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CONFERENCE ABSTRACT

Views of patients with multi-morbidity on what is important for patient-centered care in the primary care setting

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Introduction:

Patient-centered care (PCC) has been proposed as the way forward in improving primary care for patients with multi-morbidity. Eight dimensions of PCC are identified: patients' preferences, information and education, access to care, emotional support, family and friends, continuity and transition, physical comfort, and coordination of care. However, it is not clear what PCC exactly looks like in practice for patients with multi-morbidity. A better understanding of multi-morbid patients' views on what PCC should look like and which elements are most important may help to improve care delivery for this vulnerable population. The present study thus aimed to identify views of patients with multi-morbidity on the relative importance of PCC aspects in a Dutch primary care setting.

Methods:

Interviews were conducted with 16 patients with multi-morbidity using Q-methodology, which combines quantitative and qualitative analyses. The participants ranked 28 statements about the eight dimensions of PCC by relative importance. By-person factor analyses revealed three viewpoints. Quantitative analyses and qualitative interview data were used to interpret these viewpoints.

Results:

Patients with viewpoint 1 are prepared proactive patients who seem to be well-off and want to be in charge of their own care. To do so, they seek medical information and prefer to be supported by a strongly coordinated multidisciplinary team of healthcare professionals. Patients with viewpoint 2 are everyday patients who visit GPs and require well-coordinated, respectful, and supportive care. Patients with viewpoint 3 are vulnerable patients who are less resourceful in terms of communication skills and finances, and thus require accessible care and professionals taking the lead while treating them with dignity and respect.

Conclusion:

There are three viewpoints among patients with multi-morbidity on the relative importance of PCC aspects in a Dutch primary care setting; (1) the prepared proactive patients, (2) the everyday patients, and (3) the vulnerable patients.

Discussion/lessons learned:

The findings of this study suggest that not all patients with multi-morbidity require the same type of care delivery, and that not all aspects of PCC delivery are equally important to all patients. Our results provide insight that can guide the design of PCC with adjustment according to the diversity of experiences of patients with multi-morbidity.

Limitations:

First, our sample may be considered small. However, a large sample is not required for the application of Q-methodology; data saturation and the representation of all viewpoints are more important than the sample size. Second, the generalizability of our results may be limited, as this study was conducted in Noord-Brabant, the Netherlands. Third, the lesser communication skills of patients with viewpoint 3 impacted our findings, as these patients had greater difficulty elaborating on their Q-sorts and thus provided less-rich qualitative descriptions of their views than did patients with viewpoints 1 and 2.

Suggestions for future research:

Further research in other regions and countries with different primary care systems is needed to confirm and expand on our study findings. Furthermore, we recommend further research to explore whether the adjustment of care according to these different viewpoints results in better patient outcomes.