

SHARED DECISION-MAKING IN THE MANAGEMENT OF PATIENTS WITH MULTIPLE LONG-TERM CONDITIONS (MLTC)

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MLTC- THE SCALE OF THE PROBLEM

- The prevalence of MLTC is on the rise,^{1,2} and the management of MLTC is among the most significant challenges faced by healthcare systems today³.
- It has previously been shown that in the UK, 78% of primary care consultations are with patients with MLTC⁶
- Patients with MLTC have been shown to have a poorer health-related quality of life⁴ and poorer functional status⁵ and an increase in healthcare use across both primary and secondary care settings.

WHY IS MANAGING PATIENTS WITH MLTC DIFFICULT?

- The guidelines set up to advise clinicians in clinical decision-making often single-disease focused and when applied to patients with multiple long-term conditions, can lead to contradiction and fragmentation of care⁵
- Polypharmacy and increased treatment burden are frequently seen in patients with multiple long-term conditions⁶ and the risk of adverse drug events is also increased in this patient group⁷
- These are amongst the factors contribute to the increased challenge of clinical decision-making in the management of patients with multiple long-term conditions

THE IMPORTANCE OF SHARED DECISION-MAKING

- Involving patients in the clinical decision-making process is integral to providing individualised care and is promoted as a hallmark of good clinical practice^{9, 10}.
- Important from an ethical perspective for patients' autonomy to be respected and for patients to be informed of the benefits and risks of decisions relating to their healthcare^{11,12}.
- Especially important in the context of MLTC, when the benefits and risks may be less clear-cut and more complicated by the interplay of different chronic health conditions and treatment regimens.
- Individualised care, in which each patient's case is considered on a holistic and personal basis, is key to tackling the complexity of managing patients with multiple long-term conditions⁸
- Eliciting the patient's health outcome priorities and preferences is key to the process of shared decision making.

CHALLENGES TO SHARED DECISION-MAKING

- It has been shown previously that doctors find it difficult to incorporate the process of eliciting the patient's priorities into their consultations and sometimes omit doing so altogether^{13,14}
- The time constraints of general practice appointments may be one factor responsible for this omission. Patients may also find it difficult to express their feelings, given the constraints of a consultation, and may require time to consider what their priorities and preferences are.
- Doctors may also be at risk of making a 'preference misdiagnosis'¹⁵ in which they make an incorrect assumption regarding the priorities and preferences of their patients.
- It was previously shown that doctors significantly overestimated the extent to which patients with breast cancer prioritised retaining their breast as part of their management¹⁶. Another study showed that doctors significantly overestimated the extent to which older patients prioritised continuation of life in the context of advanced dementia resulting in severe cognitive decline¹⁷

CHALLENGES TO SHARED DECISION-MAKING

- Previous systematic review in the context of multiple long-term conditions has shown a mostly low level of agreement between the priorities of patients with multiple long-term conditions and clinicians¹⁸.
- It was found that prioritisation by patients was mainly driven by their illness experiences, while clinicians focused on longer-term risks.
- The importance of eliciting and considering both the short-term and long-term priorities of patients with MLTC, and for these to be reviewed continually, and particularly when illness exacerbations, changes to disease course, changes to treatment regimens, or other wider socially contextualised changes occur, was demonstrated
- The need for the development of a standardised and validated tool that is acceptable to both patients and clinicians, and can be used to ascertain the priorities with MLTC and facilitate shared decision-making and patient-centredness, was highlighted.

FACILITATING SHARED DECISION-MAKING

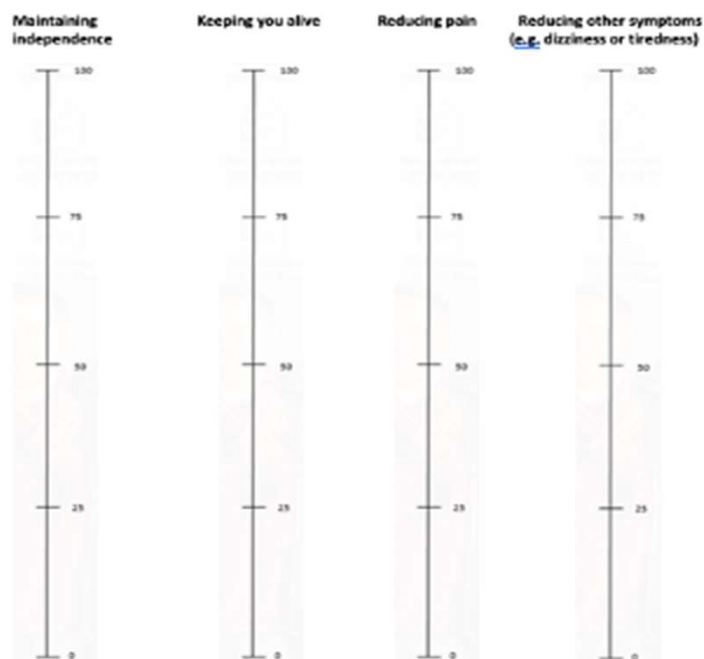
- A questionnaire study to test the feasibility and applicability of using the "Outcome Prioritisation Tool"²², an existing validated tool to elicit the health outcome priorities of patients with MLTC, in a primary care setting in the UK
- Primary objective: To investigate the relevance, ease of use and patient-perceived usefulness of the outcome prioritisation tool to ascertain the health outcome priorities of patients with multiple long-term conditions, in a multi-age and multi-ethnic setting
- Secondary objective: To describe the health outcome priorities of patients with MLTC by age categories and different ethnic groups
- In light of the COVID 19 pandemic, we added an additional step to separate health outcome prioritisation by priorities *before* the onset of the outbreak, and current health outcome priorities. In addition to our previously defined aims, the aim of this additional step was to evaluate the impact of the COVID 19 pandemic on the health outcome prioritisation in our participant group.

Questionnaire ID:

2. What is most important to you for your health?

Instructions: The following four "health outcomes" have been chosen as they represent what doctors and nurses may be trying to achieve when they make plans with you about your health care and treatments. When making these decisions, you may sometimes have to make a choice about what you feel is important to achieve for your health. For example when a treatment has benefits for one part of your health, but could also cause side-effects.

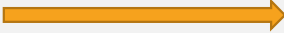
We first ask you to consider how you feel **CURRENTLY**, and imagine a situation where you would have to make a choice like this. We would like you to rank the four health outcomes below, according to how important they would be to you **currently**. Score each outcome on a scale of 0 to 100, with 100 being most important and 0 being least important. Please tap the bar on the line below each outcome, to indicate your score.

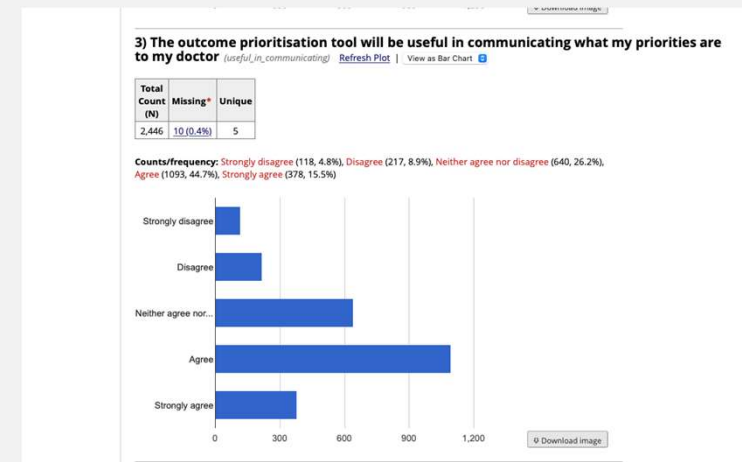


Priorities of multimorbid patients in a multi-age multi-ethnic setting
IRAS no: 272739
Date: 02/05/20 Version: 2.0



CURRENT PROGRESS

- Over 2400 participants with multiple long-term conditions from 19 GP practices across Leicester, Leicestershire, Northamptonshire, Nottingham, Nottinghamshire, Derby and Derbyshire
- Snapshot of some of the results 



FUTURE DIRECTIONS

- Results will help to assess whether the outcome prioritisation tool can be effectively used to ascertain the priorities of both middle-aged and older patients with MLTC in primary care consultations in a UK setting.
- A novel contribution to existing literature on the health outcome priorities of a multi-ethnic population with MLTC.
- Contribute towards development of an intervention to promote the incorporation of patients' priorities and facilitate shared decision-making in primary care consultations with patients with multiple long-term conditions
- Improve understanding of the impact of the COVID 19 pandemic on health outcome prioritisation of patients with MLTC, which will facilitate clinicians and policy-makers on developing guidance and strategies for delivering of patient-centred care for patients with MLTC in the recovery phase of the COVID 19 pandemic.



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