

EXECUTIVE SUMMARY

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Innovative Care for Chronic Conditions: Building Blocks for Action

Global Report



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The full global report "Innovative Care for Chronic Conditions: Building Blocks for Action" may be downloaded from WHO's web site on health care for chronic conditions: http://www.who.int/ncd/chronic_care/index.htm, or it can be ordered from the World Health Organization.

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The dramatic increase in chronic conditions, including noncommunicable diseases, mental disorders, and certain communicable diseases such as HIV/AIDS demands creative action. The World Health Organization created this document, *Innovative Care for Chronic Conditions: Building Blocks for Action*, to alert decision-makers throughout the world about these important changes in global health, and to present health care solutions for managing this rising burden. Every decision-maker has the potential to improve his or her health care system's ability to address the growing problem of chronic conditions. Today's choices influence the future.

In addition to health policy-makers, persons with the interest and ability to influence health care systems at national and/or local levels (such as Ministries of Finance and Planning, donors, and development agencies) are encouraged to assimilate the information contained within this report regarding chronic conditions. The message is timely and pertinent for all countries, regardless of resource availability.

Advances in biomedical and behavioural management have substantially increased the ability to effectively prevent and control conditions like diabetes, cardiovascular disease, HIV/AIDS, and cancer. Growing evidence from around the world suggests that when patients receive effective treatments, self-management support, and regular follow-up, they do better. Evidence also suggests that organized systems of care, not just individual health care workers, are essential in producing positive outcomes.

In developing countries, chronic conditions present mainly at the primary health care level and need to be handled principally in these settings. Yet, most primary health care is oriented toward acute problems and the urgent needs of patients. As part of overall improvement efforts, an evolution in primary health care is imperative. A primary care system that cannot effectively manage HIV/AIDS, diabetes and depression will soon become irrelevant. Primary health care must be reinforced to better prevent and manage chronic conditions.

Improving health care for chronic conditions also means focusing on adherence to long-term therapies. Patients with HIV/AIDS, tuberculosis, diabetes, hypertension, and other chronic conditions are often prescribed essential drugs as part of their overall disease management plan. Yet, adherence to long-term treatments is remarkably low. Although patients are frequently blamed for failing to follow regimens as they are prescribed, nonadherence is fundamentally a failure of the health care system. Health care that provides appropriate information, support, and ongoing surveillance can improve adherence, which will in turn reduce the burden of chronic conditions and enhance patients' quality of life.

Decision-makers can take actions that will reduce the threats chronic conditions pose to the health of their citizens, their health care systems, and their economies. Their actions regarding financing, resource allocation, and health care planning can significantly diminish the negative effects. Armed with essential elements for improvement, informed decision-makers can make a difference.

The eight essential elements for taking action are as follows:

1 SUPPORT A PARADIGM SHIFT

Health care is organized around an acute, episodic model of care that no longer meets the needs of many patients, especially those with chronic conditions. Decreases in communicable diseases and the rapid ageing of the population have produced this mismatch between health problems and health care, and chronic conditions are on the rise. Patients, health care workers, and most importantly, decision-makers must recognize that effective chronic condition care requires a different kind of health care system. The most prevalent health problems such as diabetes, asthma, heart disease, and depression require extended and regular health care contact. A new paradigm will dramatically advance efforts to solve the problem of managing diverse patient demands given limited resources. Through innovation, health care systems can maximize their returns from scarce and seemingly non-existent resources by shifting their services to encompass care for chronic conditions.

2 MANAGE THE POLITICAL ENVIRONMENT

Policy-making and service planning inevitably occur in a political context. Political decision-makers, health care leaders, patients, families, and community members, as well as the organizations that represent them, need to be considered. Each group will have its own values, interests, and scope of influence. For transformation toward care for chronic conditions to be successful, it is crucial to initiate bi-directional information sharing and to build consensus and political commitment among stakeholders at each stage.

3 BUILD INTEGRATED HEALTH CARE

Health care systems must guard against the fragmentation of services. Care for chronic conditions needs integration to ensure shared information across settings and providers, and across time (from the initial patient contact, onward). Integration also includes coordinating financing across different arms of health care (e.g., inpatient, outpatient, and pharmacy services), including prevention efforts, and incorporating community resources that can leverage overall health care services. The outcome of integrated services is improved health, less waste, less inefficiency and a less frustrating experience for patients.

4 ALIGN SECTORAL POLICIES FOR HEALTH

In government, diverse authorities create policies and strategies that affect health. The policies of all sectors need to be analysed and aligned to maximize health outcomes. Health care can be and should be aligned with labour practices (e.g., assuring safe work contexts), agricultural regulations (e.g., overseeing pesticide use), education (e.g., teaching health promotion in schools), and broader legislative frameworks.

5 USE HEALTH CARE PERSONNEL MORE EFFECTIVELY

Health care providers, public health personnel and those who support health care organizations need new, team care models and evidence-based skills for managing chronic conditions. Advanced communication abilities, behaviour change techniques, patient education, and counselling skills are necessary in helping patients with chronic problems. Clearly, health care workers do not have to possess physician degrees to provide such services. Health care personnel with less formal education and trained volunteers have critical roles to play.

6 CENTRE CARE ON THE PATIENT AND FAMILY

Because the management of chronic conditions requires lifestyle and daily behaviour change, emphasis must be upon the patient's central role and responsibility in health care. Focusing on the patient in this way constitutes an important shift in current clinical practice. At present, systems relegate the patient to the role of passive recipient of care, missing the opportunity to leverage what he or she can do to promote personal health. Health care for chronic conditions must be re-oriented around the patient and family.

7 SUPPORT PATIENTS IN THEIR COMMUNITIES

Health care for patients with chronic conditions does not end or begin at the doorway of the clinic. It has to extend beyond clinic walls and permeate patients' living and working environments. To successfully manage chronic conditions, patients and families need services and support from their communities. Moreover, communities can fill a crucial gap in health services that are not provided by organized health care.

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8 EMPHASIZE PREVENTION

Most chronic conditions are preventable. Additionally, many of the complications of chronic conditions can be prevented. Strategies for reducing onset and complications include early detection, increasing physical activity, reducing tobacco use, and limiting prolonged, unhealthy nutrition. Prevention should be a component of every health care interaction.

Outline of the Report

Section 1 introduces the reader to the term, “chronic conditions,” which describes health problems that persist across time and require some degree of health care management. Diabetes, heart disease, depression, schizophrenia, HIV/AIDS, and ongoing physical impairments fall with the category of chronic conditions. This section outlines the justification for an updated definition and conceptualization of what constitutes a chronic condition.

Globally, chronic conditions are on the rise. Due to public health successes, populations are ageing and increasingly patients are living with one or more chronic conditions for decades. Urbanization, adoption of unhealthy lifestyles, and the global marketing of health risks such as tobacco are other factors contributing to an increase. This places new, long-term demands on health care systems. Not only will chronic conditions be the leading cause of disability throughout the world by the year 2020; if not successfully managed, they will become the most expensive problems faced by our health care systems. In this respect, they pose a threat to all countries from a health and economic standpoint. Chronic conditions are interdependent and intertwined with poverty, and they complicate health care delivery in developing countries that concurrently face unfinished agendas around acute infectious diseases, malnutrition, and maternal health.

Section 2 addresses the deficits in current systems of health to successfully manage chronic conditions. Health care systems have evolved around the

concept of infectious disease, and they perform best when addressing patients’ episodic and urgent concerns. However, the acute care paradigm is no longer adequate for the changing health problems in today’s world. Both high and low-income countries spend billions of dollars on unnecessary hospital admissions, expensive technologies, and the collection of useless clinical information. As long as the acute care model dominates health care systems, health care expenditures will continue to escalate, but improvements in populations’ health status will not.

Micro-, meso-, and macro-levels of health care refer to the patient interaction level, the health care organization and community level, and the policy level, respectively. Evolution is necessary within each level. Increased attention to patient behaviours and health care worker communications is crucial for improving care for chronic conditions. Care has to be coordinated for chronic conditions using scientific evidence to guide practice. Community resources must be integrated to make significant gains. Health care organizations must streamline services, upgrade the skills of health care workers, focus on prevention, and establish information tracking systems to provide planned health care for predictable complications. Governments need to make informed decisions for their populations and set standards for quality and incentives in health care. Financing must be coordinated and intersectoral links must be strengthened.

Section 3 presents a new framework for health care systems to improve care for chronic conditions. The *Innovative Care for Chronic Conditions Framework* is comprised of fundamental components within the patient (micro-), health care organization and community (meso-), and policy (macro-) levels. These components are described as “building blocks” that can be used to create or re-design a health care system to more effectively manage long term health problems. Decision-makers can use these building blocks to develop new systems, to initiate changes in existing systems, or to make strategic plans for future systems. A number of countries have implemented innovative programmes for chronic conditions using building blocks from the framework. These are presented as examples of real world success.

The *Innovative Care for Chronic Conditions Framework* is centred around the idea that optimal outcomes occur when a *health care triad* is formed. This triad is a partnership among patients and families, health care teams, and community supporters. It functions at its best when every member is informed, motivated, and prepared to manage chronic conditions, and communicates and collaborates with the other members of the triad at all levels of care. The triad is influenced and supported by the larger health care organization, the broader community, and the policy environment. When the integration of the components is optimal, the patient and family become active participants in caring for chronic conditions, supported by the community and the health care team.

Section 4 provides specific strategies for creating innovations in the care of chronic conditions. Eight essential elements for improving care are described, and decision-makers are also given strategies for where to begin making changes to improve care for chronic problems.

The scarcity of resources for health care is a problem in most settings. Nevertheless, there are several financing mechanisms that can be considered in generating new resources for chronic conditions care. Decision-makers can also enhance outcomes for chronic conditions by applying existing resources to more equitable and efficient care. By managing chronic conditions more comprehensively, acute symptom exacerbations can be minimized, thus resulting in greater health care efficiency.

Regardless of resource level, every health care system can take action to improve health care for chronic conditions. Resources are necessary, but not sufficient for success. Leadership combined with a willingness to embrace change and innovation will have far more impact than simply adding capital to already ineffectual health care systems.

The Annex presents examples from the scientific literature on outcomes associated with innovative programmes. The evidence, from case studies to randomized trials, is compelling even in the earliest stages of development. Those interested in improving care for chronic conditions, or presenting persuasive arguments on the effectiveness of innovative approaches, can learn something from

reviewing these studies. Evidence demonstrates innovative programmes successfully improve biological disease indicators; reduce death; save money and health care resources; change patients' lifestyles and self-management abilities; improve functioning, productivity, and quality of life; and improve the processes of care.

SUMMARY

Chronic conditions will not go away; they are the health care challenge of this century. Alteration of their course will require determined effort among decision-makers and leaders in health care in every country in the world. Fortunately, there are known, effective strategies to curtail their growth and reduce their negative impact.

The solution is to embrace a new way of thinking about and managing chronic conditions. Through innovation, health care systems can maximize their returns from scarce and seemingly non-existent resources by shifting from an acute to a chronic care model. Many countries are making the shift and starting with the development of innovative chronic conditions programmes.

Small steps are as important as system overhaul. Those who embrace change, large or small, are experiencing benefits today and creating the foundation for success in the future.