



Multimorbidity



■ ■ ■ **Technical Series on Safer Primary Care**

Multimorbidity: Technical Series on Safer Primary Care
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Preface

Safer Primary Care

Health services throughout the world strive to provide care to people when they are unwell and assist them to stay well. Primary care services are increasingly at the heart of integrated people-centred health care in many countries. They provide an entry point into the health system, ongoing care coordination and a person-focused approach for people and their families. Accessible and safe primary care is essential to achieving universal health coverage and to supporting the United Nations Sustainable Development Goals, which prioritize healthy lives and promote well-being for all.

Health services work hard to provide safe and high quality care, but sometimes people are inadvertently harmed. Unsafe health care has been recognized as a global challenge and much has been done to understand the causes, consequences and potential solutions to this problem. However, the majority of this work up to now has focused on hospital care and there is, as a result, far less understanding about what can be done to improve safety in primary care.

Provision of safe primary care is a priority. Understanding the magnitude and nature of harm in primary care is important because most health care is now offered in this setting. Every day, millions of people across the world use primary care services. Therefore, the potential and necessity to reduce harm is very considerable. Good primary care may lead to fewer avoidable hospitalizations, but unsafe primary care can cause avoidable illness and injury, leading to unnecessary hospitalizations, and in some cases, disability and even death.

Implementing system changes and practices are crucial to improve safety at all levels of health care. Recognizing the paucity of accessible information on primary care, World Health Organization (WHO) set up a Safer Primary Care Expert Working Group. The Working Group reviewed the literature, prioritized areas in need of further research and compiled a set of nine monographs which cover selected priority technical topics. WHO is publishing this technical series to make the work of these distinguished experts available to everyone with an interest in *Safer Primary Care*.

The aim of this technical series is to provide a compendium of information on key issues that can impact safety in the provision of primary health care. It does not propose a “one-size-fits-all” approach, as primary care is organized in different ways across countries and also often in different ways within a given country. There can be a mix of larger primary care or group services with shared resources and small services with few staff and resources. Some countries have primary care services operating within strong national support systems, while in other countries it consists mainly of independent private practices that are not linked



or well-coordinated. The approach to improving safety in primary care, therefore, needs to consider applicability in each country and care setting.

This technical series covers the following topics:

Patients

- Patient engagement

Health workforce

- Education and training
- Human factors

Care processes

- Administrative errors
- Diagnostic errors
- Medication errors
- Multimorbidity
- Transitions of care

Tools and technology

- Electronic tools

WHO is committed to tackling the challenges of patient safety in primary care, and is looking at practical ways to address them. It is our hope that this technical series of monographs will make a valuable and timely contribution to the planning and delivery of safer primary care services in all WHO Member States.





1 Introduction

1.1 Scope

People often live with many health conditions. Ageing populations and the increase in long-term conditions mean that the number of people with multiple health conditions is set to rise. This “multimorbidity” or the coexistence of two or more chronic conditions in the same individual has a specific impact on safety issues in primary care. To improve safety in primary care, it is essential to take into account care of people with multiple health conditions. Multimorbidity is also more common in disadvantaged groups, thus contributing to health inequalities. This monograph provides an overview of the issues and some potential solutions for consideration by the World Health Organization (WHO) Member States.

The term “multimorbidity” is used throughout to mean people with multiple health conditions. These are often long-term health conditions which require complex and ongoing care.

1.2 Approach

To compile information for this monograph, WHO sought the advice of experts in the field recommended by the Safer Primary Care Expert Working Group and reviewed relevant research, the published literature and educational curricula.

International experts in delivering safe primary care provided feedback, examples of strategies that have worked well around the world and practical suggestions about potential priorities for countries for improving the safety of primary care services.



2 Multimorbidity

Patient safety incidents involve active events, such as adverse drug events, intervention complications, infections and care failures (e.g. pressure ulcers), as well as precursors, such as inappropriate prescribing, over- or underuse of drugs, medication non-adherence and delayed diagnosis. The manner in which the safety of the patient is maintained throughout their interactions with health care reflects the different challenges that occur as a function of the life course or “cradle-to-grave” health requirements. People with multiple health conditions pose a particular challenge to patient safety at all stages of the life cycle.

Patients with multimorbidity are at higher risk of safety issues for many reasons, including (1):

- polypharmacy, which may lead to poor medication adherence and adverse drug events;
- complex management regimens;
- more frequent and complex interactions with health care services leading to greater susceptibility to failures of care delivery and coordination;
- the need for clear communication and patient-centred care due to complex patient needs;
- demanding self-management regimens and competing priorities;
- more vulnerability to safety issues due to poor health, advanced age, cognitive impairment, limited health literacy and comorbidity of depression or anxiety.

Patient safety can be approached from a systems perspective in which the interactions between elements of the system generate conditions that challenge the normal bounds of operation. The multiple interactions and treatments in multimorbidity have the potential to generate a range of significant patient safety challenges.

2.1 Burden of multimorbidity

Life expectancy has improved dramatically over recent decades and now exceeds the age of 75 years in nearly 60 countries (2). Childhood survival has also improved and more than one-quarter of the world’s population are adolescents and young people, 86% of whom reside in low- and middle-income countries (3). However, the number of people with or at risk of long-term conditions, such as diabetes, mental health conditions, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) and cancer is also growing rapidly (4).

People living with a long-term condition often have multiple rather than a single condition (5). Such multimorbidity is common and has been rising in prevalence





over recent years (6). In one developed country, a large study found that more than 40% of the population (all ages included) had at least one long-term condition and almost 25% of the entire population had more than one long-term condition (7).

Recent work has also shown high levels of multimorbidity in low- and middle-income countries (8). This means that there is a potential increase in problems associated with multimorbidity, which may impact on patient safety.

People often have both physical and mental health issues simultaneously (9). A systematic review of 86 studies found that people with mixed mental and physical multimorbidity had the highest risk of active patient safety incidents and precursors of safety incidents (10).

The prevalence of multimorbidity increases substantially with age. However, the absolute number of people with multimorbidity has been found to be higher in those younger than 65 years due to the age distribution of the population. This is especially true in areas of high deprivation. Thus, a life cycle approach to multimorbidity and to the challenges it poses to safety in primary care is vitally important (11).

One study found that above the age of 55 years, multimorbidity was most likely to comprise people with multiple physical health conditions. In younger age groups, multimorbidity was most likely to involve mixed physical and mental health conditions. This was two to three times more common in the most deprived compared with the least deprived groups. Depression and pain were featured in the top five conditions across all age groups (12).

Gender is also a well-recognized determinant of multimorbidity (5). As well as differences in the number of conditions between people of different genders, there are also differences in disease clusters between men and women. In particular, cardiovascular metabolic disorders have been found to be less prevalent in women, but psychogeriatric diseases are more prevalent (13).

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