Population ageing and multimorbidity
-The role of Internists-

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Topics

- Population ageing: facts and figures...
- Multimorbidity
- Health care spending
- The role of Internists
Population ageing is unprecedented, without parallel in human history.

Population ageing is a global phenomenon affecting every man, woman and child—but countries are at very different stages of the process, and the pace of change differs greatly.

Population ageing is enduring: we will not return to the young populations that our ancestors knew.

Population ageing has profound implications for many facets of human life.

According to World Health Organization (WHO) statistics, older people are the fastest-growing age group worldwide. By 2050, two billion people – or nearly one out of every four people – will be older than 60 years.

This population ageing is occurring fastest in less-developed countries, which have consequently had less time than developed countries to build the infrastructure and tools to deal with this major social transition. By 2050, 80% of the world's older people will be living in these countries.

What type of doctor treats these patients? General Internists or “Subsubspecialists”?
More developed

Less developed

Least developed
Percentage of the total population aged 60 years or over

2012

Percentage aged 60 years or over

- 0 to 9
- 10 to 19
- 20 to 24
- 25 to 29
- 30 or over
- No data

2050

www.unpopulation.org
Total fertility rate

Global population by age and sex

Dec 12th 2015
Overview: population pyramids 1950-2050

60 years
Asia
Population pyramids for Bangladesh over 60 years.
Population Growth

BANGLADESH POPULATION

Year 2006: 138.8
Year 2008: 140.6
Year 2010: 142.4
Year 2012: 144.2
Year 2014: 146.1
Year 2016: 149.7

SOURCE: WWW.TRADEGREE.COM | BANGLADESH BUREAU OF STATISTICS
Health care spending

Per capita

% GDP

(GDP: Gross domestic product)
Fertility rate

Fertility Rate of Bangladesh

A welcome descent of man
Asian total fertility rate

Asian fertility rate

Sources: United Nations; The Economist
Years beginning July 1st
*The Economist forecast
Age and NCD
The “invisible epidemic”: non-communicable diseases
What type of physicians do we need?

What can we afford?
Multimorbidity correlates with age and might represent the most common "disease pattern" found among the elderly.

Today, multimorbidity is turning into a major medical issue for both, individuals and health care providers.

Multimorbidity is characterised by complex interactions of co-existing diseases where a medical approach focused on a single disease does not suffice.

There is only little scientific knowledge available for appropriate diagnostic reasoning, care and treatment for multimorbid patients.
Figure 1: Number of chronic disorders by age-group

Lancet 2012; 380: 37-43
Multimorbidity

The current **fragmented health care system** does not meet the complex needs of multimorbid patients.

Complex disease patterns requires practices and approaches (in diagnostics and therapy) which differ substantially from traditional approaches focused on a single disease plays a significant role in aging.

The important role of **Internists** in primary care and in hospitals. **Internists** are capable of providing such care in a **cost-effective matter**.
What's an "Internist"?

Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Internists are sometimes referred to as the *doctor's doctor,* because they are often called upon to act as consultants to other physicians to help solve puzzling diagnostic problems.

Internists are recognized as experts in diagnosis, in treatment of chronic illness, and in health promotion and disease prevention. They are not limited to one type of medical problem or organ system.

Some general internists may focus their practice on *caring for patients in the hospital setting,* and may be referred to as "hospitalists;" the majority of hospitalists in the US are general internists.
Primary care is a term used for the activity of a health care provider who acts as a first point of consultation for all patients.

⇒ General Manager („CEO“)
⇒ “Manager of costly resources”

Internists are capable of providing such care in a cost-effective matter

“Primary care” – “managed care” – “coordinated care” is the backbone of every health care system
What we need!

Health care provider who acts as a first point of consultation for patients. This includes the handling of the complex needs of multimorbid elderly patients.

Terms and definitions differ between countries…..

Internists/Generalists

Specialised internists

Primary care physicians

Hospitalists

Family doctors

Integrated health care with well-balanced treatment plans tailored toward the needs of the individual person.
First point of consultation

1. Internists/Generalists
   - Specialised internists
   - Primary care physicians
   - Hospitalists
   - Family doctors

2. Specialized doctors (cardiology, hematology, nephrology etc.)
The treatment of an aging population needs „Generalists“
-Are we ready?- 

1. Lack of Generalists/Internists in **Primary Care**

2. Lack of Generalists/Internists in **Hospitals**

3. **Fragmentation of patient care:**
   - Emergency physicians
   - Acute physicians
   - Post acute physicians
   - Hospitalists
   - Subspecialists↑
   - Subsubspecialist↑
Specialization, Subspecialization, and Subsubspecialization in Internal Medicine

Christine K. Cassel, M.D., and David B. Reuben, M.D.

N ENGL J MED 364;12  NEJM.ORG  MARCH 24, 2011
Specialization, Subspecialization, and Subsubspecialization in Internal Medicine

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Figure 1. Timeline of Subspecialties Approved by the American Board of Internal Medicine.
The American Board of Allergy and Immunology (ABAI) was founded in 1971.
It`s not always that clear!....

However, what type of doctor is able to treat a **multimorbid** 80-years old patient with **fever** and unspecific abdominal pain?
What type of physician do we need? “Specialists” versus “Generalists”

Points to discuss:

- Primary care physicians (improvement of payment system)

- Generalists/Internists in Primary Care, out-patient clinics, hospitals
  We need to preserve the internist's holistic capabilities!

- Implementation of primary care curricula at universities

- Research in „polymorbidity“ (no evidence based guidelines available…)
Income

Median Compensation for Selected Medical Specialties.

We need a good balance between Generalists/Internists and Specialists!
Problems in the future

The aging population and multimorbidity

- Number of old people`s homes…
- Increasing health care budget…
- Who provides the cheapest but also best medical care?
- Age and access to specialised treatment…
- Are universities (medical faculties) ready to tackle the problems?
- Will the lack of primary care physicians increase?
Population ageing has profound implications for every health care system.

By 2050, two billion people – or nearly one out of every four people – will be older than 60 years.

Some kind of care system has to be in place and that system has to be funded.

Multimorbidity correlates with age and might represent the most common "disease pattern" found among the elderly.

There is only little scientific knowledge available for appropriate diagnostic reasoning, care and treatment for multimorbid patients.

The current fragmented patient care does not meet the complex needs of multimorbid patients.

There is a lack of Generalists/Internists in General Practice as well as in hospitals („coordinated care“).

Careers as a Generalist/Internist must become more attractive (payment).

The growth of new subspecialties must be reconsidered.