

Multimorbidity and communication with consumers

Rebecca Ryan and Sophie Hill
Centre for Health Communication and Participation



Multimorbidity and evidence-based communication

Key definitions

Multimorbidity

Any co-existing condition or health problem

- More than one chronic disease
- Acute and chronic combinations

Multimorbidity and evidence-based communication

Key definitions

Evidence-based communication and participation

All interventions to promote active and informed consumers:

- More knowledgeable and competent
- Able to express their views and beliefs
- Making choices alone or with health professionals
- Supported or supportive
- Minimising risks and harms
- Accessing high quality information and quality health services, and
- Participating in planning, service improvement and research

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



The impact of multimorbidity

Multimorbidity is associated with poor outcomes

- Poorer health, psychological and psychosocial outcomes
- Premature death
- More polypharmacy, adverse events and hospitalisations

Multimorbidity is common

- Prevalence estimates vary with age, population and disease
- A large proportion of people with a chronic disease have more than one condition
- Rates are rising across age groups, including the young

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Multimorbidity is an problem for evidence-based communication

Problems for evidence-based approaches

- Research typically excludes people with >1 health problem
- Details are not reported

An example: multimorbidity was not considered in 85% of systematic reviews on consumers' medicines use

Little discussion of impact – except polypharmacy in elderly

Gap has serious implications:

- Evidence may not apply to 'typical' patients
- Evidence does not consider interactions between diseases

Ryan & Hill (2009), Letter, BMJ, 19th August.

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Multimorbidity is an problem for evidence-based communication

Burden of decision making

The effects of multimorbidity accumulate in complex ways

An example: medicines use in arthritis+

- Exploratory focus groups on communication and multimorbidity
- 'Arthritis+' as a case study, multiple perspectives
- Many challenges identified – including medicines use:
 - Interacting / contraindicated medicines, lack of review
 - Polypharmacy (confusion, lack of information); and
 - Multiple prescribers, no common medical record or shared pathway

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Unpacking complexity for communication in multimorbidity

Good communication improves outcomes – but is complex:

- Self management – skills, support and knowledge
- Information and education – applicable, informs decisions

Communication in multimorbidity must account for more complexity:

- Accumulating diseases, treatments, actions required
- Interactions between diseases, competing demands or priorities

Complexity has implications for clinical care and for the experience of health and treatment

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



An investigative framework to unpack complexity

COMMUNICATION THEME	SOCIAL DOMAIN	CLINICAL DOMAIN
Prioritisation	<i>People's values and preferences, and their interactions and experiences in managing health</i>	<i>The clinical encounter and decision making, including clinical assessment, diagnosis and treatment or follow up</i>
Self-management and self-care		
Impact of multimorbidity		
Coordination		
Decision making		
Information sources		

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



An investigative framework to unpack complexity

COMMUNICATION THEME	SOCIAL DOMAIN	CLINICAL DOMAIN
Prioritisation	<i>People's values and preferences, and their interactions and experiences in managing health</i>	<i>The clinical encounter and decision making, including clinical assessment, diagnosis and treatment or follow up</i>
Self-management and self-care		
Impact of multimorbidity		
Coordination		
Decision making		
Information sources		

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Investigative framework – prioritisation

Medicines prioritisation as an example

	SOCIAL DOMAIN	CLINICAL DOMAIN
Prioritisation	<ul style="list-style-type: none"> • Whose priorities? • How, and with whom, to discuss incompatible or conflicting treatment recommendations? • How do goals change over time? 	<ul style="list-style-type: none"> • Does management of one condition need to be prioritised for a clinical reason? • Who is the umpire?

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Investigative framework – self-management

Self-management and medicines as an example

	SOCIAL DOMAIN	CLINICAL DOMAIN
Self-management and self-care	<ul style="list-style-type: none"> • What are the skills needed to manage multiple medicines? • What is the range of supports? 	<ul style="list-style-type: none"> • How might accumulating conditions and treatments affect patient (and carer) adherence to treatments? • What are the most effective interventions to support adherence in multimorbidity?

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Uses for the investigative framework

USER	POSSIBLE USES
<i>Policy makers</i>	Identifying the range of communication issues associated with high priority disease combinations.
<i>Research commissioners</i>	Providing a structured approach to research on connected clinical and patient issues.
<i>Health information providers and guideline developers</i>	Assessing the degree to which multimorbidity is addressed in research and health information; and with formal assessments of research applicability.
<i>Clinical and consumer interest groups</i>	Identifying where major decision making, communication or management issues occur.

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Conclusions

Complexity means considering

- What are the issues?
- What are their impacts?
- What might be targets for intervention?

We need to know more about

- The issues and their impacts
- People's experiences
- Disadvantaged groups

We need to identify ways to target problems

- Consumers - identifying gaps, priorities, preferred strategies
- Create a research awareness of multimorbidity

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION



Acknowledgements

Klara Brunnhuber and James Woodcock
– BMJ Clinical Evidence

La Trobe University Faculty of Health
Sciences grants – focus group work

CENTRE FOR HEALTH COMMUNICATION AND PARTICIPATION

