
POSTER ABSTRACT

The importance of patient-centered care and co-creation of care for satisfaction with care and physical and social well-being of patients with multi-morbidity in the primary care setting

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Background: Patients with multi-morbidity have complex care needs that often make healthcare delivery difficult and costly to manage. Current healthcare delivery is not tailored to the needs of patients with multi-morbidity, although multi-morbidity poses a heavy burden on patients and is related to adverse outcomes. Patient-centered care and co-creation of care are expected to improve outcomes, but the relationships among patient-centered care, co-creation of care, physical well-being, social well-being, and satisfaction with care among patients with multi-morbidity are not known.

Methods: In 2017, a cross-sectional survey was conducted among 216 (of 394 eligible participants; 55% response rate) patients with multi-morbidity from eight primary care practices in Noord-Brabant, the Netherlands. Correlation and regression analyses were performed to identify relationships among patient-centered care, co-creation of care, physical well-being, social well-being, and satisfaction with care.

Results: The mean age of the patients was 74.46 ± 10.64 (range, 47–94) years. 40.8% of the patients were male, 43.3% were single, and 39.3% were less educated. Patient-centered care and co-creation of care were correlated significantly with patients' physical well-being, social well-being, and satisfaction with care (all $p \leq 0.001$). Patient-centered care was associated with social well-being ($B = 0.387$, $p \leq 0.001$), physical well-being ($B = 0.368$, $p \leq 0.001$) and satisfaction with care ($B = 0.425$, $p \leq 0.001$). Co-creation of care was associated with social well-being ($B = 0.112$, $p = 0.006$) and satisfaction with care ($B = 0.119$, $p = 0.007$).

Conclusions: Patient-centered care and co-creation of care were associated positively with satisfaction with care and the physical and social well-being of patients with multi-morbidity in the primary care setting.

Discussion/Lessons learned: Making care more tailored to the needs of patients with multi-morbidity by paying attention to patient-centered care and co-creation of care is expected to contribute to better outcomes. Furthermore, the findings of this study demonstrate the importance of separately examining physical and social well-being in future research among multi-morbidity patients.

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Limitations: The cross-sectional design prevented us from determining the causality of relationships.

Suggestions for future research: Research in other regions and/or countries is needed to confirm our study findings.

Keywords: patient-centered care; co-creation of care; multi-morbidity; primary care; physical well-being; social well-being; satisfaction with care
