



Introduction

Multimorbidity, or the concurrence of multiple chronic conditions, is a growing global concern,¹ especially among older adults.

Older patients with multimorbidity are frequent users of the healthcare system, and face specific challenges in navigating healthcare. Besides their multiple illnesses, they may also be stressed by the burden of treatments, (e.g. managing multiple appointments and medication schedules), and may also face difficulties navigating a complex and fragmented healthcare system. Currently, little is known about the challenges these patients encounter from the combination of their illnesses, its effects, their life stage and their interactions with the healthcare system.

This descriptive qualitative study elicits the experiences of older patients with multimorbidity when navigating the Singapore healthcare system. The aims were to identify possible gaps in their care and to gather suggestions on how to better support them.

Method

Individual in-depth interviews were conducted in English and Mandarin with purposively sampled patients aged 60 years old and above with multimorbidity. To capture patients' diverse experiences, we sampled male and female patients from different socioeconomic and educational levels, ranging from no formal education to university-level education.

Patients were asked about their experiences in navigating the healthcare system, scheduling appointments, obtaining medications, and accessing information. Interviews were transcribed, translated where necessary, and coded independently. Inductive thematic analysis was carried out, with disagreements discussed within the study team until consensus was reached.²

Because I can't read, I can't go online ...whatever English that is written on the books I also cannot read. (P002)

Like calling a cab, all my maid will do. I don't even know ah. I know, I can talk, can listen, but cannot read. ... Ah, medical terms, I feel they are hard to understand (P004)

So long as they don't ask me to use internet. No internet. No internet for me. [...] They ask you to [do] registration through internet, online. You cannot assume everybody has Internet. Like me, I don't have internet...I don't know how it works. They shouldn't take for granted that everybody has that. (P006)

One thing is that we don't know technology: "Please press 1. For Mandarin speaking press 2." You have to press, then it will say a whole lot of words, tell you about some promotion, [which I] also don't understand. And then, if you press the wrong thing, then no more [phone line gets cut]. (sigh) (P013)

Because I'm always sick, then cut here cut there. Eye operation, cut. This one, cut. A lot already deduct, deduct. At first I got a lot [of savings] you know. Last time I get to the maximum, that time the maximum is about \$50,000. Now become zero. (P010)

My medicines are expensive... I almost, I almost cannot take it anymore. If I have a taxi, I drive, I still have income...But these few months, stopped already. Have to see the doctor [and] take medication ... \$700 plus, including the doctor's fees, [other] fees ah, about \$1000... I'm afraid my money will all be gone. (P015)

I also don't really like to ask them to accompany la. [When] I called my children, this one is sleeping, the other already got up and is working. He has to take care of his own family, we also don't pin our hopes that he has to take care of all your needs. (P013)

My two sons and one daughter, very filial. If they know I need to come here, they will definitely accompany me, so I won't tell them. My recent appointments I don't need them to come, trouble them la. (P002)

My doctor's certified opinion is that I cannot work. So the welfare department gives me [financial assistance]. Because I don't have any family, I don't have anything. (P009)

Literacy

Tech
savviness

Financial
woes

Social
support

Healthcare system-related factors

Patient-centred
communication
approach

I don't think the doctor want to discuss with you—you may not be able to understand the medical concepts... So normally they don't discuss. (P006)

"... we get the [test] results, the graph and all these things we don't know how to read. Whether good or not, we don't know. So the doctor will check and then they explain to you. ... sometimes you don't know what the medicine, why you must take this medicine ... , so they will explain to you." (P003)

Healthcare
professional as
navigational
advocate

I got problem of ... going to dialysis right, at least cost me \$20 to and fro, then going to hospital visit also, then I have to go up and down all these hospital visits, all these payments all giving me a lot of financial stress. So I approached the social worker, so she said she will she will help to get the ambulance or any vehicle, to bring from home to ... hospital visits.

One year we've been [trying] to get an appointment at [hospital name], you know one year [I] cannot get. But the polyclinic the doctor helped me, one day, he helped me. He write, uh I don't know what he wrote, immediately ah, they fixed appointment on the same day... Uh... Thursday appointment ah, Saturday they do the operation already. I feel encouraged by the doctor here you know. (P007)

Strategies for navigation

I straightaway told the doctor... "you see [when] my soul leaves this world, I don't want to lose any parts of my body... if really really cannot ... I have to lose this leg, then I lose it. [But] why not you try sending me to scan, try to see there's any last solution?... After that [they] said, "Ok, ok... we'll first go for angioplasty, ... see if any improvement." (P007)

Negotiating

"This is important to me"

Fitting in

"I follow, I accept"

It's crowded... We have to understand. No choice. You have to see doctor, other people have to see doctor too, you have to wait your turn. (P015)

"Where is this place?" I just ask them. You got a mouth, you ask... If you keep quiet ah, you can go nowhere. (P010)

Asking for help

I just ask"

Discussion

In a setting that relies increasingly on technology to bring about efficiencies in the healthcare system, it is important to pay attention to the needs of the less tech-savvy and literate so that they do not fall through the cracks. While social support was mostly strong for those who live with their children, this was reduced when children were living separately. A strong undercurrent of wanting to avoid being a burden to their children was observed, which warrants further attention as some elderly may not reach out for help when needed because of this reluctance.

Suggestions for improving navigation include training to promote clinicians' understanding of the treatment burden patients face, and paying attention to low-literacy and technologically disadvantaged segments of the population.

Figure 2. Interview guide

1. Tell me about your experience living with all these different conditions
2. How do you manage the appointments of all your different conditions?
3. Can you share with us how your last visit in the polyclinic was?
4. Tell me about the best visit to the polyclinic or hospital that you have had?
5. Tell me about the worst visit to the polyclinic or hospital that you have had?
6. Can you tell us your experiences being referred from one department to another/hospital to polyclinic/ polyclinic to A&E?
7. Do you think the staff in the clinics and hospitals who take care of you communicate the information about your treatment and health condition to each other?
8. How do you usually feel after your appointment?
9. Have you ever encountered situations where your appointment has been changed?
10. Have you ever missed an appointment? What happened?
11. How do you find out information about the clinics or hospitals that you visit?
12. Do you have any suggestions on how the current healthcare system can be improved?

Future Work

Our study identified some factors that adversely affect older patients with multimorbidity navigating the Singapore healthcare system. Various stakeholders will need to work collaboratively to reduce the treatment burden imposed by the healthcare system for these patients. Future work should look at how patient and caregiver support systems can be strengthened, to facilitate patient navigation and improve the experience of care for older patients with multimorbidity. There is also a need to explore subcategorising patients with multimorbidity according to clinical severity, illness and treatment burden, and impact on lifestyle.

References

1. May, C., et al. (2009). "We need minimally disruptive medicine." BMJ 339: b2803.
2. Lee, E. S., et al. (2020). "Experiences of older primary care patients with multimorbidity and their caregivers in navigating the healthcare system: A qualitative study protocol." Journal of Comorbidity 10: 2235042X20984064.

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