

Health care reform, medicines and the person with multiple chronic health conditions

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National health and hospitals reform commission

- **Connect and integrate health and aged care services**
 - Currently our health system works reasonably well however, the needs of people who need the health system the most; those living with chronic diseases, people with multiple complex health and social problems, and older, increasingly frail people are less well met.



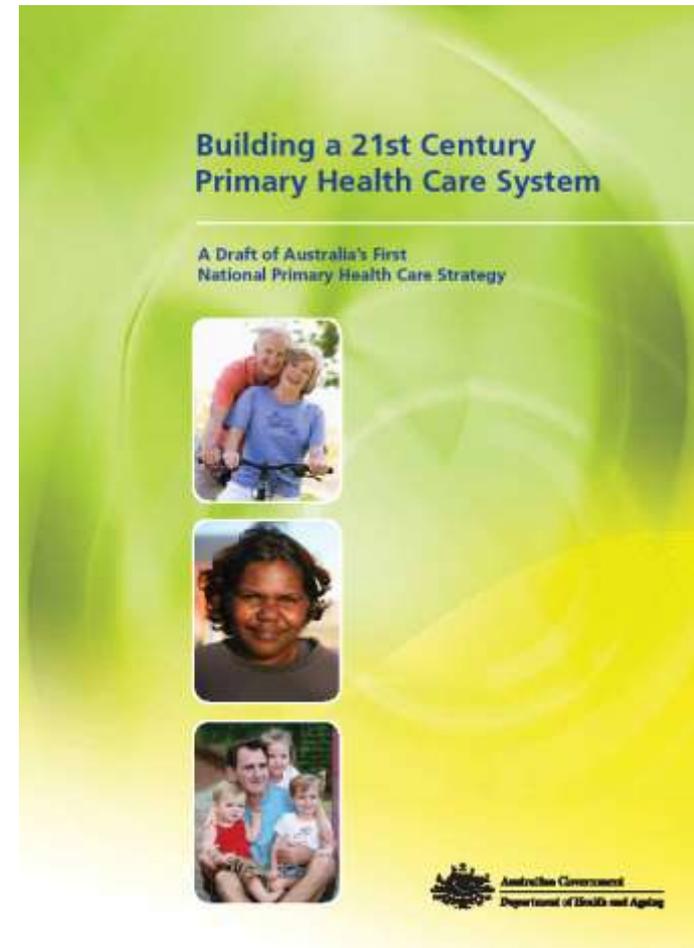
The Health System in Australia has reached Tipping Point

- “While the Australian health system has served us well, it is a system under growing pressure...”
- “We have an extraordinary moment in time in which to redesign our health system”.
- “Now is the time for action if we want to safeguard the health and wellbeing of future generations at an affordable cost to our nation.”
- “We need to **redesign health services around people, making sure that people can access the right** care in the right setting.”



National primary health strategy

- There also is a need for well-integrated, coordinated, continuity of care, particularly for people with multiple, ongoing and complex conditions



<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc>


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National primary health strategy

- A greater focus on patient-centred care
 - emphasise attention to patients' and consumers' psychosocial as well as physical needs ...;
 - focus on a 'partnership in care' between patients, their carers and their health professionals;



National primary health strategy

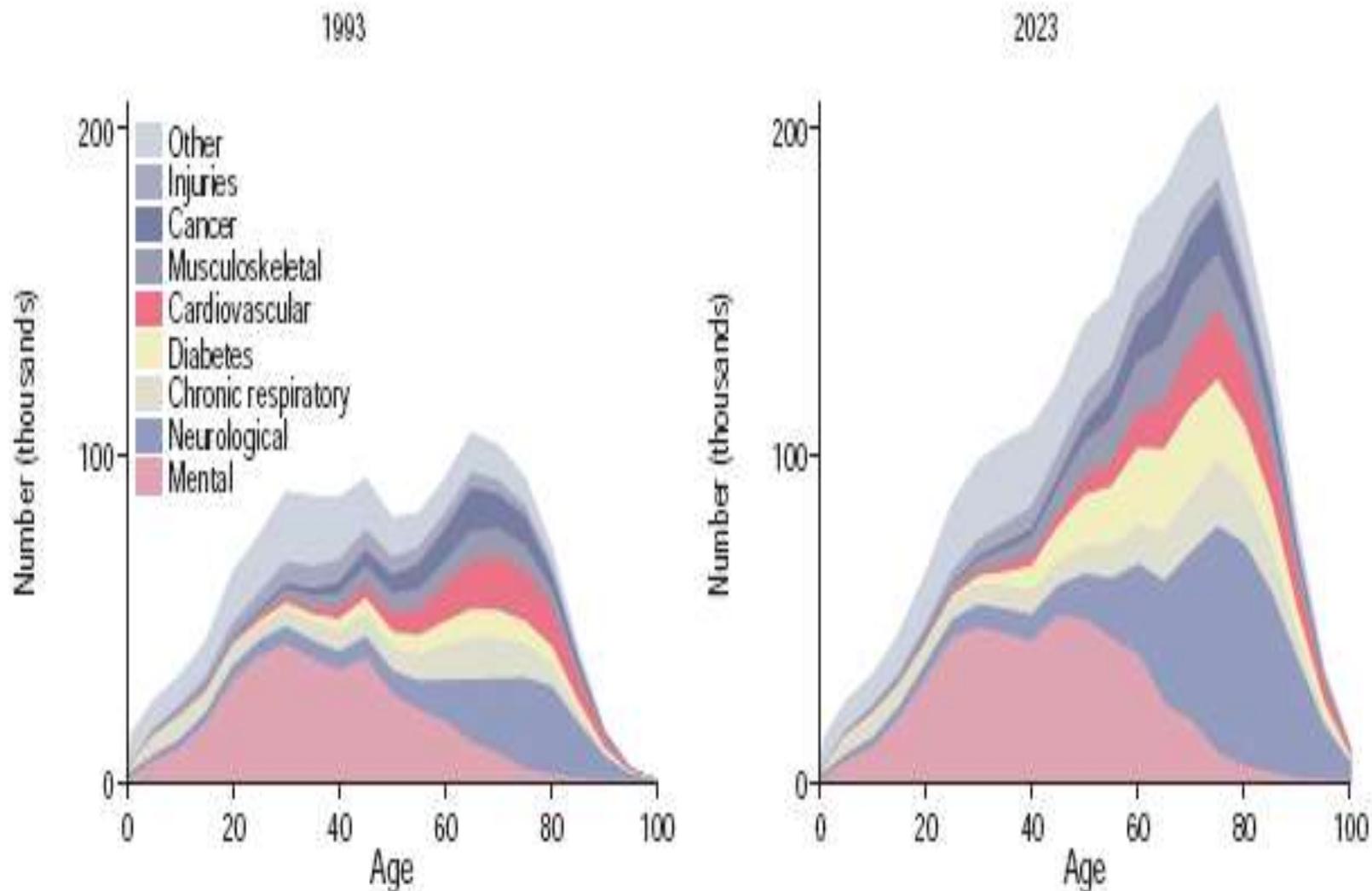
- facilitate active patient involvement in decision-making, including taking personal preference into account;
- promote effective self-care to support adherence to agreed treatment options and in achieving related necessary behaviour changes.



Combinations of chronic illness are common in the older people

- Among those aged 65 years or over
 - 4% no chronic conditions
 - 6% one chronic condition
 - 9% two chronic conditions
 - 81% three or more chronic conditions
- Increasing numbers of chronic diseases associated with poorer self-reported-health and increased difficulties with one or more activities of daily living



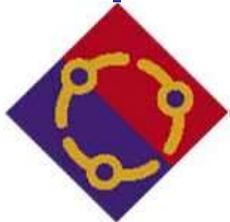


The ageing of the population means more people will be living longer with chronic diseases

Figure 6.8: Prevalence of disability (PYLD) due to selected broad cause groups for both sexes combined by age, Australia, 1993 and 2023

The combination of chronic conditions makes management harder

- 60% of people with diabetes will have a another condition that makes management difficult
- More than 90% of people with heart failure will have a another condition that makes management difficult
- 90% of people with depression will have a another condition that may complicate management



The risk of harm from their health care is high

- 90% will have at least one medicine-related problem
 - of which 80% are likely to be resolvable
- One in five will be living with a current adverse drug reaction
- 10% will have experienced an error in their care
- These problems will be responsible for 30% of unplanned hospital admissions for older people (over 75)
 - of which 25% - 75% are potentially preventable



What are some of the contributing factors?

- Age
- Lack of studies to provide evidence on the effects of managing a patient with multiple chronic health problems
- Lack of coordination of care
- Low use of effective health services
- Information not provided
- Information provided but conflicting
- Information provided but not followed



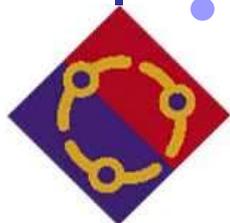
Leading causes of burden of disease in Australia 2023

Men

- Diabetes
- Heart disease
- Depression / Anxiety
- **Dementia**
- Hearing loss
- Lung cancer
- Stroke

Women

- Depression / Anxiety
- Diabetes
- **Dementia**
- Heart disease
- Stroke
- Breast cancer
- Lung cancer

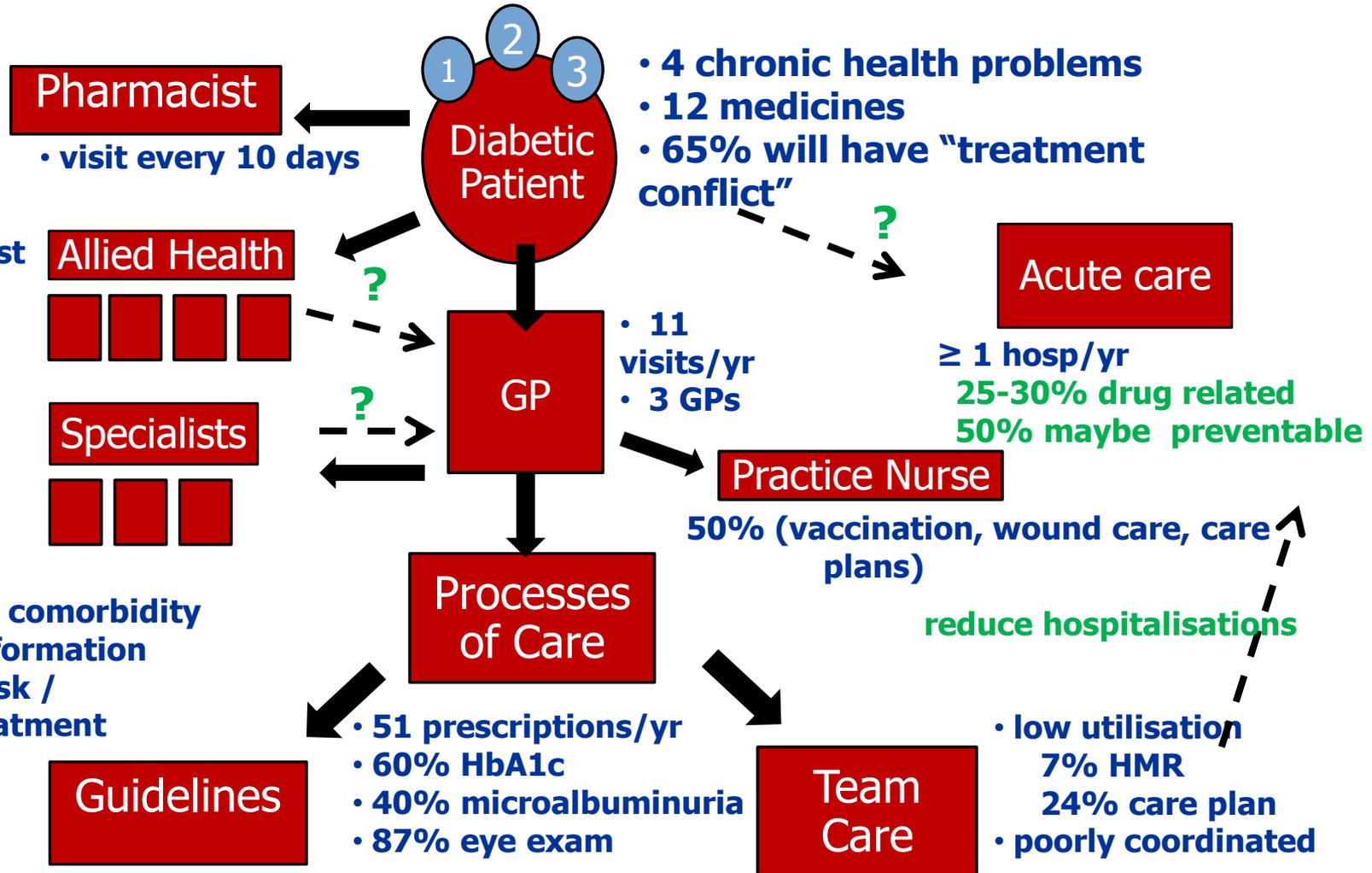


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AIHW 2007

Complexity of Multiple Conditions



Home Medicines Review is an evidence based health service that should be offered to every person with multiple chronic health problems

Collaborative medicines review requires the referral of a patient by a doctor to a pharmacist.



Home Medicines Reviews (HMR)

- HMR for warfarin users led to a 79% reduction in hospitalisations due to bleeding in the 2-6 months after the home medicines review.
(risk moves from 5/100 patients/year to 1/100 patients/year)
- The effect observed was time-limited, which is consistent with the likely impact of educational interventions. *Consider a HMR every 6 months.*
- *Note: less than 5% of veterans taking warfarin received a HMR*



Improvements in outcomes for Heart Failure patients who received an HMR

- For those who with HF who received a home medicines review there was a 46% reduction in the likelihood of hospitalisation for heart failure at any time (HR, 0.54 95% CI, 0.38-0.77).
- This delay equated to a delay of 7 months between re-hospitalisations.
- **Note: less than 5% of veterans being treated for heart failure received a HMR**

The effectiveness of collaborative medicine reviews in delaying time to next hospitalisation for heart failure patients in the practice setting: results of a cohort study.

Roughead E, Barratt J, Ramsay E, Pratt N, Ryan P, Peck R, Killer G, Gilbert A.

Circulation: Heart Failure 2009 Sep;2(5):424-8.

http://www.ncbi.nlm.nih.gov/pubmed/19808372?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=5



Conclusion

- As the health reforms are further developed we need to;
 - Raise the profile of management of comorbidity
 - Prioritise development of the evidence base and education for health professionals
 - Utilise effective health services for people with multiple chronic health problems
 - Further develop data collection and evaluation to continually inform health care and policy development

