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SHOULD FAMILY DOCTORS MANAGE MULTIMORBIDITIES?

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INTRODUCTION

The Authors work in a large Family Medicine and Polyclinic Department in the Middle East, as Family Medicine Consultants, with training and experience from UK, Canada and USA. With an increasing elderly population worldwide, more people are living with multiple chronic conditions. Multi morbidity is challenging for physicians and health care systems, with family doctors particularly under pressure with complex cases, without appropriate training to deliver healthcare for such patients. Training of family doctors in multimorbidity as part of a multidisciplinary team, using a patient-centered care model, would enhance the care of patients with complex needs. An integrated care approach with more resourcing of primary care is an essential step in managing multimorbibity in the future.

Family doctors who treat patients with multiple complex problems, often have inadequate training in multimorbidity. I believe that multimorbidity will become more prevalent in our everyday work in the future. "Complexity of the office visit as reflected by the number of visit diagnoses reported, is found to be higher for primary care physicians than for subspecialist physicians".[1] Multimorbidity places a massive burden on primary care doctors, leading to stress and burnout in many cases. There are guidelines for managing single chronic problems but the "evidence base for management of multiple conditions is lacking".[2] This all begs the question, should family doctors manage complex cases?.

LITERATURE OVERVIEW

The definition and identification of multimorbidity, as well as the debate around complex care, will be evaluated by discussing critical research in the literature.

Patient complexity may encompass four areas: medical factors, socioeconomic factors, mental illness, behavior and traits. As one physician put it "a complex patient is a patient who makes me think outside the exam room".[3] Multimorbidity can be defined as" being affected by two or more chronic health conditions".[4] The European General Practice Research Network enhanced the definition of multimorbidity, by adding "greater significance for complexity".[5] There is limited research on the subject, especially concerning what represents high-quality care for such cases.[6] Clinical practice guidelines tend to focus on single diseases rather than multimorbidity and "fail to discuss the applicability of their recommendations to people with multiple conditions".[7] A Cochrane review highlights the paucity of research on interventions to improve outcome in patients with multimorbidity in primary care.[8]

There is debate about who should manage multimorbidity. According to Starfield, there is a need to change the role of general practice to "develop new ways for primary and secondary care to work together more closely".[9] According to a Kings Fund study in the UK in 2014, "General Practitioners (GPs) should receive additional training and support from hospital consultants to help them manage more complex conditions in the community" but acknowledging that "commissioners must heavily invest in general practice to enable GPs to attend training".[10] The report also highlights that heavy workloads can make it difficult for GPs to participate in such programmes and suggests, "Specialists could become educators advising primary and community staff to better diagnose and treat patients in the community". A systematic review by Lewis in 2016 found that doctors were inadequately trained to deal with multimorbidity.[11] and looked at half-day workshops for family physicians based on "independent educational needs assessment".[12] and suggests that "presenting information in a discursive format, in an authentic work setting, facilitates the implementation of new clinical information into practice".[13] Training of generalists within family practice is important, to keep complex patients in the community.[14] and to cope with challenges like poly pharmacy, lack of guidelines and decision-making tools and the "difficulty of trying to manage multiple problems in a single fixed-time consultation".[15] The National

Institute of Clinical Excellence recognized the importance of multimorbidity and published guidelines in 2016 on the assessment and management of multimorbidity.[16] A study by Zafiropoulos, found that Multidisciplinary Meetings (MDMs) following the Kirkpatrick hierarchy, had a role in promoting learning, changing behavior and clinical practice.[17]

A Royal College of General Practitioner's (RCGP) report highlights that "infrastructure" must be in place, emphasizing the need for changes "at practice, local, and national level to better accommodate the needs of people with multimorbidity"[18] The Kings Fund report in 2014 looked at programmes where specialists were encouraged to work in the community, to improve GP efficiency and reduce admissions, giving a more integrated National Health Service (NHS)[10] According to a report by NHS England in 2014, the creation of "multispecialty community providers" would allow GPs to work within large teams.[19] The Kings Fund report recognizes the challenges involved when "budgets are constrained, the acute care workforce is focused on delivering consultant cover in hospital seven days a week and general practice is functioning under severe pressure".[10]

From a Middle Eastern perspective, there is limited literature on multimorbidity management in primary care. "Non- communicable diseases are one of the biggest challenges facing health decision makers in the world and particularly in WHO Eastern Mediterranean countries"[20] with multimorbidities most commonly seen amongst elderly women of low education and low income. The authors recommend that the association between equity and multimorbidity must be recognized and "opt for cost effective strategies based on early diagnosis" and encourage "healthy diet, physical activity, no smoking and no alcohol"[20] There is no known literature about multimorbidity training for doctors in the Middle East.

The argument that family doctors should not manage complex cases under current circumstances is a subject of tension and debate. I believe that changes are required, before family doctors should take on the full burden of multimorbidity on their shoulders, as the consultation in primary care is currently not set up for complexity and multimorbidity.

The concept of multimorbidity is a relatively recent one and little has been published about the training of doctors in this area at a postgraduate level.

DISCUSSION

The argument is that Family Doctors should not manage complex cases, under the current circumstances. General Practice is "in crisis" and Family Doctors are already under immense pressure. "Work is becoming more complex and more intense".[21] An ageing population and a shift in care from hospital to the community are amongst some of the reasons for this. General practice was set up to deal with straightforward illnesses in a short consultation "or identify those with more serious problems and refer them to specialist care",[21] The Department of Health in the UK estimated that 15 million people in England are living with chronic disease.[22] "An average GP consultation included discussion of 2.5 different problems across a wide range of disease areas in less than 12 minutes"[23] It is difficult for family doctors to deliver high- quality care for such patients, during this short encounter. "A total of 73% of UK GPs said they were somewhat or very dissatisfied with time spent per patient", which was the highest figure across the European Union countries.[24] In the United States, "Multimorbidity, polypharmacy and potentially inappropriate medication use were extremely common among older patients who visited family medicine residency practices"[25] There is a crisis in recruiting medical students and doctors into general practice, "around 12% of training posts were vacant for the 2015 application year"[26] GPs in the UK are choosing to work part-time and new GPs prefer salaried posts.[21] Funding of primary care by the NHS has dropped according to a Kings Fund study in 2016.[21] Policy-makers should not place the full responsibility of multimorbidity care upon GPs without more investment and staff.[21] The RCGP and the General Medical Council would need to have a role in implementing education and accreditation of training in multimorbidity for family doctors which would require planning and funding. At present, GPs in the UK do not have the training, time or resources to deal effectively with multi morbidity.

To look at another perspective, hospital consultants cannot take care of all complex cases with multi-morbidities. They are already burdened with extended-stay, difficult to discharge patients. According to the British Medical Association (BMA), "we have one-third of the hospital beds per head, compared to Germany",[27] There are fewer generalist physicians and limited numbers of trained geriatricians in secondary care,[11] making it difficult for hospitals to take on cases of multiple long term conditions. Hospital consultants are spending many hours on mandatory training and are struggling to cope with the clinical load.[28] General practice has a vital role in caring for patients with multi morbidities, rather than transferring responsibility to specialist teams.[26] General Practice with a model of a registered list of patients and often a named GP, "is an obvious place to locate the coordination and integration of care".[29] The Government and NHS are looking at ways to deliver more cost-effective care as it is expensive to manage multimorbidity in secondary care. The "financial problems facing the secondary care sector are clearly visible".[21]

Key Points

- The challenge of complex cases in primary care without appropriate training and resources for family doctors

- The implications of multimorbidy on Family Doctor recruitment and retention
- The secondary care role in complex cases, with a limited number of generalists
- The purpose of further education and training of GPs within a Multi-Disciplinary Team is to meet the challenge of multimorbidity
- Role of collaboration between the different stakeholders

CONCLUSIONS

This article highlights that there is still uncertainty about the best way to manage multimorbidity. Changes are clearly required, to prepare family doctors for managing multimorbidity. Firstly, I will look at educational approaches and then broader organisational changes.

"The increasing complexity of disease combinations presenting to medical professionals require additional skills and training so that clinicians can competently and confidently manage the multiple chronic diseases presented, and implement a personal, patient-centered approach to care, involving shared decision-making, patient and carer education and self-management"[11] Some educational approaches include Narrative Based Supervision.[30] which allows discussion of complex medical cases with peers and trainees. "There are strong pedagogical and theoretical arguments for the benefits of narrative learning". Narrative learning falls under constructivist and experiential learning theories.[31] MDMs are excellent training opportunities for inter professional development.[16] and have been successful in Breast Cancer care.[32] and Palliative care.[33] MDMs improve resilience in physicians.[34] and retention of fulfilled, resilient GPs is essential for the development of primary care.[26] Academics would work with clinicians and commissioners to develop new models of education[10]. Multimorbidity educational curriculum will encourage more research, guidelines and training of GPs in negotiating management and treatment plans.[18]

To look at wider organizational approaches to multimorbidity care, a patient-centered intervention in general practice addressing the needs of patients with multimorbidity, is currently under study in the 3D Approach.[35] This study discusses Combined Chronic Disease reviews in primary care and the importance of putting patients in the driving seat of multi-morbidity care. The theoretical basis for such intervention has four main components: "focus on individual disease, bio psychosocial perspective, finding common ground on what the problem is, enhancing continuing relationship". In Europe, the integrative care approach emphasizes non-disease specific practices, providing more comprehensive and patient- centered care.[36]

Regarding the feasibility of such solutions, consultants must form partnerships with commissioners, who have "a key role to play in consulting with stakeholders, acting as a bridge between organisations".[10] The NHS has recognized the importance of resourcing primary care, and designing secondary care around those with multiple conditions, in its' 5 year Forward View for NHS England.[19] With this plan, the NHS could achieve better financial outcomes in the long term, according to the RCGP[18]. A Kings Fund study in 2014 suggests that following the initial investment, "initiatives that help GPs manage more complex cases in their workload may eventually relieve capacity pressures on primary care by helping clinicians get their treatment and diagnosis right first time".[10] If funding for general practice is combined with funding for community and social care, "it could improve health and social care outcomes for local populations and be responsive to what local people need and want".[20] A systematic review highlighted the benefits of self-management programmes and found a reduction in hospital admissions, which in turn led to health savings.[8]

As multimorbidity increases, "its impact on both the healthcare system and the people using that system depends on part on the competence of doctors who treat patients with multiple illnesses"[11] Family doctors should not be expected to take care of complex cases under the current circumstances. Therefore "sufficient, comprehensive and validated training must be provided to optimize patient outcomes" in people with multimorbidites.[37] An editorial in the BMJ in 2020 concluded that "we need to combine generalist and specialist skills", in order to cope with the challenge of multimorbidity.[38] In 2019, the GP Training programme in the UK included the management of complex and long term care in the curriculum.[39] with emphasis on the "ability to manage uncertainty, deal with polypharmacy and lead, organise and integrate a complex suite of care at the individual, practice and system level". Further global research is needed about training in multimorbidity, as well as the best way to deliver health care for complex cases in the future.

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