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Title

Enhanced Care Planning Study: Patient Needs, Care Plan Topics, and Health-Related Quality of Life

Priority 1 (Research Category)

Multimorbidity

Presenters

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Abstract

Context: Patients with multiple chronic conditions (MCC) have unmet social needs, mental health challenges, and unhealthy behaviors. Both chronic disease and health-related needs influence a patient's quality of life (QOL). One approach to addressing patient needs and QOL is through care planning. However, little is understood about the relations between patient QOL, health-related needs, and care planning preferences.

Objective: To describe how patients' health-related quality of life relates to their unmet needs and the care plans they choose to create.

Study Design and Analysis: In a cross-sectional study design, we compared the association between health-related quality of life with the following domains: unmet social needs, mental health needs, lifestyle behavior needs, and the care plan topics they chose to address.

Dataset: Data from a randomized control trial investigating enhanced care planning.

Population Studied: 155 primary care patients with two or more uncontrolled MCC (including cardiovascular disease, diabetes, obesity, or depression) and who participated in a care planning intervention.

Intervention/Instrument: Patients used an enhanced care planning tool, My Own Health Report (MOHR), to screen for health behavior, mental health, and social needs. They also received help from a patient navigator to create a care plan in MOHR for one or more of their needs.

Outcome Measures: MOHR needs assessment, MOHR care plan topics, and EQ5D health-related quality of life (higher EQ5D scores indicates worse quality of life).

Results: Ninety-two patients chose to create care plans. Of these, 40 endorsed mental health needs but only one created a mental health care plan. Sixty-nine patients endorsed health behavior needs and 64 created health behavior care plans. Thirty-one patients endorsed social needs and five created a social care plan. Lower HRQOL was associated with a higher likelihood of a mental health need (OR=2.19, $p=0.002$) or social need (OR=3.05, $p<0.001$), but not a health behavior need ($p=0.810$). There was no significant association between patient HRQOL and care plan topics.

Conclusion: Patients with MCC are less likely to create care plans that address unmet mental health or social needs even though having this need was associated with worse HRQOL. Patients appear to have more hesitance around creating care plans for mental health and social wellbeing, despite these topics' relevance to health and wellbeing.