



EHMA 2025

Taking action to
improve health for all



Person-centred care among adult multimorbid populations: a mixed- methods systematic review

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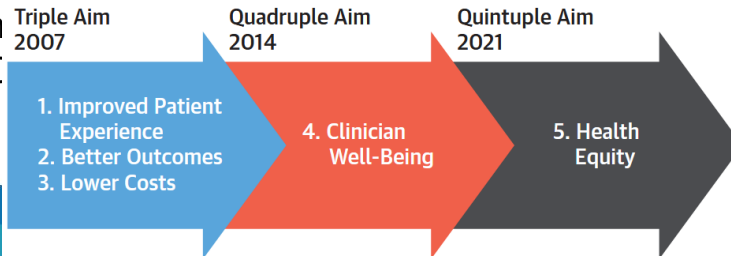
Background

- Growth of populations living with multiple chronic conditions → more complex health and care service needs
- Often experience discontinuity of care and poor coordination across conditions
- Person-centred care requires a range of skills and competences to ensure the best outcomes for the individual, ensuring respect, dignity, compassion and
- To deliver person-centred care (micro), professionals as well as people and organisations and carers need to be equipped with the right knowledge and skills (meso), and they need an enabling and stimulating environment (macro)

Research question: Is there evidence for the benefits of person-centred care among multimorbid adults?

Methodology

- Systematic review: synthesise the currently available evidence for implementing person-centred care among persons with multimorbidity
- Systematic searches were conducted for relevant studies published from 2010 until June 2023*
 - Implementing one or more person-centred care interventions for adult multimorbid populations with at least one somatic morbidity living in a private household or community-dwelling (no institutionalized or hospital-based settings)
- Key data extracted and analysed included
 - Settings of interventions
 - Elements of person-centred care
 - Main the C



Itchhaporia, 2021



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Databases

- CINAHL
- Cochrane Database of Systematic Reviews
- Cochrane Central Register of Controlled Trials
- PubMed
- Science Citation Index, Social Science Citation Index and Conference Proceedings Citation Index - Science

(Ongoing) results

Identification

Studies from databases/registers (**n = 1661**)

Duplicates
removed (**n = 7**)

Screening

Studies screened (**n = 1654**)

Studies excluded (**n = 1463**)

Studies assessed for inclusion (**n = 191**)

Studies excluded (**n = 179**)

Included

Studies included in review (**n = 12**)

(Ongoing) results

Elements of person-centred

Ensure care coordination (micro -- process)

Facilitate sharing patient information, with both patients, care and other care professionals
Involve family members/carers

Facilitate the development and use of individual care plans

Design care locations that are comforting

Engage the person with multimorbidity and carers in shared decision-making

Explore a person's values and life goals, in addition to a regular assessment of needs

Initiate improvement actions based on patient-reported and clinical data

Involve people with multimorbidity and carers in developing person-centred care

Tailor services to needs and preferences

Facilitate care coordination (meso -- initiate)

Identify vulnerable or hard-to-reach groups, and develop a strategy to proactively reach out

Provide care by a multidisciplinary team

Develop a shared strategic vision

Establish structural collaborations between care providers from various disciplines or sectors

Support self-management

Improve access to services

Design care locations that are easy to access

Strengthen primary care

Develop and use an individual care plan

Invest in person-centred competencies of care professionals

Develop self-management support aligned to patients' preferences and competencies

van der Heide et al., 2017

Settings of interventions:

- Home care (5)
- Primary care/general practice (9)
- Social care (2)
- Other (3)

Main outcomes according to (at least one of) the domains of the Quintuple Aim:

- Patient experience (7)
- Outcomes (8)
- Costs (6)
- Experience of carers (6)

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Initial takeaways...

Person-centred care among multimorbid adults:

- Strengthens self-management skills, feeling in control and confidently navigating the system
- Improves quality of life and wellbeing, though no significant change in health outcomes
- April 2025: re-run the original search strategy to include studies from June 2023. 377 new hits, screening is underway
- Using the Mixed Methods Appraisal Tool (MMAT) to assess quality of the studies (RCTs, qualitative research, mixed methods, etc.)
- Synthesis: combining extracted data from quantitative, qualitative and mixed methods studies and transforming data **OR** conducting separate quantitative synthesis and qualitative synthesis, followed by integration of evidence derived from both syntheses
- Reduces service utilisation
- Has limited availability of evidence: while the number of scientific publications is increasing, studies related to their effectiveness assessment is still sparse

...and next steps



THANK YOU



Also on behalf of Verena Struckmann, Iris van der Heide and Mieke Rijken