



What's really
behind the
crippling

COST OF **HEALTHCARE?**

60% of all health care dollars
are spent on people with
complex chronic illness

Growing evidence points
to the hidden crisis of
complex chronic illness



Research has found no cure for major illness in the last 50 years, but has improved treatment so that once deadly illnesses are now chronic illnesses.

Bridgepoint Health is a leading health care provider, researcher and advocate on behalf of people with complex chronic illness. It has developed a series of newsletters which will be issued monthly to government, academic institutions, health care practitioners, health care associations and the media to raise awareness of a new frontier of healthcare – complex chronic illness – and, to encourage a national dialogue on complex chronic illness management.

During our lifetime we, or someone in our family, is going to have to deal with a **chronic illness**

By Marian Walsh, President and CEO, Bridgepoint Health



SOMETHING HAS HAPPENED to our health. Up until the early part of the 20th century, medicine focused on the eradication of infectious diseases, the leading killers until then. Success there let us move on to the next most deadly illnesses where we made huge strides in life-saving and life-lengthening among people with cancer, AIDS, diabetes, heart and respiratory disease, among others. In that second frontier of medicine, earlier and better diagnostic testing, new technologies and improved medicines converted deadly illnesses into chronic illnesses. What we didn't do was find cures.

So, at the beginning of the 21st century, we are confronted with the bi-product of the success of modern medicine — the third frontier; **we're living longer, but we're living with chronic and, increasingly, multiple chronic illnesses or complex chronic illness.** The numbers of people with chronic and complex chronic illness have reached overwhelming proportions and represent an enormous shift in the kind of illness we are treating. **They are the leading cause of death and disability and, by far, the most expensive illnesses to treat.**

This bulletin is the first in a series on the subject of complex chronic illness. The series will examine the factors that have lead to the explosion in chronic and complex chronic illness and offer our thoughts on how the health care system should respond.

Bridgepoint's interest in complex chronic illness is based on a 145-year history of serving individuals living with complex disease. Starting as a House of Refuge "for the relief of all indigent persons incapable of supporting themselves, such as the decrepit, deformed, and invalid poor", becoming an isolation hospital responding to infectious disease epidemics such as smallpox, scarlet fever diphtheria and polio and, finally, as a continuing care centre that specializes in the medical and physical rehabilitation of people with the complications of multiple chronic illness, we have accumulated knowledge and developed new clinical responses to the new frontier in health.

To see if Bridgepoint's observations reflected a wider trend, we undertook an investigation of current literature on the incidence and treatment of complex illness around the world. What we found supported our belief that chron-

ic and complex chronic illness have become the leading causes of illness and disability and the leading causes of runaway health care costs.

For instance, in 2002, the World Health Organization (WHO) released a stunning report called *Innovative Care for Chronic Conditions*, which sounded the alarm about how unprepared health care systems are for the radical shift in illness from acute to chronic.

The report revealed that by the year 2000 chronic illness already accounted for **46%** of the global burden of disease — affecting people of all ages, races and economic status — and that by 2020, taking into account the aging of the population, the number would increase to **60%**.

It also reported that **chronic illnesses tend to cluster with half the people with chronic illness having multiple chronic illnesses**, in other words, complex chronic illness.

In a study released in September of 2004, *Chronic Conditions Makes The Case For Ongoing Care*, Johns Hopkins University found that by 2001 one in four (**25%**) Americans already had complex chronic illness.

Another report, issued by the British Columbia Centre for Health Services and Policy Research in February of 2005 said:

"Most chronic diseases do not result in sudden death. Rather, they are likely to cause people to become progressively ill and debilitated, especially if their illness is not managed correctly."

Many reports have noted the tendency for chronic illnesses to cluster. A report published by the *Archives of Internal Medicine* in 2002 said, *"Evidence indicates that chronic conditions cluster, and that persons with 1 chronic condition are more likely to have other conditions..."*

WHAT HAPPENED?

For starters, apart from infectious disease, **there have been no cures for major illness in the past 50 years.** We've succeeded in extending life but in doing so have created a new kind of patient.

WHO IS AFFECTED BY CHRONIC ILLNESS?

Chronic illness can occur at any age. Currently, most people with chronic illness are under 65 years old. However, as we age we run an increased risk of developing one or more chronic illnesses. So, as the Boomers reach late middle age and older, the numbers of people with complex illness will steadily in-

DISEASE PROFILE	1921-25	1996-97
Cardiovascular and renal disease	1	Cardiovascular diseases
Influenza, bronchitis and pneumonia	2	Cancer
Diseases of early infancy	3	Chronic obstructive pulmonary diseases
Tuberculosis	4	Accidental injury
Cancer	5	Pneumonia and influenza
Gastritis, duodenitis, enteritis, colitis	6	Diabetes mellitus
Accidental injury	7	Diseases of the central nervous system
Communicable Diseases	8	Diseases of the arteries, arterioles and capillaries



250,000 people in Ontario live with 3 or more chronic conditions or disabilities.

crease. The inevitable conclusion is that during our lifetime, we or someone in our family, is going to have to deal with chronic illness. So we face an irony in modern medicine: we get to live longer, but we won't necessarily be healthy, and our conditions may become increasingly complicated.

What does that mean for the cost of care?

The 2004 Johns Hopkins University report said: *"People with multiple chronic conditions have substantially more physician contacts and are more likely to be hospitalized each year ... [they] account for two-thirds of all prescriptions filled."*

And, *"... health care spending for a person with one chronic condition is two and a half times greater than spending for someone without any chronic condition, while spending is almost 15 times greater for someone with five or more chronic conditions."*

Finally, to really put things into perspective for legislators, it stated, *"People with chronic conditions account for 83% of all health care spending. 60% of the total spent is spent on people with three or more chronic conditions."*

What should we conclude?

There has been a silent, invisible and massive shift in health care needs (and spending) from life saving to chronic illness management. The WHO report stated that: *"chronic conditions management is developing an identity of its own."*

And a 1999 UK Department of Health report — *The Expert Patient: A New Approach to Chronic Disease Management for the 21st Century* has said, *"It is time for an additional categorization ('serious and complex illness')."*

WHAT'S HAPPENING IN ONTARIO?

It is currently estimated that there are **250,000** patients in Ontario with 3 or more advanced chronic conditions or disabilities. (This is the Canadian definition of complex illness.) Roughly **60,000** of these people are in Toronto; **20,000** are at severe stages and another **18,000** have a severe disability.

How are we meeting this challenge? Not well!

At the moment there about **2,100** complex care beds in Metro Toronto, which can provide care for about **4,700** people each year.

What's happening with the others?

They are getting disjointed care in acute care hospitals, nursing homes or long-term care facilities, or their families are struggling to care for them at home. Their care is not tailored to their special needs.

As the UK Department of Health report says, *"Too often people with chronic diseases are left to cope with the illness on their own ('you'll just have to learn to live with it')."*

The majority find themselves confronting crisis after crisis, sending them to emergency departments and back into acute care beds. **They are the major contributor to waiting times.**

Just imagine what it's going to be like when the Baby Boomers hit their 60s, 70s, and 80s.

Complex chronic illness has become a matter of critical importance to modern societies, contributing to runaway health care costs and downward pressures on all other aspects of social spending. It is not on overstatement to say that complex illness represents the single biggest threat to the sustainability of the health care system. Governments must respond to this dramatic change in the health of Canadians. But how do we get their attention? Canada needs a strong voice for change. You can help.

Contact us at the Bridgepoint Health website – www.bridgepointhealth.ca

