Nurse-Led Interventions to Promote Optimal Aging at Home for Older Adults with Multimorbidity and their Caregivers: Moving the Nursing Research Agenda Forward

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As the population ages and life expectancy increases, the Canadian health care system is increasingly challenged to address the complex care needs of older adults with multimorbidity (2 or more chronic conditions) in primary care and community settings (Boyd & Fortin, 2010; Smith, Wallace, Dowd, & Fortin, 2016). One in three (33%) Canadian seniors have multimorbidity and account for 40% of health care use. Older adults with multimorbidity report poorer health-related quality of life, higher use of health services and costs, and are at higher risk for adverse events (e.g., hospitalization, falls), compared to those with a single condition (Canadian Institute of Health Information, 2011). These seniors use a patchwork of costly services and programs that fail to meet their unique needs (Donner et al., 2015).

Although health service use in older adults with multimorbidity is largely driven by the number of chronic conditions they have, not their age (Canadian Institute of Health Information, 2011); the number of chronic conditions alone does not reflect the complex care needs of older adults with multimorbidity. Instead, it is the context of people’s lives that determine their health. Thus, a person-centred approach to address the needs of this population is required. Person-centred care, or ‘the right care for the right person at the right time’ (Canadian Institutes of Health Research, 2014), must be informed not only by one’s collection of diseases, but also by the
complex interaction between individuals’ social, cultural, ethnic, economic, geographical, gender and sex needs, health goals and priorities.

Community-living older adults with multimorbidity rely heavily on informal caregivers for support. In 2012, approximately 8.1 million Canadians provided care to a family member or friend with a chronic health condition or aging-related needs. Caregivers, particularly women, provide up to 80% of care for community-living older adults with multimorbidity. Although caregiving can be rewarding, it often results in poor caregiver health and increased use of health services. Yet, little is known about the specific needs of caregivers of older adults with multimorbidity and the best ways to support them (Donner et al., 2015).

There is tremendous potential for person-centred nurse-led interventions, such as those being evaluated through the Aging, Community and Health Research Unit at McMaster University (http://achru.mcmaster.ca), to improve health outcomes in community-living older adults with multimorbidity and their caregivers. However, the system is poorly equipped to address the complex care needs of older adults with multimorbidity and their caregivers, including mental health needs (LeRoy et al., 2014). Most health care systems (e.g., chronic disease management programs) are organized within a single-condition framework creating silos across settings and sectors where older adults receive care. The result is fragmented, incomplete, and inefficient care. Timely and meaningful communication among primary care and community care providers is a key area for improvement in community-based service delivery. Realignment of these services from silos to coordinated collaborations across providers, settings and sectors is pivotal to providing patient-centred care that supports older adults to age in place, and reduces system costs. Although many chronic diseases have a common basis that is preventable or manageable by lifestyle changes, most interventions happen at a tertiary prevention level, focusing on illness and episodic acute care, and largely ignore health promotion and secondary prevention (Cohen et al., 2007; Markle-Reid, Keller, & Browne, 2016).
New person-centred, nurse-led models of care, incorporating solutions to these issues are urgently needed to support older adults with multimorbidity to age at home, support caregivers, and reduce system costs. However, there is limited evidence on how to best deliver community-based services to improve health outcomes for older adults with multimorbidity and their caregivers (Smith et al., 2016). Most community-based trials evaluating health promotion interventions have: (a) excluded older adults with multimorbidity, (b) tested interventions focused on single diseases and omitted mental health, and/or (c) used designs that neglect or at best ‘control’ for the presence of contextual factors. To whom, then, are the results generalizable? Meaningful research on multimorbidity requires a shift from a reductionist single-condition paradigm to a model that embraces complexity, and considers the complex interaction of multimorbidity with the broader determinants of health (e.g., social, economic, environmental), and health care system factors (Grembowski et al., 2014). Identifying contextual factors that mediate poor outcomes will inform the development of targeted interventions for this complex and diverse population (Bayliss et al., 2014).

There is a need to develop new studies that: (a) balance tailoring interventions to the needs of older adults with multimorbidity with delivering standardized interventions that are easier to monitor and deliver (Smith et al., 2013), (b) supplement clinical outcomes with patient-reported outcomes to evaluate the effectiveness of interventions from the patient’s perspective (Canadian Institutes for Health Research, 2014), (c) identify new ways of engaging patients, caregivers and home and community care providers in all aspects of research (including co-design of interventions, and selection of outcomes), and evaluate the impact of engagement strategies (Canadian Institutes for Health Research, 2014; Domecq et al., 2014; Smith et al., 2013), (d) examine implementation of interventions across a range of community settings to evaluate the feasibility and scalability of the intervention, (e) use appropriate frameworks, models and theories to study the factors affecting implementation, implementation outcomes, and implementation strategies that support intervention delivery to promote their large scale use and sustainability (Moullin et al., 2015; Peters, Adam, & Alonge, 2013), and (f) use innovative research designs
(methods and analysis) that reflect the complexity and heterogeneity of older adults with multimorbidity and the systems that serve them (Smith et al., 2013).

On a final note, the myriad of methodological and operational challenges to intervention research among older adults with multimorbidity and their caregivers cannot be addressed by focusing on individual providers, settings or sectors alone. To further and improve care for older adults with multimorbidity, there is clearly a need for research that involves extensive interprofessional and intersectoral collaboration given that many of the personal, social and environmental factors that promote health fall outside of the health care system’s current responsibility.

References


