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Province failing to meet challenge of chronic disease

Better treatment, particularly for women, could prevent almost 8,000 deaths a year

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Dr. Ben Chan

If, tomorrow, someone were to invent a new technology, treatment or medication that would save the lives of nearly 8,000 Ontarians a year suffering from diabetes or coronary artery disease, it would be hailed as a tremendous medical breakthrough. The story would play prominently in the media and the inventor given all kinds of accolades and awards.

Well, the fact is, those tools already exist. They just aren't being used often or consistently enough.



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The reality is, Ontario is failing to meet the chronic disease challenge. As the annual report of the Ontario Health Quality Council highlighted yesterday, fewer than half of chronic disease patients in Ontario get the care they need.

As a result, many Ontarians are suffering devastating complications or dying needlessly.

The impact of chronic disease on the health of Ontarians is huge. Today, one in three Ontarians suffers from a chronic disease such as diabetes, heart disease, asthma and arthritis. Eighty per cent of Ontarians over 65 have at least one chronic disease and 70 per cent of these have two or more. The World Health Organization estimates that 89 per cent of all deaths in Canada are caused by chronic disease.

Ontario, like many other jurisdictions, is failing to provide these people with the right care, at the right time on a consistent basis.

Fewer than half (47 per cent) of Ontarians with diabetes have their blood sugar under control and just 28 per cent have their blood pressure under control. Only 27 per cent have had the recommended foot examination in the past two years, despite the fact that complications from foot ulceration can lead to amputation. Of the four types of care used to examine diabetes management, only 5.5 per cent of patients are getting all four.

People with coronary artery disease, the most common type of heart disease, are getting

just two-thirds of the drugs recommended to keep their vessels from clogging and prevent death. Just one in three gets all of the recommended treatment.

Disturbingly, women are far less likely than men to be recommended the right medications or to meet their targets for blood pressure control. This unequal treatment is particularly worrisome since women do not get the same level of care as men when they go to a hospital because of a heart attack or other cardiac problem. A recent Ontario study showed that women are more likely to die following a critical event, and less likely to be admitted to intensive care or receive certain life-support treatments, even though more women are admitted to hospital.

The good news is that we already know a great deal about the lifestyle changes that would prevent chronic disease. A healthy diet, regular exercise, weight loss and not smoking all help prevent chronic disease or slow its progression. We also know a great deal about the tests, medication and monitoring that would help people with chronic disease lead healthier and more pain-free lives.

Most of these aren't complex treatments. They are tried and true measures – recommended by experts and known to work. For people with diabetes, for example, a regular eye exam every two years can spot early damage to the retina and laser treatment can keep it from spreading.

But these kinds of measures need to be consistently offered. Ontario has to take a far more strategic and results-oriented approach toward managing chronic disease.

If, for example, we can increase the number of coronary artery disease or diabetes patients who are treated with statins (drugs that reduce cholesterol and help prevent heart attacks and stroke) from 48 per cent to 70 per cent – matching the best performance achieved elsewhere in the world – it would save 4,270 lives every year.

If the percentage of patients whose blood pressure is under control is increased from 52 per cent to 75 per cent it would save a further 1,132 lives by reducing heart attacks, strokes, aneurysms, heart failure and kidney damage.

All told, if these and other proven measures are taken to achieve the targets recommended by experts, in Ontario, in one year, we could avoid 8,000 heart attacks and 4,000 strokes. We could also avoid more than 1,200 cardiac bypasses and balloon angioplasties. There would be 369 fewer amputations. We could save 7,944 lives a year.

Ontario must find a way to meet the chronic disease challenge. This means, in part, redesigning how health care is delivered to encourage teamwork, regular monitoring of health care and faster access when patients need care. The Ontario government has promised to introduce a chronic disease strategy, beginning with diabetes. That strategy is badly needed and we await its introduction and implementation.

But no strategy will be effective unless it is accompanied by system-wide computerized medical records that would help family doctors and nurse practitioners better manage patients with chronic disease. Ontario is still far from being able to ensure that all of the information on a patient's tests, treatment and monitoring will flow easily and quickly among all of their health-care providers and back to the patient. Without networked computer systems, it is also impossible to get information to providers about what's effective and what isn't, or to measure how individual doctors or organizations are doing in meeting targets and improving health.

With all of the talented professionals conducting leading-edge research in Ontario and elsewhere, breakthroughs in preventing and treating chronic disease will no

doubt happen, and when they do, save many lives and reduce much suffering.

But until that day comes, Ontario has to take advantage of the many effective tools we already have at our disposal, and save the nearly 8,000 lives per year that we could save today.

Dr. Ben Chan is CEO of the Ontario Health Quality Council.