What Is the Primary Cause of Death Worldwide?

Chronic diseases surpassed infectious diseases as the primary cause of death worldwide in 2008. At that time, the World Health Organization predicted increasing rates of chronic diseases unless intercepted by prevention efforts such as exercise, healthy diets, and not smoking. By 2015, chronic diseases were responsible for almost seven in ten deaths worldwide. More than 40% of those who died were younger than age 70.

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Chronic Disease Prevention Can Stem Skyrocketing Healthcare Costs

The worldwide statistics mirror the U.S. condition. Seven of the top ten causes of death are chronic diseases. A little over half of all adults have at least one chronic health problem. A significant number (1 in 4) have two or more chronic health problems.

About 1 in 3 has high blood pressure; 1 in 3 is pre-diabetic; 1 in 10 has diabetes; More than 1 in 3 adults are obese; Smoking causes about 1 in 3 cancer deaths; 17 in 100 will be depressed at some time in their lifetime; Heart disease causes almost 1 in 4 deaths in the U.S. each year.

Americans are sick – and getting sicker.

The economic cost of caring for these individuals is staggering. At the current trajectory, the annual cost of chronic diseases in the U.S. alone could reach more than $4.1 trillion by 2023. Chronic diseases make up about 86 percent of all healthcare costs.

The cost of chronic disease expands when considering another significant chronic medical illness associated with chronic disease: depression. Researchers Clarke and Currie (2009) studied 159 systematic reviews and meta-analyses considering the link between chronic diseases and depression and anxiety. They found that depression diagnosis was “markedly
and consistently higher” when a person had a chronic disease such as heart disease, diabetes, or cancer than it is in the general population. They also found “consistent evidence” that depression is a risk factor for chronic diseases.

Research increasingly points to a bidirectional relationship between depression and chronic diseases. Voinov, Richie, and Bailey (2013) reported that depression can increase risk for diseases such as heart disease and stroke. And a chronic disease such as diabetes and cancer can increase risk of depression by 60% or more.  

Adding Up the Costs in the U.S.

Medicaid enrollees tend to have poorer health profiles. They have high rates of hypertension, hypocholesteremia, heart disease, and diabetes. According to a 2012 Kaiser Family Foundation report, about one in ten non‑elderly Medicaid enrollees had diabetes and nearly three in ten had been diagnosed with cardiovascular disease. Poor individuals have more than twice the incidence of depression as do those living at or above the poverty line. As much as 83 cents of every healthcare dollar spent to care for Medicaid members is spent on treating chronic conditions.  

About 80% of older adults have one or more chronic diseases. A 2013 CDC report found that “68.4% of Medicare beneficiaries had two or more chronic conditions and 36.4% had four or more chronic conditions.” The National Association of Chronic Disease Directors estimates that treating chronic diseases constitutes 96 cents of every Medicare dollar spent. The CDC estimates that treating chronic diseases accounts for 99% of Medicare spending.  

Working-age adults are no better off. Nearly one in five has two or more chronic diseases. Besides direct medical costs, this population also negatively impacts indirect costs through absenteeism and decreased productivity. The Milken Institute estimates chronic diseases cost $1.1 trillion in lost productivity and another $0.2 trillion in direct healthcare costs. Depression-caused presenteeism and absenteeism cost the workplace more than $102,000 in 2010.
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Chronic diseases threaten to bankrupt the healthcare system as we know it. The cost of treating the most common chronic diseases could be as high as $6 trillion by mid-century. But there is a solution.

Solution: Shift to Disease Prevention and Wellness

Unhealthy behaviors are the cause for many of these chronic conditions, according to the CDC. You’ve seen the statistics: 9 in 10 Americans consume too much sodium; Half of all adults don’t exercise regularly; almost 1 in 4 say they binge drink; almost 1 in 5 smoke; 4 in 5 don’t eat enough fruit; and 9 in 10 don’t eat enough vegetables.

Investments directed toward improving behaviors that contribute most prominently to chronic diseases can make huge strides toward preventing and reversing chronic diseases. Lifestyle factors such as a healthy diet, regular exercise, tobacco cessation, and moderate alcohol consumption (or abstinence) play a key role in mitigating risks, including overweight and depression.

A study of 57,420 adults found metabolic syndrome to be associated with significantly higher healthcare costs. Metabolic syndrome is a cluster of risk factors that raise the risk of cardiovascular disease and diabetes. Even when these chronic diseases did not occur, having any one of four components of metabolic syndrome (hypertension, obesity, low HDL, and high triglycerides) was associated with higher future medical costs.

The U.S. could prevent about 40 million cases of chronic disease by 2023 with “modest improvements in preventing and treating disease” using a multi-faceted approach to control escalating healthcare costs due to chronic disease:

- Promote healthy living
- Detect problems early
- Manage any existing disease

A joint consensus statement of the Health Enhancement Research Organization, American College of Occupational and Environmental Medicine, American Cancer Society and American Cancer Society Cancer Action Network, American Diabetes Association, and American Heart Association states, “It makes practical sense for employers to play a positive role in influencing the health behaviors of their workforce. Improvement in employee health can reduce healthcare costs, disability, and absenteeism, as well as increase employee productivity.”
The U.S. Department of Labor and U.S. Department of Health and Human Services conducted a study of 50 workplace wellness programs. They found that programs targeted at behaviors linked to risk of future chronic disease (e.g., workplace wellness programs) made a difference. The majority of employers interviewed for the RAND survey stated that intervention efforts had lowered healthcare costs (60%) and increased productivity (80%).

The American Public Health Association’s Public Health and Chronic Disease: Cost Savings and Return on Investment fact sheet reports that, “Every $1 spent on workplace wellness decreases medical costs by about $3.27 and increases productivity, with absenteeism costs decreasing by about $2.37.”

Employers concerned about presenteeism, absenteeism, and rising health insurance premiums have turned to worksite wellness programs designed for prevention, early detection of chronic diseases.

**CMS Value-based Models and Annual Wellness Visits**

The Centers for Medicare and Medicaid (CMS) is incentivizing a shift to improved outcomes and reduced costs for Medicaid and Medicare populations through shared cost and value-based care payment models. Several years ago, CMS instituted an Annual Wellness Visit for Medicare enrollees, designed to identify risks of chronic disease and prevention opportunities to prevent or delay the onset. A core requirement of the AWV is a health risk assessment. The best designed Medicare health risk assessment will evaluate risk factors specific to individuals over 65 years of age and help inform care coordination plans.

**Health Risk Assessment: A Valuable Tool**

Payers, providers, and employers have typically used claims and biometric data to evaluate and track trends in costs of chronic disease for their population health management efforts. However, these only tell part of the story. Since more chronic disease can be prevented through lifestyle changes, an evidence-based health risk assessment is a valuable tool to show individuals the connection between their lifestyle behaviors and risk for chronic disease. An evidence-based health risk assessment collects information beyond the medical information available in financial data. Reporting tools that provide aggregate and raw data assist with predictive...
analytics, allocating coaching resources, informing care coordination plans, and tracking outcome changes over time. Companion health education tools help guide appropriate behavior while supporting interventions and programs.

Encouraging habits that protect health and prevent chronic disease have a price tag. For example, a health assessment can cost up to $30 per member. And the average reimbursement for annual wellness visits is $111. But consider that annual healthcare for an obese individual costs an extra $1,400 to $2,700 per capita than that of a normal weight person. It’s the same scenario for someone who smokes.

The American Public Health Association points out that: Every $1 spent on evidence-based programs that increase physical activity, improve nutrition and prevent tobacco use saves $5.60 in health spending within five years and up to $6.20 within 10 years.

For every $1 spent on tobacco cessation programs, the average return is $1.26. In one year, the U.S. could save more than $711 million.21

However, it may “take a village” to change behavior. The CDC states, “Evidence indicates that with education, social support, and healthy policies and environments, people can and will take charge of their health.”23

Data from the Tufts Medical Center Cost-Effectiveness Analysis (CEA) Registry seems to point toward environmental interventions as most cost effective. Examples include taxing unhealthy food and subsidizing healthy foods, or building a recreation facility.24 The data also shows that environmental changes must be accompanied by person-centered intervention efforts. And the first step for better health is to determine where to focus behavior change efforts.

At a minimum, a health risk assessment (HRA) or evaluation identifies chronic health problems, modifiable risk factors for disease or injury, and urgent health needs for a specific population. For example, a Medicare member has different needs and concerns than does someone in the workforce. The best HRAs will ask questions specific to the populations being assessed. They will also identify the areas where the individual is most willing and ready to change and outline “next steps” for areas needing improvement. Armed with this information, clinicians and wellness practitioners can develop cost-effective approaches to improve healthy behaviors that will mitigate the impact of current chronic disease and prevent future chronic health problems.

Want to learn more about evidence-based Health Risk Assessments? Contact us at well@wellsource.com or call 800.533.9355.
References:


