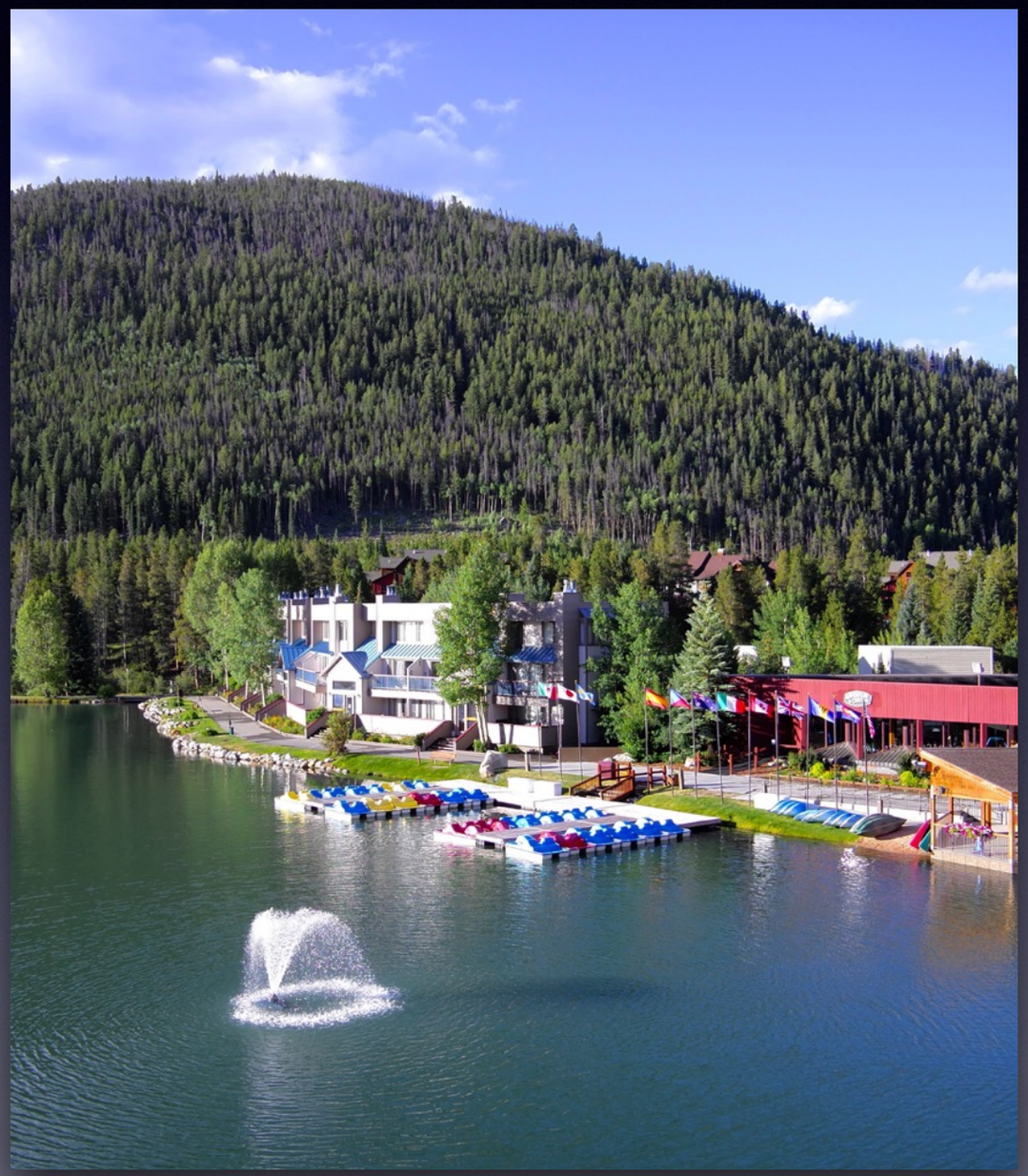
What we'll cover:

- What's the burden?
- What's the potential benefit?
- What about our patients' perspective?
- How can a PBRN catalyze things?



Burden of chronic disease

some numbers…

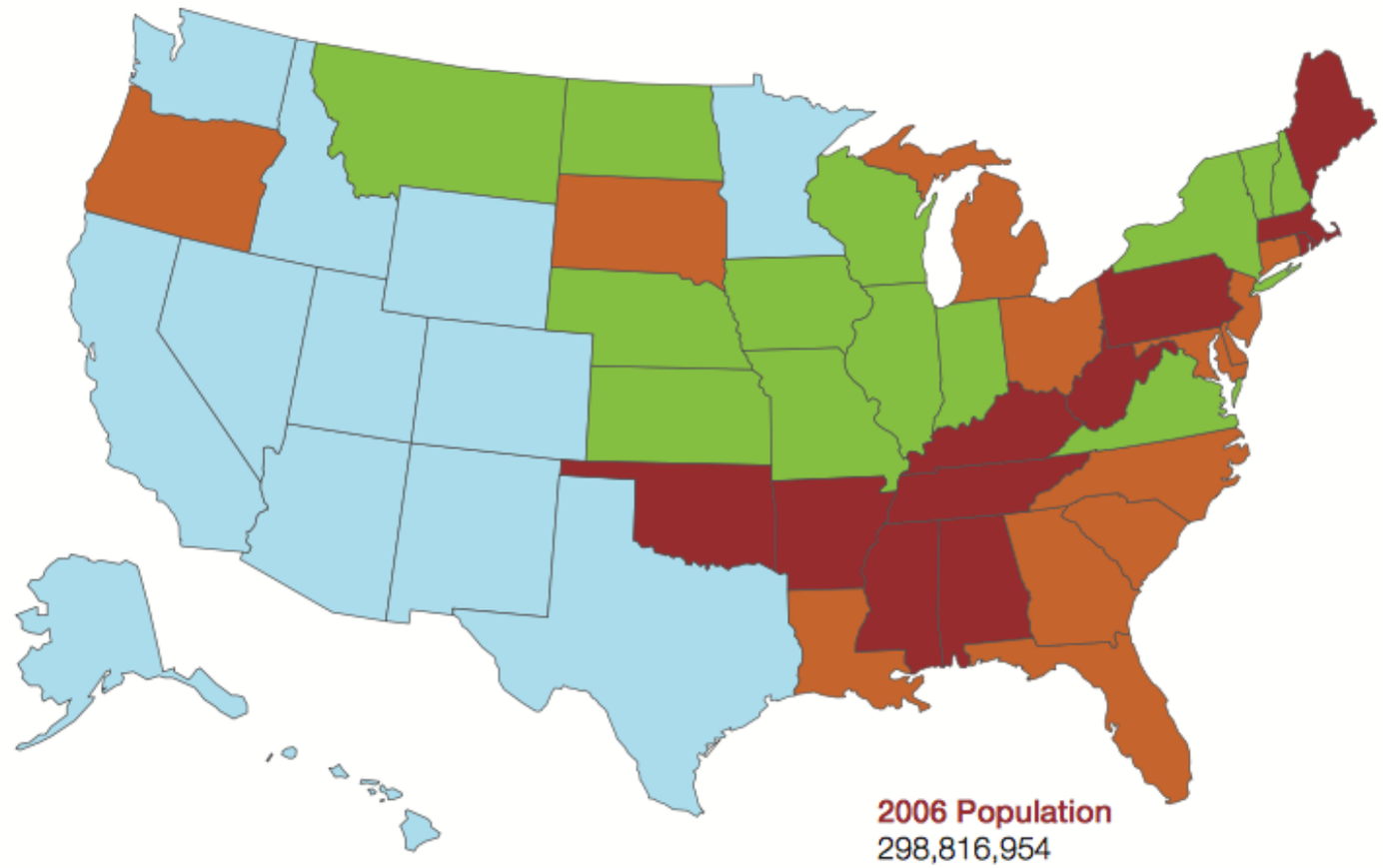
- nearly half of all Americans have one or more chronic diseases
- at age 65 or older, the number is 85%
- chronic illness represents 75% of total health care expenditures
  - Partnership for Solutions: Johns Hopkins University, Baltimore, MD for The Robert Wood Johnson Foundation (September 2004 Update). "Chronic Conditions: Making the Case for Ongoing Care"

2003 Milken Institute Report

Reported Cases in The United States, 2003 (and as % of population*)

Cancers:	10,555,000	(3.7%)
Diabetes:	13,729,000	(4.9%)
Heart Disease:	19,145,000	(6.8%)
Hypertension:	36,761,000	(13.0%)
Stroke:	2,425,000	(0.9%)
Mental Disorders:	30,338,000	(10.7%)
Pulmonary Conditions:	49,206,000	(17.4%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



2006 Population
298,816,954

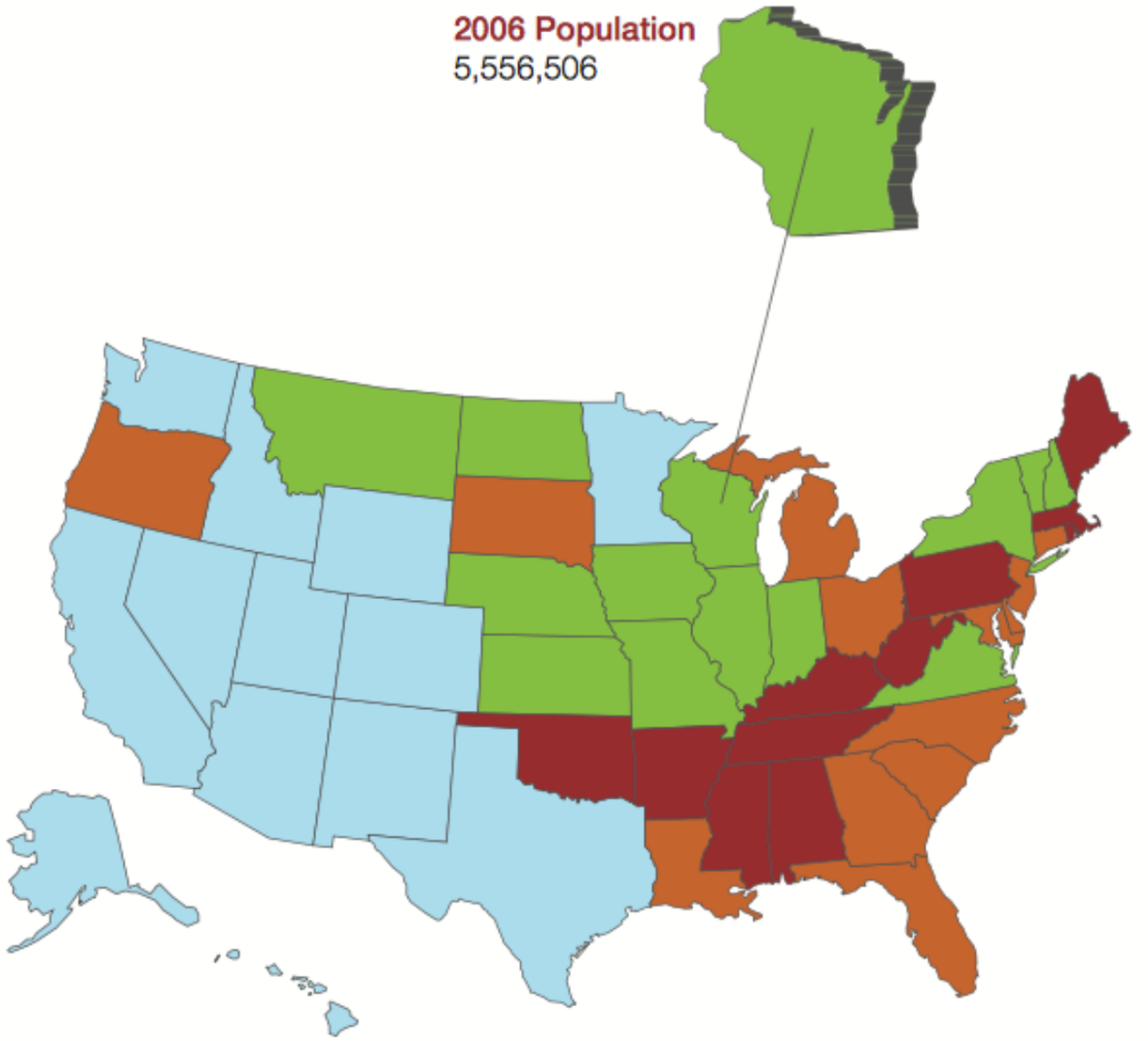
chronicdiseaseimpact.com

what about Wisconsin?

Reported Cases in Wisconsin, 2003 (and as % of population*)

Cancers:	185,000	(3.5%)
Diabetes:	192,000	(3.6%)
Heart Disease:	356,000	(6.7%)
Hypertension:	685,000	(12.9%)
Stroke:	53,000	(1.0%)
Mental Disorders:	812,000	(15.3%)
Pulmonary Conditions:	928,000	(17.5%)

* As % of non-institutionalized population. Number of treated cases based on patient self-reported data from 2003 MEPS. Excludes untreated and undiagnosed cases.



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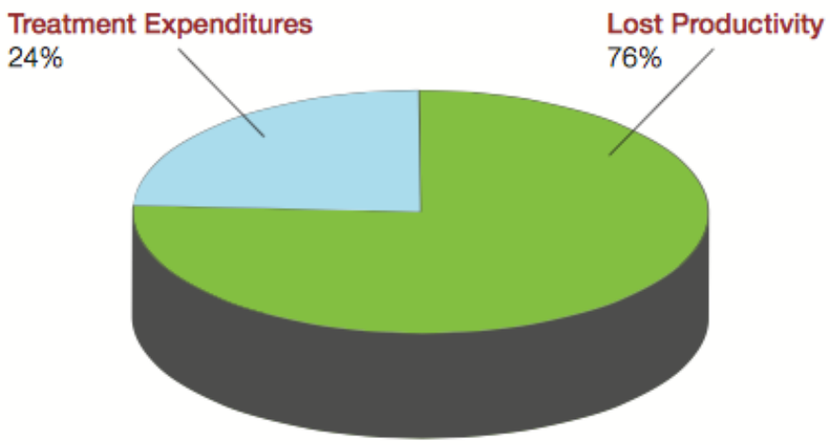

Economic Impact in Wisconsin 2003 (Annual Costs in Billions)

Treatment Expenditures:	$ 6.2
Lost Productivity:	$20.2
Total Costs:	**$26.4**

Figures may not sum due to rounding.

MILKEN INSTITUTE

From: DeVol, Ross, and Armen Bedroussian, An Unhealthy America: The Economic Burden of Chronic Disease, Milken Institute, October 2007.
Report prepared with support from the Pharmaceutical Research and Manufacturers of America. Report available at www.milkeninstitute.org.

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MILKEN INSTITUTE

CHECKUP TIME

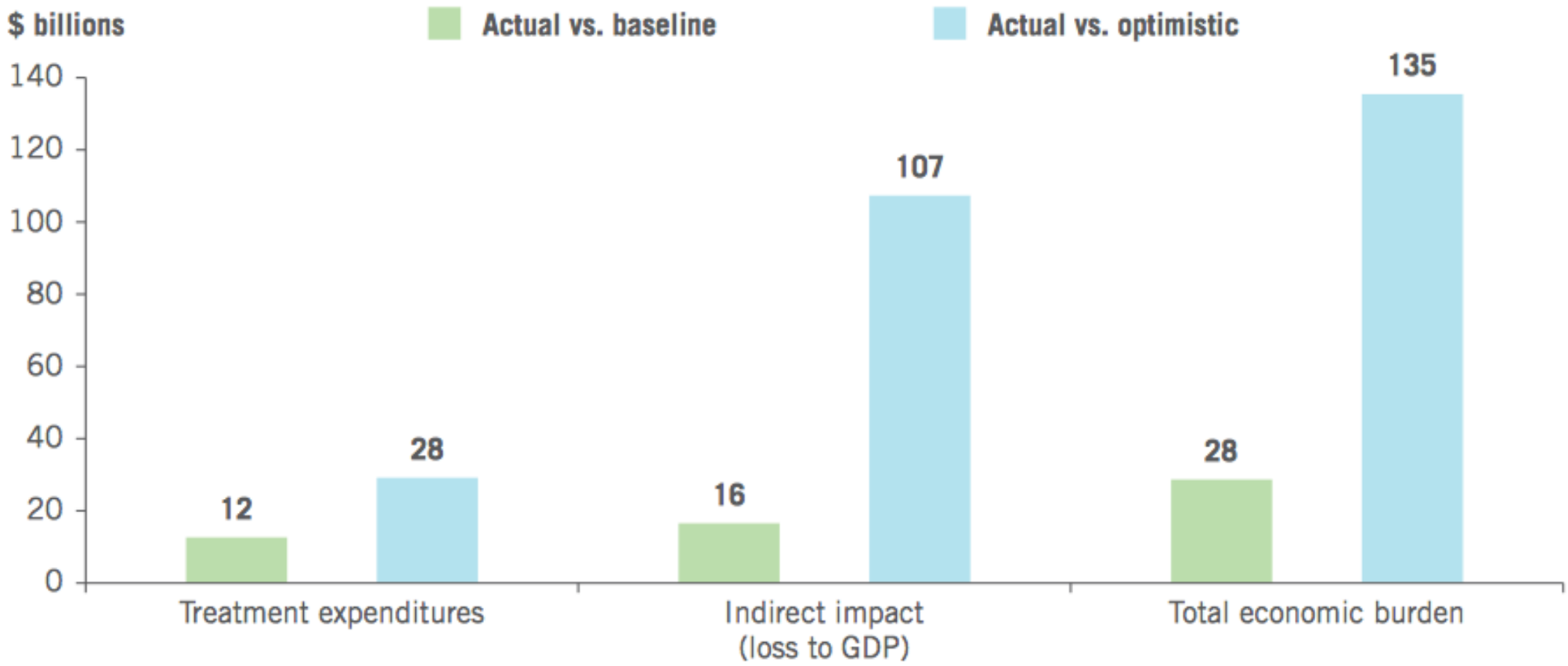
Chronic Disease and Wellness in America

Measuring the Economic Burden in a Changing Nation

January 2014

Checkup Time: Chronic Disease and Wellness in America - 2014

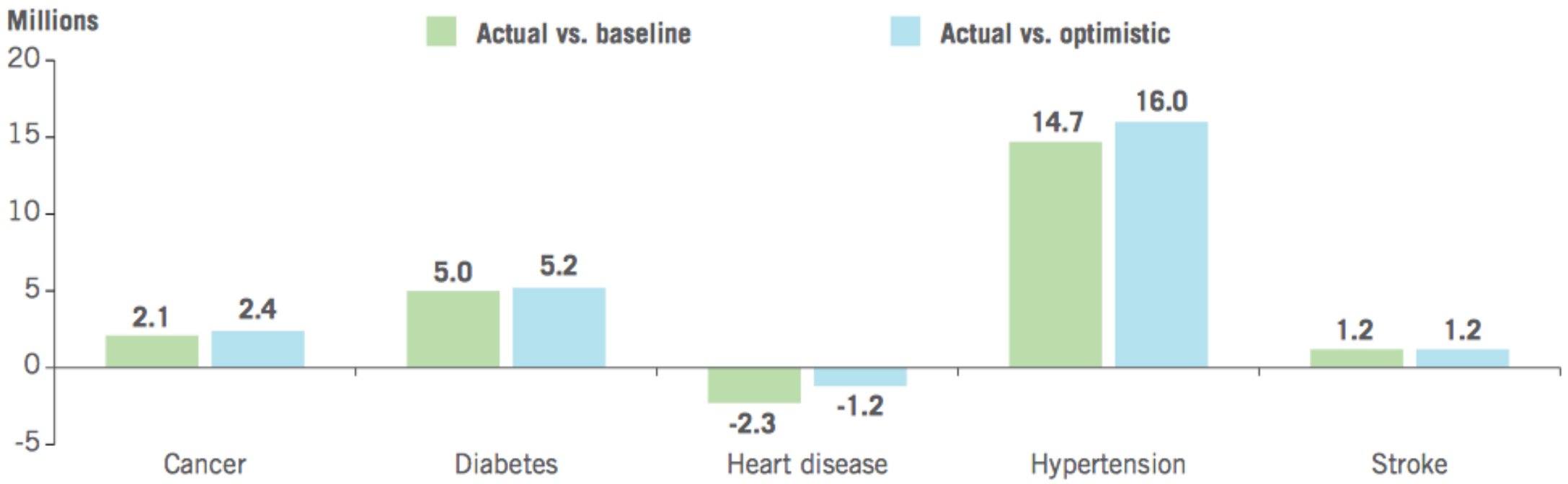
Difference between actual and projected economic burden of five chronic diseases ($ billions)



Sources: Medical Expenditure Panel Survey, National Health Interview Survey, Milken Institute.

Checkup Time: Chronic Disease and Wellness in America - 2014

Differences between actual and projected population reporting a condition (PRC) 2008-2010 (millions)



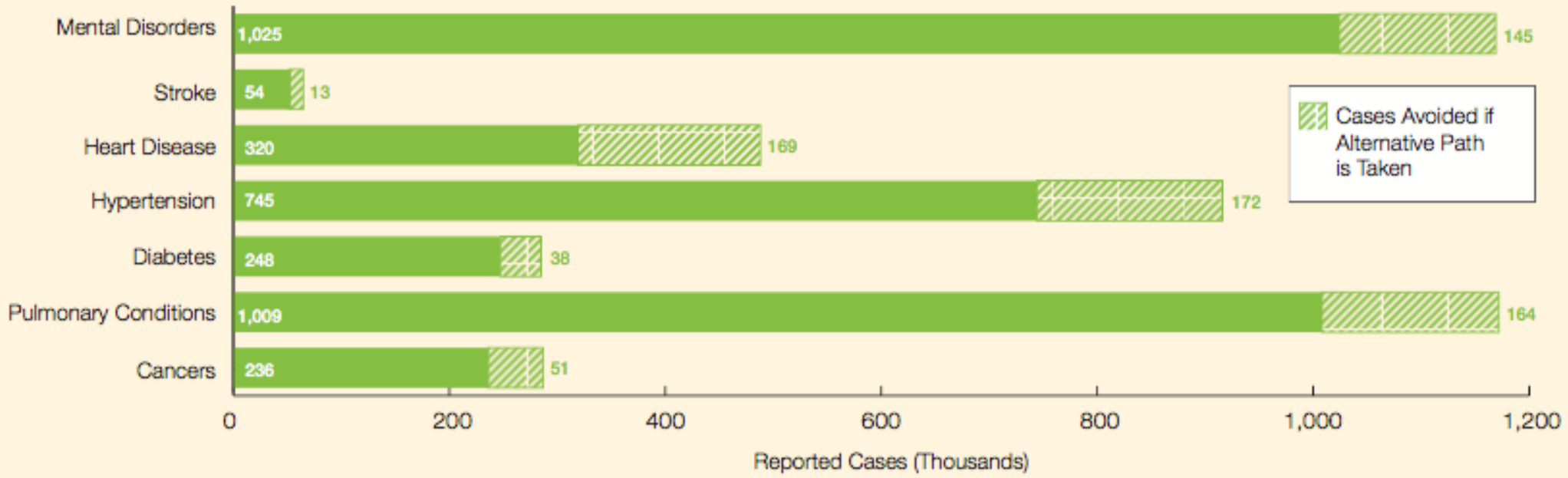
Sources: Medical Expenditure Panel Survey, Milken Institute.

Benefits of addressing chronic illness

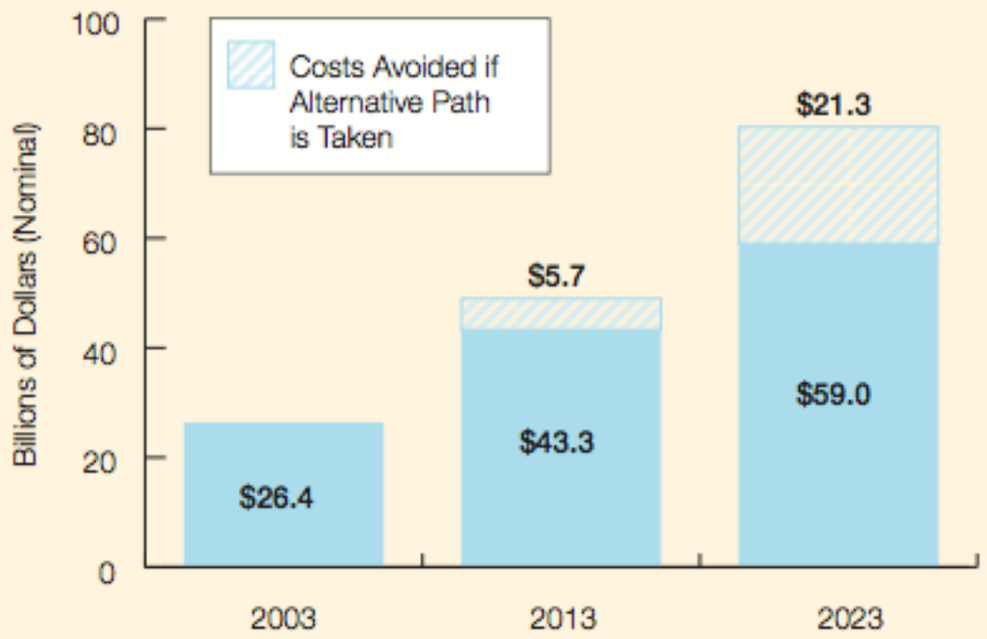
Two Paths, Two Choices — Chronic Disease in Wisconsin TOMORROW

On our current path, Wisconsin will experience a dramatic increase in chronic disease in the next 20 years. **But there is an *alternative path.*** By making reasonable improvements in preventing and managing chronic disease, we can avoid 752,000 cases of chronic conditions in 2023.

Number of Cases in 2023 (Thousands)



Projected Annual Economic Costs 2003-2023 (Billions)

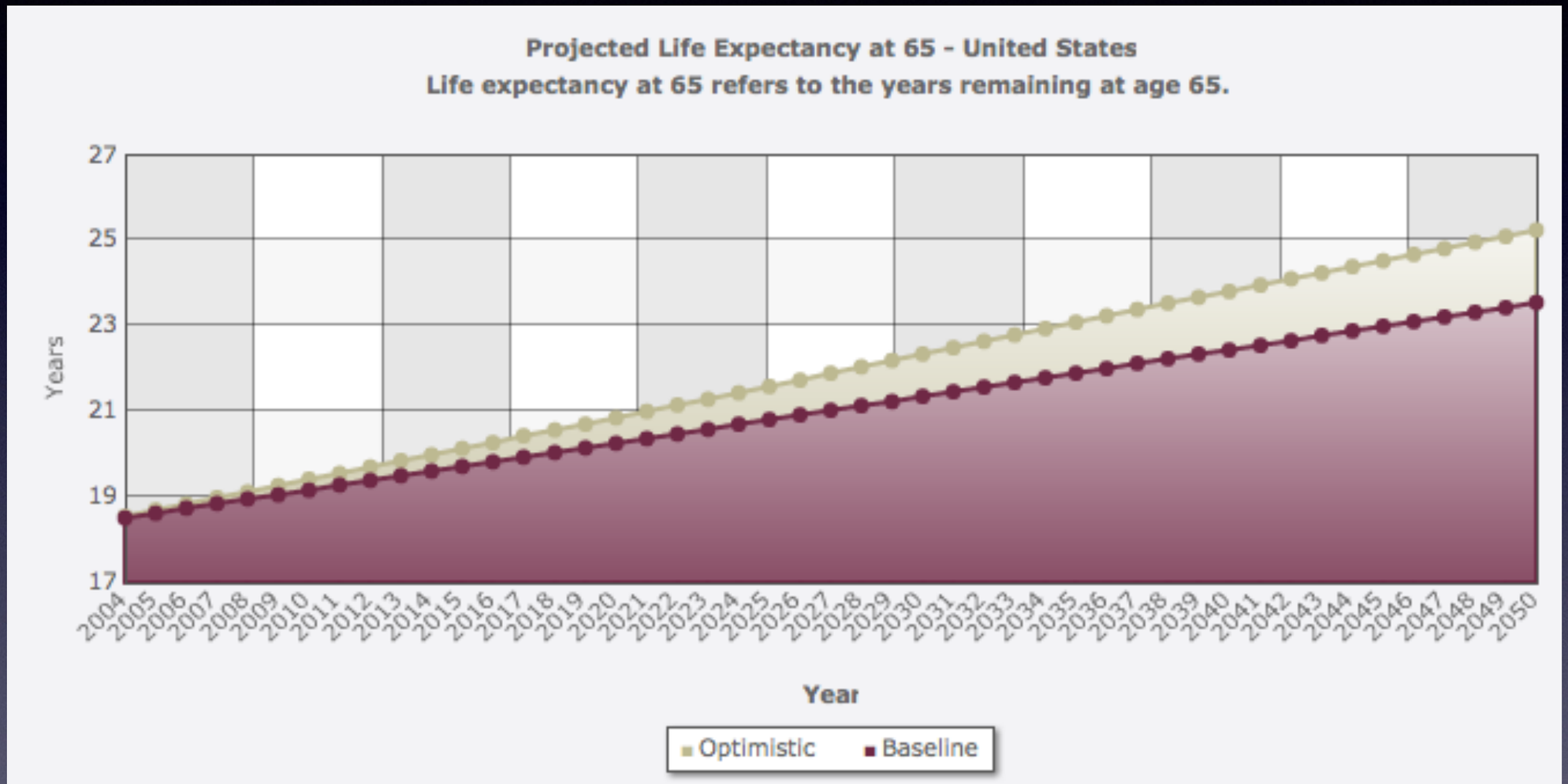


Avoidable Costs in 2023 (Billions)

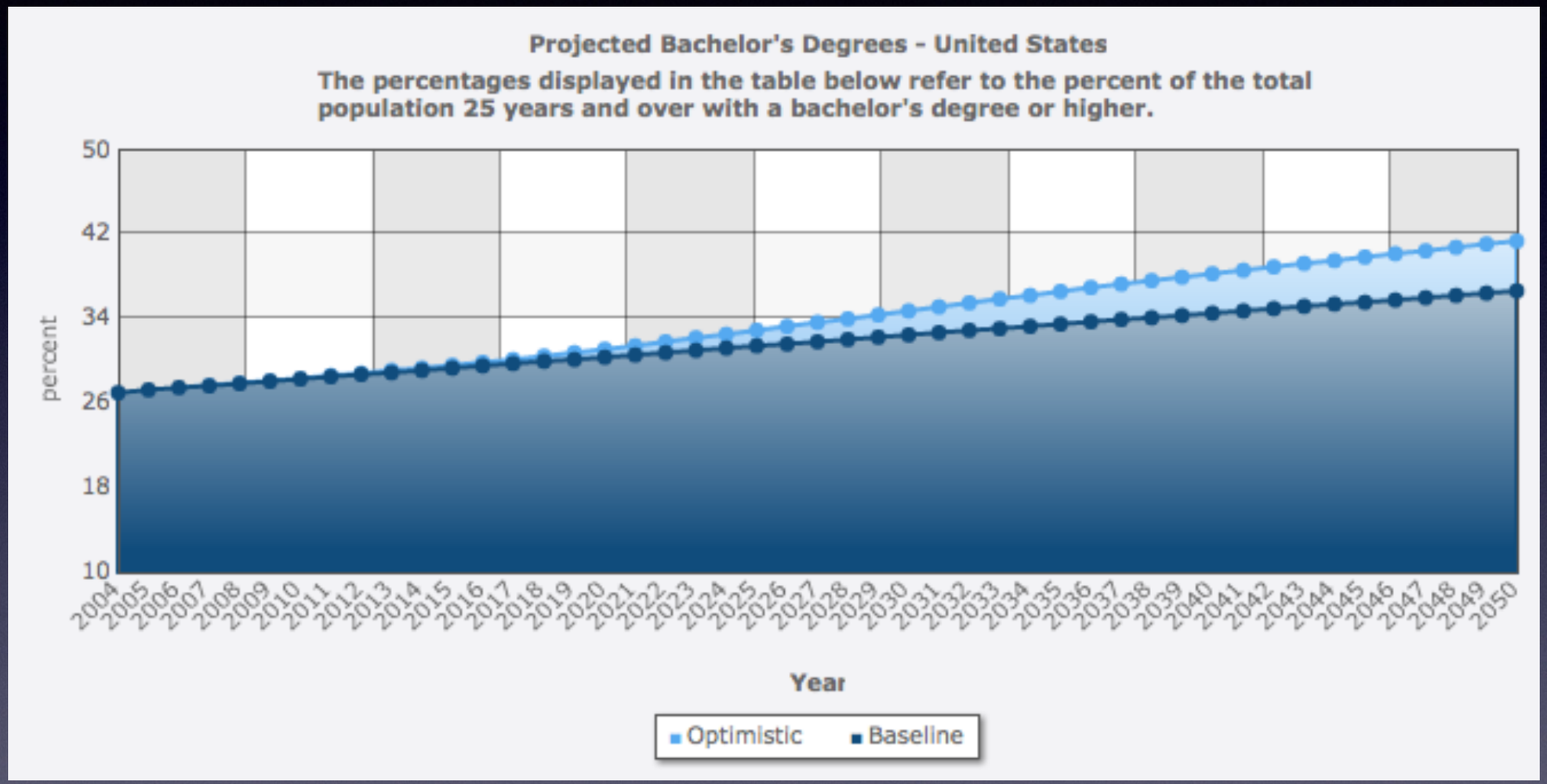
	Treatment Expenditures	Lost Productivity	Total
Current Path	$18.2	$62	$80.2
Alternative Path	$13.1	$45.8	$59.0
Costs Avoided	**$ 5.1 (28%)**	**$16.2 (26%)**	**$21.3 (27%)**

Patient perspectives

impact on life expectancy



impact on education



Diabetes - it felt like a death sentence

Chronic illnesses don't just affect patients

Our culture is based on quick fixes, but for this, there is no easy way out

multimorbidity

- UK based study of illness perceptions and impacts on self-management & outcomes
- Self-management behavior was predicted by illness perceptions of illness consequences
- Self-monitoring and insight was predicted by “hassles” in health services
- Health status predicted by age and patient experience of multi-morbidity

- Kenning C, Coventry PA, Gibbons C, Bee P, Fisher L, Bower P. Does patient experience of multimorbidity predict self-management and health outcomes in a prospective study in primary care? Fam Pract. Oxford University Press; 2015 Feb 24;32(3):311–6.

Family Practice, 2015, Vol. 32, No. 3, 311–316
doi:10.1093/fampra/cmv002
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OXFORD

Does patient experience of multimorbidity predict self-management and health outcomes in a prospective study in primary care?

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Abstract

Background. There is a need to better understand the mechanisms which lead to poor outcomes in patients with multimorbidity, especially those factors that might be amenable to intervention.
Objective. This research aims to explore what factors predict self-management behaviour and health outcomes in patients with multimorbidity in primary care in the UK.
Methods. A prospective study design was used. Questionnaires were mailed out to 1460 patients with multimorbidity. Patients were asked to complete a range of self-report measures including measures of multimorbidity, measures of their experience of multimorbidity and service delivery and outcomes (three measures of self-management: behaviours, Self-monitoring and Insight and medication adherence; and a measure of self-reported health).
Results. In total, 36% (n = 499) of patients responded to the baseline survey and 80% of those respondents completed follow-up. Self-management behaviour at 4 months was predicted by illness perceptions around the consequences of individual conditions. Self-monitoring and Insight at 4 months was predicted by patient experience of ‘Hassles’ in health services. Self-reported medication adherence at 4 months was predicted by health status, Self-monitoring and Insight and ‘Hassles’ in health services. Perceived health status at 4 months was predicted by age and patient experience of multimorbidity.
Conclusions. This research shows that different factors, particularly around patients’ experiences of health care and control over their treatment, impact on various types of self-management. Patient experience of multimorbidity was not a critical predictor of self-management but did predict health status in the short term. The findings can help to develop and target interventions that might improve outcomes in patients with multimorbidity.

Key words. Co-existent conditions, health services, primary health care, prospective studies, self-care, self-report.

hassles?

- Parchman ML, Noël PH, Lee S. Primary care attributes, health care system hassles, and chronic illness. Med Care. 2005 Nov;43(11):1123–9.

- “After controlling for patient characteristics, primary care communication and coordination of care were inversely associated with patient hassles score: as communication and coordination improved, the reported level of hassles decreased.”

Lack of information about my medical conditions

Lack of information about treatment options

Lack of information about why my medications have been prescribed to me

Problems getting my medications refilled on time

Uncertainty about when or how to take my medications

Side effects from my medications

Lack of information about why I’ve been referred to a specialist

Having to wait a long time to get an appointment for specialty doctors or clinics

Poor communication between different doctors or clinics

Disagreements between my doctors about my diagnosis or the best treatment for me

Lack of information about why I need lab tests or x-rays

Having to wait too long to find out the results of lab tests or x-rays

Difficulty getting questions answered or getting medical advice between scheduled appointments

Lack of time to discuss all my problems during scheduled appointments

Having my concerns ignored or overlooked by my health care providers

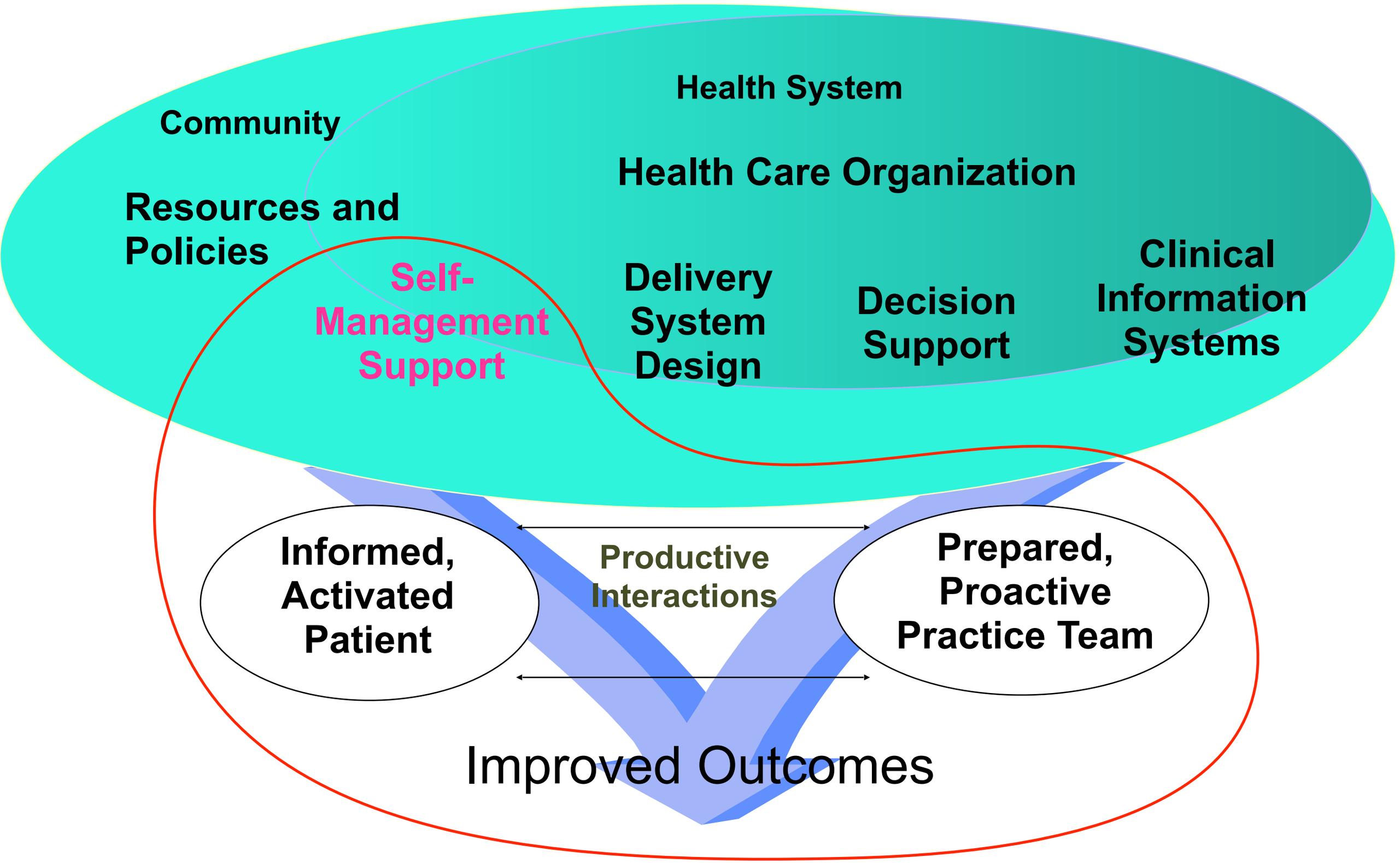
Medical appointments that interfere with my work, family, or hobbies

The role of a PBRN

PBRN's are…

- participatory
- engaging
- inclusive
- good at getting things done!
- catalysts

Chronic Care Model



CareNet

Patient Advisory Council

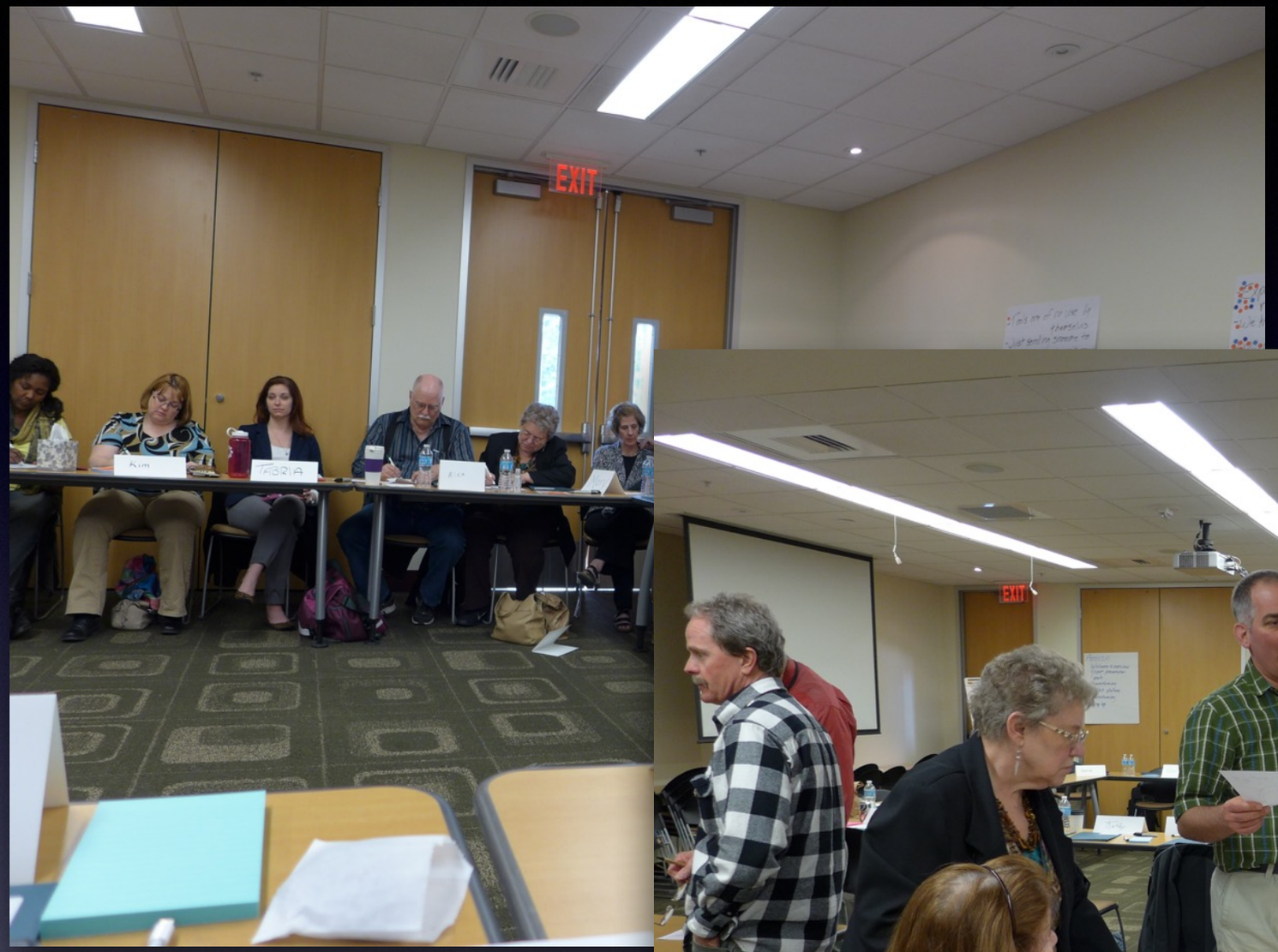
High Plains Research Network

Community Advisory Council

Campus, Community, Collaboration

INSTEPP

EvidenceNOW SOUTHWEST


EXIT
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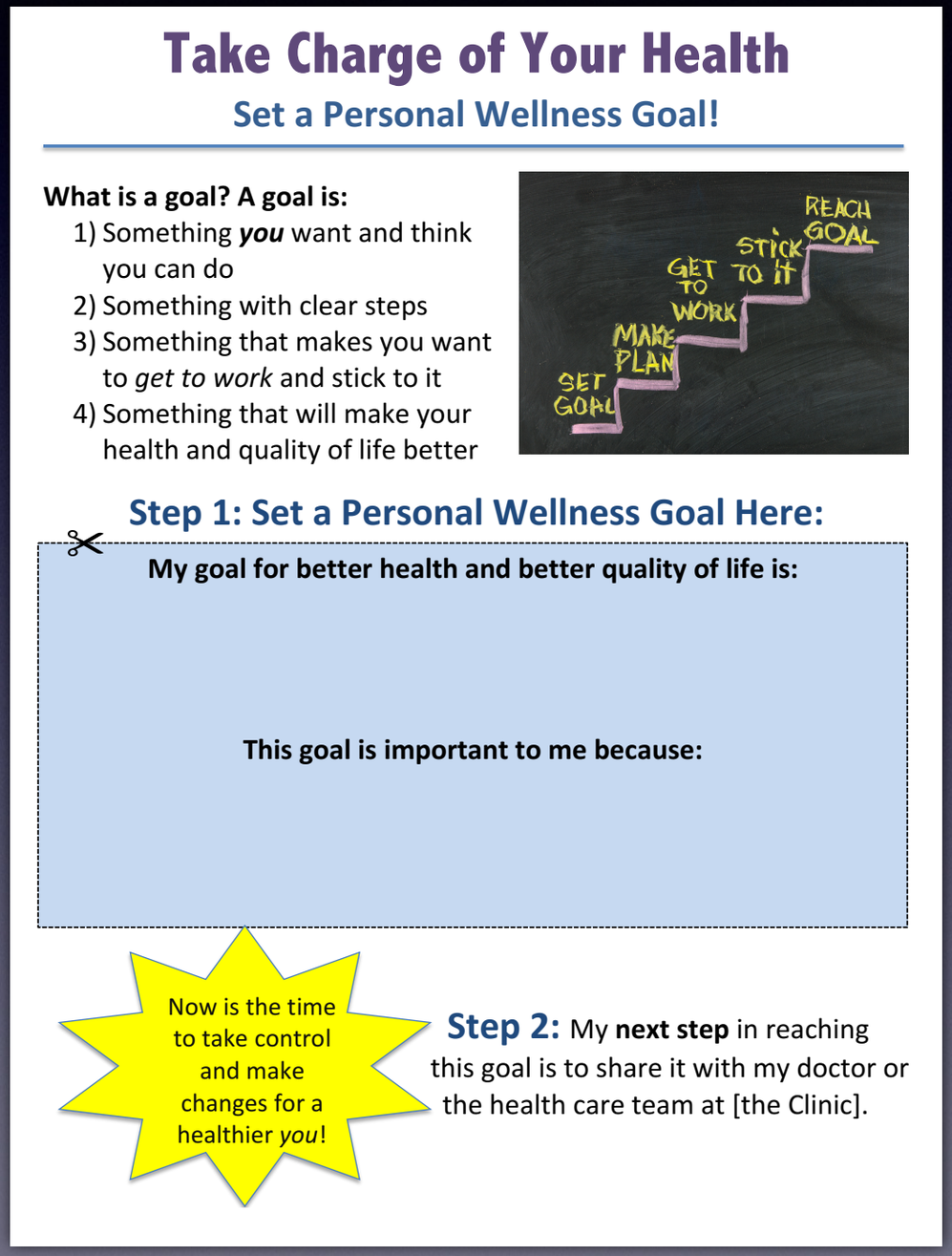
Tools
Tools

PBRN's bringing practices and patients together

- A different kind of "productive interaction" is in play
- Patients have expertise to offer
- Practice clinicians and staff listen differently
- Magic happens!



Take Charge of Your Health

Set a Personal Wellness Goal!

What is a goal? A goal is:

1) Something ***you*** want and think you can do
2) Something with clear steps
3) Something that makes you want to *get to work* and stick to it
4) Something that will make your health and quality of life better

Step 1: Set a Personal Wellness Goal Here:

My goal for better health and better quality of life is:

This goal is important to me because:

Now is the time to take control and make changes for a healthier *you*!

Step 2: My **next step** in reaching this goal is to share it with my doctor or the health care team at [the Clinic].

INSTTEP Patient Outcomes - quantitative

Measure	Survey	Control	Intervention	Differential Intervention Effect
PAM	1	66.45	66.28	F(1,843)=0.84, p=.3587
	2	66.53	66.93	
	3	66.62	67.58	
Process of Care (from PACIC)	1	30.98	30.45	F(1,800)=16.85, p<.0001
	2	30.43	31.52	
	3	29.87	32.59	
Self-reported health (lower score is better)	1	3.16	3.35	
	2	3.16	3.26	
	3	3.15	3.17	F(1,834)=4.86, p=.0278

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discussion?

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