In this opening Public Health & Policy column, one topic that transcends many of the public health and policy issues relevant to primary care practice will be examined. That topic is the challenge of providing ongoing care for a patient with a chronic condition. Treatment for a chronic condition has become the major reason why most Americans seek medical care. In 2000, almost one half of all Americans had a chronic condition, and the treatment they received was associated with three quarters of medical care spending. In 2001, one quarter of primary care physicians in this country reported that at least 80% of their patients had 1 or more chronic conditions; and almost 1 in 4 people in the United States have multiple chronic conditions. Policymakers in government, managed care plans, and professional associations are beginning to recognize that systems need to change to provide better access to care for people with chronic conditions. Thus, changes to the health-care financing and delivery systems are worthy of discussion. Policymakers are taking notice, in particular, of the percentage of people with multiple chronic conditions. Approximately two thirds of chronically ill adults aged 16 to 64 years have multiple chronic conditions (Figure 1), and nearly 90% of adults aged ≥65 years have multiple chronic conditions (Figure 2).

People with multiple chronic conditions can be a challenge to the primary care physician. While a specialist might be responsible for a single condition, the primary care physician is often responsible for coordinating care for patients with multiple chronic conditions. Analysis of Medicare claims data suggests that Medicare beneficiaries with multiple chronic conditions visit an average of 8 different physicians during 1 year. Studies have shown that the probability of adverse events such as unnecessary hospitalizations, unnecessary nursing home placements, and drug-drug interactions increases dramatically when the patient...
with multiple chronic conditions is seeing different physicians and is not receiving appropriate coordination of care.5

There are a number of policy initiatives under way to make coordination easier for primary care physicians. Software manufacturers, government agencies, and managed care plans are developing systems that will offer shared access to patient information. The Veterans' Administration, Kaiser Permanente, and other organizations have developed information systems that allow for real-time communication among doctors.

The Medicare program is exploring different ways to compensate primary care physicians for coordinating care. The major obstacles to developing new payment policy involve deciding whom to pay, how often to pay, and what types of patients are most likely to benefit from coordination. Another obstacle is the implementation of privacy rules that limit shared access of patient information. The greatest challenge, however, may not involve information system design, compensation, or privacy regulations. The greatest challenge, instead, may be urging doctors to take the time to transmit patient information to their colleagues which will, in turn, improve quality of care.

Coordinating care is only one policy challenge. There is a growing recognition that the delivery system should be less oriented to providing acute episodic care and more to chronic condition care. Recent surveys of physicians and the public have identified gaps in health insurance benefits as a major area of concern,6 and policymakers are beginning to take note. For example, the current policy debate in Washington, D.C., involves extending prescription drug benefits to Medicare beneficiaries. Medicare is beginning to reexamine its “medical necessity” criterion, which is often used to deny services to Medicare beneficiaries unless the patient is improving. There are other examples of public and private insurers changing their benefit packages in response to the needs of the growing number of people with chronic conditions.

Most payment systems emphasize episodic care, not chronic care. To reinforce good medical care for patients with chronic conditions, 2 specific reforms of the payment system have been recently proposed.7 The first is that risk adjusters must be used in managed care plans to ensure that individuals with chronic conditions receive the appropriate medical and supportive care. People with chronic conditions have higher expected costs, and therefore it is important that the health plans receive increased payments. Capitated physicians also need increased payments. Second, coordinated care activities need adequate funding. Compensation for the time required to provide effective coordination of care among clinical providers, among clinical providers and supportive service providers, and among medical and social service institutions is necessary to support a successful chronic care delivery system.

Primary care physicians are well aware of the problems with the current system. Fortunately, the system is undergoing a transformation that is moving toward including not only acute episodic care, but also chronic care. Policymakers in Washington, D.C., and elsewhere are beginning to examine how to restructure the medical care system to reflect the needs of the growing number of Americans with chronic conditions and the primary care physicians who treat them.

References