

Chronic Care

"Meeting the complex needs of patients with chronic illness or impairment is the single greatest challenge facing organized medical practice."

-- Edward H. Wagner, MD, MPH, FACP, director
Improving Chronic Illness Care



The profile of diseases contributing most heavily to death, illness and disability among Americans changed dramatically during the last century. Today, chronic diseases - such as cardiovascular disease (primarily heart disease and stroke), asthma and diabetes - are among the most prevalent, costly, and preventable of all health problems. More than 90 million Americans live with chronic illnesses. Seven of every 10 Americans who die each year, or more than 1.7 million people, die of a chronic disease. The prolonged course of illness and disability from such chronic diseases as diabetes and arthritis results in extended pain and suffering and decreased quality of life for millions of Americans. Chronic, disabling conditions cause major limitations in activity for more than one of every 10 Americans, or 25 million people.⁴

According to Dr. Ed Wagner, director of Improving Chronic Illness Care, the good news is that care of most major chronic illnesses has become

substantially more effective through recent progress in clinical and behavioral treatments. When properly applied to well-informed patients, newer treatments can lead to major reductions in suffering and avoid complications, including death.

But the bad news is that studies show that only a minority of people with these conditions is receiving appropriate treatment. Especially lacking is support for patients' efforts to manage their own health. These deficiencies in the quality of chronic illness care have been found in all types of medical settings - prepaid or fee-for-service, managed care and private practice, academic and community.

The Institute of Medicine (IOM) report, *Crossing the Quality Chasm*, highlighted this discrepancy between the medical care made possible by advances in clinical and behavior therapies and the care received by the majority of Americans. The report recommended that chronic illnesses, because of their human and financial costs, are the place to start working on improving the quality of care. The IOM report shifts the focus from the caregivers to the systems in which they work: "Current care systems cannot do the job. Trying harder will not work. Changing systems of care will."⁵

Improving Chronic Illness Care (ICIC), a national program of The Robert Wood Johnson Foundation, is dedicated to the idea that United States health care can do better. Providers who care for chronically ill patients can be better supported with guidelines, specialty expertise and information

⁴ Centers for Disease Control and Prevention.

⁵ Wagner, Ed. H. "The Changing Face of Chronic Disease Care." *Curing the System: Stories of Change in Chronic Illness Care*. May 2002.

systems. Overall health care costs can be lowered through better care delivery. All this is possible by transforming what is currently a reactive health care system into one that keeps its patients as healthy as possible through planning, proven strategies and management.⁶

ICIC has developed a Chronic Care Model to assist organizations in transforming the way that they care for patients with chronic illness. "The Chronic Care Model is not a quick fix or a magic bullet; it is a multi-dimension solution to a complex problem."⁷

The Chronic Care Model identifies six essential elements of a system that encourages high-quality chronic disease management:

- The Community -- Resources and Policies
- The Health System -- Organization of health care
- Self-management support
- Delivery system design
- Decision support
- Clinical information systems

The Model can be applied to a variety of chronic illnesses, health care settings and target populations. The result is healthier patients, more satisfied providers and cost savings throughout the system. To learn more about the Chronic Care Model as well as survey how a system's chronic illness care measures up, we encourage you to log on to ICIC's Web site. On this site you can also access excellent resources including the Chronic Care Bibliography (CCB) a comprehensive compilation of peer-reviewed literature on chronic illness interventions.

ICIC regional collaboratives build on the success of the Breakthrough Series pioneered by the Institute for Healthcare Improvement (IHI). The collaboratives bring together dozens of organizations in a city,

county or other region for an intensive, yearlong effort aimed at improving chronic illness care. For additional information about chronic care, log on to the IHI Web site or turn to Appendix E, Resources.

Tip: The 2002 report, *Curing the System: Stories of Change in Chronic Illness Care*, provides a list of individuals, institutions and organizations that have demonstrated excellence in chronic disease care. It can be accessed on the Web site of the National Coalition on Health Care (www.nchc.org), among other sites.

⁶ ICIC Web site (www.improvingchroniccare.org).

⁷Wagner, Ed. H. "The Changing Face of Chronic Disease Care," *Curing the System: Stories of Change in Chronic Illness Care*. May 2002.