
Conference Abstract

Long-term benefits of disease management programs based on the Chronic Care Model in the Netherlands

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Abstract

Purpose: The prevalence of chronic diseases that are major causes of death and disability, such as cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), and diabetes, is increasing worldwide. Chronically ill patients are currently underdiagnosed and undertreated, and their care rarely incorporates the implementation of primary and secondary preventive measures. Thus, the processes and outcomes of chronic care delivery must be changed, and research findings have strongly suggested that such a transformation requires multicomponent interventions, such as disease management programs based on the chronic care model. The long-term benefits of disease management programs based on the chronic care model have not been established.

Objectives: This study sought to determine the long-term effects of disease management programs based on the chronic care model on (i) quality of chronic care delivery, (ii) health behaviors (smoking and physical exercise) and (iii) physical quality of life among chronically ill patients.

Methods We surveyed professionals and patients in 22 disease management programs targeting patients with cardiovascular diseases, chronic obstructive pulmonary disease, heart failure, stroke, comorbidity, psychotic diseases, depression and eating disorders. Patients (n= 4,576 at baseline) and professionals (n= 274 at baseline) were surveyed in 2011 (T1), 2012 (T2) and 2013 (T2).

Results: Overall, care quality according to the chronic care model and patients' experiences with chronic illness care delivery significantly improved over time. Furthermore, quality of chronic care delivery at baseline ($p < 0.001$) and changes in care delivery quality ($p < 0.001$) predicted patients' experiences with chronic care delivery in the long run. Looking at long-term benefits regarding health behaviors of patients their physical activity scores improved significantly from baseline (mean, 4.93) to T2 (mean, 5.61; $p < .001$) and the percentage of current smokers decreased significantly (23.7% at T0 versus 18.6% at T1; $p < .001$). Patients' physical quality of life scores significantly improved over a two-year time frame.

Conclusions: This research showed that implementation of disease management programs based on the chronic care model leads to improved quality of chronic care delivery and changes therein predict more positive experiences of chronically ill patients. Furthermore, long-term benefits for patients with a variety of conditions are improved health behaviors and physical quality of life.

Keywords

chronic care model, chronic diseases, quality of care, delivery of health care, health behavior, quality of life

Powerpoint presentation:

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