C9: Whole person care in Chronic Disease Management

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This presenter has nothing to disclose.*

Session Objectives

• Identify system principles to use in managing patients with multiple diseases
• Describe the potential of technology to transform care delivery models and empower patients
• Explain how other countries are dealing with the needs of their aging populations
Multimorbidity is common in Scotland

The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions

More people have 2 or more conditions than only have 1

Records of 1.7 million patients showed

- Only 19% of patients with COPD have just COPD
- Only 14% of patients with Diabetes have just Diabetes
- Only 5% of patients with Dementia have just Dementia
- etc

Mercer Guthrie and Wyke Univ of Glasgow 2011
Aging populations

Aging Population
Billion people >65 years

Annual HC spending per capita by age group
2004, USD thousand

Source: UN population database, US Centers for Medicare and Medical services reproduced with kind permission of Novartis.
International Comparison of Spending on Health 1980-2007,

Average spending on health per capita ($US PPP)

Total expenditures on health as percent of GDP

Source: OECD Health Data 2009 (June 2009)

Higher Cost Associated with Lower Quality

Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000–2001

To meet the challenge

- Recognise the key issue and change what we do
One Person, One Team, One System

- Provision of care
- Getting the right people working in the right way
- Information solutions
- Staying as independent as you can
- Making the money work
- Wider system changes
Long term conditions

- 70% health and social care cost
- 70% unscheduled admissions
- 55% GP consultations
- Etc!
One Person, One Team, One System

• Provision of care
  Getting the right people
  working in the right way

Primary drivers

• Systematic risk profiling of population

• Integrated care teams including social care, community services, allied health professionals and general practice

• Maximising number of patients who can self manage through systematic transfer of knowledge, and care planning
Risk stratification

• Better targeted services improves outcomes

• Enhanced targeted assessment was associated with improved mortality and physical function after one year\(^1\)

• Targeted activities to activate patients have the greatest impact when targeted a specific high risk groups\(^2\)

• When integrated stroke care was targeted at highest risk, this increase survival and reduced need for institutional care\(^3\)

Source: (2) Conn, Valentine & Cooper “Interventions to increase physical activity among aging adults: a meta-analysis.” Ann Behav Med 2002; 24(4): 190-208
Integrated teams

- Improved health status, reduced weight and improved diet.\(^3,4\)
- People were most likely to be alive, living independently at home.\(^6\)
- Improved symptoms and behaviours.\(^5\)
- Improved health status & mental well-being. Outcomes for lower cost.\(^3,7\)

Right people, right way

- Undergraduate curricula
- Postgraduate training
- Teamworking the norm
- Increase patient knowledge as core purpose
One Person, One Team, One System

- Provision of care
  Getting the right people working in the right way
  Making the money work

The Year of Care Capitation funding model

The Purpose:
- Create financial flows and incentives that reinforce the care model of co-ordinated, integrated care.

By:
- Developing an annual risk adjusted capitation budget based on these levels of need.

From:
- Variety of organisations eg Accountable Care Organisations, or Coalitions of providers
Could the previous year risk score be used to group patients into tariff categories

**Conclusion:**

- There is a strong relationship between previous risk score category and costs
- This could be used to set tariff categories

Or..

- Number of diseases and type of disease had similar explanatory power
- Use number of LTCs to explain costs
- Keep it simple!
Selection of patients:

• All patients within the top 10% of risk scores for the population at the beginning of that year, who also have one or more long-term conditions

Contracting mechanism:

• Lead provider and sub contractors
  - contract is just with one provider who subcontracts other parts to other providers

• Alliance contracting
  - equal partners
  - gainshare and painshare
  - tiers of quality achievement that require co-operation to deliver
One Person, One Team, One System

• Provision of care
  Getting the right people
  working in the right way
Making the money work
Information solutions
Staying as independent as
you can

To meet the challenge

• Recognise the key issue and change what we
do – which means stopping some things
• Recognise the world is changing; embrace the
digital revolution to transform healthcare
delivery
use of the system resulted in a decline in errors at Hospital A from 6.25 per admission (95% CI 5.23–7.28) to 2.12 (95% CI 1.71–2.54; p<0.0001) and at Hospital B from 3.62 (95% CI 3.30–3.93) to 1.46 (95% CI 1.20–1.73; p<0.0001)."
1. Login to www.nhspatient.org
2. Scan Barcode or type in the number

Healthcare professionals can obtain a login via www.nhspatient.org/admin.

Property of the NHS. Do not give fraudster any NHS details.

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To meet the challenge

- Recognise the key issue and change what we do – which means stopping some things
- Recognise the world is changing; embrace the digital revolution to transform healthcare delivery before it changes for you
- Use social networks and social media
Opinions about Royal Albert Edward Infirmary (Accident and emergency)

I wasn’t told my mum was in Wigan A&E
Posted by Claire (a relative), 17 hours ago
Later last year, my mother was admitted to the Wigan Infirmary Accident and Emergency unit. She retired when she was out shopping. Did nobody...
About: Royal Albert Edward Infirmary (Accident and emergency)

Lack of care at Wigan Infirmary
Posted by Claire (a relative), 6 months ago
My Grandad was admitted to Wigan Infirmary, my parents were away on holiday, I was at work, so my sister went to stay with him until...
About: Royal Albert Edward Infirmary (Accident and emergency)

Share Your Experience
Find Patients Like You
Learn From Others
Join Now (It's free!)

Our Current Communities
Neurological Conditions
Multiple Sclerosis
Mood Conditions
Depression

Highlights
Lithium & ALS Study
See how ALS patients taking lithium are doing in real-time. Join now!
Facebook

- > 1 billion users (2013)
- 1.24% of the people on earth
- 80% are non US web users
- 50% log in every day, and 48% of 18-34 yr olds check it when they wake up
- 18-24 yr old demographic grew 74% in one year.
- 750 million photos uploaded on 2011 new year’s day weekend.

Obesity has strong social network effects

The rate of becoming obese increases by 0.5 percentage points for each obese social contact we have (NEJM 2007; 357(4):370-79)

Barabási A, NEJM 2007; 357:404-407
Myths of co-management

- Patients can’t do this
- It will never happen where I work
- Thats my job as doctor – its what they pay me for
- No-one taught me how to do this.
Key things for co-management
(Ref: www.health.org.uk)

• Getting good information
• Achieving self confidence
• Altering behaviour
• Ability to go online, use medical devices (technical skills)

Pilot
130,000 patients
20 practices
6 months

Online Transactions
Symptom Checkers
Self-help content
Sign post
Nurse call back
E-consult
Telephone or Face-to-face consultation

- Appointment booking
- Repeat prescriptions
- Viewing records
- Written
- Videos
- Pharmacy
- Online CBT
- 24/7 within 1 hour
- 100 common symptoms or conditions
- Traditional delivery model of general practice

No work for practice
Less Work
Same Work
New power is changing the context for policy-making. Harvard Business Review calls this ‘new power’. New power operates differently to old power. It is made by many. It is open, participatory, and peer-driven. It is enabled by technology, but not defined by it. This new power operates on a more human scale.

**The Equation**

(Oldham J JAMA 04 March 2009)

Evidence + Improvement Methods + Human Factors = Outcomes

Leadership → Values

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So...

- Recognise the biggest issue is multiple morbidity needing whole person care – pool don’t silo specialist knowledge
- Embrace the digital revolution to *transform* how we deliver healthcare – before it is done to you
- Involve patients meaningfully as part of the care team – the most underused capacity in the health care system