NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

SCOPE

1 Guideline title

Multimorbidity: the assessment, prioritisation and management of care for people with commonly occurring multimorbidity

1.1 Short title

Multimorbidity: assessment and management

2 The remit

NHS England has asked NICE: to develop a clinical guideline on the following topic: Multimorbidity: Assessment, prioritisation and management of care for people with commonly occurring multimorbidity.

3 Need for the guideline

3.1 Epidemiology

a) Definitions of multimorbidity include any combination of 1 chronic disease with at least 1 other disease (acute or chronic) or biopsychosocial factor (associated or not) or somatic risk factor or the co-existence of 2 or more long term conditions. In multimorbidity, no single condition dominates and therefore care of people with multimorbidity is particularly relevant to generalist care. This is distinct from comorbidity, which refers to 1 or more disorders (or diseases) co-occurring with a primary disease or disorder. Specialist care is usually organised around care for a primary condition. Multimorbidity increases with age because older people are much more likely to have a number of different conditions. But multimorbidity is also found in younger people, especially in socially deprived areas where the co-existence of

physical and mental health problems is particularly common. Multimorbidity is associated with poor quality of life, disability, psychological problems and increased mortality. Multimorbidity is also associated with increased emergency hospital admission, adverse drug events, polypharmacy, duplicate testing and more fragmented medical advice). Polypharmacy may be significantly driven by the introduction of multiple drugs intended to prevent future disease, but the case for using such drugs weakens as life expectancy reduces.

b) Multimorbidity is very common in people with chronic disease, but morbidities that are common in their own right (for example, pain) will often be part of an individual person's pattern of multimorbidity. Some conditions are very commonly found together because they have a similar underlying pathology (for example, diabetes and chronic kidney disease). Other conditions that commonly occur together are not known to share an aetiology, but have worse outcomes when both are present (for example, diabetes and depression).

c) Management in some people likely to have multimorbidity may be more difficult because of access to healthcare. Groups include people who are homeless and those who are usually cared for by services focusing on a particular morbidity (for example, people with learning difficulties or people with severe mental illness who may not have their physical health needs addressed, or people with chronic physical health problems who may not have their mental health needs identified and effectively managed).

3.2 Current practice

a) Clinical care is largely informed by evidence and guidelines for single systems or diseases. Current clinical practice is increasingly specialist with healthcare professionals often basing treatment decisions on relatively narrow aspects of an individual person's health problems. Issues associated with multimorbidity, such as

polypharmacy and related adverse events, are considered in some settings such as general practice and services caring for older people. However, there is a lack of information to guide decisions about medicine use, including information on the effect of stopping treatment and information comparing the benefits of different treatments.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Adults (18 years and over) with multimorbidity.

4.1.2 Groups that will not be covered:

a) Children and young people under 18 years.

b) People with more than 1 mental health problem but no physical health problems.

4.2 Setting

a) All settings in which NHS care is delivered.

4.3 Management

4.3.1 Key issues that will be covered

a) Identifying people with multimorbidity who need a tailored approach to care. The guideline will consider the following as potential indicators of the need for a tailored approach:

- taking a specified number of drugs
- having a limited life expectancy
- having unplanned hospital admissions
- having falls
- needing social care
- being housebound.

b) Principles for assessing and prioritising care for people with multimorbidity.

c) Ranking absolute risks and benefits of treatments for prevention or improving prognosis of common physical conditions (for example, treatments to improve glucose and blood pressure control, statins, angiotensin-converting enzyme [ACE] inhibitors, drugs for osteoporosis).

d) Effects of stopping common drug treatments.

e) Assessing tools for estimating life expectancy.

f) Managing care, including

- case management
- continuity of care – (personal continuity, for example,. a named GP); management continuity, for example, a care plan or clearly agreed responsibilities for care; continuity of information, for example, ensuring efficient and comprehensive exchange of information across healthcare settings)
- length of consultations

- Co-ordinated care for common patterns of co-morbidity e.g joint clinics across specialties
- self-management and expert patient programmes.

g) Barriers to providing a tailored approach to care multimorbidity.

4.3.2 Clinical issues that will not be covered

a) Identification and management of specific morbidities associated with learning disabilities (for example, respiratory problems)

b) Management and organisation of care for people with learning disabilities and people with dementia

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4.4 Main outcomes

a) Services and interventions will be evaluated based on the following outcomes:

- health-related quality of life (EQ-5D)
- mortality
- functional outcomes
- patient and carer satisfaction
- adherence to medication
- unplanned hospital admissions
- length of hospital stay
- number of primary care appointments.

4.5 Review questions

Review questions guide a systematic review of the literature. They address only the key issues covered in the scope, and usually relate to interventions, diagnosis, prognosis, service delivery or patient experience. Please note that these review questions are draft versions and will be finalised with the Guideline Development Group.

4.5.1 Population identification

a) What indicators identify people who need a tailored approach to the care of their multimorbidity?

4.5.2 Assessment and prioritisation

b) What principles are important for assessing and prioritising care for people with multimorbidity?

c) What is the clinical and cost-effectiveness of tools used to elicit patient and carer preferences about treatments?

d) What is the clinical and cost effectiveness of using prognostic indices/tools for estimating life expectancy to support decisions on prioritising or stopping treatment?

e) How might data from condition-specific guidance best be used and presented to inform a ranking of treatments based on absolute risk and benefit and time to achieve benefits?

4.5.3 Management of care

f) What is the clinical and cost-effectiveness of different strategies to improve the care of people with multimorbidity?

g) What are the clinical and cost effectiveness of personal continuity (that is, a named GP) and management continuity (that is, an agreed care plan) to improve outcomes for people with multimorbidity?

h) How can services better co-ordinate care to improve outcomes for people with multimorbidity?

i) What is the clinical and cost effectiveness of self-management and expert patient programmes in improving outcomes for people with multimorbidity?

4.5.4 Barriers to management in people with multimorbidity

j) What are the barriers that prevent healthcare professionals from stopping preventative treatment(s) in older people and people with life-limiting conditions?

k) What are barriers to healthcare professionals prioritising treatments when multiple treatments are recommended?

4.6 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. In particular, the management of care for people with multimorbidity is likely to be a high priority in terms of health economic analysis.

The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual'.

4.7 Status

4.7.1 Scope

This is the consultation draft of the scope. The consultation dates are 6 August 2014 to 10 September 2014.

4.7.2 Timing

The development of the guideline recommendations will begin in November 2014.

5 Related NICE guidance

5.1 Published guidance

- Psychosis with co-existing substance misuse. NICE clinical guideline 120 (2011).
- Depression in adults with a chronic physical health problem. NICE clinical guideline 91 (2009).

5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Medicines optimisation. NICE clinical guideline. Publication expected February 2015.
- Social care of older people with multiple long-term conditions. NICE social care guidance. Publication expected September 2015.
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE social care guidance. Publication expected November 2015.
- Older people: independence and mental wellbeing. NICE public health guidance. Publication expected November 2015.
- Multimorbidities: system integration to meet population needs. NICE public health guidance. Publication date to be confirmed.

6 Further information

Information on the guideline development process is provided in the following documents, available from the NICE website:

- How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS: 5th edition
- The guidelines manual.

Information on the progress of the guideline will also be available from the NICE website.