

Goal-setting in primary care for people with multimorbidity: challenges from the GoalPlan study

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Background

The rise in multimorbidity and polypharmacy has led to international calls for health care systems to become more focused on patients' goals, values and priorities. However, goal-setting is rarely used in primary care consultations.

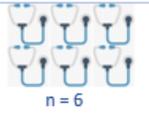
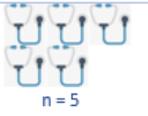
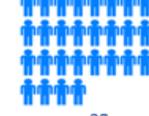
Research question: What are the communication challenges for doctors and patients in using goal-setting in primary care consultations for patients with multimorbidity and at high risk of hospital admission?

Methods

Study design: Cluster randomised controlled mixed-methods feasibility trial with embedded qualitative analysis of video recorded consultations.

Intervention: Experiential family doctor training with goal-setting role-play, then goal-setting consultations with follow-up at 6 months.

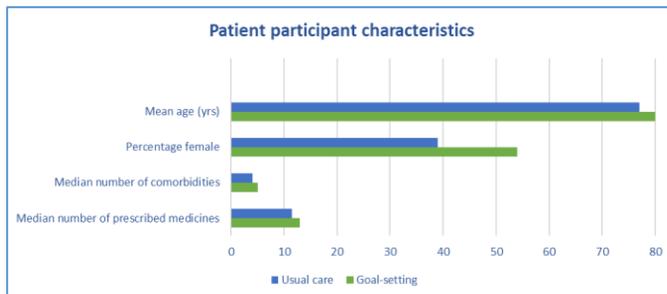
Analysis: Activity-based analysis conducted to explore key aspects of the consultations, including patterns of interaction, how goal-setting was attempted, and communication challenges. Focus groups were held with participating patients and doctors.

RECRUITMENT	Usual care	Goal-setting
Family practices	 n = 3	 n = 3
Family doctors	 n = 6	 n = 5
Patient participants	 n = 28	 n = 24



Consultations were recorded with participants' consent

Findings



The mean initial consultation time in the goal-setting group was 23 mins (vs 19 mins in control consultations)

GP :
Patient

Patients spoke more in the goal-setting consultations (mean GP:patient word count ratio of 1.35 vs 1.52 in control consultations)
Most patients set 2 or 3 goals



Three main themes were identified from the qualitative analysis:

- patient preparedness and buy-in
- supporting patients' priorities and eliciting goals
- collaboratively agreeing measurable goals and actions

The focus groups highlighted a more holistic approach

Doctor participant:
"...it's about recognising the therapeutic power of the consultation"

Patient participant:
"...with these consultations, you're actually able to talk to a doctor, as you would indeed a friend almost"

Discussion

Patients and their doctors were able to discuss, set and attain goals.

Goal-setting consultations worked better when:

- patients and doctors were prepared for a shared decision-making approach to the consultation
- the patient had ownership of the goals and actions.

Further research is needed into the effects of goal-setting on health and wellbeing outcomes.