



The Case for Better Care

Americans are Living Longer but Often Sicker, with Multiple, Complex Health Conditions

- In 2008, nearly 40 million Americans were age 65 or older – accounting for one in every eight Americans or nearly 13 percent of the general population.¹
- The nation is aging. Researchers estimate that in 2030, when all the Baby Boomers join the ranks of the older population, about 72.1 million people – or close to one in five U.S. residents – will be age 65 and older. This is nearly twice their number in 2008.²
- The older population is becoming more racially and ethnically diverse. Members of minority groups are projected to represent more than 25 percent of the older population (age 65 and older) in 2030, up from about 16 percent in 2000.³
- Chronic conditions – like heart disease, diabetes, severe arthritis, or high blood pressure – are health conditions expected to last at least one year and often require ongoing medical intervention.⁴
- Common health conditions like hypertension, arthritis, heart disease, cancer, diabetes, stroke, obesity, and depression are examples of chronic diseases and illnesses.⁵
- Chronic conditions limit what an individual can do in everyday life. Approximately one out of four people living with a chronic illness experiences significant limitations in their daily activities.⁶

- People with multiple chronic conditions are often significantly limited physically and can have difficulty with daily activities such as walking, eating and bathing. In addition to medical services, individuals who have chronic health conditions often need personal, social or other support services over an extended period of time.⁷
- Seven in ten U.S. deaths each year are caused by chronic disease.⁸

Chronic Conditions Disproportionately Affect Older Adults

- Older adults are more likely to have multiple chronic conditions. Nine in 10 older Americans (age 65 and older) have at least one chronic health condition and 77 percent have multiple chronic conditions.⁹
- The average 75-year-old has three chronic conditions and takes five prescription drugs.¹⁰
- Among Medicare beneficiaries, nine out of 10 deaths are associated with nine specific chronic conditions: congestive heart failure, chronic lung disease, cancer, coronary artery disease, renal failure, peripheral vascular disease, diabetes, chronic liver disease, and dementia.¹¹
- Women, racial and ethnic minorities, and low-income persons ages 65 and older are at higher risk for having multiple chronic health conditions than others in their age group.^{12 13 14}

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The Need for Care Coordination

- Older adults with multiple (five or more) chronic health conditions have an average of 37 doctor visits, 14 different doctors, and 50 separate prescriptions each year.¹⁵
- As the number of doctors and specialists involved in a patient's care increases, patients are likely to find it more difficult to coordinate their care.¹⁶
- Large numbers of older adults with multiple chronic health conditions report duplicate tests and procedures, conflicting diagnoses for the same set of symptoms, contradictory medical information, and not receiving adequate information about potential drug interactions when they fill prescriptions.¹⁷
- People with five or more chronic health conditions experience avoidable hospitalizations at 15 times the rate of those with one condition.¹⁸

¹U.S. Administration on Aging (2008). Annual Estimates of the Resident Population by Sex and Five-Year Age Groups for the United States: July 1, 2008. Retrieved September 25, 2009, from

http://www.aoa.gov/AoARoot/Aging_Statistics/Census_Population/Population/2008/docs/2008-National-Population-Estimates.xls.

²U.S. Census Bureau, National Population Projections, Table 2: Projections of the Population by Selected Age Groups and Sex for the United States: 2010 to 2050 (August 2008). Retrieved July 22, 2009, from

<http://www.census.gov/population/www/projections/files/nation/summary/np2008-t2.xls>.

³Agency for Healthcare Research and Quality (2008). *National Healthcare Disparities Report, 2008*. Retrieved October 6, 2009, from <http://www.ahrq.gov/qual/nhqr08/nhqr08.pdf>.

⁴Agency for Healthcare Research and Quality (2008). *National Healthcare Disparities Report, 2008*. Retrieved October 6, 2009, from <http://www.ahrq.gov/qual/nhqr08/nhqr08.pdf>.

⁵Centers for Disease Control and Prevention (2009). *Chronic Diseases: The Power to Prevent, The Call to Control—At a Glance 2009*. Retrieved July 23, 2009, from <http://www.cdc.gov/nccdphp/publications/AAG/chronic.htm>.

⁶Centers for Disease Control and Prevention (2009). *Chronic Diseases: The Power to Prevent, The Call to Control—At a Glance 2009*. Retrieved July 23, 2009, from <http://www.cdc.gov/nccdphp/publications/AAG/chronic.htm>.

⁷Partnership for Solutions (2004). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University. Retrieved October 13, 2009 from, <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf>.

⁸Kung, H-C., Hoyart, D., Xu, J., & Murphy, S. (2008). *Deaths: Final Data from 2005*. Centers for Disease Control and Prevention. Retrieved July 23, 2009, from http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf.

⁹Machlin, S., Cohen, J., & Beaugard, K., op. cit., pg. 5, Figure 1.

¹⁰Centers for Disease Control and Prevention and the Merck Institute of Aging & Health (2004). *The State of Aging and Health in America 2004*. Retrieved October 2, 2009 from, http://www.cdc.gov/aging/pdf/State_of_Aging_and_Health_in_America_2004.pdf.

¹¹The Dartmouth Institute for Health Policy and Clinical Practice (2008). *Tracking the Care of Patients with Severe Chronic Illness: The Dartmouth Atlas of Health Care 2008*. The Trustees of Dartmouth College. Retrieved October 13, 2009, from http://www.dartmouthatlas.org/atlas/2008_Chronic_Care_Atlas.pdf.

¹²Anderson, G. (2007). *Chartbook, Chronic Conditions: Making the Case for Ongoing Care*. Johns Hopkins University. Retrieved October 1, 2009, from http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf

¹³Centers for Disease Control and Prevention (2009). *The Power of Prevention: Chronic Disease...The Public Health Challenge of the 21st Century*. Retrieved July 23, 2009, from <http://www.cdc.gov/nccdphp/publications/PowerOfPrevention/pdfs/2009-Power-of-Prevention.pdf>.

¹⁴National Center for Healthcare Statistics (2006). *Health, United States, 2006*. Hyattsville, MD: U.S. Department of Health and Human Services. Retrieved October 4, 2009, from <http://www.cdc.gov/nchs/hus/06.pdf>.

¹⁵Berenson, R. & Horvath, J. (2002). *The Clinical Characteristics of Medicare Beneficiaries and Implications for Medicare Reform*. Prepared for: The Center for Medicare Advocacy Conference on Medicare Coordinated Care, Washington, DC. Retrieved September 24, 2009, from www.partnershipforsolutions.org.

¹⁶National Academy of Social Insurance (2003). *Medicare in the 21st Century: Building a Better Chronic Care System*. Washington, DC. Retrieved October 13, 2009, from http://www.nasi.org/usr_doc/Chronic_Care_Report.pdf.

¹⁷Anderson, G. (2007). *Chartbook, Chronic Conditions: Making the Case for Ongoing Care*. Johns Hopkins University. Retrieved October 1, 2009, from http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf

¹⁸Partnership for Solutions (2004). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University. Retrieved October 13, 2009 from, <http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf>.