



# The Case for Better Care

## *Effective Care Coordination: The Key to Improving Care for the Chronically Ill*

### **Better Coordinated Health Care is Crucial to Vulnerable Older Adults with Multiple Chronic Health Conditions and their Family Caregivers**

- 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.<sup>1</sup>
- 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.<sup>2</sup>
- 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.<sup>3</sup>
- 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.<sup>4</sup>
- People with five or more chronic health conditions experience avoidable hospitalizations at 15 times the rate of those with one condition.<sup>5</sup>

- One in five older adults with complex chronic health conditions – like diabetes, heart disease or severe arthritis – are readmitted to the hospital within 30 days because they go home without the information and support they need to take care of themselves and they get no follow-up care.<sup>6</sup>

### **Chronic Health Conditions Come with a Hefty Price Tag for Patients, Families, and Caregivers**

- The average adult aged 55-64 with at least one chronic condition spent \$7,377 on health care in 2006, compared to \$4,951 for younger persons.<sup>7</sup>
- People with serious chronic conditions use a variety of methods to finance their health care including savings (38 percent), government aid (36 percent), borrowing or receiving money from another family member or friend (27 percent), and/or taking money from a retirement fund (16 percent).<sup>8</sup>
- In 2007, family members caring for someone age 50 or older reported spending an average of \$5,531 out of their own pocket to help with their loved one's medical care.<sup>9</sup>
- One in three caregivers used their savings (34 percent) or cut back on basic home maintenance (32 percent), and nearly one in four caregivers (23 percent) cut back on spending for their own health or dental care, to help with the expenses associated with caring for their relative or friend.<sup>10</sup>

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- Out-of-pocket spending remains high for family caregivers with extremely limited incomes. Those with the lowest income (less than \$25,000 per year) report an average annual expense of more than \$5,000 – or more than 20 percent of their annual income.<sup>11</sup>

conditions – known as family caregivers – often have to alter their everyday lives to accommodate these health concerns.<sup>12</sup>

- In 2009, an estimated 43.5 million family caregivers provided care to someone age 50 years or older, typically a mother.<sup>13</sup>

## Coordinating Care for a Loved One with Chronic Health Conditions Places a Heavy Burden on the Caregiver

- Family members and friends who arrange or provide care for loved ones with chronic

- The estimated economic value of caregivers (unpaid) contributions – for example, helping with daily activities like bathing, managing medications, preparing meals, providing travel to doctors' appointments and talking with health care providers – was approximately \$375 billion in 2007.<sup>14</sup>

<sup>1</sup> Agency for Healthcare Research and Quality (2008). *National Healthcare Disparities Report, 2008*. Retrieved October 6, 2009, from <http://www.ahrq.gov/qual/nhqr08/nhqr08.pdf>.

<sup>2</sup> Berenson, 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](http://www.partnershipforsolutions.org).

<sup>3</sup> National Academy of Social Insurance (2003). *Medicare in the 21<sup>st</sup> Century: Building a Better Chronic Care System*. Washington, DC. Retrieved October 13, 2009, from [http://www.nasi.org/usr\\_doc/Chronic\\_Care\\_Report.pdf](http://www.nasi.org/usr_doc/Chronic_Care_Report.pdf).

<sup>4</sup> Anderson, 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](http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf)

<sup>5</sup> Partnership for Solutions (2004). *Chronic Conditions: Making the Case for Ongoing Care*. Baltimore, MD: Johns Hopkins University. Retrieved October 13, 2009, [http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook\\_FINAL.pdf](http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf)

<sup>6</sup> Jencks, S., Williams, M., & Coleman, E. (2009). Rehospitalizations among patients in the Medicare fee-for-service program. *New England Journal of Medicine*, 360(14): 1418-1428.

<sup>7</sup> Vistnes, J., Cooper, P., Bernard, D., & Banthin, J. (2009). *Near-Elderly Adults Aged 55-64: Health Insurance Coverage, Cost and Access*. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved October 7, 2009, from <http://www.ahrq.gov/data/meps/mepsneareld/nearelderly.pdf>.

<sup>8</sup> The Gallup Organization (2002). *Serious Chronic Illness Survey*. Washington, DC.

<sup>9</sup> National Alliance for Caregiving and Evercare (2007). *Evercare Study of Family Caregivers—What They Spend, What They Sacrifice: The Personal Financial Tool of Caring for a Loved One*. Retrieved July 23, 2009, from [http://www.caregiving.org/data/Evercare\\_NAC\\_CaregiverCostStudyFINAL20111907.pdf](http://www.caregiving.org/data/Evercare_NAC_CaregiverCostStudyFINAL20111907.pdf).

<sup>10</sup> National Alliance for Caregiving and Evercare (2007). *Evercare Study of Family Caregivers—What They Spend, What They Sacrifice: The Personal Financial Tool of Caring for a Loved One*. Retrieved July 23, 2009, from [http://www.caregiving.org/data/Evercare\\_NAC\\_CaregiverCostStudyFINAL20111907.pdf](http://www.caregiving.org/data/Evercare_NAC_CaregiverCostStudyFINAL20111907.pdf).

<sup>11</sup> National Alliance for Caregiving and Evercare (2007). *Evercare Study of Family Caregivers—What They Spend, What They Sacrifice: The Personal Financial Tool of Caring for a Loved One*. Retrieved July 23, 2009, from [http://www.caregiving.org/data/Evercare\\_NAC\\_CaregiverCostStudyFINAL20111907.pdf](http://www.caregiving.org/data/Evercare_NAC_CaregiverCostStudyFINAL20111907.pdf).

<sup>12</sup> National Academy on an Aging Society (1999). *Chronic Conditions: A Challenge for the 21<sup>st</sup> Century*. Washington, DC: Georgetown University. Retrieved October 1, 2009, from <http://www.agingociety.org/agingsociety/pdf/chronic.pdf>.

<sup>13</sup> National Alliance for Caregiving and AARP (2009). *Caregiving in the U.S: A Focused Look at Those Caring for Someone Age 50 or Older: Executive Summary*. Retrieved December 18, 2009, from <http://www.caregiving.org/data/FINALRegularExSum50plus.pdf>.

<sup>14</sup> AARP Public Policy Institute (2008). *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*. Retrieved July 23, 2009, from [http://assets.aarp.org/rgcenter/il/i13\\_caregiving.pdf](http://assets.aarp.org/rgcenter/il/i13_caregiving.pdf), page 1.