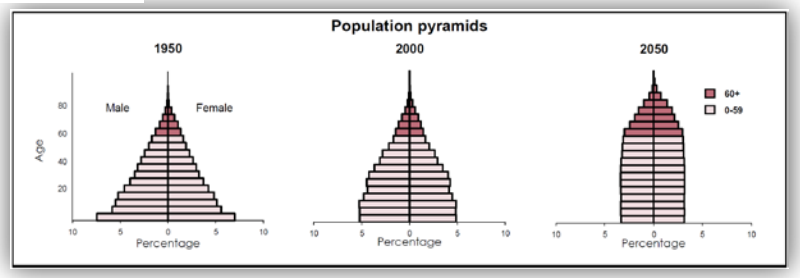
Population ageing and multimorbidity

-The role of Internists-

International Society of Internal Medicine



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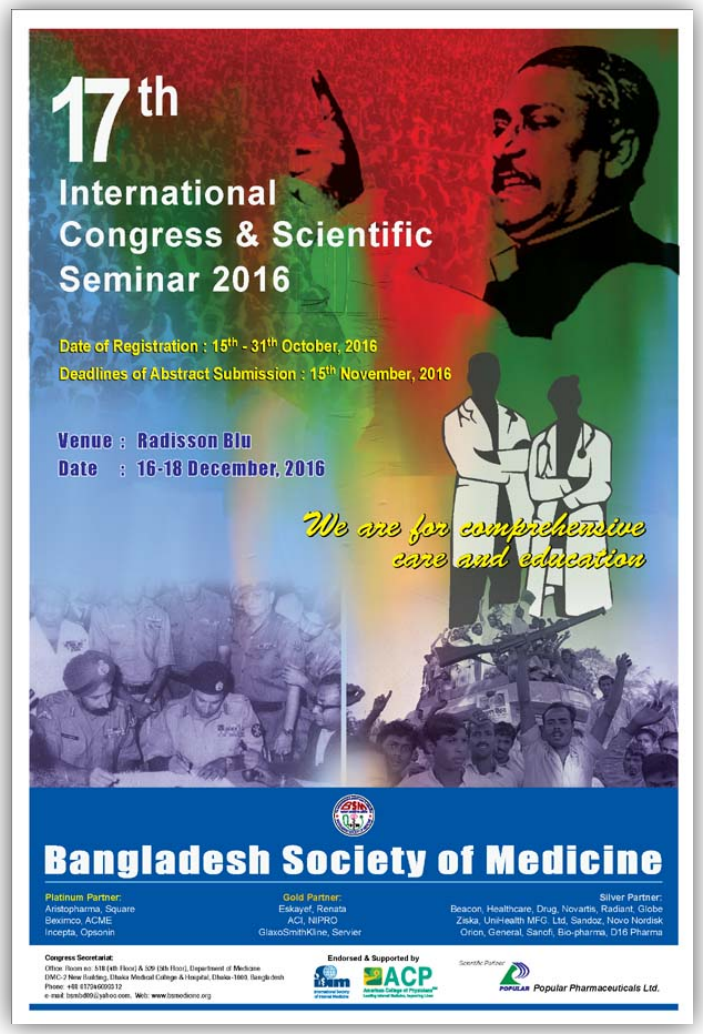
Professor of Medicine,
Secretary General,
International Society of Internal Medicine (ISIM)

Department of Internal Medicine,
Tiefenauspital, Inselgruppe AG
&
Experimental Haemostasis Group,
Department of Clinical Research,
University of Bern, Switzerland



Topics

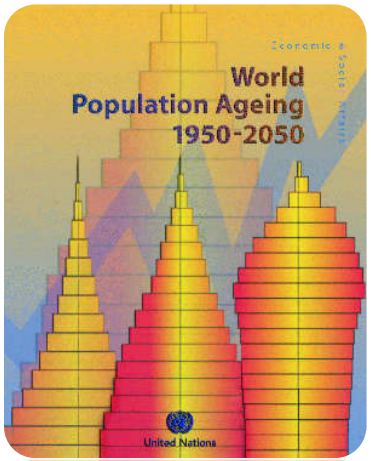
-Population ageing: facts and figures…

-Multimorbidity

-Health care spending

-The role of Internists

Facts and figures



-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.

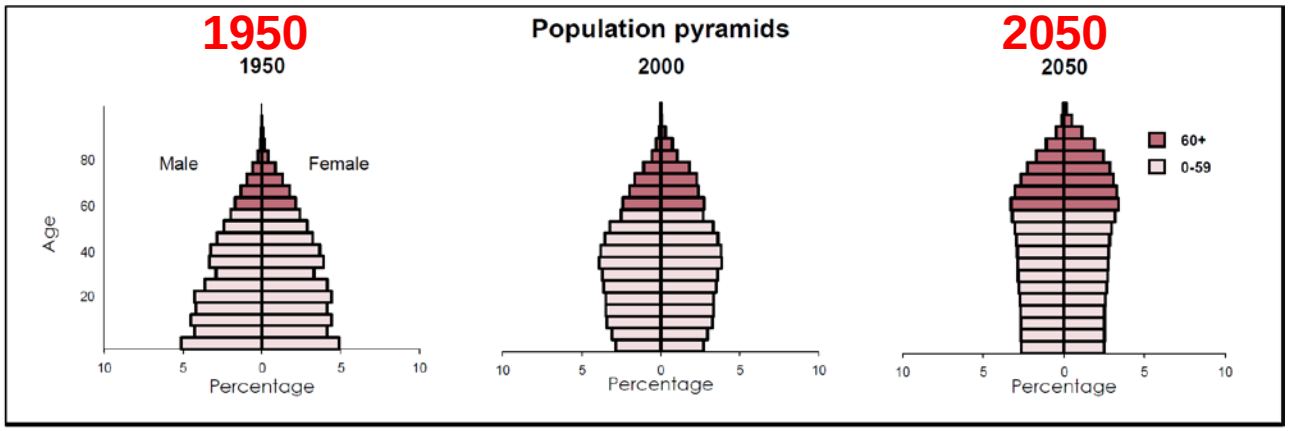
http://www.un.org/esa/population/publications/worldageing19502050/

Facts and figures

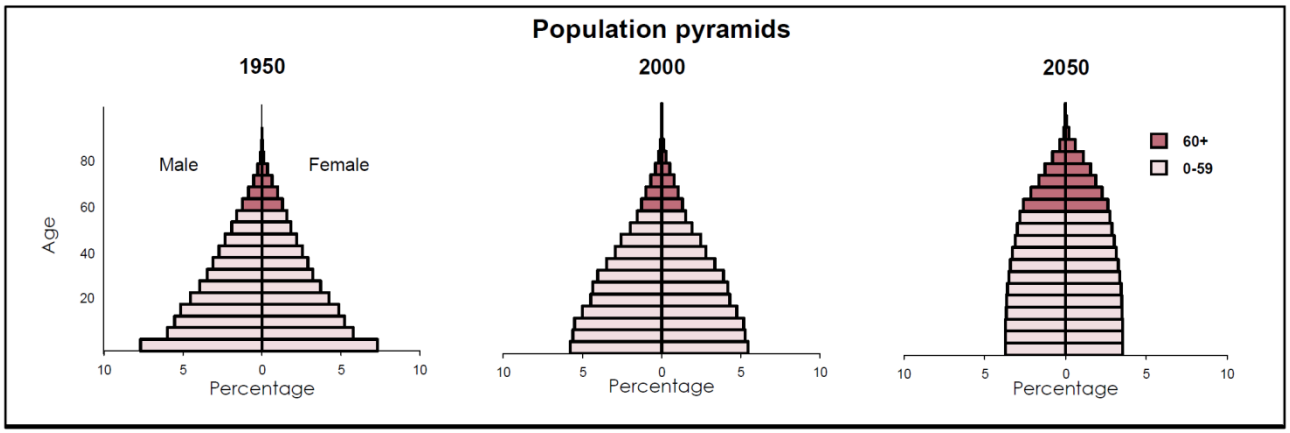
-According to World Health Organization (WHO) statistics, older people are the fastest-growing age group worldwide. **By 2050, two billion people – or nearly one out of every four people – will be older than 60 years.**

-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.

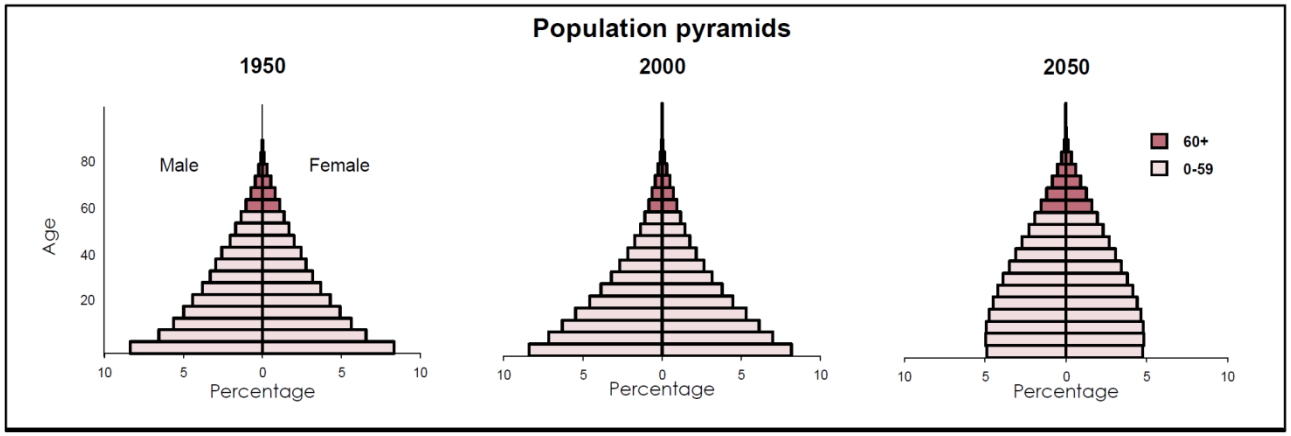
What type of doctor treats these patients?
General Internists or "Subsubspecialists"?



More developped

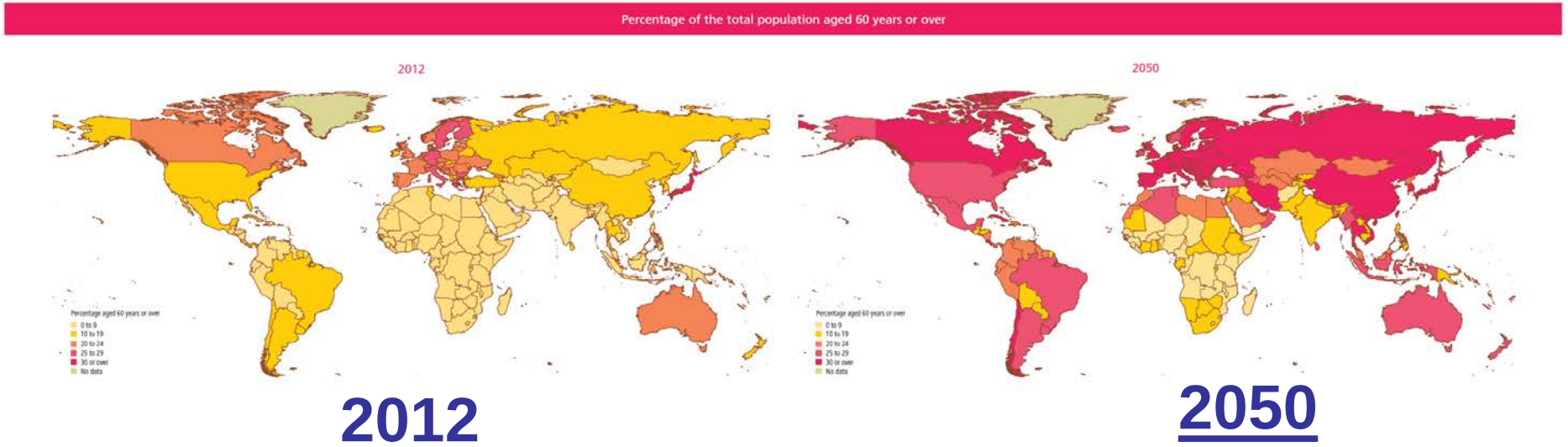


Less developped



Least developped

Percentage of the total population aged 60 years or over



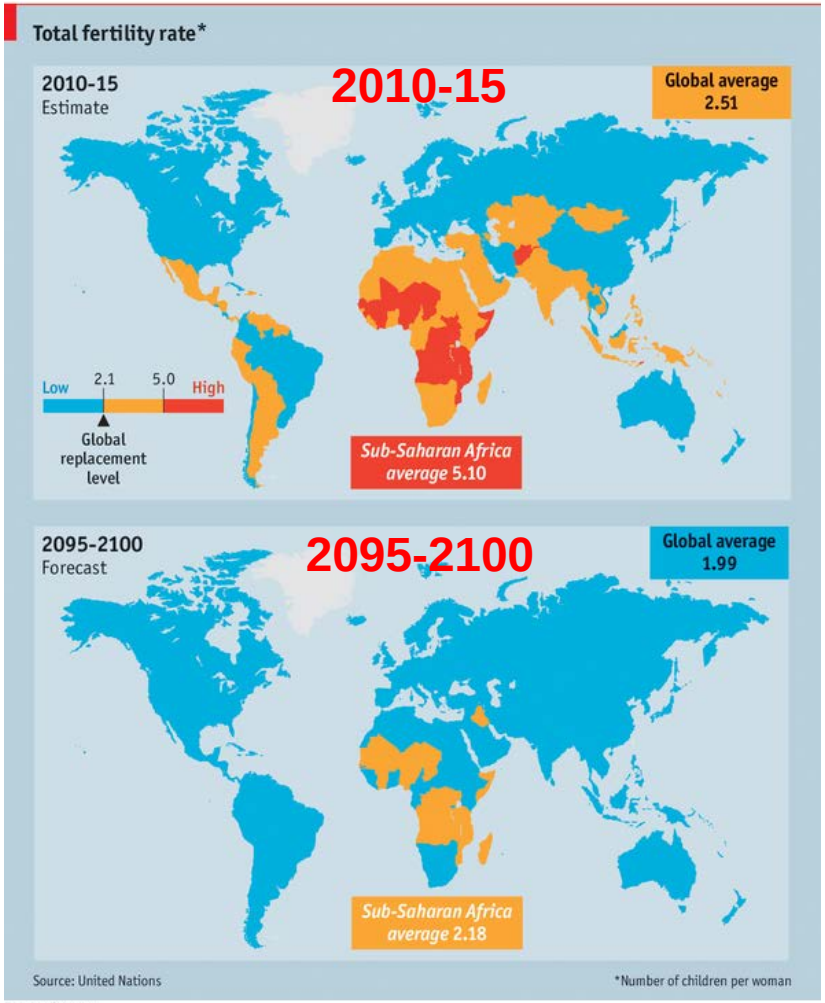
2012 **2050**

Percentage aged 60 years or over

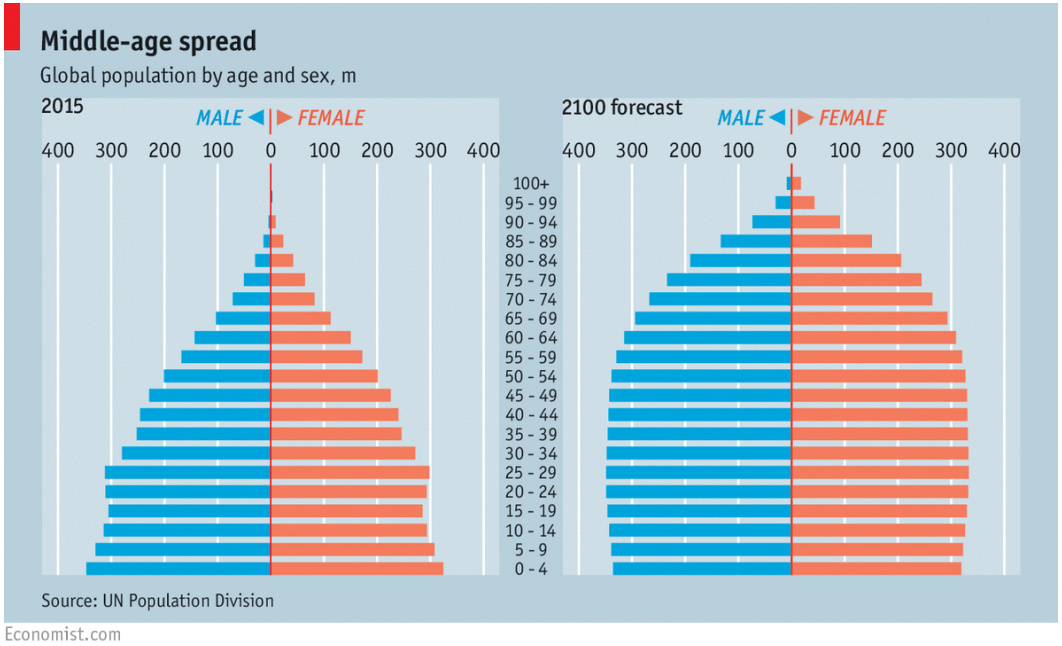
- 0 to 9
- 10 to 19
- 20 to 24
- 25 to 29
- 30 or over
- No data

www.unpopulation.org

Total fertility rate



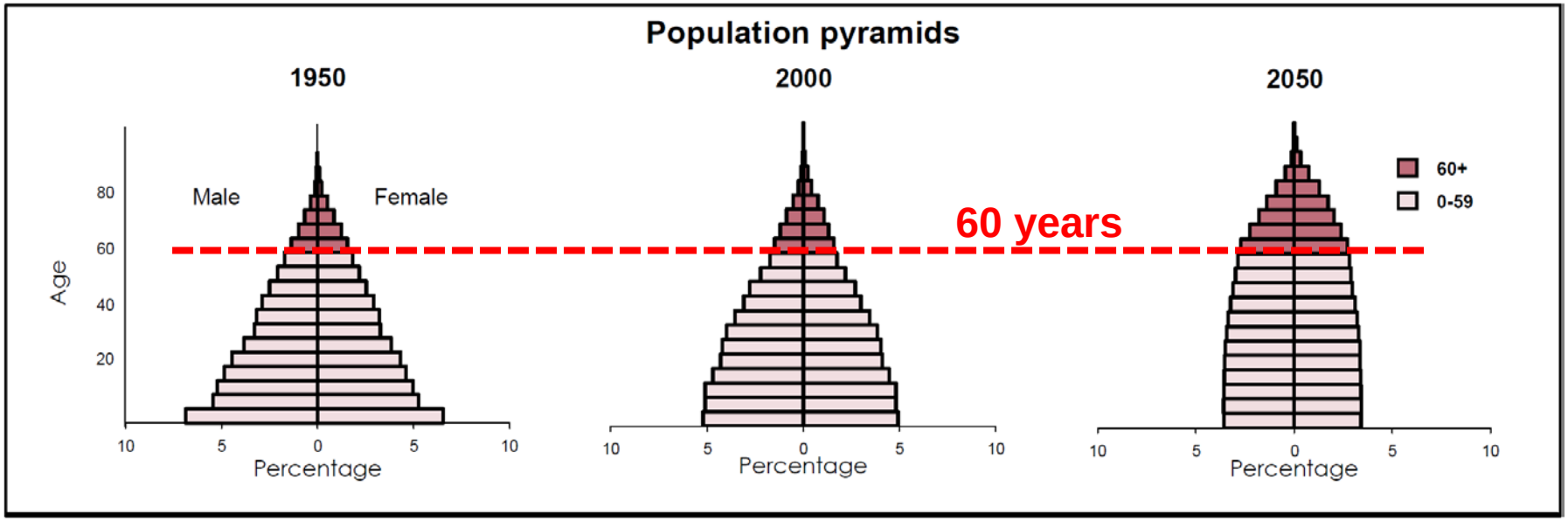
Global population by age and sex



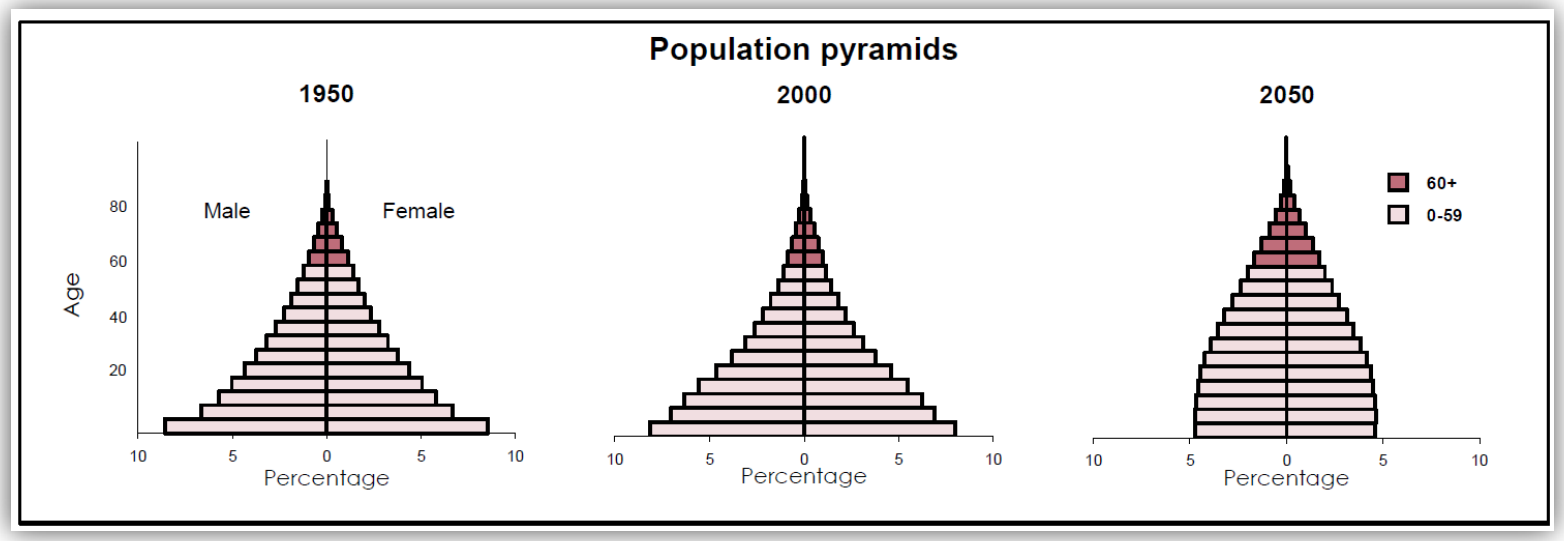
The Economist

Dec 12th 2015

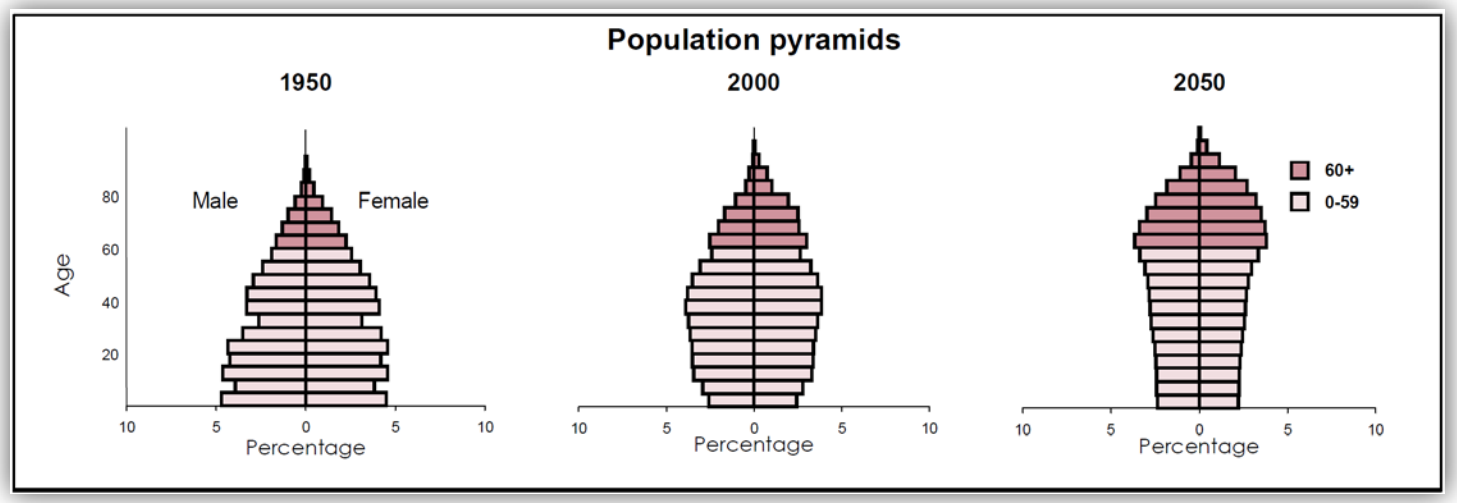
Overview: population pyramids 1950-2050



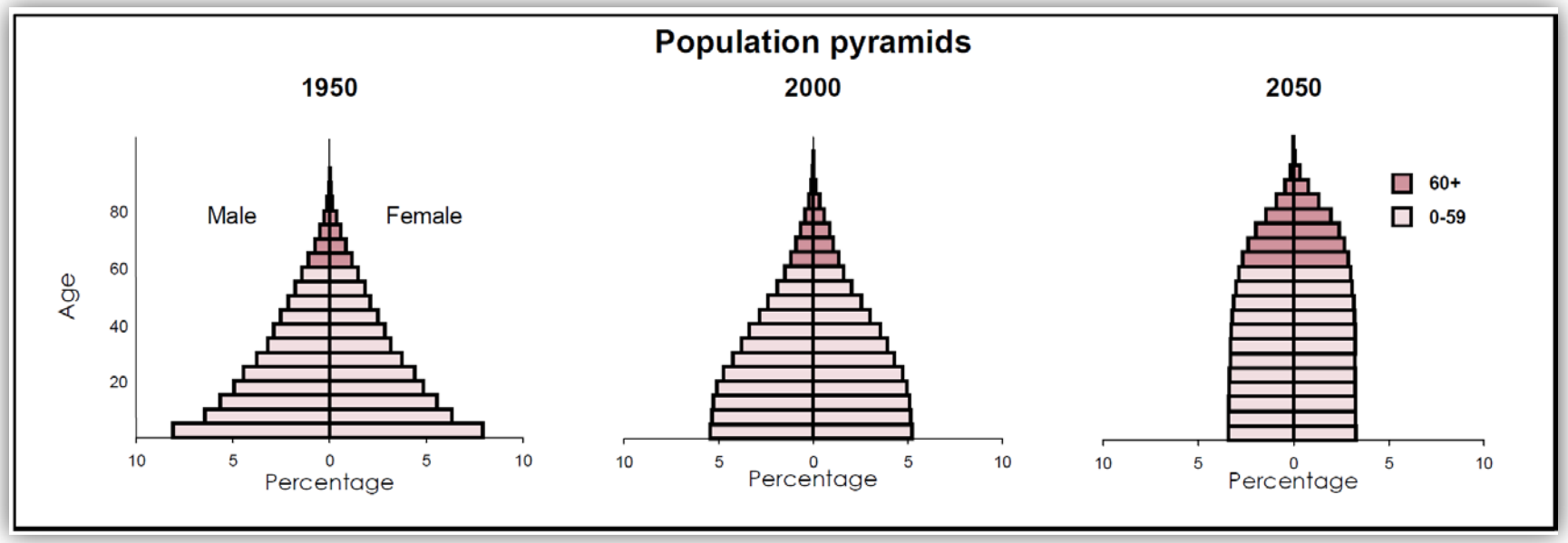
World



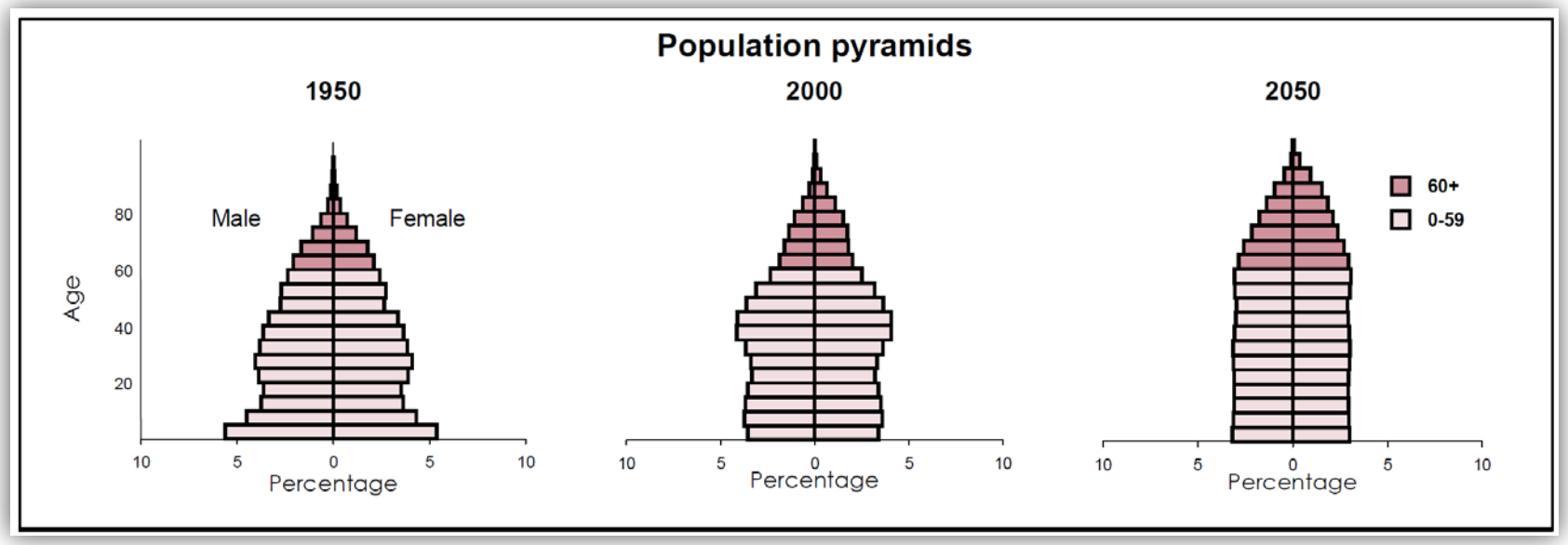
Africa



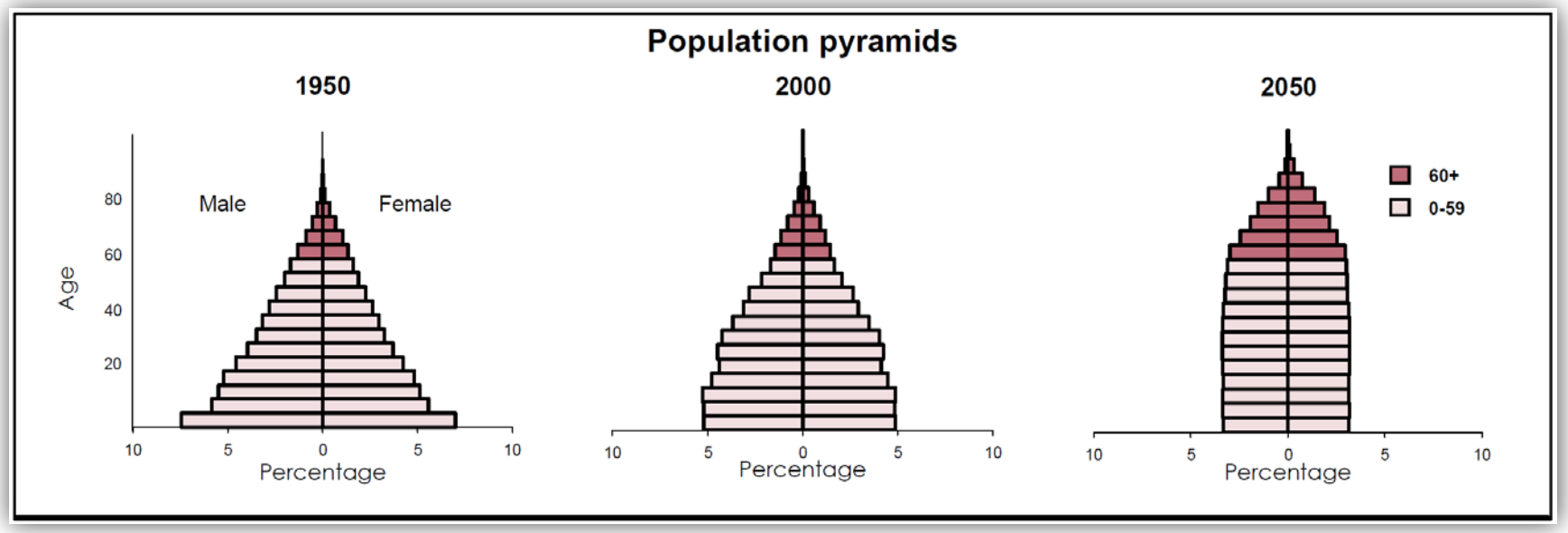
Europe



Latin America & Caribbean

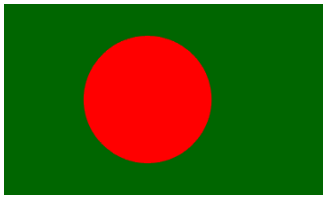


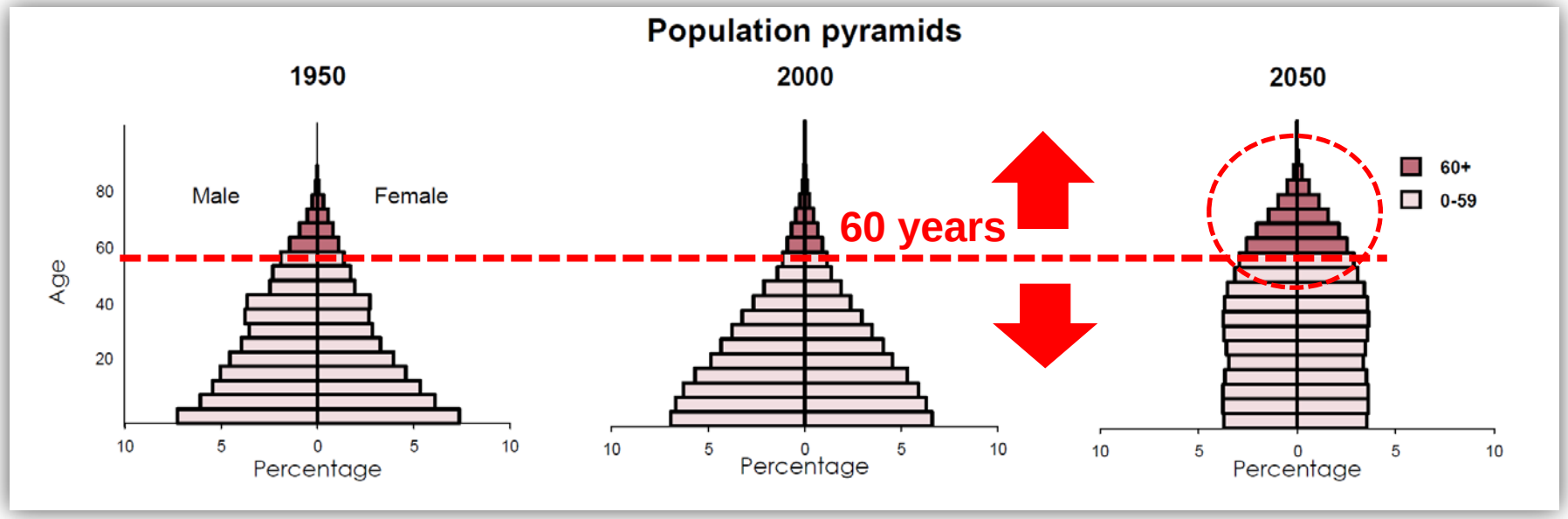
North America


Population pyramids
1950
2000
2050
Male
Female
Age
80
60
40
20
10
5
0
5
10
Percentage
60+
0-59

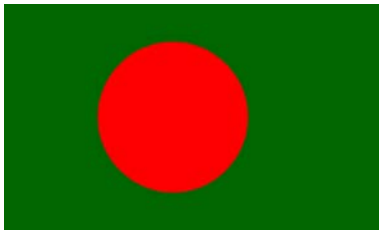
Asia

Bangladesh

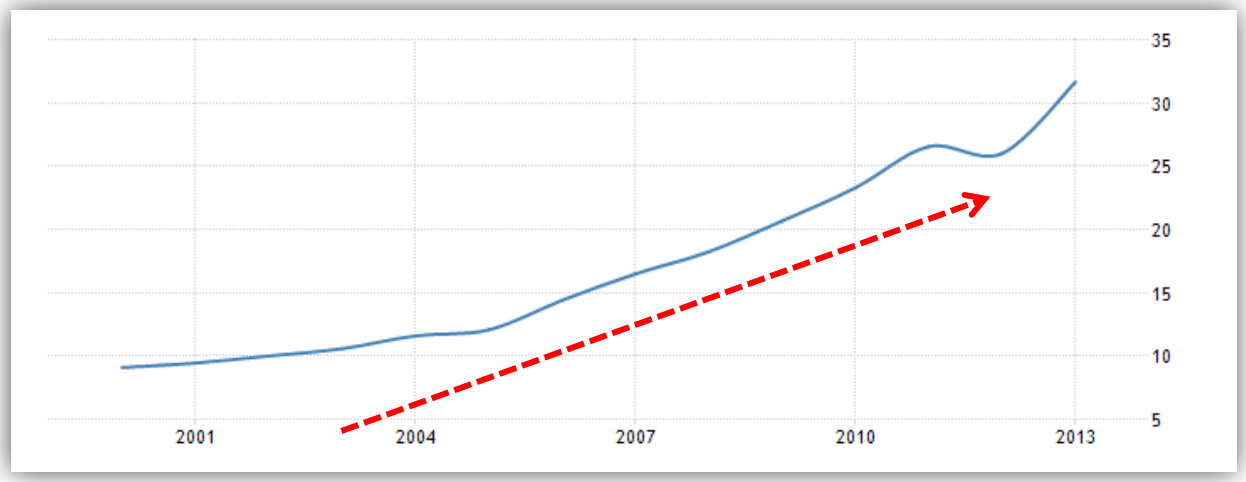



Population pyramids
1950
2000
2050
Male
Female
Age
80
60
40
20
60 years
60+
0-59
10
5
0
5
10
Percentage

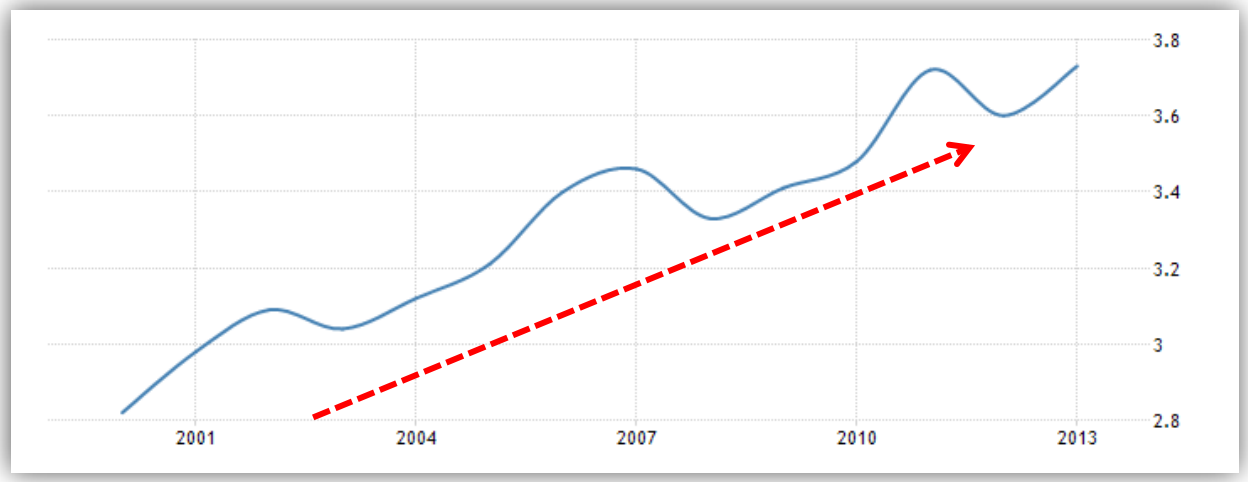
Population Growth



Health care spending



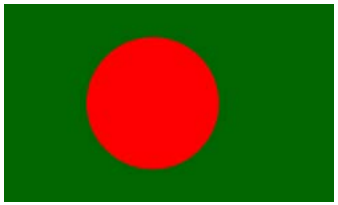
Per capita

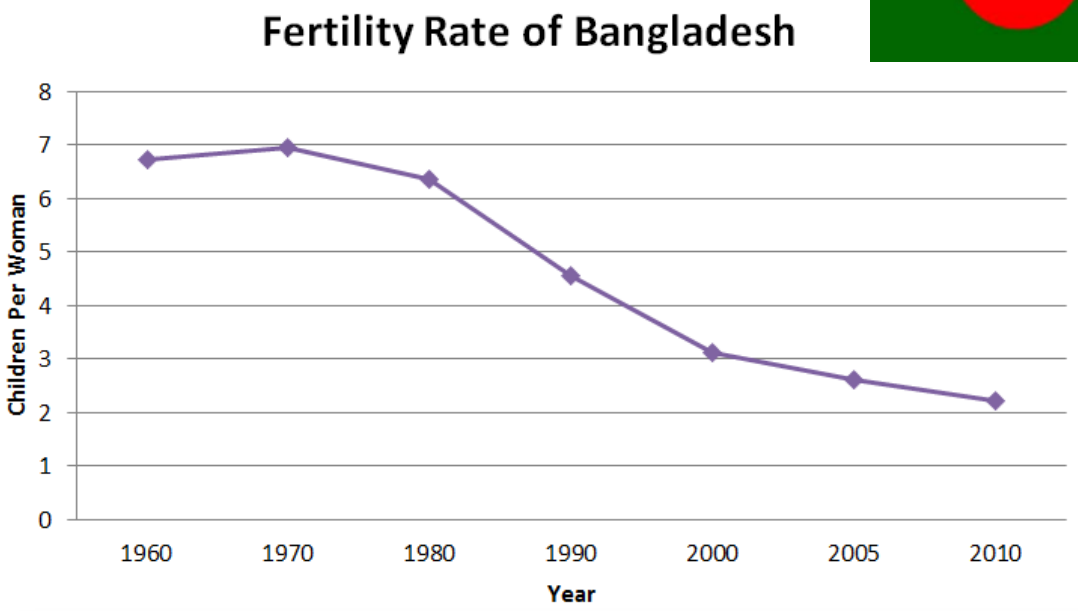


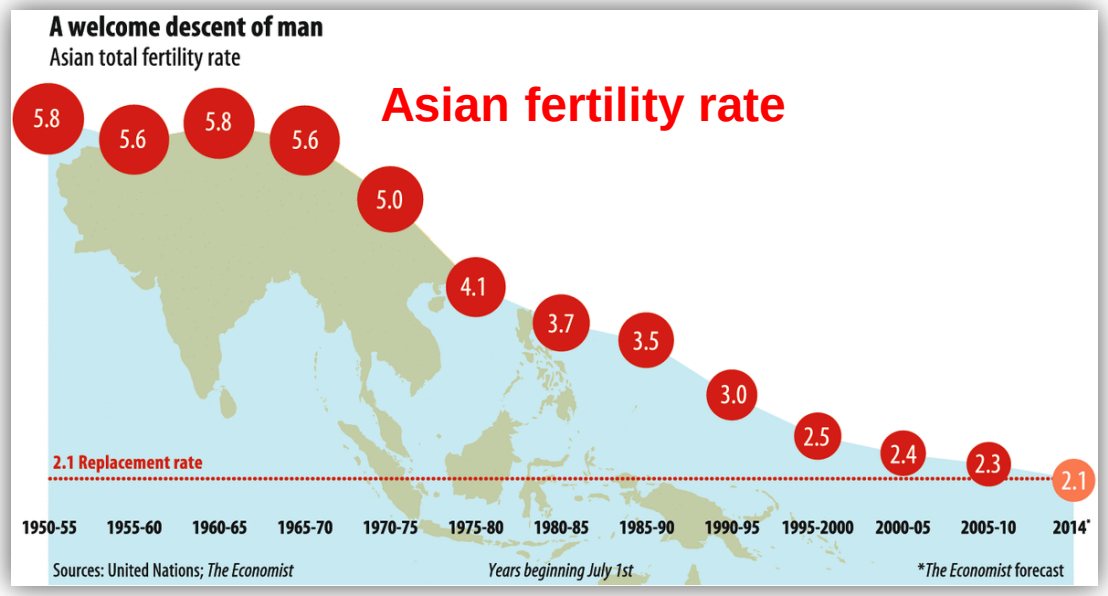
% GDP

(**GDP**: Gross domestic product)

Fertility rate





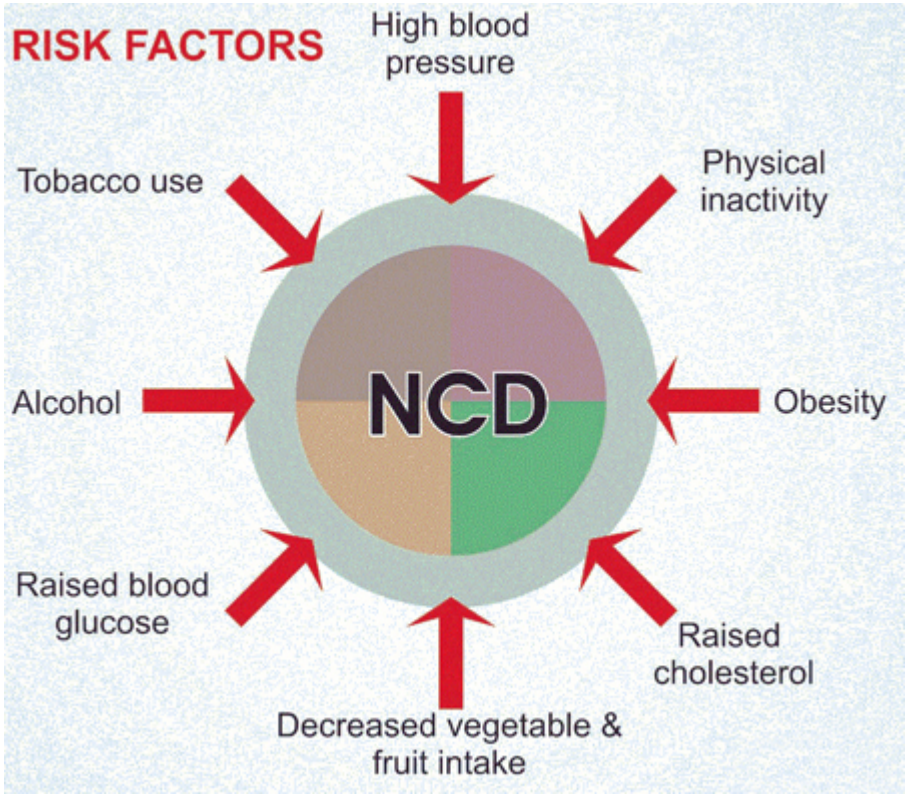


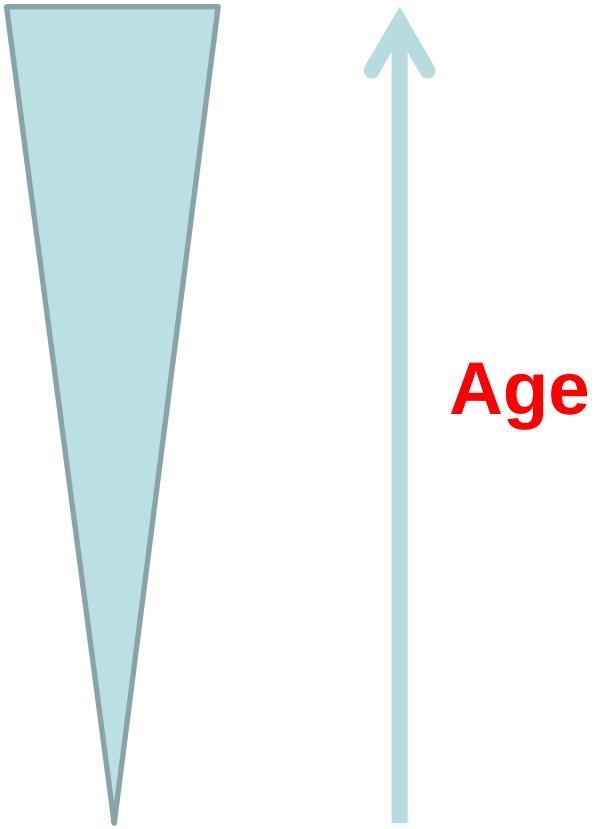
The Economist

Nov 18th 2013 |

Age and NCD

The “invisible epidemic”: non-communicable diseases





What type of physicians do we need?

What can we afford?

Multimorbidity

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.

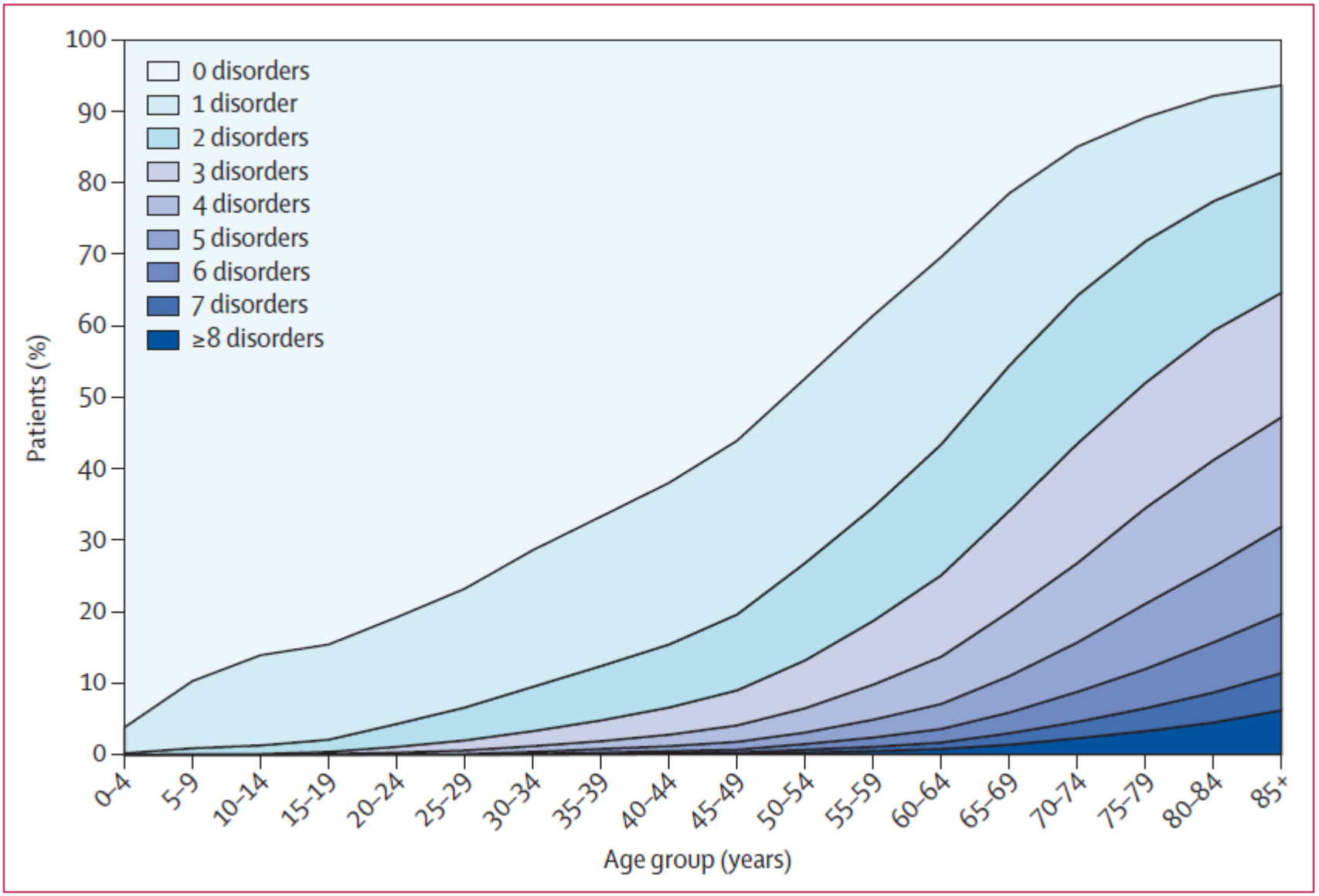
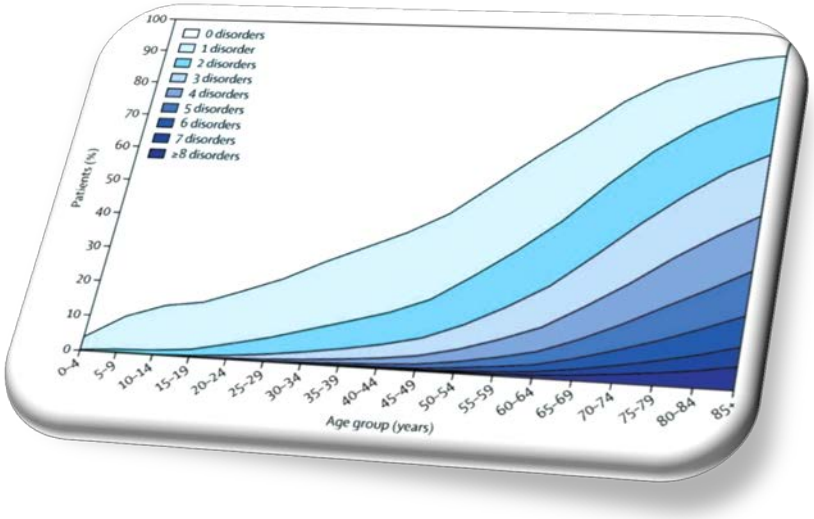


Figure 1: Number of chronic disorders by age-group

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 problem**

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“

Primary care – managed care – coordinated care

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 <u>first point of consultation</u> for patients. This includes the handling of the complex needs of multimorbid elderly patients.

Internists/Generalist

Terms and definitions differ between countries…..

Specialised internists

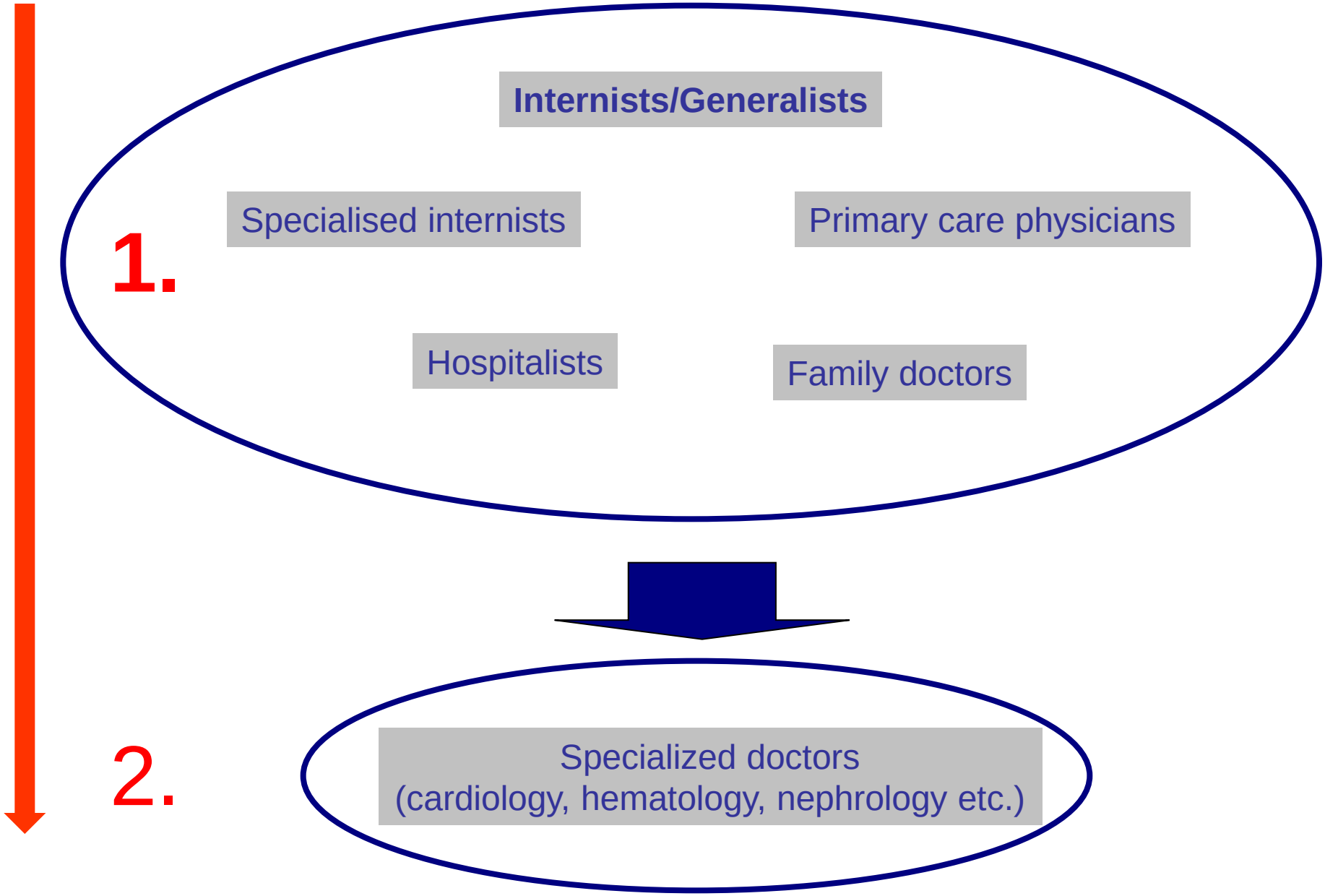
Primary care physicians

Hospitalists

Family doctors

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

First point of consultation



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↑**
- **Subsubsubspecialist ↑**

The NEW ENGLAND JOURNAL of MEDICINE

SOUNDING BOARD

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

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Specialization, Subspecialization, and Subsubspecialization in Internal Medicine

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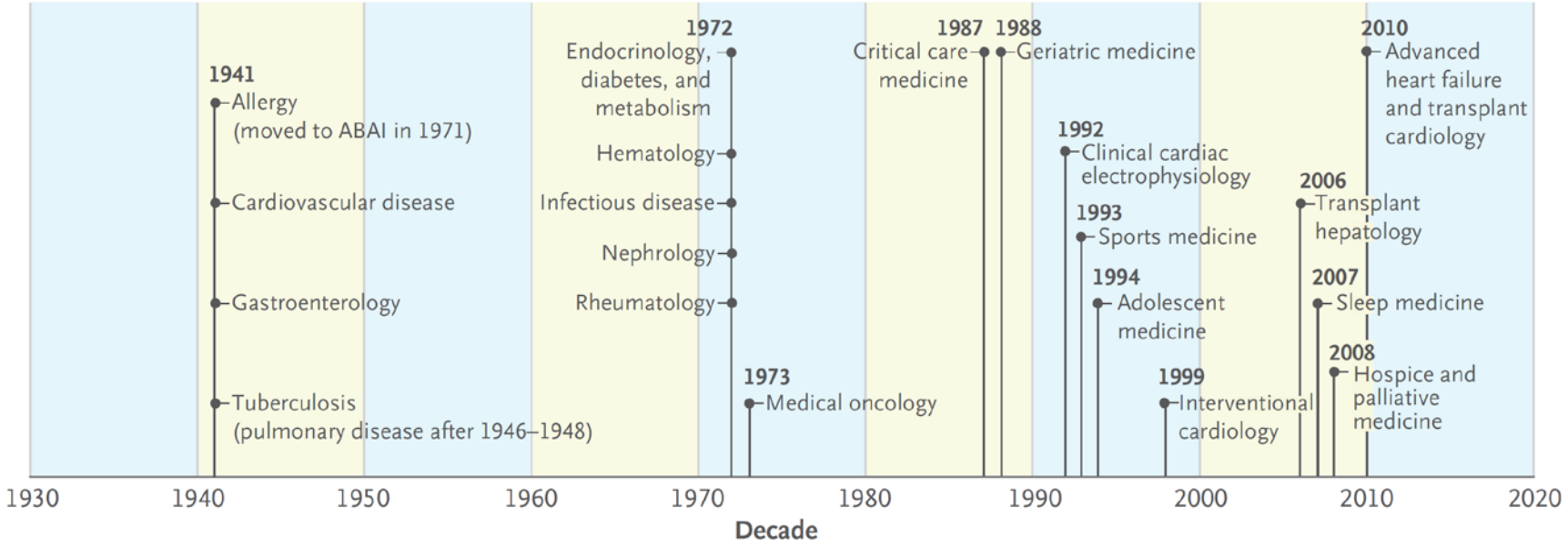
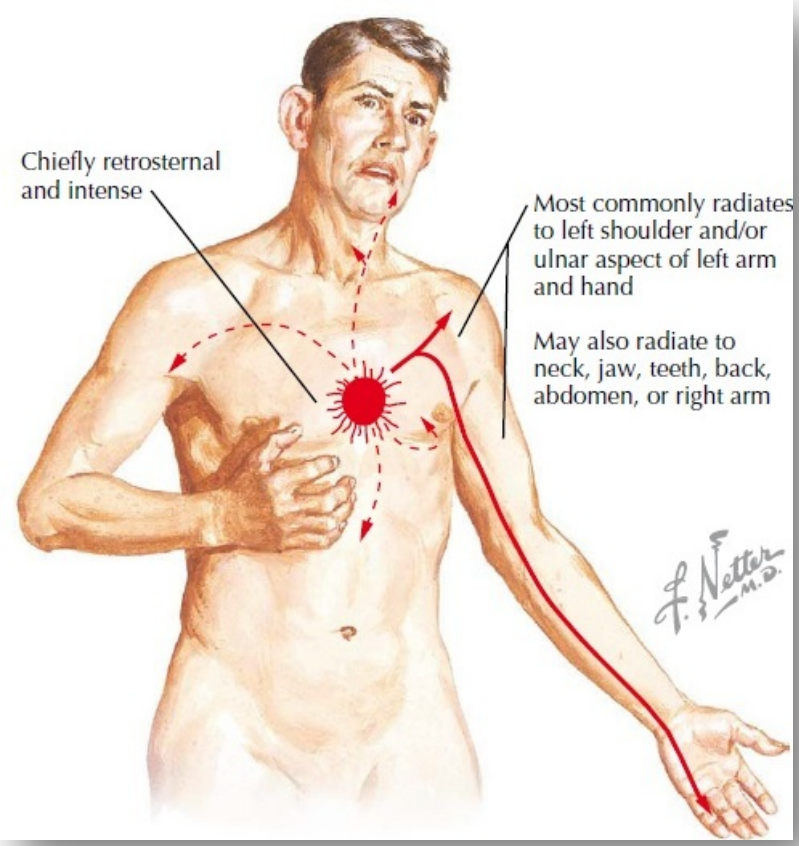


Figure 1. Timeline of Subspecialties Approved by the American Board of Internal Medicine.

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:

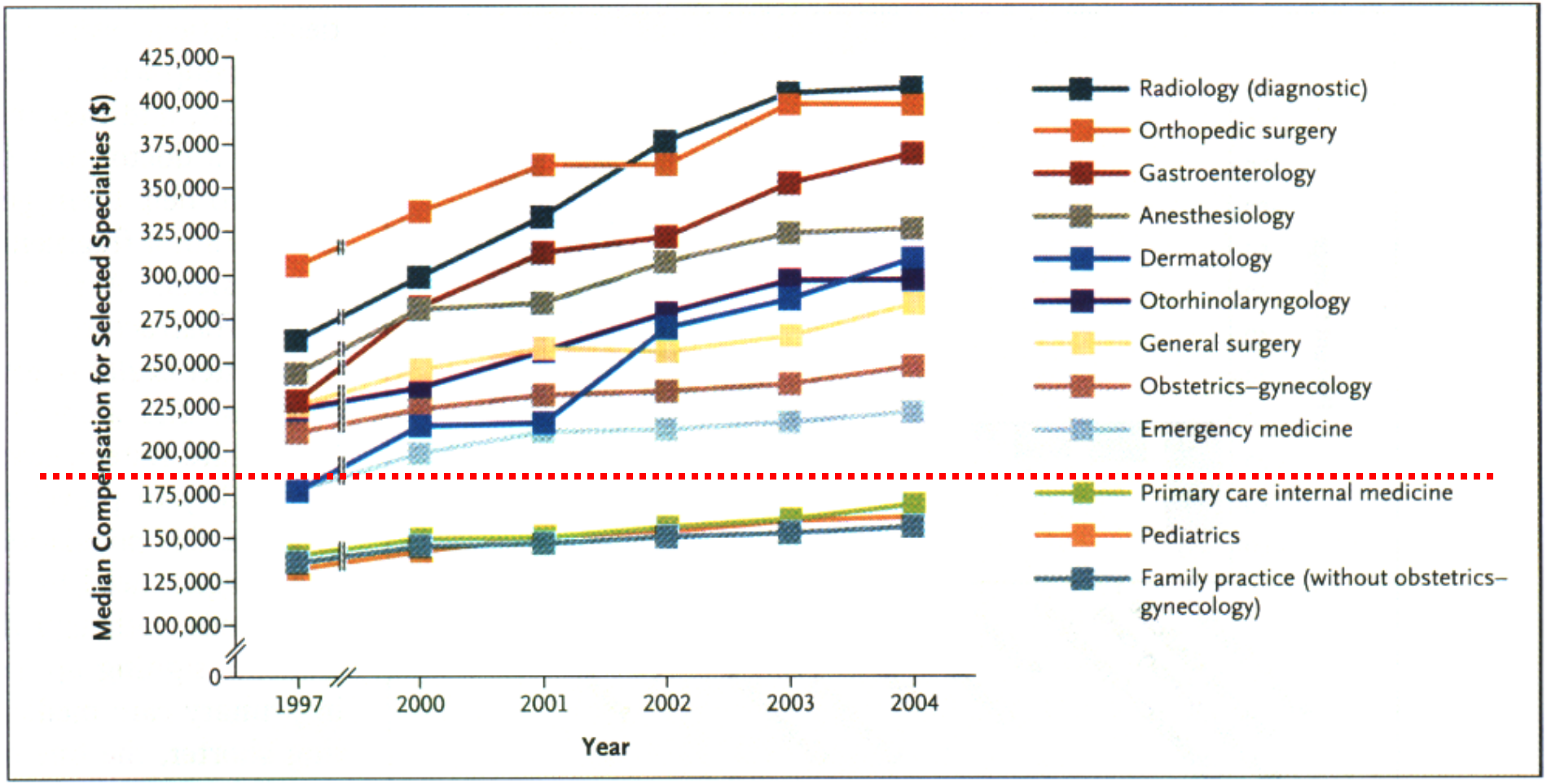
-Primary care physicians (improvement of payment system)

-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.

N Engl J Med 355:864, August 31, 2006

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?

What a drag:
HEALTHCARE
Insurance...

POLITICS
electoral
constitution
vote
reform
people
wing
tv ads
economy
republican
historic
wing
campaign
issues
democrat
federal
candidates
party
citizen
independent
goals
democracy
local
left
heated
coalition
system
right
unions
states
tea party
affairs
government
relations
special interests
debates

Summary

-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 became more attractive (payment)

-The growth of new subspecialties must be reconsidered