

Geriatrics as a Model of the New Chronic Disease Paradigm

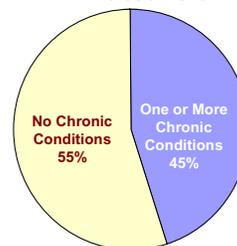
Robert L. Kane, MD
University of Minnesota
School of Public Health

Paradox:
We are still practicing acute care medicine in a world of chronic disease

19th century models at the dawn of the 21st century

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Chronic Care:
A Universal 21st Century Challenge
WHO has developed a plan for worldwide attention to chronic care



People with One or More Chronic Conditions Use:

72% of All Physician Visits
76% of All Hospital Admissions
80% of Total Hospital Days
88% of All Prescriptions
96% of All Home Care Visits

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What is Needed?

- Creative intolerance
- Models of successful care
- Environment that supports doing the right things

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Geriatrics as Model of Good Chronic Disease Care

Core of Geriatrics

- Age-specific syndromes
 - Falls
 - Dementia/delirium
 - incontinence
- Presentation
- Management
 - Multiple, simultaneous, interactive problem
- Chronic disease

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Geriatrics as the Model for Chronic Disease

- Chronic disease is THE major issue in health care
- Current organization of health care is inappropriate

Geriatrics = Chronic Care + Gerontology

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Goals of Chronic Disease Care

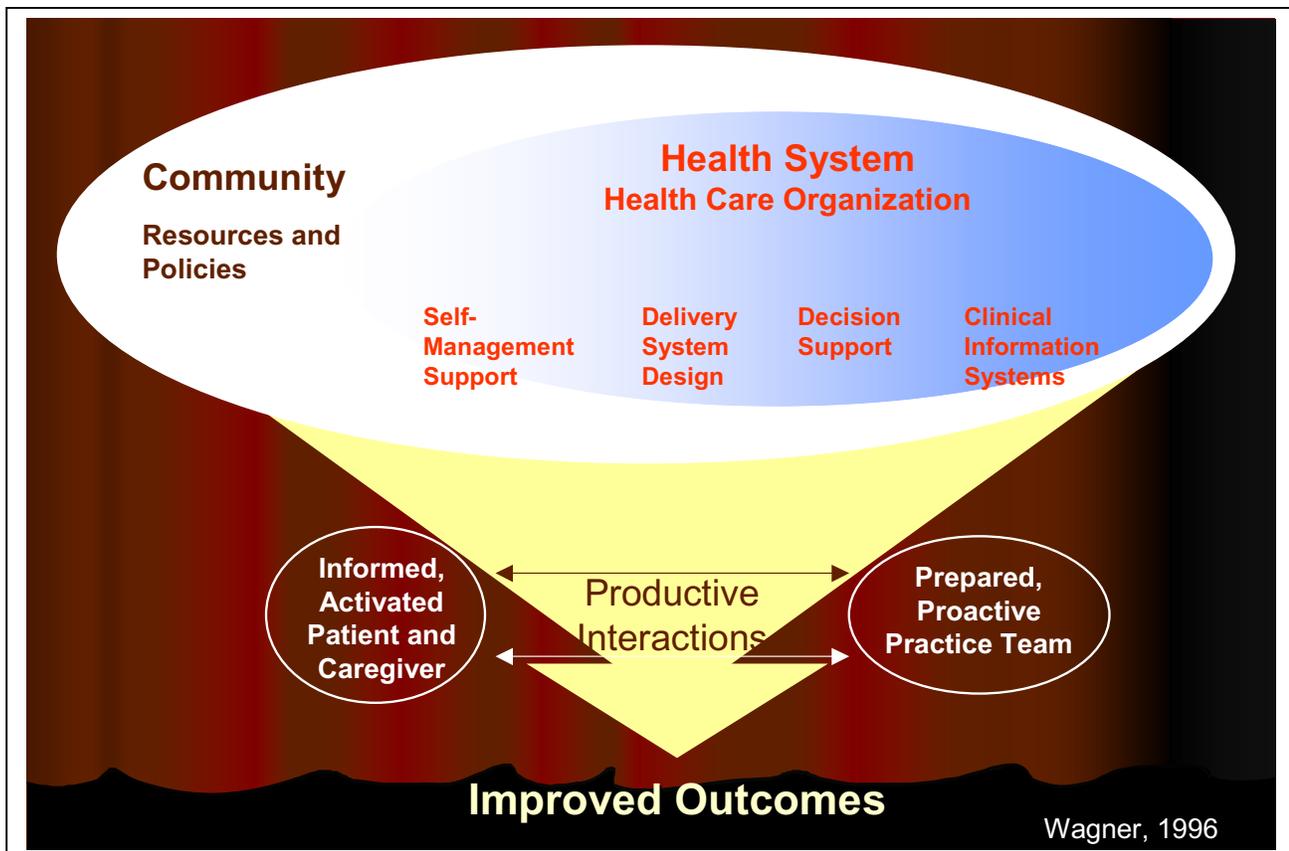
- ◆ Manage the disease as well as possible to reduce the extent and frequency of exacerbations.
- ◆ Prevent (or at least minimize) the transition from impairment to disability, and from disability to handicap.
- ◆ Encourage patient to play an active role in managing his/her disease but avoid allowing the disease to become the dominant force in the person's life.

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More Goals

- ◆ Provide care in a culturally sensitive manner.
- ◆ Integrate medical care with other aspects of life and care without medicalizing those aspects.

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What is involved

- New definitions
 - Prevention
 - Patients' roles
 - Time
 - Place
- New approaches
 - Professional roles
 - Expectations
 - Information technology
 - Management
 - Integrating acute & LTC

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Definitions: Prevention

- Prevent exacerbations
- Reduce expensive utilization
- Prevent dysfunction
- Avoid iatrogenic effects

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Definitions: Patients' Roles

- 365/24/7
 - Shared responsibility
 - Shared risk
- Ongoing communication
- Shared decision making
 - Need for better information

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Definitions: Time

- Episode vs. Encounter
- Pay-off horizon
 - Up-front investment recovered over time
- Manage by change, not routine
 - Scheduling appointments
 - Length of appointments

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Definitions: Place

- Chronic care occurs across locations
- The same care can be provided in different settings

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New Approaches: Professional Roles

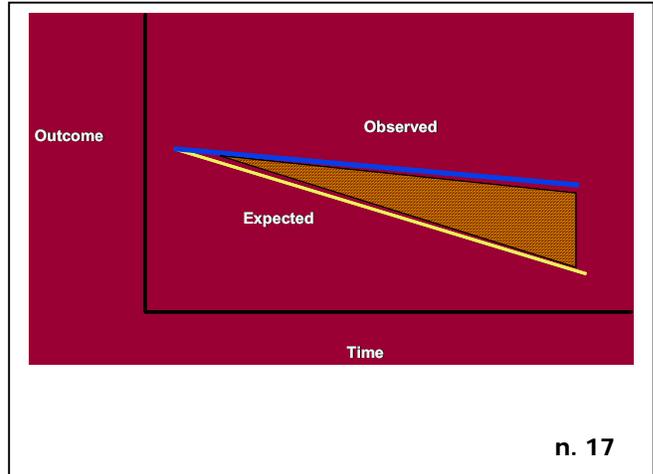
- Downward delegation
 - non-physicians
 - non-professionals
- Primary care
 - simple cases
 - complex cases
- New teams
 - specialists & non-physicians

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New Approaches: Expectations

- Cure vs. Management
- Measuring success
 - actual vs. expected

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New Approaches: Information Technology

Problems with too much as well as too little information.
Need to focus provider & patient attention on salient data

- Validated protocols
 - professional
 - patient & family
- Structured information
 - Clinical glidepaths
- Just in time information

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Structured Data

- Computerized flow sheets
 - Data displays combining status and treatment
- Automated patient histories
- Structured data bases with QoL items
- Universal drug information
 - Structured ordering

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New Approaches: Management

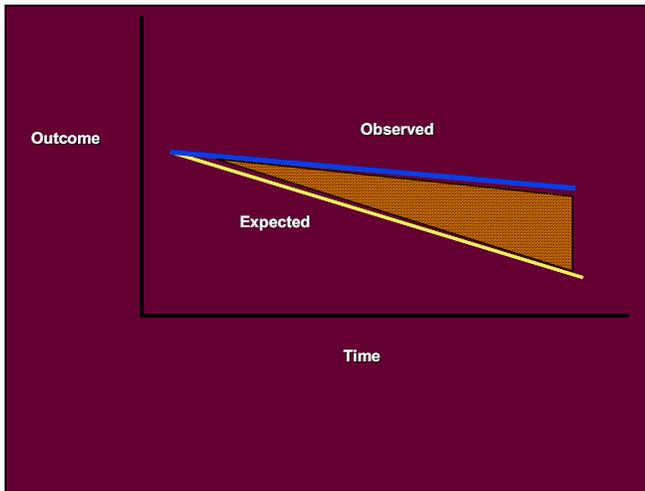
- Disease management
 - Often independent
 - Targeted
- Patient self-care
 - Education
 - Motivation
 - Attitudinal change
- Doctor-patient partnerships
 - Information based
 - Patient empowering
- Group care

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New Approaches: Integrating Acute & LTC

- Shared goals
- Merged payment
- Improved primary care
- New service packages
 - Evercare
- Outcomes accountability
 - Observed vs. expected

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Role of Evidence-based Medicine? Proven Chronic Care Strategies Are Not Used

- Geriatric evaluation & management
- Interdisciplinary team care
- Discharge follow-up
- Disease management
- Group care
- BUT NOT case management

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No business case for good chronic care

- Rewards for good care in market place are not as great as rewards for treating easy cases
- Lots of discussion about quality but no real decisions based on it
- Consumers not a potent force
 - Can't recognize quality?
 - Don't care?

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Payment Issues

- Payment will not change the system on its own but it is a necessary re-enforcement
- Proof of efficacy needed to implement BUT payment needed to sustain
- Physicians expect to be paid for what they do
- Fee-for-service payment is not compatible with chronic care principles
- Pay for outcomes

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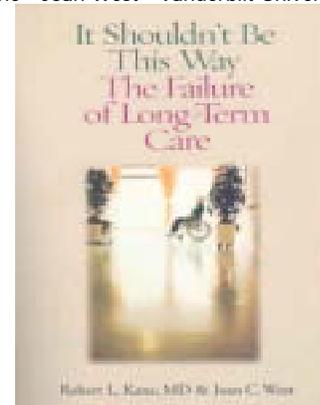
Conclusions

- Chronic disease is here to stay
- More must be done to bring the health care system into alignment
 - Learn from experience with geriatrics
 - Need to foster creative intolerance; create/focus widespread discontent
 - Collect experience of health professionals
- There is good scientific evidence to show better care is possible
- Changing the payment system is necessary but not sufficient

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It Shouldn't Be This Way: The Failure of Long-Term Care

Robert L. Kane - Joan West - Vanderbilt University Press, 2005



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PPECC

Professionals with Personal Experience in Chronic Care

Our mission is to draw upon the unique credentials of health care professionals as both care recipients (either directly or indirectly) and subject matter experts to promote the changes needed for aligning our medical system better with chronic illness care. Our message to policymakers and health system leaders—*If professionals working within the health care system are having serious problems with getting care for themselves and their families, then the system is failing in a major way.*

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PPECC

Professionals With Personal Experience in Chronic Care

www.ppecc.org

kanex001@umn.edu

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Meeting the Challenge of Chronic Illness

Robert L. Kane
Reinhard Priester
Annette Totten

Johns Hopkins University Press, 2005

Meeting the
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ROBERT L. KANE, M.D.
REINHARD PRIESTER, J.D.
ANNETTE M. TOTEN, M.D.

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