

**Patients' Association of Canada
Association des Patients du Canada**

Case Managers

In Our Health Care System

**“Why the Job is So Hard and
What to Do About it”**

**To be Posted on www.patientsassociation.ca
October 3 2011**



Population Health 1800-1850

- Longevity at Birth \approx 36 years (Britain)
- Infant, Child & Maternal Mortality \approx 25%
- Longevity at 20 years \approx 70 years
- Everyone @ 40 had at least one Chronic NCD
- Vast majority of deaths due to infectious diseases at all ages



Birth of Current Health Care Systems

- 1840 - Use of morphine + ether as anesthetic begins
 - Surgery under anesthesia still results in infection
- 1875 – Prosperity enables modern sanitation to begin
- 1880 - Louis Pasteur (1822-95) & Robert Koch (1843-1910)
 - Anthrax, Tuberculosis etc. caused by identifiable micro-organisms.
 - Vaccines were developed
 - Identify microbes causing infection after surgery
 - Sterile operating rooms and procedures begin
 - Modern laboratories are built everywhere
- 1880 – Prosperous times: New Hospitals are built
- 1910 – Flexner Report on medical education
 - In US and Canada
 - Drs Professionalize



Success of the System

- 1850-1950 Rapid decline of death by infectious diseases: The Mortality Shift
- 1930-1950 Births and deaths seen as acute events which need hospitalization
- 1880-1950 More deaths are now due to non-communicable chronic diseases (NCDs) like heart disease, COPD and cancer



Population Health 1950

- Longevity at birth 1950
 - Canada: 66-Male 71-Female
- Longevity at 20 years is the same
- Minority of deaths due to infectious diseases
- Mortality shift attributed to success of scientific medicine



Scientific Health Care

- Medicine has made you healthy
- Leave it to the scientific professionals
- Expert based, acute hospital focused
- The scientific health care system grows
- Science will ID cause & cure of diseases
- Body is separated from the person
- Patient has little or no role in system



The Scientific Future of the 50's

- Controlled Weather
- Jet Packs
- Universal Atomic Energy
- Rockets to Space Colonies
- Plastic Prefabricated Housing
- Food Pills
- Robots and Computers
- Scientifically Based Peace



The War on Cancer (1970)

- After much lobbying from the scientific Community Richard Nixon proclaims the War on Cancer
- \$1 Billion per year spent since then
- But overall cancer rates increase despite this until 1990.
- Primary reason for drop after that is that many people have stopped smoking



Rachel Carson (1907-1964)

- Silent Spring 1962
 - Marked the beginning of a change in thinking about the role of science and the environment
 - No longer in terms of control, but rather respect and containment
 - No longer in terms of scientific breakthrough but care and preservation of natural state
 - No longer in terms of exploitation of the environment etc.



The Lalonde Report 1974

- McKeown, Thomas (1912– 1988),
 - New explanation of mortality shift
 - Sanitation rather than medical science
 - Health not from medicine alone
- Hubert Laframboise and the Lalonde Report
 - The Health Field Concept



The Health Field Concept: Four Influences on Health

Environment

“All matters related to health external to the human body and over which the individual has little or no control.” Including the physical and social environment.

Lifestyle

The aggregation of personal decisions, over which the individual has control, affect health. Self-imposed risks created by unhealthy lifestyle choices can be said to contribute to, or cause, illness or death.

Human Biology

All aspects of health, physical and mental, developed within the human body as a result of organic make-up contribute to health.

Health Care Organization

The quantity, quality, arrangement, nature and relationships of people and resources in the provision of health care influence health.



Non-Communicable Diseases Shift

- To 19th Century: everyone over 40 had at least one chronic NCD
- 21st Century: everyone over 65 has at least one chronic NCD or other
- 25 years more of illness free life (Why 60 is the new 40)
- Mortality shift and NCD Shift attributed to multiple determinants of health

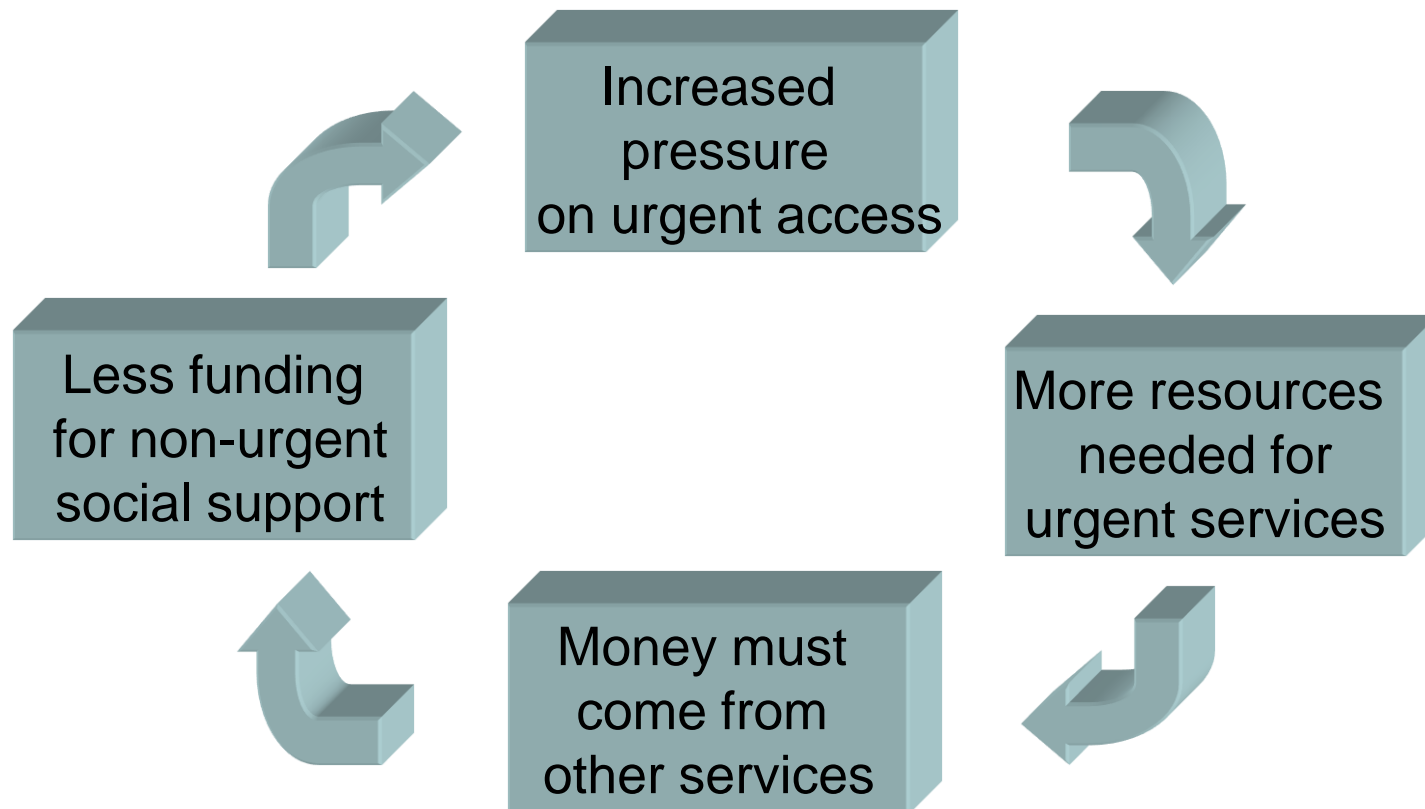


System Does Not Keep Pace

- Continued emphasis on acute episodes
 - Hospitals continue to grow in size and cost
- Constant expansion of body categorization
 - Increase in specialization
 - By 1995 more than 100 specialties and subspecialties – 4 types of ophthalmologists
- Increased drive for protocol based care
 - With ever diminishing length of use
- Overall little inclusion of patients as people
- Why Case Managers have had a hard time



The Vicious Cycle





Population Health 2008

- Life expectancy at birth 2008:
 - Canada 79-Male 83-Female
- Longevity at 20 years is the same
- Internet calculator says I will die at 101
- 90% of deaths due to Chronic NCDs
- Less than 5% deaths due to IDs (WHO)
- 40% of people with chronic NCDs have more than one – good reason for speaking of complex chronic NCDs

NCD mortality

2008 estimates	males	females
Total NCD deaths (000s)	103.1	105.1
NCD deaths under age 60 (percent of all NCD deaths)	15.5	10.9
<i>Age-standardized death rate per 100 000</i>		
All NCDs	386.5	265.0
Cancers	142.2	106.6
Chronic respiratory diseases	26.9	16.0
Cardiovascular diseases and diabetes	151.6	90.1

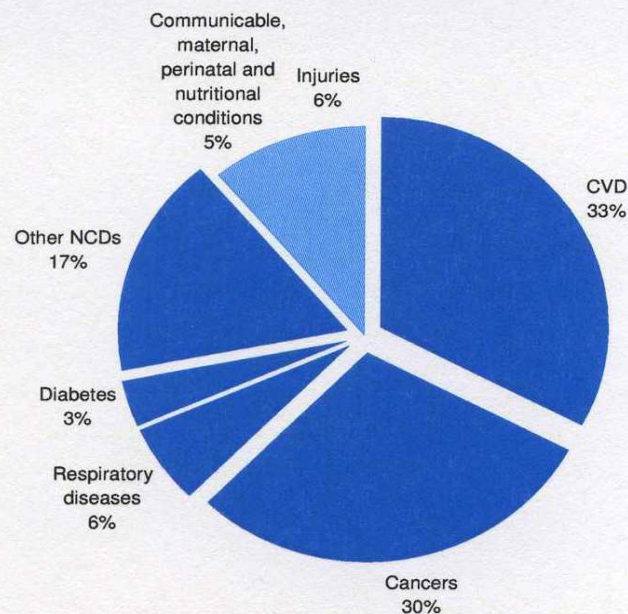
Behavioural risk factors

2008 estimated prevalence (%)	males	females	total
Current daily tobacco smoking	15.4	11.6	13.5
Physical inactivity	34.0	37.4	35.7

Metabolic risk factors

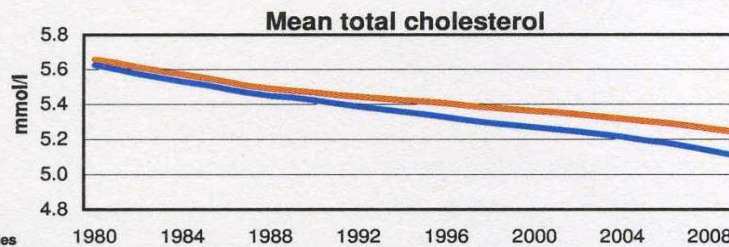
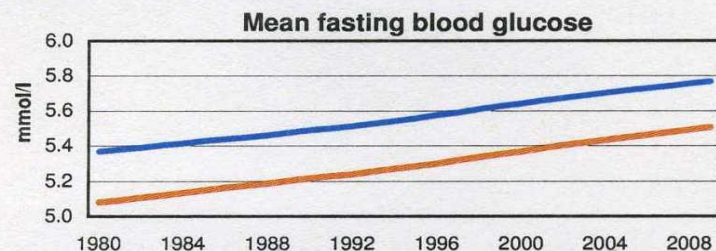
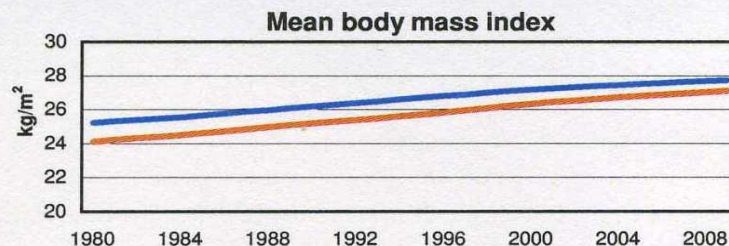
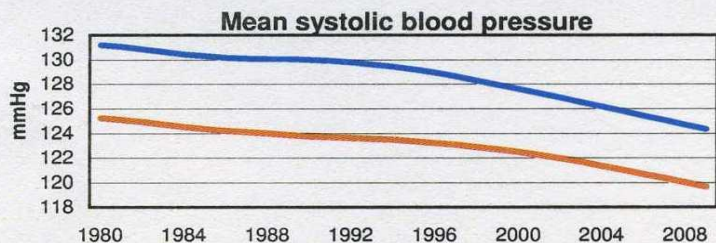
2008 estimated prevalence (%)	males	females	total
Raised blood pressure	35.8	31.6	33.6
Raised blood glucose
Overweight	67.8	58.7	63.2
Obesity	26.0	26.4	26.2
Raised cholesterol	54.8	57.6	56.2

Proportional mortality (% of total deaths, all ages)



NCDs are estimated to account for 89% of all deaths.

Metabolic risk factor trends



■ Males
■ Females



Simple

Following a Recipe

- The recipe is critical to success
- Recipes are tested to assure replicability of later efforts
- No particular expertise; knowing how to cook increases success
- Recipes produce standard products
- Certainty of same results every time
- Optimism re results

Complicated

A Rocket to the Moon

- Formulae are critical and necessary
- Sending one rocket increases assurance that next will be ok
- High level of expertise in many specialized fields + coordination
- Rockets similar in critical ways
- High degree of certainty of outcome
- Optimism re results

Complex

Raising a Second Child

- Formulae have a use. But not alone
- Raising one child gives no assurance of success with the next
- Expertise however multi-disciplined can help but is not sufficient
- Every child is unique in critical ways
- Uncertainty of outcome remains
- Optimism re results



Complicated Acute Diseases

- Abrupt onset
- Often all causes can be identified and measured
- Diagnosis and prognosis are often accurate
- Specific therapy or treatment is often available
- Protocol-based intervention is usually effective: cure is likely with return to normal health
- Profession is knowledgeable while laity is inexperienced and dependent
- Patient's contribution largely unnecessary

Complex Chronic NCDs

- Gradual onset over time
- Multivariate cause, changing over time
- Diagnosis is uncertain and prognosis obscure
- Specific treatment is available but also requires judgment
- No cure, pervasive uncertainty: support & self care over time is needed to maintain health
- Professionals & patients must share knowledge to maintain or improve health
- Patient's contribution critical



What is a Patient?

Complicated Acute Disease

- A diseased body to be diagnosed and treated
- An autonomous individual with no relevant links to others
- Focus on the disease or organ
- Prescribed treatment
- The person named on the OHIP card

Complex Chronic Condition

- A person with a particular history and personality
- A group of people including the person and those close
- Broad interest in history and lifestyle
- n of 1 trials
- Anyone who has had a significant health care experience themselves or as a companion

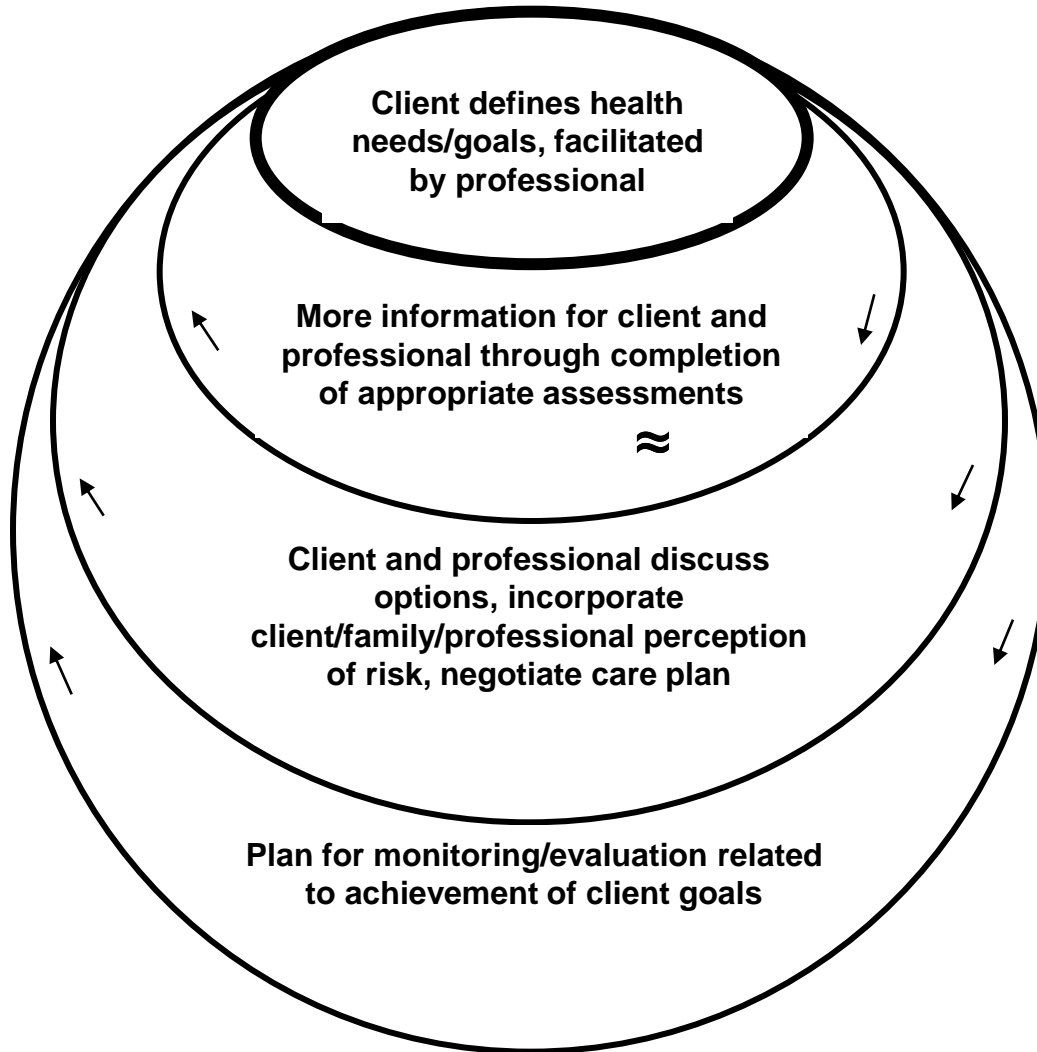


How to Save Money

- Identify population at risk for prevention
- Increase capacity to self-assess and self-manage with mutual support
- Continuous care to maintain health
- Increase efforts to understand and avert acute episodes of chronic conditions
 - Self-monitoring signs of acute onset
 - Easier access to mutual & professional support
 - Rapid response to indications

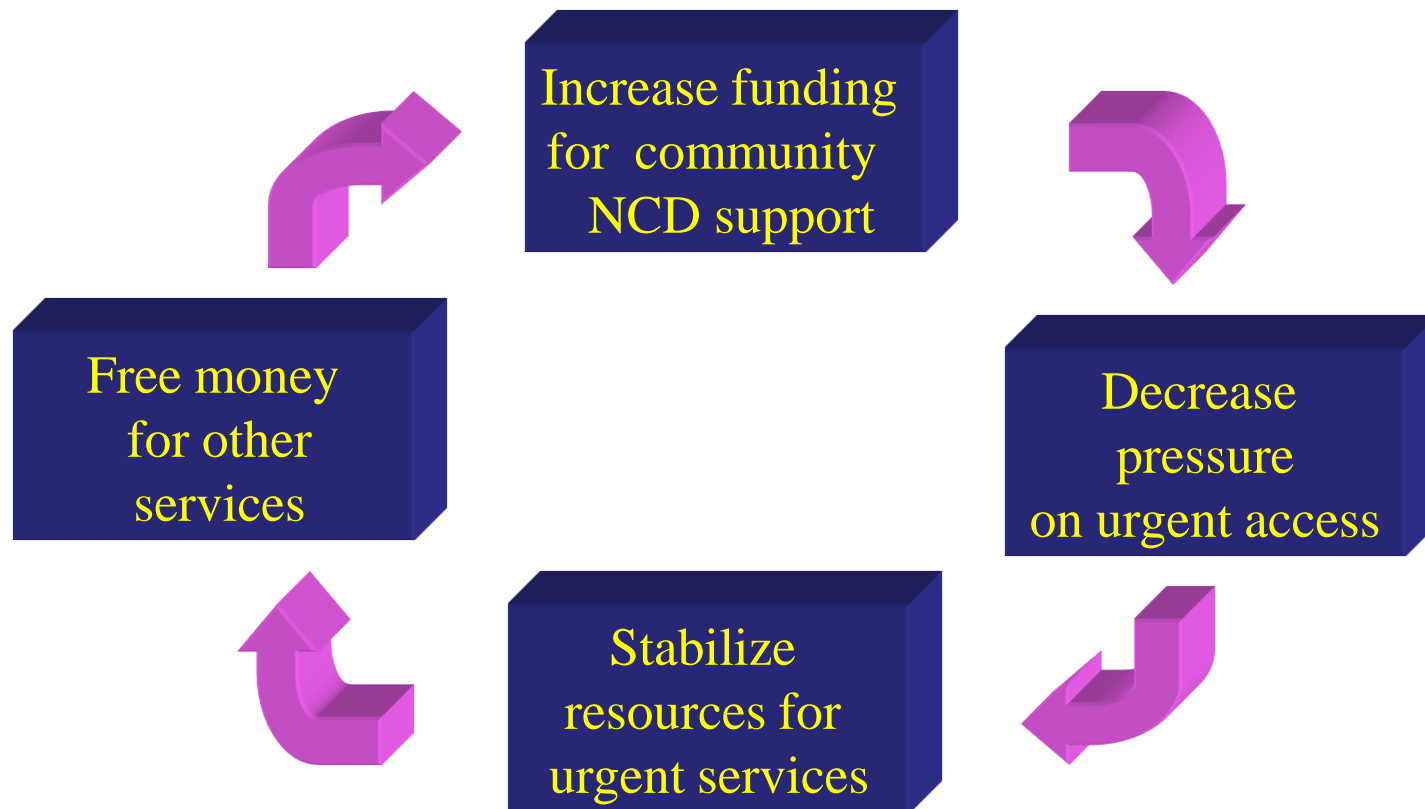


Client driven process





A Virtuous Cycle in ERs





Patients' Association of Canada Mission Statement

As a patient led and patient governed organization, the Patients' Association of Canada promotes the patient voice and the patient perspective in health care in order to improve everyone's health care experience.



Some of our activities

- At the Clinical Level
 - Patients' Choice Awards (with OMA)
 - User Guide How to Navigate the System
- At the Service Delivery Level
 - Redesigning the day of moving in at Baycrest
 - Training front line ER staff to deal with patient anxiety
- At the Policy Level
 - Supporting board members who want to assume the patient perspective: A Trillium project



To Join Us

- Look at the web site
 - www.patientsassociation.ca
 - If you find good reason to,
 - Sign up for the newsletter
- To contribute
 - Write to
communications@patientsassociation.ca
 - Or donate on our web site