Prevention & Chronic Care Management Advisory Council

March 2010

Iowa Department of Public Health

Executive Summary: Chronic Disease Management

Link to Report Recommendations

The 2008 Iowa General Assembly created the Prevention and Chronic Care Management (PCCM) Advisory Council in House File 2539, Iowa's Health Care Reform Act.[1] The Council's charge is to study and develop recommendations to improve health promotion, prevention and chronic care management in Iowa. The Council released a set of six recommendations in July 2009 to guide PCCM efforts in Iowa. The recommendations and accompanying report can be found at here. The Council decided to produce informative issue briefs that will also create a solid foundation of understanding for the six recommendations. The following issue brief is the first of what will be a series of briefs on topics surrounding PCCM issues.

What is a Chronic Disease?

A chronic disease is defined as "an established clinical condition that is expected to last a year or more and that requires ongoing clinical management".[1] Chronic diseases are also known to be ongoing physical and mental conditions, such as diabetes, heart disease, cancer, asthma, and mental illness which may limit activities of daily living. They are often preventable and frequently manageable through early detection, improved diet, exercise, and treatment therapy.

What is the Problem?

Chronic diseases, including heart disease, cancer, and diabetes, account for seven out of every 10 deaths and affect the quality of life for tens of thousands of Iowans. In 2007, chronic diseases accounted for 68% of all deaths in Iowa.[2] Chronic diseases have a dramatic impact on both the individual and the larger community. This impact can be seen on both a quality of life and a financial level. When an issue has a large influence on individuals and communities, it is inevitable that it also have a dramatic consequence on a statewide level.

Obesity and Diabetes in Iowa

The Council was charged with identifying two chronic disease priorities for Iowa. They discussed prioritization and concluded priorities for treatment and prevention were distinctly different. Prevention priorities are broader and impact several diseases as they address the underlying causes of disease. The disease priorities were built upon the incidence and impact of chronic disease and related to treatment and management. The council elected to identify two rank-ordered lists; one related to prevention and the other related to chronic disease management. Number one for prevention was **obesity** and number one for chronic care management was **diabetes**.

Obesity

In 2007 37% of Iowans are overweight and 27.7% are obese, based on body mass index. The combined percentage of individuals who are overweight or obese is 64.7%.[3]

Diabetes

Increasing obesity rates throughout the United States have rapidly changed the face of diabetes. Today more than 90 percent of cases are type 2 (developed over time) caused by obesity and genetic predisposition.[4] In 2007, 6.8 percent of Iowans have diabetes, compared to 8.1 percent nationally.[3]

Pediatrics

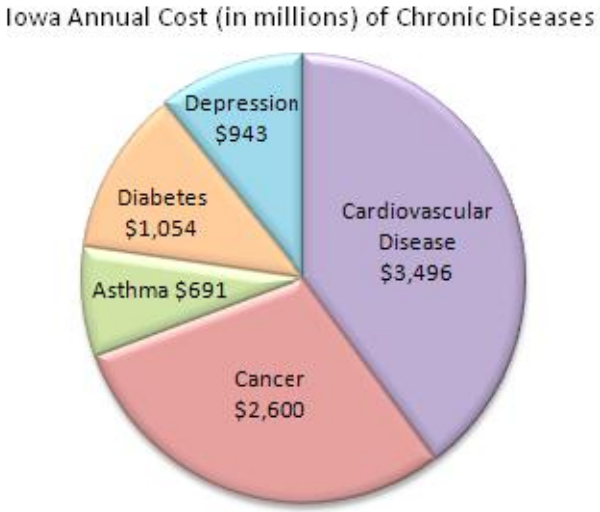
In 2007, the percent of Iowa children (age 10-17) that were overweight or obese was 27 percent, compared to 32 percent nationally.[5] Obese children may develop medical conditions related to obesity, such as type II diabetes and hypertension. Overweight children tend to become overweight adults, putting them at greater risk for heart disease, high blood pressure and stroke.

Cost of Chronic Diseases

In 2005, 133 million people, or almost half of all Americans, lived with at least one chronic condition. Seventy percent of all annual deaths in the U.S. are due to chronic diseases. The medical care costs of people with chronic diseases account for more than 75 percent of the nation's $2 trillion spent on health care annually.[6] Three out of every four dollars spent on health care is related to chronic diseases. The U.S. spends 15.5 percent of its Gross Domestic Product (GDP) on health care, more than any other industrialized country.[7]

Iowa

Chronic diseases cost Iowa billions of dollars -- total costs related to chronic diseases, including direct expenditures (e.g., health care costs) and indirect costs (e.g., lost productivity) amount to **$7.6 billion**.[4]



Source: Prevalence and Cost of Select Chronic Diseases. http://www.lewin.com/content/publications/PrevalenceCostChronicDiseasesRev.pdf

What is Chronic Disease Management?

Chronic disease management is defined as "a system of coordinated health care interventions and communications for individuals with chronic conditions, including significant patient self-care efforts, systemic support for the health care professional and patient relationship and a chronic care plan emphasizing prevention of complications utilizing evidence-based practice guidelines, patient empowerment strategies and evaluation of clinical, humanistic and economic outcomes on an ongoing basis with the goal of improving overall health." Managing chronic diseases can be complex and overwhelming for most individuals. The goal of chronic disease management is to increase a patient's ability to manage their chronic disease, increase a person's quality of life, and reduce health care use and costs.

What is Chronic Disease Self-Management?

Due to the low-cost associated with administering chronic disease self-management programs and potential high return on investments, these programs are becoming more and more popular with many healthcare stakeholders and policymakers. The goal of a chronic disease self-management program is to enable the participant to build self-confidence to assume a major role maintaining their health and managing their chronic health conditions. The initial evaluations of these programs have shown promising cost savings and improvement in health status. The most widely used community-based self management program was designed and implemented by Stanford's School of Medicine. This program is conducted for two half-hour sessions twice a week for six weeks with participants who have various chronic diseases. The community-based sessions are facilitated by two trained lay leaders who also live with a chronic disease themselves.

"Good health requires a joint philosophy between personal responsibility and a societal commitment to remove the obstacles preventing too many Americans from leading healthy lives."
- Robert Wood Johnson Foundation

Outcome: Participants in this type of self-management program show significant improvement in health and behavior changes. Cost savings are also significant. Every dollar invested in such program can cut health care costs by approximately four dollars. These improvements are shown to last as long as 3 years.[8]

The PCCM Advisory Council is excited to share this information with Iowa's policymakers in hope that the Council can assist in moving Iowa to become part of a proactive healthcare system instead of a reactive system. This is the first brief in a series that the Council will develop on PCCM issues in Iowa. To find out more about the Council or about upcoming meetings, visit their website here or contact the Council's coordinator, Angie Doyle-Scar at adoyle@idph.state.ia.us.

References

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