Author’s response to reviews

Title: Healthcare Providers’ Experiences in Supporting Community-Living Older Adults to Manage Multiple Chronic Conditions: A Qualitative Study

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Author’s response to reviews:

Dear Dr. Cassady-Cain,

Thank you for sharing the comments of the reviewers. I am very pleased to submit the attached revised paper titled Healthcare Providers’ Experiences in Supporting Community-Living Older Adults to Manage Multiple Chronic Conditions: A Qualitative Study. We have addressed the comments of the reviewers throughout the manuscript and believe that this has strengthened our manuscript. We have included the responses to reviewers’ comments below and included a tracked changes version of the manuscript in our submission.

This paper has not been submitted elsewhere.

With many thanks for your consideration of this work,

Sincerely Yours,
Reviewer Comments and Responses to Comments

Reviewer 1.
Comment 1. P5 line 86: "Approximately 62% of older Americans who are aged 65 years or older have MCC" - this prevalence of MCCs significantly relies on how MCCs are defined and what types of chronic conditions are counted. Please address this point and provide additional references if/as needed. Similarly, stating that: "Older adults with multiple chronic conditions use healthcare services (e.g., primary care, home care, and acute care services) at much higher rates than older adults with no comorbidities [7,8]." - is also quite simplistic, as the dichotomy between "none" and "any" chronic condition is highly dependent on how CCs are measured and classified. Please rephrase in order to more accurately describe the connection between the number of CCs and the growing burden in terms of resource use and healthcare recommendations that need to be followed.

Response: Thank you for these comments. We agree and have revised the paper as follows. We added a sentence “However prevalence rates vary widely, depending on how MCCs are defined and what types of chronic conditions are included” and have referenced the work of Fortin et al, 2012 here. We added the sentence: “Research has shown that the number of health services used (e.g., primary care, home care, and acute care) and the associated healthcare costs increase with each additional chronic condition among older community-dwelling persons” and additional references to support this statement. We have added the following sentence: “Not only is there an increased burden in terms of resource use, but MCC is also associated with burden and complexity in relation to the healthcare recommendations that healthcare providers should follow [11].”

Comment 2. The introduction could be better organized to reflect the challenges related to MCC care. Please address the following specific examples: P 5 lines 95-97: the sentence starting with "however" is not a direct contradiction of the previous sentence, i.e., the fact that multiple providers are involved in patients' care could also be the case for single conditions and does not necessarily imply it is holistic (therefore, remove the "however"). P6 lines 107-111 - some of the details are repetitive of the
A more integrative account of the types of challenges (and perhaps specific examples?) would help the reader to understand the essence of what is currently lacking in the literature and better clarify the need for perspectives of additional providers, as this study aims to provide (i.e., rather than "lists" of challenges, as is also the case in lines 123-127, some more details and explanations could better clarify the main message re what is lacking in current knowledge in this area).

Response: On page 5 we have removed the word “However” from the beginning of the sentence.

We have revised the section on page 6 to the following: “Primary care and home care providers play key roles in caring for older adults with MCC such as facilitating complex care decisions, shared decision-making, and access to community health and support services. There is some research on the perceptions and experiences of primary care physicians in caring for this population [16-20]. Key findings are that: (a) physicians focus on medical problems rather than functional or social issues [16]; (b) there is little alignment of care goals between patient-caregivers and physicians [17]; and (c) mental health issues are seen to complicate the management of MCC [18]. Physicians described challenges to caring for this group such as the complexities of multiple interacting chronic conditions and the inadequacy of guidelines and evidence-based approaches that are typically based on individual conditions. However, this literature is focused specifically on family physicians and does not address the experiences of other primary and home care providers [16-20].

We have revised the section on page 7 “Findings indicate that experiences of interprofessional collaboration were influenced by trust. Trust made it easier to collaborate with other healthcare providers when there were common goals, mutual respect and recognition of the skill of each profession. This study did not include unregulated home care workers (i.e., personal support workers), who are the largest group of home care providers. There is a need to better understand how home care workers collaborate with each other and professionals in primary care settings to support older adults with MCC.”

Comment 3. Please consider highlighting the contribution of the wide-array of provider perspectives that this paper offers. An important example is provided in the quote (line 340) "But they don't want to tell the doctor that." - this type of information brings to light the unique contribution of providers from various professions in acknowledging the wide array of challenges that patients with MCCs face and the potential important contribution which their perspective can add to medical decision making (and thus the importance of teamwork).

Response: Thank you for this comment. We have revised the fourth contribution of the paper to now read as follows:

Fourth, study results highlight the unique contribution of providers from a wide array of professions and settings in understanding the challenges faced by older adults with MCC and in working together to address these challenges. Healthcare providers such as nurses and social workers felt that older adults were more willing to share some pieces of information important to managing their conditions with them, rather than physicians as suggested in the quote: “they don’t want to tell the doctor that.” This suggests the value of an interprofessional team, with unique perspectives and skills, contributing to health care decision making to support older adults with MCC.

Comment 4. Discussion (lines 6262-627) - "Previous literature has focused primarily on deprescribing by family physicians as a way to optimize medication use [15]" - this is a bit simplistic account of the
literature, which also addresses issues such as tailoring medications to "patient centered care" (see, for example Steinman et al, BMC Geriatr. 2018 or McMullen et al, Patient Education and Counseling, 2015).

Response: On page 28 we have revised the sentence to “Previous literature has described primary care provider roles such as adjusting medication regimens, deprescribing, and tailored, patient-centered approaches to optimize medication use [19,35,36].” and included these references.

Comment 5. P7 lines 150-151 - it is not clear what the authors mean by: "allowed the research team to honour the words of the participants .."

Response: We agree, this is not clear. We revised this to “and supported the inclusion of illustrative participant quotes describing their experiences.”

Comment 6. P8 lines 168-169 are a bit repetitive of lines 162-163 (though not all professions are mentioned above) - please indicate the type of providers included either on lines 162-163 or 168-169

Response: We agree. On page 9 we have removed the listing of professions in the recruitment section to avoid repetition from the previous paragraph.

Comment 7. P11 lines 207-208 please clarify "including participants from two provinces who had diverse roles in supporting older adults with MCC" - in the analysis / identification of themes?

Response: We have revised this sentence to: “including participants with diverse roles from two provinces in the identification of themes.”

Comment 8 Table 2 - please describe what are the "other" work settings.

Response: In Table 2 we have provided examples of the other category, specifically rehabilitation service and outreach clinic.

Comment 9. Lines 659-661 - please provide references to support this (possibly also from the authors' previous publications).

Response: On page 30 we have revised the sentence to:
Previous literature on primary care providers who care for older adults with MCC has acknowledged the importance of caregivers but has focused primarily on family physicians [13,17] and have added references.

Reviewer 2 GENERAL COMMENTS:
A really enjoyable paper to read. Well constructed and written. It used theory-based research to fill a gap in the literature on multimorbidity. I would recommend this paper be considered for publication.

REQUESTED REVISIONS:
The qualitative data is rich, and well utilized in telling the story that this manuscript tells. A few really compelling quotes were really quite moving.

ADDITIONAL REQUESTS/SUGGESTIONS:
No additional considerations for this manuscript. Really well done.
Response: No response required.