



Chronic Care Management Overview

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Why focus on Chronic Disease?

1. Growing burden of Chronic Disease

2.
 - Poor health status - high deprivation & Health Inequalities
 - Chronic conditions account for 70-80% of the 10 year difference in life expectancy between Maori and non-Maori
3.
 - Growth in disease
 - # of diabetics doubling by 2018
 - Renal failure growing at ~10% pa
 - Growth in risk factors
 - Obesity – BMI increasing 4.2% per annum
 - Aging population
- 4.

Why focus on Chronic Disease?

1. Growing burden of Chronic Disease
2. Reduce Health Inequalities
3. Change model of care
 - Acute → chronic
 - Individual combined w a focus on population & life course approaches
 - Multidisciplinary Team based
4. Acute Demand

Public Hospital Challenges

Funding Squeeze

**Knowledge
Explosion**

Hospitals

**Staffing
Rigidity**

Ageing Population

Population & Demographic Trends

- Significant population growth
- Changing demographics
- Changing health needs

	2001	2006	2011	2016	2021	2026	% increase 2001-2026
0-14	104,490	113,300	117,160	119,720	122,390	127,710	22%
15-44	174,400	191,750	203,590	211,150	222,030	232,040	33%
45-64	81,040	96,980	112,940	124,660	132,950	137,230	69%
65+	33,790	41,140	50,390	63,170	76,410	92,020	172%
Total	393,710	443,170	484,080	518,700	553,780	589,000	50%

Drivers

Initially:

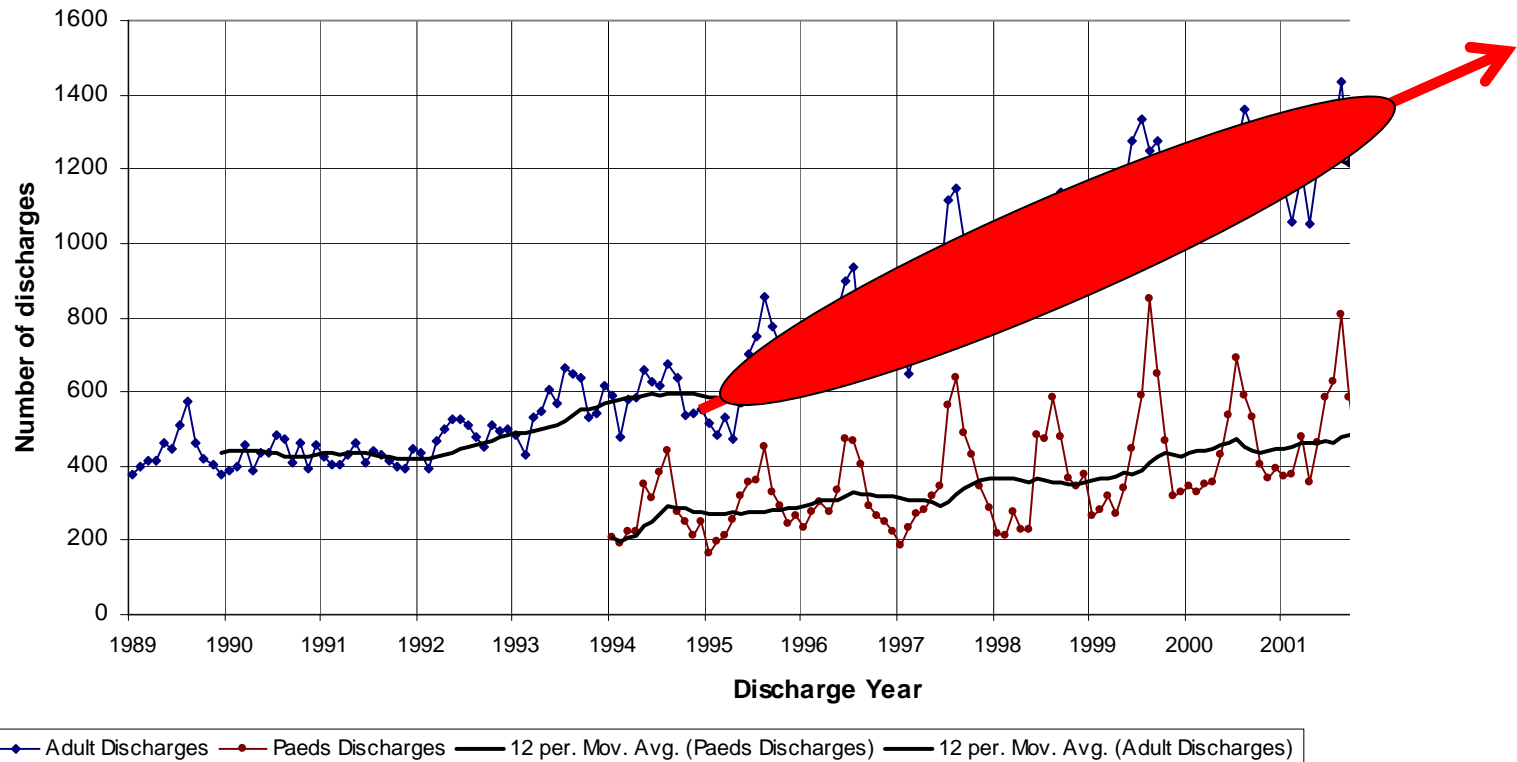
- Burgeoning acute demand
- Cost - avoid need for another acute hospital
- Reducing inequalities

More emphasis now on:

- Delivering better health outcomes - CQI
- Still Reducing Inequalities - potential for improvement
- Service redesign – model of care & systems

Acute Demand Growth

All Discharges by Paeds and Adults



Overcome fear – the burning platform

THERE'S A BETTER WAY TO
IMPROVE PRODUCTIVITY

- recruitment • staffing
- outsourcing • technology services

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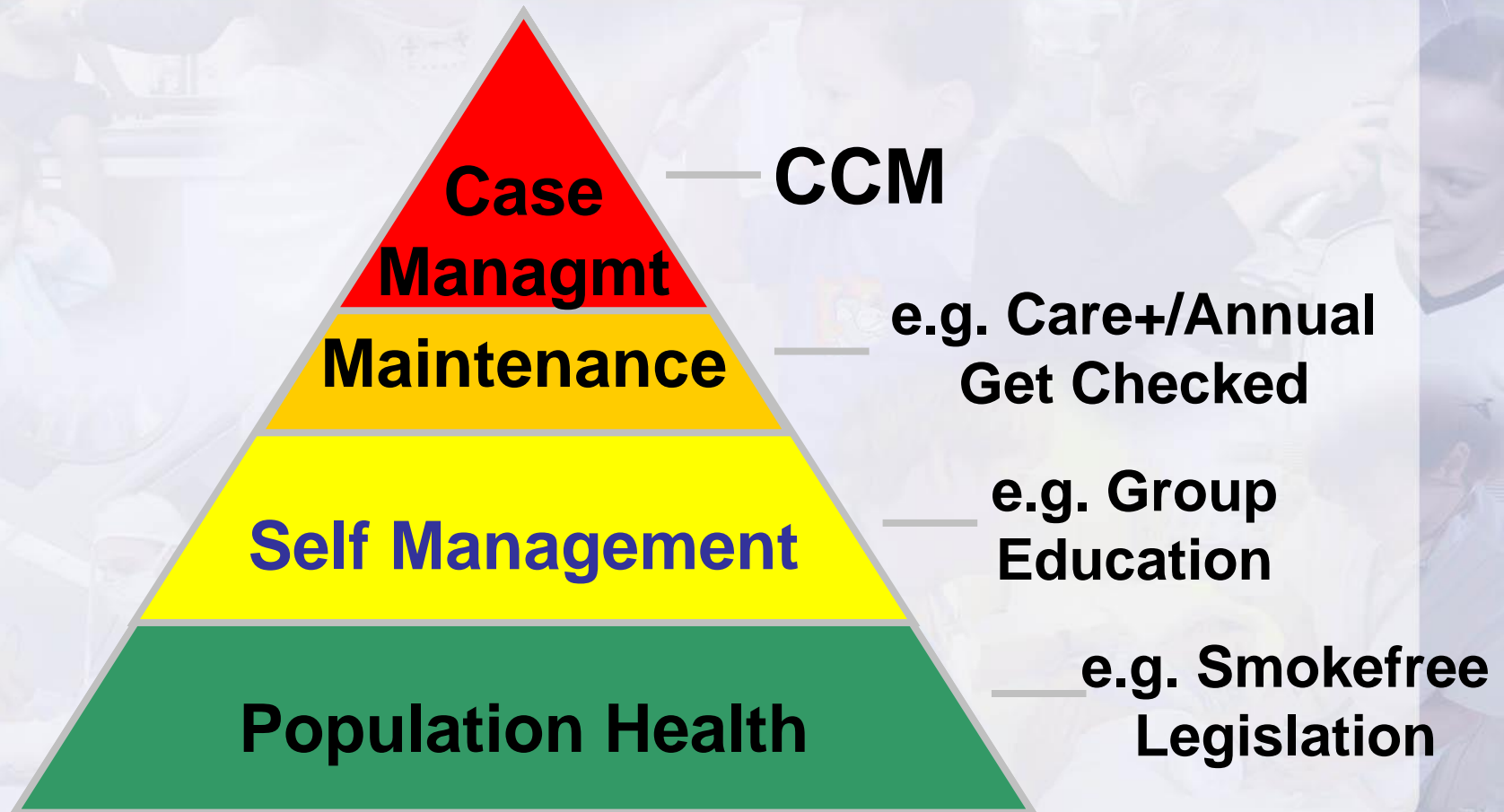
Integrated Care Innovations

1. Acute Demand Management - POAC, FAMA, Coordinated Care Nurses etc
2. Chronic Care Management for people with Chronic Illness
3. Emergency Care and After Hours Services
4. Well Child & Breast feeding services for “hard to reach” parents & children – Kidslink, B-4-Baby
5. Integration through the use of Information Technology
6. Maori and Pacific services development
7. Elective Services & Guidelines
8. Health of Older People – case management
9. Lets Beat Diabetes

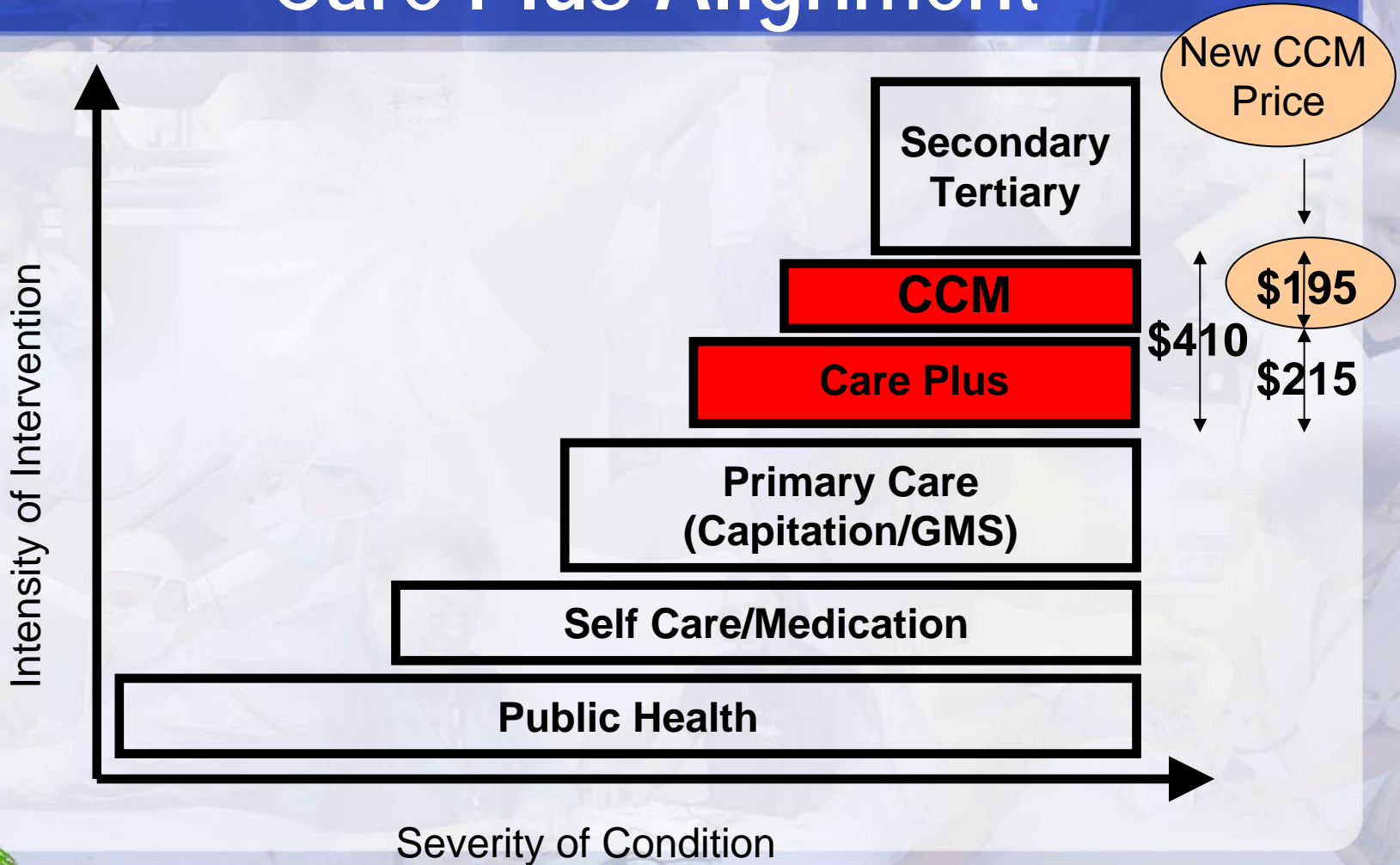
Provider Arm activities

- Stroke Unit
- Patient Pathways
- Community Rehab
- ADM Nurse Coordinators / **Acute Care Team**
- Out-reach nursing
 - Paediatric
 - Home I.V. team
- Pulmonary & Cardiac Rehab Programmes
- Medication Reconciliation
- GP Liaison in E.C.
- Chronic Care Pharmacist in E.C.
- Exciting Mental Health Innovations (CLS, Infant Mental Health)

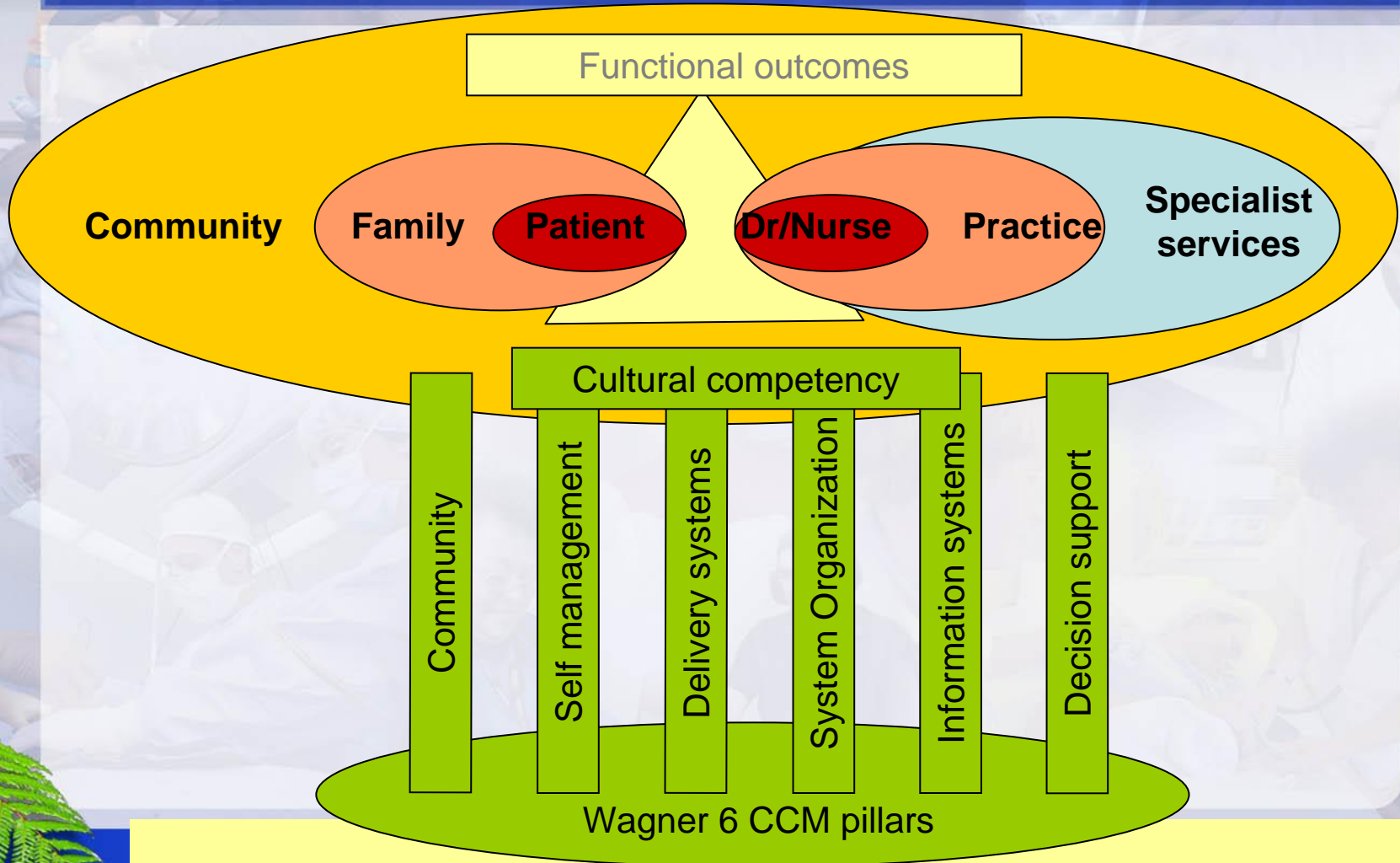
CCM – A Piece of the CD Jigsaw



Care Plus Alignment



CMDHB Chronic Care Management Model - 2001



Primary prevention

Primary + secondary prevention

Secondary care

Integrated approach

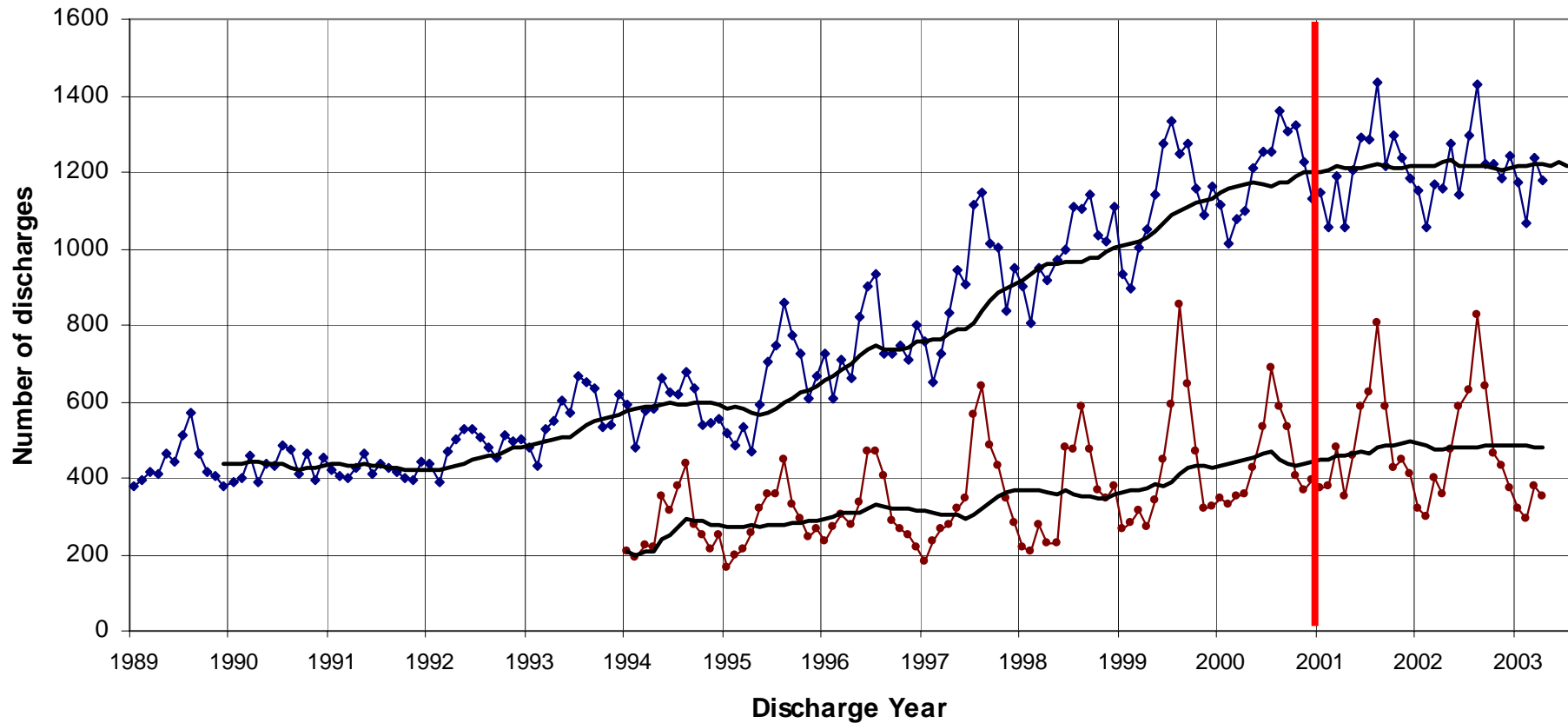
Evidence of success

Integrated Care does work!

Synopsis

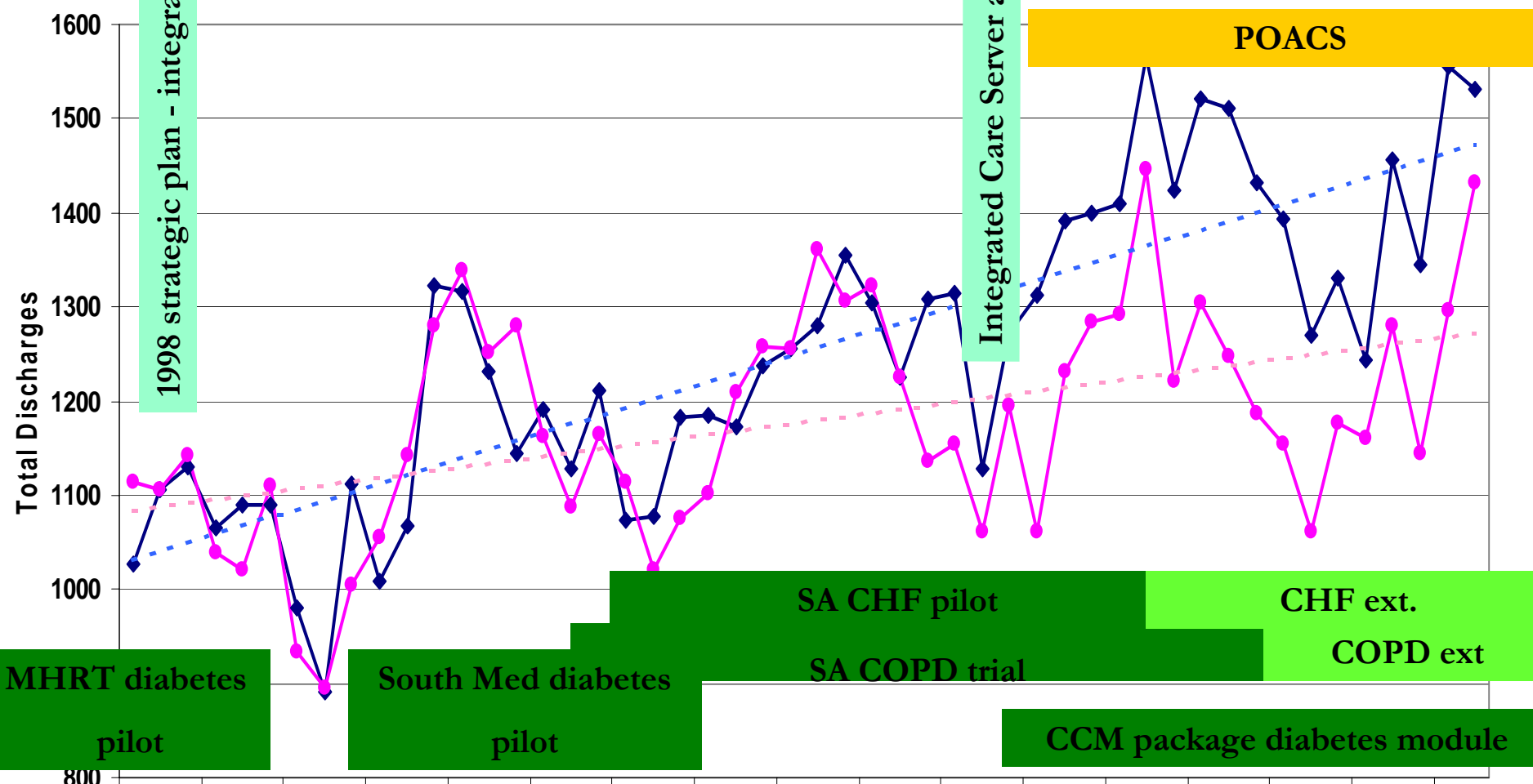
- Admissions reduced <0.5% growth in 2002 yr
- EC attendances have remained static
- FAMA – reduction of 5.7 bed days p.p. p.a.
- POAC - 86% managed out of hospital (~4,730 cases avoided admission last year)
- CCM
 - better outcomes
 - +ve ROI
 - Further evaluation pending

All Discharges by Paeds and Adults



◆ Adult Discharges ● Paeds Discharges — 12 per. Mov. Avg. (Paeds Discharges) — 12 per. Mov. Avg. (Adult Discharges)

**General Medicine, Respiratory Medicine and Cardiology,
Total Discharges by Month.
July 98 to Aug 02**



Jul-98 Oct-98 Jan-99 Apr-99 Jul-99 Oct-99 Jan-00 Apr-00 Jul-00 Oct-00 Jan-01 Apr-01 Jul-01 Oct-01 Jan-02 Apr-02 Jul-02

◆ WHL ● SAH - - - Linear (WHL) - - - Linear (SAH)

Return On Investment (Deloitte, 2002)

Diabetes (inc. renal) - \$1.74

IHD (now CVD) - \$1.57

CHF - \$1.49

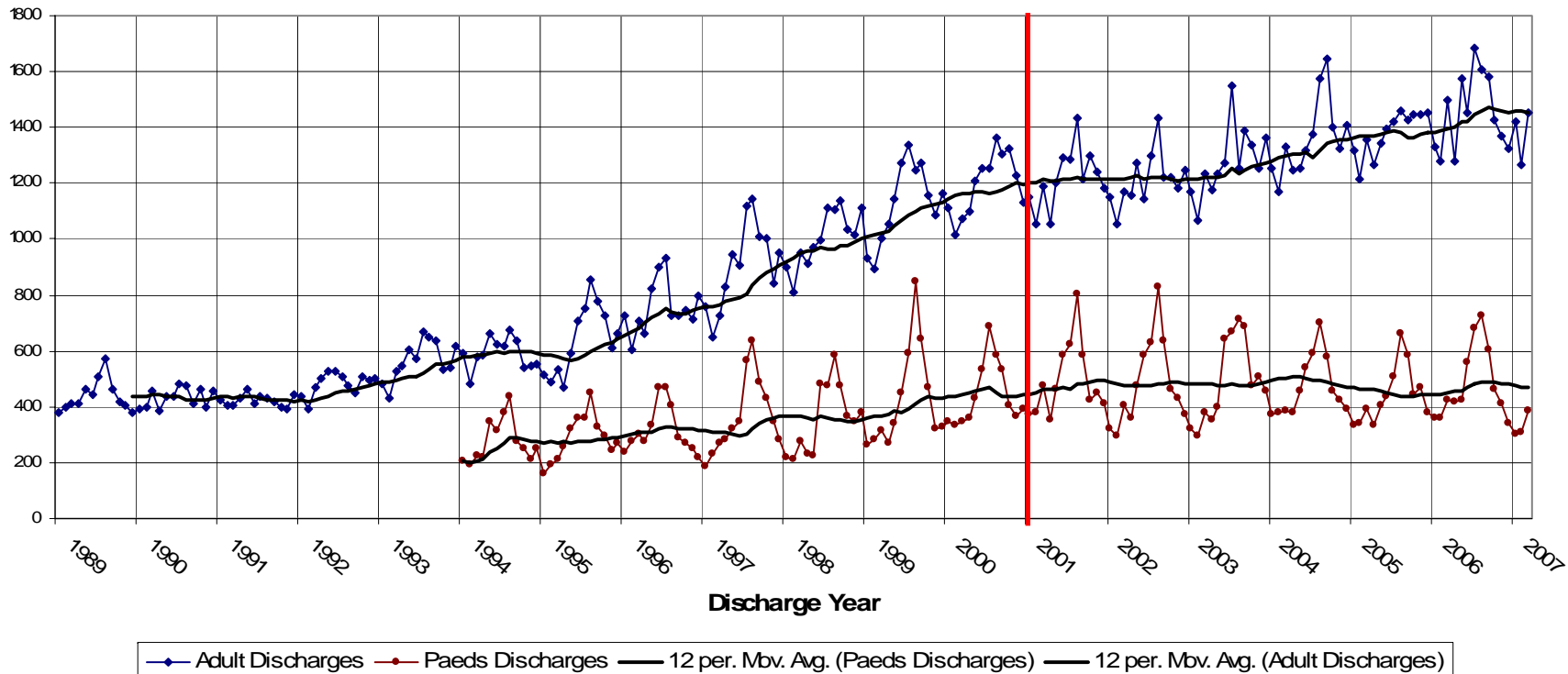
COPD - \$3.63

POAC - \$1.70

Acute Medical Admissions

All Discharges by Paeds and Adult Medicine

(Adult Med = General Medicine, Stroke Med, Acute Care Med, Diabetes, Infect Diseases, Respiratory Medicine and Cardiology)



Key messages

- Primary/Secondary Partnership
- Leadership - Chief Executive level!
- Clinical Champions
- Change management project

Lessons Learnt

- Multi-pronged approach
- Sustainable Funding
- Capacity of Sector - rate limiting steps
- Continued promotion important

We're all in the same boat!

