Chronic Care in the 21st Century

Building an Infrastructure for Quality and Efficiency

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Philadelphia, PA

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Honor the Problem

Demand for health care services for the chronically ill

- **Increasing US population**
  - **349 Million by 2025**
- **Aging and chronically ill population**
  - **20% over 65 (Medicare) by 2030**
  - **50% increase of 85 and over from 2000 to 2010**
  - **83% of current Medicare patients have one or more chronic conditions**
  - **23% of current Medicare patients have 5 or more chronic conditions account for ~ 3/4 of Medicare spending, see about 14 different physicians in a year and have almost 40 office visits**

- American College of Physicians. How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?. Philadelphia: American College of Physicians;2008: White Paper
- Anderson GF. Medicare and Chronic Conditions. Sounding Board. N Engl J Med.2005;353(3):305-9

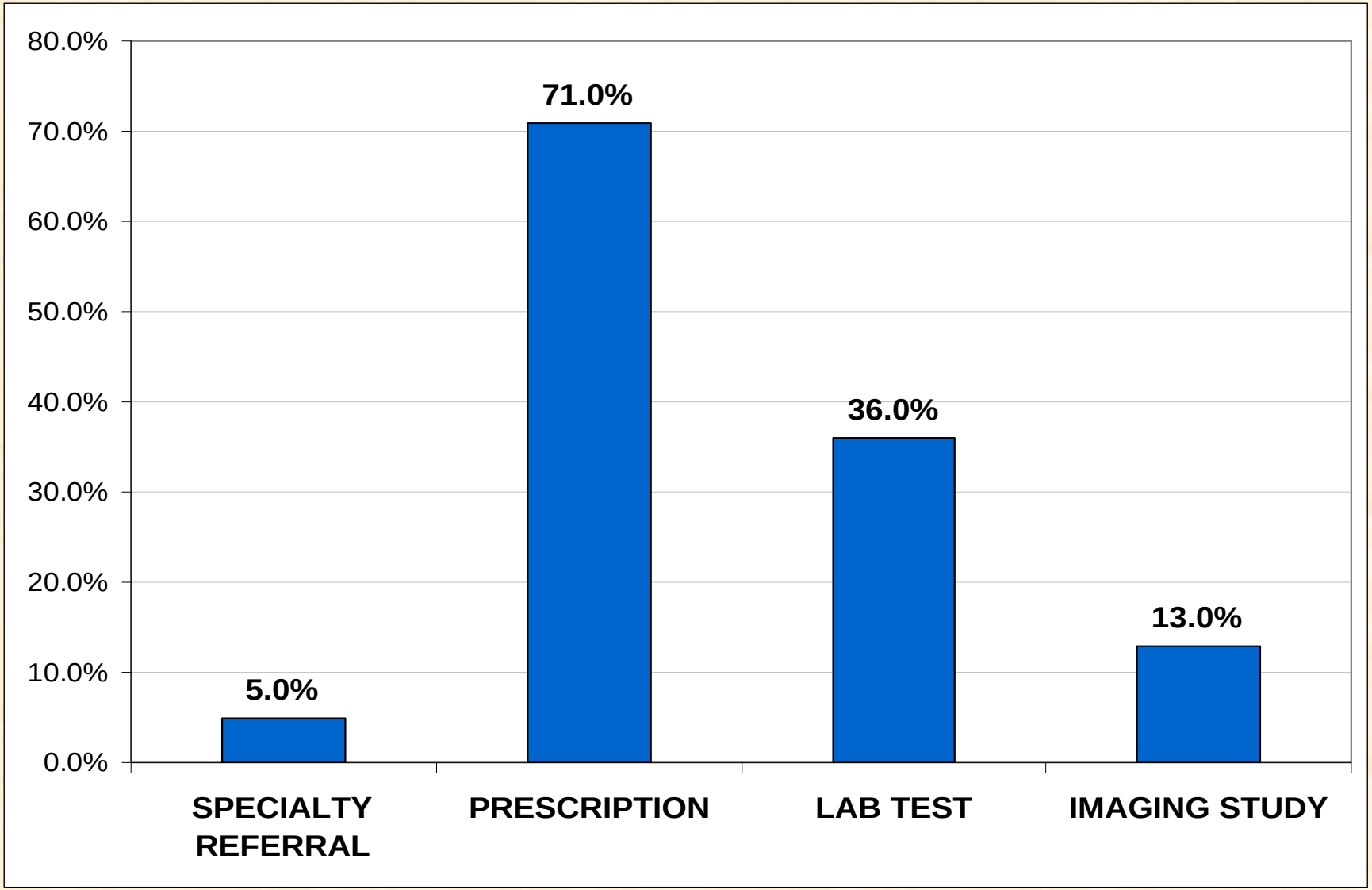
Organizing Care for the Chronically Ill

Potential Models – Everybody is Important and Welcome!

- **Specialist disease-specific experts**
  - **Expert care for a particular disease**
  - **However, 47% of chronic disease patients do not have a dominant disease but have multiple chronic diseases**
    - Bodenheimer, et al Health Affairs 28, no. 1 (2009): 64–74
- **Primary care**
  - "The availability of primary care is positively and consistently associated with improved outcomes, reduced mortality, lower utilization of health care resources, and lower overall costs of care."
    - How Is a Shortage of Primary Care Physicians Affecting the Quality and cost of Medical Care? American College of Physicians; November 2008: White Paper
  - Limitations: 50 percent of patients leave primary care visits not understanding what they were told by the physician
    - Bodenheimer, et al Health Affairs 28, no. 1 (2009): 64–74

% of Primary Care Visits Requiring Care Coordination

From Bodenheimer(8.07)



Forrest CB, et al. Medical Decision Making 2006;26:76

Organizing Care for the Chronically Ill

Potential Models:

- **Multidisciplinary primary care team**
  - **Informed, activated patients**
  - **Shared decision making**
  - **Engagement of the community, including public health**
    - Bodenheimer, et al Health Affairs 28, no. 1 (2009): 64–74

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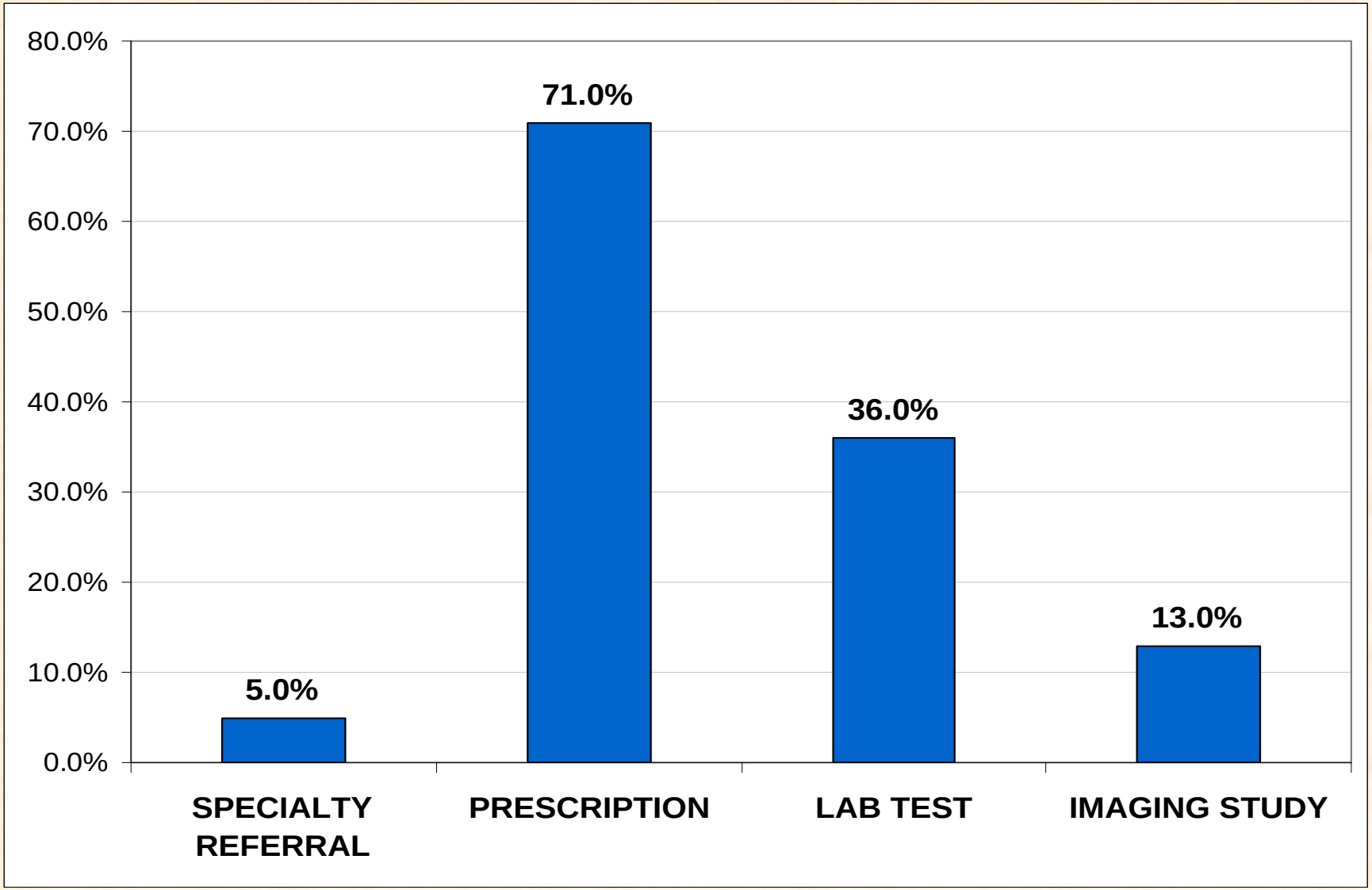

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What is a Team?
How Should The Team be Trained?

Team care model:

- **"A patient care team is a group of diverse clinicians who communicate with each other regularly about the care of a defined group of patients and participate in that care"**

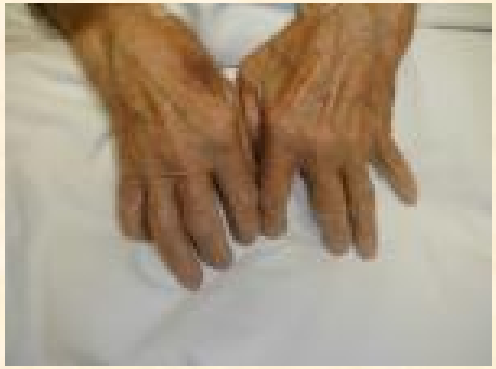
  The Role of Patient Care Teams In Chronic Disease Management, Wagner, E. *BMJ* 2000;320:569-572

- **Health care providers should be trained to understand and implement the medical home model within a team environment**

  The Medical Home, Position Statement. AAMC Advisory Panel on Health Care, March 2008

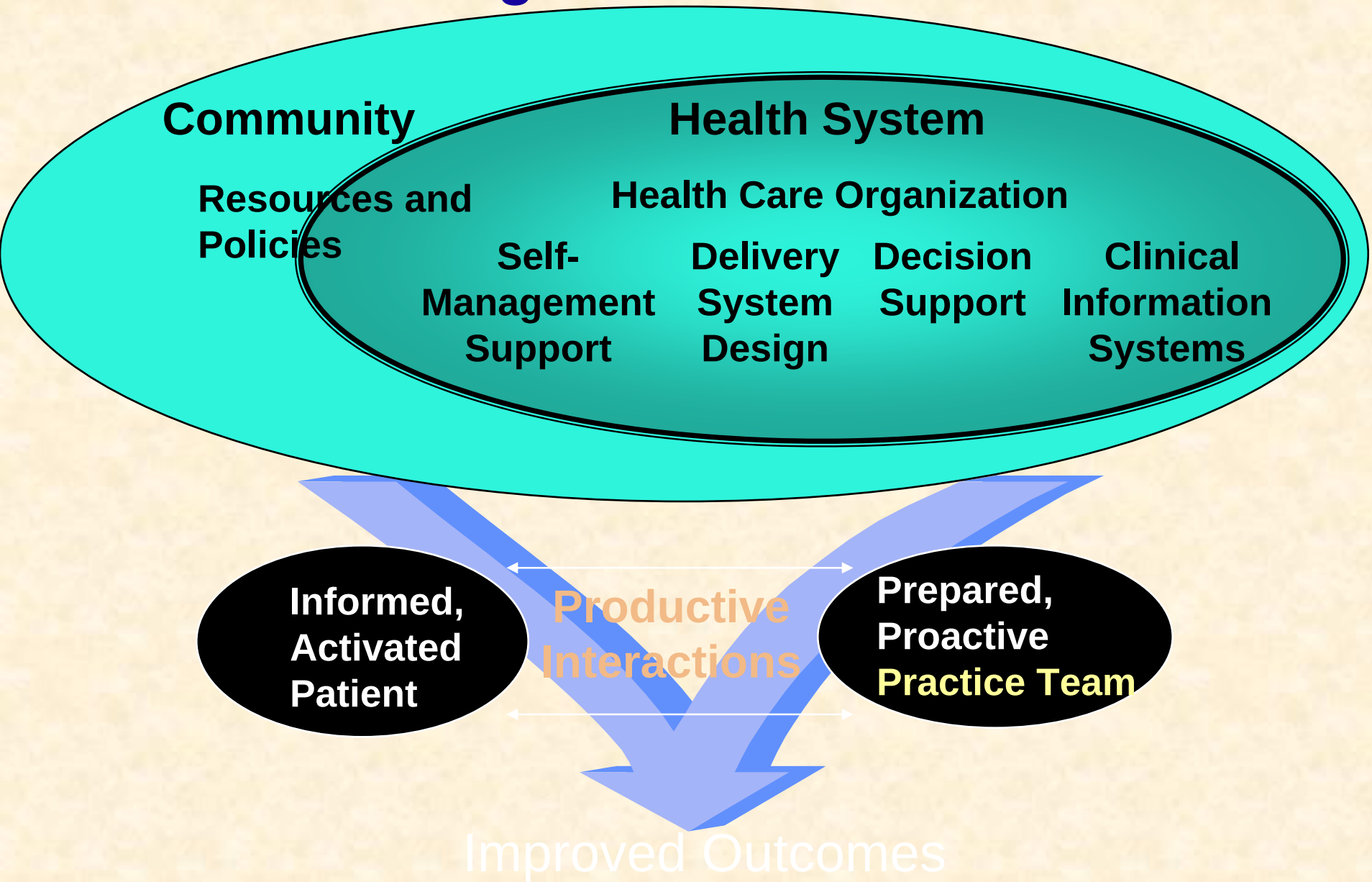
Multidisciplinary Primary Care Team Model
Patient-Centered Medical Home

- **Medical Professionalism Charter (2002)**
  - **Patient welfare**
  - **Autonomy**
  - **Social justice**
- ***Primary Care* Principles**
  - **First Contact**
  - **Continuous**
  - **Comprehensive**
  - **Coordinated**



- **Wagner Chronic Care Model**
  - **The goal – Informed, activated patients working with a prepared, proactive team**

Wagner Chronic Care Model



Joint Principles of the PCMH

Patient Centered Primary Care Collaborative

AAP, AAFP, ACP, AOA

March 2007

- Whole person orientation
- Personal physician
- Physician directed medical practice
- Care is coordinated and/or integrated
- Quality and safety
- Enhanced access to care
- Payment to support the PC-MH

Patient-Centered Primary Care COLLABORATIVE

Value of a Medical Home

"In all countries, the study finds that having a 'medical home' that is accessible and helps coordinate care is associated with significantly more positive experiences".

- In each country, having a "Medical Home" that is accessible and coordinates care improves patient experiences.
  - Patient safety
  - Coordination: with specialists/across sites of care; duplication and delays
  - Patient-centeredness and satisfaction
  - Managing chronically ill patients

Toward Higher-Performance Health Systems: Adults' HealthCare Experiences In Seven Countries, 2007 Schoen, C. etal. Health affairs, October 2007

Do We Have the Workforce to Care for The Chronically Ill?

Supply of Primary Care Clinicians

How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?. 2008: White Paper American College of Physicians.

- **Predicted shortage of 35,000–44,000 adult primary care physicians by 2025**
- **Dramatic decline in graduates from US physician primary care training programs**
  - **1998-2007: General IM graduates declined from 54% t0 23%**
  - **2007 – Only 2% of students intend to pursue careers in GIM**
  - **Nursing and other health professions team members also expecting shortages**
- **Approximately 21% of physicians who were board-certified in the early 1990s have left internal medicine**

Lipner RS, et al. Who is maintaining certification in internal medicine--and why? A national survey 10 years after initial certification. Ann Intern Med. 2006 Jan 3;144(1):29-36

Chronic Care in the 21st Century

What Do We as Citizens Need to Do?

- Provide access to affordable coverage for all patients, particularly in this economy
- A temporary increase in federal matching funds to states to be used to maintain current levels of Medicaid and SCHIP enrollment and benefits
- Provide targeted increases in Medicare payments for primary care physicians to support team based care
- Provide incentives, directed toward primary care physicians in smaller practices, to acquire health information technology (HIT) to support care coordination in a Patient Centered Medical Home, as part of a broader plan to encourage universal adoption of HIT
- Reauthorize Title VII of the Public Health Service Act to support education and training in primary care