

# Age-related multiple chronic disease: a challenge to health systems in Europe

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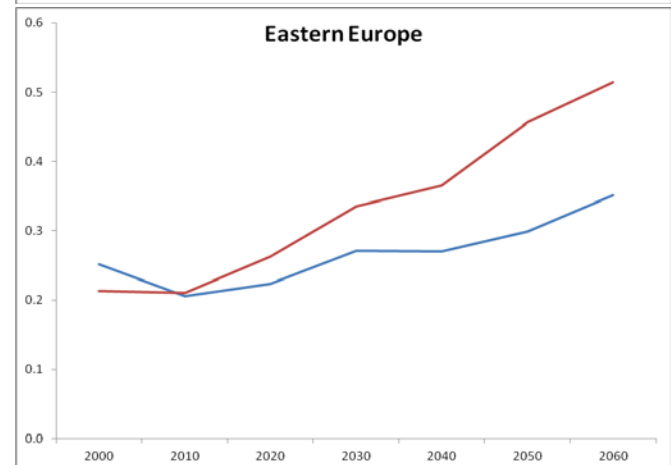
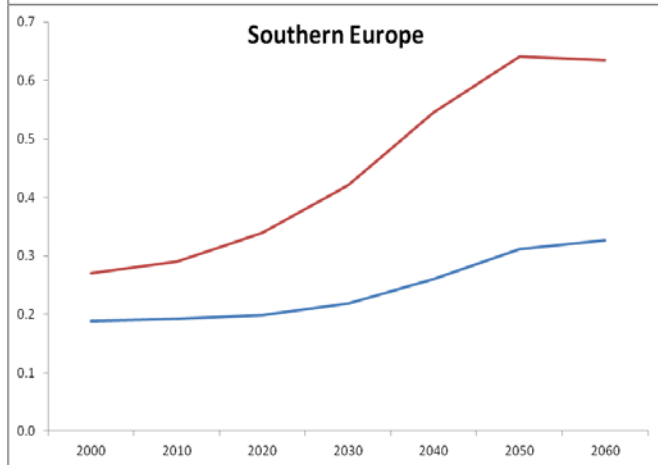
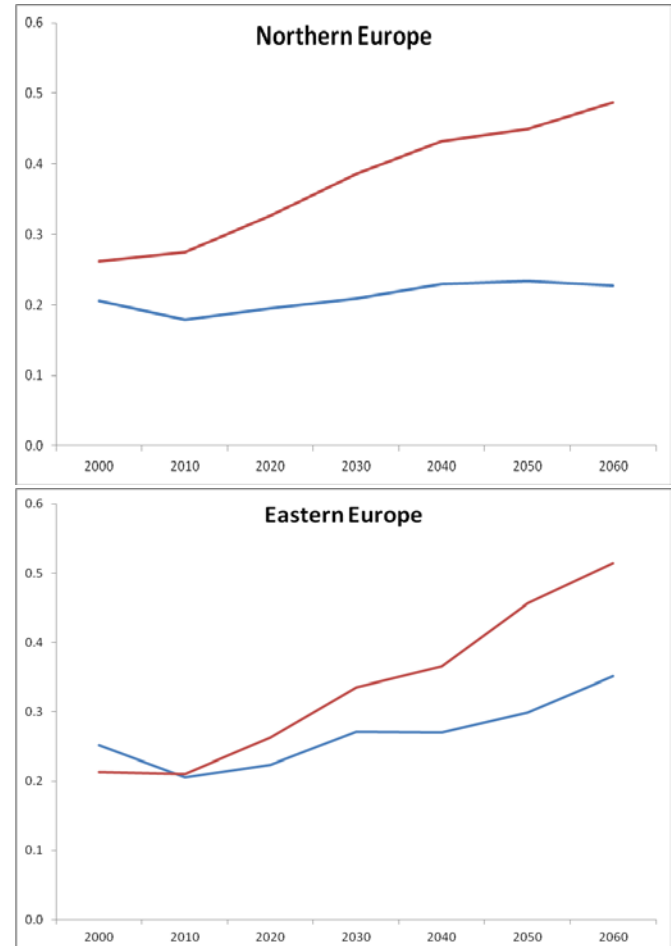
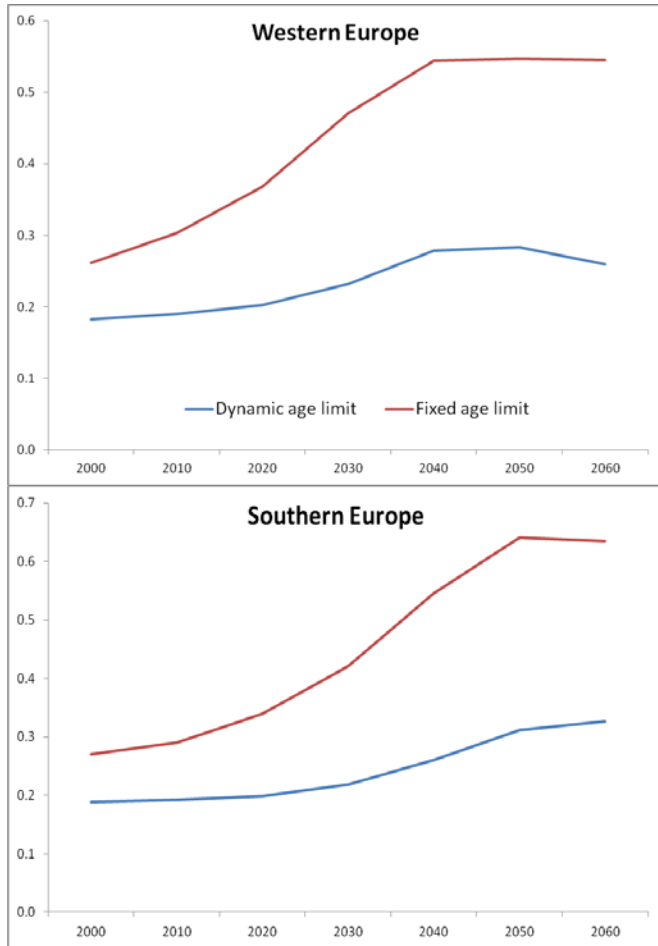
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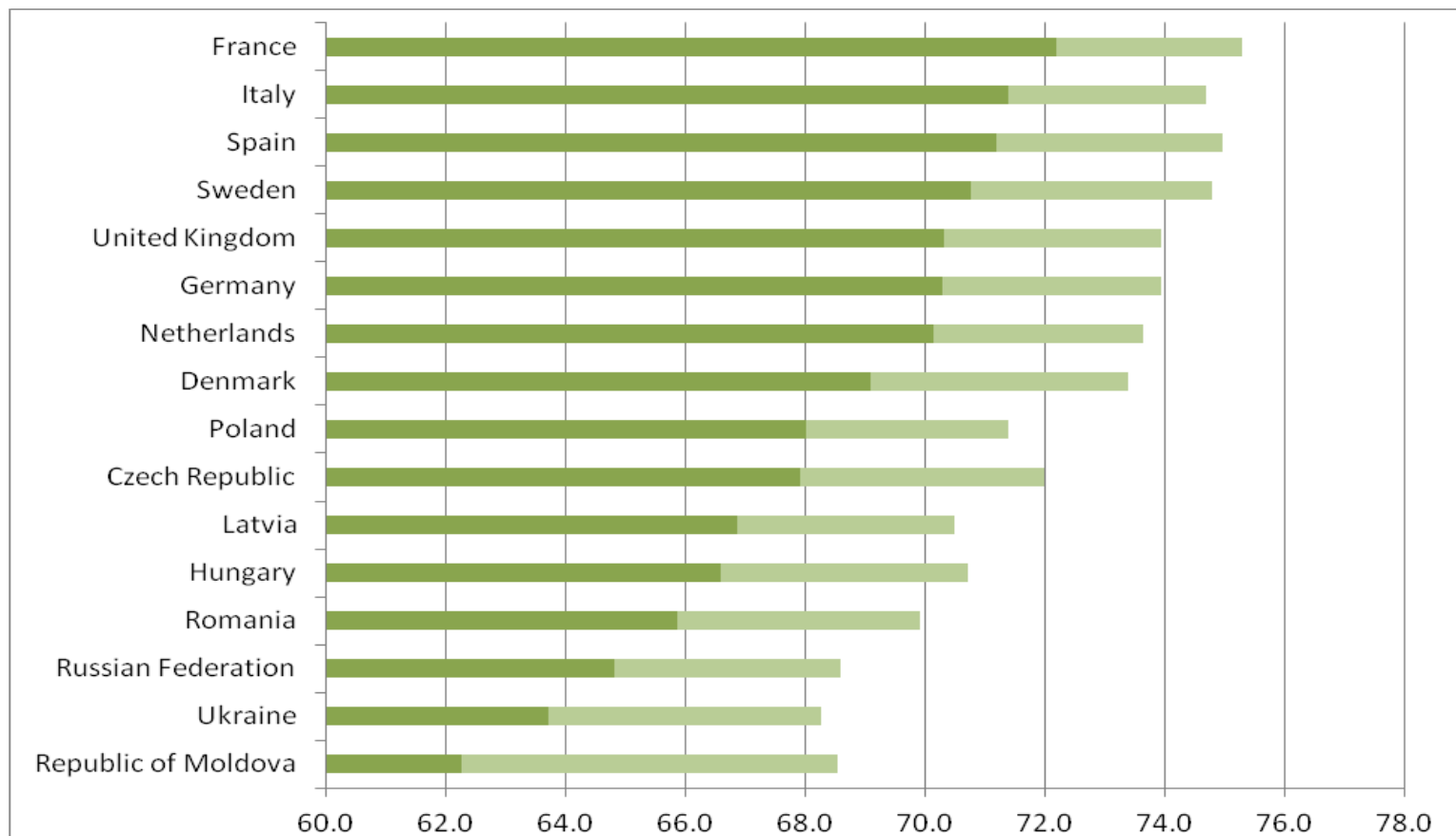


# Population ageing will accelerate over the next two decades



Source: European Centre for Social Welfare Policy and Research, unpublished, 2012.

# At what age can people expect to live another 15 years, in 2010 and in 2050?



Source: *World population prospects, the 2010 revision*. New York, United Nations, Department of Economics and Social Affairs, 2010.

# Burden of disease from noncommunicable diseases: mortality versus disability

## Five main causes for burden of disease, people aged 60+

Years of life lost

Years with disability

Ischaemic heart disease

Dementia

Stroke

Hearing loss

Lung cancer

Osteoarthritis

Colon & rectum cancer

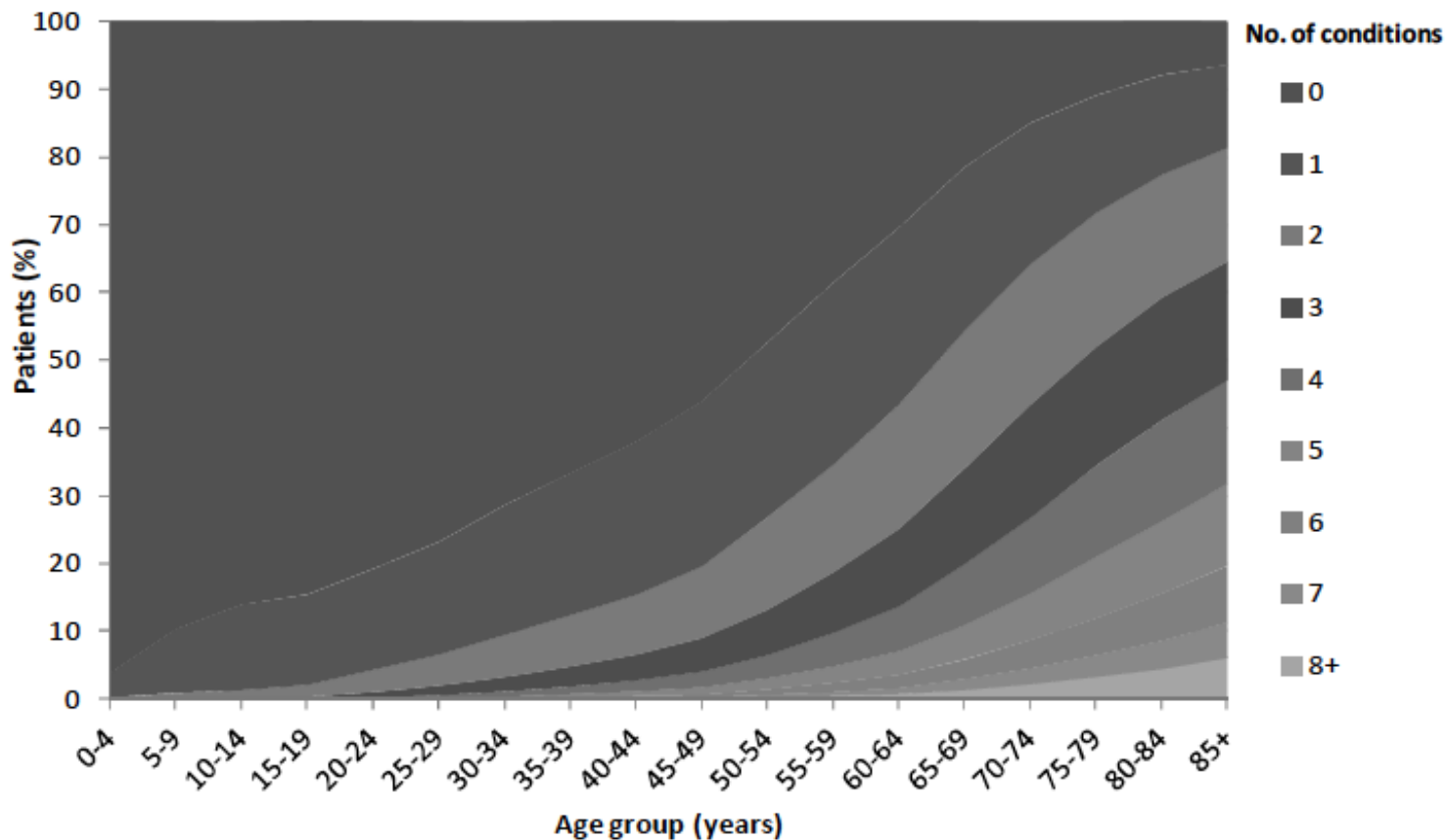
Ischaemic heart disease

Chronic obstructive  
pulmonary disease

Stroke

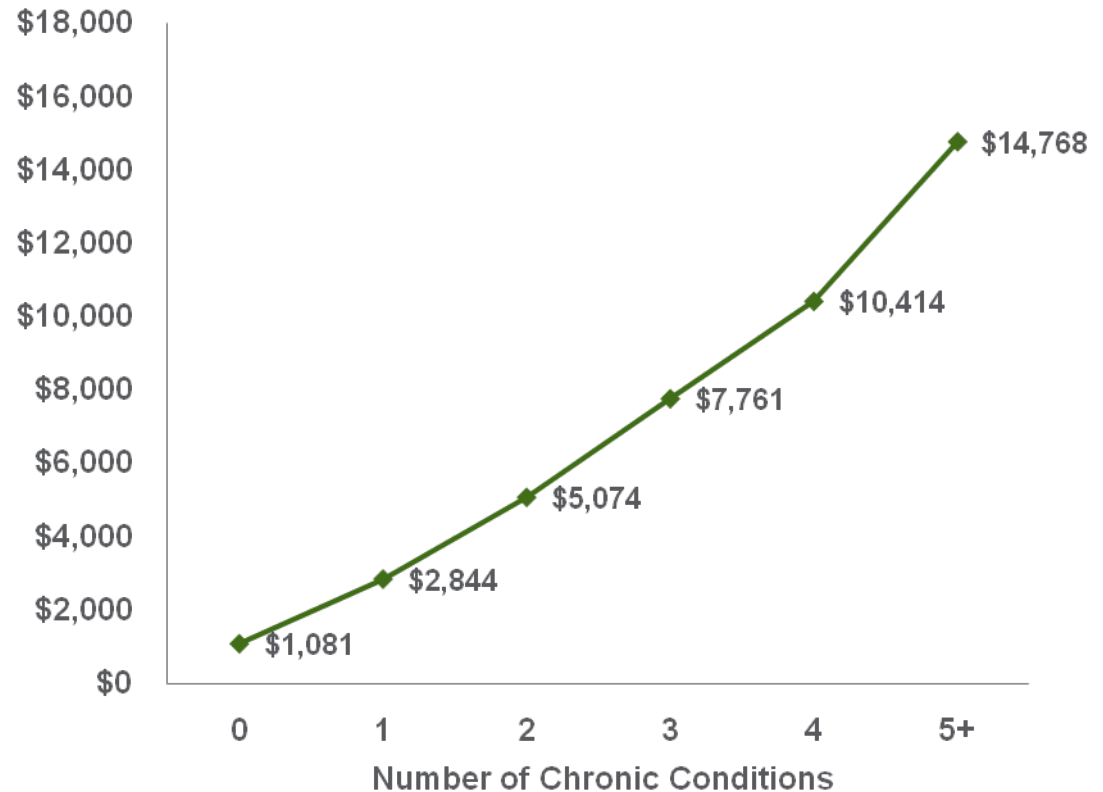
Source: WHO (2008) Global burden of disease estimates, Geneva

# Prevalence of multiple chronic conditions increases rapidly with age: Scotland



# Per capita health expenditure increases with the number of chronic conditions (US example)

Expenditure are 14-fold for people with five or more chronic conditions



Source: US Medical Expenditure Panel Survey, 2006

# Multiple challenges of multi-morbidity

- Synergistic detrimental effect of diseases
- Lack of guidelines for multiple conditions
- Adverse interactions of drugs
- Need for coordination across multiple specialities
- Cost-sharing can create financial barriers to care for older people in particular

# Health spending is hit by the financial crisis, affecting older people in particular

- In a number of countries, costs were shifted to patients
- User charges increase financial burden on households
- This is likely to reduce use of services among lower-income individuals and older people and people needing complex care, even when user charges is low

Source: WHO (2012) Health policy responses to the financial crisis in Europe, Policy Summary 5, European Observatory on Health Systems and Policies



# Health systems are often biased toward acute care

- **Fragmented**, structured in “disease silos”
- **Reactive**, symptom driven
- Too few **early interventions** and **rehabilitation** activities
- **Provider-centered**, with limited patient participation

# There is a growing evidence base for what works in chronic care

- **Coordinated:** 'seamless' care between providers
- **Preventive:** focus on pre-disease and early stages
- **Proactive:** risk & impact driven
- **Continuous:** care within the patient's daily routine
- **Participatory, patient centred:** patient empowerment
- **Personalized:** data-driven care

# Ways ahead: recent policy examples (1)

- National strategies on chronic disease management (e.g. Denmark)
- Improved monitoring of chronic disease under quality bonus systems for GPs (e.g. Estonia; UK)
- Reimbursements and cost-sharing exemptions to cover chronic conditions (e.g. Turkey; Belgium)
- Guideline development for common multiple chronic diseases and comorbidities (e.g. Germany: sub-target under 2012 “Health targets for healthy ageing”)

# Ways ahead: recent national examples (2)

- Use of integrated patient records and IT systems to improve chronic care for older people (e.g. Israel)
- Ongoing shift from hospital care to primary care (several countries)
- “Resisting the crisis”: expansion of statutory coverage for uninsured groups (Belarus, Bosnia and Herzegovina, Georgia, Republic of Moldova, former Yugoslav Republic of Macedonia)

Source: WHO (2012) Health policy responses to the financial crisis in Europe, Policy Summary 5, European Observatory on Health Systems and Policies

Thank you!

[www.euro.who.int/ageing](http://www.euro.who.int/ageing)

