

Multiple chronic diseases leave patients with adversely high costs

February 6 2018, by Edd Mccracken



Shelves filled with pharmaceuticals. Credit: University of Melbourne

Current strategies for treating patients with several chronic diseases are putting an unnecessary financial burden on countries' health systems and individuals, a global study led by the National University of Singapore

and the University of Melbourne has found.

Experts say that the current clinical practice of tackling each disease in isolation may lead to the prescription of unnecessary medicines, resulting in patient expenses that are disproportionate to the number of conditions they have.

The research article is published today in the international journal *BMJ Global Health*.

The team analysed the raw data from 14 global studies that measured the out-of-pocket expenditure – costs not covered by insurance – of [patients](#) with multiple [chronic diseases](#).

These patients, who have what is known as multimorbidity, suffer from high out-of-pocket costs and may stop taking their medicines as a result. The elderly and low-income groups are particularly at risk.

Dr. Grace Sum Chi-En, lead author from the National University of Singapore, said that chronic diseases are conditions that are not infectious and are usually long-term, such as diabetes, hypertension, cancer, arthritis, stroke, obesity, and depression.

Dr. Sum said: "Patients may have financial support from insurance benefits to visit their general practitioners or go for medical check-ups, but the weakest link is the lack of financial support to pay for any medications prescribed.

"Our research also found a common coping mechanism by some patients with high spending on medicines is non-adherence, whereby patients stop taking their medicines by failing to refill their prescriptions, which is a substantial healthcare issue."

As the number of chronic diseases increased from none to one, researchers found that the annual out-of-pocket expenditure grew by an average of 2.7 times. An increase from one to two conditions and from two to three increased average costs by 5.2 and 10.1 times, respectively.

The increasing costs meant that patients could afford fewer other medical services.

Dr. Sum said: "The nature of chronic diseases is that they require long-term management and usually cannot be cured, which exacerbates the high cost to patients for medicines over a long period of time.

"It is imperative for healthcare policymakers to start recognising this problem, in order to design better policies that offer financial protection on medicines for chronic diseases."

Dr. John Tayu Lee, senior author from the Nossal Institute for Global Health, University of Melbourne said: "Despite multimorbidity being the norm rather than the exception for the older population, current clinical practice remains focused on single chronic [disease](#) in isolation.

"Our findings suggest that we need to think more carefully about how to improve the cost-effectiveness of treating patients with multiple chronic diseases."

Dr. Sum said that in Australia, The Pharmaceutical Benefits Scheme (PBS) under Medicare covers part of the cost of prescription medicines for patients' chronic diseases.

However, this coverage varies with type of [medicine](#) and is capped.

PBS can be insufficient to cover the costs, leaving patients with multiple chronic diseases and complex treatment regimens with high out-of-

pocket expenditures.

Professor Rifat Atun, co-author from Harvard University, said:

"Multimorbidity is a rapidly growing major and unaddressed challenge for [health systems](#) with ageing populations. Yet, worldwide, resources and services in [health](#) systems are not aligned to meeting the needs of elderly individuals with multimorbidity.

"As a result, individuals with multimorbidity experience inadequate health services, and high levels of out-of-pocket expenditures that are impoverishing and detrimental to their economic and social well-being. It's time to design health system that meet the needs of this vulnerable group."

Katie Dain, CEO of NCD Alliance, said: "The burden of co-occurring chronic diseases is a growing [global health](#) challenge. This study brings the real-life impact on the lives of people living with multiple chronic conditions to the fore, and accentuates the need to scale up solutions in integrated care to accelerate action to achieve Universal Health Coverage.

"Governments will meet in New York for the 3rd high-level meeting on chronic diseases later this year. This study provides further impetus for leaders to put people first in their response to reduce the burden of having multiple chronic conditions, by prioritising equitable access to treatment and care for all.

"Treating chronic conditions is a human rights issue, and such vast disparities in out-of-pocket expenditures are a major, unacceptable barrier to health equity."

Provided by University of Melbourne

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