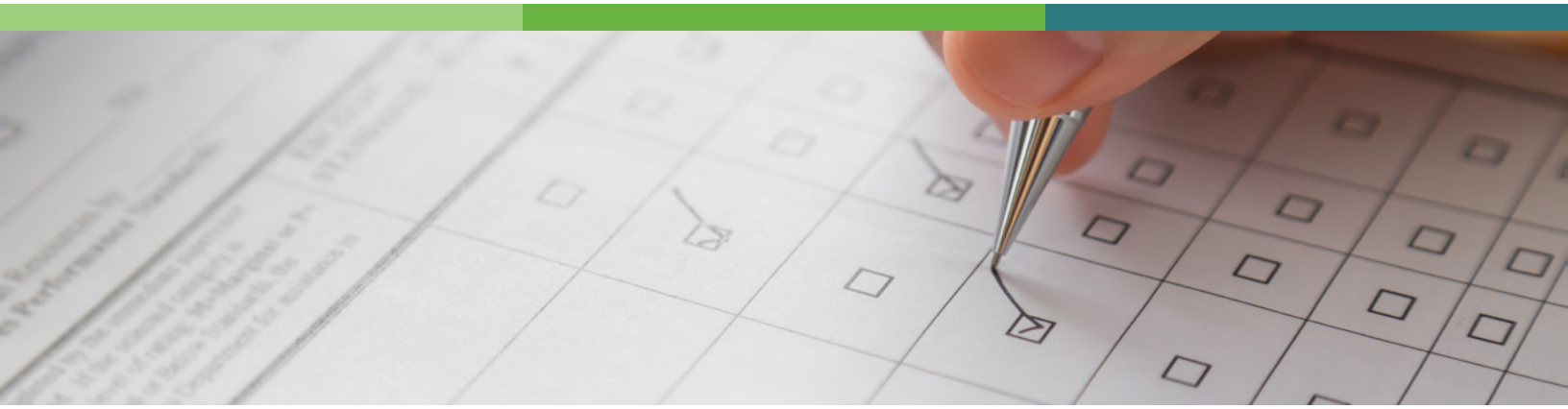

Successfully Managing Costly Chronic Diseases: Checklist for Payers

86 percent of the United States' total healthcare expenditures is spent on treating a relatively small percentage of high users of the healthcare system, who have one or more chronic conditions. These "persistent high-users" cost approximately 17 times more than their counterparts.

Chronic high users (including those with multiple long-term conditions) spend:

- 200 times more on inpatient services
- 13 times more on outpatient services
- 11 times more on professional services
- 17 times more on medications

High users are also more than five times more likely to visit the emergency department for chronic disease management.

Table 1 below shows the total expenses spent on the top eight medical conditions and the distribution among the source of payment. In 2014 in the United States, the top six chronic conditions, including heart conditions, diabetes, cancer, COPD, asthma, arthritis, and hypertension, cost the healthcare system ***over 495 billion dollars*** in total.

		Percent distribution of total expenses by source of payment				
Conditions	Total Expenses in USD ($)	Private Insurance	Medicare	Medicaid	Out of Pocket	Other
Mental Disorders	110 Billion	27	24	30	11	9
Heart Conditions	105 Billion	27	54	7	6	6
Trauma-Related Disorders	100 Billion	40	29	8	7	16
Diabetes Mellitus	91 Billion	25	31	16	8	21
Cancer	88 Billion	44	33	4	4	15
COPD, Asthma	82 Billion	29	38	19	8	6
Osteoarthritis and other non-traumatic joint disorders	80 Billion	30	38	13	11	9
Hypertension	50 Billion	24	45	10	13	8

Table data from: https://meps.ahrq.gov/data_stats/tables_compendia_hh_interactive.jsp

Checklist: Components to Consider for Chronic Disease Care

☐ 1. Delivery of Care

Are my providers delivering care that is proactive, reoccurring, and customized?

Improving the outcomes of patients with chronic care diseases includes care plans that are proactive and specific. Building care plans that ensure planned visits help patients maintain their health on a regular basis, while helping health systems better allocate resources. Reoccurring appointments are especially important as preventative measures for patients with chronic diseases, who are at risk for additional diseases.

Care plans also need to be specifically customized, incorporating certain social, cultural, and economic factors into treatments. Including specific instructions for patients to follow after each provider interaction can help improve outcomes and health even outside of the healthcare setting.

☐ 2. Patient Involvement

Are my providers working with patients to promote responsibility in health decisions and plans?

Patients who are engaged into their care decisions and plans have improved outcomes and increased patient satisfaction. Being informed about how certain choices affect their health helps patients make better, informed health choices. Educating patients and allowing them to be involved in the decision-making process promotes taking responsibility in the care process, which increases the likeliness to follow treatment plans set out by their physicians.

Using self-management support strategies includes utilizing assessments, setting goals and plans, solving any problems along the way, and scheduling follow-ups. Also, promoting ongoing community programs provides emotional and educational support for patients with chronic diseases.

☐ 3. Care Coordination

How are communication channels between settings and providers?

Patients with chronic care diseases have care plans that are often complex and require care from different settings, including clinical, occupational, and social. Sharing patient data and coordinating care is crucial not only to effectively treat chronic diseases, but also ensuring that providers are not wasting resources by performing redundant tasks or losing data.

Especially when patients are transferred from primary to specialty sites, clear communication to both patients and specialists is important. Patients need to understand why they are being referred and have clear instructions on what their next steps are after visiting specialists. Specialists, on the other hand, need comprehensive information on the reasoning behind the

referral, any tests that are already been performed, and clear direction as to how to transfer the referral visit notes back to the primary care physician.

4. Education Resources for Providers

What kinds of tools and resources am I providing to my providers on the latest, evidence-based guidelines?

Patients with chronic diseases have complex care plans that involve different diagnosis and treatment methods. To provide effective care and improve outcomes, treatment decisions need to made based on current evidence-based guidelines that are supported by clinical research. Knowing that research is continuously happening and guidelines constantly updated, help your providers have access to up-to-date educational resources. Immediate feedback and access to relevant information helps staff make better clinical diagnoses and decisions, resulting in better outcomes. These tools will help improve patient health and help providers maximize their reimbursements while reducing the use of higher cost services.

How Does This Impact Me As A Payer?

As healthcare transitions to value-based reimbursements, improving outcomes while reducing costs will require investment in primary care, practitioners' tools to succeed in a value-based environment, and a more comprehensive management of chronic diseases. Knowing that persistent high users account for the majority of healthcare costs, payers and insurers have the opportunity to develop and implement proactive, strategic payment arrangements around successful chronic disease management. Working with providers and staff, payers can emphasize patient-centered care programs that promote patient education, care coordination, and other preventative measures. By implementing these initiatives, payers will be able to reduce hospital or emergency department visits while improving patient outcomes and the patient experience and reducing costs.

Interested in learning more about training tools and resources to help with chronic disease management?

GET STARTED

Resources:

http://www.cdcfoundation.org/pr/2015/heart-disease-and-stroke-cost-america-nearly-1-billion-day-medical-costs-lost-productivity

http://piperreport.com/blog/2013/05/13/health-care-spending-hypertension-cost-high-blood-pressure

http://healthitanalytics.com/news/chronic-disease-management-costs-17-times-more-than-average

https://meps.ahrq.gov/data_stats/tables_compendia_hh_interactive.jsp?_SERVICE=MEPSSocket0&_PROGRAM=MEPSPGM.TC.SAS&File=HCFY2014&Table=HCFY2014_CNDXP_C&_Debug=

http://www.improvingchroniccare.org/index.php?p=Model_Elements&s=18

http://www.commonwealthfund.org/publications/blog/2012/feb/care-coordination-imperative

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