IMPROVING CHRONIC ILLNESS CARE

KEY ISSUES

- Chronic Diseases are the main public health challenge of the 21st century
- The management of chronic diseases is complex and requires a well-trained health force
- Although there are notable exceptions, most health systems today are still trying to manage chronic problems using acute care mentality, methods and systems
- A substantial proportion of individuals with major chronic diseases such as diabetes and hypertension remains undiagnosed and untreated, both in developed and developing countries
- Although this indicator varied widely, research demonstrated that over 50% of those under care for diabetes or hypertension remain uncontrolled
- A large proportion of low resource population remains paying out-of-pocket 100% of the cost of many medicines for major chronic diseases such as those used for the treatment of diabetes, hypertension and cancer
- Growing evidence suggests that when patients with chronic conditions receive effective treatment within an integrated system, with self-management support and regular follow-up, premature mortality and disability are reduced and quality of life is improved.

KEY MESSAGES

1 CHRONIC ILLNESS CARE

- The delivery system must be reoriented to be more effective and efficient for chronic disease prevention and management.
- Effective chronic disease management requires an organized, proactive, multi-component, patient-centered approach to health-care delivery.

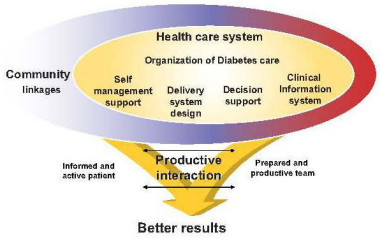
2 THE HEALTH SYSTEM

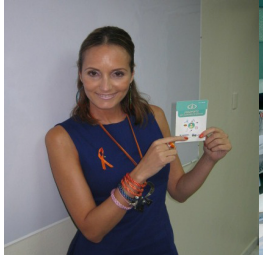
- A positive policy environment is essential to improve chronic illness care. Legislation, leadership, policy integration, partnerships, financing, and allocation of human resources are examples of relevant policy-level domains.
- Achieving results at the system level requires senior leadership and commitment to new ways of working and organizing care.

3 DECISION SUPPORT

- Overall, the combined use of decision support and clinical information systems can improve health professional adherence to guidelines for a range of chronic conditions.
- Guidelines must be integrated through timely reminders, feedback, standing orders and other methods that increase the likelihood that they will be used.

Pan American Health Organization
Regional Office of the World Health Organization





4 DELIVERY SYSTEM (RE) DESIGN

- The health care workforce needs a core set of competencies to achieve optimal outcomes for patients with chronic conditions. Effective chronic illness care generally requires multidisciplinary care teams.

5 CLINICAL INFORMATION SYSTEMS

- Well-functioning clinical information systems, which can be paper- or computer-based, are arguably the most important aspect of chronic illness care.
- Health professionals can use patient monitoring systems to identify patients' needs, plan care over time, monitor responses to treatment, and assess health outcomes.

6 SELF-MANAGEMENT SUPPORT

- Effective self-management requires patients to be informed, motivated, and sufficiently skilled to carry out their treatment plan on a day-to-day basis.
- Group medical visits offer health professionals another way to support patients. They are an efficient use of resources, improve access, and use group process to help motivate behavior change and improve outcomes.

7 COMMUNITY RESOURCES

- Communities can provide services that complement and support the care provided in health care organizations
- Community organizations can bridge the service gap between the organised clinical care and the real world of patients and their families.

8 EVIDENCE IN THE APPLICATION OF THE CHRONIC CARE MODEL IN THE REGION

- Substantial improve of glycemic control and increase in the proportion of patients reaching three or more quality improvement goals in Veracruz, Mexico
- Increase in the number of women tested for cervical cancer for the first time, and a remarkable decrease in screening negative outcomes in El Salvador.
- Significantly Increase in process outcomes such as registration of global cardiovascular risk, BMI measure and registration of tobacco use among others, applying a chronic care passport in Argentina
- Decrease significantly hospital admission and emergency visits for Chronic Obstructive Pulmonary Disease in Calgary, Canada.
- Substantial increase of preventive practice and improved glycemic control in eight Caribbean countries applying PAHO's Chronic Care Passport.

KEY ACTIONS BY PAHO

PAHO is working with Member States and other partners to increase people access to quality integrated diabetes care, including:

- Supporting the strengthening of primary health care (PHC) and the integrated, population-based management of chronic diseases which features clinical guidelines and evidence-based protocols, monitoring, and improvement of care, and the
- Providing training in the implementation of the Chronic Care Model that emphasizes the patient's central role in managing his or her health care through self-management programs, supported by health policies and community organizations
- Providing advice and training on the implementation of patient centered care by applying the Chronic Care Passport

To find out more about diabetes in the Americas and PAHO's work, visit:

www.paho.org/ncds http://twitter.com/ncds_paho http://www.facebook.com/PAHONCDs