Victims of Fragmentation: Creating Health Care Communities that Heal

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Caritas Veritas Symposium 
Dominican University 
September 23, 2014
This presentation will provide a snapshot of the unique identifiers of people who are living with multiple chronic conditions and discuss the inequalities and complexities that make them vulnerable in the health care delivery system. The presenters will discuss the Integrated Health Advocacy Program® (IHAP®) which creates a unique pathway of integrated care for these individuals.
“Our problems are man-made, therefore they may be solved by man. And man can be as big as he wants. No problem of human destiny is beyond human beings.”

- John F. Kennedy
Recognizing our Current Reality

“Medicine is failing because it is designed on the infectious disease model in which a single drug or intervention could ‘cure’ and save lives. Most diseases being treated by healthcare today are not amenable to single purpose cures in that most pathology is due to chronic diseases. And, chronic diseases can only be addressed if the client is, in fact, actively engaged in the healing process and that the individual is supported by a team of individuals committed to providing the tools and knowledge necessary for the individual to heal.”

- Edward S. Golub, Ph.D, The Limits of Medicine
Chronic Disease

- Average health care costs for someone who has one or more chronic conditions is *five times greater* than for someone without any chronic conditions.
- Chronic diseases *account for $3 of every $4 spent* on health care.
- Chronic diseases cause *7 of every 10 deaths*.
- About 25% of people with chronic diseases have some type of *activity limitation*; this includes difficulty or needing assistance with personal tasks such as dressing or bathing or being restricted from work or attending school.
- The disabling and long-term symptoms associated with chronic diseases contribute to extended *pain and suffering*, decreasing overall quality of life.
Social Impact on Chronically Ill

● Chronically ill persons are continually tempted to withdraw from society.

● They need the same support, encouragement and acceptance from the community that we all need for self-fulfillment.

● The limitations the disease[s] imposed on these individuals impede sustainable social acceptance and interaction.
The Pareto Group is our Focus

- Are the highest cost segment of employees in terms of health care expenses
- Struggles with:
  - a host of diverse and complex chronic conditions (physical and psychological);
  - unhealthy lifestyle and health behaviors (e.g., tobacco and alcohol use, lack of exercise); and
  - a lack of support to manage their health care issues
## The Pareto Population

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Social</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes/Renal Failure</td>
<td>Stress/Depression/Suicidal Ideation</td>
<td>Family Stress/Domestic Violence</td>
<td>Financial Distress/Lack of Resources</td>
</tr>
<tr>
<td>Cardiovascular Disease/Stroke/MI</td>
<td>Low Self Esteem/Low Self Efficacy</td>
<td>Poor Home Environment</td>
<td>Insurance Crisis/Limited Benefits</td>
</tr>
<tr>
<td>Obesity/Inactivity</td>
<td>PTSD/History of Trauma</td>
<td>Lack of Support</td>
<td>Disability/Long-term Disability/Job Stress/Job-related Injuries</td>
</tr>
<tr>
<td>Musculoskeletal Problems</td>
<td>Lack of Motivation/Fear of Change</td>
<td>Child Care Needs</td>
<td>Lack of Transportation</td>
</tr>
<tr>
<td>Cancer</td>
<td>Sexual Dysfunction</td>
<td>Primary Caregiver of Dependents</td>
<td>Alcohol/Substance Abuse</td>
</tr>
</tbody>
</table>
Approach to Care through IHAP®

- Decrease in Costs
- Improvement of Health

Integrated Care

Whole-Person Approach

Participant-Centered Team Approach

Integrated Health Advocacy Program®
IHAP® Leadership Model

- Collaborative and consensus driven
- Chronic care disease delivery system vs. acute care
- Team acts as a liaison between medical and psychological providers of care
Self-Efficacy’s Impact

**Low Self-Efficacy Individuals**
- Doubt their abilities
- Have a hard time recovering from failure
- Give up easily
- Avoid difficult tasks
- Weak commitment to goals/low motivation
- Attribute failure to lack of ability

**High Self-Efficacy Individuals**
- Believe in their abilities
- Challenge themselves with difficult tasks
- Recover quickly from setbacks
- Increase efforts in the face of failure
- Are strongly committed to reaching their goals/high motivation
- Attribute failure to insufficient effort/lack of skills
Self-Efficacy Impact on Personal Control and Quality of Life

Sense of well-being and personal accomplishments
- Greater sense of control of one’s life
- Greater resistance to stress and depression

Sense of personal failure and loss of faith in one’s abilities
- Sense of lack of control of one’s life and health
- Greater vulnerability to stress and depression
Experiences that Impact Self-Efficacy

- Developmental Environment
- Not having life-sustaining resources
- Trauma
- Stress
- Chronic Pain
- Progression of a chronic disease
Clinical Strategies to Support Change

- Demonstrate the desired behavior with them
- Educate by explaining
- Practice by repeating behavior
  - Reinforce by affirming the desired behavior
Social Support System

The IHAP Core Team

● supports the development of a Personal Story;
● educates them as Adult Learners; and
● provides Informative Feedback.

VIDEO: Integrated Health Advocacy Program®
Participant Comments

http://www.iplayerhd.com/playerframe/share/b9bd3b95-5676-44ed-9e2d-75e67f0df8c9
The Dream of Program Designers

- To create a program that addressed the complex need of this unique population.
- To empower individuals who are most at risk in the current health care climate.
“A focus on a small population of intensive users could have the potential for improving care for all.”

R. Blendon (Harvard School of Public Health), C. Shoen (The Commonwealth Fund), et. al.; Project Hope, The People-to-People Health Foundation, Inc., 2003
“If you can dream it, you can do it. Remember this whole thing was started with a dream and a mouse.”

- Walt Disney


