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Wyden Statement on Addressing the Challenges of Chronic Illness
As Prepared for Delivery

Today the Finance Committee focuses its attention on what, in my view, is the biggest challenge ahead for Medicare and the future of America's health care system: managing chronic illness.

To understand why this is a growing issue, take a look at how Medicare has changed over time. When Medicare started, it was mostly about caring for seniors who needed to go to the hospital. If a senior slipped on the kitchen floor and broke an ankle, for example, they'd head to the hospital, get treatment, and head home. In 1970, nearly 70 percent of Medicare spending was for hospital care. Now, that number is closer to 40 percent.

This change shows that Medicare is very different today than it was four decades ago. Rather than broken ankles or pneumonia, Medicare is now dominated by chronic conditions such as a cancer, diabetes and heart disease. More than two-thirds of Medicare beneficiaries are now dealing with multiple chronic conditions. Their care accounts for almost all – 93 percent – of Medicare spending.

It's not just seniors who are affected by chronic disease. Half of all American adults have at least one chronic condition. These diseases account for 70 percent of deaths, limit the activities of tens of millions more Americans, and cost the economy billions each year. The problem is only getting worse as chronic illnesses become more common. In fact some experts have warned that this generation could be the first in modern times to have shorter lifespans than their parents.

This is not just a health issue. The growing prevalence of chronic disease is also a major driver of rising health care costs that are putting a growing burden on government, business, and family budgets.

The way health care in America is delivered has to change. Let me repeat that – it has to change. Doctors and hospitals often don't coordinate care or even talk to one another. Patients receive medication for one disease that conflicts with another. Paper medical records force time and energy away from patient care only to be spent on burdensome red tape. There is even data showing that caregivers of people with chronic disease face higher rates of stress and depression and have higher mortality rates.

All of us are touched by the American health care system eventually. Those suffering with chronic disease are hurt the most by its flaws. This morning's hearing will look the problems faced by millions of Americans every day as they try to navigate America's chaotic system of treating chronic disease.

The committee will hear how the tragedy of chronic disease is exemplified by a single mother who before her 31st birthday had major heart surgery and can no longer work, or even drive a car, because of the onslaught of disease.

It will hear about patients with multiple chronic conditions who are left on their own to shuttle themselves between a myriad of providers that are often hours away from each other.

It will hear a story from a wife struggling to take care of her husband with Alzheimer's -- to make sure that doctor appointments are kept, medication is taken and their marriage is held intact.

This is a challenge that will not be fixed overnight. This chronic care hearing marks the beginning to addressing the dominant problems in American health care system that practically everyone has managed to ignore.

In the months ahead, this committee can find bipartisan solutions to meet the challenges and strengthen the American health care system, and I'm committed to working with the senators to address it.

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