

Chronic disease: An app for that?

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Health officials should take the Canadian Institute of Health Information survey to heart and get serious about innovation to meet the challenges in public services. (CP / File / Handout)

ONE of the great missed opportunities in health care is helping people manage serious chronic conditions so they won't become acute and result in hospitalization.

There is really no downside to better managing conditions like diabetes, asthma, pulmonary disease, hypertension and heart disease.

The patient is better off if the disease is controlled through diet, frequent monitoring, or technology like insulin pumps or smartphone applications that monitor symptoms and collect data — all managed by primary caregivers.

And the health system can save huge amounts by smarter, earlier treatment. As the Canadian Institute of Health Information points out in a study released yesterday, the average cost of a hospital stay (excluding physician costs) for a chronic condition that has become acute is \$5,700. The average emergency visit costs \$280. A 10 per cent reduction in these hospitalizations would save \$34 million a year.

Yet the CIHI study of 4,138 patients shows we are a long way from making innovative primary care the prime tool for improving chronic disease outcomes. Although patients with multiple chronic conditions reported positive results in managing their disease with primary caregivers, 20 per cent of patients had not seen a primary provider in a year and 12 per cent were relying on emergency rooms. The study also found women and the poor received relatively fewer tests and felt inadequately involved in treatment decisions and planning.

The CIHI study reinforces a broader picture of lost chances in this area. Nova Scotia won't subsidize \$6,000 insulin pumps for child diabetics. Yet, as CIHI reports, hospitalizing someone whose diabetes is not controlled costs an average of \$4,745 per visit. Add physician costs and one avoided admission pays for the pump.

Health officials should take the CIHI survey to heart — along with a recent study by Deloitte and the Public Policy Forum that says governments must get serious about innovation to meet all the challenges in public services.

So let's put more of Nova Scotia's young software developers to work writing the apps for chronic disease management. And let's create fee schedules that allow providers to do mobile disease management.

If we do innovate, there will be apps for cheaper, better health care.

