Accelerating Chronic Illness Improvement

What's Our 100,000 lives Campaign?

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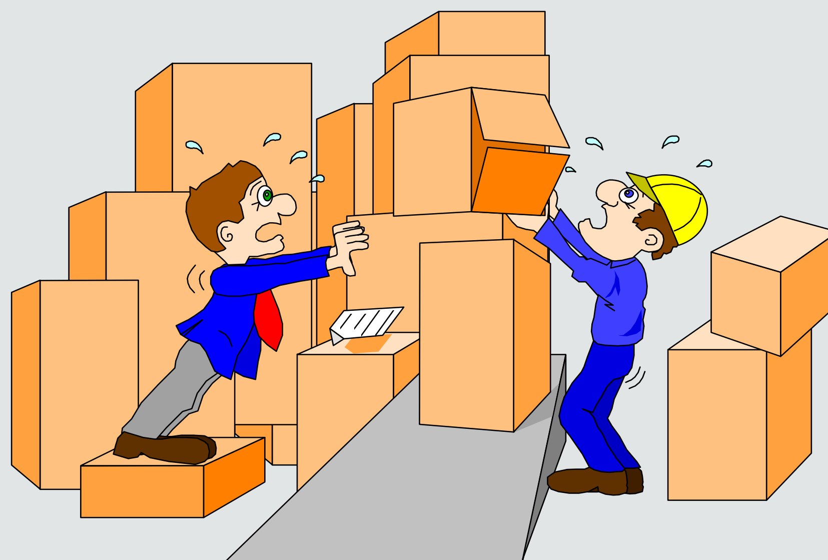
Improving Chronic Illness Care
A national program of the Robert Wood Johnson Foundation

Chronic Illness and Medical Care

- Medical care including primary care dominated by chronic illness care
- Clinical and behavioral management increasingly effective and increasingly expensive
- Roughly 50% of Americans not receiving evidence-based chronic illness care (Quality Chasm)
- Complications and costs strongly related to control of the conditions
- Loss of confidence in chronic care by policy-makers, funders AND the public
- Unhappy primary care clinicians leaving practice; trainees choosing other specialties

What's Responsible for the Crisis?

- **A system that is not working for patients, for health professionals, or for those paying the bills!**



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What Patients with Chronic Illnesses Need

- A "continuous (and coordinating) healing relationship"

With a care team and practice system organized to meet their needs for:

- Effective Treatment (clinical, behavioral, supportive),
- Information and support for their self-management,
- Systematic follow-up and assessment tailored to clinical severity, and
- Coordination of care across settings and professionals

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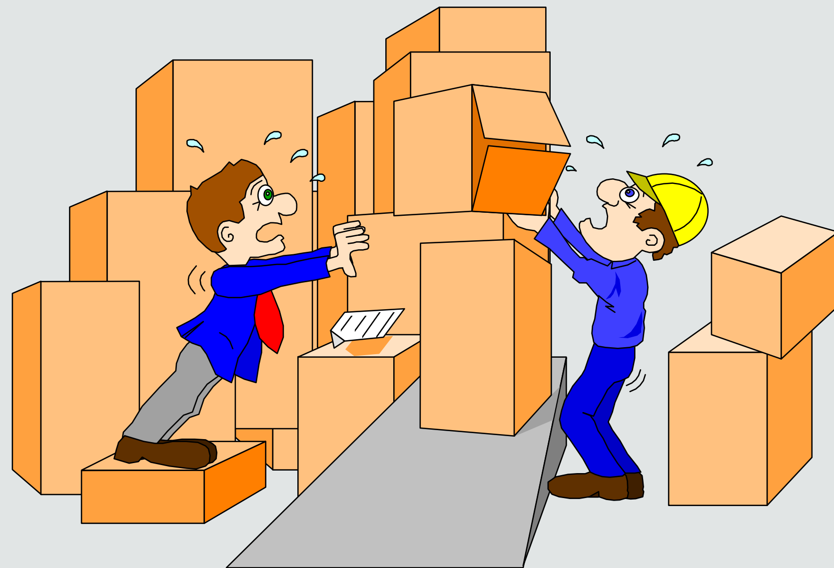
What kind of changes to practice systems improve care?

AND HOW BIG A DIFFERENCE CAN THEY MAKE?



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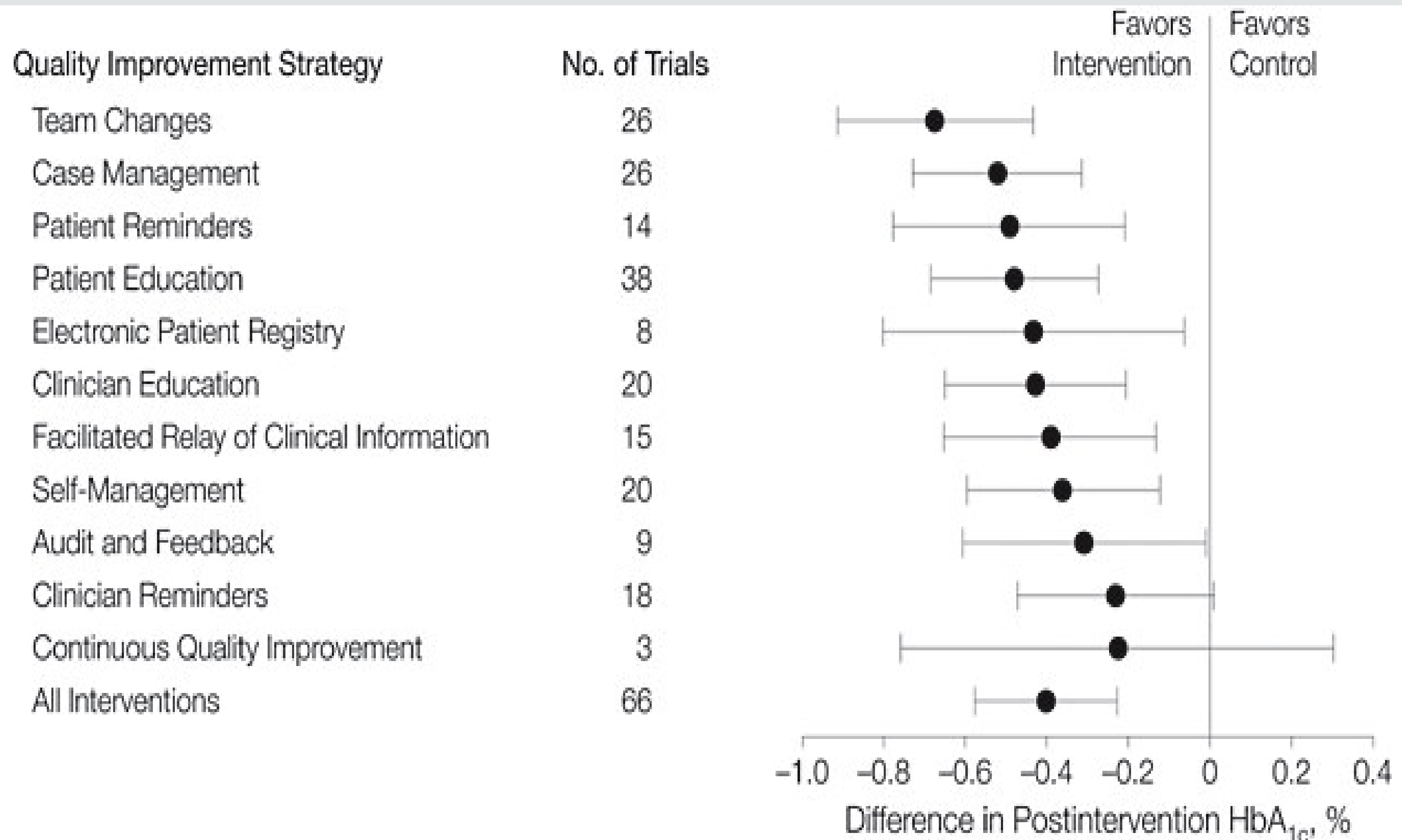
Randomized trials of system change interventions: Diabetes

New Cochrane Review

- 58 papers with 66 different comparisons

Shojania et al. JAMA July 25, 2006

Postintervention Differences in Serum HbA1c Values



Shojania, K. G. et al. JAMA 2006;296:427-440.

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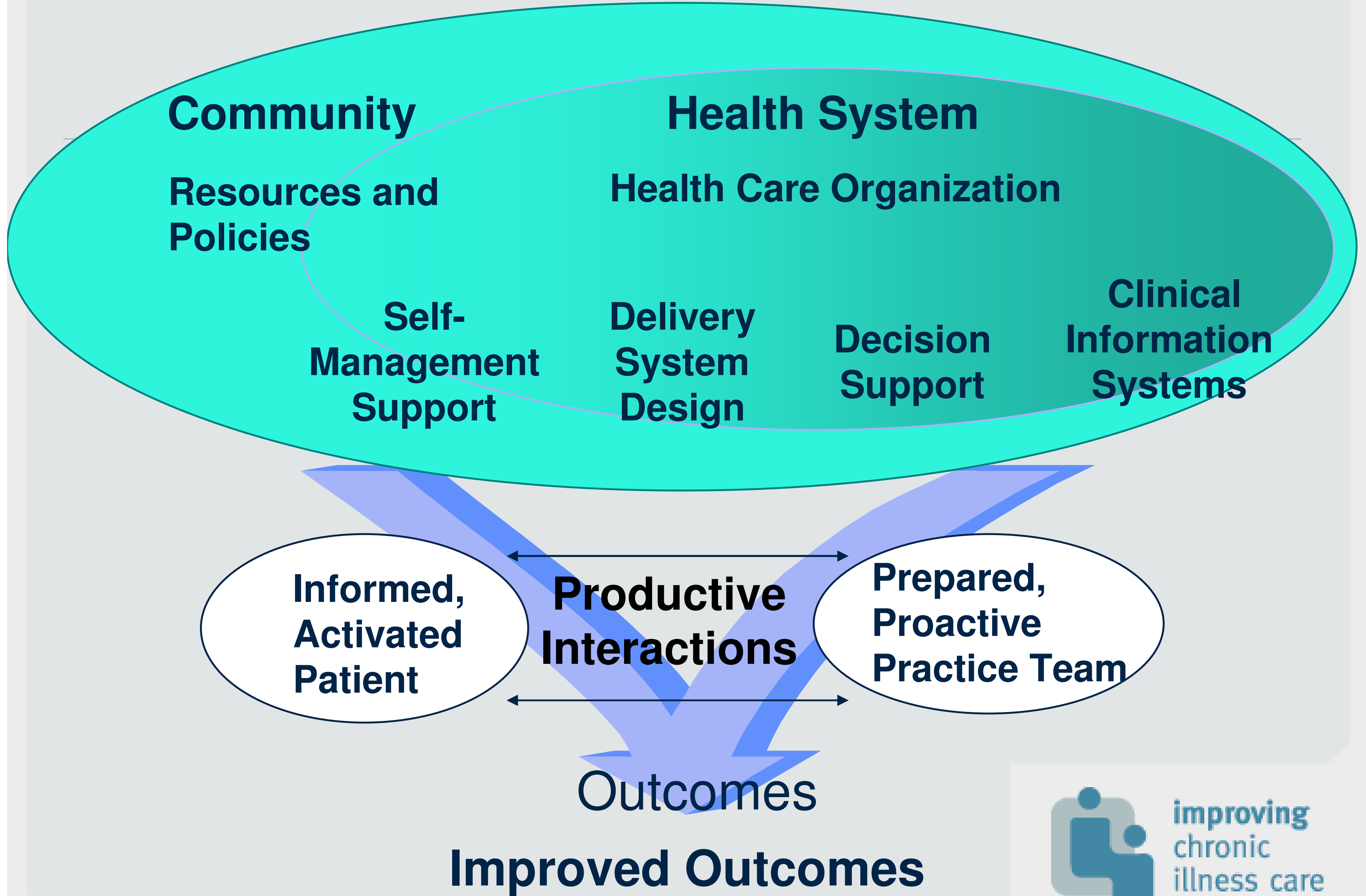
JAMA

Meta-analysis of Pre and Post-discharge Programs for Hospitalized CHF Patients

- **18 RCTS, follow-up 3-12 months**
- **Care by team coordinated by nurse care manager, clinic or home visits plus phone, focus on medications and self-management**
- **25% reduction in readmission**
- **13% reduction in all-cause mortality**
- **Greater improvement in QOL**
- **Net cost savings $536 per month**

Phillips et al. JAMA 2004; 291: 1358


Chronic Care Model
Community
Health System
Resources and Policies
Health Care Organization
Self-Management Support
Delivery System Design
Decision Support
Clinical Information Systems
Informed, Activated Patient
Productive Interactions
Prepared, Proactive Practice Team
Outcomes
Improved Outcomes
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Does the CCM work: do patients benefit from a changed system?

Three sources of evidence:

1. Evaluations of quality improvement activities
2. Comparisons of high and low performing practices
3. Randomized trials

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OK, We know what we need to do; what's getting in the way?

- Not sure we can do it, so limit the investment
- The right thing to do but ROI not convincing, so limit the investment
- IT – don't have it, it's coming so don't want duplications, it's here and doesn't do registries well, etc.,etc.
- Bureaucracy, unions
- Can't get improvement beyond a few star providers

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The Business Case

- Depends on what impacts the bottom line
- Regardless, maximization of revenue (including P4P) and elimination of redundancies and inefficiencies make a difference
- Increase patient care roles of talented non-professional staff

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Lessons learned in chronic illness care improvement

- Mostly reaching early adopters
- Practice redesign is very difficult in the absence of a larger, supportive "system"
- What do we know of successful systems?

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What are the barriers?

- **Belief in the quality of one's practice – i.e. no meaningful measurement**
- **Belief that the doctor has to do everything (underdevelopment of practice team)**
- **Inability to access or use information technology or non-physician staff to improve patient care**
- **Practice isolation**

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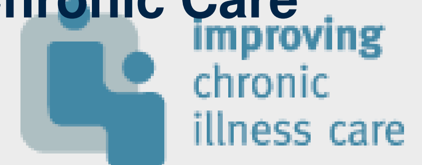
King’s Fund Study of Organizations with Best HEDIS Chronic Illness Scores

Organizational factors supportive of high quality chronic care:

- Strategic values and leadership that support long term investment in managing chronic diseases
- Well aligned goals between physicians and corporate managers
- Integration of primary and specialty care
- Investment in information technology systems and other infrastructure to support chronic care
- Use of performance measures and financial incentives to shape clinical behavior
- Use of explicit improvement model—usually the Chronic Care Model



Keys to changing outcomes

•Organized practice teams the key to effective care

•Planned visits are the closest thing we have to a quick fix

•Clinical care management of patients hospitalized with CHF should be routine

•Make self-management support a continuous process

•EMRs without registry functions were not associated with care improvement

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Improving the entire organization: moving beyond the early adopters

sPREAD

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IHI Spread Model

- **Begins with good ideas locally vetted**
- **Strong commitment and push from leadership**
- **Must have measurement and feedback system in place**
- **Aided by messengers and tools**
- **Key is use of social networks**

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Social Networks

- Health professionals seldom get together to discuss clinical management issues
- Even rarer for different specialties and disciplines to discuss patient management

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What’s needed to improve chronic illness care?

- Commitment and Leadership
- Measurement (and incentives)
- Infrastructure
- Active program of practice change

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Government funded health systems (so-called socialized medicine) lead the way!

- CAPH will join this group of best practices
- The VA, BPHC, and some public hospital systems are now national models
- One gets better care in a federally funded health care facility than in private practice
- It's a privilege to be working with you

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Contact us:

- **www.improvingchroniccare.org**

thanks