Caring for patients with multimorbidity: Effects of currently developed interventions.

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Outline

1. Care for patients with multiple chronic conditions
2. The effects of personalised care planning
3. Methodological considerations
4. Conclusions
Caring for people with multiple chronic conditions
The ‘typical case’

Hypertension
Diabetes Type II
Osteoarthritis
Osteoporosis
COPD

Boyd et al. JAMA, 2005
Summing the guidelines

How many providers are involved in patient care for this type of patient.

1. 1-3
2. 4
3. 5
4. 6
5. > 6
The number of caregivers...

General practitioner
Oftalmologist
Foot care
Diabetes educator
Endocrinologist
Pneumologist
Radiologist (if the mammo has to be done…)
Pharmacist
Nurse (whether or not specialised nurse in a specific chronic disease)
Summing the guidelines…

How many procedures have to be done/checked a year

1. 1-5
2. 5-10
3. 10-15
4. 15-20
5. > 20
Number of procedures...

1 x flu vaccination
2 x capillary glucose
2 x hbaA1c
1 x cholesterol
1 x microalbuminuria
1 x control oftalmologist
4 x tension
1-2x creatinine
1x feet
1 x check technique for drugs on inhalation
Once every two years – mammo
Summing the guidelines …

Number of drug intakes.

1. 1-5
2. 5-10
3. 10-15
4. 15-20
5. > 20
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<th>Time</th>
<th>Medications</th>
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Patient tasks

- Joint protection
- Energy conservation
- Self monitoring of blood glucose
- Exercise
  - Non weight-bearing if severe foot disease is present for osteoporosis
  - Aerobic exercise for 30 min on most days
  - Muscle strengthening
  - Range of motion

Clinical tasks

- Administer vaccine
  - Pneumonia
  - Influenza annually
- Check blood pressure at all clinical visits and sometimes at home
- Evaluate self monitoring of blood glucose
- Foot examination
- Laboratory tests
  - Microalbuminuria annually if not present
  - Creatinine and electrolytes at least 1-2 times a year
  - Cholesterol levels annually
  - Liver function biannually
  - HbA1C biannually to quarterly

IF YOU CAN’T READ IT SHE CAN’T MANAGE IT…

Referrals

Physical therapy

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Medications

- Vit D 200 IU
- Lovastatin 40 mg
- Naproxen 250 mg

As needed

- Ipratropium dose inhaler
- Albuterol dose inhaler
- Paracetamol 1g

COPD medication and delivery system training

Diabetes

Boyd et al. JAMA, 2005
The ‘typical case’

Hypertension
Diabetes Type II
Osteoarthritis
Osteoporosis
COPD

Koydt et al. JAMA, 2003

Anne-marie

Jacqueline

Rose
From a ‘typical case’ to a real case

Marcel (58j) has a lot of health problems. When he was 35 he got diagnosed with hypertension, at 40 his cholesterol appeared to be high, he tends to be depressed now and then, mostly when his chief at work mentions his obesity, which makes his back hurt when he performs any physical activity.

What's the number of chronic conditions in Marcel?
Effects of personalised care planning

Personalised care planning for adults with chronic or long term conditions. (Cochrane review, 2015)
Cochrane PICO

**P:** Patients with multiple chronic conditions.

**I:** Personalised care – in which patient and caregiver set common goals.

**C:** Usual care – in which the patient is not explicitly involved in the care plan.

**O:** Primary outcomes: physical health, mental health, subjective health status and self management.

Secondary health outcomes: health related behaviour, health care utilisation and - costs
Selected studies

19 studies
10,856 participants

12 studies on diabetes mellitus
3 studies on mental health
1 study on health failure
1 study on kidney failure
1 study on asthma

Only 1 study on multiple chronic conditions
Effects

Physical health
- HbA1c (0.24% lower)
- Bloeddruk (SABD en DABD) (2.64 mm Hg lower)
- Cholesterol (no effect)
- BMI (no effect)

Mental health
- depression (0.36 SD lower (better)
- andere (no effect)

Subjective health status
- generic (no effect)
- disease specific (no effect)

Self management
- self efficacy (being confident of taking own responsibility and self care) (0.23 SD higher)

Adverse Events (no difference)
Personalised care planning for adults with longterm health conditions (Cochrane)

4 studies assessed ‘attainment of personal goals’

All these studies have shown a positive effect

Battersby (2007) 60% improvement
Glasgow (2005) verbetering op vlak van eetpatroon en beweging
Hart (1978) 2fold improvement in goal attainment
Schillinger (2009) 88% of patients succeeded in developing their own goals

-> This is the way to go!
Who sets the goals?
Not everything that counts is countable
Not everything that is countable counts

Isaac Newton
Identifying personal goals

Qualitative study on patient interviews

Patients with COPD and comorbidity

Different interviewing strategies
  - open interviews
  - semi-gestructureerderde interviews (COPM)

Main finding: Identifying personal goals is difficult!
Identifying personal goals: not a matter of course
Generating hypotheses on why this is so difficult

Hypothesis 1: Patients cannot identify with the concept of goal setting
‘what do you mean?’

Hypothesis 2: Patients have accepted their situation and don’t feel the need to set goals.
‘I am satisfied with how I am at the moment’
Identifying personal goals: not a matter of course

Generating hypotheses on why this is so difficult

Hypothesis 3: Actual stressors have priority over personal goal setting.

‘Sometimes I have panic attacks’

Hypothesis 4: Patients consider personal goals as selfish

‘I want my wife to continue to do what she likes most’
Personal goals change

Changes in cancer patients’ personal goals in the first 6 months after diagnosis.
Janse et al. 2014
Patient and providers goals don’t coincide

Health and treatment priorities of older patients and their general practitioners

Junius Walker, 2011

What is important, what needs treating? How GPs perceive older patients’ multiple health problems: a mixed method research

Junius-Walker, 2012
Other caregivers often know more about patient goals

Masterproef Annelies Vidts, 2012
Hartelijk bedankt voor uw aandacht!
Thank you for your attention!