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Responding to the Growing Cost and Prevalence of People With Multiple Chronic Conditions

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The UN General Assembly will convene a summit of world leaders in September 2011 addressing chronic conditions



“Cancer, diabetes, and heart diseases are **no longer the diseases of the wealthy**. Today, they hamper the people and the economies of the poorest populations **even more than infectious diseases**. This represents a **public health emergency in slow motion**.”

- UN Secretary Ban Ki-Moon

The Global Burden of Disease

- In the world, the death rate from chronic disease is double the death rate from the combination of all infectious diseases (including HIV/AIDS, tuberculosis, and malaria), maternal and perinatal conditions and nutritional deficiencies
- By 2020, chronic diseases are expected to account for 7 of every 10 deaths in the world
- Similar numbers for other measures of burden of disease (QALY, DALY)

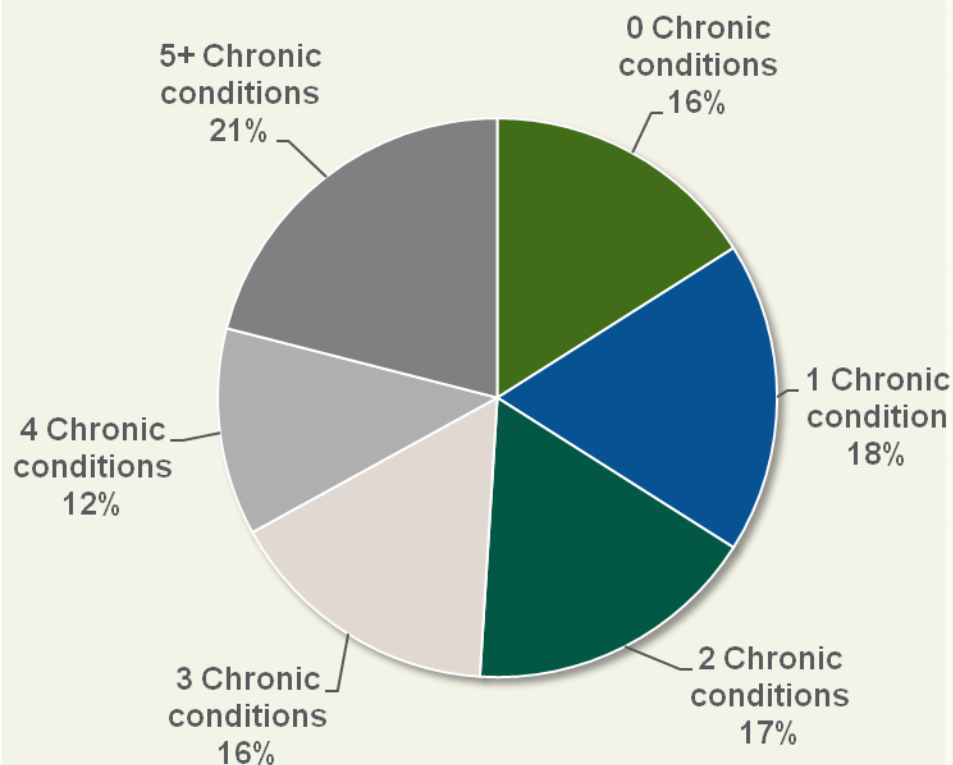
Among OECD Countries The Emerging Problem is People with Multiple Chronic Conditions

- People with chronic conditions represent 80% of burden of disease in most OECD countries and people with multiple chronic conditions represent over 50% of burden of disease in most OECD countries

In US, More Than 60% of Health Care Spending Is on Behalf of People With Multiple Chronic Conditions

People with 5+ chronic conditions represent 21 percent of health care spending.

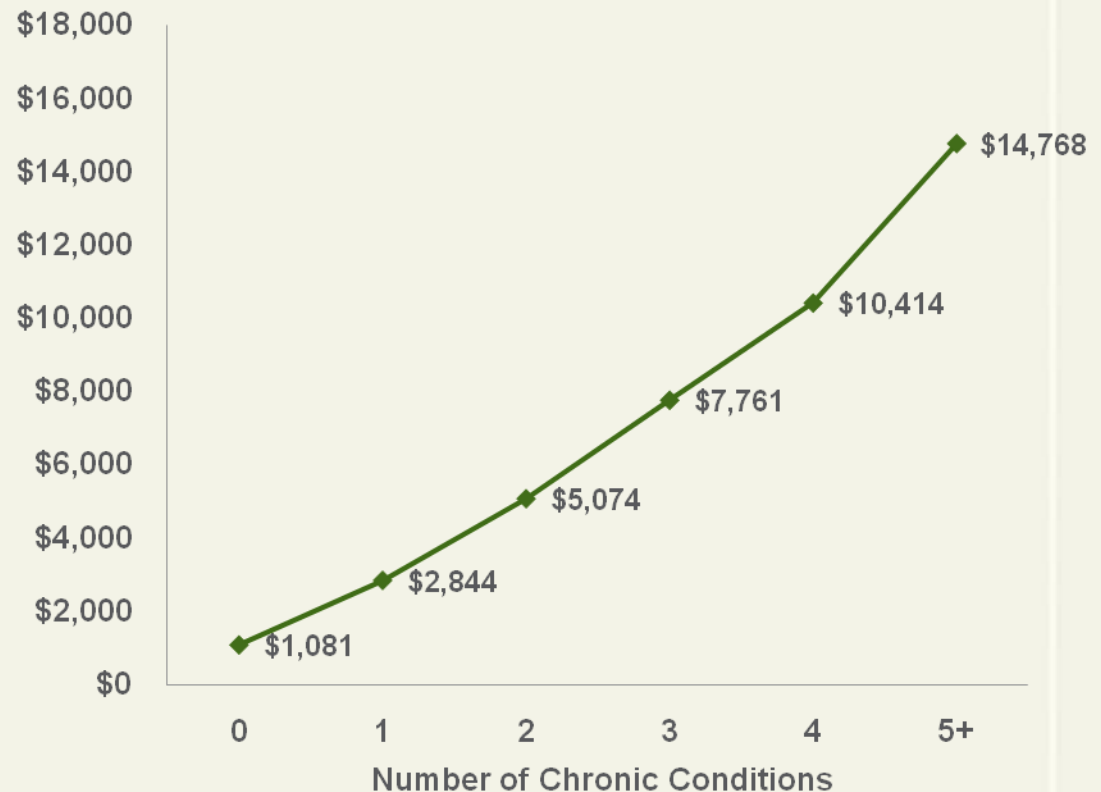
Percentage of Health Care Total Spending by Number of Chronic Conditions



Per Capita Health Care Spending Increases With the Number of Chronic Conditions in US

Compared to an individual with no chronic conditions, spending is 14 times greater for someone with five or more chronic conditions

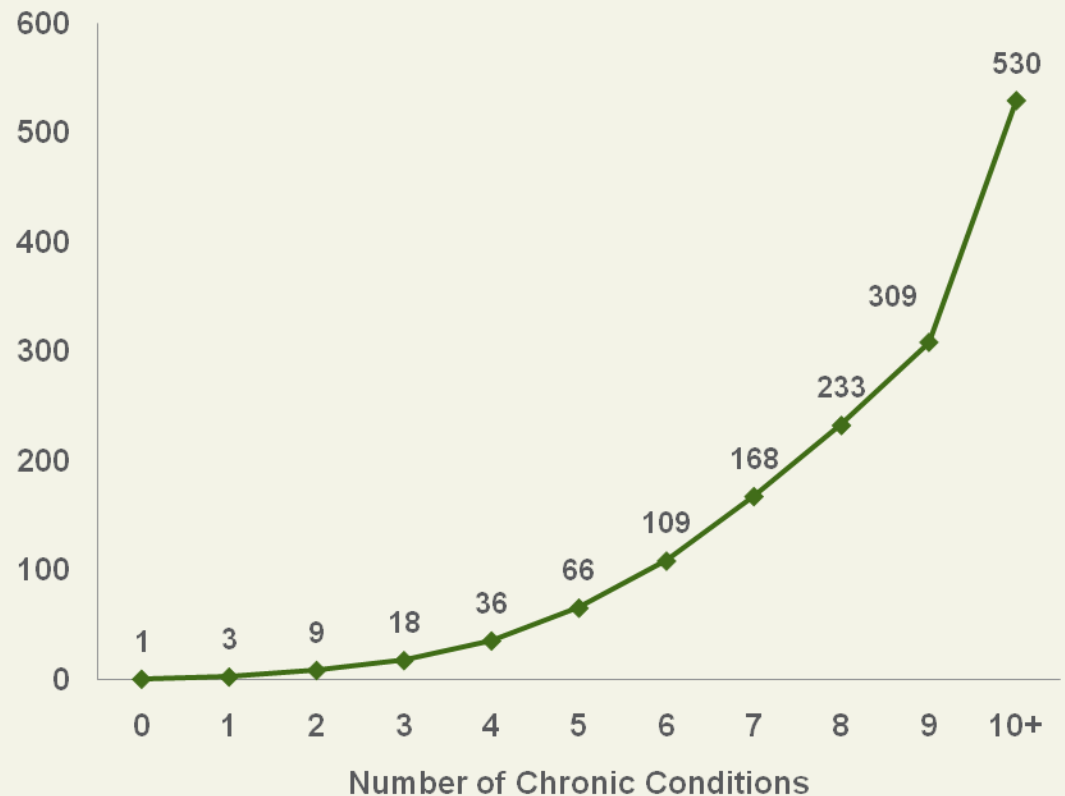
Average Per Capita Health Care Spending



In US, People With More Chronic Conditions Have More Unnecessary Hospitalizations

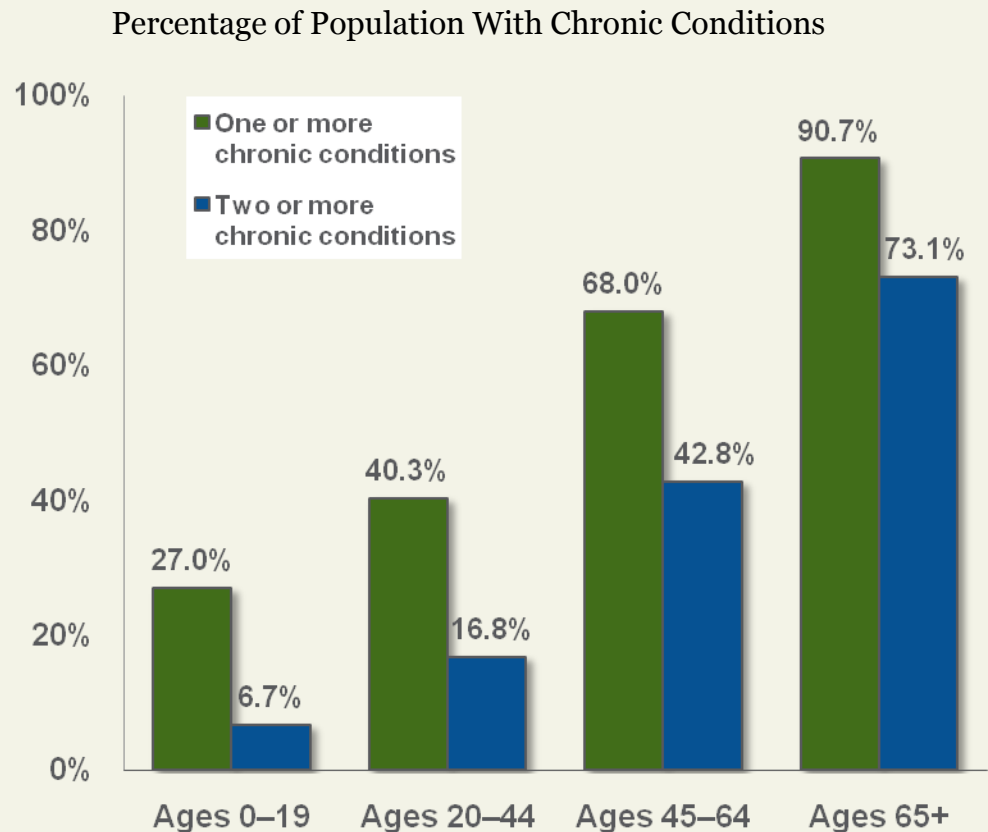
- Ambulatory care sensitive conditions (ACSCs) are conditions for which timely and effective outpatient care may help to reduce the risk of hospitalization.
- People with 5+ chronic conditions are 99 times more likely to have an unnecessary hospitalization

Hospitalizations for Ambulatory Care Sensitive Conditions Per 1,000 Medicare Beneficiaries Ages 65+



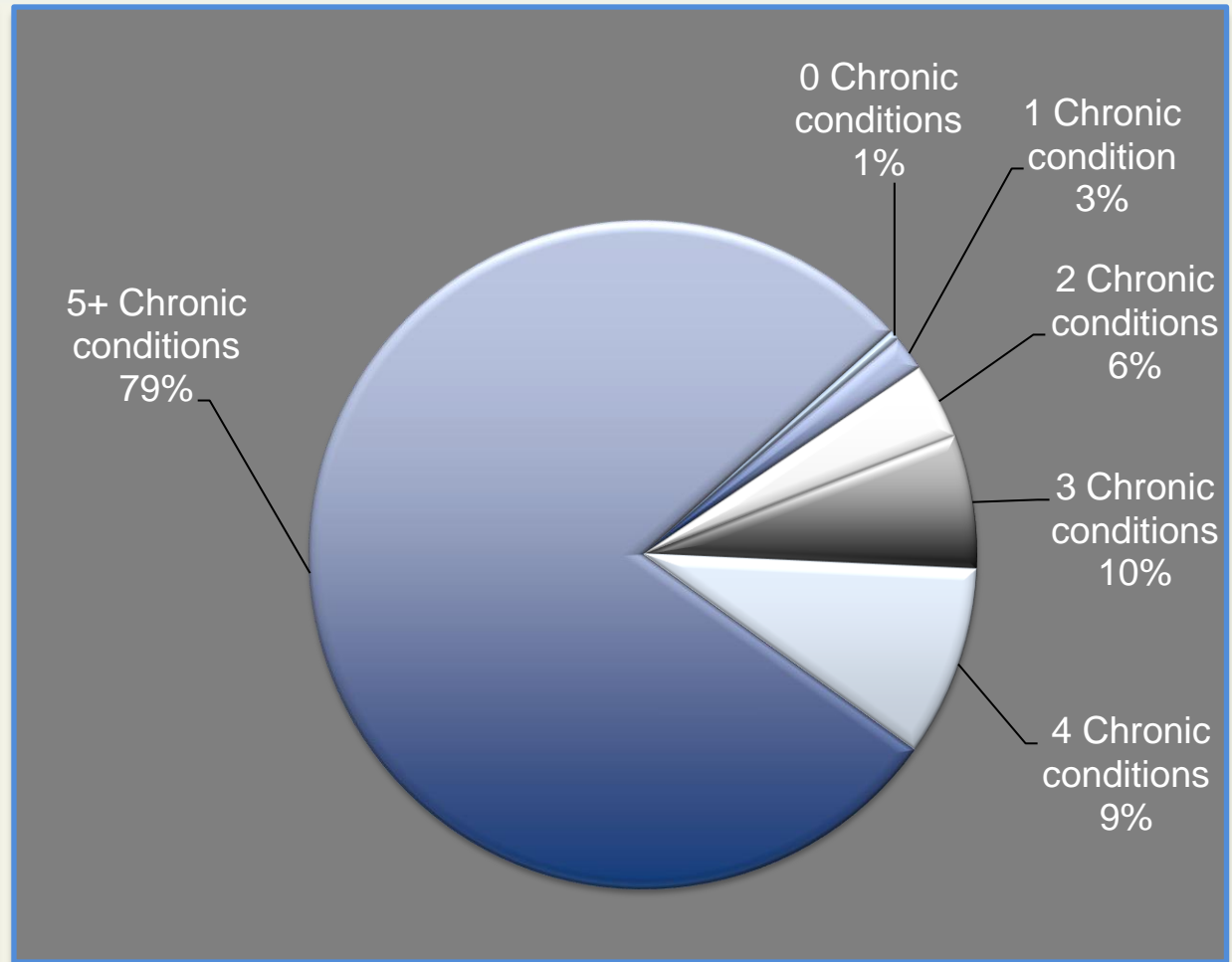
Older Adults Are More Likely to Have Multiple Chronic Conditions in US

- The prevalence of multiple chronic conditions increases with age.
- One in 15 children have multiple chronic conditions.
- **Almost three out of four people ages 65 and older have multiple chronic conditions.**



For People over Age 65 in US, those with 5+ Chronic Conditions Responsible for Almost 80% of Spending

- People over age 65 with multiple chronic conditions are responsible for 96% of all spending



Data is power and tends to influence decision making.

- There is good data on infectious disease
- More effort is needed on collecting data on the prevalence and cost of multiple chronic disease .
- Standard data collection efforts across OECD countries are needed.

Essential data components include

monitoring exposures (risk factors)

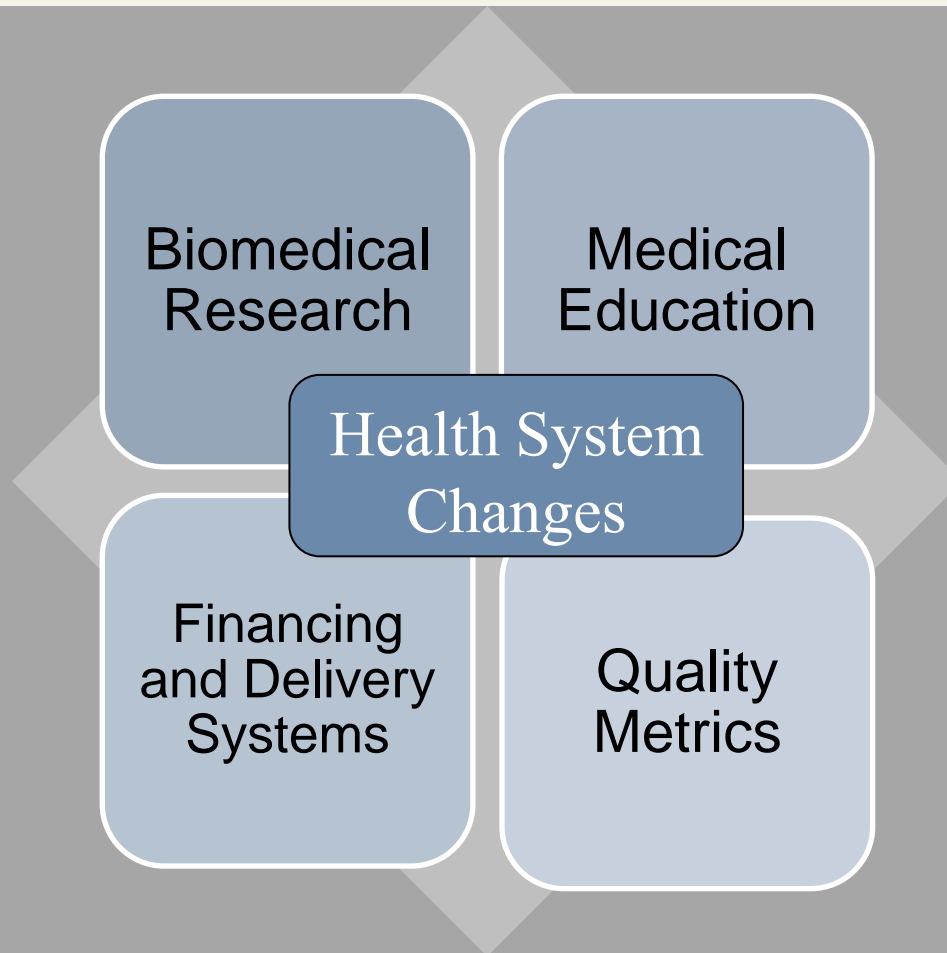
monitoring outcomes (morbidity and disease-specific mortality); and

health system responses— e.g. policies promoting access & prevention

Necessary Data About People with Multiple Chronic Diseases

- There is reasonably good data among OECD countries about individual chronic conditions BUT
- What percent of the population has multiple chronic conditions?
- How many people have 2,3,4,5+ chronic conditions?
- How does spending increase with the number of chronic conditions?
- How do outcomes vary by number of chronic conditions?
- How do these numbers vary by demographic characteristics?

Areas Needing Reform That Will Make Health Care More Responsive To People With Multiple Chronic Diseases



There needs to be an evidence base for treating multiple chronic conditions

- People with multiple chronic conditions are responsible for half of the encounters
- Most biomedical research focuses on individual chronic diseases and not people with multiple chronic conditions.
- However, very few people with a chronic disease have only one chronic disease.

Among the elderly, only 4 percent of type 2 diabetes only have diabetes

Problem - Randomized clinical trials often exclude people with multiple chronic conditions

- Most randomized clinical trials (RCTs) often exclude the elderly and people with multiple chronic conditions from participating

81% RCTs
exclude
people with
common
conditions

39% RCTs
exclude
older adults

54% RCTs
exclude
people
taking other
medication

**LEADS TO A LACK OF EVIDENCE BASE FOR
PEOPLE WITH MULTIPLE CHRONIC CONDITIONS**

Novel methods are needed to create an evidence base for people with multiple chronic conditions

One possibility is simply to require RCTs to include people with multiple chronic conditions in clinical trials. Other options include:

Pragmatic Clinical Trials

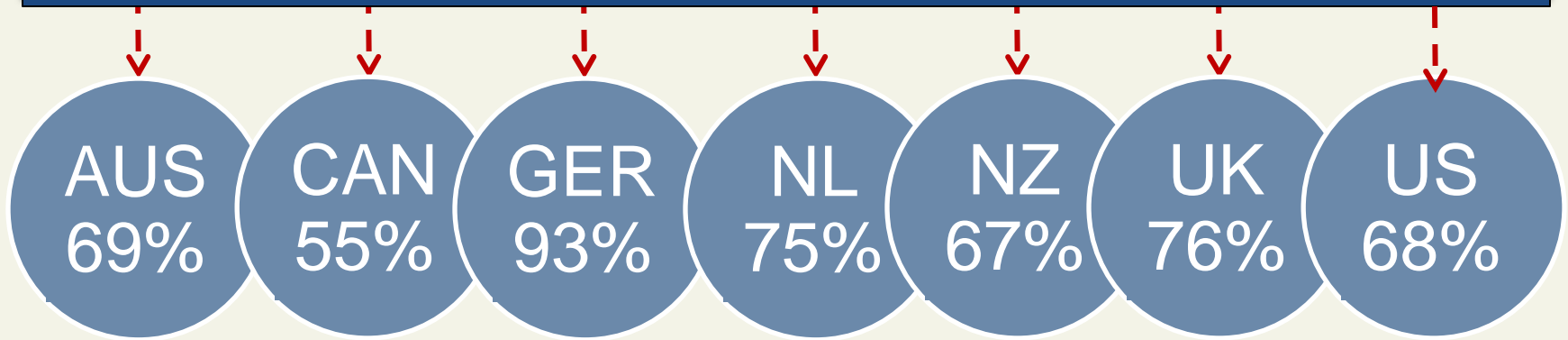
Off Label Restrictions

Clinical Effectiveness
Research

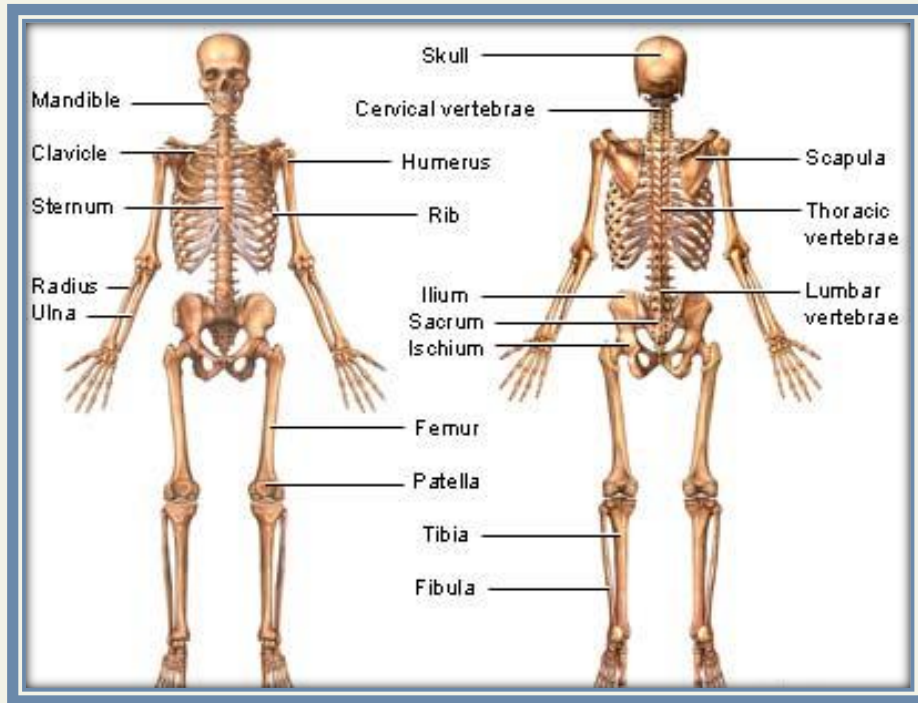
Observational Data Methods

Medical Education Needs To Change

Percent of physicians who feel well prepared to treat people with multiple chronic conditions



Medical education continues to have a single disease approach

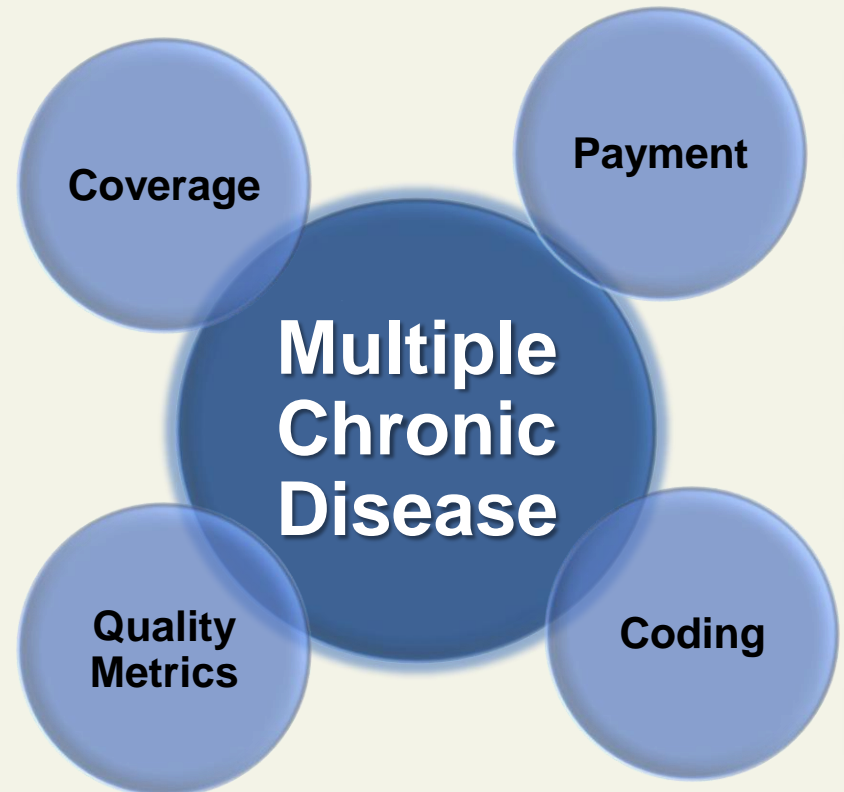


- Most clinical instruction is carried out by teacher-researchers with expertise in one particular disease
- Medical education tends to have a “body part by body part” orientation instead of an integrated approach.

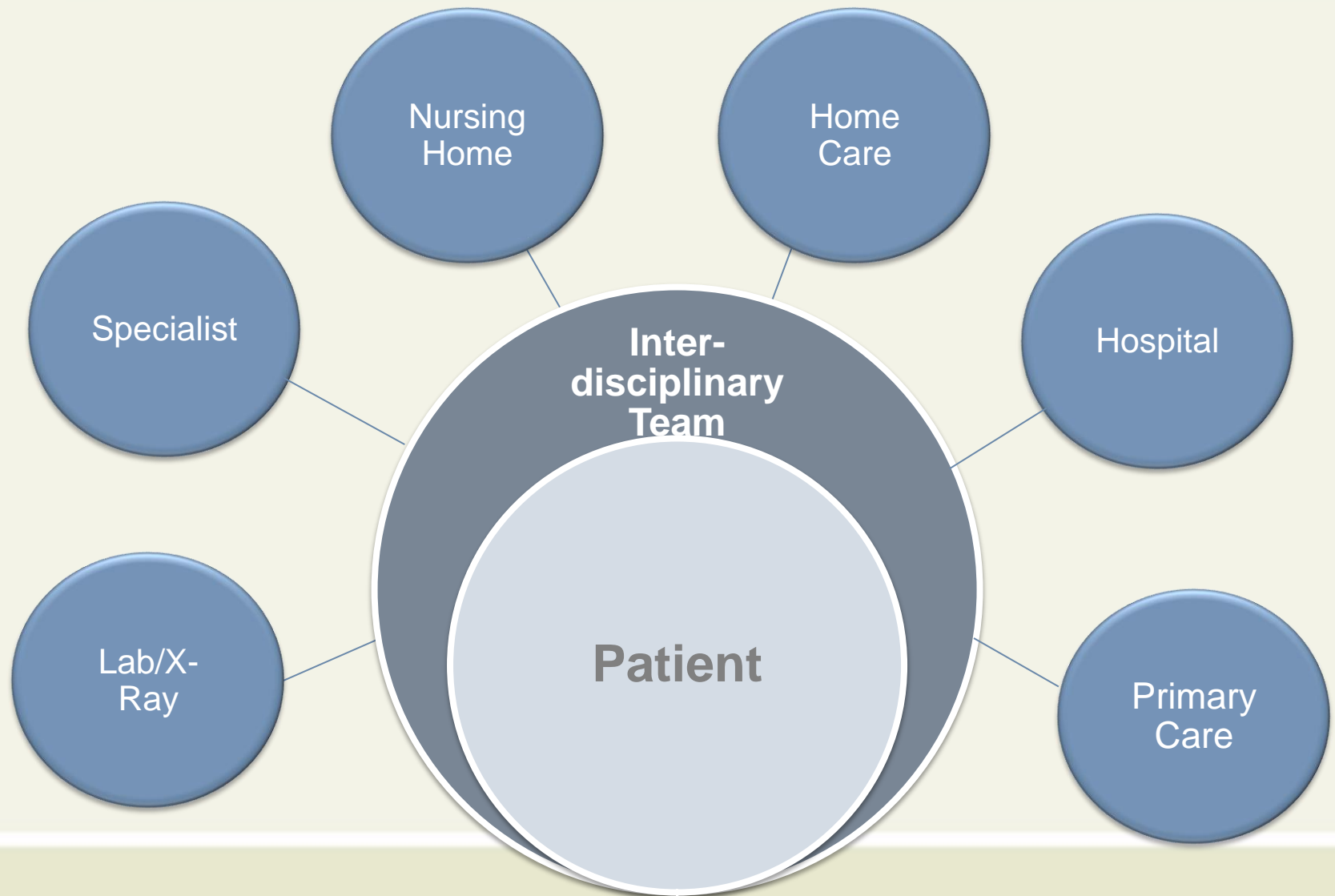
➔ Educational systems should make sure that they are focused on better care for people with multiple chronic conditions.

Health Care Delivery and Payment

- An ongoing challenge in the next decades will be to design payment and delivery systems that improve care for people with multiple chronic conditions.

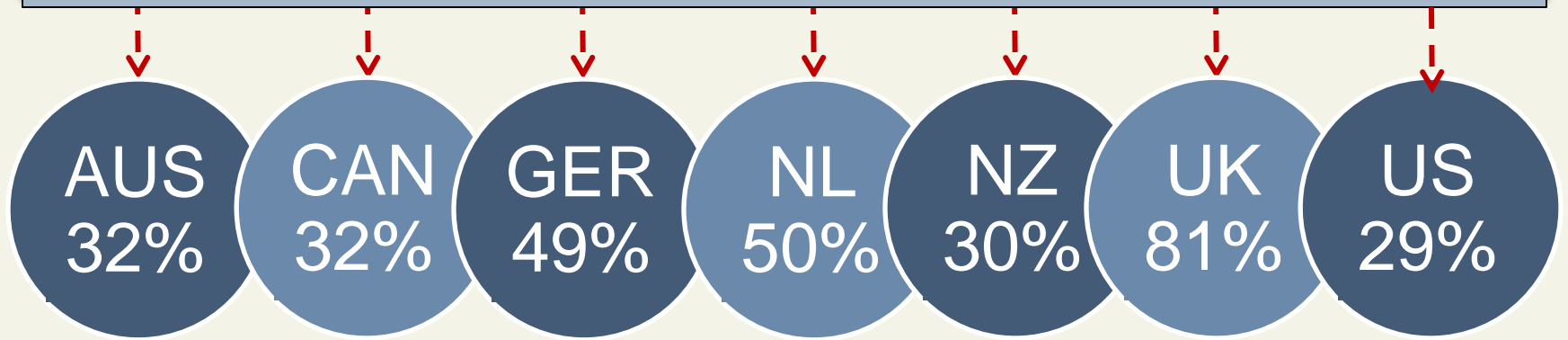


Focus on Coordination of Care



Multidisciplinary Team Use

- Does MD practice use multidisciplinary teams to treat people with multiple chronic diseases?



Practice Guidelines

- Quality metrics tend to focus on how the system is treating a specific disease like diabetes.
- Many clinical practice guidelines fail to adequately provide guidance for patients with multiple chronic conditions
- Treating each individual disease according to disease specific practice guidelines may not be the best treatment for the person with multiple chronic conditions because of interactions

