Comprehensive Care Coordination for Chronically Ill Adults
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Introduction

Cheryl Schraeder and Paul Shelton

One of the most frequently noted criticisms of the U.S. health care industry is the fragmented nature of its delivery system and payment structure. This fragmented disconnect has resulted in excessive duplication and overuse of medical services, a lack of access to essential services, and patients who are not fully engaged in their care. Our health care industry is especially deficient in providing high quality, coordinated, and cost effective care to adults with multiple chronic health conditions.

Despite these limitations of the current health care system, a number of policymakers, health care professionals, and researchers are engaged in developing and testing new models of care for patients with co-morbidities. Many of these models involve physicians, nurses, and other professionals working in collaborative relationships with patients and their caregivers, implementing evidence-based best practices and comprehensive coordinated care. The primary goals of these programs are to reduce unnecessary emergency department visits and avoidable hospital admissions, and to improve patients’ quality of life and satisfaction with care.

These program results to date have demonstrated success in improving processes of care, quality of life, and satisfaction with care for multi-morbid patients, but have produced limited success in reducing their use and cost of health services. However, the results suggest that certain components are integral to and have the potential to be cost effective when included in comprehensive efforts to manage the health care needs of adults with multiple chronic illnesses.

This book is intended for medical, nursing, allied health, and social service professionals, and students who are interested in and/or involved in providing care and the coordination of health and community services for chronically ill adults. It presents concise information drawn from a number of disciplines and sources that has been learned over the past two plus decades from pilot studies, randomized clinical trials, and federal demonstrations that can be used as a resource and starting point for improvements in the delivery of chronic care.

These lessons learned are presented in two major sections. The first section presents background on the theoretical concepts of comprehensive care coordination, including: the demographic and health characteristics of chronically ill adults; relevant coordinated care practices in the acute, primary, and community setting; intervention components that have been successful and are essential in reducing hospital readmissions; different aspects and approaches to program evaluation; essential elements of health information technology systems; alternative payment methods for supporting chronic care management; and
Introduction

approaches to educating interdisciplinary team members. The second section uses a case study format to present a number of nationally recognized best practices that use different approaches in providing comprehensive care coordination, including: community-based primary care; transitional care; acute care discharge planning; and managed care and integrated health care systems. Programs are also described that provide services to Medicaid and Medicare populations, services for patients with specific chronic conditions, telemedicine services, and an example of a population-based approach to chronic illness in the Republic of Korea.

In the pages that follow we have tried to present a picture of some notions of what evidence-based, best practice comprehensive coordinated care might look like, as well as different ways it is currently provided and could be delivered in the future. Although the quest for the best pathway to high quality, cost effective chronic illness care remains elusive, the search will likely gain momentum, especially in an electrically charged atmosphere of health care reform, and the rapidly aging of America. It is our hope that the information contained in the following chapters makes some contribution to the development of innovative models that improve the quality of life and medical care of chronically ill adults.
Part 1

Theoretical concepts

1 Chronic illness
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Chapter 1

Chronic illness

Paul Shelton, Cheryl Schraeder, Michael Berkes, and Benjamin Ronk

Introduction

The demographic landscape of the United States has changed significantly. Americans are living longer than ever before. The average life span has increased from 47 years for individuals born in 1900 to 78 years for those born in 2006 (National Center for Health Statistics [NCHS] 2010). The result has been an exponential growth in the number and percentage of older Americans, which is unique to our nation’s history. This longevity is primarily due to advances in modern medical science that have produced new screening and diagnostic technologies, pharmaceuticals, and medical procedures, as well as comprehensive initiatives that have greatly diminished or eliminated infectious diseases and improved public health problems. Americans living in the twenty-first century can expect to live longer than any previous generation. Longer life expectancy combined with the baby-boom generation, individuals born after World War II from 1946 through 1964, will double the number of individuals who are 65 years and older during the next 25 years.

This aging of America has created problems and challenges for our health care system. As longevity has increased so have the numbers of Americans living with chronic illnesses. Chronic illnesses afflict people of all ages, and although a majority of individuals living with chronic illnesses are not elderly, the likelihood of having a chronic illness increases dramatically with advancing age. Current projections estimate that approximately 66% of Americans 18 years of age and older suffer from at least one chronic illness, and as much as 80% of individuals 50 years of age and older suffer from at least one chronic illness (Machlin et al. 2008). These individuals seek and receive health care in a system that is designed, structured, and financed for treating acute episodes of care. The current system has been extensively criticized for being overly deficient in providing coordinated care for individuals with chronic illnesses who are primarily insured through Medicare and Medicaid (Institute of Medicine [IOM] 2001), and who are not receiving optimum chronic illness care (McGlynn et al. 2003).

The new generation of older Americans, the baby boomers, will be distinctly different from previous generations. They will be more educated, have more discretionary income, be more racially diverse, have fewer children, and have less disability compared...
Theoretical concepts

to their parent’s generation (Federal Interagency Forum on Aging-Related Statistics 2008; IOM 2008). Their sheer numbers alone will dramatically affect the future of our health care system. During the next two decades the number of older adults will double, from approximately 37 million to over 70 million, accounting for an 8% overall increase within the total population, currently from 12% to 20% (IOM 2008). While this approaching demographic shift has been anticipated for over 50 years, our health care system is not prepared for its arrival. More providers with specialized training and resources, and new approaches to delivering chronic care are needed to meet the aging population’s health care needs (Bodenheimer et al. 2009; IOM 2008). Presenting a stark reality, the IOM (2008) asserted that providers are inadequately prepared in general knowledge of geriatrics, the health care workforce is not large enough to meet older patients’ needs, and the scarcity of workers currently specializing in geriatrics is even more pronounced. These shortages will become more pronounced in the future.

According to the IOM (2001), improving care for the chronically ill is one of the most important health care challenges facing our nation today. The IOM report makes clear that there are no easy means or readily available answers to improving this care. Despite some consensus regarding what optimum chronic care should resemble, its delivery remains elusive (Wolff & Boult 2005). Research has demonstrated that achieving and sustaining improvements in the care coordination and medical management of these chronically ill adults is extremely difficult and is hindered by a general lack of knowledge, experience, and financial mechanisms necessary for the optimal care for this large and ever expanding segment of the population (Norris et al. 2008; Wallace 2005). Dysfunctional incentives have created fragmentation within our current system which fails to address the underlying causes of disease, and far too many care decisions are not under the control of clinicians and patients.

In this chapter we (1) define chronic illness, its general prevalence, and the main causes for its dramatic increase; (2) present a demographic profile of the adult population 55 years of age and older, (3) present a demographic profile for adults 65 years of age or older, with additional characteristics related to Medicare beneficiaries; and (4) present specific characteristics of chronically ill adults. A basic understanding of the scope and magnitude of chronic illness is necessary in order to begin to design, implement, and evaluate effective comprehensive care coordination programs for the tidal wave of chronically ill adults who will hit the health care system, especially Medicare, with brute force in the very near future.

What is a chronic illness?

Chronic illness is a general term that refers to a diagnosed illness, functional limitation, or cognitive impairment that lasts at least a year, places limits on a person’s daily activities, and often requires regular attention and medical care (Hwang et al. 2001; Anderson 2010). Chronic illnesses are often preventable, usually develop in later adulthood, and last for years. They are typically managed with proper care from clinicians, self-care activities, and often with help from family members acting as informal caregivers. Some of the most prevalent chronic illnesses include arthritis, asthma/bronchitis, cancer, cardiovascular