As Americans continue to suffer from a chronic disease epidemic, Iowans are leading the battle against this rising tide — especially as it relates to our rural populations, who may have a harder time getting to the doctor.

Chronic diseases are straining our health care system to the breaking point. But, rather than focus on the negative, let's look at what has been done to create better health outcomes for some of the most at risk patients. Treating people battling chronic diseases, such as diabetes, high blood pressure and depression, accounts for 86 percent of our spending on health care. More than 1 in 2 Iowans live with at least one chronic condition. Patients with such conditions incur health care expenses that are more than $2,000 per year higher compared with peers without a chronic condition.

Through a grant provided by Centers for Medicare and Medicaid Services, the University of Iowa and 10 critical access hospitals covering nine Iowa counties received funding specifically dedicated to improving patient outcomes in rural communities following hospital discharge. The award was used to develop transitional care teams to improve quality and reduce costs for rural patients with multiple chronic illnesses. These teams linked nurse care managers, social workers, pharmacists and physicians at UI with care managers at each of the critical access hospitals, who could provide close local follow-up after patient discharge.

Patients with even one chronic condition may struggle to manage their health once they leave the hospital and return to daily life. Balancing the demands of day-to-day life — working, taking care of children, paying bills — is hard enough without the added burden of chronic disease management. These chronic conditions require ongoing monitoring and local follow-up for potential adjustments in treatment. The transitional care team assisted patients by shifting the focus to a continuum of care, rather than focusing on episodic treatment.

In addition, the teams used telehealth technologies to improve communication with patients and their local physicians and pharmacists. The teams also provided patients and their local providers with access to patients' electronic medical records from their UI hospitalization. Empowering people with the knowledge, skills and resources to manage their health effectively after leaving the hospital helps them to avoid medical complications and hospital readmissions. Preventing readmissions reduces costs for the patient and the health care system overall. Further, this program supports health care providers in their efforts to more effectively and efficiently manage their patients' health and wellness.

We can and must do more to ease the burden of chronic disease on patients and our health care system. The Transitional Care Team program at the University of Iowa is just one example of how we might begin to better manage and treat the host of chronic diseases that impact Iowans every day. Partnerships like this one between the UI and Iowa's critical access hospitals need to become the norm. As the No. 1 cause of death, disability and rising health care costs, chronic disease must become a high priority in health policy in next decade. To make that a reality, Iowans should be sharing what works and demanding answers from the presidential candidates about what they will do to address the growing chronic disease problem.

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