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Quality of Life Considerations and Behavioral Health in CFS:

Delivering Care in the New Chronic Illness Era

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Paradigm Shift in Medicine

- 20th century: focus on acute illness
- Expectation was that treatment resolved illness OR patient died
- 21st century: increasing focus on chronic illness

Paradigm Shift in Medicine

- Increased prevalence of chronic illnesses
- Chronic vs. acute care
- Necessity of chronic care models
- Chronic comprehensive case management
- Comprehensive case management vs. clinical treatment

Chronic vs. Acute Illness

- Traditional chronic illness manifests differently than acute illness
- Chronic illness can be difficult to measure and treat
- Chronic illnesses tend to affect several different body systems at the same time
- Impact of chronic illness on the physical, emotional and social domains persists and affects reporting, compliance and coping

Chronic vs. Acute Illness

- Medicine has not adapted to the chronic model of care
- Patients with chronic conditions often fare poorly in the acute, episodic care-delivery environment
- Necessary interventions require multiple disciplines and tight coordination of care

Chronic vs. Acute Illness

- Patient needs vary over the duration and phase of the illness
- Patients suffer from social stigma, economic losses, and lack of knowledge and understanding about their conditions
- Health care providers, patients, family members and friends can become frustrated with the unpredictable symptoms and chronicity
- These factors may exacerbate the patient's condition

Why the Shift to Chronic Illness?

- Increased prevalence of chronic illnesses
- Advances in public health
- Advances in medical care
- Aging population

Chronic Illness is the Leading Cause of Death and Disability

- One third of U.S. doctor visits are for chronic conditions
- Two-thirds of all U.S. deaths are caused by a chronic condition
- 78% of total U.S. medical care expenditures are related to chronic conditions – over a trillion dollars a year
- 2005: 129 million people with chronic conditions
2030: 171 million predicted (32% increase)

4 Groups of Chronically Ill

- Traditional chronic (CFS, FM, MS, asthma, lupus)
- Acute illness survivors with lingering symptoms (cancer, cardiovascular disease)
- “Persistent acute” (HIV/AIDS, stroke)
- Natural consequences of aging in an aging population

Sociological Factors in Chronic Illness

- Chronic illness and the global community
- Chronic illness differentiated by:
 - gender, ethnicity, religious/philosophical belief, SES, etc.
 - geographic region
 - political environment
 - economic environment

Chronic Illness Management and Managed Care

- Historically there has been little coordination across multiple settings, providers and treatments
- Managed care has not achieved initial promise of truly coordinated care
- Managed care doesn't address the complexity of chronic conditions, so it may result in more, rather than fewer, encounters with the health care system
- Management strategy influences behavioral health

Chronic Illness and The Fennell Four Phase Treatment (FFPT™) Approach

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Philosophy of the Phase Method

- A Systemic Approach
- False Dichotomies
- The Phenomenon of Chronicity
- Traumatization and Chronicity
- The Integration Assumption
- Palliation
- Clinician as Active Equal Participant

Trauma Types

- Disease/Syndrome Trauma
 - Iatrogenic Trauma
 - Cultural Trauma
 - Vicarious Trauma
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- Pre-Morbid / Co-Morbid Trauma

Chronic Care in Context and Culture

- The Health Care System
- Levels of Discourse
- Socio-Cultural Factors
- Domain Assumptions
- Traumagenic Effects

Quality of Life Factors

1. Cultural intolerance of suffering
2. Cultural intolerance of ambiguity
3. Cultural intolerance of chronic vs. acute syndromes
4. Pre-existing cultural climate toward chronic syndromes
5. Media
6. Initial syndrome illegitimacy and subsequent enculturation

The Four Phases of Chronic Change

Betty's Story: A Survivor of Chronic Illness and Disability



