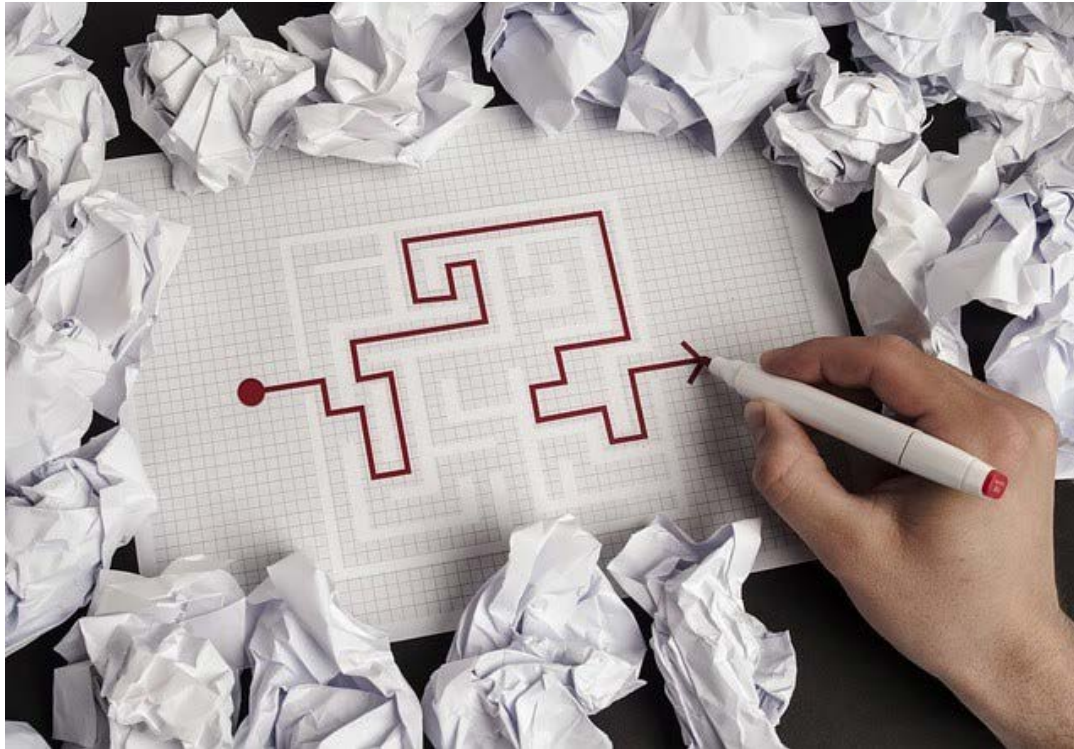


Identifying and managing the challenge of multimorbidity in primary care

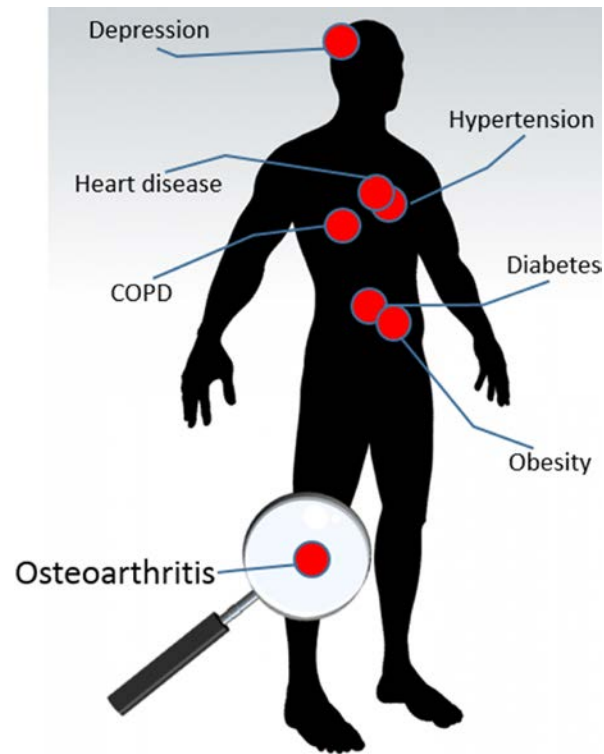
REF case study co-authors:
Drs Jonathan Quicke and Tom Kingstone

The case study journey so far...



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Defining Multimorbidity



“The presence of two or more long-term health conditions.”

NICE National Institute for Health and Care Excellence

Why is this work important?

- More people than ever are living longer with more than one long-term health condition
- This case study showcases a body of work identifying and investigating common comorbidities in primary care, highlighting need for new services
- It offers new service solutions and tests their feasibility, effectiveness and cost-effectiveness



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- What is REF?
- What does this entail?
- Co-lead authorship

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The goal

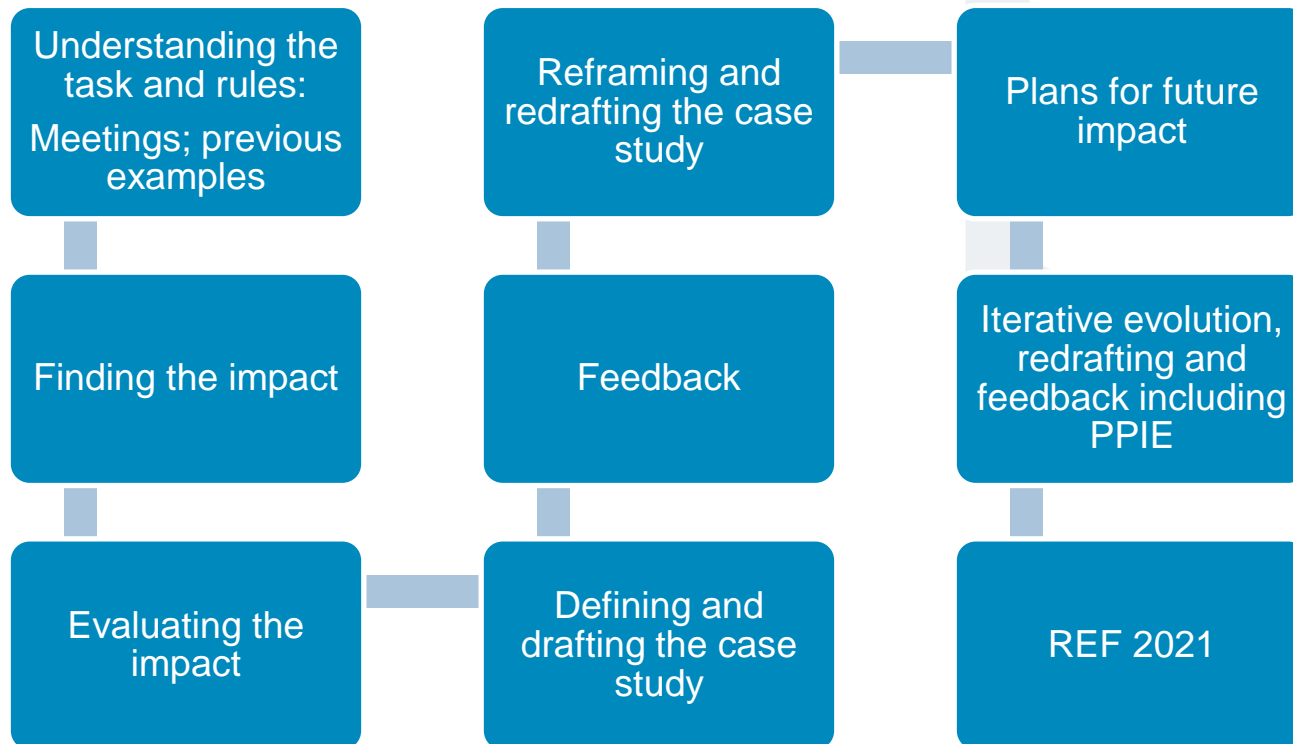
- Weaving together the highest quality most impactful evidence in a coherent narrative (to secure future University research funding)

Secondary goals...

- Learn more about impact
- Opportunity to understand existing research
- Influence future research and impact agenda

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Case study evolution processes



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Exploring new rules, defining the boundaries and making concessions

- Ref 2014
- How will it be judged?
- What about research from academics who are no longer at the centre?
- Losing out on gout



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Decision making... coherent narrative vs highest impact?



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Narrative choices



Focussed

General



OA/ joint pain & mental health

Musculoskeletal health & comorbidity

Multimorbidity in Primary Care

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The process and stages



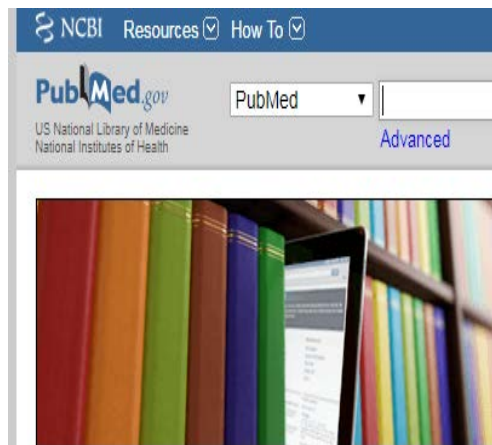
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Tools we used along the way...

	A	B	C	D	E	F	G
1	evidence grid for impact case study						
2	Name of impact case study:						
3							
4	Categories for evidence of impact	Keele research publication(s)/ researchers underpinning evidence of impact	Source of evidence	Date	Level of impact		Comments
5					High	Medium	Low
6	New clinical impact data						
7	New healthcare systems						
8	New populations						
9	New locations using						
10	New translations						
11	New industry links						
12	New applications ie group based delivery						
13	New use-as an outcome measure						
14	New technology- Apps, EIMS, SySill One, websites						
15	New patient engagement- Back care, patientInfo						
16	New policy and practice						
17	New recognition						
18	New endorsements						
19	New Collaborations						
20	New research agenda						
21	New presentations of our work						
22	New teaching opportunities						
23	New publications						



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Our growing multimorbidity spreadsheet...

1	Author	Title	Journal	Year	IF	Journal rating	Type of article	Multimorbidity types	Sub-types	Conclusions	Any other key metrics etc.	
2	Evidence included in REF Case study draft 2017											
3	Kadam	Clinical comorbidity in patients with osteoarthritis: a case control study of general practice consultants in England and Wales.	Ann Rheum Dis	2004	12.8		Research (case control)	OA + Comorbidity		An important question remains as to whether comorbidity in general practice significantly adds to the disability or further impairs the health of patients with OA.	Full text reads = 4600	
4	Kadam	Clinical comorbidity in osteoarthritis: associations with physical function in older patients in family practice.	Rheum	2007	4.8			OA + Comorbidity		Comorbidity increases the likelihood of poor physical function in patients with OA in population-based family practice.	33 citations	
5	Fraccaro	Predicting mortality from change-over-time in the Charlson Comorbidity Index: A retrospective cohort study in a data-intensive UK health system.	Medicine (Baltimore)	2016	1.8			Comorbidity				
6	Muth	The Ariadne principles: how to handle multimorbidity in primary care consultations.	BMC Med.	2014	8.1		Consensus meeting	Comorbidity			BMC metrics: accessed >10,000 times, 51 citations score 34. In the top 5% of all research outputs see https://biomedcentral.altmetric.com/details/29	
7	Tan	The triple whammy anxiety depression and osteoarthritis in long-term conditions.	BMC Fam Pract.	2015	2.1		Commentary	OA + MH				
8	Mallen	The effects of implementing a point-of-care electronic template to prompt routine anxiety and depression screening in patients consulting for osteoarthritis (the Primary Care Osteoarthritis Trial): a cluster randomised trial in primary care.	Plos Medicine.	2017	13.6			OA + MH			Altmetric score 7. In the top 25% of all research Altmetric, https://www.altmetric.com/details/1	
9	Healey	Improving the care of people with long-term conditions in primary care: protocol for the ENHANCE pilot trial.	J Comorb	2015	??		Protocol	OA + MH			Cited within the policy report from the Arthritis musculoskeletal conditions and multimorbidity file:///C:/Users/pras35/Downloads/musculoskeletal-multimorbidity-report.pdf.	
10	Camacho	Long-term cost-effectiveness of collaborative care (vs usual care) for people with depression and comorbid diabetes or cardiovascular disease: a Markov model informed by the COINCIDE randomised controlled trial.	BMJ Open.	2016	2.4		Research	MH + LTC	Collaborative care	Potentially cost effective	BMJOpen metrics: full article accessed >1750 times score 7. In the top 25% of all research outputs see Altmetric, https://bmj.altmetric.com/details/12	
11	Coventry	Integrated primary care for patients with mental and physical multimorbidity: cluster randomised controlled trial of collaborative care for patients with depression comorbid with diabetes or cardiovascular disease.	BMJ.	2015	20.7		Research	MH + LTC	Collaborative care		BMJ metrics: full article accessed >27,750 times of 108. In top 5% of all research outputs scores https://bmj.altmetric.com/details/3703554	
12	Knowles	Managing depression in people with multimorbidity: a qualitative evaluation of an integrated collaborative care model.	BMC Family Practice.	2015	2.1		Research (qualitative)	MM + MH	Collaborative care		BMC metrics: accessed >1000 times, 20 citations 10. In the top 25% of all research outputs score https://biomedcentral.altmetric.com/details/37	
13	Potential new evidence for re-draft											
14	Camacho	Long-term clinical and cost-effectiveness of collaborative care (versus usual care) for people with mental-physical multimorbidity: cluster-randomised trial.	Br J of Psychiatry	2018	6.3			MH and LTC	Collaborative care	Potentially cost effective		
15	Knowles SE, C	Better together? a naturalistic qualitative study of inter-professional working in collaborative implementation science	Implementation Science	2013	4.7		Research (qualitative)	MH + LTC	QUALITATIVE	16 citations		

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Engaging stakeholders

Research
leaders

Patients
& public

Commissioners



Impact team

NICE fellows

Clinicians

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Synnergistic co-lead authorship

- Two minds are better than one
- Links to different research teams
- Lightens the load

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Feedback-identifying weaknesses



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- Limit to 6 highest quality references
- Consider using more impact quotes
- Consider expanding patient involvement
- Expand international impact
- Try systematic impact capturing
- Stakeholder AHSN

Future plans for impact



Local
stakeholder
engagement

Regional
stakeholder
event

National
event

International
conference
workshop/
symposium



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Breaking down silos...

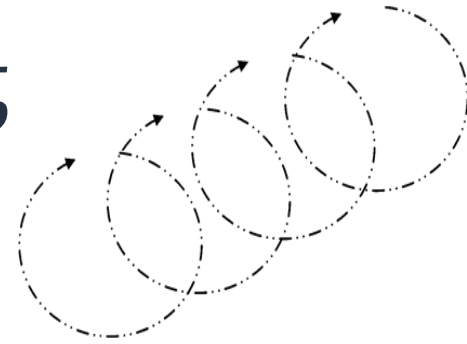


Highlighting areas for new research
and impact growth



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Iterative case study reworking



- Integrating new research and impact
- Responding to new REF guidance
- Amend in light of draft feedback and other case study decisions

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Questions & suggestions for improvement

- So how could we improve our case study design processes?
- What are your thoughts about breadth and high impact vs coherent narrative and less impact?
- Have we missed any tricks for evaluating impact and engaging stakeholders?

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Acknowledgments

 | primary care centre

Krysia Dziedzic and the
Keele Impact Accelerator Unit

Our multimorbidity
stakeholders


*National Institute for
Health Research*

Thank you

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