

MEMORANDUM

TO: The Chronic Disease Prevention and Health Promotion Task Force

FROM: Illinois Academy of Family Physicians

RE: Chronic disease and health promotion system in Illinois

DATE: November 30, 2010

The Illinois Academy of Family Physicians and our national organization, the American Academy of Family Physicians, follow the recommendations of the Partnership to Fight Chronic Disease (PFCD) as guiding policy on chronic disease. This national and state-based coalition of patients, providers, communities, businesses, labor groups, and health policy experts, is committed to raising awareness of the number one cause of death, disability, and rising health care costs in the United States: chronic disease. Additional resources are available at: <http://www.fightchronicdisease.org/>

The Impact of Chronic Disease

Chronic diseases are the most prevalent and costly health care problems in the United States. Nearly half (45 percent) of all Americans suffer from at least one chronic disease. More than two-thirds of all deaths are caused by one or more of five chronic diseases: heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes. Many chronic diseases are lifelong conditions, and their impact lessens the quality of life not only of those suffering from the diseases, but also of their family members, caregivers, and others.

Chronic disease not only affects health and quality of life, but is also a major driver of health care costs and threatens health care affordability. According to the Centers for Disease Control and Prevention (CDC), chronic disease accounts for about 75 percent of the nation's aggregate health care spending - or about \$5,300 per person in the U.S. each year. In taxpayer-funded programs, treatment of chronic disease constitutes an even larger proportion of spending - 96 cents per dollar for Medicare and 83 cents per dollar for Medicaid. Much of the persistent increase in spending over the past two decades is attributable to rising disease prevalence, lower clinical thresholds for treatment, and new, but costly, medical innovations that have emerged to treat chronic and other diseases.

Unhealthy behavior and increased incidence of chronic disease are also extremely costly in terms of health care coverage affordability. Since 2000, health insurance premiums for employer-sponsored family coverage have increased by 87%. Health care costs for people with a chronic condition average \$6,032 annually - five times higher than for those without such a condition.

Chronic disease also has broader economic impact. Poor health and chronic disease reduce economic productivity by contributing to increased absenteeism, poor performance, and other losses. A Milken Institute analysis determined that treatment of the seven most common chronic diseases, coupled with productivity losses, cost the U.S. economy more than one trillion dollars annually. The same analysis estimates that modest reductions in unhealthy behaviors could prevent or delay 40 million cases of chronic illness per year.

Chronic diseases are creating a national health care crisis.

Chronic diseases, such as asthma, cancer, diabetes, and heart disease, affect the quality of life for 133 million Americans and are responsible for seven out of every ten deaths in the U.S. – killing more than 1.7 million Americans every year. They are also the primary driver of health care costs – accounting for more than 75 cents of every dollar we spend on health care in this country overall. With the aging of the population and rising rates of childhood obesity, it is critical that America addresses chronic disease now.

Below are six "unhealthy truths" about chronic disease in the United States:

- Truth #1** Chronic diseases are the #1 cause of death and disability in the U.S.
- Truth #2** Treating patients with chronic diseases accounts for 75 percent of the nation's health care spending.
- Truth #3** Two-thirds of the increase in health care spending is due to increased prevalence of treated chronic disease.
- Truth #4** The doubling of obesity between 1987 and today accounts for 20 to 30 percent of the rise in health care spending.
- Truth #5** The vast majority of cases of chronic disease could be better prevented or managed.
- Truth #6** Many Americans are unaware of the extent to which chronic diseases could be better prevented or managed.

(Citations can be found in the ["Unhealthy Truths" Powerpoint presentation.](#))

How can Illinois' health system combat chronic disease and support health promotion?

Any system-wide approach to chronic disease management and improved health outcomes must be patient-focused and include: chronic disease prevention, early intervention, and management models throughout the health care system and public health infrastructure.

In turn, these systems should:

- Promote healthy lifestyles and disease prevention and management in every community
- Encourage and reward continuous advances in clinical practice and research that improve the quality of care for those with prevalent and costly chronic diseases
- Accelerate improvements in the quality and availability of health information technology (HIT) throughout the health care system
- Reduce health disparities by focusing on barriers to good health

Family physicians manage chronic illness in a proactive, organized fashion by using patient registries. In a practice, patients are tracked by their chronic disease and key measures are used to automatically remind the physician when patients need certain labs and preventive services. Most commercial electronic health records (EHRs) can do this, but it can also be done by using a spreadsheet program which enables physicians in small practices who may not be able to afford EHRs to still track and manage chronic patients effectively. As physicians face increasing demands to improve care and document their performance as part of pay-for-performance initiatives, even those who can't afford to buy an EHR will need to find ways to improve the quality of care they provide. By using patient registries, family physicians are providing improved, quality care across their entire patient panel.

Concluding Remarks

Family physicians have offered comments and testimony supporting the State Health Improvement Plan since its inception and we continue to support their priorities listed below:

Public Health System Priorities

- 1) Improve Access to Health Services;
- 2) Enhance Data and Health Information Technology;
- 3) Address Health Disparities and Social Determinants of Health;
- 4) Measure, Manage, Improve and Sustain the Public Health System; and
- 5) Assure a Sufficient Workforce and Human Resources.

Priority Health Concerns

- 1) Alcohol and Tobacco;
- 2) Use of Illegal Drugs/Misuse of Legal Drugs;
- 3) Mental Health;
- 4) Natural and Built Environment;
- 5) Obesity: Nutrition and Physical Activity;
- 6) Oral Health;
- 7) Unintentional Injury and Patient Safety; and
- 8) Violence.

By uniting the efforts and voices of diverse groups – patients, providers, community organizations, business and labor groups, and health policy experts, the Task Force can:

- raise awareness among the public

- educate policymakers
- work to implement comprehensive reform that addresses chronic disease prevention.

The Illinois Academy of Family Physicians welcomes the opportunity to provide additional comments and partner with the Task Force in their efforts to fight chronic disease. Thank you.

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Founded in 1947, the Illinois Academy of Family Physicians represents more than 3,800 family physicians, family medicine residents and medical students dedicated to excellence in family medicine and the patients they serve. Visit www.iafp.com for more information.