

ACP AMERICAN COLLEGE OF PHYSICIANS INTERNAL MEDICINE | *Doctors for Adults*

Costs and Quality Associated With Treating Medicare Patients With Multiple Chronic Diseases

Americans now can expect to live longer than any previous generation. However, along with the aging of the population, there has been an increase in the number of Americans living with one or more chronic conditions. And unlike most infectious diseases or sudden acute illnesses, chronic conditions, by our definition, last a year or longer and limit what one can do, or require ongoing medical care. Today, we have to confront a new reality: growing numbers of people with chronic conditions seeking health care in a system that is not structured to respond to this new dynamic.

While the technology of medicine has improved rapidly, the system of financing and delivering care has been slower to reorient itself. The diseases that cause acute illness have become, in large part, long-term, chronic conditions that require ongoing monitoring and treatment. Diseases such as diabetes and hypertension can result in acute illness if not properly monitored and treated over time. But, while our health care needs have evolved, the health care system has not. It remains an amalgam of past efforts to treat infectious diseases and acute illnesses. It does not focus on today's current and growing problem – people with chronic conditions.

Today, 133 million people, almost half of all Americans, live with a chronic condition. By 2020, as the population ages, the number will increase to 157 million. These people represent all segments of our society – they are of all ages, races, and economic status. Many have multiple chronic conditions, including functional limitations and disabilities. In the general population, people with five or more chronic conditions have an average of almost 15 physician visits and fill over 50 prescriptions in a year. In the Medicare population, the average beneficiary sees seven different physicians and fills upwards of 20 prescriptions in a year. This information alone should raise concern about whether care is coordinated, but in the current system there are few incentives to coordinate care across providers and service settings. We also know that many people with chronic conditions report receiving conflicting advice from different physicians and differing diagnoses for the same set of symptoms. People with chronic conditions are getting services, but those services are not necessarily in sync with one another, and they are not

People with different chronic health problems experience similar difficulties with the current health care financing and delivery system and are looking for fundamental changes. There is also a growing consensus among physicians and the general public that changes are necessary to better serve people with chronic conditions. In addition to improving, the coordination of care, the health care system must place a higher priority on primary, secondary, and tertiary prevention to avert disease or slow its progression. Many current benefits can be accessed only if medical improvement is expected.

As a nation, we spend a considerable amount of our health care dollars on people with chronic conditions. The challenge is to use our resources to provide people with access to high-quality care and appropriate services that maintain health and functioning in the face of disease progression and ensure that this care is coordinated across multiple providers and payers. The health care system has successfully adapted to meet new challenges in the past, and it must do so again.