Better care for older people with multi-morbidity

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Elderly people with multi-morbidity need care characterised by a holistic view, continuity and cooperation between different specialities, professions and across organisational borders. A care that would make life easier and more dignified for many patients and their relatives. It would also lead to reduced stress on the acute medical care. This kind of care is already possible to give, but requires good geriatric expertise, an appropriate remunerations system and improved transfer of information between all involved caregivers.

Definition: Elderly with multi-morbidity is in this document defined as elderly persons with complex needs of care, a care the demands tight cooperation between hospital care, primary care (family physicians and district nurses) and the care provided by the municipalities (home help services).

Basic needs:

First and foremost elderly with multi-morbidity need living conditions and a daily care which reduces the risk of further deterioration and allows for a dignified life. The most important is feeling of security in everyday life, the opportunity for social interaction, well cooked and served food, good personal hygiene as well and access to suitable outdoor activities. In addition to these requests come the health care needs to be attended.

Goals for the health care:

• Every elder with multi-morbidity should have named principal caregivers both within the municipality's home care and in the primary care (home help provider, district nurse and family physician).

• The elder with co-morbidity with greater needs should also have an appointed inpatient care provider with geriatric expertise, for inpatient care

• Around every elder with multi-morbidity a multidisciplinary and multiprofessional team should be formed based on the needs of the individual patient.

• Responsible family physicians or geriatricians /or other specialist with appropriate geriatric expertise shall, in agreement with the primary care, have an prompt access to consultations with other medical specialties. This, not least, in order to reduce the need for the elderly with multi-morbidity to come to the emergency or outpatient hospital departments.

• When in need of inpatient care, elderly with multi-morbidity shall have a special 'fast track', i.e., hospitalization should be made on a special ward through a direct contact between primary care and the geriatric department and not through the emergency department

• Every elderly with multi-morbidity shall – when needed – have access to situation-based homecare.

To achieve this the following is needed:

• An adaptation of the remuneration systems so that a situation-oriented (patient-centered) approach is encouraged and enabled.

• Establishment of systems that allow for safe and rapid transfer of information.
Resources for participation in continual medical education customized after the needs of the care providers and the elderly with multi-morbidity.

Fig1:

Background:

In most of the Swedish health care organization a disease- or diagnose oriented approach has developed over the years. This is an appropriate model for patients in the need of occasional visit, but do not fit the needs of the elderly with multi-morbidity. They need of a situation-based (patient-centered) approach. For example this is evident in situations when the goal of care is changed from efforts to restore full health to efforts to achieve best possible wellbeing, and finally to achieve a good end of life. When the transition between the different needs comes for an individual person is difficult to predict and is influenced by many factors.

The concept of multi-morbidity means that it can be difficult or impossible to determine which of the diseases causes a person's perceived problems. The different illnesses influence each other and an optimal treatment for each of the diagnoses can, taken together, constitute a medical risk, i.e. in terms of poly-pharmacy. The biological age of the multi-morbid elderly contributes to reduced bodily function, i.e. by kidneys and liver, which complicates the treatment. In addition you can sometimes see declining cognitive function that can make it difficult for the patient to explain their symptoms, evaluate their health and to undergo investigations and treatments.

The home situation is of great importance in a situation-oriented care. What opportunities for home care and what individual concerns, expectations and fears are there? How is the attitude of the family members?

All of the above mentioned conditions explains why elderly with multi-morbidity have a special need for a personalized, safe, wide-spectered, coordinated and continuous health care. A care where the holistic and generalist perspective are particularly important and also minimizes the need for repeated unplanned hospital stays. This requires a flexible organization, usually together with a multi-disciplinary and multi-professional team approach, and with solutions that can function across the borders of different organizations. The multi-morbid elderly patient should feel that he/she is being chosen for a particular care. Together with their family, they must be provided with knowledge concerning what they can expect from this care, not least at the end of life.

Prognosis:
In order to evaluate the number of elderly with multi-morbidity we have used the definition suggested by the Swedish National Centre of Epidemiology in 2001: “A person over 75 years of age who has been hospitalised three or more times in the last 12 months and has three or more diagnoses in their medical records according to the International Classification of Diseases (ICD 10)”(1). This is a strictly epidemiological definition with its limitations based on times of hospitalisation. Based on this definition elderly with multi-morbidity have, in several studies in Sweden, been shown to be around 7% of the population above 75 years and has remained fairly stable for the last 10 years. They consume 19% of all in-hospital care in Sweden (2).

Fig. 2: Population projection in Sweden according to the Swedish National Statistical Bureau:
