

# Optimizing Opportunities: Improved Chronic Disease Prevention and Management in the North West LHIN

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# WHO: Chronic Disease

## Definition & Magnitude of the Problem

### Definition:

- Chronic diseases are diseases of long duration and generally slow progression
- Key chronic diseases:
  - heart disease, stroke, cancer, chronic respiratory diseases and diabetes

### Magnitude of the Problem:

- the leading cause of mortality in the world
- 60% of all deaths
- of the 35 million people world wide who died (2005) from chronic disease half were under 70 and half were women

# World Health Organization: Other chronic health issues of note

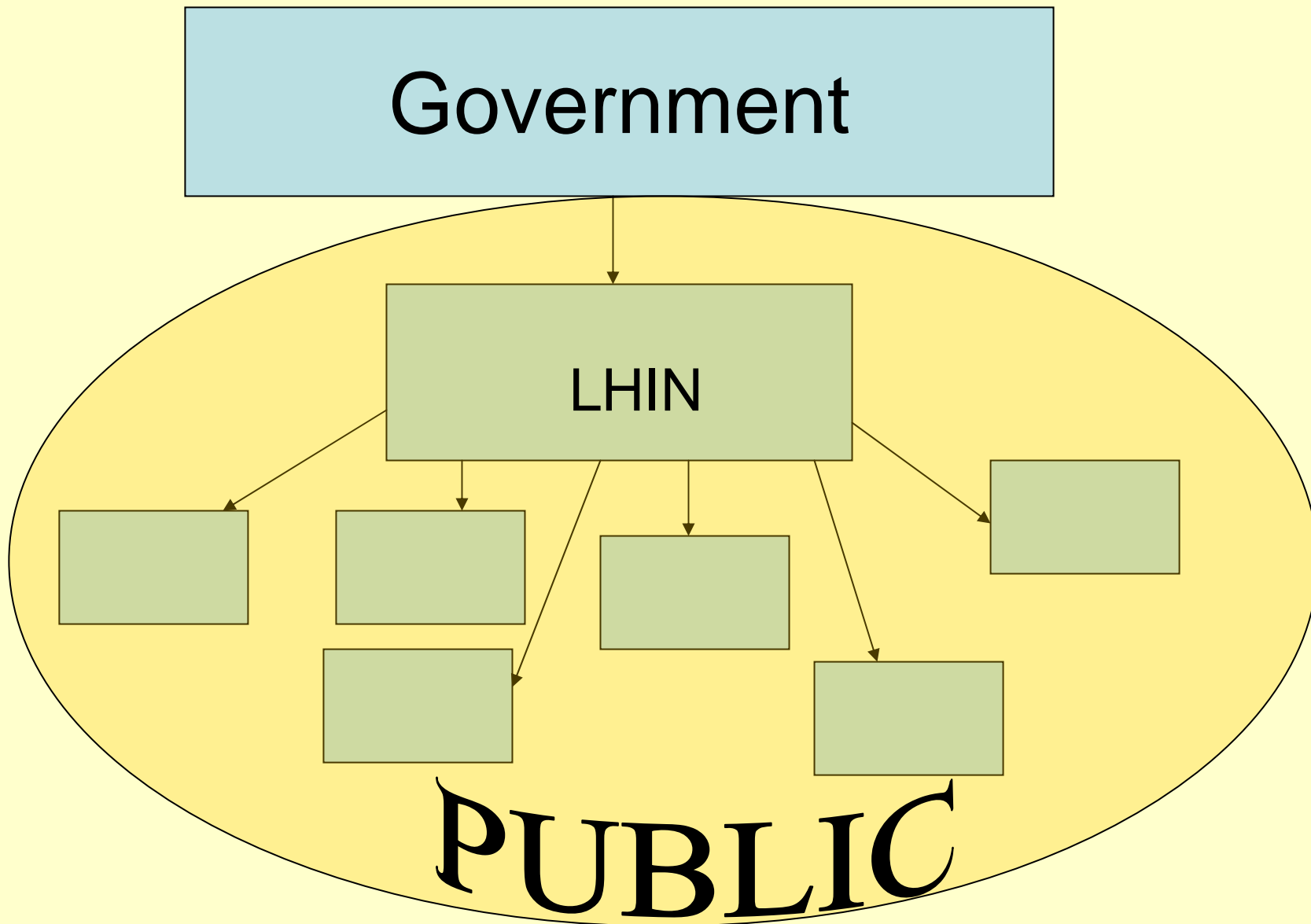
- Mental illness
- Obesity
- Impaired hearing
- Blindness
- Oral diseases (gum disease, dental cavities)

What is Happening in Canada  
in  
Chronic Disease Management

# Federal Provincial Territorial Activity: Evolving Strategies for Chronic Disease in Canada: 2000 - 2008

- **Investments in Prevention programs:**
  - Obesity
  - Physical activity
  - Tobacco reduction initiatives
  - School health initiatives (Consortium for School Health)
  - Mental Health Commission
- **Public access to information/ opportunities for self-care** through 1-800 and on-line resources (eg: BC Nurseline, Sask Health-Link, etc)
- Funding of national and regional “**Healthy Living**” **Alliances**
- **Primary Care** strengthening with initiatives focused on enhanced chronic disease management and interdisciplinary care
- Some physician **pay-for-performance** for enhanced chronic disease management
- Provincial **targeted funding of targeted chronic disease initiatives** (eg. Ontario Diabetes initiative)
- **Quality/Safety Organizations** (national agency; provincial councils)
- Investments in **electronic health record, chronic disease registries**
- **Research and surveillance:** targeted funding initiatives

# LHINs – A Population-Based Focus



# KNOW YOUR PUBLIC

Population 750,000

Similar to BC average in:

- chronic disease rates
- life expectancy

Higher than BC average in:

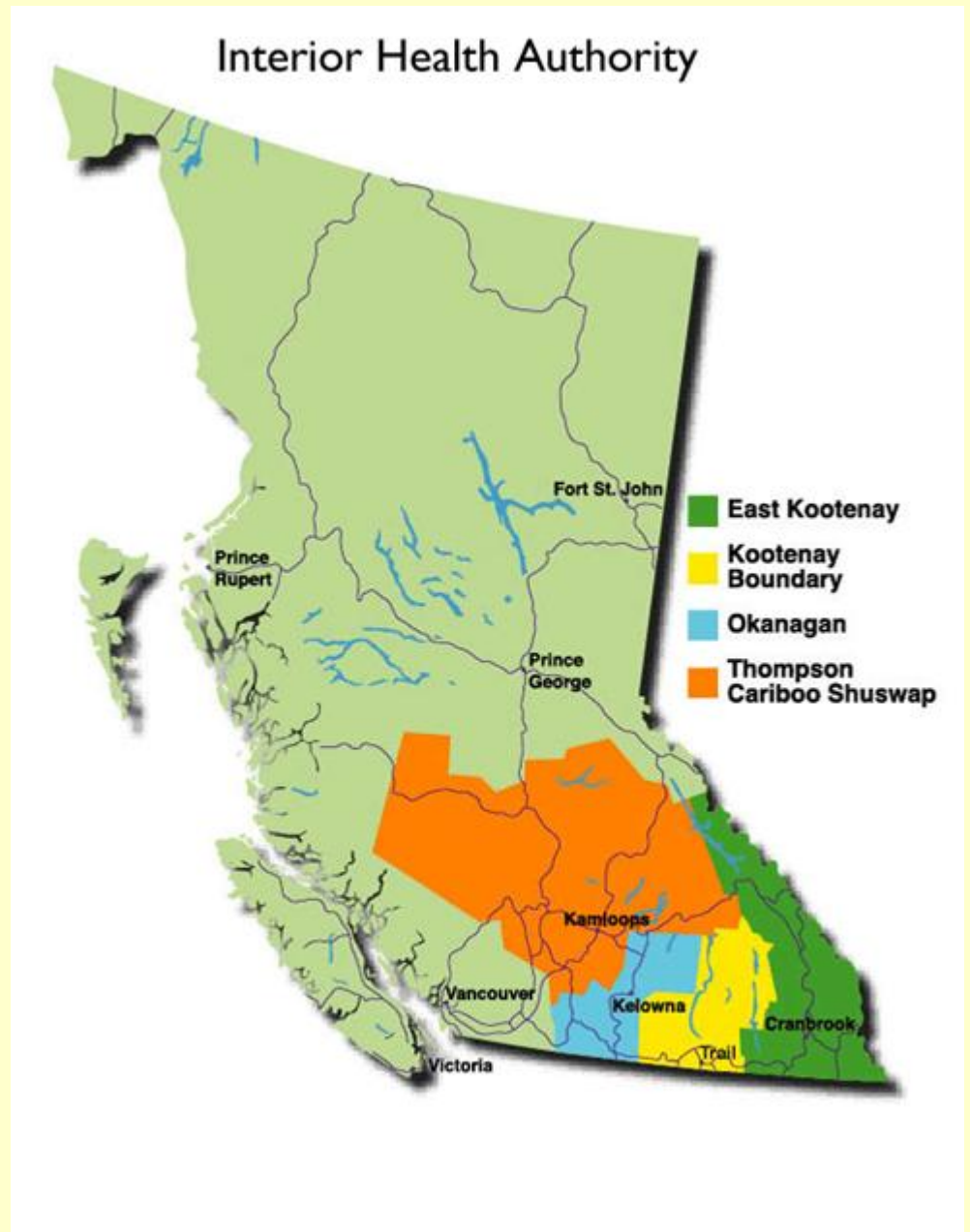
- social assistance rates
- lack of high school completion
- children in care
- tobacco use

Lower than BC average in:

- physical activity
- healthy eating

Differences within IH in:

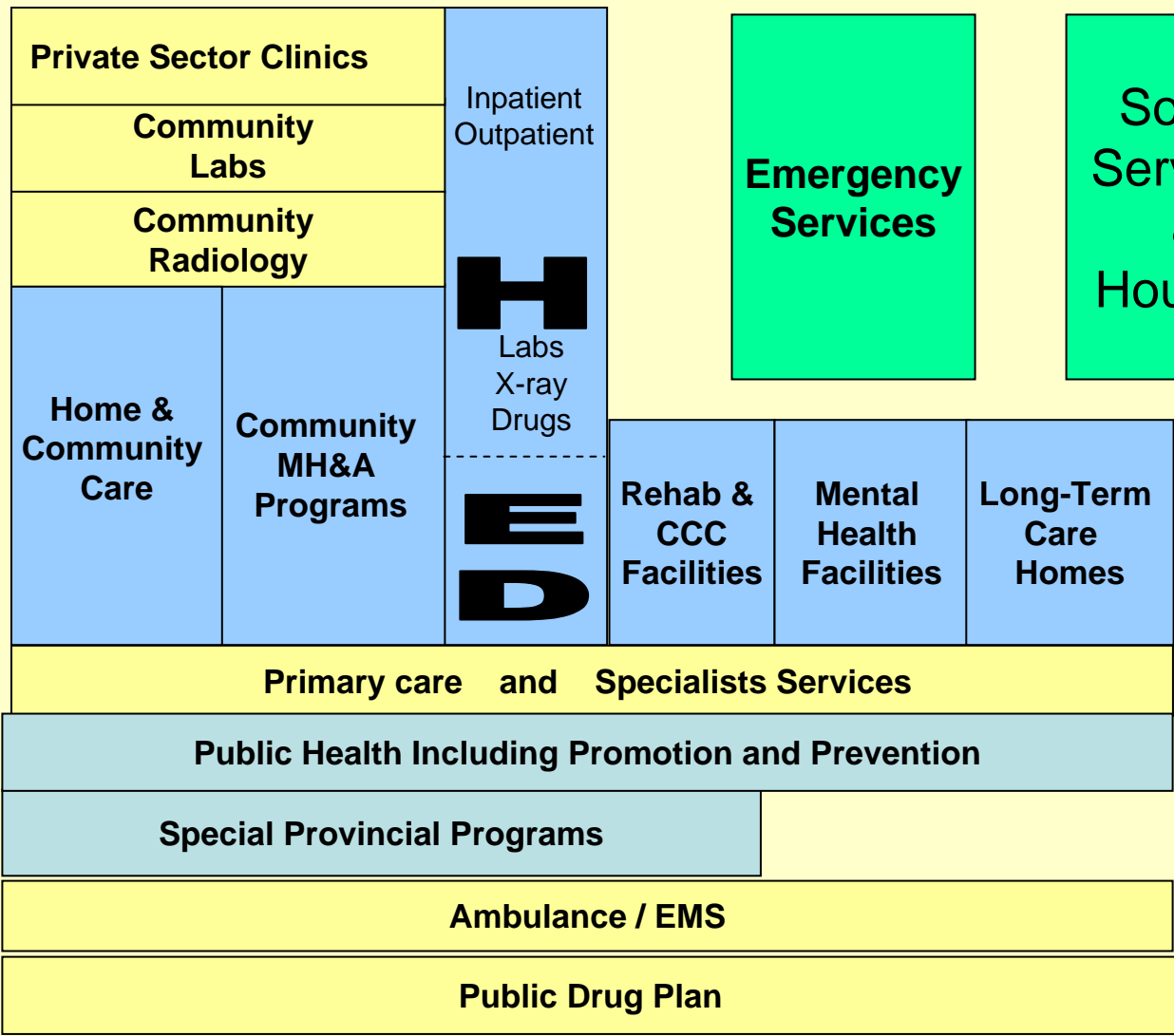
- age distribution
- % Aboriginal population
- social capital



# Taking Advantage of a Regionalized Approach

Education

Police  
Justice  
Corrections



Emergency Services

Social Services & Housing

Local Govt

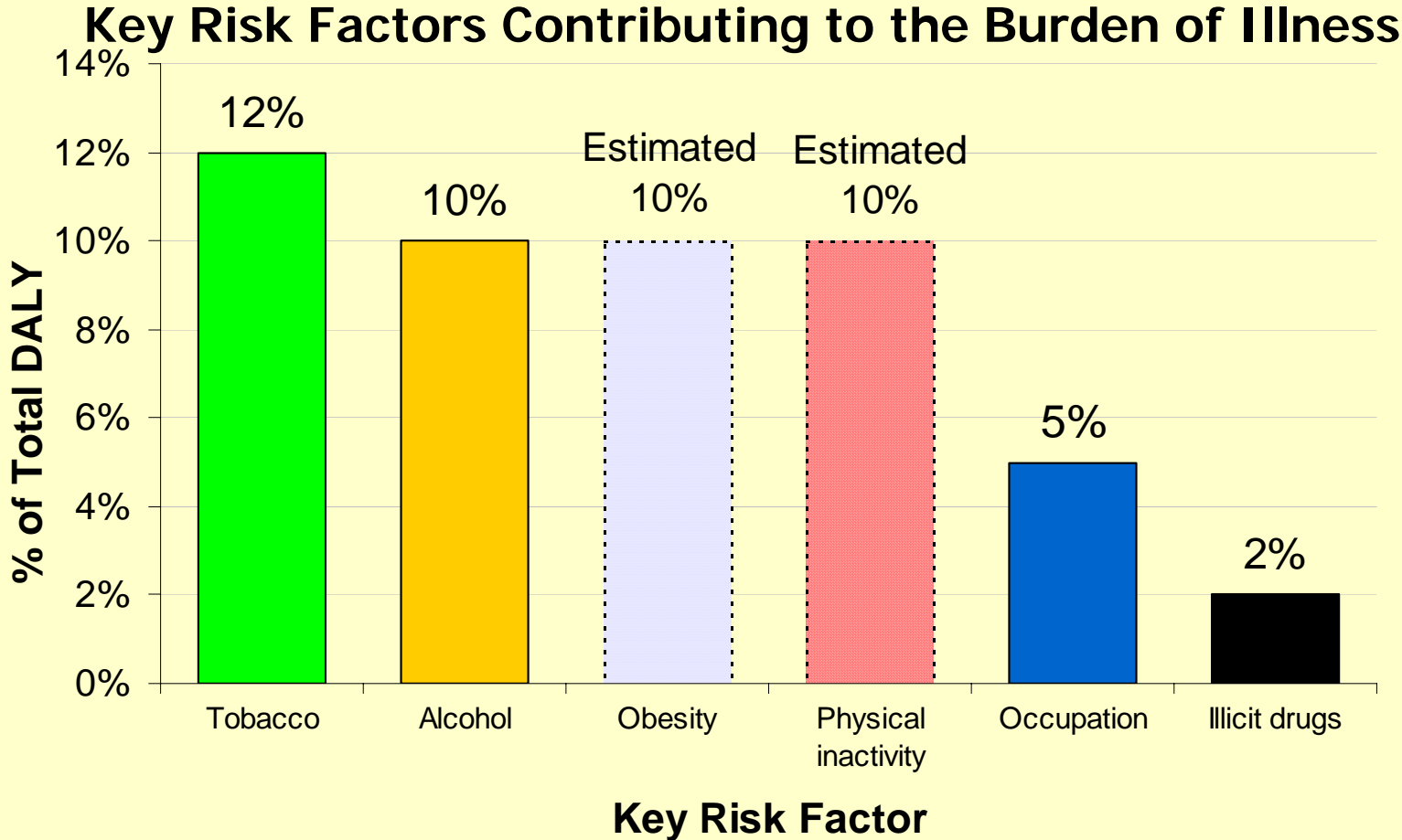
# Key Issues for Health Providers and the Health System

- Burden of chronic disease increases with age
- Population is aging
- Capacity and skill sets in health system and providers still oriented to “stamp out disease” model
- Need to distinguish strategies for chronic disease prevention and chronic disease management

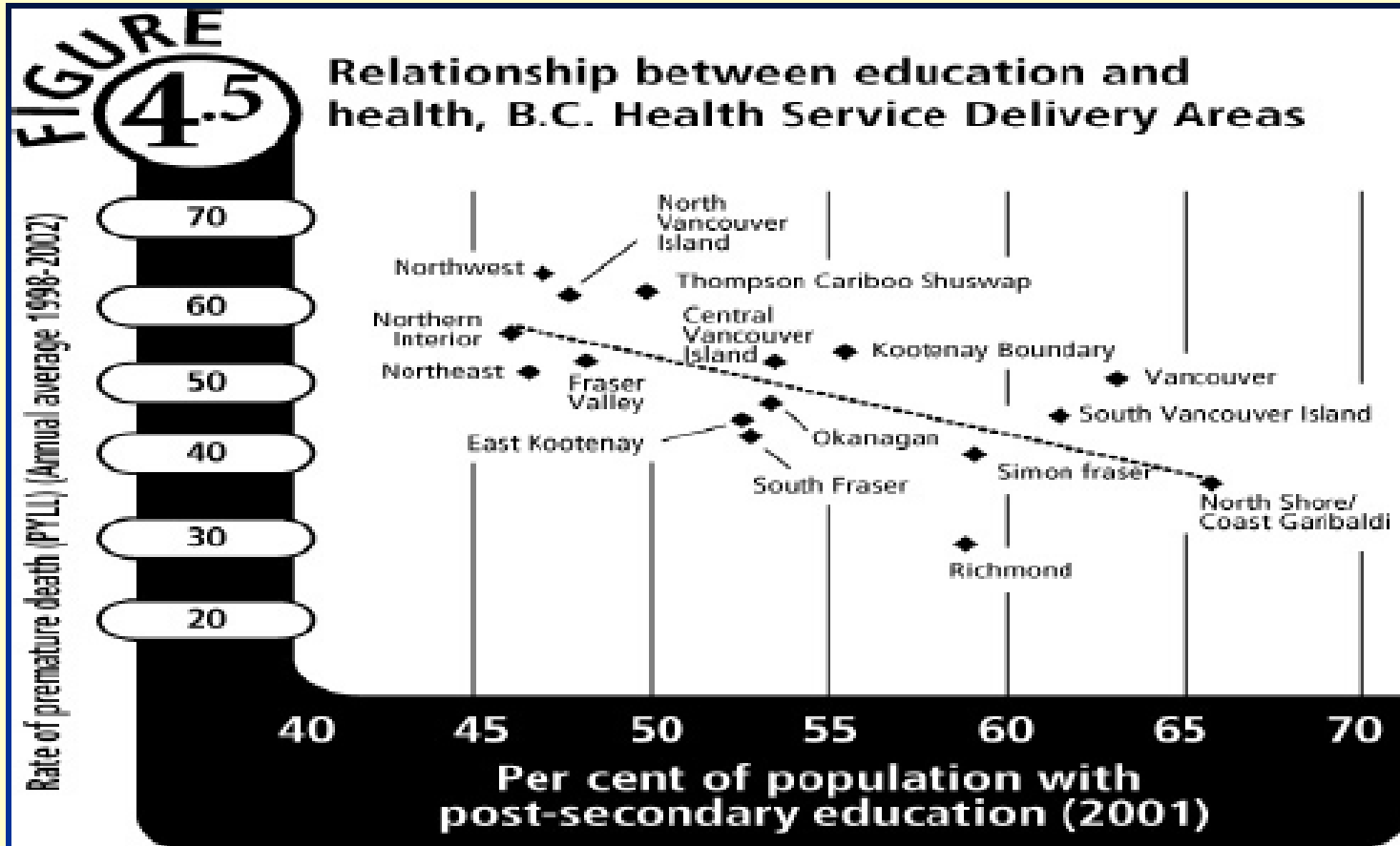
# Chronic Disease Prevention

- Well beyond the purview of the health system
- Cross-sectoral commitment and engagement is key
- Success related to multi-pronged strategies
- Key health system role:
  - Effective advocacy
  - Policy
  - Local health status data
  - Evidence base re risk factors and effectiveness of interventions
  - Enabling partnerships and community alliances
  - Strategic intervention at primary care level

# The Burden of Disease



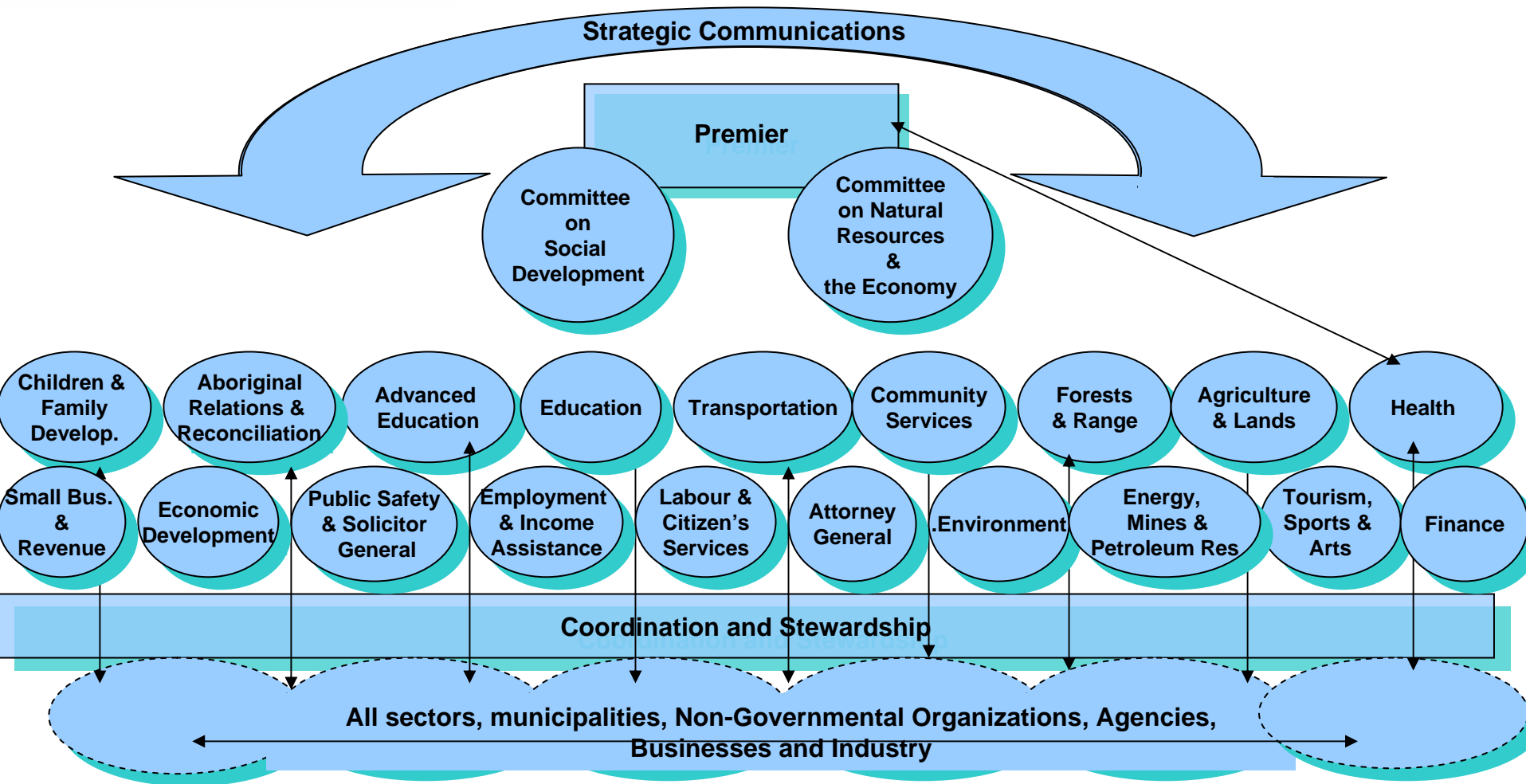
# The Social Determinants and Chronic Disease



Source: Education - per cent of population age 25 to 64 years with a post-secondary education. Statistics Canada. 2001 Census. Data prepared by BC STATS, B.C. Ministry of Management Services. Health - PYLL is expressed as a rate per 1,000 standard population (1998-2002 annual average). B.C. Vital Statistics Agency, B.C. Ministry of Health Planning. Unpublished tables.

# Cross Sectoral, Co-ordinated and Multi-pronged Interventions

	Education/ Information	Supportive Environments			Regulatory Supports	Sustained	
		Access	Price	Social Support			
Tobacco	✓	✓	✓	✓	✓	✓	😊
Unintentional Injuries	✓	✓	✓	✓	✓	✓	😊
Alcohol	✓	?	?	✓	✓	✓	😊
Physical Inactivity	✓	?	X	?	?	X	😐
Unhealthy Eating	?	X	X	?	?	X	😞

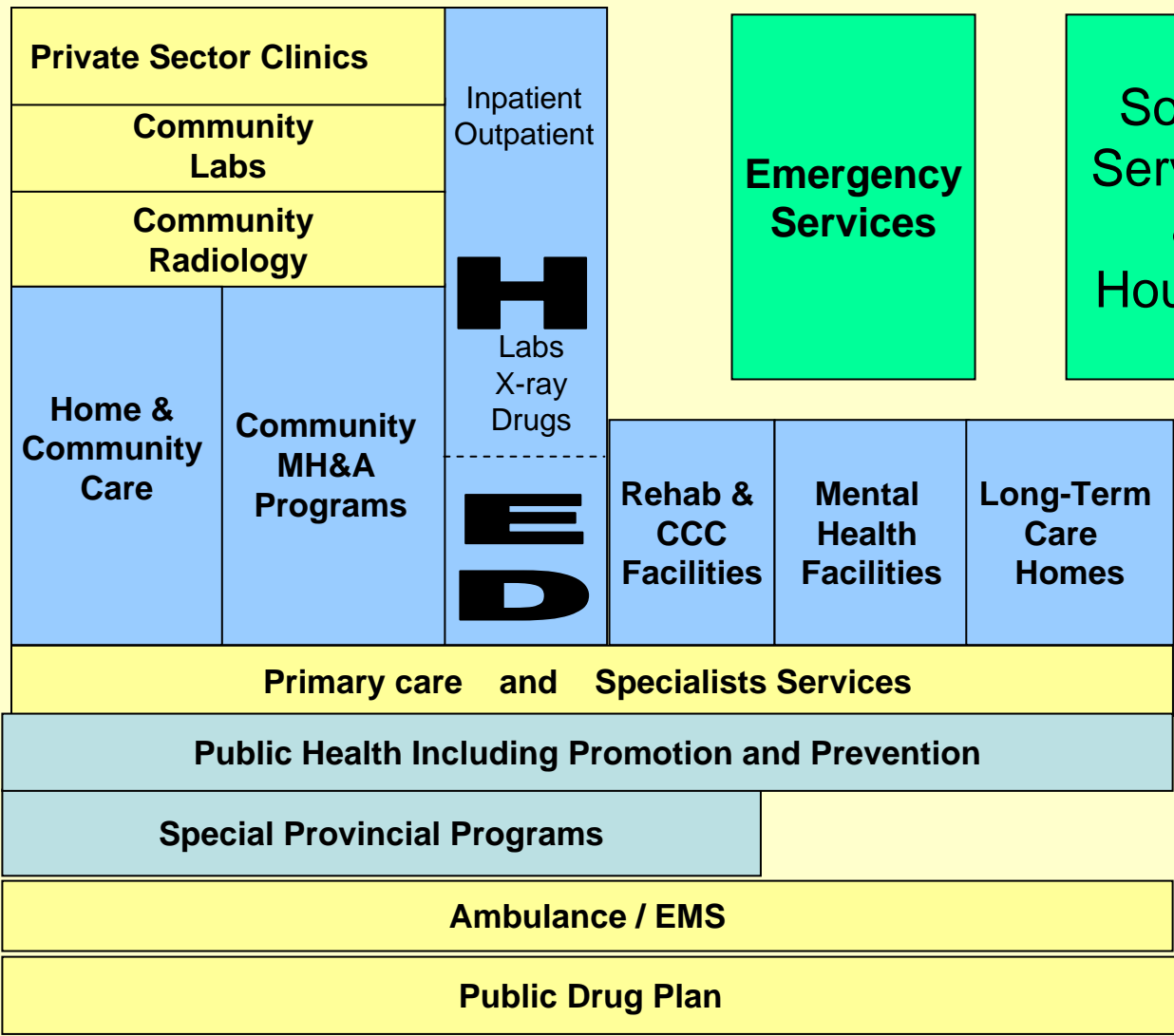


**ActNow BC : strategic cross governmental and cross-sectoral initiative for creating a healthy BC population**

# Taking Advantage of a Regionalized Approach

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Emergency Services

Social Services & Housing

Local Govt

# Community Action/Partnerships

An integrated approach that addresses upstream and systemic change has the best chance of success

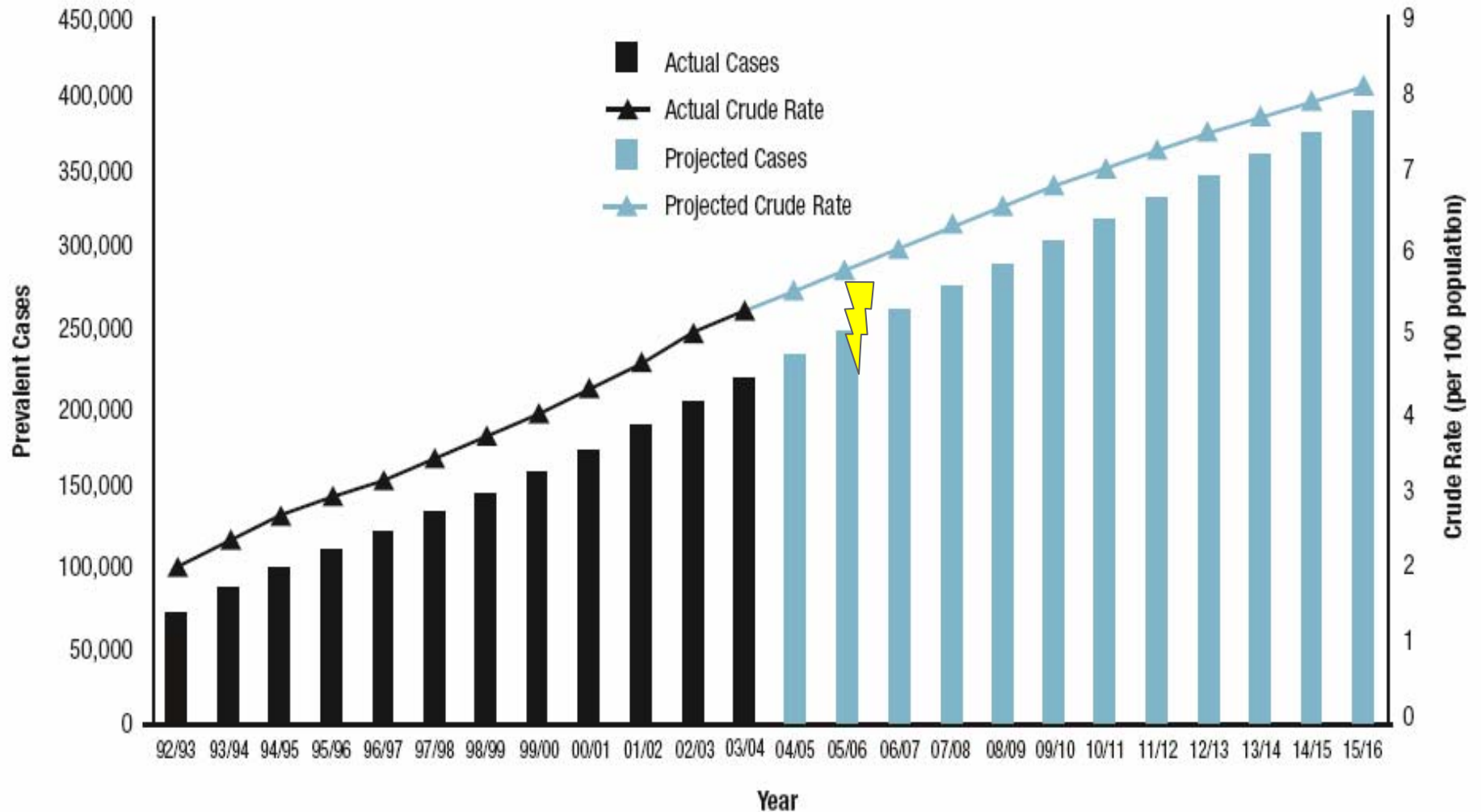


**Kamloops Food Share Project**

# Management of Chronic Disease

- Significant challenge for the transformation of care
- Evidence based models exist which have been shown to be associated with improved health outcomes
- Focusing on key populations is helpful
- measuring and reporting of results at a local level is key

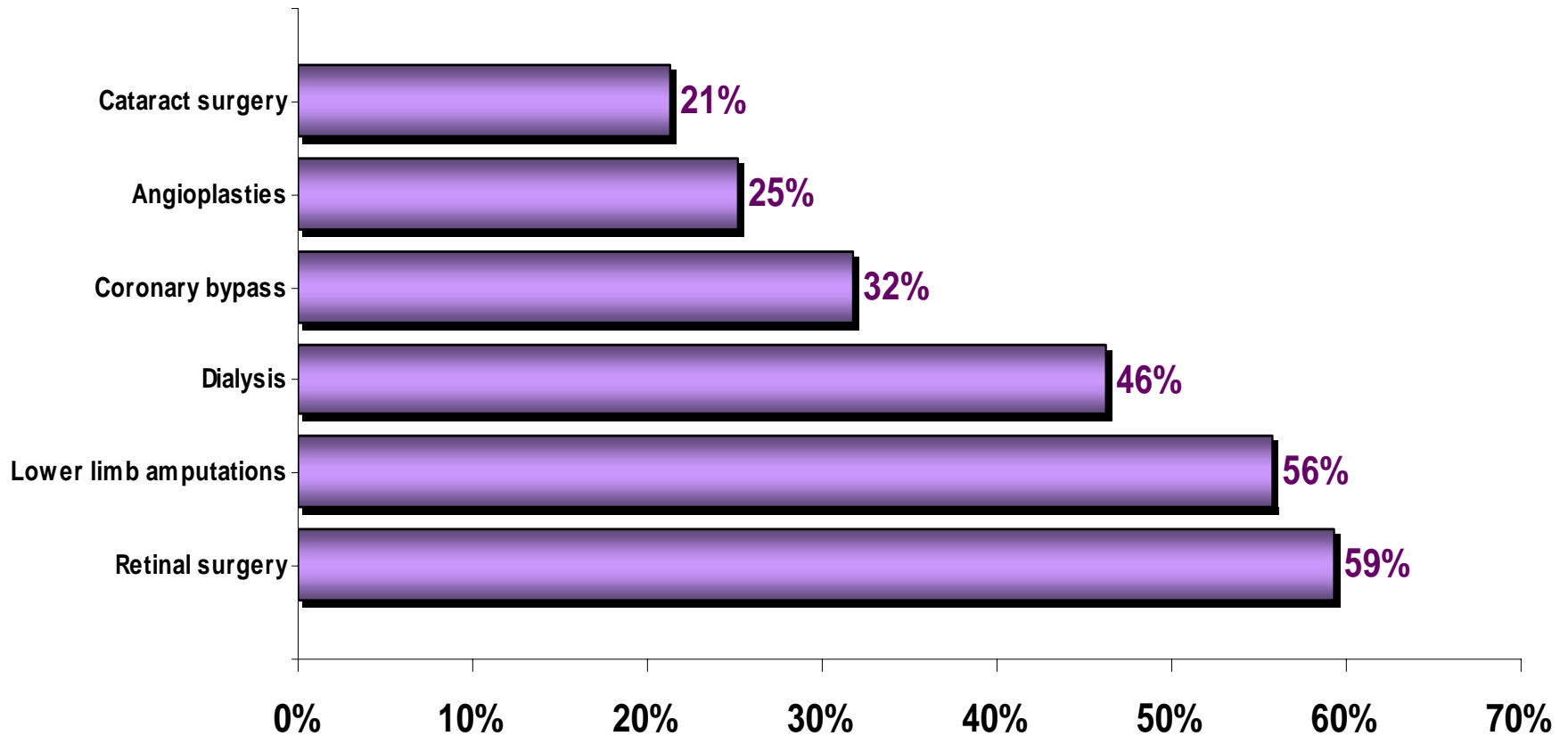
# Diabetes in BC



Source: Population Health Surveillance and Epidemiology, Ministry of Health, 2005.

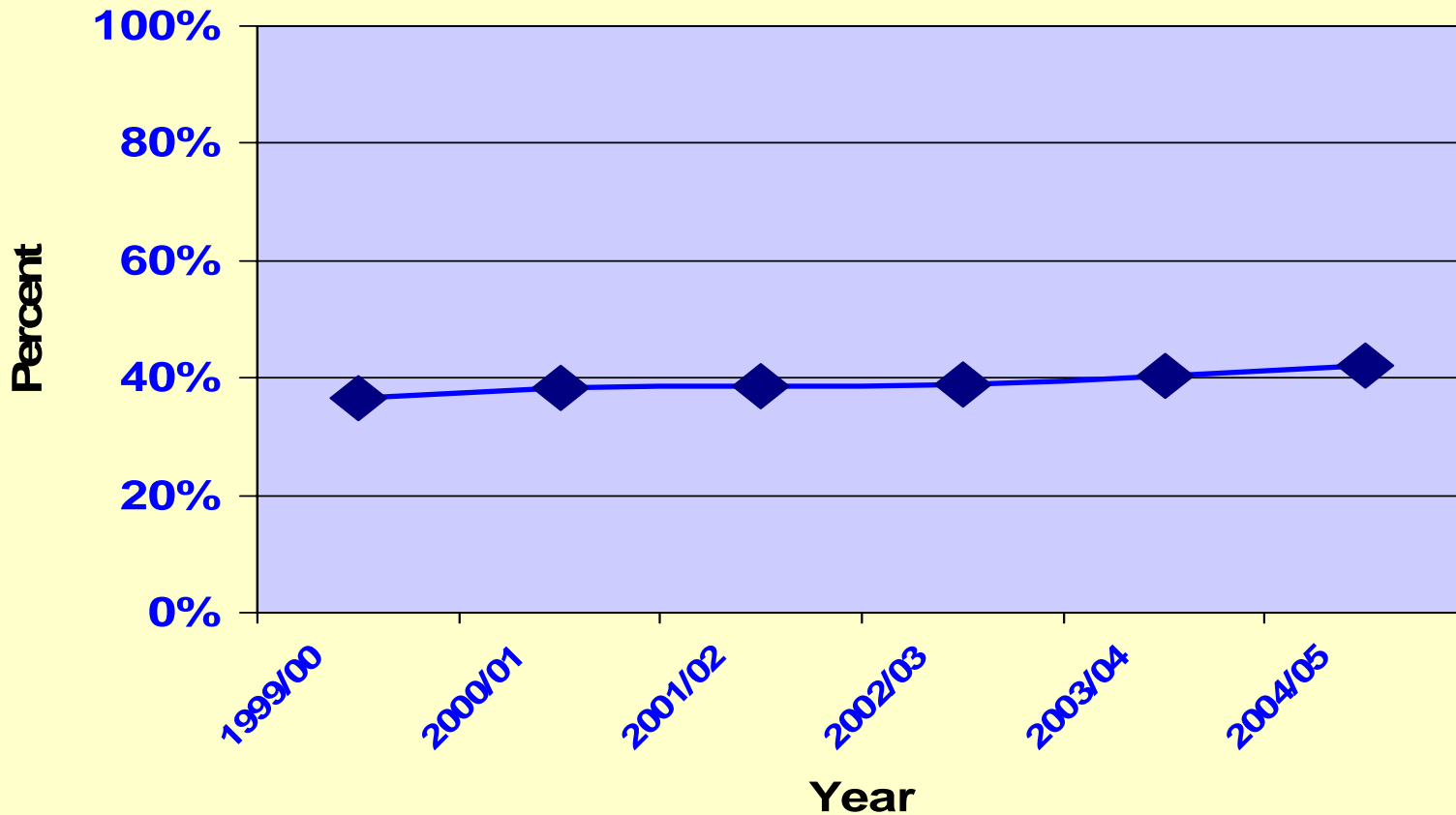
# Diabetes Complications

Diabetes Patients as a Percentage of Selected Procedures/Surgeries  
British Columbia 2002/03

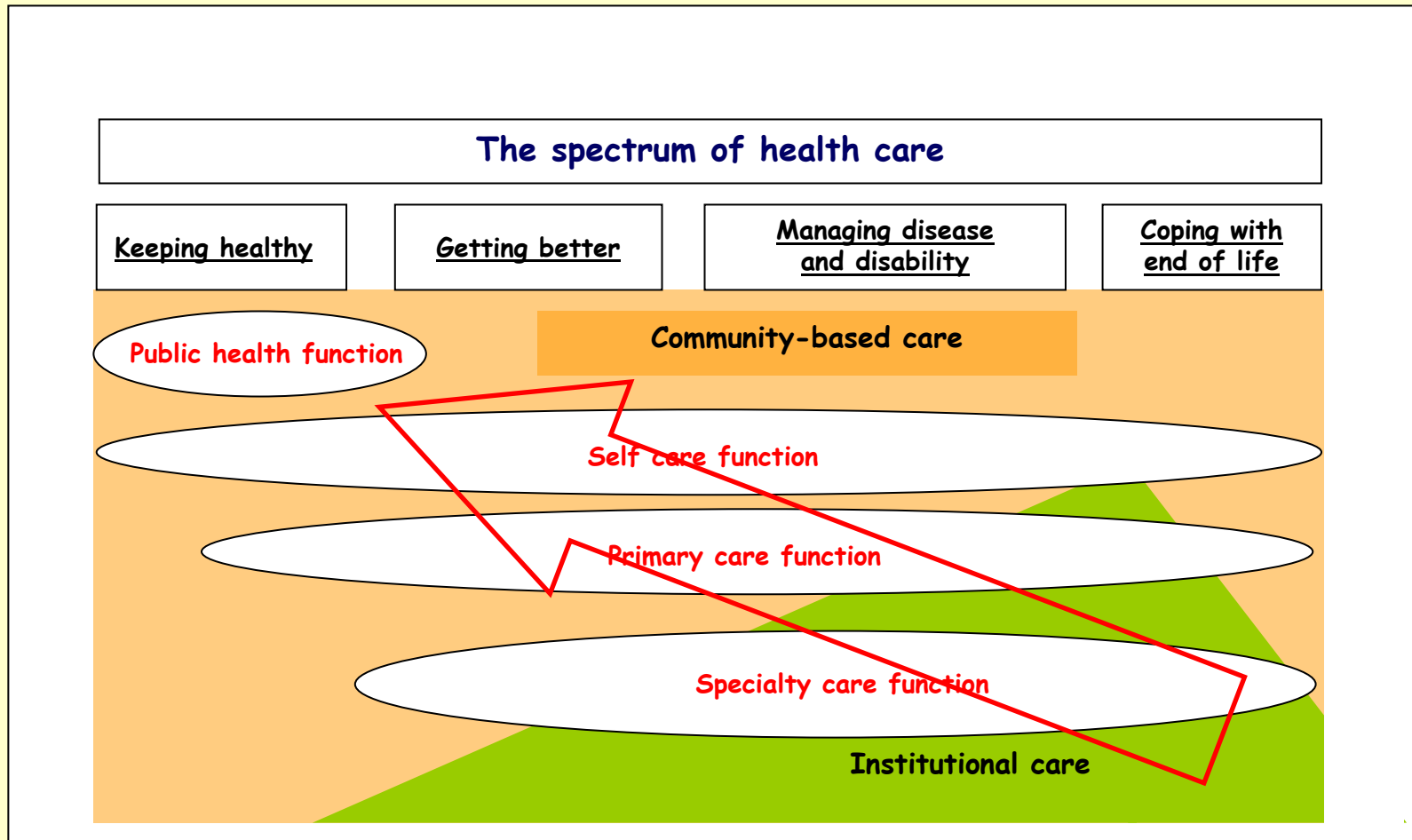


# BEST PRACTICE DIABETES CARE

Percent of people with diabetes receiving care according to guidelines



# Primary Health Care - the **Heart** of the Health Care System



Source: Dr. Trevor Hancock

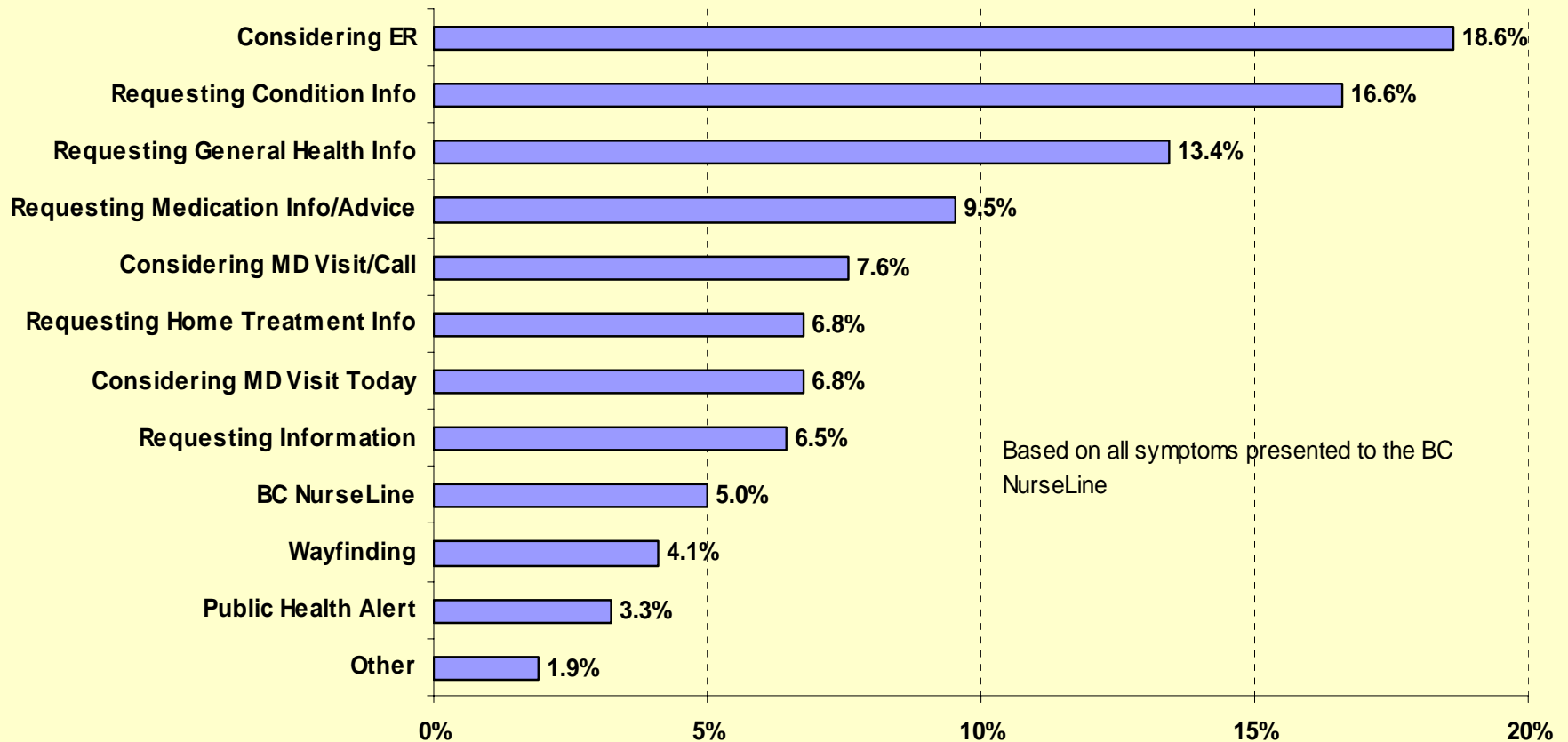
# A focus on self-care



- Over 80% of all medical symptoms are self-diagnosed and self-treated without professional care.
- Patients are the true primary care providers of medical care for themselves and their families.
- How can health care systems educate, equip, and empower the true primary care providers... *patients?*

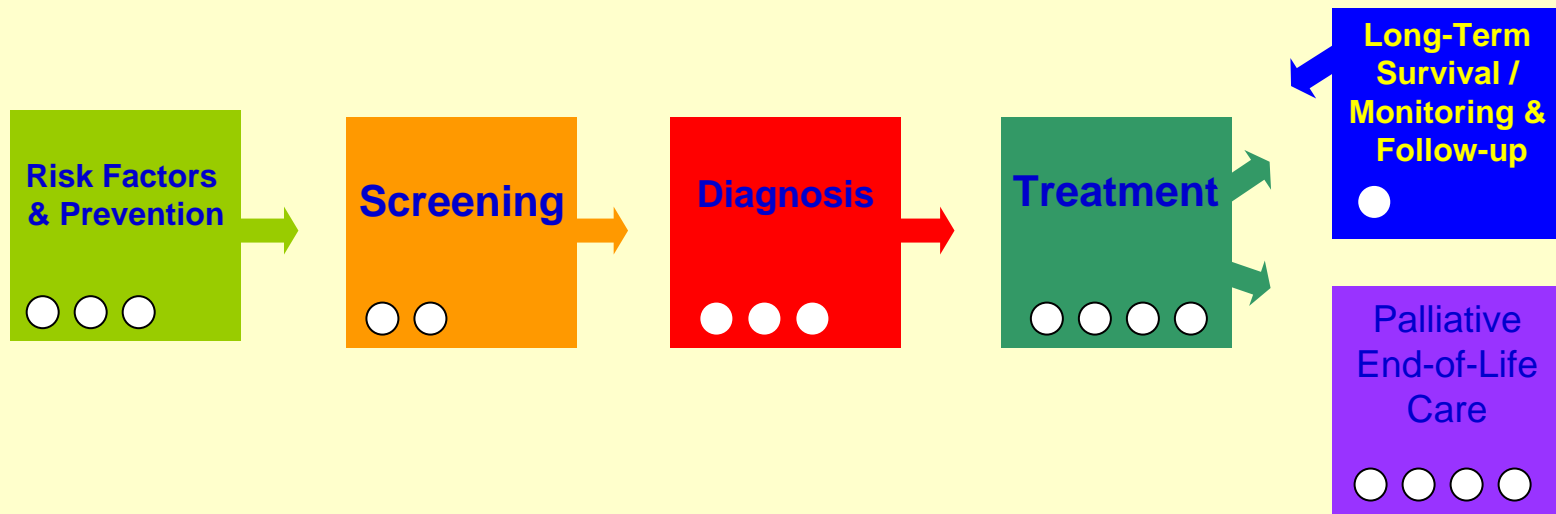
# BC NurseLine

## Reasons for Calling the BC NurseLine January 2003 - March 2004



# Cancer as a Chronic Disease: Understanding the Patient Journey Cancer Care Ontario

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# Working on E-Health Agenda

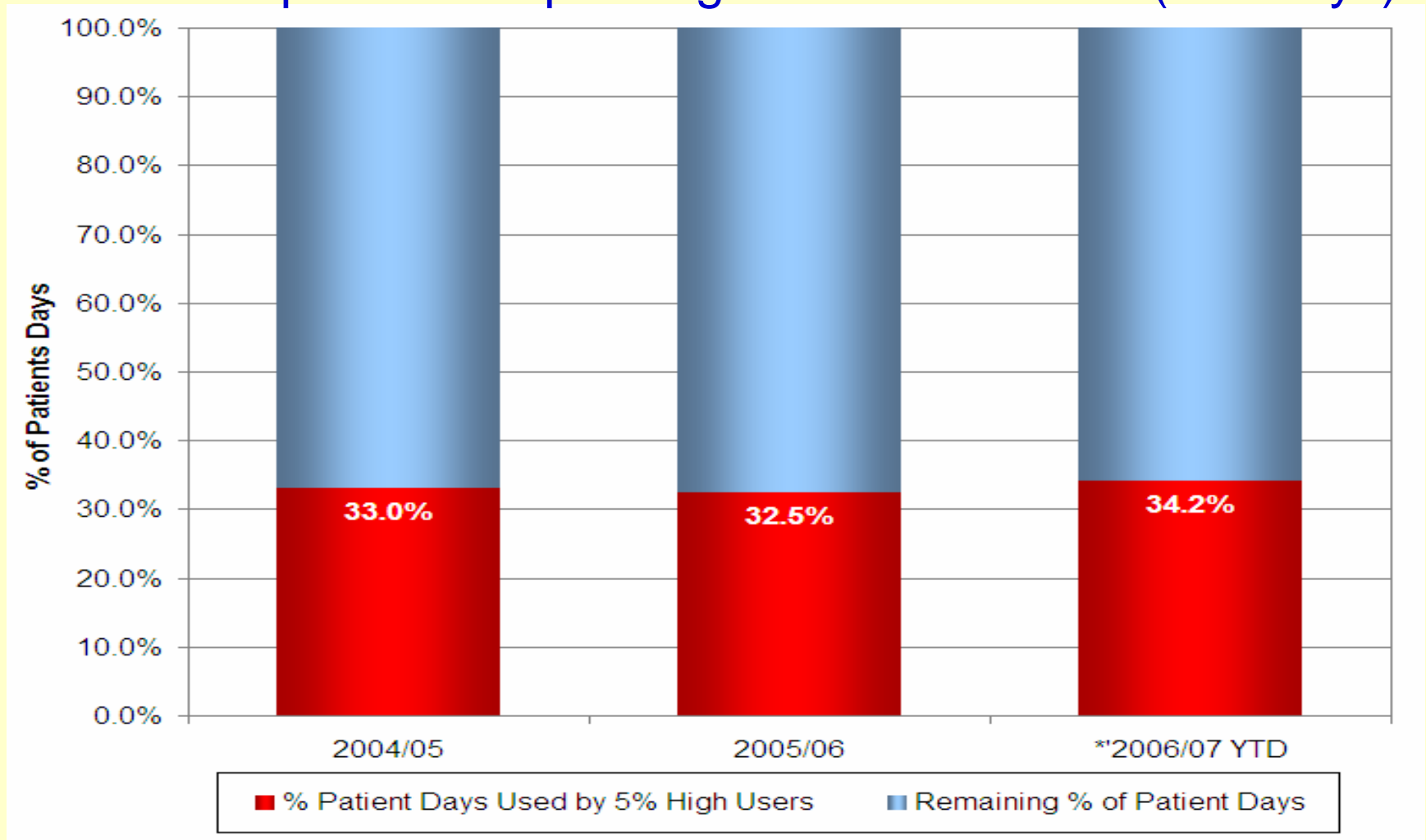
## Expanded online access for members



Care Delivery Core	
Scope of KP HealthConnect Suite	
Outpatient	Inpatient
Scheduling	Scheduling
Registration	Admission, Discharge And Transfer
Clinicals	Clinicals
Billing	Pharmacy
	Emergency Department
	Operating Room
	Billing

# Complex at Risk Patients in Local Ontario Hospital

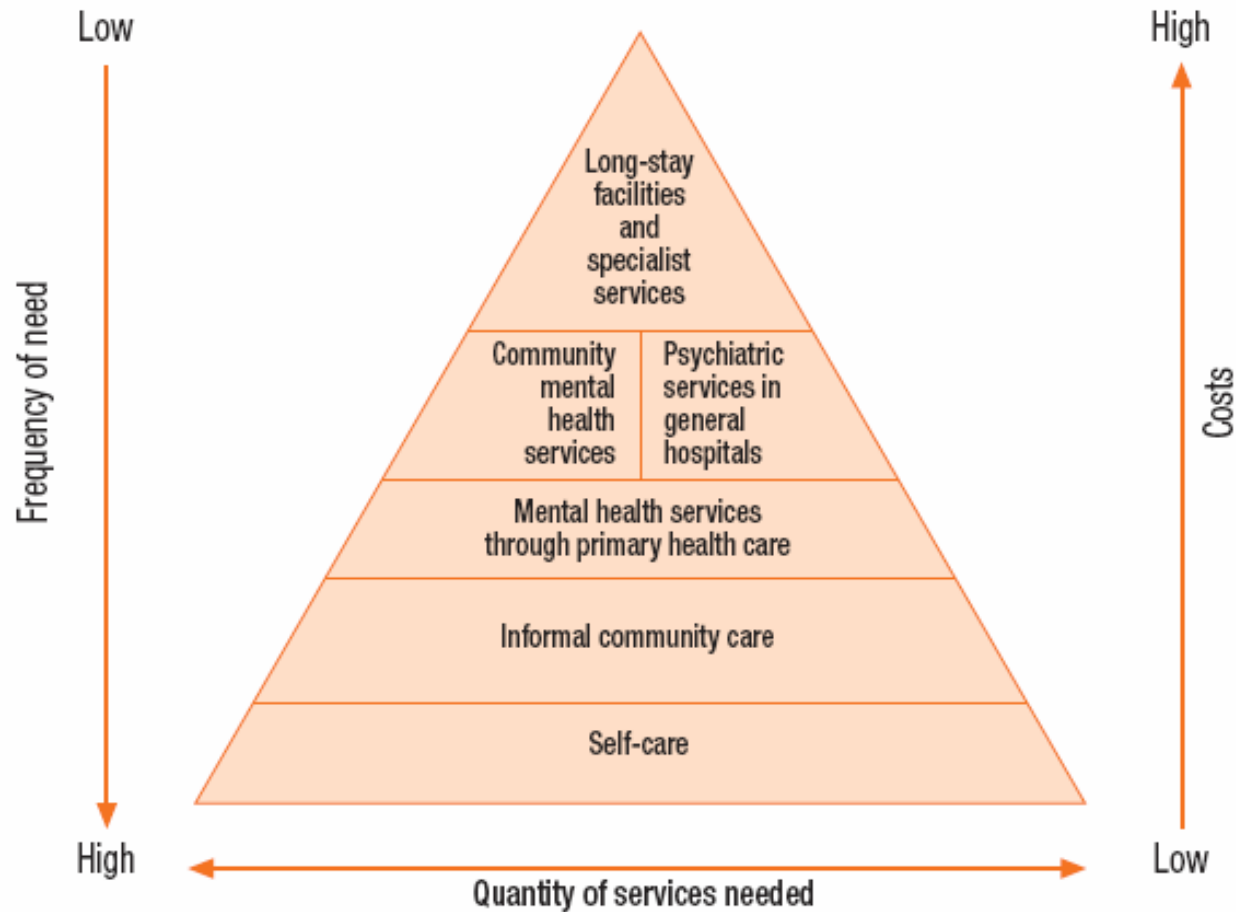
5% of patients require significant resources (bed days)



720 patients

# Integrating the Continuum of Care

Figure 2.2 Optimal mix of mental health services



Data source: (24).

# Moving Ahead

Priority actions:

- Leadership
- Local evidence to mobilize your community to performance management
- Integration of Services
- E-health

# QUALITY OF CARE

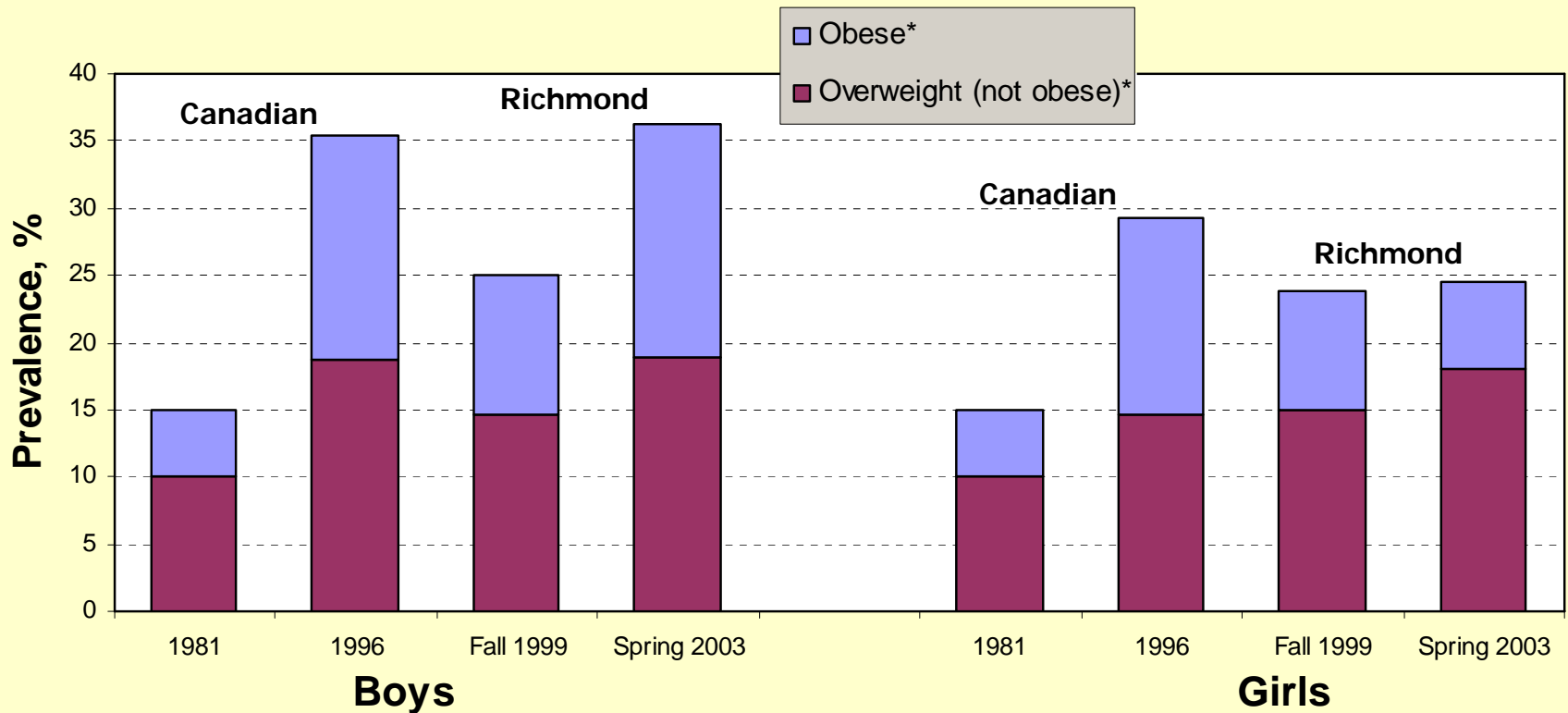
28 The World Health Report 2006

“*Studies show that errors in health care are not only frequent but also leading causes of mortality and morbidity*”

## LEADERSHIP IS KEY

# Local evidence

## Prevalence of Overweight/Obesity Among Girls and Boys

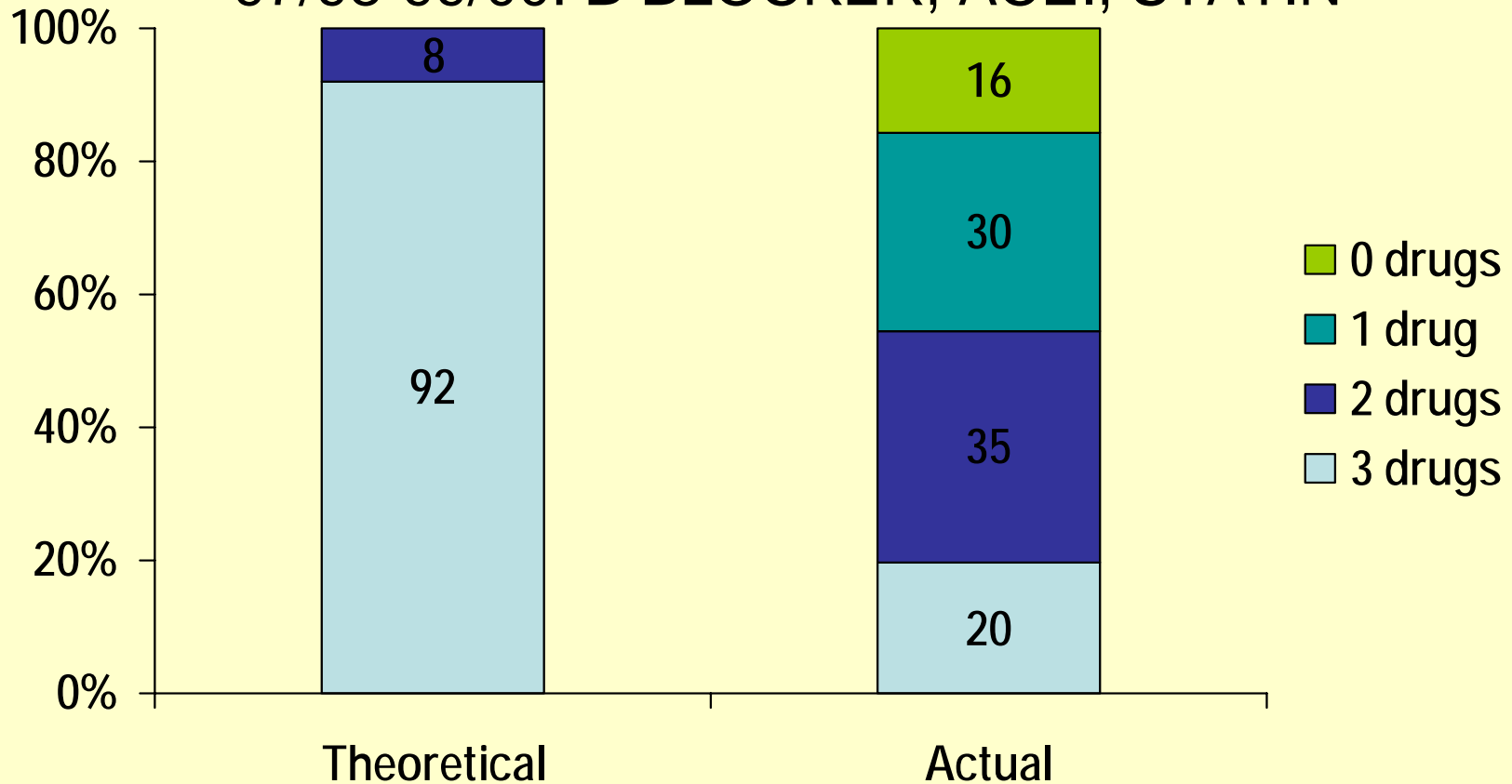


1981 and 1996 data (Canadian data Children Aged 7-13 years) – Source: adopted from MS Tremblay and JD Willms, “Secular Trends in the Body Mass Index of Canadian Children”, CMAJ:164(7), 970.

Fall 1999 and Spring 2003 data (Richmond data) – Source: Heather McKay

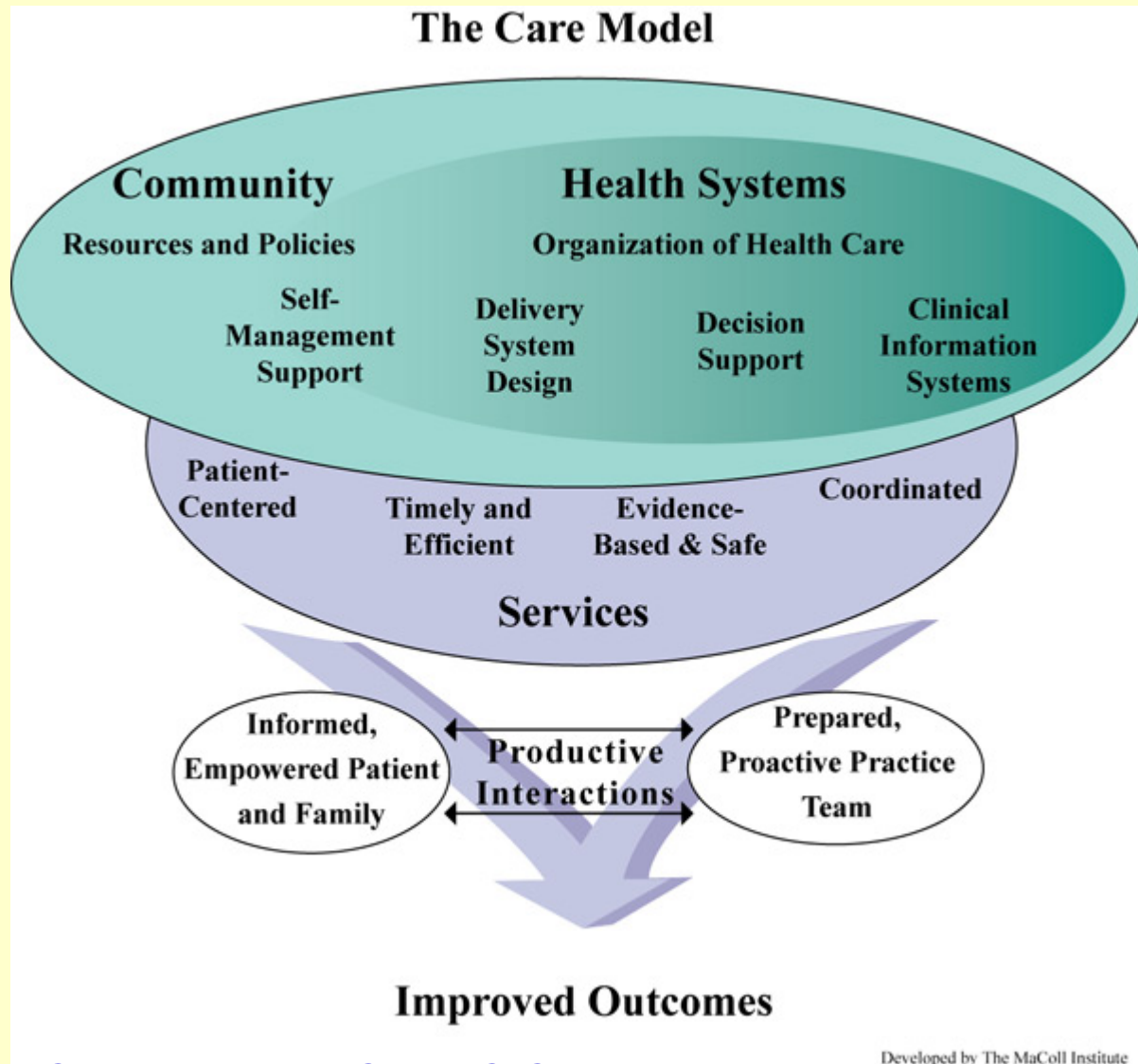
# Local Evidence

Theoretical vs Actual Use: Post MI >65 yr  
97/98-99/00: B BLOCKER, ACEI, STATIN



Pilote L et al, Canadian Cardiovascular Outcomes Research Team,  
Can J Cardiol Jan 2004; 20(1): 61-7.

# Evidence Based Model for Effective Management of Chronic Disease



# E-Health Agenda

## Expanded online access for members



Care Delivery Core	
Scope of KP HealthConnect Suite	
Outpatient	Inpatient
Scheduling	Scheduling
Registration	Admission, Discharge And Transfer
Clinicals	Clinicals
Billing	Pharmacy
	Emergency Department
	Operating Room
	Billing

# Questions/ Discussion