

Tackling chronic disease

Giving patients better information on how to care for themselves could kick-start a long-term strategy to transform the health system, says *Ray Hession*

In recent years, a number of health-related issues have ridden high on the public agenda. Health-care funding, wait times for diagnostic and surgical procedures, and emergency room services, have all, quite rightly, sparked considerable attention and action.

But there is still a large elephant in the room that has gone essentially unnoticed and we ignore it at our peril: Chronic disease.

Ontario's health system, like most, was designed to deal with sudden, severe and acute illnesses such as appendicitis, or the devastating effects of car accidents. But it is chronic diseases — illnesses that people live with for years — like arthritis, diabetes and heart disease that are actually the biggest challenge in health care.

As the greying of the baby boom generation continues, and the average age of the population increases, that challenge will continue to grow.

The annual report of the Ontario **Health Quality Council** yesterday noted that the way we handle chronic disease is at the top of our "needs improvement" list in health care. The numbers quite elegantly address the magnitude of the challenge.

Today, one-in-three Ontarians has one or more chronic diseases. Of those, almost four-of-five over age 65 have at least one chronic disease, and of those, about 70 per cent suffer from two or more.

But age is just one factor. Obesity, for example, increases the likelihood of developing many chronic diseases. One-in-three Ontarians over age 18 is overweight and 15 per cent are obese. That's a considerable increase from previous generations.

In addition to causing a good deal of suffering, chronic diseases take a huge bite out of Ontario's health budget. Treating people for chronic disease consumes at least 60 per cent of all Ontario health spending.

While a chronic disease can strike anyone, a number of groups have been particularly hard hit. Across Canada, low-income individuals are 50 per cent more likely than high-income people to report having a chronic disease, and are three times as likely to report having two or more chronic diseases.

Aboriginal people in Ontario, who, as a group, generally have less income, education and employment and often live in a poor physical environment, have higher rates of most chronic illnesses. They are three to five times more likely to

have Type 2 diabetes. South Asians and Latin Americans are also at higher risk of developing this illness.

The good news is that many chronic diseases can largely be avoided through the creation of healthier environments and the adoption of a healthier lifestyle — one that includes a nutritious diet, physical fitness, supportive family and social relationships, and meaningful, safe work.

For example, proper diet and exercise could prevent about 80 per cent of adult-onset diabetes or control its worst effects, like kidney failure and blindness.

More than 80 per cent of cases of coronary disease, such as heart attacks, are preventable as are more than 85 per cent of cases of lung cancer and chronic obstructive lung disease like emphysema are. Preventing these cases alone would free up 2,900 hospital beds a year in Ontario.

There is good evidence about how to improve care for chronic disease, and some excellent examples of treatment in the province.

But efforts to prevent and manage chronic disease are inconsistent and unco-ordinated. Most patients with chronic conditions aren't encouraged to manage their own care, or given written management plans.

The lack of electronic records across the health system means that care is not organized or managed in ways that produce the best results.

Good information is critical in managing chronic illness. If you can't measure it, you can't manage it.

Yet in a recent survey of seven countries, Canadian family doctors were the least likely to have electronic records and were least likely to be able to generate registries of patients with specific diagnoses.

Ontario's health system is a good example of what health systems analyst Dr. Paul Batalden meant when he observed that "every health system is perfectly designed to get the results it gets."

Our system was originally designed and funded to deal with acute illnesses. But chronic disease is today's greatest health-care challenge.

We need a long-term strategy to transform our health system to respond to this challenge.

As we have learned from the best practices both within and outside Ontario, part of this strategy

would include giving patients information on how to better care for themselves.

It is impossible for even the best health system to monitor patients as closely as they can monitor


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themselves when they are properly educated about self-care. Part of it would include forging stronger links between family doctors and specialists for the benefit of the patient.

Patients receive most of their care from family doctors but most expertise lies in specialty units in hospitals. Changes such as teams of caregivers working together would create a more holistic approach so that more of the factors that shape patients' health would be considered in treatment.

Effective chronic disease management will require much work, from new ways of thinking to new investments. But the benefits will include better health and less suffering for millions of Ontarians, and significantly reduced costs for health care. Surely this is what a quality health system is all about.

Ray Hession is the chair of the Ontario **Health Quality Council** and the former chair of the board of governors of the Ottawa Hospital.

