





RESEARCH BRIEF

Managing Multiple Chronic Conditions: A Qualitative Study of the Perceptions of Older Adults, Family Caregivers and Healthcare Providers

KEY POINTS

- Funding structures for primary care and home care should be modified to address MCC
- Collaborative approaches to address MCC that include clients and caregivers are needed
- Increased support for community resource navigators is needed

What is the topic of this research?

Little is known about how older adults, family caregivers and healthcare providers manage multiple chronic conditions (MCC). Incorporating these perspectives in the design of services will result in improved management of MCC.

Research question

What are the perspectives of older adults, family caregivers and healthcare providers on managing MCC?

How was the study done?

The study used a qualitative interpretive description design and involved face-to-face interviews of (a) older adults aged 65 years and older who had 3 or more multiple chronic conditions (focusing on those with at least one of diabetes, dementia or stroke), (b) family caregivers of older adults with 3 or more multiple chronic conditions and (c) healthcare providers (e.g., physicians, registered nurses, personal support workers, rehabilitation therapists, social workers and dietitians) who help older adults and their family caregivers manage MCC. The study was conducted in Ontario and Alberta.

What did the researchers find?

Six themes emerged:

- 1] Older adults' health was managed according to single diagnoses rather than the constellation of all their conditions; they were not treated as a whole person.
- 2] Current models of care do not adequately address psychosocial aspects of health.
- 3] There are challenges in linking people with appropriate resources and services. The roles of stakeholders and how they can collectively manage the health of older adults with MCC are unclear.
- 4] Family caregivers are overwhelmed by providing care for family members with MCC, and report feeling undervalued and unsupported by the current system.
- 5] Most older adults and family members are not actively involved in setting the goals of care. In practice, service providers, family caregivers, and older adults with MCC often do not make decisions collaboratively.
- 6] There is minimal focus on health promotion and disease prevention in the context of MCC.

Key message

A more holistic approach to the management of MCC in older adults is required with an emphasis on including older adults and their family caregivers in this process. Improvements in collaborative and interprofessional care are needed to address the complexity of MCC. Innovative ways to better navigate the resources and services that currently exist are needed.







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Where do we go from here?

Some strategies:

- 1] Explore ways to improve understanding of the collective and collaborative roles that older adults, family caregivers and healthcare providers play in managing health;
- Provide more effective training to healthcare professionals in the management of MCC;
- 3] Work to expand support for community resource navigators in primary and home care settings;
- 4] Realign funding and incentives from a focus on specific diagnoses to MCC;
- 5] Develop strategies to improve integration of social and other supports, (i.e., income, transportation, housing) with health services;
- 6] Explore mechanisms to minimize social isolation in this population (e.g., telephone support, home visiting, online support);
- 7] Explore how healthcare providers and home care services can consider (and value) caregiver health and wellness (e.g. incentives for assessing caregiver burden); and
- 8] Explore volunteer capacity to support older adults with MCC.

Who are the researchers?

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