

How the Current System Fails People With Chronic Illnesses

Reinhard Priester
Robert L. Kane
Annette M. Totten

Copyright 2005 by the Society of Actuaries.

All rights reserved by the Society of Actuaries. Permission is granted to make brief excerpts for a published review. Permission is also granted to make limited numbers of copies of items in this monograph for personal, internal, classroom or other instructional use, on condition that the foregoing copyright notice is used so as to give reasonable notice of the Society's copyright. This consent for free limited copying without prior consent of the Society does not extend to making copies for general distribution, for advertising or promotional purposes, for inclusion in new collective works or for resale.

Abstract

The Institute of Medicine concluded in 2001 that with regard to quality, “between the health care we have and the care we could have lies not just a gap, but a chasm.” In fact, the chasm is not only over quality. The lack of access, financial barriers, high costs and workforce shortages are among the other dimensions of our health care system that further expose the chasm between “what is” and “what should be.” These deficiencies are particularly troubling for people with chronic conditions who, on average, use the health care system more frequently, consume more health care resources and are more likely to see multiple health care professionals and have long-term relationships with them. When the health care system fails, chronically ill patients are often harmed the most. The foremost reason America’s health care system cannot optimally provide the services needed by people with chronic conditions is that the system remains based on an episodic, acute care medical model. In addition, care is often fragmented and poorly coordinated, families’ and patients’ roles are too restricted, information technology (IT) is not fully utilized, too few providers are adequately trained in chronic care and economic incentives are at odds with quality care. This paper explores these deficiencies and examines how they hinder the provision of optimal chronic illness care.

A version of this paper will appear in Kane, R. L., Priester, R., & Totten, A. (in press) *Meeting the Challenge of Chronic Illness*. Baltimore, MD: Johns Hopkins University.

Reinhard Priester, J.D., is a coordinator, Division of Health Services Research and Policy, School of Public Health, University of Minnesota; Robert L. Kane, M.D., is a professor and Minnesota Chair in Long-Term Care and Aging, School of Public Health, University of Minnesota; and Annette M. Totten, Ph.D., is a research associate, Division of Health Services Research and Policy, School of Public Health, University of Minnesota