

Chronic Disease Self-Management and EBP: Golden Opportunities for Health Promotion by Lay Leaders

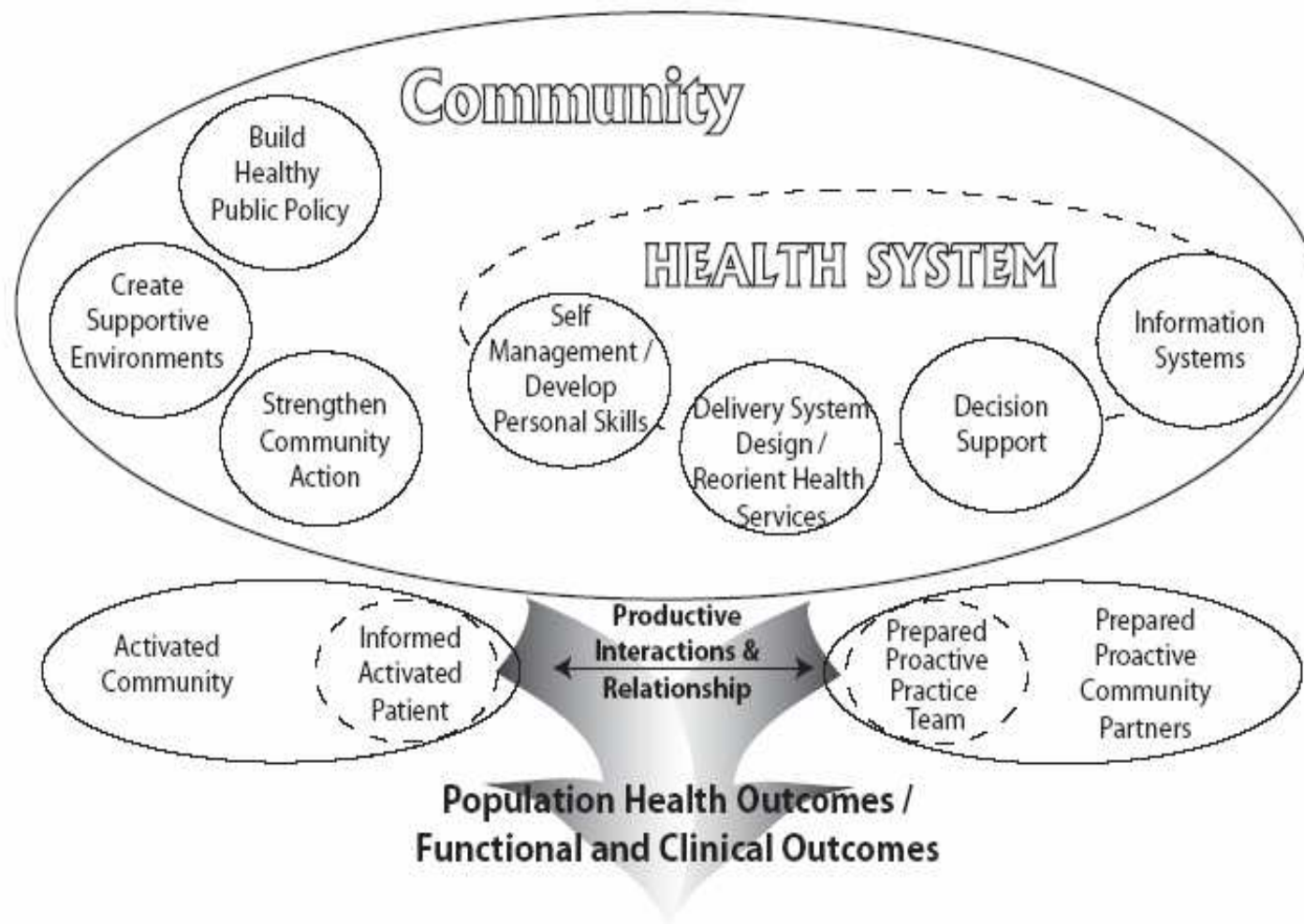
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An affiliate of Harvard
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THE EXPANDED CHRONIC CARE MODEL: INTEGRATING POPULATION HEALTH PROMOTION



New Playing Field:

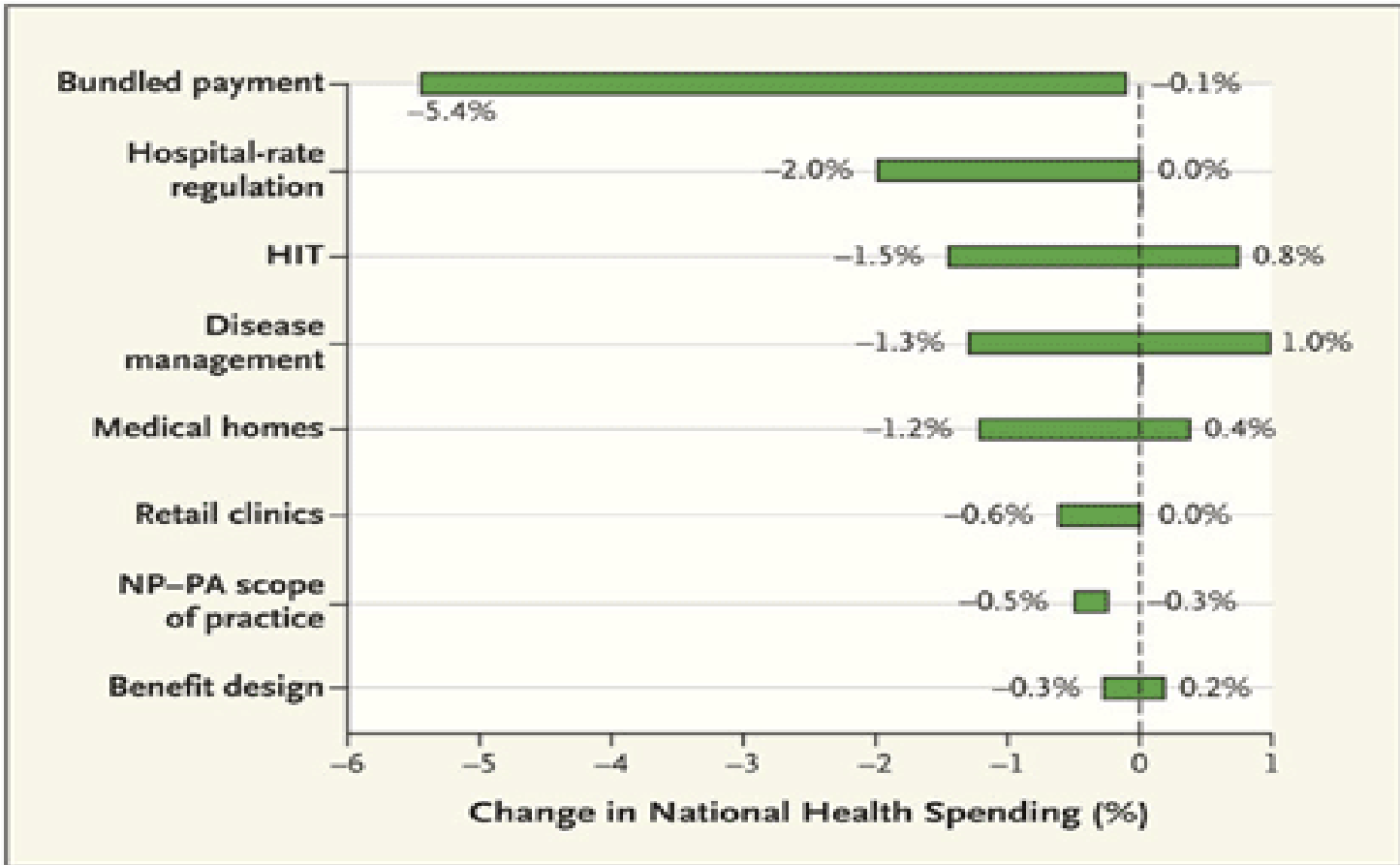
“Patient Protection and Affordable Care Act”

Focus on 4 issues relevant to healthcare reform

1. Providers
2. Self-Management
3. Care Coordination
4. Research

ACA Promoting Innovation

- Testing of programs that will lead to improvements in care coordination
- Expand beyond a narrow medicalized scope of practice toward connecting older adults in need of long-term care to supportive service in the community
- Transformation of payment and delivery system models of care such as ACO, medical health homes
- Bundling of payments for acute and post-acute services
- Funding to expand provider base to deliver long-term care services through direct workforce investments



Estimated Cumulative Percentage Changes in National Health Care Expenditures, 2010 through 2019, Given Implementation of Possible Approaches to Spending Reform.

HIT denotes health information technology, NP nurse practitioner, and PA physician assistant

NEJM, November 26, 2009, Volume 361:2109-2011, Hussey et al.

Home and Community Based Services Are Critical in New System

- Development of Health Aging Communities
- Self-management, self-determination, self-advocacy
- Community-based, collaborative solutions
- Prevention in delay of sickness and impairment
- Evidenced based outcomes, comparative effectiveness
- Challenge ageism, health disparities

Opportunities For Aging Service Providers: Preventing Hospitalizations

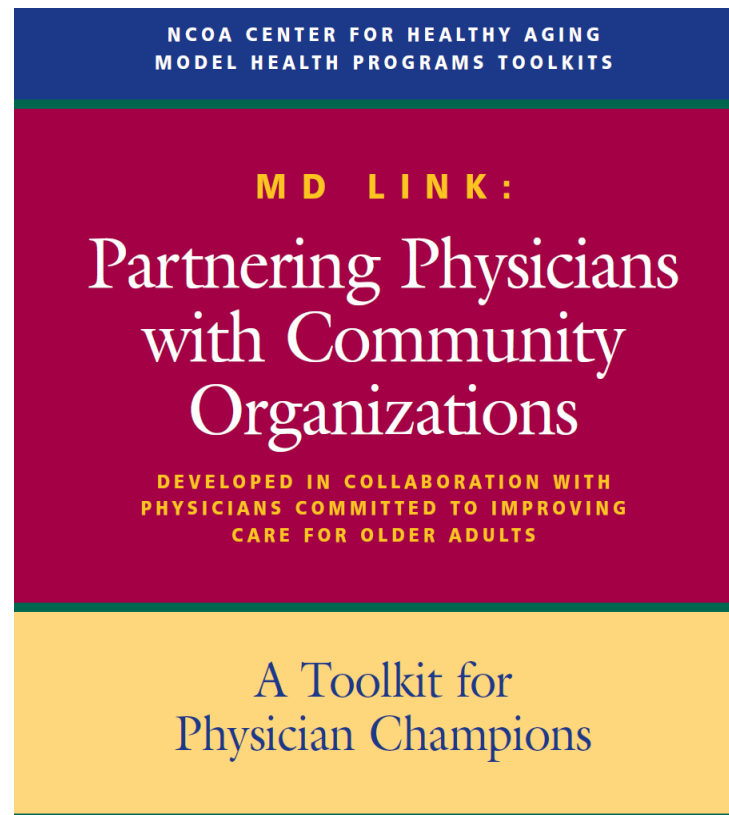
- Care Coordination/Integration
- Improving transitions from Hospital to Home
- Avoidable hospitalizations through community interventions
- Patient Centered Medical Homes
- Building healthy communities

Opportunities For Aging Service Providers: Building Healthy Aging Communities

- Involvement with dissemination of Evidenced-based Programs
- Building healthy communities through chronic care coordination
- Expansion of HCBS through ACA
 - Community First Choice
 - Financial incentives to shift Medicaid beneficiaries out of nursing homes and into HCBS

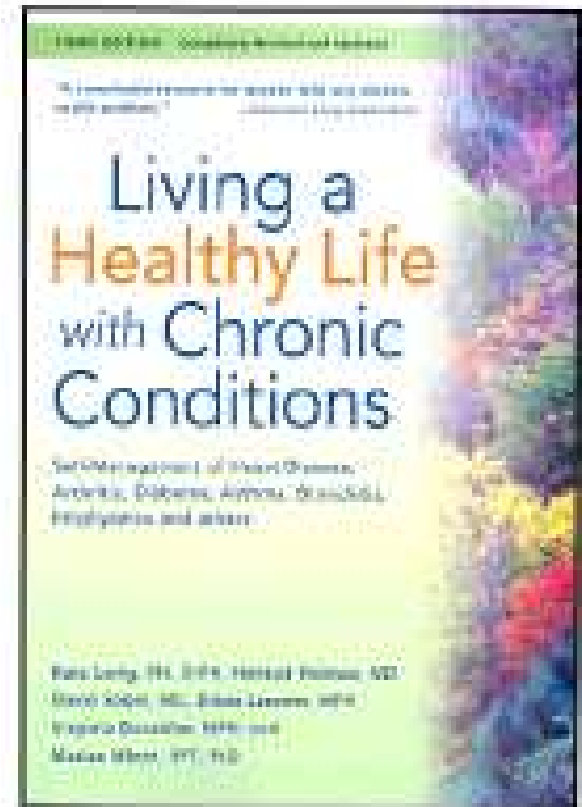
Healthy Aging Tool Medical Community Partnership with Area Agencies on Aging

<http://www.healthyagingprograms.org/>



Evidenced based Programs Disseminated in MA

- Healthy Eating for Successful Living in Older Adults
- Stanford University's Chronic Disease Self-Management Program (My Life, My Health)
- A Matter of Balance (Falls Prevention)
- Fit For your Life (Physical Activity)
- Arthritis Foundation Exercise Program
- Diabetes Self-Management Program



National Initiative

Surgeon General

“Americans will be more likely to change their behavior if they have a meaningful reward-- something more than just reaching a certain weight or dress size. The real reward is invigorating, energizing, joyous health. It is a level of health that allows people to embrace each day and live their lives to the fullest without disease or disability.”

- *VADM Regina M. Benjamin, M.D., M.B.A.,
Surgeon General*

Surgeon General's Perspectives

SELF-MANAGEMENT PROGRAMS: ONE WAY TO PROMOTE HEALTHY AGING

The United States population is aging rapidly. In 2007, about 38 million people in America were aged 65 and older, about 13% of the population. That number is expected to nearly double by 2030 to an estimated 71.5 million Americans.¹

Unfortunately, chronic illnesses often accompany the aging process. In 2002, the top three causes of death for U.S. adults aged 65 or older were heart disease (32% of all deaths), cancer (22%), and stroke (8%). These illnesses accounted for more than 60% of all deaths in this age group. Currently, at least 80% of older Americans are living with at least one chronic condition, and 50% of them have at least two conditions.²

Not surprisingly, health-care expenditures increase as people age and their health deteriorates. Experts at the U.S. Department of Health and Human Services (HHS) project that the cost of health care will reach \$3.6 trillion in 2014, up from \$2.2 trillion in 2007. The mean annual rate of growth of health-care costs through 2018 is projected to be 6.2%. Medicare spending grew 7.2% to \$431 billion in 2007. Hospital expenditures grew 7.3% in 2007, up from 6.9% in 2006. It is projected that in 2018, Medicare spending will be nearly \$935 billion.³

A number of older adults, especially members of racial/ethnic minority groups, have difficulty locating health-care services. In many communities, access to quality health services—and the costs of those services—remains a major obstacle for these and other segments of the population. To ease this problem of access and provide the needed comprehensive care to older Americans, the U.S. must more than triple the current number of clinicians with specialized geriatric training, according to the Alliance for Aging Research.⁴ Indeed, the U.S. has only about a quarter of the people needed to train students, residents, and physicians in geriatrics. Additionally, the need for community-based service programs will increase, including nutrition, physical fitness, and fall prevention programs, which play a critical role in helping seniors to maintain and even improve their health. Many of the nation's leading health-care experts are recommending a combination of clinical and community-based interventions to address the growing prevalence of chronic conditions.



RADM Steven K. Galson,
Acting Surgeon General

Community-based self-management programs will be particularly important in helping older adults manage their chronic conditions. Self-management programs help individuals gain self-confidence in their ability to control symptoms and manage the progression of several long-term and chronic age-related illnesses. Programs such as Stanford University School of Medicine's "Chronic Disease Self-Management Program" and Senior Services of Seattle's "Enhance Fitness" program significantly increase the self-confidence of older adults when it comes to their health and managing their chronic illnesses. To obtain the best possible outcomes using self-management strategies in chronic conditions, patients must have access to information and services that can help them learn about and cope with their disease. Such information will also help them gain confidence in their ability to better manage their particular illness.

Diabetes is among the most prevalent of the chronic illnesses that affect older people, and efforts to control blood glucose levels are a good example of how self-management programs can be used successfully to improve outcomes. Diabetes is an expensive chronic illness to treat. The annual cost of diabetes care of older adults is estimated to be more than \$5 billion.⁵ Half of those with type 2 diabetes are older than 60 years of age,