Setting the Stage: Why Focus on Chronic Conditions?

Don Nease, MD

Green-Edelman Chair for Practice-Based Research
Associate Professor and Vice Chair for Research | Dept. of Family Medicine
Director of Community Engagement & Research | Colorado Clinical and Translational Sciences Institute
Director - State Networks of Colorado Ambulatory Practices & Partners (SNOCAP)
University of Colorado – Denver
President - International Balint Federation | balintinternational.com
Donald.Nease@ucdenver.edu | ucdenver.edu
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.

chronicdiseaseimpact.com
what about Wisconsin?

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cases</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancers</td>
<td>185,000</td>
<td>3.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>192,000</td>
<td>3.6%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>356,000</td>
<td>6.7%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>685,000</td>
<td>12.9%</td>
</tr>
<tr>
<td>Stroke</td>
<td>53,000</td>
<td>1.0%</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>812,000</td>
<td>15.3%</td>
</tr>
<tr>
<td>Pulmonary Conditions</td>
<td>928,000</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

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

[chronicdiseaseimpact.com](http://chronicdiseaseimpact.com)
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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Actual vs. baseline</th>
<th>Actual vs. optimistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment expenditures</td>
<td>12</td>
<td>28</td>
</tr>
<tr>
<td>Indirect impact (loss to GDP)</td>
<td>16</td>
<td>107</td>
</tr>
<tr>
<td>Total economic burden</td>
<td>28</td>
<td>135</td>
</tr>
</tbody>
</table>

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)

- **Cancer**: Actual vs. baseline = 2.1, Actual vs. optimistic = 2.4
- **Diabetes**: Actual vs. baseline = 5.0, Actual vs. optimistic = 5.2
- **Heart disease**: Actual vs. baseline = -2.3, Actual vs. optimistic = -1.2
- **Hypertension**: Actual vs. baseline = 14.7, Actual vs. optimistic = 16.0
- **Stroke**: Actual vs. baseline = 1.2, Actual vs. optimistic = 1.2

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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Current Year (Thousands)</th>
<th>Alternative Path (Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Disorders</td>
<td>1,025</td>
<td>145</td>
</tr>
<tr>
<td>Stroke</td>
<td>54</td>
<td>13</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>320</td>
<td>169</td>
</tr>
<tr>
<td>Hypertension</td>
<td>745</td>
<td>172</td>
</tr>
<tr>
<td>Diabetes</td>
<td>248</td>
<td>38</td>
</tr>
<tr>
<td>Pulmonary Conditions</td>
<td>1,009</td>
<td>164</td>
</tr>
<tr>
<td>Cancers</td>
<td>236</td>
<td>51</td>
</tr>
</tbody>
</table>
Patient perspectives
impact on life expectancy
impact on education

Projected Bachelor’s Degrees - United States
The percentages displayed in the table below refer to the percent of the total population 25 years and over with a bachelor’s degree or higher.
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

hassles?


- “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.”
The role of a PBRN
PBRN’s are...

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

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

donald.nease@ucdenver.edu