

Policy Issues

Anderson, G. F. (2005). Medicare and chronic conditions. *New England Journal of Medicine*, 353(3), 305-309.

The Medicare Modernization Act of 2003 was the first step in orienting Medicare toward care of patients with chronic illnesses. This article explores other changes that will be necessary to reform Medicare to make it truly responsive to the care of patients with chronic illnesses, including change to the delivery system, the research infrastructure, clinical education, and methods of financing medical care.

Auerbach, A. D., Landefeld, C. S., & Shojania, K. G. (2007). The tension between needing to improve care and knowing how to do it. *The New England Journal of Medicine*, 357(6), 608-613.
doi:10.1056/NEJMs070738

This article, outlines the arguments in favor of rapid dissemination of novel quality and safety strategies and the counterpoints to each of the arguments. It concludes by proposing a framework for evaluating interventions to improve the safety and effectiveness of healthcare.

Beal, A. C., Doty, M. M., Hernandez, S. E., Shea, K. K., & Davis, K. (2007). *Closing the divide: How medical homes promote equity in health care* (Results From the Commonwealth Fund: 2006 Health Care Quality Survey). The Commonwealth Fund.

The Commonwealth Fund 2006 Health Care Quality Survey finds that when adults have health insurance coverage and a medical home -- defined as a health care setting that provides patients with timely, well-organized care, and enhances access to providers -- racial and ethnic disparities in access and quality are reduced or even eliminated. When adults have a medical home, their access to needed care, receipt of routine preventative screenings, and management of chronic conditions improve substantially. The survey found that rates of cholesterol, breast cancer, and prostate screening are higher among adults who receive patient reminders, and that when minority patients have medical homes, they are just as likely as whites to receive these reminders. The results suggest that all providers should take steps to create medical homes for patients. Community health centers and other public clinics, in particular, should be supported in their efforts to build medical homes for all patients.

Dartmouth Atlas Project. (2006). *The care of patients with severe chronic illness: A report on the medicare program by the dartmouth atlas project* (Executive Summary). Hanover NH: Center for the Evaluative Clinical Sciences.

The reallocation of resources from the acute care sector to create a population-based community-wide integrated system from managing severe chronic illness is today only a thought experiment. It should become a national goal. The benchmarks from efficient practice indicate that Medicare already invests more than enough money to build and maintain such a system. The problem is that the resources are now largely locked in by Medicare's reimbursement policy.

De Brantes, F., Gosfield, A. G., McGlynn, E., Rosenthal, M., & Levin-Scherz, J. (2005). Clinical practice guidelines for older patients with comorbid diseases (comment). *Journal of the American Medical Association*, 295(1), 34-34.

The author argues that CPGs could be used to establish clinically-relevant payment systems. Payments under this system could be based on evidence-based, clinically appropriate resources and could help to eliminate both over- and under-use. Today's CPGs may not be appropriate for this type of system, but using them to establish changes for simple conditions could later pave the way toward helping those with more complex cases.

Groves, T., & Wagner, E. H. (2005). High quality care for people with chronic diseases. *British Medical Journal*, 330(7492), 609-609-610.

Editorial - an edition of the BMJ dedicated to management of chronic disease

Institute of Medicine. (2008). *Retooling for an aging america: Building the health care workforce*. Washington, D.C.: National Academies Press.

Lawrence, D. M. (2005). Chronic disease care: Rearranging the deck chairs. (comment). *Annals of Internal Medicine*, 143(6), 427-427-438.

Background: Although enthusiasm is growing for self-management programs for chronic conditions, there are conflicting data regarding their effectiveness and no agreement on their essential components.

Purpose: To assess the effectiveness and essential components of self-management programs for hypertension, osteoarthritis, and diabetes mellitus.

Conclusions: Self-management programs for diabetes mellitus and hypertension probably produce clinically important benefits. The elements of the programs most responsible for benefits cannot be determined from existing data, and this inhibits specification of optimally effective or cost-effective programs. Osteoarthritis self-management programs do not appear to have clinically beneficial effects on pain or function.

Lewis, R., & Dixon, J. (2004). Rethinking management of chronic diseases. (see comment). *British Medical Journal*, 328(7433), 220-220-222.

Recent organisational changes to the NHS are bound to affect the care of patients with chronic diseases. But will they help or hinder? Chronic disease represents a huge burden of ill health in the United Kingdom and a large cost to the NHS. Yet for many years government policy has focused on improving access to elective care. Recently, attempts have been made to improve the management of selected chronic conditions through the introduction of national service frameworks together with the associated activity of the NHS Modernisation Agency and the national clinical directors. But the NHS still has no agreed model for managing all chronic diseases. We aim to stimulate debate by suggesting some basic ingredients of good management of chronic diseases and examining how recent policies might influence their development and implementation in the NHS in England.

Mason, D. J., & Lewis, L. (2005). The state of the science: Focus on chronic illness. *American Journal of Nursing*, 105(2), 27-27-28.

This article reports on two papers presented at the National Congress on the State of the Science in Nursing Research. The first paper focuses on the adherence to treatment regimens for chronically ill patients and the nurses who treat them. The effect of co-morbidities on the treatment adherence was also examined. The second paper spoke about a team of advance practice nurses who coordinated patient care of chronically critically ill patients for two months after discharge to try to reduce the readmission rate.

McCord, C. (2004). Asleep at the switch: Local public health and chronic disease. *American Journal of Public Health*, 94(12), 2059-2059-2061.

This article discusses the need for increased public health activity in addressing chronic disease prevention and control.

Placentra, M. *Cost of chronic disease | philadelphia inquirer | 02/12/2008*. Retrieved 10/30/2008, 2008, from <http://www.philly.com/inquirer/gallery/15573857.html>

Starfield, B. (2007). Global health, equity, and primary care. *Journal of the American Board of Family Medicine : JABFM*, 20(6), 511-513. doi:10.3122/jabfm.2007.06.070176

Global health provides a special challenge for primary care and general practice, which will become increasingly important in the future as the prevalence of multimorbidity increases with increasing likelihood of survival from acute manifestations of illness, as populations age, and as costs of care increase with increasing availability of technologic interventions. World organizations of primary care physicians need to take up the challenge before it becomes a crisis.

- Thrall, J. H. (2005). Prevalence and costs of chronic disease in a health care system structured for treatment of acute illness. *Radiology*, 235(1), 9-9-12.
This article discusses the chronic disease, its prevalence, direct and indirect costs, and the importance of radiology in chronic disease. It also discusses the effects of the structure of the health care system on chronic disease.
- Tu, H. T., & O'Malley, A. S. (2007). *Exodus of male physicians from primary care drives shift to specialty practice* (Tracking Report No. 17)Center for Studying Health Systems Change.
An exodus of male physicians from primary care is driving a marked shift in the U.S. physician workforce toward medical-specialty practice. Two factors have helped mask the severity of the shift - a growing proportion of female physicians, who disproportionately choose primary care, and continued reliance on international medical graduates, who now account for nearly a quarter of all U.S. primary care physicians. Primary care physicians' incomes have lost ground to both inflation and medical and surgical specialists' incomes. And women in primary care face a 22 percent income gap relative to men, even after accounting for differing characteristics. If real incomes for primary care physicians continue to decline, there is a risk that the migration of male physicians will intensify and that female physicians may begin avoiding primary care - trends that could aggravate a predicted shortage of primary care physicians.
- Wagner, E. H. (2004). Chronic disease care. (comment). *British Medical Journal*, 328(7433), 177-177-178.
The author provides commentary on the Dixon et al article "Can the NHS learn from US managed care organisations?"
- Wolff, J. L., & Boulton, C. (2005). Moving beyond round pegs and square holes: Restructuring Medicare to improve chronic care. (see comment). *Annals of Internal Medicine*, 143(6), 458-458-459.
Medicare's benefit structure and reimbursement mechanisms are poorly aligned for high-quality chronic care in spite of chronic disease being highly prevalent. There is little evidence to suggest that successful quality improvement initiatives would reduce the costs of the Medicare program. This paper describes chronic care innovations to date and discusses ongoing and planned efforts by the Centers for Medicare and Medicaid Services to test related changes to Medicare's benefit structure and provider reimbursement.
- Woolf, S. H. (2004). Patient safety is not enough: Targeting quality improvements to optimize the health of the population. (see comment) (review). *Annals of Internal Medicine*, 140(1), 33-33-36.
While patient safety is an important issue to address in health care, other issues such as chronic disease management and health promotion are also important, as lives are at stake when considering these topics as well. Policy makers need to consider the system as a whole and consider the potential effect on overall population health when prioritizing health care improvements.