



Topic Brief: Multidisciplinary Care for Outpatients with Multiple Comorbidities

Date: 03/06/2023

Nomination Number: 0993

Purpose: This document summarizes the information addressing a nomination submitted on May 30, 2022, through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: Health systems do not always deliver urgent multidisciplinary care to outpatients effectively. The nominator requested a systematic review of models to improve the complex coordination and provision of multidisciplinary care for patients with multiple comorbidities. The nominator hoped to pilot the models in their healthcare system.

Findings: EPC Program will not develop a new systematic review on this topic because we identified resources that met the nominator's needs.

Background

One in three adults and four out of five Medicare beneficiaries have multiple comorbidities.¹ Eighty percent of people 65 and older have multiple chronic conditions, and the proportion of these patients and the costs related to their care increases over time.² Patients with severe comorbidities or multiple comorbidities can find it difficult to come in for the various appointments necessitated by their conditions. The illness and complexity of care can also reduce the completion of recommended consultations and tests.³

The nominator was initially interested in a systematic review of care coordination models and care outcomes of primary care patients with comorbidities. After communicating with the nominator via email and providing them with potential resources, it was decided that the ambulatory intensive care unit model (aICU) would suit the nominators' needs, and no evidence product would be needed.

Resources

- The aICU model was identified in an AHRQ systematic review from October 2021⁴ and may be of some use to the nominator. In the aICU model, the patients in the four studies categorized were: Veterans with high-risk comorbidities who had a prior Emergency Department visit or hospital stay and a predicted risk of readmission greater than 90%; inpatients with two other admissions or one other admission and a serious mental health condition; or patients identified as having very costly care (top 1% of costs). The interventions were described as one of several: an intensive outpatient clinic; a VA primary care team (PACT) with intensified care; an intensive

chronic care primary care clinic to target patients with high care needs and high costs (CARE ONE). Of the outcomes that were of interest to the nominator (hospital admissions/readmissions, costs, improved non-specific outcomes, and patient experience), hospital admissions and costs were reported.

- Additionally, please see: [Multiple Chronic Conditions | Treating Patients with Multiple Chronic Conditions | Clinical Practice Guidelines](#)

Assessment Methods

We assessed nomination for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

References

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3. Association for Healthcare Research and Quality. Multiple Chronic Conditions: A Day in the Life. 2013. <https://www.ahrq.gov/prevention/chronic-care/decision/mcc/video/index.html>. Accessed on 03/08/2023.
4. Berkman ND, Chang E, Seibert J, et al. Management of High-Need, High-Cost Patients: A "Best Fit" Framework Synthesis, Realist Review, and Systematic Review. Rockville (MD); 2021.

Author

Lisa Winterbottom
Charli Armstrong

Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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Christine Chang

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