Chronic Diseases

The topic of chronic diseases was an issue raised by many participants during the Conversation on Health. Lifestyle and social determinants, prevention and health promotion, and chronic disease management were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of chronic diseases.

Lifestyle and Social Determinants

Participants feel that lifestyle choices and social determinants contribute to development and progression of chronic diseases. Some submissions linked inactivity, poor eating habits (both over-eating and eating low-nutrition foods) and smoking and drinking to the development of conditions like type II diabetes, obesity and hypertension. Others pointed out that level of income, education, housing, social supports and job type also are factors in whether or not an individual may get a chronic disease.

After suffering with chronic illness for almost 20 years and seeking healing through many, many different avenues, I have slowly but surely improved by using natural medicine which encourages and supports taking responsibility for my own health by making informed lifestyle choices.

– Web Dialogue, Cranbrook

The majority of participants feel that chronic disease patients should have a more active role in management of their conditions. This would be accomplished by promoting healthier lifestyle choices; strengthening tobacco legislation; providing more education; and increasing access to fitness programs. Patients would have more knowledge about preventing and managing chronic diseases and, therefore, would be encouraged to take more responsibility for their health. Some submissions also indicated that this situation would reduce spending in the health care system.
Prevention and Promotion

Participants in the Conversation on Health generally agree that British Columbia lacks education about chronic diseases. This lack of understanding, according to some, can result in chronic disease patients feeling isolated from friends and family. Some also feel that the lack of public education on chronic disease may mean that the public is not informed enough to detect chronic illness early. Submissions identified specific gaps in information, services and programs for the following diseases: Lupus; Cancer; Diabetes; Asthma; Celiac Disease; and Crohn’s Disease.

Start looking at investing some funding into preventative health care. It makes more sense to utilize preventative measures instead of waiting for health to become chronic. At the chronic stage, treatment is far more costly.
– Web Dialogue, Sooke

Many participants indicate that chronic disease education programs should be increased throughout the province and made more comprehensive. Some think that more education should be available in schools, while others believe that informing the public should be the responsibility of general practitioners and private institutions. Another suggestion highlighted the need for disease-specific seminars and group sessions. Some participants felt that increased awareness could lead chronic disease sufferers to be more engaged in managing their health.

Chronic Disease Management

Opinions about how chronic diseases are treated by the health care system vary greatly. Some indicate that health professionals do not proactively treat chronic illness and provide care symptom-by-symptom rather than addressing the underlying causes of disease. However, other participants received quality care from British Columbia’s chronic disease management facilities; one comment in particular said that the international community thought highly of British Columbia’s contribution to chronic disease management.

Many participants believe that chronic disease management facilities should provide more comprehensive care. One solution put forward was that children with chronic illnesses need better transition services from youth to adult care; another, that many complex-care individuals do not have access to follow-up services in the community. Others note that an overall increase of chronic diseases in British Columbia creates longer waiting lists and overcrowding in emergency rooms and leads to more pressure on the health care system.
Suggestions for improved chronic disease management focused on integrating services and providing greater access to care. Several participants cite the need for multi-disciplinary care centres to provide holistic treatment, while others think disease-specific medical teams would be a better approach. Some opinions requested more coverage of treatment services and equipment. Examples include: blood pressure monitors; medical supplies; hearing aids; residential care; and prescription drugs. These steps would increase community support for those with chronic diseases and assist preventative treatment.

While I was treated well with traditional western medicine by Cancer Agency, I felt it lacked more integrated way of improving immune system to treat cancer and illness, such as what to eat, what not to eat, what exercise to do, and any spiritual aspects of treatments. I went to the Centre of Integrated Healing in Vancouver. I thought this centre’s treatment methods should be a part of treatments of all cancer patients.

– Email, Richmond

Conclusion

The discussion about chronic diseases centred on empowering the patient. Many submissions indicated that greater education and support services for lifestyle and disease management, along with more holistic, integrated medical care, would increase patient involvement in the treatment of chronic illness. Educating British Columbians on chronic diseases would assist with early detection and, in some cases, prevention of many diseases, resulting in a reduced burden on hospitals and decreased spending on health care. While several contributors to the Conversation believe that care for chronic diseases in British Columbia is exemplary, the overall discussion outlined a way to improve how we treat and prevent chronic disease.
Chronic Diseases

This chapter includes the following topics:

Lifestyle and Chronic Diseases
Prevention and Promotion
Chronic Disease Management

Related Electronic Written Submissions

Chronic Diseases
Submitted by the Health Officers’ Council of British Columbia

Primary Health Care
Submitted by the British Columbia College of Family Physicians

Physicians Speak Up
Submitted by the British Columbia Medical Association

Challenges of Living with Fibromyalgia in British Columbia
Submitted by the Fibromyalgia Well Spring Foundation

Aboriginal Conversation on Health
Submitted by the Vancouver Coastal Health Authority

The Winning Legacy: A Plan for Improving the Health of British Columbians by 2010
Submitted by the BC Healthy Living Alliance

Submission to the BC Conversation on Health
Submitted by the Victorian Order of Nurses for Canada

Meeting the Challenges in Health: Building a System for BC’s Future
Submitted by the Heart and Stroke Foundation of BC and the Yukon

Shaping Health in BC – Observations and Suggestions
Submitted by the Pacific Health and Development Sciences Inc.

Conversation on Health Submission
Submitted by the UBC College of Health Disciplines and the Interprofessional Network of BC

Brief for the BC Government’s Conversation on Health
Submitted by the College of Massage Therapists of British Columbia

HEU Submission to BC’s Conversation on Health
Submitted by the Health Employees’ Union

An Enhanced British Columbia Diabetes Strategy
Submitted by the Canadian Diabetes Association

Submission to the Conversation on Health
Submitted by the BC Cancer Agency
Related Electronic Written Submissions

<table>
<thead>
<tr>
<th>Submission</th>
<th>Author/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research on Child Health - Final Report (Quantitative Research)</td>
<td>Submitted by the BC Children’s Hospital Foundation</td>
</tr>
<tr>
<td>Submission to the Conversation on Health</td>
<td>Submitted by the Representative for Children and Youth</td>
</tr>
<tr>
<td>Submission to the British Columbia Conversation on Health</td>
<td>Submitted by Life Sciences British Columbia</td>
</tr>
<tr>
<td>A Submission to the Conversation on Health</td>
<td>Submitted by the Canadian Cancer Society</td>
</tr>
<tr>
<td>British Columbia’s Conversation on Health</td>
<td>Submitted by GlaxoSmithKline</td>
</tr>
</tbody>
</table>

Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Lifestyle and Personal Responsibility, Health Promotion, Complementary and Alternative Medicines, Primary Health Care, Health Care Models, Residential Care, Home Care or Support, Innovation and Efficiency, Death and Dying, Health Spending, PharmaCare and Public Safety.

Lifestyle and Chronic Diseases

Comments and Concerns

- Obesity and related illnesses such as diabetes, stroke and heart disease are on the rise in northern communities, including Prince Rupert.
- Lifestyle a big issue. There are now high levels of diabetes and a lack of resources for necessary health promotion.
- Inactivity leads to chronic conditions; support campaigns like anti-smoking campaigns and drunk driving campaigns.
- There is a need to link many chronic health problems to addictive lifestyle choices, for example: smoking tobacco, drinking alcohol, drug use (licit as well as illicit), sugar, etc.
• Health complications from poor health and gum disease can be severe and life threatening. Research shows a link between gum disease heart disease, stroke, diabetes and even premature births.

• Non-traditional foods and sedentary lifestyle are major contributors to diabetes and other chronic diseases in First Nations communities.

• Moving away from traditional foods and environment to junk foods and genetically modified food is problematic. While food was previously organic, now everything is polluted and foreign to our bodies.

• Some populations are genetically pre-disposed to diabetes.

• Physical inactivity is a risk factor for chronic disease. As we work towards increasing activity levels, we need to ensure there is adequate infrastructure to support physical activity in communities.

• Being significantly overweight contributes to a variety of chronic conditions. For example, almost 30 per cent of diabetes is directly attributable to obesity.

• Not all cases of diabetes are caused by obesity, an unhealthy diet, or a sedentary lifestyle. Why must people with Type I diabetes be treated the same as people who have Type II diabetes when we did nothing to cause our condition?

• Most risk factors do not exist in isolation in an individual. This is particularly true with smoking, unhealthy weight, unhealthy eating, and physical inactivity, which may exist in combination in the same individual.

• The relationship between eating habits and chronic disease risk is likely indirect, through the impacts of obesity, cholesterol, and hypertension. Across all age groups, it is evident that British Columbians, on average, are not meeting the recommended daily intakes within multiple food groups. Action Schools! BC showed that none of the nine to eleven year old children participating in the study consumed five or more servings of fruit and vegetables a day. Concurrently, the consumption of unhealthy food choices, notably sugar-sweetened beverages and high fat/sugar/sodium foods is escalating.

• A large percentage of overweight and obese individuals can trace their excess weight directly to a persistent imbalance between energy intake (food calories) and energy expenditure (physical activity).

• A sedentary lifestyle contributes significantly to a variety of chronic conditions. For example, almost a quarter of strokes are directly attributable to a sedentary lifestyle.

• Poverty and social determinants, like income, type of job, social support, housing and level of education, are connected to chronic disease.
• When afflicted by a chronic disease, it is often difficult for a person to maintain normal routines, relationships and lifestyle.

• After suffering with chronic illness for almost 20 years and seeking healing through many, many different avenues, I have slowly but surely improved by using natural medicine which encourages and supports my taking responsibility for my health by making informed lifestyle choices.

• People need to take more responsibility for themselves and their families.

• The food education component in diabetic clinics is very good; they also have great community facilities for exercise and fitness. The profile of diabetes has been raised, as well as the negative impacts of obesity.

• We have many transplanted patients that are living a healthy lifestyle today with a significantly reduced drain on health care dollars.

• Provide a community kitchen program.

• In the community of Massett, many chronic disease sufferers built a new facility and, in the co-op grocery stores, they re-labelled the products to provide advice on eating healthy foods to facilitate disease management.

**Ideas and Suggestions**

• Provide social assistance support for diabetics.

• Physical activity protects against heart disease, stroke, hypertension, Type II diabetes, obesity, depression, anxiety, and stress. In British Columbia, 15 per cent of heart disease, 19 per cent of stroke, 10 per cent of hypertension, and 16 per cent of Type II Diabetes are attributable to physical inactivity. According to the Canadian Community Health Survey, 38 per cent of British Columbians are physically inactive. A conservative estimate of the annual cost of lack of physical activity in British Columbia is 573 million dollars.

• Research clearly indicates that healthy eating and physical activity, as well as not smoking, helps to prevent the onset of Type II Diabetes even for those diagnosed with pre-diabetes. The same healthy living activities also help to prevent or delay the onset of complications resulting from diabetes.

• Resist the tendency to look at disease-specific issues and find common risk factors for chronic diseases.

• Diet can decrease the need for insulin for diabetics.
• Make healthy choices easier for people with chronic diseases. Strengthen tobacco legislation; provide education on healthy lifestyle choices, access to exercise programs and tax breaks for fitness.

• Encourage changes to our health care system that will allow for better oral hygiene by providing patients with full access to oral hygiene and preventive dental services.

• Healthy living prevents chronic illnesses, many of which have common risk factors. It is important to look at all types of healthy lifestyle choices together, rather than creating disease-specific prevention strategies.

• Develop measures and outcomes for quality of life.

• Educate people to give them options to prevention onset of chronic conditions. Provide them with healthy lifestyle choices.

• Treatment for chronic diseases could be made contingent upon agreeing to conform to rules of behaviour and making certain lifestyle choices.

• While I was treated well with traditional western medicine by the Cancer Agency, I felt it was missing out on a more integrated way of improving the immune system to treat cancer and illness, such as providing information on what to eat, what not to eat, what exercise to do, and any spiritual aspects of treatments.

• Provide a chronic disease management system that assists and motivates patients with chronic diseases to better monitor their health progress and help them to take control and responsibility for improving their health; British Columbians with chronic diseases need to take an active role in their own healthcare.

• Programs are needed to allow charitable organizations to provide affordable supportive housing with basic needs, such as nutritional food, to sufferers of chronic diseases.

• The factors that lead to common chronic conditions in the elderly are similar. The chances of being diagnosed with one of these conditions decrease markedly if seniors are active, eat healthy, and remain engaged.

• Aboriginal peoples should move back to traditional foods and clean environment.

• Support people who have chronic diseases to continue in their current occupations by allowing people with chronic illness the right to waive access to workers compensation. This will allow them to obtain a job and be productive in society.
Prevention and Promotion

Comments and Concerns

- British Columbians feel there is a shortage of education about chronic disease and prevention. Specifically, gaps in information, services and programs regarding the following diseases were mentioned:
  a. Lupus and Cancer;
  b. Diabetes;
  c. Asthma;
  d. Celiac Disease; and
  e. Crohn’s Disease

- People are afraid to get tested and access treatment for HIV/AIDS. They are often isolated in their own communities because others are afraid of catching the disease, as a result of lacking education and knowledge.

- 50 per cent of cancers are preventable.

- Diabetes is prevalent in First Nations communities.

- There is a lack of early detection for chronic illness; the health care system does not focus on prevention.

- People with chronic diseases do not have access to social networking groups that could connect them with others who have the same disease.

- Roughly one third of children mention that diabetes, cancer, Sexually Transmitted Diseases and asthma are considered health concerns for children.

- There is no centralized source of information and no continuity of service for people with chronic diseases.

- Treatment programs have to be tailored to particular cultural groups. For example, dietary recommendations for treating diabetes must take cultural dietary preferences into account.

- Scientific evidence shows that if people are given the tools, skills and knowledge to manage diabetes effectively, their risk of developing the complications associated with diabetes can be reduced significantly.

- Currently, chronic disease patients spend most of their time managing their disease on their own, and only see a doctor occasionally. They need more education and tools to deal with their illness and they need more access to health professionals who can coach them.
• The recommendations for eating a balanced diet in the Canada Food Guide are contrary to what a person with Type II Diabetes should be eating. For example, the Canada Food Guide says a person should eat twelve servings of grain products per day and suggests eating processed foods such as breads, pita shells, pasta, bagels, and buns.

• There should be a more equitable distribution of research funding for all chronic diseases. Currently, cancer gets a lot of funding and other chronic diseases get much less.

• Industry spends approximately $3 million in British Columbia on patient education and training to help manage their disease. Education and training are a critical part of disease management.

• With drugs and diagnostic technologies increasingly based on a detailed molecular understanding of human biology and disease, some diseases can now be prevented or slowed even before clinical symptoms become apparent.

**Ideas and Suggestions**

• If we support health rather than treat disease when it is too late, costly and ineffective, we will not only save money but future generations will be infinitely healthier.

• Preventative health measures, such as regular massage, chiropractic, Chinese medical and homeopathic treatments, would provide us with a healthier population. The public would need less drugs and surgery and costly visits to doctors and emergency and walk-in clinics.

• British Columbians need to be engaged to invest themselves in prevention efforts. Organizations and government can put forth initiatives in primary and secondary prevention of chronic disease, but it is up to the general population to be engaged.

• Life insurance companies should fund the private institutions that have been struggling for years to educate the public about how to practice preventative health care at home.

• Develop programs in the classroom and community, as well as daily workshops for at-risk children and teens with Fetal Alcohol Spectrum Disorder. Education could focus on managing chronic illnesses.

• General Practitioners should educate their patients in chronic care and prevention; train doctors about nutrition and exercise as factors in treating and preventing chronic illness.
• Effective management of chronic disease can best be achieved by mandatory seminars and group sessions on the management of a particular disease.

• Put on plays for First Nations people in the schools, band offices, health fairs and public forums.

• Facilitate communication about chronic disease management between mainstream health providers and Aboriginal health workers.

**Outstanding Questions**

• When will Canada act on AIDS?

• How do we put more value into the prevention of chronic diseases? Is it through Nurse Practitioners and physicians or by involving all levels of health care workers?

**Chronic Disease Management**

**Comments and Concerns**

- **Treatment**
- **Cost**
- **Access to Services**

• Comments on treatment:
  
  - Prevention and proper management of diabetes would clearly save the health care system significant expense and advance our population's health. A high percentage of people who need dialysis, retinal operations and coronary artery bypass surgeries also have diabetes.
  
  - For many years, much of our public and political focus has been on surgical wait times and emergency room crowding. While these issues are clearly important, it is essential to understand that the management of chronic disease is the greatest and the fastest growing burden on the health care system.
  
  - Patients have little power to choose in the current system; health professionals do not treat the primary illness in time, which results in a bigger, chronic illness and the need for acute care.
  
  - Chronic illnesses are treated symptom by symptom; the system needs to look at all the causative factors instead.
• Medical Doctors across British Columbia inform their chronically ill patients that they have no means of diagnosing chronic or multiple illness conditions; have no training in such areas; have no responsibility for the treatment of chronic diseases; and, have no support from the government or their associations to do more than prescribe palliative medications.

• It takes several return visits on a regular basis for a trusting relationship to be built between a family doctor and a patient, but, the symptoms with many diseases are not serious enough that person would be prompted to visit their doctor, and it could be many years between visits, making it impossible to form a close partnership with a family doctor.

• Many British Columbians have to depend on episodic care from walk-in-clinics, because they are unable to find a family doctor who will take them as patients.

• Our cancer treatment, while maybe being one of the best in Canada, is still inferior to many other countries, including the United States, Sweden and the United Kingdom.

• People with a chronic disability such as Diabetes Type II have to go to a doctor for prescription renewals and use up doctor's time.

• Chemotherapy damages immune function and causes permanent damage to the heart, brain and liver. Why not use natural herbs and supplements to treat cancer?

• British Columbians mentioned receiving quality care from the following facilities:
  a. Fraser Arthritis Centre clinic in Langley;
  b. Kamloops Chronic Disease Management;
  c. the Cooking For Life program at the Canadian Diabetes Association;
  d. the Dr. Peter Centre for AIDS patients;
  e. Center for Integrated Healing in Vancouver;
  f. Burnaby Diabetic Clinic;
  g. A program for women with type II Diabetes through Curves;
  h. Cancer clinics;
  i. Clearbrook for home and community care; and
  j. Living a Healthy Life with Chronic Disease program.

• British Columbia has been recognized by the international community as a leader in chronic disease management.

• The province supported a pilot project, the Diabetes Initiative, using the chronic care model within a collaborative delivery system. The outcomes show that integrated chronic disease management is a promising way forward for people living with diabetes.
• The British Columbia Cancer Agency and the Canadian HIV Trials Network are examples of innovation leaders already existing within the health research centres of British Columbia. Both of these agencies are highly successful, internationally recognized and demonstrate the benefits of innovative practices applied for the benefit of chronic disease management.

• Aboriginal culture has different ways of managing chronic illnesses.

• **Comments on cost:**

  • Chronic disease treatments are expensive and not always covered; access and cost of pharmaceuticals and supplies is excessive for people with chronic disease. For example, a Diabetes patient can pay up to $5,000, which results in $100,000 per person over the span of 20 years.

  • There are recommendations for the management of many chronic diseases that are at odds with the coverage under BC Pharmacare. Health professionals suggest a treatment, yet the patient will not get coverage for it.

  • Health Canada estimates that musculoskeletal disorders, including back pain, cost society a total of $16.4 billion in direct costs and lost productivity. This places a tremendous socio-economic burden on Canada's health care system, resulting in recurring visits to health care providers and in time lost from the workplace.

• **Comments on access to services:**

  • There is a lack of focus on chronic disease management in children and no transition plan from care for children with chronic conditions to adult care.

  • Many complex-care individuals do not have local follow-up or have inadequate follow-up in nutrition services. They end up with serious health issues as a result requiring hospitalization and transfer to larger urban institutions.

  • The Fraser Arthritis Centre lacks funding.

  • There are not enough rheumatoid doctors or physical therapy locations.

  • Prince George lacks adequate cancer treatment.

  • Living on Vancouver Island and getting treatment for AIDS is difficult because of travel, seeing specialists and wait times.

• Using medicine to prevent disease only results in suffering illness later on: the person who prevents a heart attack ends up getting diabetic foot ulcers; the person who prevents foot ulcers ends up with Alzheimer's. What society wants is to protect people from those illnesses that cause prolonged and excessive suffering at the end of life, and help them reach a quick end when it comes.
• Long term use of prescribed drugs and herbal remedies for people with chronic illnesses causes unknown interactions. There is no control on herbal remedies.

• The Health Officers’ Council of British Columbia is very concerned about the huge and increasing societal costs of chronic diseases. Chronic diseases, taken together, threaten to overwhelm our healthcare system and sentence the next generation to a shorter life span than their parents.

• Chronic diseases are almost completely preventable. At the same time, chronic diseases left unchecked threaten the sustainability of the health care system and our economic productivity and competitiveness.

• Increasingly, the BC government has provided unrestricted grants to health charities to improve the services available for certain chronic diseases. However, there are now expectations that these charities will spearhead and implement changes within the health care system, which is not the traditional role of these groups.

• This rapid, uncontrolled escalation of the numbers of British Columbians diagnosed with diabetes places serious pressure on our healthcare system and contributes to longer wait times and emergency room overcrowding. Family doctors, already overstretched, face a real challenge in finding extra time to teach their diabetic patients how to manage their diabetes through diet, exercise and daily monitoring.

• Between 2000 and 2006, the federal government provided funding to support primary care reform in British Columbia by increasing the number of nurse practitioners, expanding self-help groups for people with chronic conditions and encouraging doctors to join group practices. When the federal funding ended in March 2006, the province did not provide additional funding, and many of these innovations were discontinued.

• Overall, older chronic disease patients require longer acute care stays and have increased disability potential. Combined with the prevalence of risk factors across all age groups, the sheer number of older people in British Columbia over the next few years will have a serious effect on the health care system.

• When people stop taking their medications or drastically reduce them due to cost, the result is clogged-up emergency rooms and increased use of hospital beds for long-term, chronic conditions. This costs the health-care system far more compared to initially directing funds to providing people with chronic diseases access to cost-free medication.

• The treatment of cancer is hugely profitable; substantially preventing cancer would result in a loss of billions of dollars in profits for the oncologists, drug companies, hospitals and clinics.
• By relying on expensive remedies such as drugs and surgery without addressing underlying health issues, we have created a system that cannot be sustained.

• I think we should be doing a hell of a lot better than having only 50 percent of the patients getting the right treatment on well-established clinical protocols for chronic disease. We need to redesign the system. We need to set some targets and determine ways of measuring those targets.

• Health charities do not have a reporting, legislative or governance relationship with health authorities, who provide the care services, making it difficult to get 'accountable' results about programs for chronic disease management.

• Edmonton is setting an interesting example by screening their populations for diabetes and its risk factors. New York City is keeping tabs on people with diabetes to help them keep their health with diet and fitness. Both these examples are exciting since these ideas have potential to help reduce health care costs.

• The Ministry of Health recently released its Primary Health Care Charter. The inclusion of clinical prevention of chronic disease in the charter is a good thing.

• British Columbia researchers have a strong tradition of bringing forward advances in diabetes care that saves lives, improves the quality of life, and saves money for our publicly funded healthcare system.

Ideas and Suggestions

Treatment
Access to the System
Chronic Disease Management Models

• Ideas about treatment:

  • Empower patients to self-manage their chronic illnesses.

  • Disease management begins by first educating the patient about the disease and what their responsibilities are in treating it. Once those responsibilities are known and accepted, the patient will have the best tools to begin treatment, monitor and manage the illness.

  • Apply a patient-centred, integrated approach across all healthcare disciplines with the goal of optimizing care in chronic asthma, Chronic Obstructive Pulmonary Disease and diabetes disease management.

  • Create multi-disciplinary community care centres, which would include physiotherapy and other alternative services, as well as nursing services and
ambulatory care. These facilities would focus on prevention and spotting problems early.

- Continuity of care, getting care from one source whether one person or an integrated group, results in better outcomes than episodic care.

- Those patients with chronic diseases who receive only episodic care from a succession of physicians are at greater risk of developing complications than those who receive their care from one person or an integrated group.

- Effective management of chronic disease has to be multi-faceted. This could be done through mentoring, peer groups, community based groups, or alternative pain management. Support the families of those with chronic condition.

- Many people who have chronic diseases get very severe symptoms and will eventually need hospitalization. However, community services are available and they do not need to start receiving care at the hospital. Active community support, an informed patient and a proactive health care team are all part of treating chronic disease.

- Integrate all the chronic disease databases in British Columbia and improve both data collection for disease risk factors and reporting on the economic burden of illness and death due to chronic diseases.

- Have breast cancer physiotherapy services and massage therapy, manual lymph drainage, centralized together to support breast cancer patients.

- Create disease-specific teams and develop a centre for auto-immune disease; there are eighty different auto-immune diseases but patients only focus on their own.

- Increasing premiums would support expanded services for chronic disease management.

- Use group appointments for chronic diseases: five people who have the same disease could see one doctor for a group appointment. They would talk to each other, support each other, and learn about their disease.

- Health professionals should spend time with their patients, to develop a trusting relationship.

- Home-nursing care could assist people with chronic disease to optimize nutrition status, manage health issues and prevent further emergency visits and hospitalization.

- It takes more than 10 visits to treat diabetic ulcers. If visits can be made before the ulcer appears, it would be preventative and cheaper.
• It would be a lot safer to have access to the necessary equipment to perform tests for my illness at home. The tests would actually get done when I needed them to be done and I would not have such frequent emergencies and land in the hospital.

• **Ideas about access to the system:**

  • British Columbians indicated a need for greater access to chronic disease services, such as:
    
    a. blood tests;
    b. blood pressure monitors;
    c. medical supplies;
    d. hearing aids;
    e. ocular and optometry examinations;
    f. gerontologists;
    g. residential care;
    h. prescription drugs;
    i. patient advocates;
    j. HIV/AIDS services in First Nations communities;
    k. diabetes treatment centres for Aboriginal people;
    l. chronic disease clinics for seniors; and,
    m. support groups for people with chronic disease such as Fibromyalgia and Myofascial Pain Syndrome.

  • Money should be available to help people with chronic illnesses with transportation to appointments and programs.

  • Continue to expand the chronic disease management programs already started by the Ministry of Health and supported by health authorities, health care practitioners, the pharmaceutical industry, patient support groups, industry and private insurance.

  • Though the Ministry of Health has initiated programs over the years to close the gap in chronic disease management, this gap is not closing. Industry should be part of the solution and carry part of the financial risk to improve chronic disease management.

  • There should be a patient care coordinator for each patient with a chronic disease.

  • Send patients from rural areas that require multiple hospital visits to Victoria or cover the costs of visits to a private clinic.
- Alternative and complementary medicine for chronic disease treatment should be funded.

- It is important to put money towards the infrastructure at the community level to facilitate outreach and monitoring chronic disease management.

**Ideas about chronic disease management models:**

- Create incentives for businesses to hire people with disabilities or chronic diseases who work toward recovery and proper maintenance of their illnesses.

- In the US, in 2001, Pitney Bowes implemented a chronic disease management model, for diabetes and asthma. This model included reducing the amount employees paid for diabetes and asthma drugs with the expectation that more affordable drugs would increase compliance and yield better health and lower health-care costs. The result was significant savings. Three years after implementation, the median medical cost for a Pitney Bowes employee with diabetes has fallen 12%, while the median cost for a patient with asthma has dropped 15%.

- Establish a 6 per cent resource allocation target for the total health services budget in the area of chronic disease prevention. This would include, but not be limited to, cancer prevention. Health authorities should receive incremental government funding to achieve this target, and should be held accountable through annual performance agreements and 3 year health service budget plans.

- In Asheville, North Carolina, the city partnered with the pharmaceutical industry and local pharmacists to implement a chronic disease management program for diabetic employees. One aspect to the program was the elimination of co-payments for medications and lab tests if patients attended educational counselling sessions with specially trained pharmacists. Drug costs went up, but overall medical costs went from more than $7,000 per diabetic patient in 1997 to less than $5,000 in 2002.

- GlaxoSmithKline has been a leader in chronic disease management and patient self management through health care partnerships since the early 1990’s. The creation of over 50 Community Care Asthma Centres across Canada, 13 centres in British Columbia, positively impacted the lives of thousands of patients while significantly reducing consumption of health care resources.

- Since the Ministry no longer implements programs within health authorities, central support and accountability for chronic disease management programs is required.

- There should be more transparency in decisions around treatment approvals.
• Develop and implement a coordinated, province-wide strategy for managing and preventing chronic diseases.

• I believe in cost-sharing, not total government subsidising, for chronic disease management.

• Look at the Edmonton Health Authority model for diabetes. Develop short and long-term vision and goals for systematic, interdisciplinary, inter-ministry and inter-agency (municipalities with community partners for prevention, education) approaches to chronic disease management and prevention.

• There needs to be community infrastructure to develop towns, cities, health facilities, workplaces and industries/businesses that not only make it easy to prevent chronic disease, but also make it difficult to cause chronic disease.

• Edmonton has established a virtual asthma clinic that serves to screen, monitor and educate patients about asthma. It is a web-based tool and has been shown to reduce use of the health care system and improve the quality of life for the patients involved.

• Funnel savings from instituting preventative measures for smoking and obesity into investigative studies for chronic illnesses for which there is no known cure, such as Lupus, Parkinson’s disease and Multiple Sclerosis.

• Expand the construction of chronic care facilities immediately to reduce the number of occupied beds in your hospitals. This would immediately result in savings.

• There should be more information, support groups and funding to manage illness.