

Multimorbidity in Ontario

INTEGRATED APPROACHES TO ADDRESS A MULTIFACETED PROBLEM

The McMaster Health Forum strives to be a leading hub for improving health outcomes at the regional and provincial level in Canada. Through problem-solving and discussion, they harness information, convene stakeholders, and prepare action-oriented leaders to meet pressing health issues creatively.

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INTRODUCTION

The McMaster Health Forum convened a stakeholder dialogue on the topic of multimorbidity in Ontario on October 21, 2013. The Forum, in consultation with expert informants, created an issue brief which outlines the problem. They also described three elements of an effective approach to addressing the problem, and implementation considerations.¹

WHAT IS THE PROBLEM?

As the population of Canada ages, it is evident that an increasing number of patients will be faced with managing multiple medical conditions.² Patients who are affected by two or more conditions are described as exhibiting multimorbidity. Multimorbid cases account for only a small fraction of the total patient population, and yet, they account for two thirds of total provincial healthcare costs.³ Yet despite the high amount of resources consumed by these patients, the care they receive is often ineffective.⁴ Recognition of this

has led to growing support for the implementation of policy changes that provide care for patients with multimorbidity.

When considering the scope and impact of this system-wide issue, one must recognize that the

effects of multimorbidity vary across socioeconomic groups. For instance, level of income is a social determinant of health, as the lowest-income Canadians have been found to be three times more likely to suffer from multiple chronic conditions than the richest Canadians.⁵ It has also been found that aging adults are disproportionately affected; only 13% of adults between the ages of 20-39 faced with multimorbidity compared to 82% of Canadians above 80 years of age.⁶

There are many health risks associated with multimorbidity, such as a reduced quality of life, lowered functionality, and greater use of healthcare services.⁷ There are also associated risks when considering treatment options for patients with multimorbidity. A lack of guidelines that provide health care practitioners with a clear approach as to how to treat patients with multimorbidity exacerbates this issue.⁸ Furthermore, due to the possibility of facing multiple outcomes from treatment, it becomes increasingly difficult to balance all of these outcomes while still considering the patient's goals and values.⁹ Ultimately, the need for patient-focused guidelines to replace current disease-focused guidelines for treatment approaches is key, especially when patients are faced with multiple, discordant diseases.¹⁰

The fragmented model for delivery of care is also a key issue for patients with multimorbidity. The prevalence of approaches based on addressing a single disease poses a barrier when treating the increasing number of patients with multiple

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chronic conditions. The limited time frame in which patients interact with their primary care physicians, coupled with the fact that patients may see multiple specialists for each of their conditions contributes to this fragmentation and often results in uncoordinated patient care.^{11,12} Moreover, there is a significant burden on informal caregivers, as patients with increasingly complex health conditions tend to rely more heavily on these types of caregivers to meet their needs.¹³ The financial burden on healthcare providers must be considered, since current models do not adequately compensate for integrated care approaches.¹⁴

APPROACHES TO ADDRESS THE PROBLEM

Many factors must be taken into consideration when discussing approaches to address the complex issue of multimorbidity. The Forum identified three possible elements of a comprehensive approach to address the problem, and then identified and appraised systematic reviews relevant to each of the three elements.

The first element is the support of all healthcare providers to improve care for patients with multimorbidity. In order to best meet this element, it is important to identify the unique contexts in which models of care are needed, such as children or adults with mental illness.¹⁵ The second element is the enablement of health care providers to identify and use guidelines that meet the needs of patients with multimorbidity. This may require public disease guidelines to include a section about multimorbidity,¹⁶ and the development of a patient-centred approach rather than one that is disease-oriented.¹⁵ The third is the empowerment of healthcare providers to efficiently support patients self-management. This can mean drawing from models that focus on patient

education, information technology, and home-based support systems.^{17,18,19}

IMPLEMENTATION CONSIDERATIONS

In addition to considering elements and approaches to address the problems, potential barriers to implementing integrated approaches must be considered at a variety of levels. At the individual level, patients may resist models that can significantly disrupt their existing, long-established relationships with their healthcare providers. At the level of providers, there may exist efforts to resist the single disease focus that practitioners have been accustomed to. Additionally, systems may lack the political will to scale up promising pilot programs.¹

Each element has unique or shared barriers, but there are also 'windows of opportunity' for implementing the elements. Over the past decade, the primary care sector has become the focus of investments, which opens up opportunity for innovative alternative delivery models. Despite hesitation, some regulatory bodies that produce guidelines are becoming increasingly aware of multimorbidity as a challenge, and many patients themselves are keen to actively manage their conditions. Finally, a large deficit and limited economic growth comprise the difficult fiscal situation in Ontario that can be conducive to policymakers embracing innovative approaches to solving new challenges.¹ ■

More details on possible integrated approaches to address multimorbidity in Ontario, as identified by the McMaster Health Forum, are available in the Forum issue brief, which can be found at <http://www.mcmasterhealthforum.org/>.

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