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Editorial

The “Crossroads” and Beyond

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Today, health care tops the agenda of every consumer group, employer, legislator, and presidential candidate. The reasons are clear. The United States is facing economically unsustainable increases in health care costs, fueled in part by the unprecedented growth of the over-65 population and a precipitous rise in the prevalence of chronic conditions associated with age.

The demographic shift now under way is the result of declining birth rates coupled with an aging population. According to US census projections (in 2000), by 2025, 62.6 million Americans will be over the age of 65.¹ On a global scale, the numbers are even more astounding. Experts now project that more than 1 in every 5 people worldwide will be over the age of 60 by the year 2050.²

It doesn't stop there. We are not just getting older – we are also getting sicker. A landmark study by the RAND Corporation estimated that 125 million Americans (approximately 45% of the population) had 1 or more chronic conditions in the year 2000.³ Moreover, the prevalence of chronic conditions increases with age; 66% of people (in a sample of those aged 65 and older) reported having at least 1 chronic condition.⁴

One ripple effect of a rapid increase in the prevalence of chronic conditions will be the extra burden it is likely to place on the already shrinking pool of health care professionals. By 2020, the United States is expected to face a

shortage of more than 1 million nurses and up to 200,000 physicians.⁵

Health care costs will almost certainly skyrocket as more health care services are required to treat and manage chronic conditions and safety issues associated with aging. Looking at Medicare spending alone, 66% is for beneficiaries with 5 or more chronic conditions.⁶ Survey data from 1998 suggest that 78% of *all US health care spending* was for people with 1 or more chronic conditions.⁷ National Health Interview Survey (2000-2001) data have begun to show increases in the number of elderly people needing assistance with personal care and acute medical services for injuries suffered during falls.⁸ Another sobering statistic – in 2001 more than 11,600 persons age 65 and older died as a result of a fall.⁸

Here in the United States, these serious and complex issues exist within a health care system framework that is largely fragmented, uncoordinated, and “un-connected” – a “broken” system in which efforts to improve quality and coordination go unrewarded. It is evident that, without significant changes, our health care system will lack the capacity to meet the needs of this new demographic.

Over the past decade, concerned policy makers, public health agencies, health plans, hospital systems, and physician practices have discussed these issues and implemented promising interventions; however, most of these have

been undertaken by one sector in isolation from the others. To achieve the overarching public health goals for the aging population, all stakeholders must collaborate to develop effective, integrated systems and strategies and to monitor systemwide quality improvement.

Increasingly, stakeholders have been looking to the technology industry as a key partner in researching and developing the tools that are vital to the success of health information communication and system integration. They might also look to technology for novel solutions to the challenge of scaling care for the fast-growing population of older and elderly adults.

The following pages chronicle discussions among a broad range of experts on the issues related to the aging population and chronic conditions. In addition to providing insights from various perspectives, it is a model for the kind of cross-sector dialogue and cooperation necessary for meeting the present challenges and transforming the health care system.

I hope that you, the disease management community, will be inspired to join the panelists in forging a safe, high-quality, cost-effective path through the “crossroads.” If you would like to view the webcast in its entirety, it is available at: <<http://www.visualwebcaster.com/event.asp?id=40457>>.

As always, I welcome your comments. I can be reached by email at david.nash@jefferson.edu.

AUTHOR DISCLOSURE

Intel Corporation compensated the Department of Health Policy at Jefferson Medical College for editorial management and coordination efforts related to production of an enduring material based on the proceedings of the “Chronic Care at the Crossroads” summit. David B. Nash, MD. MBA provided editorial oversight for the project.