Health essays - chronic disease management

Chronic Disease Management

Chronic diseases have an effect on all countries, and the augment in their prevalence is to a great extend attributed to varying demographics, improved life expectancy, changing lifestyles, better disease management and management and a better understanding of the factors that cause poor health and disease.

Laboratory, clinical and population-based research has revealed that a few risk factors are responsible for the prevalence of most chronic diseases: unhealthy diet and high energy ingestion, lack of physical activity and use of tobacco. Alcohol intake, environmental pollutants, age and hereditary factors also play a role. These risk factors are the same in men and women and across all regions in the world.

The associated healthcare, financial and social burden of chronic diseases, which include diabetes mellitus, coronary heart disease, asthma, chronic obstructive airway disease, hypertension, chronic depression, osteoporosis, end stage renal failure and stroke, are progressively on the increase.

In the US alone to be specific, some 125 million people now suffer from at least one chronic disease.

Chronic diseases are a tremendous burden to individuals and to countries and the available traditional healthcare methods are not able to meet the requirements for preventing and reducing this burden. It is because of this problem that chronic disease management has emerged as a new approach towards caring for patients with chronic diseases.

Chronic disease management in clinical circles can be defined as an elaborate, systematic, multicomponent strategy to delivering healthcare while involving all members in the population or community who suffer from similar infections.

Cardiovascular disease is chronic and is the first cause of death among the elderly in all countries. This observable fact was evident even 60 years ago, as Roberts noted that diseases of the circulatory system and pneumonia were the first causes of death among the aged in Jamaica in 1950.

These diseases are to some extent the sequelae of advancing age. As life expectancies are increasing the prevalence of all noncommunicable disease is also increasing. Thus, one could adopt the approach that these are an foreseeable consequence of ageing and the focus therefore has to be on simply treating them when they do occur and applying the acknowledged interventions for secondary prevention once the first disease episode has occurred.

It is possible to reduce the mortality from chronic diseases in general. Some of the developed countries such as Canada, Australia and the United States have succeeded in reducing mortality by applying preventive measures.

Meeting the multifaceted needs of patients with chronic diseases is the single supreme challenge facing our healthcare system in most countries today.

With the increasing numbers of patients suffering from chronic diseases, it is of the essence that clinicians, healthcare administrators and health policy

makers plan and ensure that the healthcare delivery system is tailored to provide care for these patients across the band of their healthcare needs.

Chronic disease management has been known to be the best and most comprehensive approach for providing holistic and comprehensive care for patients with chronic illnesses.

The Kaiser Permanente care triangle has frequently been used to conceptualize

Chronic disease care at three main levels

- Supporting self-care for patients suffering from chronic disease who are at low risk of complications and hospitalization.
- Disease management for people who are in need of regular routine follow-up and are at high risk of chronic disease.
- Case management for people who have complex needs and those who are high-intensity users of unplanned less important care.

Managing chronic diseases at the system level has been the focus of many latest publications. 1-4 In the US, the recent Institute of Medicine Report – Crossing the Quality Chasm – focused on the need to reorganize care delivery to meet the healthcare demands of populations of patients who suffer from chronic illnesses.

In October 2001, the British Medical Journal and the Western Journal of Medicine both published special issues focusing on the problem of chronic diseases and tinted how various nations are dealing with this ever rising epidemic.

It is therefore timely that all nations focuses on coming up with a better program to address the needs of patients with chronic disease, on the advances

in clinical and non-pharmacological management, and the challenges faced in ensuring that patients receive optimal care meeting the needs at the various stages of their disease.

Programme for chronic disease management

A successful chronic disease management program should be designed while considering fundamental factors that are critical to its sustainability.

First of all the program should be aimed at a certain specific condition within the population suffering. Then the nest important factor concerns the availability of evidence on which its functions should be based.

A good program has to keep in its consideration the existence of obstacles which may be a hindrance to its successful implementation.

Adequate measures should be put in check to ensure that there is a balance between quality and the economic of the objectives of the care to be given

United States

In the United States chronic disease management programs, also known as chronic care management, have become extensive. They are being favored by employer groups, health-care organizations and health payers, these programs are being increasingly raising concern because very little scientific evidence is available to justify their effectiveness and economic impact.

Disease management was introduced and launched in 1990 by drug companies for the purpose of helping patients to comply with various medications and also to increase their sales.

This programs have developed in the private sector to become such a competitive industry that these companies contract health plans to offer comprehensive care to various groups. They are then paid a fee by the health plans to guarantee a saving.

Disease management programs are wide in the private sector; they offer care and support as part of benefits and support from physicians.

Some programs have been organized in such a way that the physician can receive alerts whenever the patient needs medical attention or even when the services for preventing chronic diseases are long overdue.

Some use professional clinical information systems which can integrate participant’s data for instance data which concerns claims data or self reports. This can be even acquired from multiples sources.

However there is only a small number of beneficiaries who suffer from chronic illness and therefore account for the unproportionate share of medical expenditure.

This results in such patients receiving fragmented care from a number of site providers and to add on the insult they receive repeated and costly hospitalization.

The manifestation project was endorsed by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA).

In adding together to the BIPA projects, there arenumerous of other " coordinated care" demonstrations approvedby Congress in the Balanced Budget Act of 1997, a capitatedDM demonstration recently initiated by the Bush administration, and an end-stage renal disease management demonstration.

People are demandingto figure out ways to do disease management in the public sector that act in responseto patient-privacy concerns and that admiration the traditionalrole of the physician.

Disease management programs have no effect on the state budget as they pay for administrative services while they are guaranteed by the government a savings offset in form of claims reduction.

It is important to point out that even though the opportunities for cost savings and step up inhealth outcomes is great, the challenges of introducing disease management onwide scale in the Medicare program are momentous

The patients increasing population is likely to bring up challenges which are not found in the private sector.

France

In France studies have shown a tremendous improvement in the state of health and quality of life for chronic illness patients. There has also been

significant reduction in costs due to the implementation of coordinated networks for the treatment of asthma.

The reduction in costs cannot be attributed to spontaneous national changes in management but rather it can be explained by the effect of the intervention program.

This initiative can be said to be the first attempt towards implementation ofa disease management program in France.

Italy

In Italy the health system is aiming at utilizing Information technology tools to manage chronic diseases.

In this country the population f over 65 years has be noted to be on the rise. What is worrying is that the number of chronic diseases also increases with this range of age.

Approximately 90% of the aged people are suffering form chronic diseases and something has to be done in effect to prevent further repercussions.

In the past Italian doctors have raised concern over the time that is used in treating patients with chronic diseases and therefore cam up with a resolution to use community care which such a program there is a shift from hospital based care to community based care. Such a program aims at reducing on the number of patients admitted with chronic diseases, removes patients out of hospital quicker and improving on the network for helping people with chronic diseases.

This is to be done while the records are kept centrally and monitored while the services are moved to the community.

In Italy there is also another program being put in place and it is called sole project as it is aiming at networking all hospitals with communities to give the citizens services.

The program is also aiming at controlling flow of information so as to help the elderly patients.

The idea must have been copied from the UKs pathways to telecare.

Germany

In German two laws were passed in the year 2001 to address the main problems in the healthcare system.

Despite advance which have been made in diagnosis and treatment of diabetes, patients still experience secondary complications,

The purpose of disease management program in Germany is to avoid repetition of diagnostic testing, by specialists or in hospitals thus assisting in containing the cost.

In Germany chronic diseases management programs have a legal basis under which they operate. For instance in the year 2002 there was a reform law which laid down a complicated procedure for the establishment and implementation of disease management programs. These procedures included the characteristic features of a disease which qualifies to be included in the management programs.

Implementation of disease management programs in Germany has been influenced by politics which is not like in the other countries. Germany has a longer experience with disease management programmes than the United States.

The healthcare system in Germany has characteristics which have seen the introduction of disease management programs. This includes the free choice of the non-profit sickness funds who have to strike a balance between spending and income. There are also issues regarding to efficiency and quality on the side of those who are chronically sick

The ministry of health in Germany anticipated that disease management programs will help to reorganize the fragment care for people suffering from chronic illnesses.

The main challenge towards implementation of the programs regards to the defining of the minimum standards proves to be contentious and time consuming as people continue to suffer.

Another challenge has been on implementing the program for Diabetes whose care requirements has been attacked by more than ten scientific societies. These scientists argue that the government and the sickness funds favored a minimal program which was created basing on studies with the highest level of evidence. Some claim that the programs were created under extreme time pressure. (R. Busse 2001)

By way of the " German-style" DM programs the government anticipated a radicalGordian explanation to a knot of disheveled problems. While

theauthentic experience with DM programs is by a long way larger and longerin the United States than in Germany, the German strategy couldbe of interest in the United States, where we have cream skimming andadverse selection having in fact blocked managed care infiltrationinto the Medicare population.

One observable difference is the" ownership" of the DM programs; in the United States they are to some extent connected with pharmaceutical companies or special DMP vendors. Whendisease management came up in Germany, analogous companies appearedon the market, with the hope for commercial triumph. Some sicknessfunds contracted them to assist them in preparing DM programs, but suchcompanies have more or less disappeared from the market

The UK

According to statistics in the U K lack of proper care to manage chronic diseases on a day today basis can lead to unnecessary complications and premature death.

Children also suffer from chronic diseases for instance children below five years account for 15% of the cases(General household survey 2002)

Self care has sometimes been ignored in the UK but it is a well proven approach to improving the situation of chronic diseases.

According to data from the Department of Health’s Economic and Operational Research the effects of self care include;

- Reduced to visits to GP Sby over 40% for the high risk cases.

- Reduction in admissions to hospitals by about 50% in a Parkinson’s diseases
- The length of stay in hospitals for mental health problems reduce.
- Off work days can reduce by even more than 50% for patients suffering from arthritis

Self care or management is not just an issue of providing information to the patients but it involves a range of other things to make it workable.

Patients need care education regarding to self management of their sickness by helping stand what they ought to do and how to make adjustments towards their medical dosage and how and when they need healthcare.

They also need quick reminders of when they should be attending to certain measures concerning their health.

They need support from knowledgeable patients or even an expert in their disease and broader networks which can include attending to group practices involving the same kind of health condition.

Their s uncertainty as regarding to self care however it is likely to improve in relevance because of the following:

- The increase of information that is availed to the patients.
- The ability of information technology to support self care.
- The possibility of having reliable and accurate home monitoring systems.
- The greater anticipation by many patients to be the locus of control.

In the UK the main providers of care for chronic diseases are the primary care teams. They include community nurses, pharmacists, dieticians, opticians, podiatrists, and physiotherapists.

Barriers for implementing disease management programs

One major factor which hinders the implementation of these programs is the lack of proven after investment. This has tended to limit the health plan and interest of the disease management organization.

Future of Disease management programs

There is no acceptable best way to chronic disease management. Evidence that has been observed throughout the world brings out clearly that, to be successful, policy-makers should put into consideration:

Providing well-built leadership and vision at the national, regional or organizational level which should oversee all that is required for the programs to succeed.

They should ensure full-bodied collection of information and data-sharing among all the stakeholders in the health sector.

Care should be provided based on people’s needs and an ability to identify people with different levels of need;

They should also put in place measures that target key risk factors, including widespread disease prevention initiatives.

Growing towards supporting self-management and empowerment of people with chronic diseases

Policy brief should involving a wide range of stakeholders such as individuals, the voluntary and community sector, clinicians, private industry and public services.

Future Disease management programs should be tailored to reduce the costs associated with care for people suffering from chronic illnesses. The growing costs of operations such as dialysis are still a major concern in most countries. But with the Disease management programs in place these costs are expected to decline and lead to improved care even through public health for chronic disease cases.

However reducing the costs with DM programs has been successful in some areas but the drug treatment especially in diabetic cases seems to be an area where the growing costs are inevitable.