

Responding to the epidemic of chronic disease

*A study by the European Observatory on Health
Systems and Policies*

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Background (1)

- More people are living with increasingly complex diseases
- A single patient may be taking 5 or more drugs, the combination of which has not been evaluated
- Increases in complexity or number of medications associated with substantial declines in adherence, compounding effective treatment
- Increasing responsibility of patients:
 - self-care: problematic for multiple conditions
 - empowerment: potential to compromise equitable access to care

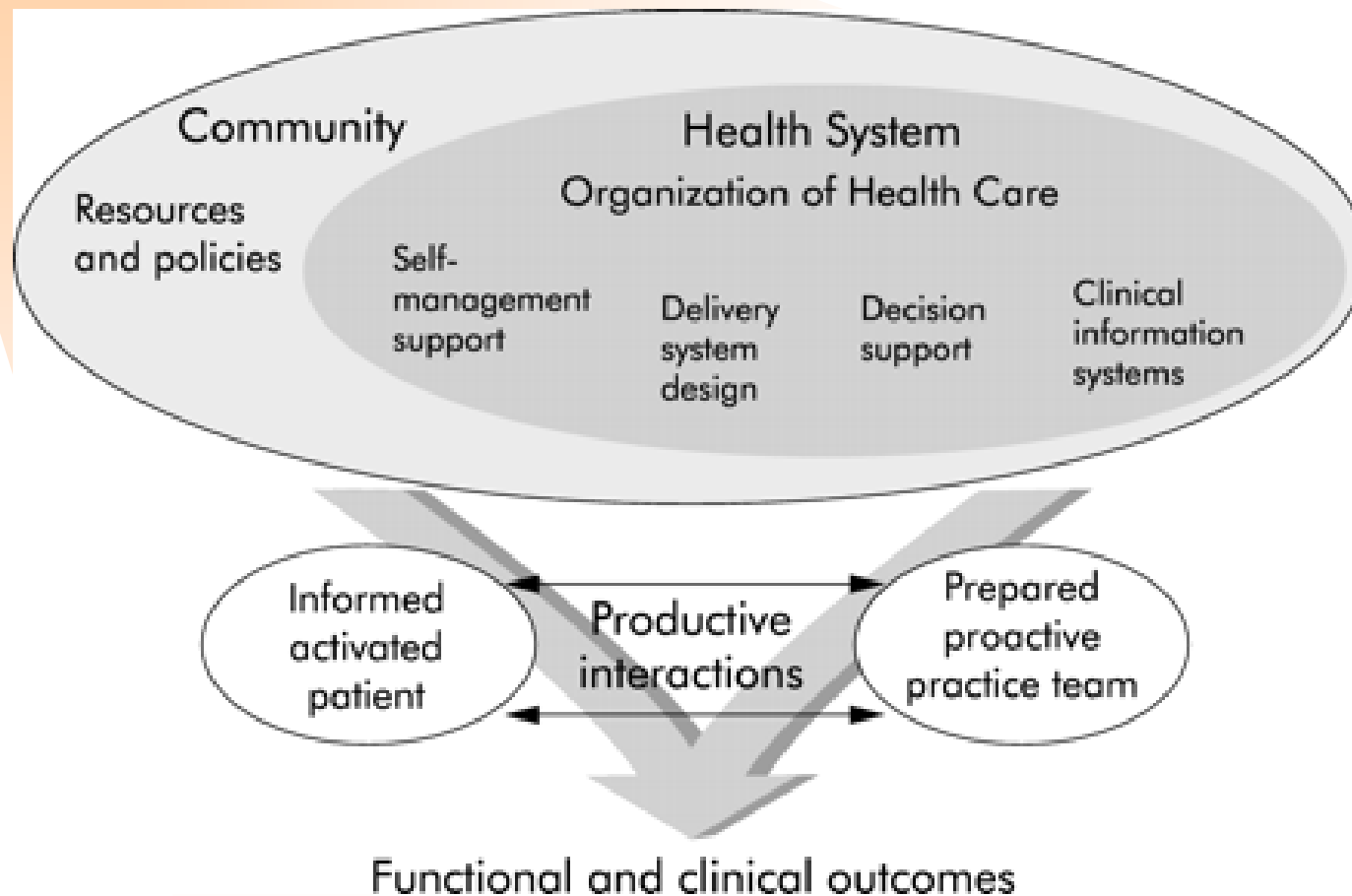
Background (2)

- Chronic conditions require complex response involving co-ordinated inputs from wide range of health professionals & access to essential drugs
- Countries have engaged in experimenting with new models of care that can achieve better integration of services across the continuum of care
- Available evidence on the relative value of different forms of integration remains uncertain
- Diversity: there are no universal solutions to the challenges of chronic disease but potential to learn from each other

Study objectives

- Provide an overview of CD burden in Europe
- Review economic case for investing in CDM
- Review approaches to CDM and experience of models in Europe+
- Assess contextual, organisational, professional, funding and patient-related factors that enable or hinder implementation of strategies to address chronic illness
- Identify best practices and set out strategies suggested for promoting these practices

Conceptual framework



The Chronic Care Model

- *“envisions an informed, activated patient interacting with a prepared, proactive team, resulting in high-quality, satisfying encounters and improved outcomes”*

(Bodenheimer et al. 2002)

- Recognises that *“improvement in the care of patients with chronic illness will only occur if the system leaders [...] make it a priority and provide the leadership, incentives and resources necessary to make improvements happen”*

(Epping-Jordan et al. 2004)

Defining chronic disease

- diseases *“which have one or more of the following characteristics: permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care”*

(adapted from Timmreck, 1986)

Methodology

- Series of papers exploring key themes
 - Organised around CCM components
- Country case studies
 - Australia, Canada, England, France, Germany, Netherlands, Sweden
- Authors' workshop
- Output: OBS/OUP book; case study book; policy briefs; papers...

Country case studies (1)

- Aim: to compile an in-depth assessment of the response to the rising burden of chronic diseases focusing on three key areas
 - a) a detailed assessment of the current situation;
 - b) a description of the policy framework and future scenarios; and
 - c) evaluation and lessons learnt

Country case studies (2)

- type and format of approaches to CDM
- legal, financial and political framework
- opportunities and/or challenges related to workforce development (e.g. training, personnel)
- potential capacity restrictions within the system (e.g. management skills, technical capacity, information technology)
- plans to change what is currently provided to manage the increasing burden of chronic disease, the drivers and policies behind those plans
- enablers and barriers towards enhancing services

Draft synopsis OBS book (1)

The Challenge

1. Changing nature of CD in Europe
2. Economic case for tackling CD

The Response

3. Preventing CD: everybody's business
4. Approaches to chronic care
5. Supporting self-care
6. Designing delivery systems
7. Decision support
8. Financing chronic care

Draft synopsis OBS book (2)

The Future

9. Making it happen
10. Investment in the future

Timeline

- Authors' workshop: Feb 2007
- Completion: May 07
- Publication: Oct 07

Some observations from case studies (1)

- Approaches vary between and within countries
- Focus tends to be disease-specific rather than generic
- Role of nurses
 - England, Sweden, NL: nurse-led clinics, specialist-liaison; community matron
 - France: legal restrictions
- Supporting self-care relatively weak in many settings

Some observations from case studies (2)

Challenges

- Coordination/integration of health and social/community care (organisation/funding)
- Information systems
- Conflicting policies (activity-based funding vs. shifting care into the community)
- Need for ongoing evaluation (“success”)
- Focus on cost reduction
- Impact of electoral cycle

Further information on progress:

www.observatory.dk