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# MULTI-MORBIDITY AND PATIENT-CENTERED CARE IN PRIMARY CARE SETTINGS

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# Multi-morbidity and patient-centered care in primary care settings

The prevalence of multi-morbidity has been on the rise, with a growing number of individuals experiencing the burden of two or more chronic conditions. Patients with multi-morbidity are frequently perceived as a complex and vulnerable group with a high mortality risk and extensive utilisation of healthcare, and they often express dissatisfaction with their care.[1,2] Globally, primary healthcare institutions endeavour to improve patient-centered care, which is characterised as healthcare that is considerate and adaptable to individual patient preferences, requirements, and principles, with patient values directing all clinical decisions.[3]

There exists a widely accepted global agreement that managing multi-morbidity is most effectively accomplished through a patient-centered approach within primary care settings. This approach entails scheduling routine appointments to conduct comprehensive

assessments of the patient's issues while tailoring management options to the specific preferences of the individual. A multidisciplinary team, led by a designated clinician, should deliver this care while utilising effective clinical information systems.[4] However, the fundamental inquiry that persists is whether interventions in patient-centered care can genuinely enhance outcomes for individuals living with multi-morbidity and for the health system.

Empirical evidence suggests that patient-centered care is positively linked with elevated levels of both social and physical well-being, as well as greater satisfaction with care, particularly among patients afflicted with multi-morbidity. The Picker Commonwealth Program for Patient-Centered Care, operating under the Beth Israel Deaconess Hospital in Boston, initiated a research program aimed at identifying the salient dimensions of patient care that held the greatest significance for patients. The research was qualitative in nature and conducted at the national level.[5]

The research program provided guidance for the design of patient experience surveys that could be leveraged for evaluating the quality of care. The concept of patient-

centeredness was characterised as a form of healthcare that fosters collaboration among healthcare providers, patients, and their families. This collaborative approach is predicated on the principles of respecting patients' desires, requirements, and preferences and ensuring that patients receive the necessary education and support to enable them to make informed decisions and take an active role in their healthcare.[5]

Despite the comprehensive scientific characterisation of patient-centered care, the practical application of this concept for patients with multi-morbidity remains ambiguous. To determine the most significant components of patient-centered care and its implementation, the perspectives and experiences of these patients are imperative. This information will help enhance care provision for this vulnerable population.

Bayliss et al.'s (2008) study exploring the ideal care processes described by patients with multi-morbidity revealed the importance of patient-centeredness and customised care delivery. These included continuity of relationships with healthcare providers, effective communication, and accessible care. Despite being classified as a single patient group, patients with multi-

morbidity demonstrate unique differences, similar to those observed in single-disease patients.[6]

There is a growing concern regarding the adequacy of current healthcare services to meet the specific needs of the elderly population.[7] This is particularly significant in primary care settings, where older patients account for a considerable proportion of healthcare spending, constituting 37% in the UK.[8] Due to their advanced age and associated health conditions, these patients tend to require more frequent medical consultations, thus imposing a significant workload on primary care providers.[9]

Moreover, the burden on primary care is expected to further intensify as multi-morbidity is projected to increase in older age groups. Specifically, the prevalence of multi-morbidity among individuals aged over 65 is predicted to rise from 45.7% in 2015 to 52.8% in 2035.[10] Only recently has the significance of involving older patients with multi-morbidity in shared decision-making about their healthcare been recognised as beneficial.

The acknowledgement of involving elderly patients with multi-morbidity in decision-making for their care when identifying unaddressed healthcare needs is essential.[11,12]

To optimise quality of life and daily function, elderly patients require assistance in prioritising and rationalising their treatment options.[13,14] Recent research indicates that providing support to elderly patients with multi-morbidity in expressing their requirements and apprehensions to healthcare providers might decrease potential threats to patient safety.[15]

Although the widely adopted definition of an older person in westernised societies includes individuals aged 65 years or older, increasing life expectancy has resulted in a broadening of this age category.[16] As a consequence, future research and intervention studies must consider the varying healthcare requirements across the expanding age group of "older" individuals. Numerous existing interventions are deemed obsolete in their evaluation of this patient group's desire for involvement in decision-making regarding their individual healthcare needs.

The National Institute for Health and Care Excellence (NICE) in the UK has issued directives regarding the clinical evaluation and treatment of patients with multi--morbidity.[4] These guidelines propose that patients with multi-morbidity be included in the decision-making process regarding their healthcare. Nevertheless, the

guidelines provide limited instruction on the practical application of this recommendation. Therefore, it is essential to undertake a comprehensive review to generate evidence-based recommendations for policymakers, researchers, and commissioners on how to allocate resources towards effective interventions aimed at promoting patient involvement in decision-making regarding their healthcare.

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