

Use of RWJF-Funded Chronic Care Model Growing

The U.S. health system is structured to respond to acute illness — a broken bone, a heart attack, a sore throat. The system is not nearly as well equipped, however, to help the 99 million Americans with chronic conditions, such as asthma, diabetes, heart disease or depression.

Over the last four years, RWJF's national program *Improving Chronic Illness Care (ICIC)* has been helping health care organizations across the country restructure their care processes to dramatically improve care for people with chronic conditions. Recently *ICIC* has made some noticeable strides.

The five-year, \$25-million program is grounded in the Chronic Care Model, developed by *ICIC* National Program Director Edward Wagner, M.D., M.P.H., and colleagues at the W.A. MacColl Institute for Healthcare Innovation at the Group Health Cooperative in Seattle.

The model emphasizes health system leadership; regular, planned patient visits; instant access by clinicians to the latest evidence-based guidelines for

care; use of information technology that tracks patients' health status; goal setting and self-management by patients; and involvement of community resources to keep patients well, involved and active.

When *ICIC* was created in 1998, Wagner partnered with the Boston-based Institute for Healthcare Improvement (IHI) to create national improvement collaboratives based on IHI's well-known Breakthrough Series methodology.

The Breakthrough Series methodology brings groups of health care organizations together in team efforts called collaboratives to work with faculty in tandem for a year to improve all aspects of care surrounding a single condition. To date, nearly 800 health care teams, representing hospitals, HMOs, medical practices and clinics, have participated in national and regional collaboratives for asthma, depression, diabetes, hypertension, rheumatoid arthritis and other chronic conditions. Two rounds of Collaborative Sponsorship grants by *ICIC* have aided the

spread of this improvement method throughout the country.

Perhaps the most striking success of the program is its partnership with the Health Resources and Services Administration's Bureau of Primary Health Care (BPHC). Early on, several of BPHC's federally funded health centers, which provide primary care to medically underserved communities across the country, participated in an improvement collaborative with the aim not only of bettering care in those clinics, but of expanding the model to its other clinics. Included among the 800 teams are some 500 of BPHC's more than 700 federally funded health centers that have completed or are engaged in collaboratives, which it conducts independently, using the Chronic Care Model to improve chronic illnesses and prevention efforts.

Quality improvement data suggest that the results of the year-long collaboratives are impressive: improvements in glycemic control for patients with diabetes; dramatic increases in follow-up for patients with depression; decreases in blood

pressure rates among patients with cardiovascular disease; overwhelming success in providing asthmatic patients with daily preventive medicines; and decreases in health care costs, even with increased patient visits. The RAND Corporation currently is conducting a controlled evaluation of the Chronic Care Model, which will be completed next year.

With federally funded health centers having fully embraced the model, says Tracy Orleans, Ph.D., senior scientist at RWJF, "this has become arguably the largest, most important health care quality improvement initiative in the country. It's exactly what the health care system needs right now — a demonstration that it is possible both to improve care dramatically and even reduce health care costs."

ICIC also has worked with national accrediting bodies to embed elements of the Chronic Care Model in their review tools for chronic care management programs. *ICIC* is actively disseminating the lessons learned from its years of working with systems via its Web site, by national presentations and through a speaker's bureau of experts in system change who can be linked with health care organizations.

As part of *ICIC*'s work, the program will release a Call for Proposals for a second round of research grants to refine the Chronic Care Model later this year. Details about the model, assessment tools, a bibliography, a video and more information can be found on the Web site, www.improvingchroniccare.org.

— RAYMOND RIGOGLIOSO

From Lavizzo-Mourey — page 1

degree at Harvard Medical School and completed her internship and residency in internal medicine at Brigham and Women's Hospital in Boston. In 1984, she was named a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania and received her M.B.A. in Health Care Administration from Penn's Wharton School in 1986. She was appointed assistant professor in the Section of General Internal Medicine at Penn in 1986,

associate professor in 1992 and Sylvan Eisman Professor of Medicine in 1997.

A member of the Institute of Medicine of the National Academy of Sciences, Lavizzo-Mourey recently served as co-vice chair of the IOM committee on eliminating racial and ethnic disparities in medical care, which recently issued the report "Unequal Treatment". She is a master and former regent of the American College of Physicians and has chaired its ethics and

human rights committee. She has served on the board of directors of the American Board of Internal Medicine and of several corporations. She has lectured and published extensively on issues of health care and health policy.

"Almost 20 years ago, the Foundation identified Risa as an up-and-coming young leader in health care when she was named a Robert Wood Johnson Clinical Scholar," said Schroeder. "Time and experience has only burnished our confidence in her."