

## People with multiple chronic illnesses have trouble coordinating care

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People with chronic illnesses often see up to 5 specialists a year. One major challenge for these patients and their doctors is coordinating care among multiple health care providers. Younger patients and those with several chronic illnesses are more likely to report difficulties with care coordination than older patients with just one chronic illness, finds a new study in *Health Services Research*.

“Physicians will tell you there is only so much they can do in coordinating care, especially for patients with complex conditions who see multiple specialists across different care settings like hospitals, rehab centers, and skilled nursing facilities,” said the study’s lead author Daniel Maeng, Ph.D., of the Geisinger Center for Health Research.

To investigate care coordination from the patient’s perspective, Maeng and colleagues surveyed over 9,200 adults with at least one of the following [chronic illnesses](#): high blood pressure, asthma, diabetes, heart disease and depression. About 42 percent reported having more than two of these chronic conditions, with diabetes, high blood pressure and heart disease being the most common combination.

Twenty-seven percent of survey respondents reported that care coordination was a major or minor problem.

Researchers also measured engagement in health care, using the Patient Activation Measure (PAM) developed by Judith Hibbard Ph.D. and colleagues at the University of Oregon. The PAM measures how much a patient feels in charge of their health and confidence in their ability to take steps to manage their health. Those who had higher PAM scores were the least likely to report care coordination problems. In addition, older patients reported fewer issues with care coordination, presumably due to their increased experience with the [health care](#) system and more time spent communicating with their physicians.

Researchers were surprised, however, by other patient characteristics that didn’t appear to be associated with care coordination problems. “If you were to conjecture who might be less likely to report adequate coordination—you would think that education might matter, or maybe income level, or insurance coverage, or gender,” Maeng said. “But none of those things seemed to make any difference.”

Ann O’Malley, M.D., of the Center for Studying Health System Change, a nonpartisan health policy research organization, said the findings mesh with results from her own research. “Ironically, coordination efforts often happen to be focused on lower income populations because that is where hospitals really stand to lose money if they don’t coordinate that care well,” she said. For example, hospitals face financial penalties from

Medicaid if patients with certain illnesses, such as congestive heart failure, are readmitted soon after discharge.

The study's findings indicate that [health care providers](#) should place special emphasis on coordinating care for those [patients](#) who have multiple chronic conditions, Maeng said.

“That makes sense because those are the people who are sickest and have the most [doctors](#) involved in their care,” said O’Malley, who was not associated with the study.

**More information:** Maeng DD, MArtsof GR, Scanlon DP, et al. (2012). Care coordination for the chronically ill: understanding the patient’s perspective *Health Services Research*.

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