

PARTNERSHIP TO FIGHT
CHRONIC DISEASE

EVIDENCE-BASED PRACTICES FOR REDUCING THE ECONOMIC AND HEALTH BURDEN OF CHRONIC DISEASE

By Dr. Kenneth Thorpe
Kazan, October 10, 2012

About PFCD

The PFCD believes that rising rates of chronic health problems pose a significant and unsustainable burden on national health care systems, and that the viability and strengths of those systems—presently and in the future—relies on a willingness to enact policies that help people better prevent and manage chronic illnesses.

OUR MISSION

- ✓ **EDUCATE** the public about chronic disease and potential solutions for individuals and communities
- ✓ **MOBILIZE** the public to call for change in how governments, employers, and health institutions approach chronic disease
- ✓ **CHALLENGE** policymakers on the health policy changes that are necessary to effectively fight chronic disease



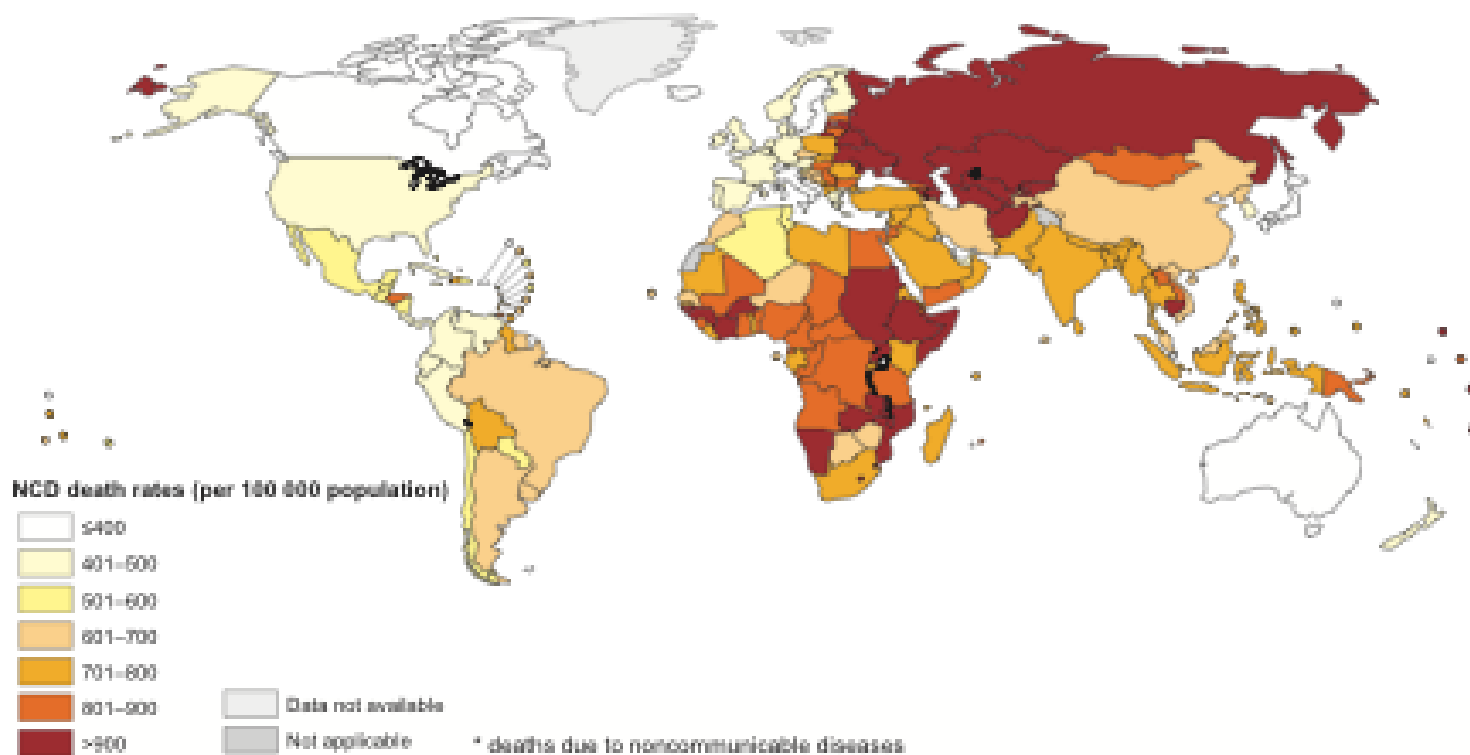
WHO Global Status Report on NCDs

- **NCDs are the biggest global killers.** Sixty-three percent of all deaths in 2008, 36 million people, were from NCDs.
- **Nearly 80% of NCD deaths are in low and middle-income countries,** where the highest proportion of NCD deaths under age 70 occur.
- **The prevalence of NCDs, and the number of related deaths, are expected to increase substantially in the future,** particularly in low- and middle-income countries, due to population growth and ageing, in conjunction with economic transition and resulting changes in behavioral, occupational and environmental risk factors.
- **NCDs already disproportionately affect low- and middle-income countries.** Projections indicate that by 2020 the largest increases in NCD mortality will occur in low- and middle-income countries.

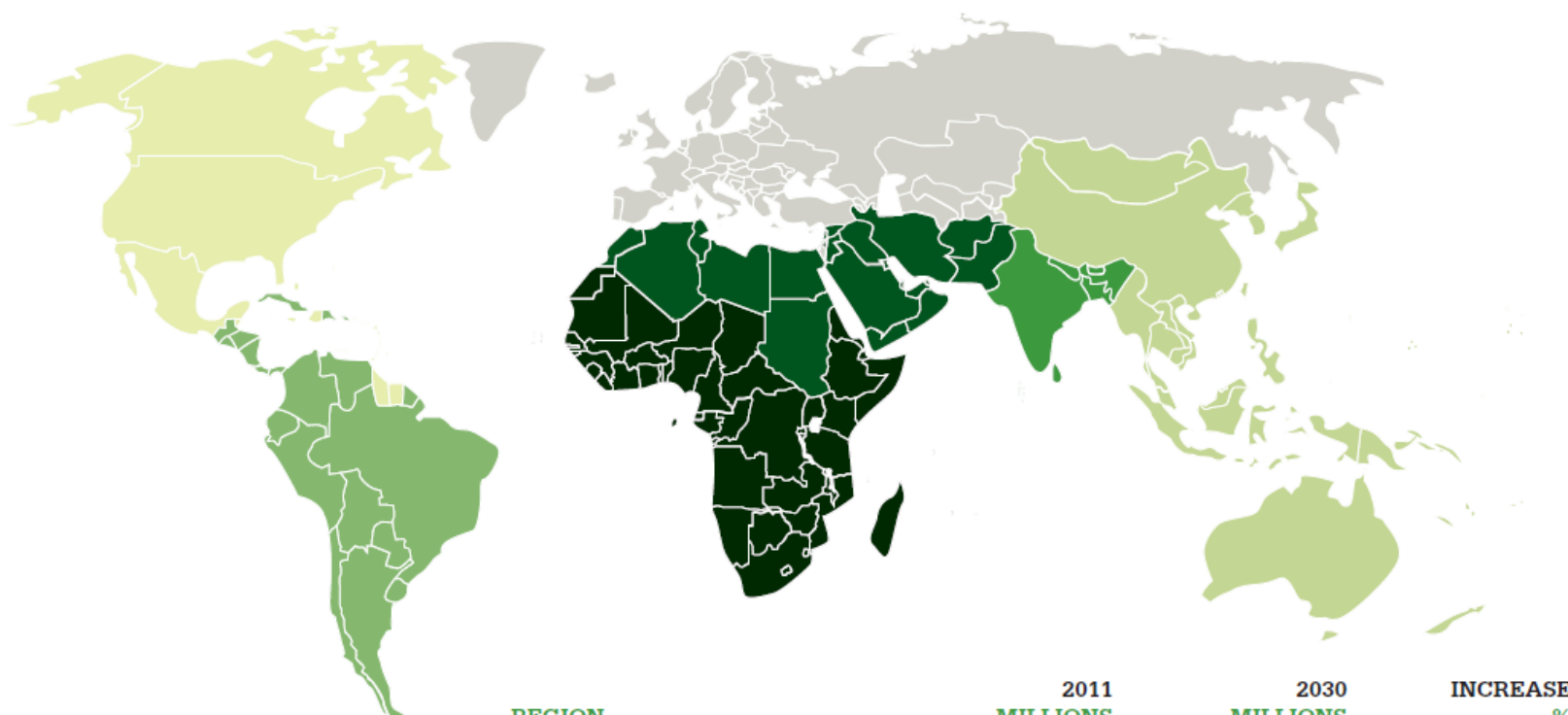


Global burden of NCDs

NCD death rates, age-standardized (males, 2008)



Map: IDF Regions and global projections of the number of people with diabetes (20-79 years), 2011 and 2030



REGION	2011 MILLIONS	2030 MILLIONS	INCREASE %
● Africa	14.7	28.0	90%
● Middle East and North Africa	32.8	59.7	83%
● South-East Asia	71.4	120.9	69%
● South and Central America	25.1	39.9	59%
● Western Pacific	131.9	187.9	42%
● North America and Caribbean	37.7	51.2	36%
● Europe	52.6	64.0	22%
World	366.2	551.8	51%

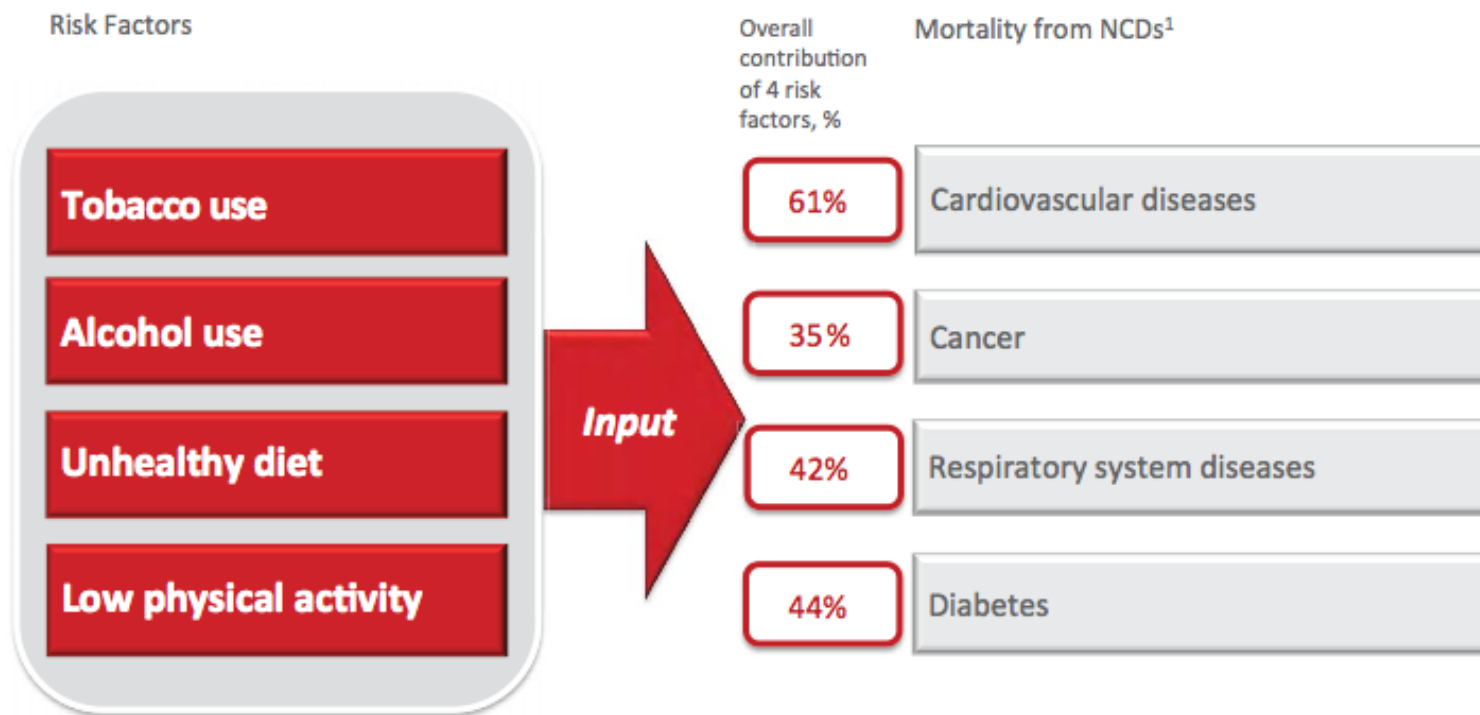
UNGA resolution on NCDs

*“the conditions in which people live and their lifestyles influence their health and quality of life and that **the most prominent non-communicable diseases are linked to common risk factors**, namely, tobacco use, alcohol abuse, an unhealthy diet, physical inactivity and environmental carcinogens, being aware that these risk factors have economic, social, gender, political, behavioral and environmental determinants”*

- *As noted by the UN General Assembly resolution on Chronic Non-communicable Disease*

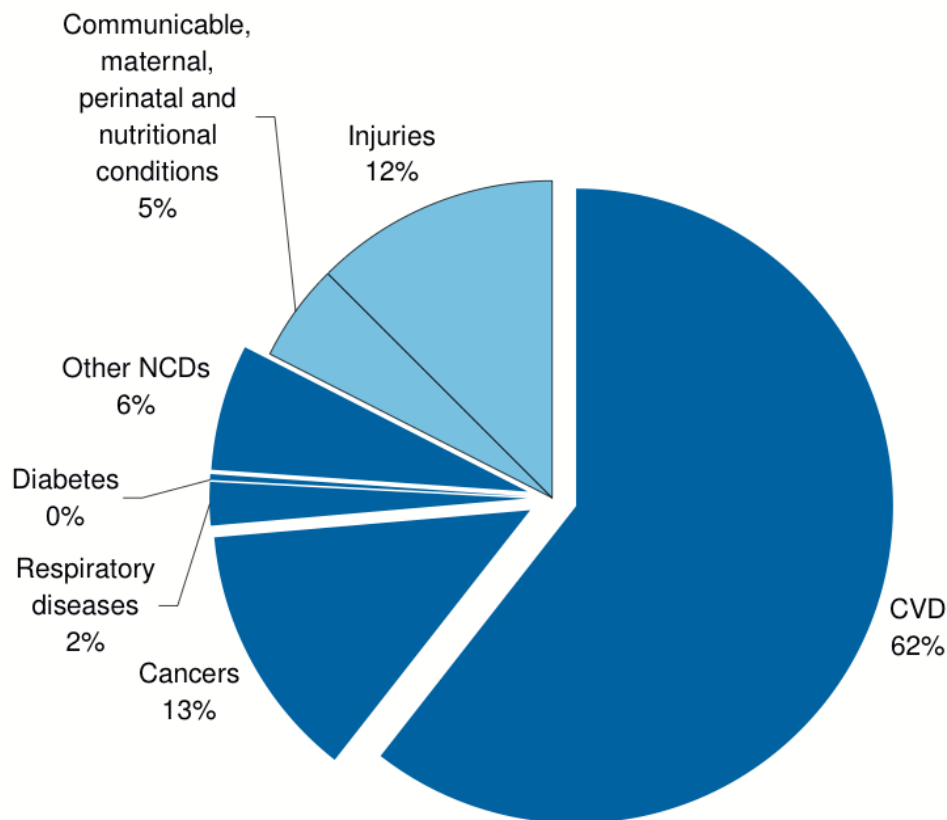
Global risk factors

Mortality from NCDs is mainly due to 4 risk factors.



NCD burden in Russia

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 82% of all deaths in the Russian Federation.

NCD burden in Russia

NCD mortality estimates (2008)

NCD mortality		
<i>2008 estimates</i>	males	females
Total NCD deaths (000s)	827.9	890.4
NCD deaths under age 60 (percent of all NCD deaths)	33.5	13.1
<i>Age-standardized death rate per 100 000</i>		
All NCDs	1108.6	561.8
Cancers	193.7	89.5
Chronic respiratory diseases	40.9	8.8
Cardiovascular diseases and diabetes	771.7	414.3

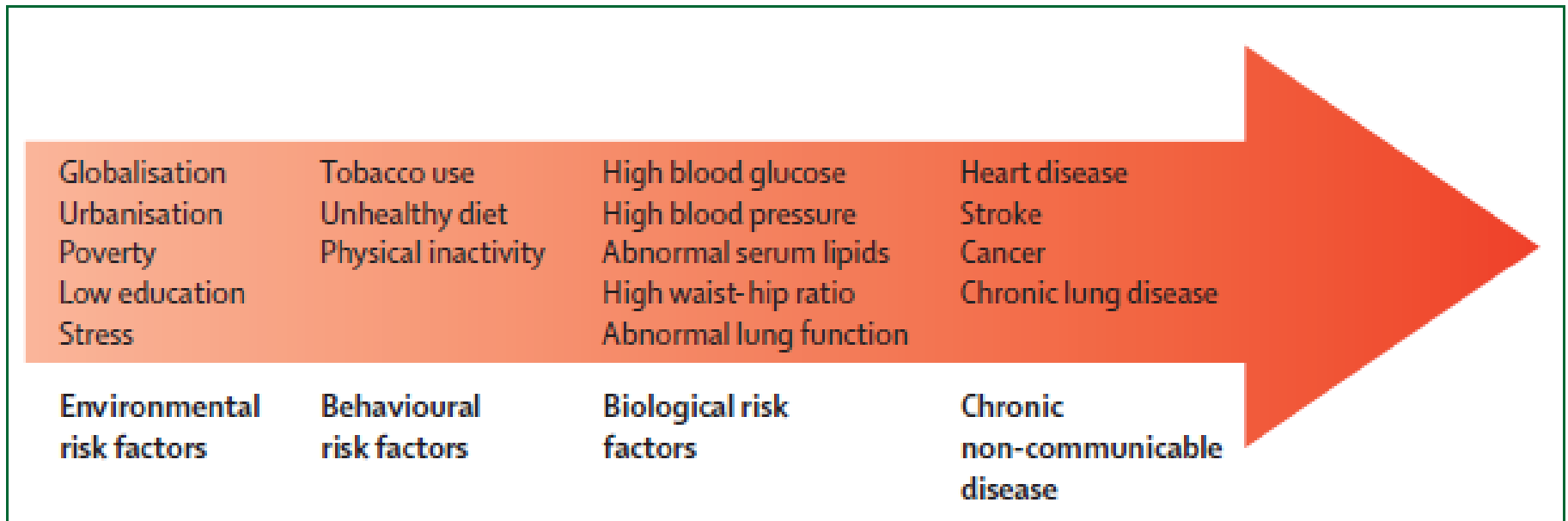
NCD burden in Russia

Risk Factors

Behavioural risk factors			
<i>2008 estimated prevalence (%)</i>	<i>males</i>	<i>females</i>	<i>total</i>
Current daily tobacco smoking	65.5	19.7	40.5
Physical inactivity	22.9	22.4	22.6

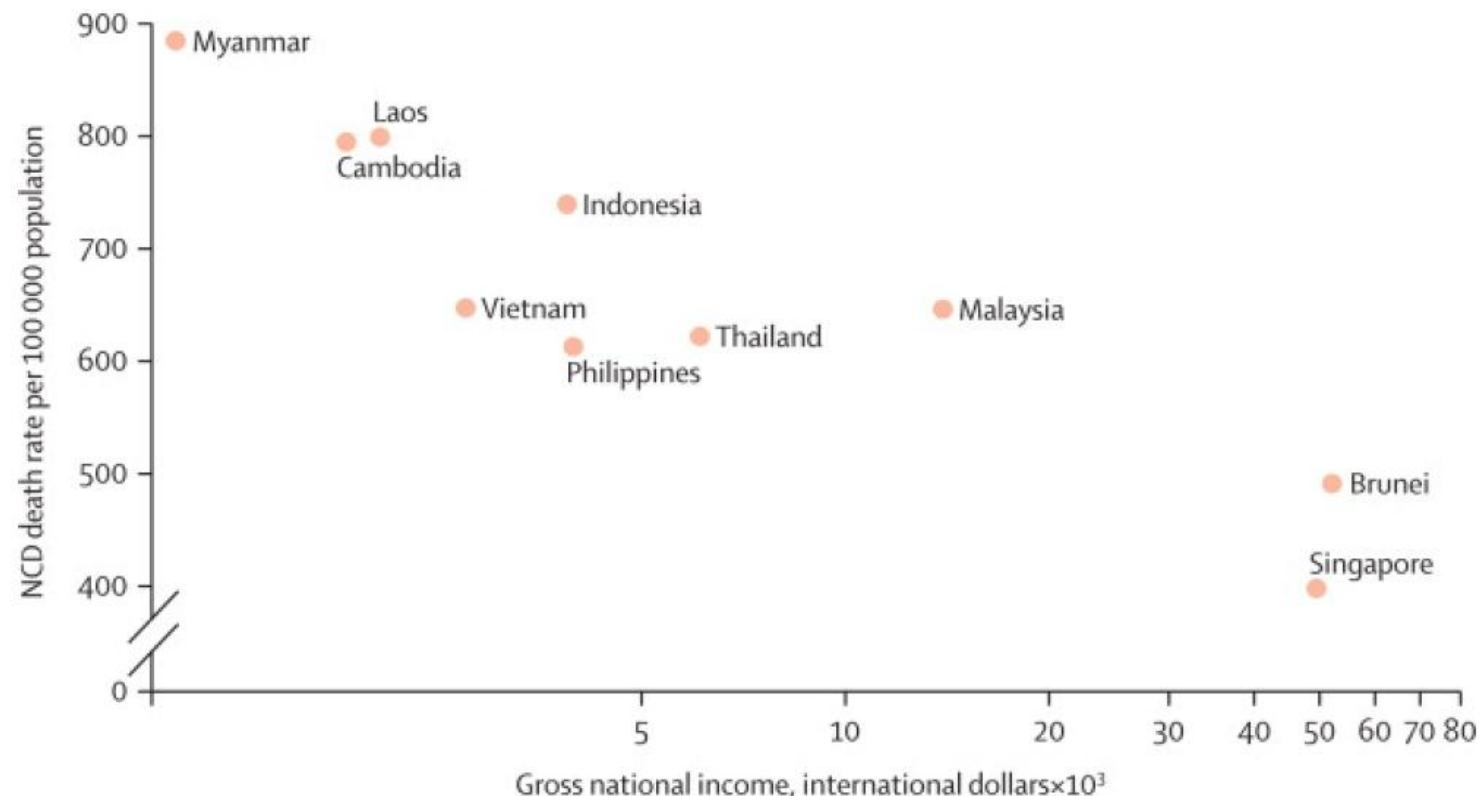
Metabolic risk factors			
<i>2008 estimated prevalence (%)</i>	<i>males</i>	<i>females</i>	<i>total</i>
Raised blood pressure	46.6	48.4	47.6
Raised blood glucose
Overweight	56.2	62.8	59.8
Obesity	18.6	32.9	26.5
Raised cholesterol	47.8	56.4	52.6

Causation pathway for chronic noncommunicable diseases



Relationship between poverty & NCDs

“In some countries, the lowest income households have the highest levels of NCD risk factors”. – *WHO Global status report on NCDs 2010*



The fight against chronic disease

“The United States cannot effectively address escalating health care costs without addressing the problem of chronic diseases.” – The CDC

Chronic diseases are the **leading causes of death and disability** in the United States and account for the vast majority of health care spending.

They affect the **quality of life for 133 million Americans** and is responsible for **seven out of every ten deaths** in the U.S. – **killing more than 1.7 million Americans** every year.

Chronic diseases account for more than **75 cents of every dollar** we spend on health care in this country. **In 2007, this amounted to \$1.65 trillion of the \$2.2 trillion** spent on health care.

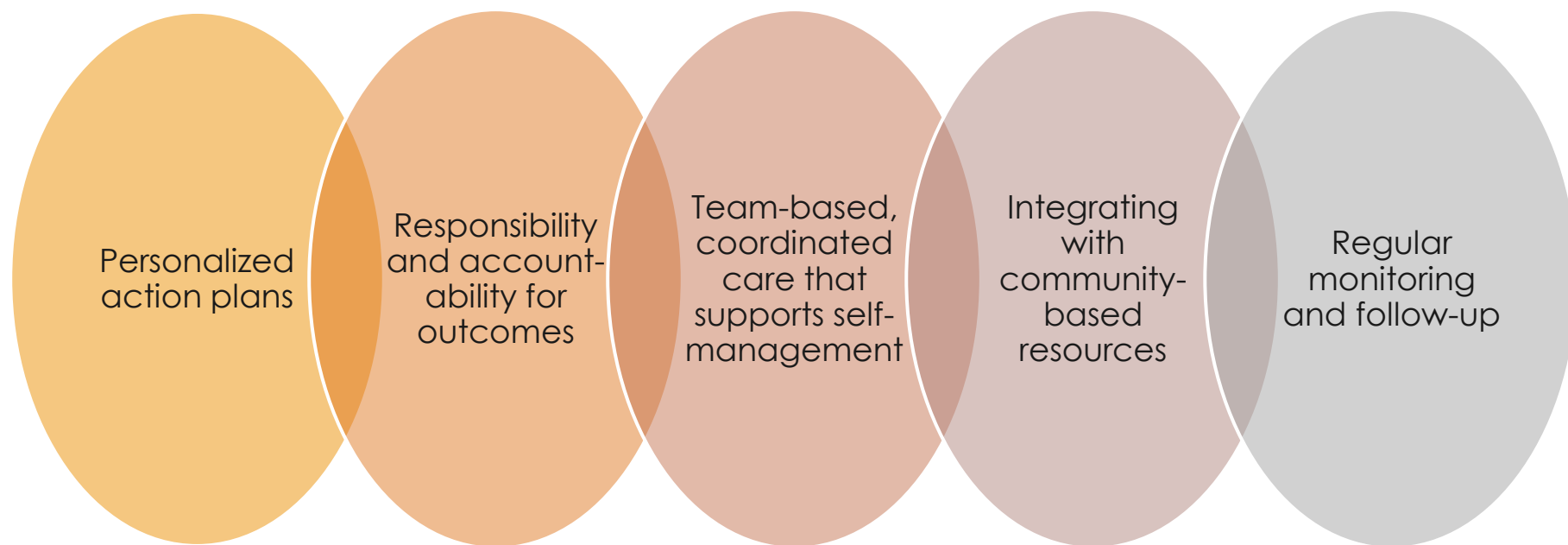


PARTNERSHIP TO FIGHT
CHRONIC DISEASE

Implementing an Action Plan

- Need to implement evidence-based approaches that effectively
 - ▣ **AVERT** and PREVENT NCDS
 - ▣ **DETECT** NCDS and Treat
 - ▣ **MANAGE** patients with NCDs to keep them healthy
- ▣ Fortunately there are effective approaches to each one!

Proven interventions



Averting Disease

- ❑ International data showing intensive lifestyle interventions can reduce NCDs.
- ❑ Studies from the US, Finland, China among others
- ❑ Results happen within a year
- ❑ Over ten years—34% cumulative reduction in diabetes prevalence
- ❑ Community based adoption of the program saves money



Effect of Treatment on Incidence of Diabetes

	<u>Placebo</u>	<u>Metformin</u>	<u>Lifestyle</u>
<u>Incidence</u> of diabetes (percent per year)	11.0%	7.8%	4.8%
<u>Reduction</u> in incidence compared with placebo	----	31%	58%
<u>Number needed to treat</u> ---- to prevent 1 case in 3 years		13.9	6.9



Effective Care Coordination Includes

- Transitional Care
- Comprehensive medication management
- Health coaching
- Team based, whole person care



Filling costly gaps

Fee-for-service (FFS) System

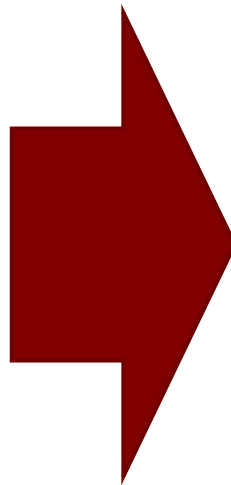


- ❑ Gaps in continuum of care
- ❑ High rate of readmission within 30 days
- ❑ Disconnect among patients receiving Medicaid and Medicare



Enhancing adherence

- One in four Americans do not follow directions in taking medications
- 3 out of 4 Americans admit to having not taken their medicines as prescribed at some point
- Nearly two-thirds of all medication-related hospital admissions have been attributed to poor adherence
- Poor medication adherence costs more than \$100 billion a year nationwide



Promoting coordinated care

The Affordable Care Act can offer financial assistance to create and foster better care coordination.

- ❑ Integrated medical practices
- ❑ Medical home models
- ❑ Growth in Accountable Care Organizations
- ❑ Medicaid health plan models
- ❑ Community Health Teams

Turning the tide

The smoking rate of Medicaid recipients is approximately 53 percent higher than in the general US population



Smoking-attributable costs to the states under Medicaid were \$22 billion in 2004



Medicaid also has a much higher prevalence of obesity than other health insurance providers and pays more for inpatient and outpatient services and medication for obese patients

Improving overall health is the best way to improve our health care costs.

Capitalizing on opportunity

- Advance policy changes that address chronic disease
- Work to reorient care systems to focus on prevention

Declaration on NCDs

- Effective chronic disease prevention is vital but will not, by itself, solve Russia's chronic disease burden.
- Prevention and control of non-communicable diseases will contribute to economic development through cost savings for medical care, improved quality and length of life, and increased productivity.
- Political commitment and leadership are essential to assuring appropriate responses to the Russian Federation's health outcomes challenges.
- "What gets measured, gets done" – Dr. Margaret Chan, WHO
 - Critical to the success of improving health outcomes among the Russian people is the need to establish clear and measurable goals.

